Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	4.00	602.84	538.63980	10%-25% Above	No	No
00002145780	MOUNJARO 15 MG/0.5 ML PEN	6	4.00	602.84	538.47688	10%-25% Above	No	No
00002145780	MOUNJARO 15 MG/0.5 ML PEN	8	4.00	602.84	538.47697	10%-25% Above	No	No
00002146080	MOUNJARO 12.5 MG/0.5 ML PEN	4	4.00	379.77	538.57695	26%-50% Below	No	No
00002146080	MOUNJARO 12.5 MG/0.5 ML PEN	6	4.00	380.75	538.47911	26%-50% Below	No	No
00002146080	MOUNJARO 12.5 MG/0.5 ML PEN	7	4.00	376.11	538.45143	26%-50% Below	No	No
00002147180	MOUNJARO 10 MG/0.5 ML PEN	4	2.00	602.84	538.70922	10%-25% Above	No	No
00002147180	MOUNJARO 10 MG/0.5 ML PEN	5	2.00	602.84	538.72547	10%-25% Above	No	No
00002147180	MOUNJARO 10 MG/0.5 ML PEN	6	2.00	380.75	538.61650	26%-50% Below	No	No
00002147180	MOUNJARO 10 MG/0.5 ML PEN	6	2.00	602.84	538.61650	10%-25% Above	No	No
00002147180	MOUNJARO 10 MG/0.5 ML PEN	7	2.00	602.84	538.60429	10%-25% Above	No	No
00002147180	MOUNJARO 10 MG/0.5 ML PEN	8	2.00	602.84	538.63345	10%-25% Above	No	No
00002148480	MOUNJARO 7.5 MG/0.5 ML PEN	6	2.00	380.75	538.62615	26%-50% Below	No	No
00002148480	MOUNJARO 7.5 MG/0.5 ML PEN	7	4.00	376.11	538.62819	26%-50% Below	No	No
00002149501	MOUNJARO INJ 5MG/0.5	7	2.00	526.50	.		No	No
00002149501	MOUNJARO INJ 5MG/0.5	8	2.00	526.50	.		No	No
00002149580	MOUNJARO 5 MG/0.5 ML PEN	4	4.00	379.76	538.74379	26%-50% Below	No	No
00002149580	MOUNJARO 5 MG/0.5 ML PEN	5	4.00	380.75	538.62274	26%-50% Below	No	No
00002149580	MOUNJARO 5 MG/0.5 ML PEN	6	2.00	380.75	538.63269	26%-50% Below	No	No
00002149580	MOUNJARO 5 MG/0.5 ML PEN	7	4.00	376.11	538.57666	26%-50% Below	No	No
00002149580	MOUNJARO 5 MG/0.5 ML PEN	11	2.00	428.32	515.90193	10%-25% Below	No	No
00002479431	FOUNDAYO TAB 5.5MG	4	30.00	21.34	.		No	No
00002480331	FOUNDAYO TAB 9MG	5	30.00	20.96	.		No	No
00002495331	FOUNDAYO TAB 17.2MG	6	30.00	20.96	.		No	No
00002495331	FOUNDAYO TAB 17.2MG	7	30.00	20.96	.		No	No

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00005200002	PREVNAR 20 INJ	4	0.50	597.88	.		No	No
00005200002	PREVNAR 20 INJ	5	0.50	584.20	.		No	No
00005200002	PREVNAR 20 INJ	8	0.50	601.48	.		No	No
00005200010	PREVNAR 20 INJ	5	0.50	542.02	.		No	No
00005200010	PREVNAR 20 INJ	5	0.50	590.04	.		Yes	No
00005200010	PREVNAR 20 INJ	6	0.50	542.02	.		No	No
00005200010	PREVNAR 20 INJ	6	0.50	625.36	.		No	No
00005200010	PREVNAR 20 INJ	7	0.50	603.76	.		No	No
00005200010	PREVNAR 20 INJ	8	0.50	601.48	.		Yes	No
00006412102	GARDASIL 9 INJ	4	0.50	648.90	.		Yes	No
00006412102	GARDASIL 9 INJ	5	0.50	624.12	.		Yes	No
00006412102	GARDASIL 9 INJ	5	0.50	648.90	.		No	No
00006412102	GARDASIL 9 INJ	5	0.50	648.90	.		Yes	No
00006412102	GARDASIL 9 INJ	6	0.50	624.12	.		Yes	No
00006412102	GARDASIL 9 INJ	6	0.50	631.62	.		No	No
00006412102	GARDASIL 9 INJ	6	0.50	648.90	.		Yes	No
00006412102	GARDASIL 9 INJ	7	0.50	624.12	.		Yes	No
00006412102	GARDASIL 9 INJ	7	0.50	648.90	.		Yes	No
00006412102	GARDASIL 9 INJ	8	0.50	624.12	.		Yes	No
00006412102	GARDASIL 9 INJ	8	0.50	624.52	.		Yes	No
00006412102	GARDASIL 9 INJ	8	0.50	648.90	.		Yes	No
00006434702	CAPVAXIVE INJ 0.5ML	4	0.50	572.90	.		Yes	No
00006434702	CAPVAXIVE INJ 0.5ML	4	0.50	579.80	.		No	No
00006434702	CAPVAXIVE INJ 0.5ML	5	0.50	595.66	.		Yes	No
00006434702	CAPVAXIVE INJ 0.5ML	6	0.50	572.90	.		Yes	No

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00006434702	CAPVAXIVE INJ 0.5ML	6	0.50	595.66	.		No	No
00006434702	CAPVAXIVE INJ 0.5ML	7	0.50	595.66	.		No	No
00006434702	CAPVAXIVE INJ 0.5ML	7	0.50	595.66	.		Yes	No
00006434702	CAPVAXIVE INJ 0.5ML	8	0.50	572.90	.		Yes	No
00006468100	M-M-R II INJ	6	1.00	96.28	.		No	No
00006482700	VARIVAX INJ	6	1.00	182.12	.		Yes	No
00006482700	VARIVAX INJ	6	1.00	189.36	.		No	No
00023320503	LUMIGAN 0.01% EYE DROPS	4	7.50	16.00	103.23403	76%-100% Below	No	No
00023392102	BOTOX INJ 200UNIT	7	1.00	1179.61	.		No	No
00023585801	LILETTA IUD 52MG	5	1.00	926.27	.		No	No
00031875618	ROBITUSSIN LIQ 20-400MG	5	200.00	0.07	.		Yes	No
00046110481	PREMARIN 1.25 MG TABLET	4	30.00	3.04	6.95119	51%-75% Below	No	No
00054002125	LITHIUM CARBONATE ER 300 MG TB	4	120.00	0.08	0.20329	51%-75% Below	No	No
00054002125	LITHIUM CARBONATE ER 300 MG TB	6	120.00	0.08	0.20119	51%-75% Below	No	No
00054002125	LITHIUM CARBONATE ER 300 MG TB	7	120.00	0.08	0.19978	51%-75% Below	No	No
00054002125	LITHIUM CARBONATE ER 300 MG TB	8	120.00	0.07	0.19589	51%-75% Below	No	No
00054004544	IPRATROPIUM 0.03% SPRAY	4	30.00	0.25	0.39871	26%-50% Below	No	No
00054004544	IPRATROPIUM 0.03% SPRAY	5	30.00	0.25	0.38628	26%-50% Below	No	No
00054004544	IPRATROPIUM 0.03% SPRAY	6	30.00	0.44	0.36608	10%-25% Above	No	No
00054004544	IPRATROPIUM 0.03% SPRAY	7	30.00	0.25	0.34876	26%-50% Below	No	No
00054004641	IPRATROPIUM 0.06% SPRAY	4	15.00	0.56	0.83528	26%-50% Below	No	No
00054004641	IPRATROPIUM 0.06% SPRAY	4	15.00	0.99	0.83528	10%-25% Above	No	No
00054004641	IPRATROPIUM 0.06% SPRAY	4	15.00	1.22	0.83528	26%-50% Above	No	No
00054004641	IPRATROPIUM 0.06% SPRAY	5	15.00	0.56	0.83026	26%-50% Below	No	No
00054004641	IPRATROPIUM 0.06% SPRAY	5	15.00	1.00	0.83026	10%-25% Above	No	No

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00054004641	IPRATROPIUM 0.06% SPRAY	8	15.00	1.00	0.81037	10%-25% Above	No	No
00054006447	ONDANSETRON 4 MG/5 ML SOLUTION	4	30.00	0.18	0.29363	26%-50% Below	No	No
00054006447	ONDANSETRON 4 MG/5 ML SOLUTION	5	30.00	0.17	0.29595	26%-50% Below	No	No
00054006447	ONDANSETRON 4 MG/5 ML SOLUTION	5	50.00	0.18	0.29595	26%-50% Below	No	No
00054006447	ONDANSETRON 4 MG/5 ML SOLUTION	5	50.00	0.18	0.29595	26%-50% Below	Yes	No
00054006447	ONDANSETRON 4 MG/5 ML SOLUTION	6	52.50	0.18	0.28905	26%-50% Below	Yes	No
00054006447	ONDANSETRON 4 MG/5 ML SOLUTION	7	20.00	0.18	0.28036	26%-50% Below	No	No
00054014125	ACARBOSE 50 MG TABLET	5	90.00	0.09	0.16771	26%-50% Below	Yes	No
00054018913	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	4	90.00	0.17	0.66808	51%-75% Below	No	No
00054018913	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	5	45.00	0.61	0.67817	10%-25% Below	No	No
00054018913	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	5	60.00	0.56	0.67817	10%-25% Below	Yes	No
00054018913	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	5	90.00	0.17	0.67817	51%-75% Below	No	No
00054018913	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	5	90.00	0.61	0.67817	10%-25% Below	No	No
00054018913	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	6	60.00	0.08	0.66955	76%-100% Below	No	No
00054018913	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	6	90.00	0.17	0.66955	51%-75% Below	No	No
00054018913	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	7	60.00	0.56	0.63219	10%-25% Below	Yes	No
00054018913	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	7	90.00	0.17	0.63219	51%-75% Below	No	No
00054018913	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	8	60.00	0.08	0.63786	76%-100% Below	No	No
00054018913	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	8	90.00	0.30	0.63786	51%-75% Below	No	No
00054032656	FLUTICASONE-SALMETEROL 100-50	4	60.00	0.33	1.12464	51%-75% Below	No	No
00054032656	FLUTICASONE-SALMETEROL 100-50	4	60.00	0.64	1.12464	26%-50% Below	No	No
00054032656	FLUTICASONE-SALMETEROL 100-50	4	120.00	0.13	1.12464	76%-100% Below	No	No
00054032656	FLUTICASONE-SALMETEROL 100-50	4	180.00	0.64	1.12464	26%-50% Below	No	No
00054032656	FLUTICASONE-SALMETEROL 100-50	5	60.00	0.64	1.12859	26%-50% Below	No	No
00054032656	FLUTICASONE-SALMETEROL 100-50	6	60.00	0.62	1.13710	26%-50% Below	No	No

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00054032656	FLUTICASONE-SALMETEROL 100-50	6	60.00	0.68	1.13710	26%-50% Below	No	No
00054032656	FLUTICASONE-SALMETEROL 100-50	6	180.00	0.62	1.13710	26%-50% Below	No	No
00054032656	FLUTICASONE-SALMETEROL 100-50	7	60.00	0.62	1.14397	26%-50% Below	No	No
00054032656	FLUTICASONE-SALMETEROL 100-50	7	60.00	0.63	1.14397	26%-50% Below	No	No
00054032756	FLUTICASONE-SALMETEROL 250-50	4	60.00	0.33	1.33132	51%-75% 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	5	60.00	0.33	1.32730	51%-75% Below	No	No
00054032756	FLUTICASONE-SALMETEROL 250-50	5	60.00	0.83	1.32730	26%-50% Below	No	No
00054032756	FLUTICASONE-SALMETEROL 250-50	5	180.00	0.83	1.32730	26%-50% Below	No	No
00054032756	FLUTICASONE-SALMETEROL 250-50	6	60.00	0.80	1.31558	26%-50% Below	No	No
00054032756	FLUTICASONE-SALMETEROL 250-50	6	60.00	0.83	1.31558	26%-50% Below	No	No
00054032756	FLUTICASONE-SALMETEROL 250-50	7	60.00	0.80	1.30325	26%-50% Below	No	No
00054032756	FLUTICASONE-SALMETEROL 250-50	7	60.00	0.83	1.30325	26%-50% Below	No	No
00054032756	FLUTICASONE-SALMETEROL 250-50	8	180.00	0.83	1.27848	26%-50% 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	5	60.00	0.93	1.64071	26%-50% Below	No	No
00054032856	FLUTICASONE-SALMETEROL 500-50	6	60.00	0.93	1.61199	26%-50% Below	No	No
00054032856	FLUTICASONE-SALMETEROL 500-50	7	60.00	0.89	1.61638	26%-50% Below	No	No
00054033425	CEVIMELINE HCL 30 MG CAPSULE	7	180.00	0.29	0.66566	51%-75% Below	Yes	No
00054037425	LISDEXAMFETAMINE 60 MG CAPSULE	5	30.00	1.61	2.97003	26%-50% Below	Yes	No
00054037425	LISDEXAMFETAMINE 60 MG CAPSULE	6	30.00	1.63	2.97451	26%-50% Below	Yes	No
00054037425	LISDEXAMFETAMINE 60 MG CAPSULE	7	30.00	1.63	2.86472	26%-50% Below	Yes	No
00054037425	LISDEXAMFETAMINE 60 MG CAPSULE	8	30.00	1.64	2.81282	26%-50% Below	Yes	No
00054039063	OXYCODONE HCL 5 MG/5 ML SOLN	7	30.00	0.01	0.06927	76%-100% Below	No	No
00054040013	DESVENLAFAXINE SUCCNT ER 50 MG	5	30.00	0.76	0.44910	51%-75% Above	No	No

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00054040013	DESVENLAFAXINE SUCCNT ER 50 MG	6	30.00	0.76	0.42476	76%-100% Above	No	No
00054040013	DESVENLAFAXINE SUCCNT ER 50 MG	6	90.00	0.76	0.42476	76%-100% Above	No	No
00054040022	DESVENLAFAXINE SUCCNT ER 50 MG	5	30.00	0.76	0.44910	51%-75% Above	No	No
00054040022	DESVENLAFAXINE SUCCNT ER 50 MG	7	30.00	0.76	0.40455	76%-100% Above	No	No
00054040022	DESVENLAFAXINE SUCCNT ER 50 MG	8	30.00	0.76	0.39504	76%-100% Above	No	No
00054040022	DESVENLAFAXINE SUCCNT ER 50 MG	8	90.00	0.76	0.39504	76%-100% Above	No	No
00054070925	METHADONE HCL 5 MG TABLET	4	45.00	0.05	0.17276	51%-75% Below	Yes	No
00054070925	METHADONE HCL 5 MG TABLET	5	45.00	0.05	0.17204	51%-75% Below	Yes	No
00054070925	METHADONE HCL 5 MG TABLET	6	45.00	0.05	0.17241	51%-75% Below	Yes	No
00054071025	METHADONE HCL 10 MG TABLET	7	90.00	0.07	0.17456	51%-75% Below	Yes	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	1.16	2.13190	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	4	6.70	1.29	2.13190	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	4	6.70	1.31	2.13190	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	5	6.70	1.11	2.14088	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	5	6.70	1.29	2.14088	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	5	6.70	1.31	2.14088	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	6	6.70	1.11	2.13214	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	6	6.70	1.13	2.13214	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	6	6.70	1.20	2.13214	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	6	6.70	1.29	2.13214	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	7	6.70	1.11	2.13955	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	7	6.70	1.13	2.13955	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	7	6.70	1.16	2.13955	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	7	6.70	1.17	2.13955	26%-50% Below	No	No

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00054074287	ALBUTEROL HFA 90 MCG INHALER	7	6.70	1.20	2.13955	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	7	6.70	1.31	2.13955	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	7	6.70	1.31	2.13955	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	7	6.70	1.38	2.13955	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	8	6.70	1.11	2.12598	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	8	6.70	1.13	2.12598	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	8	6.70	1.16	2.12598	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	8	13.40	1.18	2.12598	26%-50% Below	No	No
00054082925	PROGESTERONE CAP 100MG	4	90.00	0.21	.		No	No
00054083025	PROGESTERONE CAP 200MG	4	30.00	0.41	.		No	No
00054252725	LITHIUM CARBONATE 300 MG CAP	6	60.00	0.04	0.09593	51%-75% Below	No	No
00054252725	LITHIUM CARBONATE 300 MG CAP	7	60.00	0.04	0.09525	51%-75% Below	No	No
00054253125	LITHIUM CARBONATE 600 MG CAP	6	60.00	0.10	0.24660	51%-75% Below	No	No
00054253125	LITHIUM CARBONATE 600 MG CAP	7	60.00	0.14	0.24371	26%-50% Below	No	No
00054253125	LITHIUM CARBONATE 600 MG CAP	8	60.00	0.14	0.24015	26%-50% Below	No	No
00054300001	BUTALBITAL-ACETAMINOPHEN-CAFFEINE-CODEINE 50-325-40-30 MG CP	4	30.00	0.41	0.85145	51%-75% Below	No	No
00054300001	BUTALBITAL-ACETAMINOPHEN-CAFFEINE-CODEINE 50-325-40-30 MG CP	5	30.00	0.41	0.82452	26%-50% Below	No	No
00054300001	BUTALBITAL-ACETAMINOPHEN-CAFFEINE-CODEINE 50-325-40-30 MG CP	6	36.00	0.41	0.80573	26%-50% Below	No	No
00054300001	BUTALBITAL-ACETAMINOPHEN-CAFFEINE-CODEINE 50-325-40-30 MG CP	7	30.00	0.41	0.79895	26%-50% Below	No	No
00054317757	DEXAMETHASONE 0.5 MG/5 ML LIQ	5	250.00	0.04	0.16460	51%-75% Below	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	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	0.54	0.44570	10%-25% Above	Yes	No

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00054327099	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	0.58	0.44570	26%-50% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	0.60	0.44570	26%-50% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	0.62	0.44570	26%-50% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	0.62	0.44570	26%-50% Above	Yes	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	5	16.00	0.28	0.44134	26%-50% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	5	16.00	0.28	0.44134	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	5	16.00	0.31	0.44134	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	5	16.00	0.51	0.44134	10%-25% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	5	16.00	0.54	0.44134	10%-25% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	5	16.00	0.58	0.44134	26%-50% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	5	16.00	0.60	0.44134	26%-50% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	5	16.00	0.62	0.44134	26%-50% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	5	16.00	0.62	0.44134	26%-50% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	5	16.00	0.95	0.44134	101%-200% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	5	32.00	0.51	0.44134	10%-25% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	5	48.00	0.28	0.44134	26%-50% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	5	48.00	0.28	0.44134	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	5	48.00	0.95	0.44134	101%-200% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	6	16.00	0.17	0.44210	51%-75% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	6	16.00	0.28	0.44210	26%-50% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	6	16.00	0.28	0.44210	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	6	16.00	0.31	0.44210	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	6	16.00	0.52	0.44210	10%-25% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	6	16.00	0.54	0.44210	10%-25% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	16.00	0.58	0.44210	26%-50% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	6	16.00	0.62	0.44210	26%-50% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	6	16.00	0.62	0.44210	26%-50% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	6	16.00	0.95	0.44210	101%-200% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	6	48.00	0.28	0.44210	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	6	48.00	0.51	0.44210	10%-25% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	7	16.00	0.17	0.44251	51%-75% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	7	16.00	0.28	0.44251	26%-50% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	7	16.00	0.28	0.44251	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	7	16.00	0.31	0.44251	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	7	16.00	0.52	0.44251	10%-25% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	7	16.00	0.54	0.44251	10%-25% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	7	16.00	0.55	0.44251	10%-25% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	7	16.00	0.58	0.44251	26%-50% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	7	16.00	0.60	0.44251	26%-50% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	7	16.00	0.62	0.44251	26%-50% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	7	16.00	0.95	0.44251	101%-200% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	7	48.00	0.21	0.44251	51%-75% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	7	48.00	0.28	0.44251	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	7	48.00	0.50	0.44251	10%-25% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	7	48.00	0.51	0.44251	10%-25% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	8	16.00	0.17	0.44780	51%-75% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	8	16.00	0.28	0.44780	26%-50% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	8	16.00	0.28	0.44780	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	8	16.00	0.31	0.44780	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	16.00	0.51	0.44780	10%-25% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	8	16.00	0.52	0.44780	10%-25% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	8	16.00	0.52	0.44780	10%-25% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	8	16.00	0.54	0.44780	10%-25% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	8	48.00	0.28	0.44780	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	8	48.00	0.50	0.44780	10%-25% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	8	48.00	0.51	0.44780	10%-25% Above	Yes	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	5	120.00	0.05	0.07984	26%-50% Below	No	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	6	100.00	0.05	0.08054	26%-50% Below	No	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	6	100.00	0.05	0.08054	26%-50% Below	Yes	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	6	360.00	0.06	0.08054	26%-50% Below	No	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	7	100.00	0.05	0.08148	26%-50% Below	No	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	7	150.00	0.05	0.08148	26%-50% Below	No	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	7	600.00	0.05	0.08148	26%-50% Below	No	No
00054355563	METHADONE SOL 5MG/5ML	8	55.00	0.02	.		No	No
00054414622	CLOTRIMAZOLE 10 MG TROCHE	4	30.00	0.26	0.29332	10%-25% Below	No	No
00054418125	DEXAMETHASONE 1 MG TABLET	8	1.00	0.81	0.16250	200% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	4	5.00	0.29	0.19210	26%-50% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	5	5.00	0.29	0.20711	26%-50% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	5	6.00	0.23	0.20711	10%-25% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	7	5.00	0.29	0.19893	26%-50% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	8	5.00	0.29	0.18758	51%-75% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	8	6.00	0.29	0.18758	51%-75% Above	No	No
00054429725	FUROSEMIDE 20 MG TABLET	6	90.00	0.02	0.02721	26%-50% Below	No	No
00054429731	FUROSEMIDE 20 MG TABLET	4	30.00	0.03	0.02696	10%-25% Above	No	No

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00054429731	FUROSEMIDE 20 MG TABLET	5	30.00	0.03	0.02749	10%-25% Above	No	No
00054429731	FUROSEMIDE 20 MG TABLET	5	180.00	0.03	0.02749	10%-25% Above	No	No
00054429731	FUROSEMIDE 20 MG TABLET	6	30.00	0.03	0.02721	10%-25% Above	No	No
00054429731	FUROSEMIDE 20 MG TABLET	6	45.00	0.03	0.02721	10%-25% Above	No	No
00054429731	FUROSEMIDE 20 MG TABLET	7	90.00	0.02	0.02711	10%-25% Below	No	No
00054429731	FUROSEMIDE 20 MG TABLET	7	90.00	0.03	0.02711	10%-25% Above	No	No
00054429731	FUROSEMIDE 20 MG TABLET	8	7.00	0.03	0.02676	26%-50% Above	No	No
00054429731	FUROSEMIDE 20 MG TABLET	8	30.00	0.03	0.02676	10%-25% Above	No	No
00054429731	FUROSEMIDE 20 MG TABLET	8	90.00	0.03	0.02676	10%-25% Above	No	No
00054429931	FUROSEMIDE 40 MG TABLET	4	10.00	0.04	0.03167	10%-25% Above	No	No
00054429931	FUROSEMIDE 40 MG TABLET	4	90.00	0.02	0.03167	26%-50% Below	No	No
00054429931	FUROSEMIDE 40 MG TABLET	4	90.00	0.04	0.03167	10%-25% Above	No	No
00054429931	FUROSEMIDE 40 MG TABLET	5	10.00	0.04	0.03173	10%-25% Above	No	No
00054429931	FUROSEMIDE 40 MG TABLET	6	10.00	0.04	0.03067	10%-25% Above	No	No
00054429931	FUROSEMIDE 40 MG TABLET	6	90.00	0.04	0.03067	10%-25% Above	No	No
00054429931	FUROSEMIDE 40 MG TABLET	7	15.00	0.04	0.03000	26%-50% Above	No	No
00054429931	FUROSEMIDE 40 MG TABLET	7	30.00	0.04	0.03000	26%-50% Above	No	No
00054429931	FUROSEMIDE 40 MG TABLET	7	90.00	0.02	0.03000	10%-25% Below	No	No
00054429931	FUROSEMIDE 40 MG TABLET	8	5.00	0.04	0.02929	26%-50% Above	No	No
00054452725	LITHIUM CARBONATE 300 MG TAB	7	180.00	0.10	0.19285	26%-50% Below	Yes	No
00054455025	METHOTREXATE 2.5 MG TABLET	5	28.00	0.53	0.16406	200% Above	Yes	No
00054458111	MERCAPTOPURINE 50 MG TABLET	5	30.00	0.49	0.99287	26%-50% Below	Yes	No
00054458111	MERCAPTOPURINE 50 MG TABLET	8	135.00	0.46	1.01091	51%-75% Below	Yes	No
00054458127	MERCAPTOPURINE 50 MG TABLET	5	135.00	0.49	0.99287	26%-50% Below	Yes	No
00054981725	PREDNISONE 10 MG TABLET	4	30.00	0.11	0.05754	76%-100% Above	No	No

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00054981729	PREDNISONE 10 MG TABLET	4	10.00	0.08	0.05754	26%-50% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	4	15.00	0.08	0.05754	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	4	45.00	0.08	0.05754	26%-50% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	4	90.00	0.08	0.05754	26%-50% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	5	3.00	0.22	0.05730	200% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	5	5.00	0.08	0.05730	26%-50% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	5	10.00	0.08	0.05730	26%-50% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	5	14.00	0.02	0.05730	51%-75% Below	No	No
00054981729	PREDNISONE 10 MG TABLET	5	14.00	0.12	0.05730	101%-200% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	5	18.00	0.03	0.05730	51%-75% Below	No	No
00054981729	PREDNISONE 10 MG TABLET	5	20.00	0.08	0.05730	26%-50% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	5	30.00	0.08	0.05730	26%-50% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	5	60.00	0.08	0.05730	26%-50% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	6	5.00	0.08	0.05709	26%-50% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	6	12.00	0.08	0.05709	26%-50% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	6	14.00	0.03	0.05709	26%-50% Below	No	No
00054981729	PREDNISONE 10 MG TABLET	6	20.00	0.08	0.05709	26%-50% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	6	25.00	0.08	0.05709	26%-50% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	6	90.00	0.08	0.05709	26%-50% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	7	3.00	0.22	0.05617	200% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	7	5.00	0.08	0.05617	26%-50% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	7	10.00	0.08	0.05617	26%-50% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	7	20.00	0.08	0.05617	26%-50% Above	No	No

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00054981729	PREDNISONE 10 MG TABLET	7	21.00	0.08	0.05617	26%-50% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	7	30.00	0.08	0.05617	26%-50% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	8	5.00	0.08	0.05604	26%-50% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	8	7.00	0.08	0.05604	26%-50% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	8	20.00	0.08	0.05604	26%-50% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	8	21.00	0.08	0.05604	26%-50% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	8	30.00	0.08	0.05604	26%-50% Above	No	No
00054982831	PREDNISONE 5 MG TABLET	4	21.00	0.09	0.03732	101%-200% Above	No	No
00054982831	PREDNISONE 5 MG TABLET	4	30.00	0.06	0.03732	51%-75% Above	No	No
00054982831	PREDNISONE 5 MG TABLET	4	30.00	0.09	0.03732	101%-200% Above	No	No
00054982831	PREDNISONE 5 MG TABLET	5	21.00	0.06	0.03674	51%-75% Above	No	No
00054982831	PREDNISONE 5 MG TABLET	5	30.00	0.02	0.03674	26%-50% Below	No	No
00054982831	PREDNISONE 5 MG TABLET	5	30.00	0.06	0.03674	51%-75% Above	No	No
00054982831	PREDNISONE 5 MG TABLET	6	30.00	0.02	0.03661	26%-50% Below	No	No
00054982831	PREDNISONE 5 MG TABLET	6	30.00	0.06	0.03661	51%-75% Above	No	No
00054982831	PREDNISONE 5 MG TABLET	7	9.00	0.12	0.03583	200% Above	No	No
00054982831	PREDNISONE 5 MG TABLET	7	10.00	0.06	0.03583	51%-75% Above	No	No
00054982831	PREDNISONE 5 MG TABLET	7	30.00	0.02	0.03583	26%-50% Below	No	No
00054982831	PREDNISONE 5 MG TABLET	7	30.00	0.06	0.03583	51%-75% Above	No	No
00054982831	PREDNISONE 5 MG TABLET	7	60.00	0.06	0.03583	51%-75% Above	No	No
00065039705	CYCLOGYL SOL 2% OP	7	5.00	14.81	.		No	No
00069246510	ABRYSVO INJ 120MCG	6	1.00	289.07	.		No	No
00069252810	COMIRNATY INJ 30/.3ML	5	0.30	537.03	.		Yes	No
00069252810	COMIRNATY INJ 30/.3ML	7	0.30	537.03	.		Yes	No
00069252810	COMIRNATY INJ 30/.3ML	8	0.30	537.03	.		Yes	No

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00074372790	SYNTHROID 137 MCG TABLET	6	90.00	0.15	1.66455	76%-100% Below	Yes	No
00074434190	SYNTHROID 25 MCG TABLET	5	90.00	0.12	1.66321	76%-100% Below	Yes	No
00074434190	SYNTHROID 25 MCG TABLET	6	90.00	0.09	1.65952	76%-100% Below	Yes	No
00074455290	SYNTHROID 50 MCG TABLET	6	90.00	0.11	1.66312	76%-100% Below	Yes	No
00074455290	SYNTHROID 50 MCG TABLET	6	90.00	0.15	1.66312	76%-100% Below	No	No
00074455290	SYNTHROID 50 MCG TABLET	6	90.00	0.15	1.66312	76%-100% Below	Yes	No
00074455290	SYNTHROID 50 MCG TABLET	7	90.00	0.15	1.66280	76%-100% Below	Yes	No
00074518290	SYNTHROID 75 MCG TABLET	7	90.00	0.28	1.66278	76%-100% Below	Yes	No
00074659490	SYNTHROID 88 MCG TABLET	7	90.00	0.13	1.66281	76%-100% Below	Yes	No
00074706890	SYNTHROID 125 MCG TABLET	5	90.00	0.17	1.66532	76%-100% Below	Yes	No
00074706890	SYNTHROID 125 MCG TABLET	6	90.00	0.13	1.66299	76%-100% Below	Yes	No
00074706890	SYNTHROID 125 MCG TABLET	7	90.00	0.13	1.66255	76%-100% Below	Yes	No
00074714890	SYNTHROID 200 MCG TABLET	6	90.00	0.26	1.65816	76%-100% Below	Yes	No
00074929690	SYNTHROID 112 MCG TABLET	7	180.00	0.22	1.66024	76%-100% Below	Yes	No
00088221905	LANTUS SOLOSTAR 100 UNIT/ML	4	30.00	2.16	6.16614	51%-75% Below	No	No
00088221905	LANTUS SOLOSTAR 100 UNIT/ML	7	30.00	2.16	6.16587	51%-75% Below	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	4	30.00	0.00	0.02199	76%-100% Below	Yes	No
00093005301	BUSPIRONE HCL 5 MG TABLET	4	60.00	0.05	0.02199	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	5	30.00	0.06	0.02204	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	5	90.00	0.05	0.02204	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	6	30.00	0.06	0.02187	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	6	30.00	0.06	0.02187	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	7	30.00	0.06	0.02164	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	7	60.00	0.05	0.02164	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	7	90.00	0.00	0.02164	76%-100% Below	Yes	No

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00093005301	BUSPIRONE HCL 5 MG TABLET	7	90.00	0.04	0.02164	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	8	30.00	0.06	0.02175	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	8	60.00	0.06	0.02175	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	8	60.00	0.06	0.02175	101%-200% Above	No	No
00093005305	BUSPIRONE HCL 5 MG TABLET	6	60.00	0.05	0.02187	101%-200% Above	No	No
00093005401	BUSPIRONE HCL 10 MG TABLET	4	60.00	0.05	0.02946	51%-75% Above	Yes	No
00093005401	BUSPIRONE HCL 10 MG TABLET	4	90.00	0.06	0.02946	101%-200% Above	No	No
00093005401	BUSPIRONE HCL 10 MG TABLET	4	180.00	0.05	0.02946	51%-75% Above	No	No
00093005401	BUSPIRONE HCL 10 MG TABLET	5	60.00	0.05	0.02962	51%-75% Above	Yes	No
00093005401	BUSPIRONE HCL 10 MG TABLET	5	90.00	0.05	0.02962	76%-100% Above	Yes	No
00093005401	BUSPIRONE HCL 10 MG TABLET	6	60.00	0.05	0.02917	51%-75% Above	No	No
00093005401	BUSPIRONE HCL 10 MG TABLET	6	60.00	0.05	0.02917	51%-75% Above	Yes	No
00093005401	BUSPIRONE HCL 10 MG TABLET	6	270.00	0.04	0.02917	26%-50% Above	Yes	No
00093005401	BUSPIRONE HCL 10 MG TABLET	7	180.00	0.05	0.02861	51%-75% Above	No	No
00093005401	BUSPIRONE HCL 10 MG TABLET	8	60.00	0.05	0.02795	76%-100% Above	No	No
00093005401	BUSPIRONE HCL 10 MG TABLET	8	60.00	0.12	0.02795	200% Above	No	No
00093005401	BUSPIRONE HCL 10 MG TABLET	8	90.00	0.05	0.02795	76%-100% Above	No	No
00093005401	BUSPIRONE HCL 10 MG TABLET	8	270.00	0.05	0.02795	76%-100% 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	4	30.00	0.07	0.02946	101%-200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	4	60.00	0.06	0.02946	101%-200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	4	90.00	0.05	0.02946	51%-75% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	4	180.00	0.05	0.02946	51%-75% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	5	30.00	0.05	0.02962	51%-75% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	5	180.00	0.05	0.02962	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	200.00	0.05	0.02962	51%-75% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	6	30.00	0.05	0.02917	51%-75% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	6	60.00	0.05	0.02917	51%-75% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	6	90.00	0.05	0.02917	51%-75% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	6	90.00	0.05	0.02917	51%-75% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	6	180.00	0.04	0.02917	26%-50% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	6	180.00	0.05	0.02917	76%-100% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	7	30.00	0.07	0.02861	101%-200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	7	60.00	0.05	0.02861	51%-75% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	7	90.00	0.05	0.02861	51%-75% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	7	200.00	0.05	0.02861	51%-75% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	8	30.00	0.07	0.02795	101%-200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	8	60.00	0.05	0.02795	76%-100% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	8	60.00	0.06	0.02795	101%-200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	8	180.00	0.04	0.02795	26%-50% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	8	180.00	0.05	0.02795	76%-100% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	12	90.00	0.04	0.03038	26%-50% Above	No	No
00093026292	FLUOCINONIDE 0.05% CREAM	5	60.00	0.14	0.25872	26%-50% Below	Yes	No
00093031101	LOPERAMIDE 2 MG CAPSULE	7	21.00	0.18	0.05348	200% Above	No	No
00093031401	KETOROLAC 10 MG TABLET	5	20.00	0.68	0.15870	200% Above	Yes	No
00093031401	KETOROLAC 10 MG TABLET	7	12.00	0.41	0.16780	101%-200% Above	No	No
00093031401	KETOROLAC 10 MG TABLET	7	20.00	0.30	0.16780	76%-100% Above	No	No
00093031401	KETOROLAC 10 MG TABLET	7	20.00	0.66	0.16780	200% Above	No	No
00093031801	DILTIAZEM 30 MG TABLET	6	180.00	0.06	0.05084	26%-50% Above	No	No
00093057610	LOVASTATIN 20 MG TABLET	5	90.00	0.15	0.04339	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093075210	ATENOLOL 50 MG TABLET	4	90.00	0.11	0.02553	200% Above	No	No
00093075210	ATENOLOL 50 MG TABLET	7	90.00	0.11	0.02404	200% Above	No	No
00093075210	ATENOLOL 50 MG TABLET	8	90.00	0.11	0.02378	200% Above	No	No
00093075305	ATENOLOL 100 MG TABLET	6	90.00	0.09	0.03652	101%-200% Above	No	No
00093078701	ATENOLOL 25 MG TABLET	7	180.00	0.11	0.02109	200% Above	No	No
00093078710	ATENOLOL 25 MG TABLET	4	90.00	0.11	0.02266	200% Above	No	No
00093078710	ATENOLOL 25 MG TABLET	5	60.00	0.01	0.02204	51%-75% Below	No	No
00093078710	ATENOLOL 25 MG TABLET	7	60.00	0.01	0.02109	26%-50% Below	No	No
00093078710	ATENOLOL 25 MG TABLET	7	90.00	0.11	0.02109	200% Above	No	No
00093078710	ATENOLOL 25 MG TABLET	8	90.00	0.11	0.02168	200% Above	No	No
00093081001	NORTRIPTYLINE HCL 10 MG CAP	5	135.00	0.06	0.12412	51%-75% Below	Yes	No
00093081001	NORTRIPTYLINE HCL 10 MG CAP	5	150.00	0.03	0.12412	51%-75% Below	Yes	No
00093081001	NORTRIPTYLINE HCL 10 MG CAP	6	60.00	0.10	0.11723	10%-25% Below	Yes	No
00093081001	NORTRIPTYLINE HCL 10 MG CAP	6	150.00	0.03	0.11723	51%-75% Below	Yes	No
00093081001	NORTRIPTYLINE HCL 10 MG CAP	7	30.00	0.06	0.11006	26%-50% Below	Yes	No
00093081001	NORTRIPTYLINE HCL 10 MG CAP	7	150.00	0.03	0.11006	51%-75% Below	Yes	No
00093081001	NORTRIPTYLINE HCL 10 MG CAP	8	30.00	0.06	0.11109	26%-50% Below	Yes	No
00093081001	NORTRIPTYLINE HCL 10 MG CAP	8	60.00	0.09	0.11109	10%-25% Below	Yes	No
00093081001	NORTRIPTYLINE HCL 10 MG CAP	8	90.00	0.06	0.11109	26%-50% Below	No	No
00093081001	NORTRIPTYLINE HCL 10 MG CAP	8	150.00	0.03	0.11109	51%-75% Below	Yes	No
00093081005	NORTRIPTYLINE HCL 10 MG CAP	4	60.00	0.09	0.12875	26%-50% Below	No	No
00093081005	NORTRIPTYLINE HCL 10 MG CAP	8	90.00	0.06	0.11109	26%-50% Below	No	No
00093081101	NORTRIPTYLINE HCL 25 MG CAP	5	30.00	0.09	0.15794	26%-50% Below	Yes	No
00093081101	NORTRIPTYLINE HCL 25 MG CAP	5	90.00	0.04	0.15794	51%-75% Below	Yes	No
00093081101	NORTRIPTYLINE HCL 25 MG CAP	6	60.00	0.09	0.16076	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093081201	NORTRIPTYLINE HCL 50 MG CAP	4	30.00	0.10	0.20594	26%-50% Below	No	No
00093081201	NORTRIPTYLINE HCL 50 MG CAP	4	60.00	0.10	0.20594	51%-75% Below	Yes	No
00093081201	NORTRIPTYLINE HCL 50 MG CAP	5	180.00	0.10	0.20961	51%-75% Below	Yes	No
00093081201	NORTRIPTYLINE HCL 50 MG CAP	6	30.00	0.15	0.20344	10%-25% Below	No	No
00093081201	NORTRIPTYLINE HCL 50 MG CAP	6	90.00	0.10	0.20344	26%-50% Below	No	No
00093081201	NORTRIPTYLINE HCL 50 MG CAP	7	30.00	0.15	0.20289	10%-25% Below	No	No
00093081201	NORTRIPTYLINE HCL 50 MG CAP	7	90.00	0.10	0.20289	26%-50% Below	Yes	No
00093083201	CLONAZEPAM 0.5 MG TABLET	4	21.00	0.03	0.02003	26%-50% Above	No	No
00093083201	CLONAZEPAM 0.5 MG TABLET	4	30.00	0.02	0.02003	10%-25% Above	No	No
00093083201	CLONAZEPAM 0.5 MG TABLET	4	60.00	0.05	0.02003	101%-200% Above	No	No
00093083201	CLONAZEPAM 0.5 MG TABLET	7	10.00	0.05	0.01972	101%-200% Above	No	No
00093083201	CLONAZEPAM 0.5 MG TABLET	7	21.00	0.03	0.01972	51%-75% Above	No	No
00093083201	CLONAZEPAM 0.5 MG TABLET	8	30.00	0.01	0.01973	26%-50% Below	No	No
00093083201	CLONAZEPAM 0.5 MG TABLET	8	60.00	0.02	0.01973	10%-25% Below	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	5	15.00	0.05	0.01975	101%-200% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	5	20.00	0.03	0.01975	26%-50% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	5	21.00	0.05	0.01975	101%-200% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	5	30.00	0.05	0.01975	101%-200% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	5	60.00	0.02	0.01975	10%-25% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	5	60.00	0.05	0.01975	101%-200% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	6	15.00	0.05	0.01988	101%-200% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	6	21.00	0.05	0.01988	101%-200% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	6	30.00	0.05	0.01988	101%-200% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	7	15.00	0.05	0.01972	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	30.00	0.02	0.01972	10%-25% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	7	30.00	0.05	0.01972	101%-200% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	8	15.00	0.05	0.01973	101%-200% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	8	30.00	0.05	0.01973	101%-200% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	8	30.00	0.05	0.01973	101%-200% Above	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	8	45.00	0.05	0.01973	101%-200% Above	No	No
00093092810	LOVASTATIN 40 MG TABLET	6	90.00	0.01	0.05596	76%-100% Below	No	No
00093094801	DICLOFENAC POT 50 MG TABLET	7	10.00	0.28	0.09823	101%-200% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	4	60.00	0.06	0.04301	26%-50% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	4	60.00	0.06	0.04301	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	180.00	0.06	0.04301	26%-50% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	4	270.00	0.06	0.04301	26%-50% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	5	60.00	0.06	0.04296	26%-50% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	5	60.00	0.07	0.04296	51%-75% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	5	60.00	0.07	0.04296	51%-75% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	5	90.00	0.06	0.04296	26%-50% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	5	180.00	0.05	0.04296	10%-25% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	6	60.00	0.06	0.04232	26%-50% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	6	90.00	0.06	0.04232	26%-50% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	7	60.00	0.06	0.04229	26%-50% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	7	90.00	0.06	0.04229	26%-50% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	7	90.00	0.06	0.04229	26%-50% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	7	135.00	0.06	0.04229	26%-50% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	7	180.00	0.06	0.04229	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	180.00	0.06	0.04229	26%-50% Above	Yes	No
00093100301	BUSPIRONE HCL 15 MG TABLET	7	180.00	0.06	0.04229	26%-50% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	8	60.00	0.06	0.04231	26%-50% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	8	90.00	0.06	0.04231	26%-50% Above	No	No
00093100305	BUSPIRONE HCL 15 MG TABLET	4	60.00	0.06	0.04301	26%-50% Above	No	No
00093100305	BUSPIRONE HCL 15 MG TABLET	4	90.00	0.06	0.04301	26%-50% Above	No	No
00093100305	BUSPIRONE HCL 15 MG TABLET	5	60.00	0.05	0.04296	10%-25% Above	No	No
00093100305	BUSPIRONE HCL 15 MG TABLET	6	60.00	0.05	0.04232	10%-25% Above	No	No
00093100305	BUSPIRONE HCL 15 MG TABLET	7	60.00	0.05	0.04229	10%-25% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	2	22.00	0.09	0.16784	26%-50% Below	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	4	22.00	0.17	0.13303	26%-50% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	4	22.00	0.22	0.13303	51%-75% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	4	22.00	0.23	0.13303	51%-75% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	5	22.00	0.17	0.13461	10%-25% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	5	22.00	0.20	0.15725	26%-50% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	6	22.00	0.17	0.13623	10%-25% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	7	22.00	0.17	0.13771	10%-25% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	7	44.00	0.17	0.13771	10%-25% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	8	22.00	0.17	0.14537	10%-25% Above	No	No
00093106001	SOTALOL 120 MG TABLET	5	180.00	0.08	0.10388	10%-25% Below	Yes	No
00093106001	SOTALOL 120 MG TABLET	8	180.00	0.08	0.11063	26%-50% Below	Yes	No
00093106101	SOTALOL 80 MG TABLET	4	180.00	0.08	0.06945	10%-25% Above	Yes	No
00093106101	SOTALOL 80 MG TABLET	5	180.00	0.10	0.07079	26%-50% Above	No	No
00093106101	SOTALOL 80 MG TABLET	7	90.00	0.10	0.06915	26%-50% Above	Yes	No
00093106101	SOTALOL 80 MG TABLET	7	180.00	0.08	0.06915	10%-25% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093106101	SOTALOL 80 MG TABLET	7	180.00	0.10	0.06915	26%-50% Above	No	No
00093117401	PENICILLIN VK 500 MG TABLET	4	30.00	0.14	0.10292	26%-50% Above	No	No
00093117401	PENICILLIN VK 500 MG TABLET	7	15.00	0.17	0.10367	51%-75% Above	No	No
00093117401	PENICILLIN VK 500 MG TABLET	8	20.00	0.15	0.10587	26%-50% Above	No	No
00093117410	PENICILLIN VK 500 MG TABLET	5	28.00	0.17	0.10289	51%-75% Above	Yes	No
00093117410	PENICILLIN VK 500 MG TABLET	5	44.00	0.17	0.10289	51%-75% Above	Yes	No
00093117410	PENICILLIN VK 500 MG TABLET	6	20.00	0.17	0.10337	51%-75% Above	Yes	No
00093117410	PENICILLIN VK 500 MG TABLET	6	21.00	0.17	0.10337	51%-75% Above	Yes	No
00093117410	PENICILLIN VK 500 MG TABLET	7	20.00	0.17	0.10367	51%-75% Above	Yes	No
00093117410	PENICILLIN VK 500 MG TABLET	7	36.00	0.17	0.10367	51%-75% Above	Yes	No
00093117701	NEOMYCIN 500 MG TABLET	5	6.00	0.42	0.84518	26%-50% Below	Yes	No
00093117701	NEOMYCIN 500 MG TABLET	6	4.00	0.68	0.85790	10%-25% Below	Yes	No
00093117701	NEOMYCIN 500 MG TABLET	6	6.00	0.47	0.85790	26%-50% Below	Yes	No
00093117701	NEOMYCIN 500 MG TABLET	6	28.00	0.36	0.85790	51%-75% Below	No	No
00093171210	WARFARIN SODIUM 1 MG TABLET	4	90.00	0.11	0.07731	26%-50% Above	No	No
00093171210	WARFARIN SODIUM 1 MG TABLET	6	90.00	0.11	0.08537	26%-50% Above	No	No
00093171210	WARFARIN SODIUM 1 MG TABLET	7	90.00	0.11	0.09000	10%-25% Above	No	No
00093171401	WARFARIN SODIUM 2.5 MG TABLET	7	60.00	0.14	0.08828	51%-75% Above	No	No
00093171501	WARFARIN SODIUM 3 MG TABLET	5	90.00	0.10	0.08571	10%-25% Above	Yes	No
00093172001	WARFARIN SODIUM 10 MG TABLET	5	90.00	0.01	0.10530	76%-100% Below	No	No
00093172001	WARFARIN SODIUM 10 MG TABLET	8	90.00	0.01	0.09714	76%-100% Below	No	No
00093172101	WARFARIN SODIUM 5 MG TABLET	5	30.00	0.09	0.08496	10%-25% Above	No	No
00093172110	WARFARIN SODIUM 5 MG TABLET	4	30.00	0.16	0.08505	76%-100% Above	No	No
00093172110	WARFARIN SODIUM 5 MG TABLET	4	60.00	0.09	0.08505	10%-25% Above	No	No
00093172110	WARFARIN SODIUM 5 MG TABLET	6	30.00	0.16	0.08760	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093172301	WARFARIN SODIUM 7.5 MG TABLET	5	60.00	0.18	0.09051	76%-100% Above	No	No
00093172301	WARFARIN SODIUM 7.5 MG TABLET	7	30.00	0.12	0.08911	26%-50% Above	Yes	No
00093202623	AZITHROMYCIN 200 MG/5 ML SUSP	5	15.00	0.77	0.32473	101%-200% Above	No	No
00093202623	AZITHROMYCIN 200 MG/5 ML SUSP	8	15.00	0.22	0.29818	10%-25% Below	No	No
00093202723	AZITHROMYCIN 100 MG/5 ML SUSP	6	15.00	0.78	0.39232	76%-100% Above	Yes	No
00093206301	QUETIAPINE FUMARATE 25 MG TAB	4	60.00	0.10	0.02892	200% Above	No	No
00093206301	QUETIAPINE FUMARATE 25 MG TAB	7	90.00	0.10	0.02399	200% Above	No	No
00093206406	CILOSTAZOL 100 MG TABLET	4	60.00	0.08	0.12872	26%-50% Below	No	No
00093206406	CILOSTAZOL 100 MG TABLET	4	180.00	0.10	0.12872	10%-25% Below	Yes	No
00093206406	CILOSTAZOL 100 MG TABLET	5	60.00	0.08	0.13134	26%-50% Below	No	No
00093206406	CILOSTAZOL 100 MG TABLET	6	180.00	0.08	0.13108	26%-50% Below	No	No
00093206406	CILOSTAZOL 100 MG TABLET	7	60.00	0.11	0.13267	10%-25% Below	Yes	No
00093206406	CILOSTAZOL 100 MG TABLET	8	60.00	0.11	0.13462	10%-25% Below	Yes	No
00093220301	METOCLOPRAMIDE 10 MG TABLET	4	24.00	0.05	0.04395	10%-25% Above	No	No
00093220301	METOCLOPRAMIDE 10 MG TABLET	4	60.00	0.05	0.04395	10%-25% Above	No	No
00093220301	METOCLOPRAMIDE 10 MG TABLET	5	30.00	0.05	0.04429	10%-25% Above	No	No
00093220301	METOCLOPRAMIDE 10 MG TABLET	6	10.00	0.06	0.04457	26%-50% Above	No	No
00093220301	METOCLOPRAMIDE 10 MG TABLET	6	12.00	0.08	0.04457	51%-75% Above	No	No
00093220301	METOCLOPRAMIDE 10 MG TABLET	7	20.00	0.02	0.04480	51%-75% Below	No	No
00093220301	METOCLOPRAMIDE 10 MG TABLET	7	20.00	0.05	0.04480	10%-25% Above	No	No
00093220301	METOCLOPRAMIDE 10 MG TABLET	7	28.00	0.05	0.04480	10%-25% Above	No	No
00093220301	METOCLOPRAMIDE 10 MG TABLET	7	40.00	0.05	0.04480	10%-25% Above	No	No
00093220301	METOCLOPRAMIDE 10 MG TABLET	7	60.00	0.05	0.04480	10%-25% Above	No	No
00093220301	METOCLOPRAMIDE 10 MG TABLET	7	120.00	0.08	0.04480	76%-100% Above	No	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	4	1.00	0.47	0.04395	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093220305	METOCLOPRAMIDE 10 MG TABLET	4	30.00	0.05	0.04395	10%-25% Above	No	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	4	30.00	0.05	0.04395	10%-25% Above	Yes	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	4	90.00	0.02	0.04395	26%-50% Below	Yes	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	5	120.00	0.05	0.04429	10%-25% Above	No	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	7	120.00	0.03	0.04480	26%-50% Below	No	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	8	30.00	0.03	0.04383	26%-50% Below	No	No
00093220401	METOCLOPRAMIDE 5 MG TABLET	4	120.00	0.04	0.03708	10%-25% Above	No	No
00093220401	METOCLOPRAMIDE 5 MG TABLET	5	120.00	0.04	0.03759	10%-25% Above	No	No
00093220401	METOCLOPRAMIDE 5 MG TABLET	6	120.00	0.04	0.03708	10%-25% Above	No	No
00093220401	METOCLOPRAMIDE 5 MG TABLET	7	120.00	0.04	0.03622	10%-25% Above	No	No
00093220401	METOCLOPRAMIDE 5 MG TABLET	8	30.00	0.05	0.03541	26%-50% Above	No	No
00093220401	METOCLOPRAMIDE 5 MG TABLET	8	90.00	0.05	0.03541	26%-50% Above	Yes	No
00093220405	METOCLOPRAMIDE 5 MG TABLET	7	20.00	0.05	0.03622	26%-50% Above	No	No
00093221001	SUCRALFATE 1 GM TABLET	4	20.00	0.08	0.18894	51%-75% Below	No	No
00093221001	SUCRALFATE 1 GM TABLET	4	120.00	0.08	0.18894	51%-75% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	4	360.00	0.08	0.18894	51%-75% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	5	21.00	0.08	0.19028	51%-75% Below	No	No
00093221001	SUCRALFATE 1 GM TABLET	5	90.00	0.08	0.19028	51%-75% Below	No	No
00093221001	SUCRALFATE 1 GM TABLET	5	120.00	0.08	0.19028	51%-75% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	6	21.00	0.08	0.18300	51%-75% Below	No	No
00093221001	SUCRALFATE 1 GM TABLET	6	90.00	0.12	0.18300	26%-50% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	6	120.00	0.15	0.18300	10%-25% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	7	56.00	0.08	0.17872	51%-75% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	7	90.00	0.09	0.17872	26%-50% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	8	28.00	0.15	0.17247	10%-25% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093221001	SUCRALFATE 1 GM TABLET	8	30.00	0.08	0.17247	26%-50% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	8	120.00	0.08	0.17247	26%-50% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	8	180.00	0.06	0.17247	51%-75% Below	Yes	No
00093221005	SUCRALFATE 1 GM TABLET	4	40.00	0.08	0.18894	51%-75% Below	No	No
00093221005	SUCRALFATE 1 GM TABLET	4	120.00	0.08	0.18894	51%-75% Below	No	No
00093221005	SUCRALFATE 1 GM TABLET	5	60.00	0.15	0.19028	10%-25% Below	No	No
00093221005	SUCRALFATE 1 GM TABLET	5	120.00	0.08	0.19028	51%-75% Below	No	No
00093221005	SUCRALFATE 1 GM TABLET	5	160.00	0.14	0.19028	26%-50% Below	No	No
00093221005	SUCRALFATE 1 GM TABLET	6	60.00	0.15	0.18300	10%-25% Below	No	No
00093221005	SUCRALFATE 1 GM TABLET	6	120.00	0.08	0.18300	51%-75% Below	No	No
00093221005	SUCRALFATE 1 GM TABLET	7	28.00	0.08	0.17872	51%-75% Below	No	No
00093221005	SUCRALFATE 1 GM TABLET	7	60.00	0.15	0.17872	10%-25% Below	No	No
00093221005	SUCRALFATE 1 GM TABLET	7	120.00	0.08	0.17872	51%-75% Below	No	No
00093221005	SUCRALFATE 1 GM TABLET	8	60.00	0.14	0.17247	10%-25% Below	No	No
00093221005	SUCRALFATE 1 GM TABLET	8	60.00	0.15	0.17247	10%-25% Below	No	No
00093224001	CEPHALEXIN 500 MG TABLET	4	9.00	1.11	1.28841	10%-25% Below	No	No
00093224001	CEPHALEXIN 500 MG TABLET	4	21.00	2.27	1.28841	51%-75% Above	Yes	No
00093224001	CEPHALEXIN 500 MG TABLET	5	14.00	2.36	1.29241	76%-100% Above	Yes	No
00093224001	CEPHALEXIN 500 MG TABLET	5	28.00	2.25	1.29241	51%-75% Above	Yes	No
00093224001	CEPHALEXIN 500 MG TABLET	5	30.00	0.68	1.29241	26%-50% Below	Yes	No
00093224001	CEPHALEXIN 500 MG TABLET	6	14.00	1.06	1.28322	10%-25% Below	Yes	No
00093224001	CEPHALEXIN 500 MG TABLET	6	20.00	5.11	1.28322	200% Above	No	No
00093224001	CEPHALEXIN 500 MG TABLET	6	30.00	0.65	1.28322	26%-50% Below	Yes	No
00093224001	CEPHALEXIN 500 MG TABLET	7	9.00	1.66	1.28280	26%-50% Above	Yes	No
00093224001	CEPHALEXIN 500 MG TABLET	7	20.00	5.11	1.28280	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093224001	CEPHALEXIN 500 MG TABLET	7	21.00	2.27	1.28280	76%-100% Above	Yes	No
00093224001	CEPHALEXIN 500 MG TABLET	7	28.00	0.64	1.28280	26%-50% Below	Yes	No
00093224001	CEPHALEXIN 500 MG TABLET	8	14.00	1.42	1.28124	10%-25% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	4	12.00	0.11	0.09683	10%-25% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	4	14.00	0.20	0.09683	101%-200% 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	16.00	0.20	0.09683	101%-200% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	4	21.00	0.05	0.09683	26%-50% Below	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	4	21.00	0.11	0.09683	10%-25% 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	4	56.00	0.05	0.09683	26%-50% Below	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	5	21.00	0.11	0.08940	26%-50% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	5	28.00	0.17	0.08940	76%-100% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	6	4.00	0.20	0.08983	101%-200% Above	No	No
00093226301	AMOXICILLIN 500 MG TABLET	6	21.00	0.11	0.08983	26%-50% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	6	21.00	0.20	0.08983	101%-200% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	6	22.00	0.23	0.08983	101%-200% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	6	28.00	0.11	0.08983	26%-50% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	6	30.00	0.19	0.08983	101%-200% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	6	30.00	0.24	0.08983	101%-200% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	6	40.00	0.19	0.08983	101%-200% Above	No	No
00093226301	AMOXICILLIN 500 MG TABLET	7	4.00	0.11	0.08621	26%-50% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	7	7.00	0.24	0.08621	101%-200% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	7	14.00	0.20	0.08621	101%-200% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	7	20.00	0.19	0.08621	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	21.00	0.18	0.08621	101%-200% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	7	21.00	0.19	0.08621	101%-200% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	7	28.00	0.19	0.08621	101%-200% Above	No	No
00093226301	AMOXICILLIN 500 MG TABLET	7	30.00	0.19	0.08621	101%-200% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	8	4.00	0.20	0.08885	101%-200% Above	No	No
00093226301	AMOXICILLIN 500 MG TABLET	8	14.00	0.11	0.08885	26%-50% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	8	21.00	0.11	0.08885	26%-50% Above	Yes	No
00093226401	AMOXICILLIN 875 MG TABLET	6	20.00	0.19	0.15688	10%-25% Above	No	No
00093226801	AMOXICILLIN 250 MG TAB CHEW	5	60.00	0.60	0.30831	76%-100% Above	No	No
00093227434	AMOX-CLAV 500-125 MG TABLET	6	14.00	0.57	0.30203	76%-100% Above	No	No
00093227434	AMOX-CLAV 500-125 MG TABLET	7	20.00	0.24	0.29347	10%-25% Below	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	5	20.00	0.24	0.28188	10%-25% Below	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	7	14.00	0.24	0.27809	10%-25% Below	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	7	20.00	0.24	0.27809	10%-25% Below	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	7	20.00	0.33	0.27809	10%-25% Above	No	No
00093310905	AMOXICILLIN 500 MG CAPSULE	4	20.00	0.06	0.08321	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	5	4.00	0.20	0.08150	101%-200% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	5	20.00	0.06	0.08150	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	5	21.00	0.04	0.08150	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	5	21.00	0.06	0.08150	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	5	21.00	0.07	0.08150	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	5	21.00	0.07	0.08150	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	5	28.00	0.06	0.08150	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	5	30.00	0.07	0.08150	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	6	4.00	0.13	0.08013	51%-75% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	15.00	0.07	0.08013	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	6	15.00	0.10	0.08013	10%-25% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	6	21.00	0.06	0.08013	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	6	21.00	0.07	0.08013	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	6	56.00	0.07	0.08013	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	6	84.00	0.05	0.08013	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	7	20.00	0.06	0.07777	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	7	168.00	0.05	0.07777	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	8	4.00	0.20	0.07828	101%-200% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	8	20.00	0.06	0.07828	10%-25% Below	Yes	No
00093314501	CEPHALEXIN 250 MG CAPSULE	5	60.00	0.14	0.09582	26%-50% Above	No	No
00093314501	CEPHALEXIN 250 MG CAPSULE	7	20.00	0.14	0.09555	26%-50% Above	No	No
00093314505	CEPHALEXIN 250 MG CAPSULE	6	15.00	0.14	0.09534	51%-75% Above	No	No
00093314701	CEPHALEXIN 500 MG CAPSULE	4	4.00	0.21	0.12184	51%-75% Above	No	No
00093314701	CEPHALEXIN 500 MG CAPSULE	4	46.00	0.08	0.12184	26%-50% Below	No	No
00093314701	CEPHALEXIN 500 MG CAPSULE	6	4.00	0.21	0.12166	51%-75% Above	No	No
00093314701	CEPHALEXIN 500 MG CAPSULE	6	14.00	0.16	0.12166	26%-50% Above	No	No
00093314701	CEPHALEXIN 500 MG CAPSULE	6	21.00	0.16	0.12166	26%-50% Above	No	No
00093314701	CEPHALEXIN 500 MG CAPSULE	6	28.00	0.10	0.12166	10%-25% Below	No	No
00093314701	CEPHALEXIN 500 MG CAPSULE	7	4.00	0.21	0.12037	51%-75% Above	No	No
00093314701	CEPHALEXIN 500 MG CAPSULE	7	10.00	0.16	0.12037	26%-50% Above	No	No
00093314701	CEPHALEXIN 500 MG CAPSULE	7	28.00	0.16	0.12037	26%-50% Above	No	No
00093314701	CEPHALEXIN 500 MG CAPSULE	8	14.00	0.16	0.12098	26%-50% Above	No	No
00093314701	CEPHALEXIN 500 MG CAPSULE	8	21.00	0.16	0.12098	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	4	4.00	0.16	0.12184	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	10.00	0.10	0.12184	10%-25% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	4	10.00	0.15	0.12184	10%-25% Above	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	14.00	0.16	0.12184	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	4	16.00	0.10	0.12184	10%-25% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	4	20.00	0.16	0.12184	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	4	21.00	0.08	0.12184	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	4	21.00	0.16	0.12184	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	4	28.00	0.16	0.12184	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	4	30.00	0.07	0.12184	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	4	40.00	0.08	0.12184	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	5	8.00	0.16	0.12141	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	5	14.00	0.09	0.12141	10%-25% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	5	14.00	0.10	0.12141	10%-25% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	5	14.00	0.16	0.12141	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	5	15.00	0.16	0.12141	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	5	16.00	0.16	0.12141	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	5	20.00	0.08	0.12141	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	5	20.00	0.09	0.12141	10%-25% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	5	20.00	0.16	0.12141	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	5	21.00	0.07	0.12141	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	5	21.00	0.09	0.12141	10%-25% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	5	21.00	0.16	0.12141	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	5	28.00	0.16	0.12141	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	5	30.00	0.07	0.12141	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	40.00	0.16	0.12141	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	6	14.00	0.16	0.12166	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	6	15.00	0.16	0.12166	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	6	20.00	0.16	0.12166	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	6	21.00	0.09	0.12166	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	6	21.00	0.16	0.12166	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	6	28.00	0.08	0.12166	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	6	28.00	0.16	0.12166	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	6	30.00	0.16	0.12166	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	6	40.00	0.16	0.12166	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	7	10.00	0.16	0.12037	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	7	14.00	0.16	0.12037	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	7	15.00	0.16	0.12037	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	7	20.00	0.16	0.12037	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	7	21.00	0.16	0.12037	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	7	21.00	0.16	0.12037	26%-50% Above	Yes	No
00093314705	CEPHALEXIN 500 MG CAPSULE	7	28.00	0.08	0.12037	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	7	28.00	0.16	0.12037	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	7	30.00	0.07	0.12037	26%-50% Below	Yes	No
00093314705	CEPHALEXIN 500 MG CAPSULE	7	30.00	0.16	0.12037	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	8	4.00	0.16	0.12098	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	8	6.00	0.16	0.12098	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	8	6.00	0.17	0.12098	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	8	9.00	0.15	0.12098	10%-25% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	8	14.00	0.09	0.12098	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	14.00	0.16	0.12098	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	8	15.00	0.16	0.12098	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	8	20.00	0.03	0.12098	51%-75% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	8	20.00	0.08	0.12098	26%-50% Below	Yes	No
00093314705	CEPHALEXIN 500 MG CAPSULE	8	20.00	0.09	0.12098	10%-25% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	8	20.00	0.10	0.12098	10%-25% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	8	20.00	0.16	0.12098	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	8	20.00	0.16	0.12098	26%-50% Above	Yes	No
00093314705	CEPHALEXIN 500 MG CAPSULE	8	21.00	0.08	0.12098	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	8	21.00	0.16	0.12098	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	8	28.00	0.16	0.12098	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	8	30.00	0.16	0.12098	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	8	40.00	0.06	0.12098	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	8	40.00	0.08	0.12098	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	8	40.00	0.16	0.12098	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	8	42.00	0.06	0.12098	26%-50% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	7	9.00	2.22	2.87117	10%-25% Below	No	No
00093319601	CEFADROXIL 500 MG CAPSULE	6	14.00	0.12	0.28433	51%-75% Below	No	No
00093321201	CLONAZEPAM 1 MG TABLET	6	60.00	0.08	0.02497	200% Above	No	No
00093321201	CLONAZEPAM 1 MG TABLET	6	90.00	0.08	0.02497	200% Above	No	No
00093321201	CLONAZEPAM 1 MG TABLET	7	15.00	0.08	0.02440	200% Above	No	No
00093321201	CLONAZEPAM 1 MG TABLET	7	60.00	0.08	0.02440	200% Above	No	No
00093321201	CLONAZEPAM 1 MG TABLET	7	90.00	0.08	0.02440	200% Above	No	No
00093321201	CLONAZEPAM 1 MG TABLET	8	30.00	0.03	0.02453	26%-50% Above	No	No
00093321201	CLONAZEPAM 1 MG TABLET	8	60.00	0.08	0.02453	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	10.00	0.08	0.02488	200% Above	No	No
00093321205	CLONAZEPAM 1 MG TABLET	4	15.00	0.08	0.02488	200% Above	No	No
00093321205	CLONAZEPAM 1 MG TABLET	4	30.00	0.08	0.02488	200% Above	No	No
00093321205	CLONAZEPAM 1 MG TABLET	4	180.00	0.08	0.02488	200% Above	No	No
00093321205	CLONAZEPAM 1 MG TABLET	5	60.00	0.02	0.02503	10%-25% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	6	15.00	0.08	0.02497	200% Above	No	No
00093321205	CLONAZEPAM 1 MG TABLET	6	30.00	0.08	0.02497	200% Above	No	No
00093321205	CLONAZEPAM 1 MG TABLET	6	60.00	0.02	0.02497	10%-25% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	6	60.00	0.08	0.02497	200% Above	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	7	10.00	0.08	0.02440	200% Above	No	No
00093321205	CLONAZEPAM 1 MG TABLET	7	20.00	0.05	0.02440	76%-100% Above	No	No
00093321205	CLONAZEPAM 1 MG TABLET	7	30.00	0.08	0.02440	200% Above	No	No
00093321205	CLONAZEPAM 1 MG TABLET	8	30.00	0.08	0.02453	200% Above	No	No
00093321205	CLONAZEPAM 1 MG TABLET	8	60.00	0.02	0.02453	10%-25% Below	No	No
00093321915	KETOCONAZOLE 2% CREAM	4	15.00	0.35	0.31394	10%-25% Above	No	No
00093321992	KETOCONAZOLE 2% CREAM	8	60.00	0.35	0.16285	101%-200% Above	No	No
00093330101	TRAMADOL HCL 50 MG TABLET	6	15.00	0.05	0.02371	101%-200% Above	No	No
00093330105	TRAMADOL HCL 50 MG TABLET	4	12.00	0.05	0.02408	76%-100% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	4	16.00	0.03	0.02408	26%-50% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	4	16.00	0.03	0.02408	26%-50% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	4	18.00	0.03	0.02408	26%-50% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	4	21.00	0.05	0.02408	101%-200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	4	28.00	0.05	0.02408	101%-200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	5	5.00	0.08	0.02365	200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	5	10.00	0.05	0.02365	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	12.00	0.05	0.02365	76%-100% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	5	14.00	0.04	0.02365	26%-50% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	5	15.00	0.05	0.02365	101%-200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	5	20.00	0.03	0.02365	10%-25% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	5	20.00	0.05	0.02365	101%-200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	5	21.00	0.03	0.02365	10%-25% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	5	25.00	0.01	0.02365	26%-50% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	5	28.00	0.01	0.02365	26%-50% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	5	28.00	0.05	0.02365	101%-200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	5	40.00	0.05	0.02365	101%-200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	5	90.00	0.05	0.02365	101%-200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	5	120.00	0.05	0.02365	101%-200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	6	14.00	0.05	0.02371	101%-200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	6	15.00	0.05	0.02371	101%-200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	6	20.00	0.03	0.02371	10%-25% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	6	20.00	0.03	0.02371	26%-50% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	6	21.00	0.03	0.02371	10%-25% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	6	21.00	0.05	0.02371	101%-200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	6	30.00	0.03	0.02371	26%-50% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	6	30.00	0.05	0.02371	101%-200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	6	60.00	0.05	0.02371	101%-200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	6	90.00	0.05	0.02371	101%-200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	7	5.00	0.05	0.02351	101%-200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	7	6.00	0.05	0.02351	101%-200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	7	10.00	0.05	0.02351	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	12.00	0.04	0.02351	51%-75% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	7	14.00	0.05	0.02351	101%-200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	7	15.00	0.03	0.02351	26%-50% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	7	15.00	0.05	0.02351	101%-200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	7	15.00	0.05	0.02351	101%-200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	7	20.00	0.04	0.02351	51%-75% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	7	20.00	0.05	0.02351	101%-200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	7	21.00	0.03	0.02351	10%-25% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	7	21.00	0.05	0.02351	101%-200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	7	28.00	0.05	0.02351	101%-200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	7	40.00	0.03	0.02351	10%-25% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	7	60.00	0.05	0.02351	101%-200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	7	90.00	0.01	0.02351	26%-50% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	7	90.00	0.04	0.02351	51%-75% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	7	90.00	0.05	0.02351	101%-200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	7	120.00	0.05	0.02351	101%-200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	8	12.00	0.04	0.02453	51%-75% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	8	12.00	0.06	0.02453	101%-200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	8	20.00	0.05	0.02453	76%-100% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	8	26.00	0.05	0.02453	76%-100% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	8	30.00	0.03	0.02453	26%-50% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	8	90.00	0.05	0.02453	76%-100% Above	Yes	No
00093342001	CYCLOBENZAPRINE 5 MG TABLET	6	60.00	0.09	0.02110	200% Above	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	4	9.00	0.05	0.01758	101%-200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	4	14.00	0.09	0.01758	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	15.00	0.09	0.01758	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	4	20.00	0.09	0.01758	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	4	21.00	0.09	0.01758	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	4	30.00	0.09	0.01758	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	4	90.00	0.09	0.01758	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	5	5.00	0.08	0.01770	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	5	7.00	0.01	0.01770	51%-75% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	5	10.00	0.09	0.01770	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	5	14.00	0.05	0.01770	101%-200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	5	15.00	0.03	0.01770	51%-75% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	5	20.00	0.09	0.01770	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	5	28.00	0.09	0.01770	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	5	30.00	0.02	0.01770	10%-25% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	5	30.00	0.09	0.01770	200% Above	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	5	30.00	0.09	0.01770	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	5	60.00	0.09	0.01770	200% Above	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	5	75.00	0.09	0.01770	200% Above	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	5	90.00	0.02	0.01770	10%-25% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	5	90.00	0.09	0.01770	200% Above	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	5	90.00	0.09	0.01770	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	6	7.00	0.09	0.01768	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	6	9.00	0.08	0.01768	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	6	10.00	0.01	0.01768	26%-50% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	6	10.00	0.04	0.01768	101%-200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	6	15.00	0.03	0.01768	51%-75% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	15.00	0.09	0.01768	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	6	18.00	0.03	0.01768	26%-50% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	6	21.00	0.02	0.01768	26%-50% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	6	30.00	0.03	0.01768	51%-75% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	6	30.00	0.03	0.01768	51%-75% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	6	30.00	0.09	0.01768	200% Above	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	6	30.00	0.09	0.01768	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	6	60.00	0.09	0.01768	200% Above	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	6	60.00	0.09	0.01768	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	6	75.00	0.09	0.01768	200% Above	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	6	90.00	0.01	0.01768	26%-50% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	6	90.00	0.01	0.01768	26%-50% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	6	90.00	0.09	0.01768	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	7	12.00	0.09	0.01731	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	7	14.00	0.09	0.01731	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	7	15.00	0.09	0.01731	200% Above	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	7	21.00	0.09	0.01731	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	7	28.00	0.03	0.01731	51%-75% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	7	28.00	0.09	0.01731	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	7	30.00	0.03	0.01731	51%-75% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	7	30.00	0.09	0.01731	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	7	60.00	0.09	0.01731	200% Above	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	7	75.00	0.09	0.01731	200% Above	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	7	90.00	0.01	0.01731	26%-50% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	7	90.00	0.01	0.01731	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	90.00	0.09	0.01731	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	7	180.00	0.01	0.01731	26%-50% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	8	9.00	0.09	0.01695	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	8	30.00	0.02	0.01695	10%-25% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	8	30.00	0.03	0.01695	51%-75% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	8	30.00	0.09	0.01695	200% Above	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	8	30.00	0.09	0.01695	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	8	60.00	0.01	0.01695	26%-50% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	8	60.00	0.09	0.01695	200% Above	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	8	90.00	0.01	0.01695	26%-50% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	8	90.00	0.01	0.01695	10%-25% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	8	90.00	0.09	0.01695	200% Above	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	8	90.00	0.09	0.01695	200% Above	Yes	No
00093342501	LORAZEPAM 0.5 MG TABLET	4	15.00	0.04	0.03349	26%-50% Above	No	No
00093342501	LORAZEPAM 0.5 MG TABLET	4	30.00	0.04	0.03349	26%-50% Above	No	No
00093342501	LORAZEPAM 0.5 MG TABLET	5	15.00	0.04	0.03293	26%-50% Above	No	No
00093342501	LORAZEPAM 0.5 MG TABLET	5	30.00	0.04	0.03293	10%-25% Above	No	No
00093342501	LORAZEPAM 0.5 MG TABLET	5	60.00	0.04	0.03293	26%-50% Above	No	No
00093342501	LORAZEPAM 0.5 MG TABLET	5	90.00	0.04	0.03293	26%-50% Above	No	No
00093342501	LORAZEPAM 0.5 MG TABLET	6	15.00	0.04	0.03287	26%-50% Above	No	No
00093342501	LORAZEPAM 0.5 MG TABLET	6	60.00	0.04	0.03287	26%-50% Above	No	No
00093342501	LORAZEPAM 0.5 MG TABLET	7	15.00	0.04	0.03275	26%-50% Above	No	No
00093342501	LORAZEPAM 0.5 MG TABLET	7	30.00	0.04	0.03275	26%-50% Above	No	No
00093342501	LORAZEPAM 0.5 MG TABLET	7	90.00	0.04	0.03275	26%-50% Above	No	No
00093342501	LORAZEPAM 0.5 MG TABLET	8	28.00	0.03	0.03337	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093342501	LORAZEPAM 0.5 MG TABLET	8	30.00	0.02	0.03337	26%-50% Below	No	No
00093342501	LORAZEPAM 0.5 MG TABLET	8	30.00	0.04	0.03337	26%-50% Above	No	No
00093342501	LORAZEPAM 0.5 MG TABLET	8	90.00	0.04	0.03337	26%-50% Above	No	No
00093342505	LORAZEPAM 0.5 MG TABLET	4	30.00	0.04	0.03349	26%-50% Above	No	No
00093342505	LORAZEPAM 0.5 MG TABLET	4	60.00	0.04	0.03349	26%-50% Above	No	No
00093342505	LORAZEPAM 0.5 MG TABLET	5	15.00	0.04	0.03293	26%-50% Above	No	No
00093342505	LORAZEPAM 0.5 MG TABLET	5	40.00	0.02	0.03293	26%-50% Below	No	No
00093342505	LORAZEPAM 0.5 MG TABLET	6	10.00	0.04	0.03287	26%-50% Above	No	No
00093342505	LORAZEPAM 0.5 MG TABLET	6	40.00	0.02	0.03287	26%-50% Below	No	No
00093342505	LORAZEPAM 0.5 MG TABLET	8	15.00	0.04	0.03337	26%-50% Above	No	No
00093342510	LORAZEPAM 0.5 MG TABLET	4	7.00	0.04	0.03349	26%-50% Above	No	No
00093342510	LORAZEPAM 0.5 MG TABLET	4	90.00	0.02	0.03349	26%-50% Below	No	No
00093342510	LORAZEPAM 0.5 MG TABLET	4	90.00	0.04	0.03349	26%-50% Above	No	No
00093342510	LORAZEPAM 0.5 MG TABLET	6	10.00	0.06	0.03287	51%-75% Above	No	No
00093342510	LORAZEPAM 0.5 MG TABLET	6	90.00	0.03	0.03287	10%-25% Below	No	No
00093342601	LORAZEPAM 1 MG TABLET	4	2.00	0.06	0.03644	51%-75% Above	No	No
00093342601	LORAZEPAM 1 MG TABLET	4	6.00	0.06	0.03644	51%-75% Above	No	No
00093342601	LORAZEPAM 1 MG TABLET	4	30.00	0.06	0.03644	51%-75% Above	No	No
00093342601	LORAZEPAM 1 MG TABLET	5	2.00	0.06	0.03692	51%-75% Above	No	No
00093342601	LORAZEPAM 1 MG TABLET	5	10.00	0.06	0.03692	51%-75% Above	No	No
00093342601	LORAZEPAM 1 MG TABLET	5	30.00	0.06	0.03692	51%-75% Above	No	No
00093342601	LORAZEPAM 1 MG TABLET	5	180.00	0.06	0.03692	51%-75% Above	No	No
00093342601	LORAZEPAM 1 MG TABLET	6	30.00	0.06	0.03655	51%-75% Above	No	No
00093342601	LORAZEPAM 1 MG TABLET	8	30.00	0.05	0.04006	26%-50% Above	No	No
00093342601	LORAZEPAM 1 MG TABLET	8	30.00	0.06	0.03602	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	10.00	0.06	0.03644	51%-75% Above	No	No
00093342605	LORAZEPAM 1 MG TABLET	4	60.00	0.06	0.03644	51%-75% Above	No	No
00093342605	LORAZEPAM 1 MG TABLET	5	10.00	0.06	0.03692	51%-75% Above	No	No
00093342605	LORAZEPAM 1 MG TABLET	6	10.00	0.06	0.03655	51%-75% Above	No	No
00093342605	LORAZEPAM 1 MG TABLET	6	20.00	0.06	0.03655	51%-75% Above	No	No
00093342605	LORAZEPAM 1 MG TABLET	6	60.00	0.06	0.03655	51%-75% Above	No	No
00093342605	LORAZEPAM 1 MG TABLET	6	90.00	0.02	0.03655	26%-50% Below	No	No
00093342605	LORAZEPAM 1 MG TABLET	7	60.00	0.03	0.03617	10%-25% Below	No	No
00093342605	LORAZEPAM 1 MG TABLET	7	60.00	0.06	0.03617	51%-75% Above	No	No
00093342605	LORAZEPAM 1 MG TABLET	8	28.00	0.06	0.03602	51%-75% Above	No	No
00093342610	LORAZEPAM 1 MG TABLET	4	30.00	0.03	0.03644	10%-25% Below	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	5	4.00	0.06	0.03692	51%-75% Above	No	No
00093342610	LORAZEPAM 1 MG TABLET	5	30.00	0.06	0.03692	51%-75% Above	No	No
00093342610	LORAZEPAM 1 MG TABLET	5	60.00	0.02	0.03692	26%-50% Below	No	No
00093342610	LORAZEPAM 1 MG TABLET	5	120.00	0.06	0.03692	51%-75% Above	No	No
00093342610	LORAZEPAM 1 MG TABLET	6	4.00	0.11	0.03655	101%-200% Above	No	No
00093342610	LORAZEPAM 1 MG TABLET	6	30.00	0.06	0.03655	51%-75% Above	No	No
00093342610	LORAZEPAM 1 MG TABLET	6	60.00	0.02	0.03655	26%-50% Below	No	No
00093342610	LORAZEPAM 1 MG TABLET	6	60.00	0.03	0.03655	10%-25% Below	No	No
00093342610	LORAZEPAM 1 MG TABLET	6	120.00	0.06	0.03655	51%-75% Above	No	No
00093342610	LORAZEPAM 1 MG TABLET	7	30.00	0.06	0.03617	51%-75% Above	No	No
00093342610	LORAZEPAM 1 MG TABLET	7	60.00	0.03	0.03617	10%-25% Below	No	No
00093342610	LORAZEPAM 1 MG TABLET	7	120.00	0.06	0.03617	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093342610	LORAZEPAM 1 MG TABLET	8	30.00	0.03	0.03602	10%-25% Below	No	No
00093342610	LORAZEPAM 1 MG TABLET	8	30.00	0.06	0.03602	51%-75% Above	No	No
00093342610	LORAZEPAM 1 MG TABLET	8	120.00	0.06	0.03602	51%-75% Above	No	No
00093342701	LORAZEPAM 2 MG TABLET	5	30.00	0.04	0.07059	26%-50% Below	No	No
00093342701	LORAZEPAM 2 MG TABLET	6	30.00	0.04	0.06958	26%-50% Below	No	No
00093342701	LORAZEPAM 2 MG TABLET	7	30.00	0.06	0.07004	10%-25% Below	No	No
00093354143	ESTRADIOL 0.01% CREAM	7	42.50	0.05	0.38016	76%-100% Below	No	No
00093354143	ESTRADIOL 0.01% CREAM	7	42.50	0.82	0.38016	101%-200% Above	No	No
00093354143	ESTRADIOL 0.01% CREAM	8	42.50	1.06	0.42567	101%-200% Above	No	No
00093354756	ATOMOXETINE HCL 80 MG CAPSULE	4	5.00	1.91	0.54187	200% Above	No	No
00093406801	PRAZOSIN 2 MG CAPSULE	4	90.00	0.16	0.08888	51%-75% Above	No	No
00093413764	CEFDINIR 250 MG/5 ML SUSP	8	60.00	0.33	0.11949	101%-200% Above	Yes	No
00093413773	CEFDINIR 250 MG/5 ML SUSP	7	100.00	0.24	0.11875	101%-200% Above	Yes	No
00093414656	LEVALBUTEROL 0.63 MG/3 ML SOL	7	90.00	0.15	0.33703	51%-75% Below	No	No
00093415573	AMOXICILLIN 250 MG/5 ML SUSP	4	200.00	0.01	0.02462	26%-50% Below	Yes	No
00093415573	AMOXICILLIN 250 MG/5 ML SUSP	5	200.00	0.01	0.02436	26%-50% Below	Yes	No
00093415573	AMOXICILLIN 250 MG/5 ML SUSP	6	200.00	0.01	0.02448	51%-75% Below	Yes	No
00093415573	AMOXICILLIN 250 MG/5 ML SUSP	8	200.00	0.01	0.02424	51%-75% Below	Yes	No
00093415579	AMOXICILLIN 250 MG/5 ML SUSP	4	240.00	0.01	0.03159	51%-75% Below	Yes	No
00093415580	AMOXICILLIN 250 MG/5 ML SUSP	5	150.00	0.01	0.02472	51%-75% Below	Yes	No
00093415580	AMOXICILLIN 250 MG/5 ML SUSP	6	150.00	0.01	0.02509	26%-50% Below	Yes	No
00093415580	AMOXICILLIN 250 MG/5 ML SUSP	7	300.00	0.01	0.02504	51%-75% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	3	100.00	0.01	0.03373	51%-75% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	3	200.00	0.01	0.03373	51%-75% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	4	100.00	0.02	0.03370	51%-75% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	100.00	0.02	0.03370	26%-50% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	4	200.00	0.01	0.03370	51%-75% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	4	200.00	0.01	0.03370	51%-75% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	4	200.00	0.02	0.03370	26%-50% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	4	300.00	0.01	0.03370	51%-75% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	5	100.00	0.02	0.03347	51%-75% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	5	100.00	0.02	0.03347	26%-50% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	5	200.00	0.01	0.03347	51%-75% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	5	200.00	0.02	0.03347	26%-50% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	5	200.00	0.02	0.03347	26%-50% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	5	300.00	0.02	0.03347	26%-50% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	6	100.00	0.02	0.03351	26%-50% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	7	100.00	0.02	0.03361	51%-75% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	7	200.00	0.02	0.03361	26%-50% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	7	300.00	0.01	0.03361	51%-75% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	8	100.00	0.01	0.03383	51%-75% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	8	100.00	0.02	0.03383	26%-50% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	8	200.00	0.01	0.03383	51%-75% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	8	200.00	0.01	0.03383	51%-75% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	9	200.00	0.02	0.03164	51%-75% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	10	200.00	0.02	0.03554	26%-50% Below	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	2	150.00	0.02	0.03947	26%-50% Below	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	4	150.00	0.01	0.03912	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	4	150.00	0.02	0.03912	51%-75% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	5	75.00	0.02	0.03900	51%-75% Below	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	5	150.00	0.02	0.03900	51%-75% Below	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	5	150.00	0.02	0.03900	26%-50% Below	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	6	150.00	0.02	0.03863	26%-50% Below	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	7	75.00	0.02	0.03876	51%-75% Below	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	7	150.00	0.01	0.03876	51%-75% Below	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	7	150.00	0.02	0.03876	26%-50% Below	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	8	75.00	0.02	0.03924	51%-75% Below	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	8	150.00	0.01	0.03924	51%-75% Below	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	8	150.00	0.01	0.03924	51%-75% Below	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	8	150.00	0.02	0.03924	51%-75% Below	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	8	150.00	0.02	0.03924	51%-75% Below	Yes	No
00093417773	CEPHALEXIN 250 MG/5 ML SUSP	4	100.00	0.04	0.07444	26%-50% Below	No	No
00093417773	CEPHALEXIN 250 MG/5 ML SUSP	5	200.00	0.04	0.07803	51%-75% Below	No	No
00093417773	CEPHALEXIN 250 MG/5 ML SUSP	5	300.00	0.04	0.07803	51%-75% Below	No	No
00093417773	CEPHALEXIN 250 MG/5 ML SUSP	6	200.00	0.04	0.07898	51%-75% Below	No	No
00093417773	CEPHALEXIN 250 MG/5 ML SUSP	7	100.00	0.04	0.07625	26%-50% Below	No	No
00093417773	CEPHALEXIN 250 MG/5 ML SUSP	7	200.00	0.04	0.07625	26%-50% Below	No	No
00093417773	CEPHALEXIN 250 MG/5 ML SUSP	7	300.00	0.04	0.07625	26%-50% Below	No	No
00093417773	CEPHALEXIN 250 MG/5 ML SUSP	8	200.00	0.04	0.07503	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	4	200.00	0.04	0.05132	26%-50% Below	No	No
00093417774	CEPHALEXIN 250 MG/5 ML SUSP	6	200.00	0.04	0.05138	26%-50% Below	No	No
00093417774	CEPHALEXIN 250 MG/5 ML SUSP	6	200.00	0.08	0.05138	26%-50% Above	No	No
00093417774	CEPHALEXIN 250 MG/5 ML SUSP	7	600.00	0.03	0.05113	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093417774	CEPHALEXIN 250 MG/5 ML SUSP	8	200.00	0.04	0.05076	10%-25% Below	No	No
00093500256	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-10-25 MG	4	30.00	1.01	1.13663	10%-25% Below	No	No
00093500256	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-10-25 MG	5	30.00	0.15	1.16017	76%-100% Below	No	No
00093500256	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-10-25 MG	6	30.00	0.45	1.16515	51%-75% Below	No	No
00093500256	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-10-25 MG	6	90.00	0.58	1.16515	26%-50% Below	Yes	No
00093500256	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-10-25 MG	8	30.00	2.20	1.03411	101%-200% Above	No	No
00093500356	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-10-12.5	4	30.00	1.15	1.37505	10%-25% Below	No	No
00093500356	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-10-12.5	5	30.00	1.15	1.41394	10%-25% Below	No	No
00093500356	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-10-12.5	6	90.00	0.54	1.34121	51%-75% Below	No	No
00093500456	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-5-25 MG	7	90.00	0.75	0.90680	10%-25% Below	Yes	No
00093500556	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 20-5-12.5	4	90.00	1.05	0.88210	10%-25% Above	Yes	No
00093500556	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 20-5-12.5	5	30.00	1.05	0.86675	10%-25% Above	No	No
00093500556	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 20-5-12.5	6	30.00	1.05	0.86642	10%-25% Above	No	No
00093500556	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 20-5-12.5	7	30.00	1.05	0.77350	26%-50% Above	No	No
00093500556	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 20-5-12.5	7	90.00	1.05	0.77350	26%-50% Above	Yes	No
00093500656	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-5-12.5	4	90.00	0.91	1.15081	10%-25% Below	No	No
00093505698	ATORVASTATIN 10 MG TABLET	4	90.00	0.01	0.02483	51%-75% Below	No	No
00093505698	ATORVASTATIN 10 MG TABLET	4	90.00	0.18	0.02483	200% Above	No	No
00093505698	ATORVASTATIN 10 MG TABLET	5	90.00	0.01	0.02497	51%-75% Below	No	No
00093505698	ATORVASTATIN 10 MG TABLET	5	90.00	0.18	0.02497	200% Above	No	No
00093505698	ATORVASTATIN 10 MG TABLET	6	90.00	0.01	0.02452	76%-100% Below	No	No
00093505698	ATORVASTATIN 10 MG TABLET	6	90.00	0.18	0.02452	200% Above	No	No
00093505698	ATORVASTATIN 10 MG TABLET	7	30.00	0.01	0.02403	51%-75% Below	No	No
00093505698	ATORVASTATIN 10 MG TABLET	7	90.00	0.01	0.02403	51%-75% Below	No	No
00093505698	ATORVASTATIN 10 MG TABLET	7	90.00	0.10	0.02403	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	90.00	0.18	0.02403	200% Above	No	No
00093505698	ATORVASTATIN 10 MG TABLET	8	90.00	0.18	0.02325	200% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	4	30.00	0.13	0.07075	76%-100% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	4	90.00	0.13	0.07075	76%-100% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	4	90.00	0.14	0.07075	76%-100% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	4	90.00	0.16	0.07075	101%-200% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	5	30.00	0.13	0.07062	76%-100% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	5	90.00	0.13	0.07062	76%-100% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	5	90.00	0.14	0.07062	76%-100% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	6	30.00	0.13	0.07002	76%-100% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	6	90.00	0.13	0.07002	76%-100% Above	No	No
00093505810	ATORVASTATIN 40 MG TABLET	7	90.00	0.01	0.03739	51%-75% Below	No	No
00093505898	ATORVASTATIN 40 MG TABLET	4	30.00	0.01	0.03828	51%-75% Below	No	No
00093505898	ATORVASTATIN 40 MG TABLET	4	30.00	0.12	0.03828	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	4	90.00	0.01	0.03828	51%-75% Below	No	No
00093505898	ATORVASTATIN 40 MG TABLET	4	90.00	0.10	0.03828	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	4	90.00	0.12	0.03828	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	4	90.00	0.12	0.03828	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	5	30.00	0.12	0.03824	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	5	30.00	0.12	0.03824	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	5	90.00	0.12	0.03824	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	5	90.00	0.13	0.03824	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	6	30.00	0.12	0.03787	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	6	30.00	0.15	0.03787	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	6	90.00	0.01	0.03787	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093505898	ATORVASTATIN 40 MG TABLET	6	90.00	0.09	0.03787	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	6	90.00	0.12	0.03787	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	6	90.00	0.12	0.03787	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	7	30.00	0.01	0.03739	51%-75% Below	No	No
00093505898	ATORVASTATIN 40 MG TABLET	7	30.00	0.12	0.03739	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	7	30.00	0.13	0.03739	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	7	30.00	0.14	0.03739	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	7	90.00	0.12	0.03739	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	7	90.00	0.12	0.03739	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	8	30.00	0.14	0.03704	200% Above	No	No
00093505910	ATORVASTATIN 20 MG TABLET	6	30.00	0.01	0.02851	51%-75% Below	No	No
00093505910	ATORVASTATIN 20 MG TABLET	6	30.00	0.01	0.02851	26%-50% Below	No	No
00093505910	ATORVASTATIN 20 MG TABLET	6	90.00	0.01	0.02851	26%-50% Below	No	No
00093505910	ATORVASTATIN 20 MG TABLET	7	30.00	0.01	0.02795	26%-50% Below	No	No
00093505910	ATORVASTATIN 20 MG TABLET	7	30.00	0.27	0.02795	200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	4	30.00	0.27	0.02872	200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	4	90.00	0.01	0.02872	51%-75% Below	No	No
00093505998	ATORVASTATIN 20 MG TABLET	5	30.00	0.01	0.02902	51%-75% Below	No	No
00093505998	ATORVASTATIN 20 MG TABLET	5	30.00	0.27	0.02902	200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	5	90.00	0.01	0.02902	51%-75% Below	No	No
00093505998	ATORVASTATIN 20 MG TABLET	5	90.00	0.27	0.02902	200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	6	30.00	0.01	0.02851	51%-75% Below	No	No
00093505998	ATORVASTATIN 20 MG TABLET	6	30.00	0.27	0.02851	200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	6	90.00	0.27	0.02851	200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	7	30.00	0.27	0.02795	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	90.00	0.01	0.02795	26%-50% Below	No	No
00093505998	ATORVASTATIN 20 MG TABLET	7	90.00	0.27	0.02795	200% Above	No	No
00093506001	HYDROXYZINE HCL 10 MG TABLET	6	30.00	0.07	0.03017	101%-200% Above	No	No
00093506001	HYDROXYZINE HCL 10 MG TABLET	6	60.00	0.07	0.03017	101%-200% Above	No	No
00093506001	HYDROXYZINE HCL 10 MG TABLET	6	90.00	0.07	0.03017	101%-200% Above	No	No
00093506001	HYDROXYZINE HCL 10 MG TABLET	7	90.00	0.07	0.02868	101%-200% Above	No	No
00093506001	HYDROXYZINE HCL 10 MG TABLET	8	14.00	0.07	0.02856	101%-200% Above	No	No
00093506001	HYDROXYZINE HCL 10 MG TABLET	8	60.00	0.07	0.02856	101%-200% Above	No	No
00093506005	HYDROXYZINE HCL 10 MG TABLET	5	30.00	0.07	0.03117	101%-200% Above	No	No
00093506005	HYDROXYZINE HCL 10 MG TABLET	5	45.00	0.07	0.03117	101%-200% Above	No	No
00093506005	HYDROXYZINE HCL 10 MG TABLET	6	30.00	0.07	0.03017	101%-200% Above	No	No
00093506005	HYDROXYZINE HCL 10 MG TABLET	6	60.00	0.07	0.03017	101%-200% Above	No	No
00093506005	HYDROXYZINE HCL 10 MG TABLET	6	90.00	0.07	0.03017	101%-200% Above	No	No
00093506005	HYDROXYZINE HCL 10 MG TABLET	7	30.00	0.07	0.02868	101%-200% Above	No	No
00093506005	HYDROXYZINE HCL 10 MG TABLET	7	120.00	0.07	0.02868	101%-200% Above	No	No
00093506005	HYDROXYZINE HCL 10 MG TABLET	8	30.00	0.07	0.02856	101%-200% Above	No	No
00093506101	HYDROXYZINE HCL 25 MG TABLET	4	60.00	0.08	0.03456	101%-200% Above	No	No
00093506101	HYDROXYZINE HCL 25 MG TABLET	5	60.00	0.06	0.03562	51%-75% Above	No	No
00093506105	HYDROXYZINE HCL 25 MG TABLET	4	30.00	0.04	0.03456	10%-25% Above	No	No
00093506105	HYDROXYZINE HCL 25 MG TABLET	4	30.00	0.08	0.03456	101%-200% Above	No	No
00093506105	HYDROXYZINE HCL 25 MG TABLET	5	60.00	0.08	0.03562	101%-200% Above	No	No
00093506105	HYDROXYZINE HCL 25 MG TABLET	5	90.00	0.08	0.03562	101%-200% Above	No	No
00093506105	HYDROXYZINE HCL 25 MG TABLET	6	30.00	0.07	0.03558	76%-100% Above	No	No
00093506105	HYDROXYZINE HCL 25 MG TABLET	6	40.00	0.08	0.03558	101%-200% Above	No	No
00093506105	HYDROXYZINE HCL 25 MG TABLET	6	60.00	0.06	0.03558	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093506105	HYDROXYZINE HCL 25 MG TABLET	6	60.00	0.08	0.03558	101%-200% Above	No	No
00093506105	HYDROXYZINE HCL 25 MG TABLET	6	90.00	0.07	0.03558	76%-100% Above	No	No
00093506105	HYDROXYZINE HCL 25 MG TABLET	6	90.00	0.08	0.03558	101%-200% Above	No	No
00093506105	HYDROXYZINE HCL 25 MG TABLET	7	10.00	0.08	0.03501	101%-200% Above	No	No
00093506105	HYDROXYZINE HCL 25 MG TABLET	7	20.00	0.08	0.03501	101%-200% Above	No	No
00093506105	HYDROXYZINE HCL 25 MG TABLET	7	30.00	0.03	0.03501	10%-25% Below	No	No
00093506105	HYDROXYZINE HCL 25 MG TABLET	7	30.00	0.07	0.03501	101%-200% Above	No	No
00093506105	HYDROXYZINE HCL 25 MG TABLET	7	90.00	0.08	0.03501	101%-200% Above	No	No
00093506105	HYDROXYZINE HCL 25 MG TABLET	8	28.00	0.08	0.03417	101%-200% Above	No	No
00093506105	HYDROXYZINE HCL 25 MG TABLET	8	30.00	0.08	0.03417	101%-200% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	4	30.00	0.08	0.03456	101%-200% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	4	45.00	0.08	0.03456	101%-200% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	4	90.00	0.07	0.03456	76%-100% 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	5	30.00	0.07	0.03562	76%-100% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	5	30.00	0.07	0.03562	101%-200% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	5	60.00	0.06	0.03562	51%-75% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	5	60.00	0.08	0.03562	101%-200% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	5	90.00	0.08	0.03562	101%-200% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	6	60.00	0.01	0.03558	51%-75% Below	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	6	60.00	0.08	0.03558	101%-200% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	6	90.00	0.07	0.03558	76%-100% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	6	90.00	0.08	0.03558	101%-200% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	7	30.00	0.08	0.03501	101%-200% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	7	30.00	0.08	0.03501	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	30.00	0.09	0.03501	101%-200% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	7	60.00	0.08	0.03501	101%-200% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	7	90.00	0.06	0.03501	51%-75% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	7	90.00	0.08	0.03501	101%-200% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	8	20.00	0.08	0.03417	101%-200% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	8	60.00	0.07	0.03417	76%-100% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	8	60.00	0.08	0.03417	101%-200% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	8	90.00	0.05	0.03417	51%-75% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	8	90.00	0.07	0.03417	76%-100% Above	No	No
00093506201	HYDROXYZINE HCL 50 MG TABLET	5	90.00	0.09	0.05989	26%-50% Above	No	No
00093506201	HYDROXYZINE HCL 50 MG TABLET	6	90.00	0.09	0.05962	26%-50% Above	No	No
00093506201	HYDROXYZINE HCL 50 MG TABLET	7	60.00	0.09	0.05879	51%-75% Above	No	No
00093506205	HYDROXYZINE HCL 50 MG TABLET	7	30.00	0.11	0.05879	76%-100% Above	No	No
00093532862	JUNEL FE 24 TABLET	6	28.00	0.14	0.20340	26%-50% Below	No	No
00093532862	JUNEL FE 24 TABLET	7	28.00	0.14	0.18642	10%-25% Below	No	No
00093532862	JUNEL FE 24 TABLET	8	28.00	0.14	0.18603	10%-25% Below	No	No
00093542088	CABERGOLINE 0.5 MG TABLET	5	8.00	2.18	1.47239	26%-50% Above	No	No
00093542088	CABERGOLINE 0.5 MG TABLET	7	8.00	2.18	1.41238	51%-75% Above	No	No
00093542088	CABERGOLINE 0.5 MG TABLET	7	8.00	7.83	1.41238	200% Above	No	No
00093681573	BUDESONIDE 0.25 MG/2 ML SUSP	8	120.00	0.38	0.71975	26%-50% Below	Yes	No
00093681655	BUDESONIDE 0.5 MG/2 ML SUSP	6	60.00	0.55	0.69263	10%-25% Below	No	No
00093681673	BUDESONIDE 0.5 MG/2 ML SUSP	4	60.00	0.55	0.70680	10%-25% Below	No	No
00093681773	BUDESONIDE 1 MG/2 ML INH SUSP	6	120.00	1.90	3.82262	26%-50% Below	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	4	30.00	0.11	0.05279	101%-200% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	4	90.00	0.11	0.05279	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093719801	FLUOXETINE HCL 40 MG CAPSULE	5	30.00	0.11	0.05206	101%-200% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	5	90.00	0.01	0.05206	76%-100% Below	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	5	90.00	0.11	0.05206	101%-200% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	6	30.00	0.11	0.05135	101%-200% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	7	90.00	0.11	0.05015	101%-200% Above	No	No
00093727105	PIOGLITAZONE HCL 15 MG TABLET	6	90.00	0.10	0.06892	26%-50% Above	No	No
00093727156	PIOGLITAZONE HCL 15 MG TABLET	4	90.00	0.10	0.06984	26%-50% Above	No	No
00093727156	PIOGLITAZONE HCL 15 MG TABLET	5	30.00	0.01	0.07008	76%-100% Below	No	No
00093727156	PIOGLITAZONE HCL 15 MG TABLET	5	30.00	0.13	0.07008	76%-100% Above	No	No
00093727156	PIOGLITAZONE HCL 15 MG TABLET	5	90.00	0.14	0.07008	76%-100% Above	No	No
00093727156	PIOGLITAZONE HCL 15 MG TABLET	6	30.00	0.02	0.06892	51%-75% Below	No	No
00093727156	PIOGLITAZONE HCL 15 MG TABLET	7	90.00	0.10	0.06614	26%-50% Above	No	No
00093727198	PIOGLITAZONE HCL 15 MG TABLET	6	30.00	0.14	0.06892	101%-200% Above	Yes	No
00093727198	PIOGLITAZONE HCL 15 MG TABLET	7	30.00	0.14	0.06614	101%-200% Above	Yes	No
00093727298	PIOGLITAZONE HCL 30 MG TABLET	4	90.00	0.14	0.09227	26%-50% Above	Yes	No
00093727298	PIOGLITAZONE HCL 30 MG TABLET	4	90.00	0.16	0.09227	51%-75% Above	Yes	No
00093727298	PIOGLITAZONE HCL 30 MG TABLET	5	90.00	0.13	0.09248	26%-50% Above	Yes	No
00093727298	PIOGLITAZONE HCL 30 MG TABLET	5	90.00	0.14	0.09248	26%-50% Above	Yes	No
00093727298	PIOGLITAZONE HCL 30 MG TABLET	5	90.00	0.18	0.09248	76%-100% Above	Yes	No
00093727298	PIOGLITAZONE HCL 30 MG TABLET	6	90.00	0.05	0.08947	26%-50% Below	Yes	No
00093727298	PIOGLITAZONE HCL 30 MG TABLET	8	30.00	0.18	0.09032	101%-200% Above	Yes	No
00093727298	PIOGLITAZONE HCL 30 MG TABLET	8	90.00	0.14	0.09032	51%-75% Above	Yes	No
00093727298	PIOGLITAZONE HCL 30 MG TABLET	8	90.00	0.16	0.09032	51%-75% Above	Yes	No
00093727298	PIOGLITAZONE HCL 30 MG TABLET	8	90.00	0.17	0.09032	76%-100% Above	No	No
00093727398	PIOGLITAZONE HCL 45 MG TABLET	4	90.00	0.14	0.11651	10%-25% Above	Yes	No

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00093727398	PIOGLITAZONE HCL 45 MG TABLET	7	90.00	0.14	0.11270	26%-50% Above	Yes	No
00093729501	CARVEDILOL 12.5 MG TABLET	4	180.00	0.03	0.02100	10%-25% Above	No	No
00093735156	LANSOPRAZOLE DR 30 MG CAPSULE	4	30.00	0.13	0.10802	10%-25% Above	No	No
00093735156	LANSOPRAZOLE DR 30 MG CAPSULE	5	30.00	0.13	0.10746	10%-25% Above	No	No
00093735156	LANSOPRAZOLE DR 30 MG CAPSULE	6	30.00	0.13	0.10666	10%-25% Above	No	No
00093735156	LANSOPRAZOLE DR 30 MG CAPSULE	7	30.00	0.13	0.10894	10%-25% Above	No	No
00093735156	LANSOPRAZOLE DR 30 MG CAPSULE	8	30.00	0.13	0.10705	10%-25% Above	No	No
00093736998	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	7	90.00	0.16	0.07417	101%-200% Above	No	No
00093762056	LETROZOLE 2.5 MG TABLET	4	5.00	0.19	0.15112	10%-25% Above	No	No
00093762056	LETROZOLE 2.5 MG TABLET	5	30.00	0.10	0.15012	26%-50% Below	No	No
00093762056	LETROZOLE 2.5 MG TABLET	6	5.00	0.08	0.15349	26%-50% Below	No	No
00093762056	LETROZOLE 2.5 MG TABLET	6	6.00	0.08	0.15349	26%-50% Below	No	No
00093762056	LETROZOLE 2.5 MG TABLET	7	10.00	0.08	0.14996	26%-50% Below	No	No
00093767902	ETONOGESTREL-EE VAGINAL RING	8	1.00	27.78	47.17165	26%-50% Below	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	4	30.00	0.31	0.05470	200% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	5	30.00	0.31	0.05427	200% Above	No	No
00093770456	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 200-300 MG TAB	4	30.00	26.46	0.45329	200% Above	Yes	No
00093803501	GLYBURIDE MICRO 3 MG TABLET	7	90.00	0.19	0.12808	26%-50% Above	No	No
00093831118	ELETRIPTAN HBR 40 MG TABLET	5	10.00	1.55	1.85264	10%-25% Below	No	No
00093834301	GLYBURIDE 2.5 MG TABLET	7	180.00	0.11	0.06443	76%-100% Above	No	No
00093834401	GLYBURIDE 5 MG TABLET	4	90.00	0.09	0.05652	51%-75% Above	No	No
00093834401	GLYBURIDE 5 MG TABLET	7	90.00	0.09	0.06322	26%-50% Above	No	No
00093834410	GLYBURIDE 5 MG TABLET	4	30.00	0.08	0.05652	26%-50% Above	Yes	No
00093834410	GLYBURIDE 5 MG TABLET	6	90.00	0.08	0.05985	26%-50% Above	Yes	No
00093914801	VENLAFAXINE HCL 37.5 MG TABLET	6	90.00	0.03	0.07949	51%-75% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093915701	VENLAFAXINE HCL 75 MG TABLET	6	270.00	0.10	0.08260	10%-25% Above	Yes	No
00093929167	CLONAZEPAM 0.25 MG ODT	5	60.00	0.37	0.47803	10%-25% Below	Yes	No
00093929167	CLONAZEPAM 0.25 MG ODT	7	60.00	0.37	0.44060	10%-25% Below	Yes	No
00093929267	CLONAZEPAM 0.5 MG ODT	5	60.00	0.35	0.49772	26%-50% Below	No	No
00093929367	CLONAZEPAM 1 MG ODT	4	60.00	0.40	0.53265	10%-25% Below	No	No
00093929367	CLONAZEPAM 1 MG ODT	5	60.00	0.38	0.57370	26%-50% Below	No	No
00093929367	CLONAZEPAM 1 MG ODT	5	60.00	0.40	0.57370	26%-50% Below	No	No
00093929367	CLONAZEPAM 1 MG ODT	7	60.00	0.40	0.57739	26%-50% Below	No	No
00093929367	CLONAZEPAM 1 MG ODT	8	30.00	0.40	0.55461	26%-50% Below	Yes	No
00093936401	GLYBURIDE 5 MG TABLET	6	180.00	0.08	0.05985	26%-50% Above	No	No
00096070737	DRYSOL SOL 20%	8	37.50	0.22	.		No	No
00113046768	GS ASPIRIN 81 MG CHEWABLE TAB	5	90.00	0.01	0.02595	26%-50% Below	No	No
00113046768	GS ASPIRIN 81 MG CHEWABLE TAB	8	90.00	0.01	0.02558	26%-50% Below	No	No
00115148601	DEXTROAMP-AMPHET ER 5 MG CAP	4	30.00	4.02	0.47205	200% Above	Yes	No
00115148701	DEXTROAMP-AMPHET ER 10 MG CAP	4	30.00	0.21	0.51724	51%-75% Below	Yes	No
00115148701	DEXTROAMP-AMPHET ER 10 MG CAP	4	30.00	4.02	0.51724	200% Above	Yes	No
00115148701	DEXTROAMP-AMPHET ER 10 MG CAP	5	30.00	4.02	0.51419	200% Above	Yes	No
00115148801	DEXTROAMP-AMPHET ER 15 MG CAP	5	30.00	0.21	0.55224	51%-75% Below	Yes	No
00115148801	DEXTROAMP-AMPHET ER 15 MG CAP	8	30.00	0.50	0.55698	10%-25% Below	Yes	No
00115148901	DEXTROAMP-AMPHET ER 20 MG CAP	5	30.00	0.50	0.59292	10%-25% Below	Yes	No
00115148901	DEXTROAMP-AMPHET ER 20 MG CAP	5	30.00	4.02	0.59292	200% Above	Yes	No
00115148901	DEXTROAMP-AMPHET ER 20 MG CAP	6	30.00	0.33	0.61181	26%-50% Below	Yes	No
00115148901	DEXTROAMP-AMPHET ER 20 MG CAP	6	30.00	0.50	0.61181	10%-25% Below	Yes	No
00115148901	DEXTROAMP-AMPHET ER 20 MG CAP	6	30.00	4.02	0.61181	200% Above	No	No
00115148901	DEXTROAMP-AMPHET ER 20 MG CAP	7	30.00	4.02	0.57228	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00115148901	DEXTROAMP-AMPHET ER 20 MG CAP	8	60.00	4.02	0.59100	200% Above	Yes	No
00115148901	DEXTROAMP-AMPHET ER 20 MG CAP	8	90.00	4.02	0.59100	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	5	30.00	0.19	0.54438	51%-75% Below	No	No
00115149001	DEXTROAMP-AMPHET ER 25 MG CAP	5	30.00	0.19	0.54438	51%-75% Below	No	No
00115149001	DEXTROAMP-AMPHET ER 25 MG CAP	8	30.00	4.02	0.49524	200% Above	No	No
00115149001	DEXTROAMP-AMPHET ER 25 MG CAP	8	30.00	4.02	0.49524	200% Above	Yes	No
00115149101	DEXTROAMP-AMPHET ER 30 MG CAP	4	30.00	0.33	0.55958	26%-50% Below	Yes	No
00115149101	DEXTROAMP-AMPHET ER 30 MG CAP	4	30.00	4.02	0.55958	200% Above	No	No
00115149101	DEXTROAMP-AMPHET ER 30 MG CAP	6	60.00	4.02	0.52268	200% Above	Yes	No
00115164501	NITROFURANTOIN MCR 100 MG CAP	8	30.00	0.50	0.22133	101%-200% Above	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	4	2.00	9.11	110.69416	76%-100% Below	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	4	2.00	10.00	110.69416	76%-100% Below	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	138.89	110.69416	10%-25% Above	No	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	5	2.00	9.11	112.27349	76%-100% Below	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	5	2.00	55.00	112.27349	51%-75% Below	Yes	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	5	2.00	140.80	112.27349	10%-25% Above	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	5	4.00	55.00	112.27349	51%-75% Below	Yes	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	6	2.00	9.11	113.12260	76%-100% Below	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	6	2.00	55.00	113.12260	51%-75% Below	Yes	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	6	2.00	78.62	113.12260	26%-50% Below	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	6	2.00	82.76	113.12260	26%-50% Below	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	6	2.00	130.95	113.12260	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	2.00	140.80	113.12260	10%-25% Above	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	7	1.00	46.52	113.70474	51%-75% Below	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	7	2.00	41.38	113.70474	51%-75% Below	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	7	2.00	55.00	113.70474	51%-75% Below	Yes	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	7	2.00	140.80	113.70474	10%-25% Above	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	7	2.00	198.22	113.70474	51%-75% Above	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	8	2.00	10.00	112.98701	76%-100% Below	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	8	2.00	55.00	112.98701	51%-75% Below	Yes	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	8	2.00	130.95	112.98701	10%-25% Above	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	8	2.00	140.80	112.98701	10%-25% Above	No	No
00115169549	EPINEPHRINE 0.15 MG AUTO-INJCT	3	2.00	55.00	123.38773	51%-75% Below	Yes	No
00115169549	EPINEPHRINE 0.15 MG AUTO-INJCT	4	2.00	140.80	121.68139	10%-25% Above	No	No
00115169549	EPINEPHRINE 0.15 MG AUTO-INJCT	6	2.00	85.50	119.40092	26%-50% Below	No	No
00115169549	EPINEPHRINE 0.15 MG AUTO-INJCT	7	4.00	140.79	119.71685	10%-25% Above	No	No
00115169549	EPINEPHRINE 0.15 MG AUTO-INJCT	8	2.00	55.00	118.59341	51%-75% Below	Yes	No
00115169549	EPINEPHRINE 0.15 MG AUTO-INJCT	8	2.00	85.50	118.59341	26%-50% Below	No	No
00115170901	DEXMETHYLPHENIDATE ER 25 MG CP	6	30.00	1.40	1.99299	26%-50% Below	No	No
00115170901	DEXMETHYLPHENIDATE ER 25 MG CP	7	30.00	1.40	1.95586	26%-50% Below	No	No
00115173701	METHYLPHENIDATE ER(CD) 20 MG CP	6	30.00	0.78	1.45229	26%-50% Below	No	No
00115175701	CYPROHEPTADINE 4 MG TABLET	5	30.00	0.11	0.06534	51%-75% Above	No	No
00115175701	CYPROHEPTADINE 4 MG TABLET	6	30.00	0.05	0.06622	10%-25% Below	No	No
00115175701	CYPROHEPTADINE 4 MG TABLET	7	30.00	0.11	0.06729	51%-75% Above	No	No
00115175701	CYPROHEPTADINE 4 MG TABLET	8	30.00	0.11	0.06762	51%-75% Above	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	4	30.00	0.04	0.06383	26%-50% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	4	30.00	0.04	0.06383	26%-50% Below	Yes	No

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00115180301	HYDROXYZINE PAM 25 MG CAP	4	60.00	0.04	0.06383	26%-50% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	4	60.00	0.05	0.06383	10%-25% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	4	90.00	0.05	0.06383	10%-25% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	4	100.00	0.05	0.06383	10%-25% Below	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	5	30.00	0.01	0.06550	76%-100% Below	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	5	30.00	0.03	0.06550	51%-75% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	5	60.00	0.05	0.06550	10%-25% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	5	90.00	0.05	0.06550	10%-25% Below	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	5	90.00	0.05	0.06550	10%-25% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	5	270.00	0.05	0.06550	10%-25% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	6	30.00	0.04	0.06420	26%-50% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	6	30.00	0.05	0.06420	10%-25% Below	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	6	60.00	0.03	0.06420	51%-75% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	6	60.00	0.04	0.06420	26%-50% Below	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	6	60.00	0.05	0.06420	10%-25% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	6	90.00	0.05	0.06420	10%-25% Below	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	6	90.00	0.05	0.06420	10%-25% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	6	180.00	0.04	0.06420	26%-50% Below	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	7	20.00	0.05	0.06380	10%-25% Below	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	7	30.00	0.03	0.06380	51%-75% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	7	60.00	0.05	0.06380	10%-25% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	7	90.00	0.05	0.06380	10%-25% Below	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	8	30.00	0.03	0.06269	51%-75% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	8	60.00	0.03	0.06269	51%-75% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	8	90.00	0.04	0.06269	26%-50% Below	Yes	No

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00115180301	HYDROXYZINE PAM 25 MG CAP	8	90.00	0.05	0.06269	10%-25% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	8	270.00	0.05	0.06269	10%-25% Below	Yes	No
00115180401	HYDROXYZINE PAM 50 MG CAP	4	90.00	0.04	0.08154	51%-75% Below	Yes	No
00115180401	HYDROXYZINE PAM 50 MG CAP	5	30.00	0.05	0.08248	26%-50% Below	No	No
00115180401	HYDROXYZINE PAM 50 MG CAP	6	270.00	0.05	0.08220	26%-50% Below	Yes	No
00115180401	HYDROXYZINE PAM 50 MG CAP	7	90.00	0.04	0.08245	51%-75% Below	Yes	No
00115180401	HYDROXYZINE PAM 50 MG CAP	7	180.00	0.05	0.08245	26%-50% Below	No	No
00115180401	HYDROXYZINE PAM 50 MG CAP	8	90.00	0.05	0.08201	26%-50% Below	Yes	No
00115180402	HYDROXYZINE PAM 50 MG CAP	6	90.00	0.05	0.08220	26%-50% Below	No	No
00115180402	HYDROXYZINE PAM 50 MG CAP	7	90.00	0.04	0.08245	51%-75% Below	No	No
00115351101	PYRIDOSTIGMINE BR 60 MG TABLET	6	360.00	0.16	0.27069	26%-50% Below	No	No
00115521116	COLESTIPOL HCL 1 GM TABLET	5	180.00	0.24	0.68351	51%-75% Below	Yes	No
00115521116	COLESTIPOL HCL 1 GM TABLET	5	180.00	0.32	0.68351	51%-75% Below	Yes	No
00115521116	COLESTIPOL HCL 1 GM TABLET	5	180.00	0.36	0.68351	26%-50% Below	Yes	No
00115552210	FENOFIBRATE 160 MG TABLET	5	90.00	0.15	0.12388	10%-25% Above	No	No
00115552210	FENOFIBRATE 160 MG TABLET	8	90.00	0.15	0.11290	26%-50% Above	No	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	4	60.00	0.19	0.32006	26%-50% Below	No	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	4	90.00	0.19	0.32006	26%-50% Below	No	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	5	30.00	0.29	0.32567	10%-25% Below	No	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	5	45.00	0.28	0.32567	10%-25% Below	No	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	5	60.00	0.19	0.32567	26%-50% Below	No	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	6	60.00	0.19	0.32063	26%-50% Below	No	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	7	30.00	0.19	0.31570	26%-50% Below	Yes	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	7	60.00	0.19	0.31570	26%-50% Below	No	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	7	90.00	0.19	0.31570	26%-50% Below	No	No

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00115703301	FLUDROCORTISONE 0.1 MG TABLET	7	180.00	0.22	0.31570	26%-50% Below	Yes	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	8	30.00	0.19	0.30982	26%-50% Below	Yes	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	8	45.00	0.27	0.30982	10%-25% Below	No	No
00115703302	FLUDROCORTISONE 0.1 MG TABLET	5	30.00	0.19	0.32567	26%-50% Below	No	No
00115703302	FLUDROCORTISONE 0.1 MG TABLET	6	30.00	0.19	0.32063	26%-50% Below	No	No
00115703302	FLUDROCORTISONE 0.1 MG TABLET	6	180.00	0.19	0.32063	26%-50% Below	No	No
00115991901	DEXMETHYLPHENIDATE ER 10 MG CP	4	30.00	0.53	1.49999	51%-75% Below	Yes	No
00115991901	DEXMETHYLPHENIDATE ER 10 MG CP	4	30.00	1.02	1.49999	26%-50% Below	Yes	No
00115991901	DEXMETHYLPHENIDATE ER 10 MG CP	5	30.00	0.53	1.45667	51%-75% Below	Yes	No
00115991901	DEXMETHYLPHENIDATE ER 10 MG CP	5	30.00	1.02	1.45667	26%-50% Below	Yes	No
00115991901	DEXMETHYLPHENIDATE ER 10 MG CP	5	60.00	1.02	1.45667	26%-50% Below	Yes	No
00115991901	DEXMETHYLPHENIDATE ER 10 MG CP	6	30.00	0.53	1.56319	51%-75% Below	Yes	No
00115992001	DEXMETHYLPHENIDATE ER 15 MG CP	5	30.00	0.84	0.94127	10%-25% Below	No	No
00115992001	DEXMETHYLPHENIDATE ER 15 MG CP	5	70.00	0.84	0.94127	10%-25% Below	No	No
00115992101	DEXMETHYLPHENIDATE ER 20 MG CP	4	30.00	1.08	1.98180	26%-50% Below	No	No
00115992101	DEXMETHYLPHENIDATE ER 20 MG CP	5	30.00	2.79	2.00947	26%-50% Above	No	No
00115992101	DEXMETHYLPHENIDATE ER 20 MG CP	8	30.00	1.08	1.88970	26%-50% Below	No	No
00115992101	DEXMETHYLPHENIDATE ER 20 MG CP	8	30.00	2.69	1.88970	26%-50% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	3	473.00	0.00	0.00721	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	4	473.00	0.00	0.00726	51%-75% 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	5	473.00	0.00	0.00718	51%-75% Below	No	No

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00116200116	CHLORHEXIDINE 0.12% RINSE	5	473.00	0.00	0.00718	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	5	473.00	0.00	0.00718	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	5	473.00	0.00	0.00718	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	5	473.00	0.00	0.00718	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	5	473.00	0.01	0.00718	26%-50% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	6	473.00	0.00	0.00718	51%-75% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	6	473.00	0.00	0.00718	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	6	473.00	0.00	0.00718	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	6	473.00	0.00	0.00718	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	6	473.00	0.00	0.00718	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	6	473.00	0.01	0.00718	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	7	473.00	0.00	0.00711	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	7	473.00	0.00	0.00711	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	7	473.00	0.00	0.00711	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	7	473.00	0.00	0.00711	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	7	473.00	0.00	0.00711	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	7	473.00	0.00	0.00711	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	7	473.00	0.00	0.00711	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	7	473.00	0.01	0.00711	26%-50% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	7	1419.00	0.01	0.00711	26%-50% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	8	473.00	0.00	0.00716	51%-75% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	8	473.00	0.00	0.00716	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	8	473.00	0.00	0.00716	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	8	480.00	0.00	0.00716	26%-50% Below	No	No

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00116400508	LACTULOSE 10 GM/15 ML SOLUTION	4	450.00	0.01	0.02248	51%-75% Below	No	No
00116400508	LACTULOSE 10 GM/15 ML SOLUTION	4	450.00	0.01	0.02248	26%-50% Below	No	No
00116400508	LACTULOSE 10 GM/15 ML SOLUTION	4	840.00	0.01	0.02248	26%-50% Below	No	No
00116400508	LACTULOSE 10 GM/15 ML SOLUTION	5	1800.00	0.01	0.02200	26%-50% Below	No	No
00116400508	LACTULOSE 10 GM/15 ML SOLUTION	6	120.00	0.01	0.02140	26%-50% Below	No	No
00116400508	LACTULOSE 10 GM/15 ML SOLUTION	6	1800.00	0.01	0.02140	26%-50% Below	No	No
00116400516	LACTULOSE 10 GM/15 ML SOLUTION	7	450.00	0.01	0.02263	51%-75% Below	No	No
00116400516	LACTULOSE 10 GM/15 ML SOLUTION	7	1800.00	0.01	0.02263	26%-50% Below	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	4	118.00	0.03	0.03887	26%-50% Below	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	4	120.00	0.03	0.03887	10%-25% Below	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	4	200.00	0.03	0.03887	26%-50% Below	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	4	240.00	0.03	0.03887	10%-25% Below	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	5	80.00	0.03	0.03852	26%-50% Below	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	5	100.00	0.03	0.03852	26%-50% Below	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	5	118.00	0.05	0.03852	10%-25% Above	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	5	120.00	0.03	0.03852	26%-50% Below	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	5	120.00	0.05	0.03852	10%-25% Above	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	6	118.00	0.05	0.03834	10%-25% Above	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	6	120.00	0.03	0.03834	26%-50% Below	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	6	140.00	0.03	0.03834	26%-50% Below	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	6	150.00	0.05	0.03834	10%-25% Above	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	6	180.00	0.03	0.03834	10%-25% Below	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	6	200.00	0.03	0.03834	26%-50% Below	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	6	420.00	0.03	0.03834	26%-50% Below	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	7	35.00	0.05	0.03775	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	120.00	0.03	0.03775	26%-50% Below	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	8	118.00	0.03	0.03844	26%-50% Below	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	8	180.00	0.04	0.03844	10%-25% Above	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	8	200.00	0.03	0.03844	26%-50% Below	No	No
00121067016	ETHOSUXIMIDE 250 MG/5 ML SOLN	8	900.00	0.06	0.09388	26%-50% Below	No	No
00121067585	VALPROIC ACID 250 MG/5 ML SOLN	4	600.00	0.02	0.03379	26%-50% Below	No	No
00121067585	VALPROIC ACID 250 MG/5 ML SOLN	5	600.00	0.02	0.03316	26%-50% Below	No	No
00121067585	VALPROIC ACID 250 MG/5 ML SOLN	6	600.00	0.03	0.03326	10%-25% Below	No	No
00121067585	VALPROIC ACID 250 MG/5 ML SOLN	7	600.00	0.03	0.03327	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	1	60.00	0.07	0.11773	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	3	20.00	0.10	0.11657	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	4	20.00	0.09	0.10526	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	4	42.00	0.08	0.10526	10%-25% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	4	50.00	0.07	0.10526	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	4	50.00	0.09	0.11328	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	5	15.00	0.07	0.10570	26%-50% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	5	30.00	0.07	0.10570	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	5	48.00	0.08	0.10570	26%-50% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	5	100.00	0.08	0.10570	10%-25% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	6	15.00	0.07	0.10643	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	6	21.00	0.06	0.10643	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	6	25.00	0.07	0.10643	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	6	30.00	0.07	0.10643	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	6	30.00	0.09	0.10643	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	6	35.00	0.09	0.10643	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	50.00	0.09	0.12952	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	7	84.00	0.07	0.10500	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	8	12.00	0.07	0.10470	26%-50% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	8	20.00	0.07	0.10470	26%-50% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	8	25.00	0.07	0.10470	26%-50% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	8	30.00	0.07	0.10470	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	8	37.50	0.08	0.10470	10%-25% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	8	40.00	0.09	0.10470	10%-25% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	8	50.00	0.08	0.10470	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	9	50.00	0.06	0.13993	51%-75% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	10	25.00	0.05	0.12612	51%-75% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	10	50.00	0.05	0.12612	51%-75% Below	Yes	No
00121077001	LORAZEPAM 2 MG/ML ORAL CONCENT	4	30.00	0.35	0.62142	26%-50% Below	No	No
00121077504	GUAIFEN-CODEINE 100-10 MG/5 ML	7	120.00	0.04	0.06473	26%-50% Below	No	No
00121077504	GUAIFEN-CODEINE 100-10 MG/5 ML	8	120.00	0.04	0.06454	26%-50% Below	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	6	40.00	0.06	0.03233	51%-75% Above	No	No
00121086816	NYSTATIN 100,000 UNIT/ML SUSP	4	140.00	0.04	0.06234	26%-50% Below	Yes	No
00121086816	NYSTATIN 100,000 UNIT/ML SUSP	4	200.00	0.04	0.06234	26%-50% Below	Yes	No
00121086816	NYSTATIN 100,000 UNIT/ML SUSP	4	224.00	0.04	0.06234	26%-50% Below	Yes	No
00121086816	NYSTATIN 100,000 UNIT/ML SUSP	5	56.00	0.04	0.06050	26%-50% Below	Yes	No
00121086816	NYSTATIN 100,000 UNIT/ML SUSP	6	150.00	0.04	0.05924	26%-50% Below	No	No
00121086816	NYSTATIN 100,000 UNIT/ML SUSP	7	40.00	0.04	0.05856	26%-50% Below	Yes	No
00121086816	NYSTATIN 100,000 UNIT/ML SUSP	7	224.00	0.02	0.05856	51%-75% Below	No	No
00121086816	NYSTATIN 100,000 UNIT/ML SUSP	7	280.00	0.04	0.05856	26%-50% Below	No	No
00121086816	NYSTATIN 100,000 UNIT/ML SUSP	7	280.00	0.04	0.05856	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	80.00	0.04	0.05844	26%-50% Below	Yes	No
00121086816	NYSTATIN 100,000 UNIT/ML SUSP	8	224.00	0.02	0.05844	51%-75% Below	Yes	No
00121086816	NYSTATIN 100,000 UNIT/ML SUSP	8	280.00	0.02	0.05844	51%-75% Below	Yes	No
00121086816	NYSTATIN 100,000 UNIT/ML SUSP	8	280.00	0.04	0.05844	26%-50% Below	Yes	No
00121086816	NYSTATIN 100,000 UNIT/ML SUSP	8	473.00	0.04	0.05844	26%-50% Below	No	No
00121086816	NYSTATIN 100,000 UNIT/ML SUSP	10	60.00	0.01	0.04781	51%-75% Below	No	No
00121087316	LACTULOSE 10 GM/15 ML SOLUTION	5	1350.00	0.01	0.02365	26%-50% Below	No	No
00121087316	LACTULOSE 10 GM/15 ML SOLUTION	8	250.00	0.01	0.02240	51%-75% Below	Yes	No
00121087316	LACTULOSE 10 GM/15 ML SOLUTION	8	300.00	0.01	0.02240	26%-50% Below	Yes	No
00121087332	LACTULOSE 10 GM/15 ML SOLUTION	5	450.00	0.01	0.01892	51%-75% Below	No	No
00121087332	LACTULOSE 10 GM/15 ML SOLUTION	7	600.00	0.01	0.01992	26%-50% Below	No	No
00121087332	LACTULOSE 10 GM/15 ML SOLUTION	8	600.00	0.01	0.01963	26%-50% Below	No	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	4	150.00	0.02	0.14399	76%-100% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	5	75.00	0.02	0.14409	76%-100% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	5	100.00	0.02	0.14409	76%-100% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	5	150.00	0.02	0.14409	76%-100% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	5	450.00	0.02	0.14409	76%-100% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	6	75.00	0.02	0.14384	76%-100% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	6	120.00	0.02	0.14384	76%-100% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	7	35.00	0.02	0.14357	76%-100% Below	No	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	7	75.00	0.02	0.14357	76%-100% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	7	75.00	0.04	0.14357	51%-75% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	7	150.00	0.04	0.14357	51%-75% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	7	960.00	0.02	0.14357	76%-100% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	8	60.00	0.02	0.14321	76%-100% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	100.00	0.02	0.14321	76%-100% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	4	25.00	0.27	0.57400	51%-75% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	4	35.00	0.22	0.57400	51%-75% Below	No	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	4	35.00	0.27	0.57400	51%-75% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	4	47.00	0.27	0.57400	51%-75% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	4	50.00	0.27	0.57400	51%-75% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	4	58.00	0.30	0.57400	26%-50% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	5	45.00	0.30	0.57671	26%-50% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	6	5.00	0.27	0.57604	51%-75% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	6	13.00	0.30	0.57604	26%-50% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	6	25.00	0.27	0.57604	51%-75% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	7	13.50	0.27	0.57617	51%-75% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	8	6.00	0.30	0.57401	26%-50% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	8	10.00	0.30	0.57401	26%-50% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	8	30.00	0.27	0.57401	51%-75% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	8	60.00	0.21	0.57401	51%-75% Below	No	No
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	4	68.00	0.16	0.60691	51%-75% Below	No	No
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	5	25.00	0.30	0.59901	26%-50% Below	No	No
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	5	30.00	0.30	0.59901	26%-50% Below	No	No
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	5	90.00	0.30	0.59901	26%-50% Below	No	No
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	6	70.00	0.16	0.60336	51%-75% Below	No	No
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	7	10.00	0.30	0.60602	26%-50% Below	Yes	No
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	7	22.00	0.30	0.60602	26%-50% Below	Yes	No
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	8	20.00	0.30	0.61498	26%-50% Below	No	No
00121093316	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	120.00	0.04	0.07201	26%-50% Below	No	No

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00121093316	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	200.00	0.04	0.07201	26%-50% Below	No	No
00121093316	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	6	180.00	0.04	0.07216	26%-50% Below	No	No
00121093316	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	7	120.00	0.04	0.07270	26%-50% Below	No	No
00121093316	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	7	160.00	0.08	0.07270	10%-25% Above	No	No
00121095003	LIDOCAINE 2% VISCOUS SOLN	4	100.00	0.05	0.07918	26%-50% 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	4	200.00	0.05	0.07918	26%-50% Below	Yes	No
00121095003	LIDOCAINE 2% VISCOUS SOLN	4	300.00	0.05	0.07918	26%-50% Below	Yes	No
00121095003	LIDOCAINE 2% VISCOUS SOLN	5	100.00	0.04	0.07984	51%-75% Below	Yes	No
00121095003	LIDOCAINE 2% VISCOUS SOLN	5	100.00	0.06	0.07984	26%-50% Below	Yes	No
00121095003	LIDOCAINE 2% VISCOUS SOLN	6	100.00	0.05	0.08054	26%-50% Below	Yes	No
00121095003	LIDOCAINE 2% VISCOUS SOLN	6	120.00	0.05	0.08054	26%-50% Below	Yes	No
00121095003	LIDOCAINE 2% VISCOUS SOLN	6	200.00	0.05	0.08054	26%-50% Below	Yes	No
00121095003	LIDOCAINE 2% VISCOUS SOLN	7	60.00	0.05	0.08148	26%-50% Below	No	No
00121095003	LIDOCAINE 2% VISCOUS SOLN	7	100.00	0.05	0.08148	26%-50% Below	Yes	No
00121095003	LIDOCAINE 2% VISCOUS SOLN	7	200.00	0.05	0.08148	26%-50% Below	Yes	No
00121095003	LIDOCAINE 2% VISCOUS SOLN	8	50.00	0.05	0.08263	26%-50% Below	Yes	No
00121095003	LIDOCAINE 2% VISCOUS SOLN	8	100.00	0.05	0.08263	26%-50% Below	Yes	No
00121095003	LIDOCAINE 2% VISCOUS SOLN	8	100.00	0.05	0.08263	26%-50% Below	Yes	No
00121095003	LIDOCAINE 2% VISCOUS SOLN	8	200.00	0.05	0.08263	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	4	35.00	0.05	0.03887	10%-25% Above	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	4	50.00	0.03	0.03887	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	4	50.00	0.04	0.03887	10%-25% Above	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	4	80.00	0.03	0.03887	26%-50% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	4	100.00	0.03	0.03887	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	100.00	0.03	0.03887	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	4	118.00	0.03	0.03887	26%-50% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	4	118.00	0.03	0.03887	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	4	118.00	0.03	0.03887	10%-25% 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	10%-25% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	4	150.00	0.03	0.03887	26%-50% Below	Yes	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	5	60.00	0.03	0.03852	26%-50% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	5	100.00	0.03	0.03852	26%-50% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	5	100.00	0.03	0.03852	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	5	100.00	0.05	0.03852	10%-25% Above	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	5	118.00	0.03	0.03852	26%-50% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	5	118.00	0.03	0.03852	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	5	120.00	0.03	0.03852	26%-50% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	5	120.00	0.03	0.03852	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	5	120.00	0.03	0.03852	10%-25% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	5	140.00	0.03	0.03852	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	5	140.00	0.03	0.03852	10%-25% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	5	150.00	0.03	0.03852	26%-50% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	5	180.00	0.03	0.03852	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	5	200.00	0.03	0.03852	26%-50% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	5	200.00	0.03	0.03852	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	5	200.00	0.03	0.03852	10%-25% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	5	240.00	0.03	0.03852	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	240.00	0.03	0.03852	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	6	35.00	0.05	0.03834	10%-25% Above	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	6	100.00	0.03	0.03834	26%-50% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	6	100.00	0.03	0.03834	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	6	118.00	0.03	0.03834	26%-50% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	6	118.00	0.03	0.03834	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	6	120.00	0.03	0.03834	26%-50% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	6	120.00	0.03	0.03834	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	6	180.00	0.03	0.03834	10%-25% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	6	240.00	0.03	0.03834	10%-25% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	7	35.00	0.05	0.03775	10%-25% Above	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	7	70.00	0.03	0.03775	26%-50% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	7	100.00	0.03	0.03775	26%-50% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	7	118.00	0.03	0.03775	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	7	118.00	0.05	0.03775	10%-25% Above	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	7	120.00	0.03	0.03775	26%-50% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	7	120.00	0.03	0.03775	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	7	140.00	0.03	0.03775	26%-50% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	7	150.00	0.03	0.03775	26%-50% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	7	180.00	0.03	0.03775	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	8	50.00	0.04	0.03844	10%-25% Above	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	8	100.00	0.05	0.03844	10%-25% Above	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	8	118.00	0.03	0.03844	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	8	120.00	0.03	0.03844	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	8	150.00	0.03	0.03844	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00121193030	LACTULOSE 20 GM PACKET	6	90.00	4.26	7.97999	26%-50% Below	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	4	20.00	0.17	0.05547	200% Above	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	6	270.00	0.10	0.05627	76%-100% Above	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	12	15.00	0.07	0.14483	26%-50% Below	No	No
00143211205	DOXYCYCLINE HYCLATE 100 MG TAB	4	14.00	0.32	0.12409	101%-200% Above	No	No
00143211205	DOXYCYCLINE HYCLATE 100 MG TAB	4	20.00	0.32	0.12409	101%-200% Above	No	No
00143211205	DOXYCYCLINE HYCLATE 100 MG TAB	4	30.00	0.32	0.12409	101%-200% Above	No	No
00143211205	DOXYCYCLINE HYCLATE 100 MG TAB	5	30.00	0.32	0.12382	101%-200% Above	No	No
00143211205	DOXYCYCLINE HYCLATE 100 MG TAB	6	30.00	0.32	0.11755	101%-200% Above	No	No
00143211205	DOXYCYCLINE HYCLATE 100 MG TAB	6	30.00	0.95	0.11755	200% Above	No	No
00143211205	DOXYCYCLINE HYCLATE 100 MG TAB	7	30.00	0.32	0.11440	101%-200% Above	No	No
00143211205	DOXYCYCLINE HYCLATE 100 MG TAB	8	14.00	0.32	0.11291	101%-200% Above	No	No
00143211205	DOXYCYCLINE HYCLATE 100 MG TAB	8	20.00	0.32	0.11291	101%-200% Above	No	No
00143211205	DOXYCYCLINE HYCLATE 100 MG TAB	8	30.00	0.95	0.11291	200% Above	No	No
00143211250	DOXYCYCLINE HYCLATE 100 MG TAB	6	14.00	1.29	0.11755	200% Above	No	No
00143211250	DOXYCYCLINE HYCLATE 100 MG TAB	6	56.00	0.32	0.11755	101%-200% Above	No	No
00143211250	DOXYCYCLINE HYCLATE 100 MG TAB	7	14.00	0.32	0.11440	101%-200% Above	No	No
00143211250	DOXYCYCLINE HYCLATE 100 MG TAB	8	20.00	0.32	0.11291	101%-200% Above	No	No
00143900501	TESTOSTERONE CYP 2,000 MG/10 ML	4	10.00	2.39	3.26405	26%-50% Below	No	No
00143914403	LIRAGLUTIDE 3-PAK 18 MG/3 ML	7	27.00	25.47	32.02202	10%-25% Below	Yes	No
00143924920	AMOX-CLAV 875-125 MG TABLET	8	20.00	0.35	0.28558	10%-25% Above	No	No
00143928501	AMOXICILLIN 875 MG TABLET	3	14.00	0.19	0.15204	10%-25% Above	No	No
00143928501	AMOXICILLIN 875 MG TABLET	5	14.00	0.19	0.15530	10%-25% Above	No	No
00143928501	AMOXICILLIN 875 MG TABLET	5	20.00	0.12	0.15530	10%-25% Below	No	No
00143928501	AMOXICILLIN 875 MG TABLET	6	14.00	0.19	0.15688	10%-25% Above	No	No

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00143928501	AMOXICILLIN 875 MG TABLET	6	20.00	0.12	0.15688	10%-25% Below	No	No
00143928501	AMOXICILLIN 875 MG TABLET	7	14.00	0.19	0.15587	10%-25% Above	No	No
00143928501	AMOXICILLIN 875 MG TABLET	8	20.00	0.19	0.15590	10%-25% Above	No	No
00143929001	ESTRADIOL VALERATE 100 MG/5 ML	7	15.00	9.31	20.92617	51%-75% Below	Yes	No
00143929001	ESTRADIOL VALERATE 100 MG/5 ML	8	5.00	10.38	21.53868	51%-75% Below	Yes	No
00143962001	CYANOCOBALAMIN 10,000 MCG/10 ML	4	10.00	0.45	3.04703	76%-100% Below	No	No
00143962001	CYANOCOBALAMIN 10,000 MCG/10 ML	5	10.00	0.45	3.06267	76%-100% Below	No	No
00143962001	CYANOCOBALAMIN 10,000 MCG/10 ML	6	10.00	0.45	3.05153	76%-100% Below	No	No
00143962001	CYANOCOBALAMIN 10,000 MCG/10 ML	7	10.00	0.45	2.93743	76%-100% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	4	1.00	1.75	1.50471	10%-25% Above	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	4	1.00	1.86	1.50471	10%-25% Above	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	6.00	0.93	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	5	1.00	0.93	1.50475	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	5	1.00	1.86	1.50475	10%-25% Above	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	5	3.00	1.30	1.50475	10%-25% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	5	4.00	0.94	1.50475	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	6	3.00	0.93	1.49146	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	6	3.00	1.04	1.49146	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	6	4.00	0.94	1.49146	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	6	6.00	0.93	1.49146	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	7	1.00	0.93	1.47825	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	7	1.00	2.05	1.47825	26%-50% Above	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	7	3.00	0.93	1.47825	26%-50% Below	No	No

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00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	7	4.00	0.94	1.47825	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	7	6.00	0.93	1.47825	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	7	12.00	0.93	1.47825	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	8	3.00	0.93	1.49394	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	8	4.00	0.94	1.49394	26%-50% Below	No	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	2.00	6.39	11.44878	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	4	2.00	9.06	11.44878	10%-25% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	4	4.00	6.39	11.44878	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	4	4.00	6.39	11.44878	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	4	5.00	6.39	11.44878	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	4	8.00	6.30	11.44878	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	4	12.00	6.39	11.44878	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	4	13.00	6.39	11.44878	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	5	2.00	6.39	11.19423	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	5	2.00	6.39	11.19423	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	5	4.00	4.41	11.19423	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	5	4.00	6.39	11.19423	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	5	4.00	6.39	11.19423	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	5	5.00	6.39	11.19423	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	5	6.00	6.39	11.19423	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	5	6.00	6.39	11.19423	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	5	10.00	6.39	11.19423	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	5	12.00	4.41	11.19423	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	6	2.00	6.39	11.02886	26%-50% Below	No	No

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00143965901	TESTOSTERONE CYP 200 MG/ML	6	2.00	6.39	11.02886	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	6	4.00	4.41	11.02886	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	6	4.00	6.39	11.02886	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	6	4.00	6.39	11.02886	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	6	4.00	6.47	11.02886	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	6	5.00	6.39	11.02886	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	6	6.00	6.39	11.02886	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	6	12.00	6.39	11.02886	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	7	1.00	6.39	11.20368	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	7	2.00	6.39	11.20368	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	7	2.00	6.39	11.20368	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	7	3.00	6.39	11.20368	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	7	4.00	4.41	11.20368	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	7	4.00	6.39	11.20368	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	7	5.00	6.39	11.20368	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	7	6.00	6.39	11.20368	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	7	6.00	6.39	11.20368	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	7	13.00	6.39	11.20368	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	8	1.00	4.41	11.54640	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	8	2.00	6.39	11.54640	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	8	2.00	6.47	11.54640	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	8	4.00	4.41	11.54640	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	8	4.00	6.39	11.54640	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	8	4.00	6.39	11.54640	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	8	5.00	6.39	11.54640	26%-50% Below	No	No

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00143965901	TESTOSTERONE CYP 200 MG/ML	8	6.00	6.30	11.54640	26%-50% Below	No	No
00143972601	TESTOSTERONE CYP 2,000 MG/10 ML	5	10.00	2.39	3.34416	26%-50% Below	No	No
00143972601	TESTOSTERONE CYP 2,000 MG/10 ML	7	10.00	2.39	3.57200	26%-50% Below	No	No
00143975001	TESTOSTERON ENAN 1,000 MG/5 ML	7	5.00	11.23	14.75939	10%-25% Below	No	No
00143980250	DOXYCYCLINE HYCLATE 50 MG CAP	4	30.00	0.22	0.15496	26%-50% Above	No	No
00143980250	DOXYCYCLINE HYCLATE 50 MG CAP	5	30.00	0.22	0.15127	26%-50% Above	No	No
00143980250	DOXYCYCLINE HYCLATE 50 MG CAP	6	30.00	0.22	0.15170	26%-50% Above	No	No
00143980250	DOXYCYCLINE HYCLATE 50 MG CAP	7	30.00	0.22	0.14133	51%-75% 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	30.00	0.21	0.11523	76%-100% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	4	40.00	0.21	0.11523	76%-100% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	5	6.00	0.21	0.11447	76%-100% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	5	10.00	0.21	0.11447	76%-100% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	5	14.00	0.21	0.11447	76%-100% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	5	20.00	0.21	0.11447	76%-100% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	5	20.00	0.50	0.11447	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	5	20.00	0.75	0.11447	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	5	28.00	0.21	0.11447	76%-100% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	5	30.00	0.21	0.11447	76%-100% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	5	40.00	0.21	0.11447	76%-100% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	5	60.00	0.21	0.11447	76%-100% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	6	10.00	0.21	0.11188	76%-100% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	6	14.00	0.21	0.11188	76%-100% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	6	20.00	0.21	0.11188	76%-100% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	6	28.00	0.21	0.11188	76%-100% Above	No	No

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00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	6	30.00	0.21	0.11188	76%-100% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	6	40.00	0.21	0.11188	76%-100% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	6	60.00	0.21	0.11188	76%-100% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	6	90.00	0.21	0.11188	76%-100% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	7	4.00	0.21	0.10861	76%-100% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	7	14.00	0.21	0.10861	76%-100% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	7	20.00	0.21	0.10861	76%-100% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	7	30.00	0.21	0.10861	76%-100% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	7	30.00	0.23	0.10861	101%-200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	7	50.00	0.21	0.10861	76%-100% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	7	60.00	0.21	0.10861	76%-100% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	8	40.00	0.21	0.10486	76%-100% Above	No	No
00143980350	DOXYCYCLINE HYCLATE 100 MG CAP	4	20.00	0.21	0.11523	76%-100% Above	No	No
00143980350	DOXYCYCLINE HYCLATE 100 MG CAP	4	20.00	0.75	0.11523	200% Above	No	No
00143980350	DOXYCYCLINE HYCLATE 100 MG CAP	5	20.00	0.21	0.11447	76%-100% Above	No	No
00143983610	PENICILLIN VK 500 MG TABLET	5	20.00	0.17	0.10289	51%-75% Above	Yes	No
00143985316	AMOX-CLAV 600-42.9 MG/5 ML SUS	4	125.00	0.04	0.06297	26%-50% Below	Yes	No
00143985316	AMOX-CLAV 600-42.9 MG/5 ML SUS	5	125.00	0.04	0.06299	26%-50% Below	Yes	No
00143985316	AMOX-CLAV 600-42.9 MG/5 ML SUS	6	125.00	0.04	0.06257	26%-50% Below	Yes	No
00143985316	AMOX-CLAV 600-42.9 MG/5 ML SUS	8	125.00	0.04	0.05891	26%-50% Below	Yes	No
00143985316	AMOX-CLAV 600-42.9 MG/5 ML SUS	8	125.00	0.07	0.05891	10%-25% Above	Yes	No
00143985324	AMOX-CLAV 600-42.9 MG/5 ML SUS	5	200.00	0.04	0.06778	26%-50% Below	Yes	No
00143985324	AMOX-CLAV 600-42.9 MG/5 ML SUS	8	200.00	0.04	0.06080	26%-50% Below	Yes	No
00143985375	AMOX-CLAV 600-42.9 MG/5 ML SUS	5	75.00	0.04	0.06979	26%-50% Below	Yes	No
00143985375	AMOX-CLAV 600-42.9 MG/5 ML SUS	5	150.00	0.04	0.06979	26%-50% Below	Yes	No

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00143985375	AMOX-CLAV 600-42.9 MG/5 ML SUS	6	150.00	0.04	0.06958	26%-50% Below	Yes	No
00143985375	AMOX-CLAV 600-42.9 MG/5 ML SUS	7	75.00	0.04	0.06741	26%-50% Below	Yes	No
00143985375	AMOX-CLAV 600-42.9 MG/5 ML SUS	8	75.00	0.08	0.07117	10%-25% Above	Yes	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	1	200.00	0.01	0.03180	76%-100% 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	4	400.00	0.02	0.03370	26%-50% Below	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	5	100.00	0.02	0.03347	26%-50% Below	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	5	200.00	0.02	0.03347	26%-50% Below	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	5	250.00	0.02	0.03347	26%-50% Below	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	5	300.00	0.01	0.03325	76%-100% Below	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	5	300.00	0.02	0.03347	26%-50% Below	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	6	100.00	0.02	0.03351	26%-50% Below	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	6	200.00	0.02	0.03351	26%-50% Below	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	6	200.00	0.02	0.03351	26%-50% Below	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	6	200.00	0.06	0.03202	51%-75% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	6	300.00	0.02	0.03351	26%-50% Below	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	7	100.00	0.02	0.03361	26%-50% Below	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	7	200.00	0.02	0.03361	26%-50% Below	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	7	200.00	0.02	0.03361	26%-50% Below	Yes	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	8	100.00	0.02	0.03383	26%-50% Below	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	8	200.00	0.01	0.03383	51%-75% Below	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	8	200.00	0.02	0.03383	26%-50% Below	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	8	200.00	0.02	0.03383	26%-50% Below	Yes	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	10	200.00	0.06	0.02951	76%-100% Above	No	No
00143988750	AMOXICILLIN 400 MG/5 ML SUSP	5	50.00	0.02	0.04587	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00143988750	AMOXICILLIN 400 MG/5 ML SUSP	5	50.00	0.02	0.04587	51%-75% Below	No	No
00143988750	AMOXICILLIN 400 MG/5 ML SUSP	5	100.00	0.02	0.04587	51%-75% Below	No	No
00143988750	AMOXICILLIN 400 MG/5 ML SUSP	5	150.00	0.02	0.04587	51%-75% Below	No	No
00143988750	AMOXICILLIN 400 MG/5 ML SUSP	8	150.00	0.02	0.04425	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	4	225.00	0.01	0.03863	76%-100% Below	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	5	75.00	0.02	0.03900	51%-75% Below	Yes	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	5	150.00	0.01	0.03821	76%-100% Below	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	5	150.00	0.01	0.03900	51%-75% Below	Yes	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	5	150.00	0.01	0.03900	51%-75% Below	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	5	150.00	0.02	0.03900	51%-75% Below	Yes	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	5	150.00	0.02	0.03900	26%-50% Below	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	5	225.00	0.02	0.03900	26%-50% Below	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	6	75.00	0.02	0.03863	26%-50% Below	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	6	150.00	0.02	0.03863	51%-75% Below	Yes	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	6	150.00	0.02	0.03863	26%-50% Below	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	7	75.00	0.02	0.03876	26%-50% Below	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	7	150.00	0.02	0.03876	26%-50% Below	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	8	150.00	0.02	0.03924	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	5	100.00	0.01	0.02436	26%-50% Below	No	No
00143988901	AMOXICILLIN 250 MG/5 ML SUSP	6	100.00	0.01	0.02448	26%-50% Below	No	No
00143988901	AMOXICILLIN 250 MG/5 ML SUSP	6	100.00	0.05	0.02723	51%-75% Above	No	No
00143988901	AMOXICILLIN 250 MG/5 ML SUSP	6	200.00	0.01	0.02448	26%-50% Below	No	No
00143988901	AMOXICILLIN 250 MG/5 ML SUSP	8	100.00	0.01	0.02424	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00143988901	AMOXICILLIN 250 MG/5 ML SUSP	8	200.00	0.01	0.02424	26%-50% Below	No	No
00143988915	AMOXICILLIN 250 MG/5 ML SUSP	4	150.00	0.01	0.02463	26%-50% Below	No	No
00143988915	AMOXICILLIN 250 MG/5 ML SUSP	5	150.00	0.01	0.02472	26%-50% Below	No	No
00143988915	AMOXICILLIN 250 MG/5 ML SUSP	7	150.00	0.01	0.02504	51%-75% Below	No	No
00143998250	AMOX-CLAV 400-57 MG/5 ML SUSP	5	50.00	0.06	0.08320	26%-50% Below	Yes	No
00168000215	TRIAMCINOLONE 0.5% CREAM	4	15.00	0.14	0.19466	26%-50% Below	No	No
00168000215	TRIAMCINOLONE 0.5% CREAM	5	30.00	0.14	0.19566	26%-50% Below	No	No
00168000215	TRIAMCINOLONE 0.5% CREAM	6	30.00	0.14	0.19334	10%-25% Below	No	No
00168000215	TRIAMCINOLONE 0.5% CREAM	6	60.00	0.14	0.19334	10%-25% Below	No	No
00168000615	TRIAMCINOLONE 0.1% OINTMENT	5	15.00	0.05	0.11513	51%-75% Below	Yes	No
00168000615	TRIAMCINOLONE 0.1% OINTMENT	5	15.00	0.06	0.11513	26%-50% Below	Yes	No
00168000615	TRIAMCINOLONE 0.1% OINTMENT	5	30.00	0.04	0.11513	51%-75% Below	Yes	No
00168000615	TRIAMCINOLONE 0.1% OINTMENT	5	60.00	0.03	0.11513	51%-75% Below	Yes	No
00168000615	TRIAMCINOLONE 0.1% OINTMENT	6	15.00	0.06	0.11760	26%-50% Below	Yes	No
00168000615	TRIAMCINOLONE 0.1% OINTMENT	6	45.00	0.04	0.11760	51%-75% Below	Yes	No
00168000615	TRIAMCINOLONE 0.1% OINTMENT	7	60.00	0.06	0.11837	26%-50% Below	Yes	No
00168000615	TRIAMCINOLONE 0.1% OINTMENT	8	15.00	0.05	0.11902	51%-75% Below	Yes	No
00168000680	TRIAMCINOLONE 0.1% OINTMENT	5	240.00	0.03	0.06514	51%-75% Below	Yes	No
00168000680	TRIAMCINOLONE 0.1% OINTMENT	7	80.00	0.03	0.06499	51%-75% Below	Yes	No
00168004160	BETAMETHASONE VA 0.1% LOTION	6	60.00	0.34	0.47927	26%-50% Below	Yes	No
00168005760	BETAMETHASONE DP 0.05% LOT	7	60.00	0.16	0.29662	26%-50% Below	No	No
00168008031	HYDROCORTISONE 2.5% CREAM	3	30.00	0.12	0.08368	26%-50% Above	No	No
00168008031	HYDROCORTISONE 2.5% CREAM	5	30.00	0.11	0.09180	10%-25% Above	No	No
00168008031	HYDROCORTISONE 2.5% CREAM	7	30.00	0.04	0.09305	51%-75% Below	No	No
00168008031	HYDROCORTISONE 2.5% CREAM	7	30.00	0.11	0.09305	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00168008031	HYDROCORTISONE 2.5% CREAM	7	30.00	0.11	0.09305	10%-25% Above	No	No
00168009930	KETOCONAZOLE 2% CREAM	2	30.00	0.33	0.26131	26%-50% Above	No	No
00168009960	KETOCONAZOLE 2% CREAM	5	60.00	0.35	0.17057	101%-200% Above	No	No
00168009960	KETOCONAZOLE 2% CREAM	6	60.00	0.08	0.16332	26%-50% Below	No	No
00168009960	KETOCONAZOLE 2% CREAM	6	60.00	0.35	0.16332	101%-200% Above	No	No
00168009960	KETOCONAZOLE 2% CREAM	7	60.00	0.35	0.16310	101%-200% Above	No	No
00168013330	CLOTRIMAZOLE CRE 1%	8	45.00	0.12	.		No	No
00168014630	HYDROCORTISONE 2.5% OINTMENT	2	28.35	0.15	0.10408	26%-50% Above	No	No
00168014630	HYDROCORTISONE 2.5% OINTMENT	4	28.35	0.07	0.10389	26%-50% Below	No	No
00168014630	HYDROCORTISONE 2.5% OINTMENT	4	28.35	0.13	0.10389	26%-50% Above	No	No
00168014630	HYDROCORTISONE 2.5% OINTMENT	5	28.35	0.14	0.10310	26%-50% Above	No	No
00168014630	HYDROCORTISONE 2.5% OINTMENT	6	28.35	0.07	0.10151	26%-50% Below	No	No
00168014630	HYDROCORTISONE 2.5% OINTMENT	6	28.35	0.14	0.10151	26%-50% Above	No	No
00168014630	HYDROCORTISONE 2.5% OINTMENT	7	28.35	0.07	0.10033	26%-50% Below	No	No
00168014630	HYDROCORTISONE 2.5% OINTMENT	7	28.35	0.13	0.10033	26%-50% Above	No	No
00168014630	HYDROCORTISONE 2.5% OINTMENT	8	28.35	0.05	0.09685	26%-50% Below	Yes	No
00168014630	HYDROCORTISONE 2.5% OINTMENT	8	28.35	0.13	0.09685	26%-50% Above	No	No
00168014630	HYDROCORTISONE 2.5% OINTMENT	8	28.35	0.13	0.09685	26%-50% Above	No	No
00168014630	HYDROCORTISONE 2.5% OINTMENT	8	28.35	0.14	0.09685	26%-50% Above	No	No
00168020160	CLINDAMYCIN PH 1% SOLUTION	5	180.00	0.09	0.15703	26%-50% Below	No	No
00168020160	CLINDAMYCIN PH 1% SOLUTION	7	180.00	0.09	0.14930	26%-50% Below	No	No
00168020230	CLINDAMYCIN PH 1% GEL	6	60.00	0.27	0.14214	76%-100% Above	No	No
00168025815	CLOTRIMAZOLE-BETAMETHASONE CRM	4	30.00	0.67	0.21451	200% Above	No	No
00168025815	CLOTRIMAZOLE-BETAMETHASONE CRM	5	45.00	0.31	0.21090	26%-50% Above	No	No
00168025815	CLOTRIMAZOLE-BETAMETHASONE CRM	7	45.00	0.33	0.20586	51%-75% Above	No	No

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00168025815	CLOTRIMAZOLE-BETAMETHASONE CRM	8	30.00	0.17	0.20958	10%-25% Below	No	No
00168025815	CLOTRIMAZOLE-BETAMETHASONE CRM	8	45.00	0.31	0.20958	26%-50% Above	No	No
00168025846	CLOTRIMAZOLE-BETAMETHASONE CRM	6	45.00	0.31	0.18784	51%-75% Above	No	No
00168025846	CLOTRIMAZOLE-BETAMETHASONE CRM	7	45.00	0.44	0.18606	101%-200% Above	No	No
00168026815	BETAMETHASONE DP AUG 0.05% OIN	6	30.00	0.50	0.61099	10%-25% Below	No	No
00168027740	CLINDAMYCIN 2% VAGINAL CREAM	4	40.00	0.88	1.71983	26%-50% Below	Yes	No
00168027740	CLINDAMYCIN 2% VAGINAL CREAM	5	40.00	0.79	1.79413	51%-75% Below	Yes	No
00168027740	CLINDAMYCIN 2% VAGINAL CREAM	5	40.00	0.92	1.79413	26%-50% Below	No	No
00168027740	CLINDAMYCIN 2% VAGINAL CREAM	5	40.00	1.14	1.79413	26%-50% Below	No	No
00168027740	CLINDAMYCIN 2% VAGINAL CREAM	7	40.00	0.93	1.82851	26%-50% Below	No	No
00168032346	METRONIDAZOLE 0.75% CREAM	4	45.00	0.33	0.30087	10%-25% Above	Yes	No
00168032346	METRONIDAZOLE 0.75% CREAM	5	45.00	0.14	0.29266	26%-50% Below	Yes	No
00168032346	METRONIDAZOLE 0.75% CREAM	5	45.00	0.33	0.29266	10%-25% Above	Yes	No
00168032346	METRONIDAZOLE 0.75% CREAM	7	45.00	0.14	0.27425	26%-50% Below	Yes	No
00168032346	METRONIDAZOLE 0.75% CREAM	7	45.00	0.38	0.27425	26%-50% Above	Yes	No
00168032346	METRONIDAZOLE 0.75% CREAM	8	45.00	0.22	0.26843	10%-25% Below	Yes	No
00168034646	TERCONAZOLE 0.4% CREAM	3	45.00	0.26	0.63951	51%-75% Below	No	No
00168034646	TERCONAZOLE 0.4% CREAM	5	45.00	0.30	0.56573	26%-50% Below	No	No
00168034646	TERCONAZOLE 0.4% CREAM	6	45.00	0.31	0.56401	26%-50% Below	No	No
00168034720	TERCONAZOLE 0.8% CREAM	4	20.00	1.33	1.00072	26%-50% Above	No	No
00168034720	TERCONAZOLE 0.8% CREAM	5	20.00	1.99	0.98310	101%-200% Above	Yes	No
00168034720	TERCONAZOLE 0.8% CREAM	7	20.00	0.81	0.96858	10%-25% Below	Yes	No
00168034720	TERCONAZOLE 0.8% CREAM	7	20.00	1.40	0.96858	26%-50% Above	Yes	No
00168041730	TACROLIMUS 0.03% OINTMENT	8	30.00	1.19	0.88299	26%-50% Above	Yes	No
00169170930	OZEMPIC TAB 9MG	6	90.00	33.78	.		No	No

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00169170930	OZEMPIC TAB 9MG	7	90.00	31.03	.		No	No
00169171530	OZEMPIC TAB 1.5MG	5	30.00	33.78	.		Yes	No
00169171530	OZEMPIC TAB 1.5MG	6	30.00	33.78	.		No	No
00169183711	NOVOLIN 70-30 100 UNIT/ML VIAL	6	30.00	1.64	4.62927	51%-75% Below	No	No
00169266015	TRESIBA FLEXTOUCH 100 UNIT/ML	2	15.00	29.07	32.54793	10%-25% Below	No	No
00169413013	OZEMPIC 1 MG/DOSE (4 MG/3 ML) PEN	5	3.00	132.97	331.96114	51%-75% Below	No	No
00169457214	WEGOVY HD INJ 7.2/0.75	4	3.00	443.50	.		No	No
00169457214	WEGOVY HD INJ 7.2/0.75	5	3.00	443.50	.		No	No
00169457214	WEGOVY HD INJ 7.2/0.75	5	3.00	443.50	.		Yes	No
00169477212	OZEMPIC 2 MG/DOSE (8 MG/3 ML) PEN	4	9.00	87.21	331.95693	51%-75% Below	No	No
00169477212	OZEMPIC 2 MG/DOSE (8 MG/3 ML) PEN	7	9.00	87.21	331.93567	51%-75% Below	No	No
00169633910	NOVOLOG 100 UNIT/ML FLEXPEN	5	15.00	3.83	8.93719	51%-75% Below	No	No
00169633910	NOVOLOG 100 UNIT/ML FLEXPEN	8	15.00	3.83	8.93569	51%-75% Below	No	No
00172208360	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.00	0.02	0.01165	26%-50% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	4	30.00	0.02	0.01202	26%-50% 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	0.02	0.01202	26%-50% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	0.02	0.01202	26%-50% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	0.02	0.01202	51%-75% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	5	20.00	0.04	0.01219	200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	5	45.00	0.02	0.01219	26%-50% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.00	0.02	0.01219	26%-50% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.00	0.02	0.01219	26%-50% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.00	0.02	0.01219	76%-100% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.00	0.02	0.01203	26%-50% Above	No	No

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00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.00	0.03	0.01203	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.00	0.00	0.01203	51%-75% Below	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.00	0.01	0.01203	26%-50% Below	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.00	0.02	0.01203	26%-50% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.00	0.03	0.01196	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.00	0.00	0.01196	51%-75% Below	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.00	0.01	0.01196	10%-25% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.00	0.02	0.01196	26%-50% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.00	0.02	0.01196	26%-50% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.00	0.02	0.01196	51%-75% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.00	0.02	0.01196	76%-100% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.00	0.02	0.01165	26%-50% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.00	0.03	0.01165	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.00	0.01	0.01165	26%-50% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.00	0.02	0.01165	26%-50% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.00	0.02	0.01165	26%-50% 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	0.07	0.04083	51%-75% Above	No	No
00172344460	HYDROCHLOROTHIAZIDE 12.5 MG TB	4	90.00	0.21	0.04083	200% Above	No	No
00172344460	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	30.00	0.01	0.04038	51%-75% Below	No	No
00172344460	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	30.00	0.13	0.04038	200% Above	No	No
00172344460	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	90.00	0.07	0.04038	51%-75% Above	No	No
00172344460	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	90.00	0.10	0.04038	101%-200% Above	No	No
00172344460	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	5.00	0.26	0.04036	200% Above	No	No
00172344460	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	30.00	0.07	0.04036	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	90.00	0.07	0.04036	51%-75% Above	No	No
00172344460	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	90.00	0.14	0.04036	200% Above	No	No
00172344460	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	90.00	0.17	0.04036	200% Above	No	No
00172344460	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	30.00	0.07	0.03795	76%-100% Above	No	No
00172344460	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	30.00	0.13	0.03795	200% Above	No	No
00172344460	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	30.00	0.14	0.03795	200% Above	No	No
00172344460	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	90.00	0.07	0.03795	76%-100% Above	No	No
00172344460	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	90.00	0.17	0.03795	200% Above	No	No
00172344460	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	30.00	0.07	0.03730	76%-100% Above	No	No
00172344460	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	30.00	0.13	0.03730	200% Above	No	No
00172344460	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	60.00	0.17	0.03730	200% Above	No	No
00172344460	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	90.00	0.07	0.03730	76%-100% Above	No	No
00172344480	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	30.00	0.18	0.04038	200% Above	No	No
00172344480	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	90.00	0.01	0.04038	51%-75% Below	No	No
00172344480	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	30.00	0.02	0.04036	26%-50% Below	No	No
00172344480	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	30.00	0.13	0.04036	200% Above	No	No
00172344480	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	30.00	0.18	0.04036	200% Above	No	No
00172344480	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	90.00	0.07	0.04036	51%-75% Above	No	No
00172344480	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	30.00	0.02	0.03795	26%-50% Below	No	No
00172344480	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	30.00	0.13	0.03795	200% Above	No	No
00172344480	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	90.00	0.07	0.03795	76%-100% Above	No	No
00172344480	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	90.00	0.01	0.03730	51%-75% Below	No	No
00172392560	DIAZEPAM 2 MG TABLET	5	60.00	0.02	0.02191	10%-25% Below	No	No
00172392560	DIAZEPAM 2 MG TABLET	6	60.00	0.02	0.02214	26%-50% Below	No	No
00172392560	DIAZEPAM 2 MG TABLET	7	20.00	0.02	0.02163	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	60.00	0.02	0.02163	10%-25% Below	No	No
00172392570	DIAZEPAM 2 MG TABLET	8	15.00	0.01	0.02162	26%-50% Below	No	No
00172392660	DIAZEPAM 5 MG TABLET	5	2.00	0.04	0.02937	26%-50% Above	No	No
00172392660	DIAZEPAM 5 MG TABLET	6	1.00	0.04	0.02912	26%-50% Above	No	No
00172392660	DIAZEPAM 5 MG TABLET	6	10.00	0.05	0.02912	76%-100% Above	No	No
00172392660	DIAZEPAM 5 MG TABLET	7	2.00	0.04	0.02912	26%-50% Above	No	No
00172392660	DIAZEPAM 5 MG TABLET	7	2.00	0.24	0.02912	200% Above	No	No
00172392660	DIAZEPAM 5 MG TABLET	8	21.00	0.04	0.02870	26%-50% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	4	1.00	0.36	0.02931	200% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	4	1.00	0.46	0.02931	200% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	4	2.00	0.04	0.02931	26%-50% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	4	3.00	0.04	0.02931	26%-50% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	4	3.00	0.16	0.02931	200% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	4	6.00	0.07	0.02931	101%-200% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	4	14.00	0.06	0.02931	101%-200% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	4	30.00	0.03	0.02931	10%-25% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	4	30.00	0.04	0.02931	26%-50% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	4	60.00	0.04	0.02931	26%-50% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	4	90.00	0.04	0.02931	26%-50% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	5	1.00	0.04	0.02937	26%-50% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	5	1.00	0.36	0.02937	200% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	5	2.00	0.19	0.02937	200% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	5	2.00	0.33	0.02937	200% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	5	4.00	0.04	0.02937	26%-50% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	5	30.00	0.03	0.02937	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	30.00	0.04	0.02937	26%-50% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	6	2.00	0.02	0.02912	26%-50% Below	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	6	2.00	0.19	0.02912	200% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	6	2.00	0.24	0.02912	200% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	6	2.00	0.33	0.02912	200% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	6	2.00	0.38	0.02912	200% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	6	2.00	0.39	0.02912	200% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	6	4.00	0.10	0.02912	200% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	6	4.00	0.19	0.02912	200% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	6	10.00	0.04	0.02912	26%-50% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	6	15.00	0.03	0.02912	10%-25% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	6	30.00	0.03	0.02912	10%-25% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	6	90.00	0.01	0.02912	51%-75% Below	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	7	2.00	0.04	0.02912	26%-50% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	7	2.00	0.24	0.02912	200% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	7	4.00	0.10	0.02912	200% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	7	7.00	0.07	0.02912	101%-200% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	7	12.00	0.04	0.02912	26%-50% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	7	30.00	0.01	0.02912	51%-75% Below	No	No
00172392670	DIAZEPAM 5 MG TABLET	7	90.00	0.01	0.02912	51%-75% Below	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	7	90.00	0.04	0.02912	26%-50% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	8	1.00	0.04	0.02870	26%-50% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	8	2.00	0.04	0.02870	26%-50% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	8	2.00	0.38	0.02870	200% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	8	10.00	0.04	0.02870	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	10.00	0.04	0.02870	51%-75% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	8	30.00	0.03	0.02870	10%-25% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	8	30.00	0.04	0.02870	26%-50% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	8	40.00	0.04	0.02870	26%-50% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	8	90.00	0.01	0.02870	51%-75% Below	Yes	No
00172392680	DIAZEPAM 5 MG TABLET	5	30.00	0.02	0.02937	26%-50% Below	No	No
00172392680	DIAZEPAM 5 MG TABLET	8	5.00	0.11	0.02870	200% Above	No	No
00172392760	DIAZEPAM 10 MG TABLET	4	1.00	0.08	0.02891	101%-200% Above	No	No
00172392760	DIAZEPAM 10 MG TABLET	4	2.00	0.24	0.02891	200% Above	No	No
00172392760	DIAZEPAM 10 MG TABLET	4	75.00	0.08	0.02891	101%-200% Above	No	No
00172392760	DIAZEPAM 10 MG TABLET	5	1.00	0.75	0.02861	200% Above	No	No
00172392760	DIAZEPAM 10 MG TABLET	5	45.00	0.08	0.02861	101%-200% Above	No	No
00172392760	DIAZEPAM 10 MG TABLET	5	75.00	0.08	0.02861	101%-200% Above	No	No
00172392760	DIAZEPAM 10 MG TABLET	6	45.00	0.08	0.02899	101%-200% Above	No	No
00172392760	DIAZEPAM 10 MG TABLET	6	75.00	0.08	0.02899	101%-200% Above	No	No
00172392760	DIAZEPAM 10 MG TABLET	7	1.00	0.08	0.02911	101%-200% Above	No	No
00172392760	DIAZEPAM 10 MG TABLET	7	5.00	0.10	0.02911	200% Above	No	No
00172392760	DIAZEPAM 10 MG TABLET	7	45.00	0.08	0.02911	101%-200% Above	No	No
00172392760	DIAZEPAM 10 MG TABLET	7	75.00	0.08	0.02911	101%-200% Above	No	No
00172392760	DIAZEPAM 10 MG TABLET	8	1.00	0.08	0.02902	101%-200% Above	No	No
00172392760	DIAZEPAM 10 MG TABLET	8	30.00	0.08	0.02902	101%-200% Above	No	No
00172392760	DIAZEPAM 10 MG TABLET	8	45.00	0.08	0.02902	101%-200% Above	No	No
00172392760	DIAZEPAM 10 MG TABLET	8	75.00	0.08	0.02902	101%-200% Above	No	No
00172392770	DIAZEPAM 10 MG TABLET	4	1.00	0.36	0.02891	200% Above	Yes	No
00172392770	DIAZEPAM 10 MG TABLET	4	2.00	0.39	0.02891	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00172392770	DIAZEPAM 10 MG TABLET	6	2.00	0.19	0.02899	200% Above	Yes	No
00172392770	DIAZEPAM 10 MG TABLET	6	10.00	0.08	0.02899	101%-200% Above	No	No
00172392770	DIAZEPAM 10 MG TABLET	7	2.00	0.08	0.02911	101%-200% Above	No	No
00172392770	DIAZEPAM 10 MG TABLET	7	2.00	0.19	0.02911	200% Above	Yes	No
00172392770	DIAZEPAM 10 MG TABLET	7	10.00	0.08	0.02911	101%-200% Above	No	No
00172392770	DIAZEPAM 10 MG TABLET	7	20.00	0.08	0.02911	101%-200% Above	No	No
00172392770	DIAZEPAM 10 MG TABLET	7	30.00	0.08	0.02911	101%-200% Above	Yes	No
00172392770	DIAZEPAM 10 MG TABLET	8	1.00	0.08	0.02902	101%-200% Above	No	No
00172392770	DIAZEPAM 10 MG TABLET	8	1.00	0.08	0.02902	101%-200% Above	Yes	No
00172392770	DIAZEPAM 10 MG TABLET	8	20.00	0.08	0.02902	101%-200% Above	Yes	No
00172392780	DIAZEPAM 10 MG TABLET	6	1.00	0.08	0.02899	101%-200% Above	No	No
00172409660	BACLOFEN 10 MG TABLET	4	90.00	0.09	0.03403	101%-200% Above	No	No
00172409660	BACLOFEN 10 MG TABLET	6	30.00	0.09	0.03324	101%-200% Above	No	No
00172409660	BACLOFEN 10 MG TABLET	6	90.00	0.09	0.03324	101%-200% Above	No	No
00172409660	BACLOFEN 10 MG TABLET	7	30.00	0.09	0.03210	101%-200% Above	No	No
00172409660	BACLOFEN 10 MG TABLET	7	90.00	0.09	0.03210	101%-200% Above	No	No
00172572860	FAMOTIDINE 20 MG TABLET	4	14.00	0.06	0.03099	76%-100% Above	No	No
00172572860	FAMOTIDINE 20 MG TABLET	4	14.00	0.08	0.03099	101%-200% Above	No	No
00172572860	FAMOTIDINE 20 MG TABLET	5	30.00	0.06	0.03074	76%-100% Above	No	No
00172572860	FAMOTIDINE 20 MG TABLET	6	180.00	0.08	0.03016	101%-200% Above	No	No
00172572860	FAMOTIDINE 20 MG TABLET	7	180.00	0.08	0.02971	101%-200% Above	No	No
00172572870	FAMOTIDINE 20 MG TABLET	5	60.00	0.08	0.03074	101%-200% Above	No	No
00172572870	FAMOTIDINE 20 MG TABLET	7	180.00	0.03	0.02971	10%-25% Above	No	No
00172572880	FAMOTIDINE 20 MG TABLET	4	60.00	0.04	0.03099	26%-50% Above	No	No
00172572880	FAMOTIDINE 20 MG TABLET	5	60.00	0.04	0.03074	26%-50% Above	No	No

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00172572880	FAMOTIDINE 20 MG TABLET	6	60.00	0.04	0.03016	26%-50% Above	No	No
00172572880	FAMOTIDINE 20 MG TABLET	7	60.00	0.04	0.02971	26%-50% Above	No	No
00172572880	FAMOTIDINE 20 MG TABLET	8	30.00	0.08	0.02862	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	60.00	0.11	0.05159	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	4	90.00	0.11	0.05159	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	5	30.00	0.11	0.05165	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	5	90.00	0.08	0.05165	51%-75% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	5	90.00	0.11	0.05165	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	6	30.00	0.11	0.05098	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	6	90.00	0.08	0.05098	51%-75% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	6	90.00	0.11	0.05098	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	6	90.00	0.11	0.05098	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	7	30.00	0.11	0.04982	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	7	90.00	0.11	0.04982	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	8	7.00	0.11	0.04941	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	8	90.00	0.11	0.04941	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	8	90.00	0.11	0.04941	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	8	180.00	0.11	0.04941	101%-200% Above	No	No
00173088710	TRELEGY ELLIPTA 100-62.5-25	6	180.00	12.61	11.15628	10%-25% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	4	10.00	0.55	0.32469	51%-75% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	5	14.00	0.55	0.32261	51%-75% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	6	10.00	0.34	0.30785	10%-25% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	6	10.00	0.58	0.30785	76%-100% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	6	14.00	0.34	0.30785	10%-25% Above	No	No

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00185012201	NITROFURANTOIN MONO-MCR 100 MG	6	14.00	0.35	0.30785	10%-25% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	6	14.00	0.36	0.30785	10%-25% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	6	14.00	0.53	0.30785	51%-75% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	6	14.00	0.56	0.30785	76%-100% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	6	20.00	0.34	0.30785	10%-25% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	7	10.00	0.34	0.30153	10%-25% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	7	10.00	0.58	0.30153	76%-100% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	7	14.00	0.34	0.30153	10%-25% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	7	14.00	0.53	0.30153	51%-75% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	8	10.00	0.34	0.29780	10%-25% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	8	10.00	0.50	0.29780	51%-75% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	8	10.00	0.55	0.29780	76%-100% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	8	30.00	0.34	0.29780	10%-25% Above	No	No
00185012905	BUMETANIDE 1 MG TABLET	5	30.00	0.34	0.11340	101%-200% Above	No	No
00185012905	BUMETANIDE 1 MG TABLET	6	30.00	0.34	0.11090	200% Above	No	No
00185021101	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	4	30.00	0.15	0.19440	10%-25% Below	No	No
00185021101	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	90.00	0.15	0.18633	10%-25% Below	Yes	No
00185021101	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	30.00	0.15	0.17531	10%-25% Below	No	No
00185021101	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	30.00	0.15	0.17425	10%-25% Below	No	No
00185021101	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	30.00	0.15	0.19189	10%-25% Below	No	No
00185021101	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	90.00	0.15	0.19189	10%-25% Below	Yes	No
00185027701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	4	90.00	0.03	0.22256	76%-100% Below	No	No
00185027701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	4	90.00	0.15	0.22256	26%-50% Below	No	No
00185027701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	7	90.00	0.06	0.24785	51%-75% Below	No	No
00185027701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	7	90.00	0.15	0.24785	26%-50% Below	No	No

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00185032501	BENAZEPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	7	90.00	0.15	0.25159	26%-50% Below	Yes	No
00185067401	HYDROXYZINE PAM 25 MG CAP	5	30.00	0.05	0.06550	10%-25% Below	No	No
00185067401	HYDROXYZINE PAM 25 MG CAP	5	60.00	0.04	0.06550	26%-50% Below	No	No
00185067401	HYDROXYZINE PAM 25 MG CAP	5	60.00	0.05	0.06550	10%-25% Below	No	No
00185067401	HYDROXYZINE PAM 25 MG CAP	5	90.00	0.05	0.06550	10%-25% Below	No	No
00185067401	HYDROXYZINE PAM 25 MG CAP	6	90.00	0.03	0.06420	51%-75% Below	No	No
00185067401	HYDROXYZINE PAM 25 MG CAP	6	90.00	0.05	0.06420	10%-25% Below	No	No
00185067401	HYDROXYZINE PAM 25 MG CAP	7	20.00	0.05	0.06380	26%-50% Below	No	No
00185067401	HYDROXYZINE PAM 25 MG CAP	7	30.00	0.05	0.06380	10%-25% Below	No	No
00185067401	HYDROXYZINE PAM 25 MG CAP	7	90.00	0.05	0.06380	10%-25% Below	No	No
00185067401	HYDROXYZINE PAM 25 MG CAP	8	30.00	0.05	0.06269	10%-25% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	4	30.00	0.05	0.06383	10%-25% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	4	90.00	0.03	0.06383	51%-75% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	5	60.00	0.02	0.06550	51%-75% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	5	60.00	0.03	0.06550	51%-75% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	5	90.00	0.03	0.06550	51%-75% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	5	90.00	0.03	0.06550	51%-75% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	6	14.00	0.06	0.06420	10%-25% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	6	30.00	0.05	0.06420	10%-25% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	6	60.00	0.03	0.06420	26%-50% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	6	60.00	0.05	0.06420	10%-25% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	6	90.00	0.03	0.06420	51%-75% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	7	8.00	0.05	0.06380	10%-25% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	7	30.00	0.04	0.06380	26%-50% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	7	30.00	0.05	0.06380	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00185067405	HYDROXYZINE PAM 25 MG CAP	7	90.00	0.03	0.06380	51%-75% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	7	180.00	0.05	0.06380	10%-25% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	8	30.00	0.04	0.06269	26%-50% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	8	90.00	0.03	0.06269	51%-75% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	8	90.00	0.05	0.06269	10%-25% Below	No	No
00185067601	HYDROXYZINE PAM 50 MG CAP	4	30.00	0.05	0.08154	26%-50% Below	No	No
00185067601	HYDROXYZINE PAM 50 MG CAP	4	360.00	0.05	0.08154	26%-50% Below	No	No
00185067601	HYDROXYZINE PAM 50 MG CAP	5	30.00	0.05	0.08248	26%-50% Below	No	No
00185067601	HYDROXYZINE PAM 50 MG CAP	7	30.00	0.05	0.08245	26%-50% Below	No	No
00185067601	HYDROXYZINE PAM 50 MG CAP	7	360.00	0.05	0.08245	26%-50% Below	No	No
00185067605	HYDROXYZINE PAM 50 MG CAP	4	30.00	0.05	0.08154	26%-50% Below	No	No
00185067605	HYDROXYZINE PAM 50 MG CAP	4	40.00	0.04	0.08154	26%-50% Below	No	No
00185067605	HYDROXYZINE PAM 50 MG CAP	5	28.00	0.05	0.08248	26%-50% Below	No	No
00185067605	HYDROXYZINE PAM 50 MG CAP	5	30.00	0.05	0.08248	26%-50% Below	No	No
00185067605	HYDROXYZINE PAM 50 MG CAP	5	90.00	0.04	0.08248	26%-50% Below	No	No
00185067605	HYDROXYZINE PAM 50 MG CAP	6	30.00	0.05	0.08220	26%-50% Below	No	No
00185067605	HYDROXYZINE PAM 50 MG CAP	7	30.00	0.05	0.08245	26%-50% Below	No	No
00185067605	HYDROXYZINE PAM 50 MG CAP	7	120.00	0.05	0.08245	26%-50% Below	No	No
00185067605	HYDROXYZINE PAM 50 MG CAP	8	30.00	0.05	0.08201	26%-50% Below	No	No
00185067605	HYDROXYZINE PAM 50 MG CAP	8	42.00	0.05	0.08201	26%-50% Below	No	No
00185067605	HYDROXYZINE PAM 50 MG CAP	8	60.00	0.05	0.08201	26%-50% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	30.00	0.11	0.23643	51%-75% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	30.00	0.11	0.23662	51%-75% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	30.00	0.11	0.23662	51%-75% Below	Yes	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	30.00	0.11	0.23620	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	30.00	0.19	0.23620	10%-25% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	30.00	0.21	0.23620	10%-25% Below	Yes	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	90.00	0.10	0.23620	51%-75% Below	Yes	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	30.00	0.11	0.23293	51%-75% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	30.00	0.16	0.23293	26%-50% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	30.00	0.18	0.23293	10%-25% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	60.00	0.11	0.23293	51%-75% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	30.00	0.02	0.23907	76%-100% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	30.00	0.11	0.23907	51%-75% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	30.00	0.11	0.23907	51%-75% Below	Yes	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	30.00	0.16	0.23907	26%-50% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	30.00	0.19	0.23907	10%-25% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	60.00	0.11	0.23907	51%-75% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	60.00	0.17	0.23907	26%-50% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	60.00	0.18	0.23907	26%-50% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	90.00	0.11	0.23907	51%-75% Below	No	No
00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	30.00	0.11	0.30391	51%-75% Below	No	No
00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.00	0.11	0.30391	51%-75% Below	No	No
00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	30.00	0.11	0.29745	51%-75% Below	No	No
00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	30.00	0.16	0.29745	26%-50% Below	No	No
00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	30.00	0.18	0.29745	26%-50% Below	No	No
00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.00	0.15	0.29745	26%-50% Below	No	No
00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.00	0.18	0.29745	26%-50% Below	No	No
00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	30.00	0.18	0.29462	26%-50% Below	No	No
00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.00	0.11	0.29462	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
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	0.15	0.23910	26%-50% 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	5	30.00	0.11	0.25619	51%-75% Below	Yes	No
00185209801	DEXTROAMP-AMPHETAMINE 5 MG TAB	5	30.00	0.18	0.25619	26%-50% Below	Yes	No
00185209801	DEXTROAMP-AMPHETAMINE 5 MG TAB	6	30.00	0.18	0.26240	26%-50% Below	Yes	No
00185209801	DEXTROAMP-AMPHETAMINE 5 MG TAB	6	60.00	0.11	0.26240	51%-75% Below	Yes	No
00185209801	DEXTROAMP-AMPHETAMINE 5 MG TAB	7	30.00	0.17	0.26610	26%-50% Below	Yes	No
00185209801	DEXTROAMP-AMPHETAMINE 5 MG TAB	7	30.00	0.17	0.26610	26%-50% Below	Yes	No
00185209801	DEXTROAMP-AMPHETAMINE 5 MG TAB	7	30.00	0.19	0.26610	26%-50% Below	No	No
00185209801	DEXTROAMP-AMPHETAMINE 5 MG TAB	7	30.00	0.20	0.26610	10%-25% Below	Yes	No
00185209801	DEXTROAMP-AMPHETAMINE 5 MG TAB	8	30.00	0.17	0.26399	26%-50% Below	Yes	No
00185209801	DEXTROAMP-AMPHETAMINE 5 MG TAB	8	30.00	0.18	0.26399	26%-50% Below	No	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	28.00	0.16	0.31166	26%-50% Below	No	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	5	30.00	0.18	0.30571	26%-50% Below	Yes	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	7	30.00	0.16	0.29922	26%-50% Below	Yes	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	7	60.00	0.14	0.29922	51%-75% Below	Yes	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	7	60.00	0.16	0.29922	26%-50% Below	Yes	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	7	60.00	0.20	0.29922	26%-50% Below	Yes	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	30.00	0.16	0.30315	26%-50% Below	Yes	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	30.00	0.17	0.30315	26%-50% Below	Yes	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	30.00	0.19	0.30315	26%-50% Below	Yes	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	60.00	0.16	0.30315	26%-50% Below	Yes	No
00187516220	RETIN-A CRE 0.05%	4	20.00	0.68	.		No	No
00187516220	RETIN-A CRE 0.05%	5	20.00	0.68	.		No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00187516220	RETIN-A CRE 0.05%	6	20.00	0.67	.		No	No
00187516220	RETIN-A CRE 0.05%	6	20.00	0.68	.		No	No
00187516220	RETIN-A CRE 0.05%	7	20.00	0.68	.		No	No
00187516220	RETIN-A CRE 0.05%	8	20.00	0.68	.		No	No
00187540004	JUBLIA SOL 10%	5	4.00	193.51	.		No	No
00187540004	JUBLIA SOL 10%	6	4.00	198.04	.		No	No
00187540004	JUBLIA SOL 10%	8	4.00	198.04	.		No	No
00187581130	APLENZIN TAB 348MG	5	30.00	97.27	.		No	No
00187581130	APLENZIN TAB 348MG	5	30.00	106.90	.		No	No
00187581130	APLENZIN TAB 348MG	6	30.00	106.90	.		No	No
00187581130	APLENZIN TAB 348MG	7	30.00	106.90	.		No	No
00223172101	SODIUM BICAR TAB 650MG	5	180.00	0.08	.		Yes	No
00228145303	LAMOTRIGINE ER 200 MG TABLET	4	180.00	1.44	0.78287	76%-100% Above	No	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	4	20.00	0.04	0.02435	76%-100% Above	No	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	4	30.00	0.04	0.02435	76%-100% Above	No	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	5	20.00	0.03	0.02430	26%-50% Above	No	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	5	20.00	0.04	0.02430	76%-100% Above	No	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	5	90.00	0.02	0.02430	26%-50% Below	No	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	6	20.00	0.03	0.02477	10%-25% Above	No	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	6	120.00	0.01	0.02477	26%-50% Below	No	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	7	20.00	0.04	0.02448	76%-100% Above	No	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	4	1.00	0.61	0.02435	200% 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	15.00	0.04	0.02435	76%-100% Above	Yes	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	4	30.00	0.02	0.02435	10%-25% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	15.00	0.04	0.02430	76%-100% Above	Yes	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	5	60.00	0.02	0.02430	26%-50% Below	No	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	5	60.00	0.02	0.02430	26%-50% Below	No	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	5	90.00	0.01	0.02430	26%-50% Below	Yes	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	6	15.00	0.03	0.02477	26%-50% Above	No	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	6	15.00	0.04	0.02477	51%-75% Above	Yes	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	6	60.00	0.02	0.02477	26%-50% Below	No	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	7	30.00	0.02	0.02448	10%-25% Below	Yes	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	8	15.00	0.03	0.02388	26%-50% Above	No	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	8	15.00	0.04	0.02388	76%-100% Above	Yes	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	8	30.00	0.02	0.02388	10%-25% Below	Yes	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	8	90.00	0.01	0.02388	26%-50% Below	Yes	No
00228202796	ALPRAZOLAM 0.25 MG TABLET	6	30.00	0.03	0.02477	10%-25% Above	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	4	60.00	0.07	0.02280	200% Above	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	4	90.00	0.07	0.02280	200% Above	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	5	60.00	0.07	0.02251	200% Above	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	5	90.00	0.07	0.02251	200% Above	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	6	15.00	0.06	0.02253	101%-200% Above	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	6	30.00	0.07	0.02253	200% Above	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	6	90.00	0.07	0.02253	200% Above	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	7	30.00	0.07	0.02207	200% Above	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	7	90.00	0.02	0.02207	10%-25% Below	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	7	90.00	0.07	0.02207	200% Above	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	8	15.00	0.07	0.02233	200% Above	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	8	30.00	0.07	0.02233	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00228202910	ALPRAZOLAM 0.5 MG TABLET	8	90.00	0.07	0.02233	200% Above	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	2	20.00	0.03	0.02294	10%-25% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	4	30.00	0.01	0.02280	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	4	30.00	0.02	0.02280	10%-25% 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	60.00	0.01	0.02280	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	4	60.00	0.07	0.02280	200% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	4	90.00	0.01	0.02280	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	4	90.00	0.01	0.02280	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	4	90.00	0.07	0.02280	200% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	5	1.00	0.07	0.02251	200% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	5	20.00	0.07	0.02251	200% Above	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	5	30.00	0.01	0.02251	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	5	30.00	0.03	0.02251	26%-50% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	5	30.00	0.07	0.02251	200% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	5	60.00	0.01	0.02251	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	5	60.00	0.07	0.02251	200% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	5	120.00	0.01	0.02251	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	6	10.00	0.08	0.02253	200% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	6	30.00	0.07	0.02253	200% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	6	60.00	0.01	0.02253	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	6	60.00	0.07	0.02253	200% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	6	90.00	0.01	0.02253	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	6	120.00	0.01	0.02253	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	7	10.00	0.08	0.02207	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	30.00	0.01	0.02207	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	7	30.00	0.03	0.02207	26%-50% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	7	30.00	0.07	0.02207	200% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	7	60.00	0.01	0.02207	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	7	60.00	0.07	0.02207	200% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	7	90.00	0.01	0.02207	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	7	120.00	0.01	0.02207	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	8	10.00	0.04	0.02233	76%-100% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	8	10.00	0.08	0.02233	200% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	8	15.00	0.03	0.02233	26%-50% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	8	60.00	0.01	0.02233	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	8	60.00	0.07	0.02233	200% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	8	120.00	0.01	0.02233	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	12	20.00	0.03	0.02323	10%-25% Above	Yes	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	4	30.00	0.07	0.02280	200% Above	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	5	40.00	0.07	0.02251	200% Above	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	7	30.00	0.07	0.02207	200% Above	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	7	90.00	0.07	0.02207	200% Above	No	No
00228203110	ALPRAZOLAM 1 MG TABLET	4	30.00	0.06	0.02668	101%-200% Above	No	No
00228203110	ALPRAZOLAM 1 MG TABLET	6	90.00	0.01	0.02461	51%-75% Below	No	No
00228203196	ALPRAZOLAM 1 MG TABLET	4	26.00	0.06	0.02668	101%-200% Above	No	No
00228203196	ALPRAZOLAM 1 MG TABLET	4	30.00	0.06	0.02668	101%-200% Above	No	No
00228203196	ALPRAZOLAM 1 MG TABLET	4	60.00	0.02	0.02668	26%-50% Below	No	No
00228203196	ALPRAZOLAM 1 MG TABLET	5	30.00	0.06	0.02517	101%-200% Above	No	No
00228203196	ALPRAZOLAM 1 MG TABLET	5	60.00	0.02	0.02517	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	26.00	0.06	0.02461	101%-200% Above	No	No
00228203196	ALPRAZOLAM 1 MG TABLET	6	30.00	0.06	0.02461	101%-200% Above	No	No
00228203196	ALPRAZOLAM 1 MG TABLET	6	60.00	0.02	0.02461	26%-50% Below	No	No
00228203196	ALPRAZOLAM 1 MG TABLET	7	30.00	0.06	0.02401	101%-200% Above	No	No
00228203196	ALPRAZOLAM 1 MG TABLET	8	26.00	0.06	0.02418	101%-200% Above	No	No
00228203196	ALPRAZOLAM 1 MG TABLET	8	30.00	0.06	0.02418	101%-200% Above	No	No
00228207610	TEMAZEPAM 15 MG CAPSULE	4	30.00	0.04	0.07924	26%-50% Below	No	No
00228207610	TEMAZEPAM 15 MG CAPSULE	5	30.00	0.14	0.07928	51%-75% Above	No	No
00228207610	TEMAZEPAM 15 MG CAPSULE	6	30.00	0.14	0.07860	51%-75% Above	No	No
00228207610	TEMAZEPAM 15 MG CAPSULE	7	30.00	0.04	0.07931	26%-50% Below	No	No
00228207610	TEMAZEPAM 15 MG CAPSULE	7	30.00	0.14	0.07931	51%-75% Above	No	No
00228207610	TEMAZEPAM 15 MG CAPSULE	8	30.00	0.14	0.07910	51%-75% Above	No	No
00228207650	TEMAZEPAM 15 MG CAPSULE	5	30.00	0.14	0.07928	51%-75% Above	No	No
00228207650	TEMAZEPAM 15 MG CAPSULE	6	30.00	0.04	0.07860	26%-50% Below	No	No
00228207650	TEMAZEPAM 15 MG CAPSULE	6	30.00	0.04	0.07860	26%-50% Below	No	No
00228207650	TEMAZEPAM 15 MG CAPSULE	6	30.00	0.05	0.07860	26%-50% Below	No	No
00228207650	TEMAZEPAM 15 MG CAPSULE	7	30.00	0.04	0.07931	26%-50% Below	No	No
00228207650	TEMAZEPAM 15 MG CAPSULE	7	30.00	0.05	0.07931	26%-50% Below	No	No
00228207650	TEMAZEPAM 15 MG CAPSULE	8	30.00	0.04	0.07910	26%-50% Below	No	No
00228207650	TEMAZEPAM 15 MG CAPSULE	8	30.00	0.05	0.07910	26%-50% Below	No	No
00228207710	TEMAZEPAM 30 MG CAPSULE	5	30.00	0.18	0.09245	76%-100% Above	No	No
00228207710	TEMAZEPAM 30 MG CAPSULE	5	90.00	0.18	0.09245	76%-100% Above	No	No
00228207710	TEMAZEPAM 30 MG CAPSULE	6	30.00	0.18	0.09220	76%-100% Above	No	No
00228207710	TEMAZEPAM 30 MG CAPSULE	7	30.00	0.05	0.09101	26%-50% Below	No	No
00228207710	TEMAZEPAM 30 MG CAPSULE	7	30.00	0.18	0.09101	76%-100% Above	No	No

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00228207710	TEMAZEPAM 30 MG CAPSULE	8	30.00	0.18	0.09078	76%-100% Above	No	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	5	90.00	0.04	0.02473	51%-75% Above	No	No
00228212850	CLONIDINE HCL 0.2 MG TABLET	4	90.00	0.06	0.03411	76%-100% Above	No	No
00228212850	CLONIDINE HCL 0.2 MG TABLET	5	90.00	0.06	0.03337	76%-100% Above	No	No
00228212850	CLONIDINE HCL 0.2 MG TABLET	6	90.00	0.06	0.03250	76%-100% Above	No	No
00228212850	CLONIDINE HCL 0.2 MG TABLET	7	90.00	0.06	0.03183	101%-200% Above	No	No
00228257111	INDAPAMIDE 2.5 MG TABLET	4	30.00	0.13	0.11608	10%-25% Above	No	No
00228257111	INDAPAMIDE 2.5 MG TABLET	4	30.00	0.14	0.11608	10%-25% Above	No	No
00228257111	INDAPAMIDE 2.5 MG TABLET	5	30.00	0.14	0.11470	10%-25% Above	No	No
00228257111	INDAPAMIDE 2.5 MG TABLET	6	30.00	0.13	0.11126	10%-25% Above	No	No
00228257111	INDAPAMIDE 2.5 MG TABLET	6	30.00	0.14	0.11126	26%-50% Above	No	No
00228277811	PROPRANOLOL ER 60 MG CAPSULE	4	30.00	0.50	0.17048	101%-200% Above	No	No
00228277811	PROPRANOLOL ER 60 MG CAPSULE	6	30.00	0.50	0.16911	101%-200% Above	No	No
00228277811	PROPRANOLOL ER 60 MG CAPSULE	7	30.00	0.50	0.16879	101%-200% Above	No	No
00228277811	PROPRANOLOL ER 60 MG CAPSULE	8	30.00	0.50	0.17010	101%-200% Above	No	No
00228277911	PROPRANOLOL ER 80 MG CAPSULE	6	90.00	0.22	0.19631	10%-25% Above	No	No
00228277911	PROPRANOLOL ER 80 MG CAPSULE	7	90.00	0.12	0.19549	26%-50% Below	No	No
00228278011	PROPRANOLOL ER 120 MG CAPSULE	6	30.00	0.17	0.19214	10%-25% Below	No	No
00228278011	PROPRANOLOL ER 120 MG CAPSULE	7	30.00	0.17	0.18580	10%-25% Below	No	No
00228278011	PROPRANOLOL ER 120 MG CAPSULE	8	30.00	0.17	0.19201	10%-25% Below	No	No
00228278111	PROPRANOLOL ER 160 MG CAPSULE	5	30.00	0.44	0.31009	26%-50% Above	No	No
00228278111	PROPRANOLOL ER 160 MG CAPSULE	6	30.00	0.44	0.31545	26%-50% Above	No	No
00228285511	GUANFACINE HCL ER 4 MG TABLET	4	30.00	0.91	0.16809	200% Above	No	No
00228305911	DEXTROAMP-AMPHET ER 10 MG CAP	4	60.00	4.02	0.51724	200% Above	No	No
00228305911	DEXTROAMP-AMPHET ER 10 MG CAP	5	30.00	4.02	0.51419	200% Above	Yes	No

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00228305911	DEXTROAMP-AMPHET ER 10 MG CAP	6	30.00	4.02	0.53147	200% Above	Yes	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	3	30.00	0.29	0.61911	51%-75% Below	Yes	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	4	30.00	0.33	0.61069	26%-50% Below	Yes	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	4	30.00	0.50	0.61069	10%-25% Below	No	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	5	30.00	0.50	0.59292	10%-25% Below	No	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	5	30.00	0.50	0.59292	10%-25% Below	Yes	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	5	30.00	4.02	0.59292	200% Above	Yes	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	7	30.00	4.02	0.57228	200% Above	Yes	No
00228306111	DEXTROAMP-AMPHET ER 30 MG CAP	4	30.00	4.02	0.55958	200% Above	Yes	No
00228306111	DEXTROAMP-AMPHET ER 30 MG CAP	4	60.00	4.02	0.55958	200% Above	Yes	No
00228306111	DEXTROAMP-AMPHET ER 30 MG CAP	5	30.00	4.02	0.54992	200% Above	Yes	No
00228306111	DEXTROAMP-AMPHET ER 30 MG CAP	8	30.00	4.02	0.46891	200% Above	Yes	No
00228306111	DEXTROAMP-AMPHET ER 30 MG CAP	8	60.00	4.02	0.46891	200% Above	Yes	No
00228306211	DEXTROAMP-AMPHET ER 5 MG CAP	5	30.00	4.02	0.47197	200% Above	No	No
00228306211	DEXTROAMP-AMPHET ER 5 MG CAP	6	30.00	0.66	0.46613	26%-50% Above	Yes	No
00228306311	DEXTROAMP-AMPHET ER 15 MG CAP	4	30.00	0.33	0.53855	26%-50% Below	Yes	No
00228306311	DEXTROAMP-AMPHET ER 15 MG CAP	5	60.00	5.66	0.55224	200% Above	Yes	No
00228306311	DEXTROAMP-AMPHET ER 15 MG CAP	6	30.00	4.02	0.55462	200% Above	Yes	No
00228306311	DEXTROAMP-AMPHET ER 15 MG CAP	7	30.00	4.02	0.53715	200% Above	Yes	No
00228306311	DEXTROAMP-AMPHET ER 15 MG CAP	7	30.00	5.67	0.53715	200% Above	Yes	No
00228306411	DEXTROAMP-AMPHET ER 25 MG CAP	5	30.00	4.02	0.54438	200% Above	Yes	No
00228306411	DEXTROAMP-AMPHET ER 25 MG CAP	7	30.00	4.02	0.51367	200% Above	Yes	No
00228424106	CLONIDINE HCL ER 0.1 MG TABLET	6	90.00	0.55	0.24358	101%-200% Above	No	No
00234057504	HIBICLENS SOL 4%	7	118.00	0.15	.		No	No
00254302902	LUBIPROSTONE 24 MCG CAPSULE	4	30.00	0.50	0.67410	10%-25% Below	No	No

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00276051010	METHOCARBAMO TAB 1000MG	5	60.00	14.10	.		No	No
00276051010	METHOCARBAMO TAB 1000MG	7	60.00	14.10	.		No	No
00310621030	FARXIGA 10 MG TABLET	4	30.00	0.14	12.07753	76%-100% Below	No	No
00310621030	FARXIGA 10 MG TABLET	4	90.00	1.24	12.07753	76%-100% Below	No	No
00310621030	FARXIGA 10 MG TABLET	4	90.00	6.32	12.07753	26%-50% Below	No	No
00310621030	FARXIGA 10 MG TABLET	5	30.00	0.14	12.08377	76%-100% Below	No	No
00310621030	FARXIGA 10 MG TABLET	5	30.00	6.35	12.08377	26%-50% Below	No	No
00310621030	FARXIGA 10 MG TABLET	5	90.00	1.75	12.08377	76%-100% Below	No	No
00310621030	FARXIGA 10 MG TABLET	7	30.00	0.14	12.08152	76%-100% Below	No	No
00310621090	FARXIGA 10 MG TABLET	5	90.00	1.68	12.08377	76%-100% Below	No	No
00310626060	XIGDUO XR 5 MG-1,000 MG TABLET	4	60.00	2.85	9.59660	51%-75% 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	30.60	11.13	19.41248	26%-50% Below	Yes	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	5	10.20	1.22	18.86704	76%-100% Below	No	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	5	10.20	9.60	18.86704	26%-50% Below	Yes	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	5	10.20	11.13	18.86704	26%-50% Below	No	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	5	10.20	11.13	18.86704	26%-50% Below	Yes	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	5	20.40	11.13	18.86704	26%-50% Below	No	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	6	10.20	9.60	18.17243	26%-50% Below	Yes	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	6	10.20	11.13	18.17243	26%-50% Below	No	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	6	10.20	11.13	18.17243	26%-50% Below	Yes	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	6	10.20	21.69	18.17243	10%-25% Above	No	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	6	30.60	9.60	18.17243	26%-50% Below	Yes	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	7	10.20	1.96	17.66073	76%-100% Below	No	No

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00310737020	BUDESONIDE-FORMOTEROL 160-4.5	7	10.20	3.68	17.66073	76%-100% Below	No	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	7	10.20	9.60	17.66073	26%-50% Below	Yes	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	7	10.20	11.13	17.66073	26%-50% Below	No	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	7	10.20	11.13	17.66073	26%-50% Below	Yes	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	7	20.40	11.13	17.66073	26%-50% Below	No	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	8	10.20	9.60	17.46899	26%-50% Below	Yes	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	8	10.20	11.13	17.46899	26%-50% Below	No	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	8	10.20	11.13	17.46899	26%-50% Below	Yes	No
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	4	10.20	1.47	17.68013	76%-100% 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
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	4	10.20	9.81	17.68013	26%-50% Below	Yes	No
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	4	20.40	1.08	17.68013	76%-100% Below	No	No
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	5	10.20	1.08	17.37988	76%-100% Below	No	No
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	5	10.20	1.47	17.37988	76%-100% Below	No	No
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	5	10.20	8.53	17.37988	26%-50% Below	Yes	No
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	5	10.20	9.81	17.37988	26%-50% Below	No	No
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	5	20.40	1.08	17.37988	76%-100% Below	No	No
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	6	10.20	1.08	16.80196	76%-100% Below	No	No
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	6	10.20	8.53	16.80196	26%-50% Below	Yes	No
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	6	10.20	8.92	16.80196	26%-50% Below	No	No
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	6	10.20	9.81	16.80196	26%-50% Below	No	No
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	6	10.20	9.81	16.80196	26%-50% Below	Yes	No
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	7	10.20	1.08	16.29791	76%-100% Below	No	No
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	7	10.20	1.96	16.29791	76%-100% Below	No	No

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00310737220	BUDESONIDE-FORMOTEROL 80-4.5	7	10.20	8.53	16.29791	26%-50% Below	Yes	No
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	7	10.20	9.81	16.29791	26%-50% Below	No	No
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	8	10.20	9.81	15.81726	26%-50% Below	Yes	No
00363211030	ALLERGY RELI TAB 60-120MG	8	30.00	0.31	.		No	No
00363645510	ASPIRIN 81 TAB 81MG EC	6	90.00	0.01	.		No	No
00378001801	METOPROLOL TARTRATE 25 MG TAB	6	180.00	0.05	0.01704	101%-200% Above	No	No
00378003210	METOPROLOL TARTRATE 50 MG TAB	4	60.00	0.04	0.01928	101%-200% Above	No	No
00378003210	METOPROLOL TARTRATE 50 MG TAB	5	60.00	0.04	0.01909	101%-200% Above	No	No
00378004701	METOPROLOL TARTRATE 100 MG TAB	8	90.00	0.06	0.02747	101%-200% Above	No	No
00378005301	CIMETIDINE 200 MG TABLET	4	7.00	0.13	0.20993	26%-50% Below	No	No
00378005301	CIMETIDINE 200 MG TABLET	4	60.00	0.03	0.20993	76%-100% Below	No	No
00378013701	ALLOPURINOL 100 MG TABLET	4	30.00	0.08	0.03304	101%-200% Above	No	No
00378013701	ALLOPURINOL 100 MG TABLET	4	90.00	0.08	0.03304	101%-200% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	5	30.00	0.08	0.03336	101%-200% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	6	90.00	0.08	0.03337	101%-200% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	7	30.00	0.08	0.03288	101%-200% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	7	360.00	0.08	0.03288	101%-200% Above	No	No
00378018105	ALLOPURINOL 300 MG TABLET	4	30.00	0.12	0.05520	101%-200% Above	No	No
00378018105	ALLOPURINOL 300 MG TABLET	6	180.00	0.12	0.05671	101%-200% Above	No	No
00378021810	ATENOLOL 25 MG TABLET	6	90.00	0.11	0.02143	200% Above	No	No
00378022201	CHLORTHALIDONE 25 MG TABLET	7	180.00	0.17	0.08478	76%-100% Above	No	No
00378027105	DIAZEPAM 2 MG TABLET	4	28.00	0.02	0.02173	10%-25% Above	No	No
00378027105	DIAZEPAM 2 MG TABLET	5	28.00	0.02	0.02191	10%-25% Above	No	No
00378034501	DIAZEPAM 5 MG TABLET	5	6.00	0.04	0.02937	26%-50% Above	No	No
00378034501	DIAZEPAM 5 MG TABLET	7	1.00	0.66	0.02912	200% Above	No	No

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00378034501	DIAZEPAM 5 MG TABLET	7	30.00	0.04	0.02912	26%-50% Above	No	No
00378034505	DIAZEPAM 5 MG TABLET	5	90.00	0.04	0.02937	26%-50% Above	No	No
00378034505	DIAZEPAM 5 MG TABLET	6	90.00	0.04	0.02912	26%-50% Above	No	No
00378034505	DIAZEPAM 5 MG TABLET	7	1.00	0.36	0.02912	200% Above	No	No
00378034505	DIAZEPAM 5 MG TABLET	7	90.00	0.04	0.02912	26%-50% Above	No	No
00378034505	DIAZEPAM 5 MG TABLET	8	1.00	0.04	0.02870	26%-50% Above	No	No
00378037201	CIMETIDINE 400 MG TABLET	5	60.00	0.20	0.34323	26%-50% Below	Yes	No
00378040301	SPIRONOLACTONE-HYDROCHLOROTHIAZIDE 25-25 TAB	6	90.00	0.26	0.54136	51%-75% Below	No	No
00378043401	METOPROLOL-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	90.00	0.62	1.33481	51%-75% Below	Yes	No
00378043401	METOPROLOL-HYDROCHLOROTHIAZIDE 100-25 MG TAB	8	90.00	0.62	1.36571	51%-75% Below	Yes	No
00378047701	DIAZEPAM 10 MG TABLET	8	2.00	0.19	0.02902	200% Above	No	No
00378047705	DIAZEPAM 10 MG TABLET	5	270.00	0.02	0.02861	26%-50% Below	No	No
00378047705	DIAZEPAM 10 MG TABLET	8	15.00	0.08	0.02902	101%-200% Above	No	No
00378050301	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	6	30.00	0.31	0.20454	51%-75% Above	No	No
00378064110	PREDNISONE 10 MG TABLET	5	22.00	0.10	0.05730	76%-100% Above	Yes	No
00378087299	CLONIDINE 0.2 MG/DAY PATCH	5	4.00	6.13	10.00740	26%-50% Below	No	No
00378107893	TELMISARTAN-AMLODIPINE 80-10	4	30.00	1.81	2.84480	26%-50% Below	No	No
00378107893	TELMISARTAN-AMLODIPINE 80-10	6	30.00	1.81	3.00901	26%-50% Below	No	No
00378107893	TELMISARTAN-AMLODIPINE 80-10	7	30.00	1.81	3.03040	26%-50% Below	No	No
00378113401	KETOROLAC 10 MG TABLET	5	9.00	0.30	0.15870	76%-100% Above	No	No
00378113401	KETOROLAC 10 MG TABLET	5	15.00	0.63	0.15870	200% Above	No	No
00378113401	KETOROLAC 10 MG TABLET	5	20.00	0.30	0.15870	76%-100% Above	No	No
00378113401	KETOROLAC 10 MG TABLET	6	20.00	0.30	0.17637	51%-75% Above	No	No
00378113401	KETOROLAC 10 MG TABLET	7	20.00	0.30	0.16780	76%-100% Above	No	No
00378137578	MESALAMINE ER 0.375 GRAM CAP	4	180.00	0.70	0.45503	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378172293	AMLODIPINE-VALSARTAN 10-160 MG	4	30.00	0.33	0.50597	26%-50% Below	No	No
00378172293	AMLODIPINE-VALSARTAN 10-160 MG	6	30.00	1.02	0.43859	101%-200% Above	Yes	No
00378172293	AMLODIPINE-VALSARTAN 10-160 MG	7	30.00	1.02	0.38479	101%-200% Above	Yes	No
00378172393	AMLODIPINE-VALSARTAN 5-320 MG	7	30.00	0.27	0.37741	26%-50% Below	No	No
00378172393	AMLODIPINE-VALSARTAN 5-320 MG	7	45.00	0.27	0.37741	26%-50% Below	No	No
00378306605	FENOFIBRATE 145 MG TABLET	4	30.00	0.27	0.11850	101%-200% Above	No	No
00378306605	FENOFIBRATE 145 MG TABLET	5	30.00	0.27	0.11985	101%-200% Above	No	No
00378306605	FENOFIBRATE 145 MG TABLET	5	30.00	2.05	0.11985	200% Above	No	No
00378306605	FENOFIBRATE 145 MG TABLET	6	30.00	2.05	0.11983	200% Above	No	No
00378334053	XULANE 150-35 MCG/DAY PATCH	4	9.00	3.39	37.29725	76%-100% Below	No	No
00378334053	XULANE 150-35 MCG/DAY PATCH	6	3.00	3.39	37.63659	76%-100% Below	No	No
00378334053	XULANE 150-35 MCG/DAY PATCH	7	3.00	3.39	37.21430	76%-100% Below	No	No
00378334053	XULANE 150-35 MCG/DAY PATCH	7	3.00	8.85	37.21430	76%-100% Below	No	No
00378334053	XULANE 150-35 MCG/DAY PATCH	8	3.00	8.85	36.69871	51%-75% Below	No	No
00378334999	ESTRADIOL 0.025 MG PATCH(1/WK)	5	4.00	6.83	10.66098	26%-50% Below	No	No
00378334999	ESTRADIOL 0.025 MG PATCH(1/WK)	6	4.00	6.83	10.91796	26%-50% Below	No	No
00378334999	ESTRADIOL 0.025 MG PATCH(1/WK)	6	4.00	12.50	10.91796	10%-25% Above	No	No
00378334999	ESTRADIOL 0.025 MG PATCH(1/WK)	7	4.00	6.83	11.34075	26%-50% Below	No	No
00378334999	ESTRADIOL 0.025 MG PATCH(1/WK)	8	4.00	6.83	11.39320	26%-50% Below	No	No
00378335099	ESTRADIOL 0.05 MG PATCH (1/WK)	4	4.00	6.20	10.62802	26%-50% Below	No	No
00378335099	ESTRADIOL 0.05 MG PATCH (1/WK)	4	12.00	6.20	10.62802	26%-50% Below	No	No
00378335099	ESTRADIOL 0.05 MG PATCH (1/WK)	5	4.00	1.25	10.88883	76%-100% Below	No	No
00378335099	ESTRADIOL 0.05 MG PATCH (1/WK)	5	4.00	6.20	10.88883	26%-50% Below	No	No
00378335099	ESTRADIOL 0.05 MG PATCH (1/WK)	6	4.00	9.16	10.80489	10%-25% Below	No	No
00378335099	ESTRADIOL 0.05 MG PATCH (1/WK)	8	4.00	6.20	10.80268	26%-50% Below	No	No

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00378335099	ESTRADIOL 0.05 MG PATCH (1/WK)	8	4.00	9.16	10.80268	10%-25% Below	No	No
00378335199	ESTRADIOL 0.075 MG PATCH(1/WK)	4	4.00	1.59	12.58055	76%-100% Below	No	No
00378335199	ESTRADIOL 0.075 MG PATCH(1/WK)	5	12.00	4.04	12.24003	51%-75% Below	No	No
00378335199	ESTRADIOL 0.075 MG PATCH(1/WK)	8	12.00	4.04	12.47858	51%-75% Below	No	No
00378335299	ESTRADIOL 0.1 MG PATCH (1/WK)	4	4.00	6.51	11.82302	26%-50% Below	No	No
00378335299	ESTRADIOL 0.1 MG PATCH (1/WK)	5	4.00	6.51	12.44890	26%-50% Below	No	No
00378335299	ESTRADIOL 0.1 MG PATCH (1/WK)	6	4.00	6.59	12.50932	26%-50% Below	No	No
00378335299	ESTRADIOL 0.1 MG PATCH (1/WK)	7	4.00	6.60	12.53743	26%-50% Below	No	No
00378335299	ESTRADIOL 0.1 MG PATCH (1/WK)	8	4.00	9.18	12.36109	10%-25% Below	No	No
00378363701	CETIRIZINE HCL 10 MG TABLET	4	30.00	0.09	0.06308	26%-50% Above	No	No
00378363701	CETIRIZINE HCL 10 MG TABLET	5	30.00	0.09	0.06400	26%-50% Above	No	No
00378363705	CETIRIZINE HCL 10 MG TABLET	4	30.00	0.05	0.06308	10%-25% Below	No	No
00378363705	CETIRIZINE HCL 10 MG TABLET	5	90.00	0.04	0.06400	26%-50% Below	No	No
00378395005	ATORVASTATIN 10 MG TABLET	4	90.00	0.18	0.02483	200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	5	30.00	0.18	0.02497	200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	5	90.00	0.10	0.02497	200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	5	90.00	0.18	0.02497	200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	6	30.00	0.18	0.02452	200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	6	90.00	0.18	0.02452	200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	7	90.00	0.01	0.02403	51%-75% Below	No	No
00378395077	ATORVASTATIN 10 MG TABLET	4	90.00	0.18	0.02483	200% Above	No	No
00378395077	ATORVASTATIN 10 MG TABLET	7	90.00	0.02	0.02403	10%-25% Below	No	No
00378395077	ATORVASTATIN 10 MG TABLET	7	90.00	0.18	0.02403	200% Above	No	No
00378395105	ATORVASTATIN 20 MG TABLET	4	30.00	0.01	0.02872	51%-75% Below	No	No
00378395105	ATORVASTATIN 20 MG TABLET	4	30.00	0.27	0.02872	200% Above	No	No

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00378395105	ATORVASTATIN 20 MG TABLET	4	90.00	0.01	0.02872	51%-75% Below	No	No
00378395105	ATORVASTATIN 20 MG TABLET	5	30.00	0.27	0.02902	200% Above	No	No
00378395105	ATORVASTATIN 20 MG TABLET	5	90.00	0.01	0.02902	51%-75% Below	No	No
00378395105	ATORVASTATIN 20 MG TABLET	5	90.00	0.27	0.02902	200% Above	No	No
00378395105	ATORVASTATIN 20 MG TABLET	6	30.00	0.02	0.02851	26%-50% Below	No	No
00378395105	ATORVASTATIN 20 MG TABLET	6	30.00	0.27	0.02851	200% Above	No	No
00378395105	ATORVASTATIN 20 MG TABLET	6	90.00	0.27	0.02851	200% Above	No	No
00378395105	ATORVASTATIN 20 MG TABLET	7	30.00	0.02	0.02795	10%-25% Below	No	No
00378395105	ATORVASTATIN 20 MG TABLET	7	30.00	0.27	0.02795	200% Above	No	No
00378395105	ATORVASTATIN 20 MG TABLET	8	30.00	0.27	0.02762	200% Above	No	No
00378395105	ATORVASTATIN 20 MG TABLET	8	90.00	0.27	0.02762	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	4	90.00	0.12	0.03828	200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	5	30.00	0.12	0.03824	200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	5	90.00	0.10	0.03824	101%-200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	5	90.00	0.12	0.03824	200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	5	90.00	0.12	0.03824	200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	5	90.00	0.13	0.03824	200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	5	90.00	0.16	0.03824	200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	6	30.00	0.12	0.03787	200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	6	90.00	0.12	0.03787	200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	6	90.00	0.12	0.03787	200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	6	90.00	0.13	0.03787	200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	6	90.00	0.16	0.03787	200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	7	30.00	0.12	0.03739	200% Above	No	No

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00378395205	ATORVASTATIN 40 MG TABLET	7	90.00	0.12	0.03739	200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	7	90.00	0.12	0.03739	200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	7	90.00	0.13	0.03739	200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	8	90.00	0.12	0.03704	200% Above	No	No
00378395277	ATORVASTATIN 40 MG TABLET	4	90.00	0.12	0.03828	200% Above	No	No
00378395277	ATORVASTATIN 40 MG TABLET	5	90.00	0.12	0.03824	200% Above	No	No
00378395277	ATORVASTATIN 40 MG TABLET	7	90.00	0.12	0.03739	200% Above	No	No
00378395277	ATORVASTATIN 40 MG TABLET	8	90.00	0.12	0.03704	200% 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	0.13	0.07075	76%-100% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	5	30.00	0.13	0.07062	76%-100% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	5	90.00	0.13	0.07062	76%-100% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	5	90.00	0.15	0.07062	101%-200% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	6	30.00	0.13	0.07002	76%-100% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	6	90.00	0.13	0.07002	76%-100% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	7	30.00	0.13	0.06918	76%-100% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	7	90.00	0.03	0.06918	51%-75% Below	No	No
00378395305	ATORVASTATIN 80 MG TABLET	7	90.00	0.13	0.06918	76%-100% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	7	90.00	0.14	0.06918	76%-100% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	8	30.00	0.13	0.06924	76%-100% Above	No	No
00378395377	ATORVASTATIN 80 MG TABLET	4	30.00	0.02	0.07075	51%-75% Below	No	No
00378395377	ATORVASTATIN 80 MG TABLET	4	30.00	0.17	0.07075	101%-200% Above	No	No
00378395377	ATORVASTATIN 80 MG TABLET	5	30.00	0.02	0.07062	51%-75% Below	No	No
00378395377	ATORVASTATIN 80 MG TABLET	6	30.00	0.03	0.07002	26%-50% Below	No	No
00378395377	ATORVASTATIN 80 MG TABLET	7	30.00	0.03	0.06918	26%-50% Below	No	No

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00378395377	ATORVASTATIN 80 MG TABLET	7	30.00	0.16	0.06918	101%-200% Above	No	No
00378427577	VALACYCLOVIR HCL 500 MG TABLET	4	60.00	0.17	0.22965	26%-50% Below	No	No
00378427577	VALACYCLOVIR HCL 500 MG TABLET	7	30.00	0.27	0.22276	10%-25% Above	No	No
00378427577	VALACYCLOVIR HCL 500 MG TABLET	7	90.00	0.44	0.22276	76%-100% Above	No	No
00378427577	VALACYCLOVIR HCL 500 MG TABLET	8	30.00	0.41	0.22403	76%-100% Above	No	No
00378427677	VALACYCLOVIR HCL 1 GRAM TABLET	4	21.00	0.54	0.40626	26%-50% Above	No	No
00378427677	VALACYCLOVIR HCL 1 GRAM TABLET	5	4.00	0.52	0.40719	26%-50% Above	No	No
00378427677	VALACYCLOVIR HCL 1 GRAM TABLET	5	20.00	0.52	0.40719	26%-50% Above	No	No
00378427677	VALACYCLOVIR HCL 1 GRAM TABLET	5	90.00	0.52	0.40719	26%-50% Above	No	No
00378427677	VALACYCLOVIR HCL 1 GRAM TABLET	6	12.00	0.83	0.41046	101%-200% Above	No	No
00378427677	VALACYCLOVIR HCL 1 GRAM TABLET	6	20.00	0.50	0.41046	10%-25% Above	No	No
00378427677	VALACYCLOVIR HCL 1 GRAM TABLET	6	21.00	0.52	0.41046	10%-25% Above	No	No
00378427693	VALACYCLOVIR HCL 1 GRAM TABLET	5	14.00	0.52	0.40719	26%-50% Above	No	No
00378427693	VALACYCLOVIR HCL 1 GRAM TABLET	7	30.00	0.52	0.40422	26%-50% Above	No	No
00378428885	ELETRIPTAN HBR 40 MG TABLET	4	12.00	2.32	1.79385	26%-50% Above	No	No
00378428885	ELETRIPTAN HBR 40 MG TABLET	5	6.00	6.46	1.85264	200% Above	No	No
00378428885	ELETRIPTAN HBR 40 MG TABLET	7	12.00	2.32	1.95854	10%-25% Above	No	No
00378428885	ELETRIPTAN HBR 40 MG TABLET	7	27.00	6.45	1.95854	200% Above	No	No
00378428885	ELETRIPTAN HBR 40 MG TABLET	8	12.00	2.32	1.90922	10%-25% Above	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	4	60.00	0.06	0.08864	26%-50% Below	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	5	60.00	0.06	0.08823	26%-50% Below	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	6	60.00	0.06	0.08826	26%-50% Below	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	7	60.00	0.09	0.08496	10%-25% Above	No	No
00378459510	METOPROL SUC TAB 25MG ER	6	30.00	0.11	.		No	No
00378459510	METOPROLOL SUCC ER 25 MG TAB	5	30.00	0.11	0.05865	76%-100% Above	No	No

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00378461926	ESTRADIOL 0.025 MG PATCH(2/WK)	7	24.00	2.94	7.83016	51%-75% Below	Yes	No
00378461926	ESTRADIOL 0.025 MG PATCH(2/WK)	7	24.00	3.59	7.83016	51%-75% Below	Yes	No
00378462126	ESTRADIOL 0.05 MG PATCH (2/WK)	6	8.00	3.33	7.76775	51%-75% Below	No	No
00378462126	ESTRADIOL 0.05 MG PATCH (2/WK)	6	24.00	2.86	7.76775	51%-75% Below	Yes	No
00378462126	ESTRADIOL 0.05 MG PATCH (2/WK)	6	24.00	3.33	7.76775	51%-75% Below	No	No
00378462126	ESTRADIOL 0.05 MG PATCH (2/WK)	6	24.00	5.89	7.76775	10%-25% Below	No	No
00378462126	ESTRADIOL 0.05 MG PATCH (2/WK)	7	8.00	3.33	7.97659	51%-75% Below	No	No
00378462126	ESTRADIOL 0.05 MG PATCH (2/WK)	7	8.00	3.63	7.97659	51%-75% Below	No	No
00378462126	ESTRADIOL 0.05 MG PATCH (2/WK)	8	8.00	3.63	8.22229	51%-75% Below	No	No
00378462126	ESTRADIOL 0.05 MG PATCH (2/WK)	8	8.00	5.92	8.22229	26%-50% Below	No	No
00378462226	ESTRADIOL 0.075 MG PATCH(2/WK)	5	24.00	3.59	6.88522	26%-50% Below	Yes	No
00378462226	ESTRADIOL 0.075 MG PATCH(2/WK)	6	8.00	3.60	7.30317	26%-50% Below	Yes	No
00378462226	ESTRADIOL 0.075 MG PATCH(2/WK)	7	8.00	3.60	7.69336	51%-75% Below	Yes	No
00378462326	ESTRADIOL 0.1 MG PATCH (2/WK)	5	8.00	3.52	7.07807	26%-50% Below	Yes	No
00378462326	ESTRADIOL 0.1 MG PATCH (2/WK)	6	8.00	3.13	7.32807	51%-75% Below	Yes	No
00378462326	ESTRADIOL 0.1 MG PATCH (2/WK)	6	8.00	3.54	7.32807	51%-75% Below	Yes	No
00378462326	ESTRADIOL 0.1 MG PATCH (2/WK)	7	24.00	3.81	7.74416	26%-50% Below	No	No
00378462326	ESTRADIOL 0.1 MG PATCH (2/WK)	7	24.00	3.81	7.74416	26%-50% Below	Yes	No
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)	4	8.00	3.52	6.86102	26%-50% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	4	16.00	3.51	6.86102	26%-50% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	4	24.00	3.51	6.86102	26%-50% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	5	8.00	3.13	7.07807	51%-75% Below	Yes	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	5	8.00	3.52	7.07807	26%-50% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	5	8.00	3.52	7.07807	26%-50% Below	No	No

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00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	5	8.00	3.54	7.07807	26%-50% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	5	16.00	3.54	7.07807	26%-50% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	5	24.00	1.25	7.07807	76%-100% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	5	24.00	3.52	7.07807	26%-50% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	6	8.00	3.54	7.32807	51%-75% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	6	16.00	3.54	7.32807	51%-75% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	6	16.00	5.60	7.32807	10%-25% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	6	24.00	3.54	7.32807	51%-75% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	7	8.00	3.76	7.74416	51%-75% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	7	8.00	3.81	7.74416	26%-50% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	7	8.00	5.60	7.74416	26%-50% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	7	16.00	3.81	7.74416	26%-50% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	8	8.00	3.81	8.22921	51%-75% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	8	8.00	3.89	8.22921	51%-75% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	8	24.00	0.63	8.22921	76%-100% Below	No	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	4	8.00	3.57	6.90662	26%-50% Below	No	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	4	24.00	3.57	6.90662	26%-50% Below	No	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	5	8.00	1.25	6.88522	76%-100% Below	No	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	5	8.00	3.57	6.88522	26%-50% Below	No	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	5	8.00	3.59	6.88522	26%-50% Below	No	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	6	8.00	1.25	7.30317	76%-100% Below	No	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	6	8.00	3.60	7.30317	26%-50% Below	No	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	6	24.00	3.60	7.30317	26%-50% Below	No	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	7	8.00	1.25	7.69336	76%-100% Below	No	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	7	8.00	3.60	7.69336	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	7	8.00	3.60	7.69336	51%-75% Below	Yes	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	7	24.00	3.60	7.69336	51%-75% Below	No	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	8	8.00	1.25	8.09177	76%-100% Below	No	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	8	8.00	1.88	8.09177	76%-100% Below	No	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	8	8.00	3.60	8.09177	51%-75% Below	No	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	8	8.00	3.60	8.09177	51%-75% Below	Yes	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	8	24.00	3.60	8.09177	51%-75% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	4	8.00	0.63	7.33071	76%-100% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	4	8.00	2.50	7.33071	51%-75% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	4	8.00	2.86	7.33071	51%-75% Below	Yes	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	4	8.00	3.32	7.33071	51%-75% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	4	24.00	2.08	7.33071	51%-75% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	5	8.00	0.63	7.69084	76%-100% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	5	8.00	2.50	7.69084	51%-75% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	5	8.00	2.86	7.69084	51%-75% Below	Yes	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	5	8.00	3.32	7.69084	51%-75% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	5	8.00	3.33	7.69084	51%-75% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	5	24.00	1.88	7.69084	51%-75% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	5	24.00	2.86	7.69084	51%-75% Below	Yes	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	5	24.00	3.32	7.69084	51%-75% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	5	24.00	3.33	7.69084	51%-75% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	5	24.00	3.33	7.69084	51%-75% Below	Yes	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	6	8.00	0.63	7.76775	76%-100% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	6	8.00	2.86	7.76775	51%-75% Below	Yes	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	6	8.00	3.33	7.76775	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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)	6	8.00	5.38	7.76775	26%-50% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	6	24.00	1.67	7.76775	76%-100% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	6	24.00	2.86	7.76775	51%-75% Below	Yes	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	6	24.00	3.33	7.76775	51%-75% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	6	24.00	3.33	7.76775	51%-75% Below	Yes	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	6	24.00	5.86	7.76775	10%-25% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	7	8.00	0.63	7.97659	76%-100% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	7	8.00	2.86	7.97659	51%-75% Below	Yes	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	7	8.00	3.33	7.97659	51%-75% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	7	8.00	3.63	7.97659	51%-75% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	7	8.00	6.41	7.97659	10%-25% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	7	16.00	0.94	7.97659	76%-100% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	7	16.00	2.86	7.97659	51%-75% Below	Yes	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	7	24.00	3.33	7.97659	51%-75% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	7	24.00	3.62	7.97659	51%-75% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	8	8.00	2.50	8.22229	51%-75% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	8	8.00	3.64	8.22229	51%-75% Below	No	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)	4	8.00	3.55	6.96625	26%-50% Below	Yes	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	5	8.00	3.22	7.45420	51%-75% Below	Yes	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	5	8.00	3.55	7.45420	51%-75% Below	Yes	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	5	8.00	3.57	7.45420	51%-75% Below	No	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	5	8.00	4.56	7.45420	26%-50% Below	Yes	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	5	24.00	1.88	7.45420	51%-75% Below	No	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	6	8.00	3.57	7.80907	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	6	8.00	3.67	7.80907	51%-75% Below	No	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	6	8.00	3.67	7.80907	51%-75% Below	Yes	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	6	24.00	3.57	7.80907	51%-75% Below	No	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	6	24.00	3.57	7.80907	51%-75% Below	Yes	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	7	8.00	3.22	8.02861	51%-75% Below	Yes	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	7	8.00	3.74	8.02861	51%-75% Below	No	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	7	8.00	4.07	8.02861	26%-50% Below	No	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	7	24.00	3.22	8.02861	51%-75% Below	Yes	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	7	24.00	3.67	8.02861	51%-75% Below	Yes	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	7	24.00	3.74	8.02861	51%-75% Below	Yes	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	8	8.00	4.04	8.22778	26%-50% Below	No	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	8	8.00	4.07	8.22778	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
00378464426	ESTRADIOL 0.025 MG PATCH(2/WK)	4	24.00	3.55	7.04050	26%-50% Below	Yes	No
00378464426	ESTRADIOL 0.025 MG PATCH(2/WK)	5	8.00	3.55	7.65232	51%-75% Below	No	No
00378464426	ESTRADIOL 0.025 MG PATCH(2/WK)	5	8.00	3.57	7.65232	51%-75% Below	No	No
00378464426	ESTRADIOL 0.025 MG PATCH(2/WK)	5	8.00	5.98	7.65232	10%-25% Below	No	No
00378464426	ESTRADIOL 0.025 MG PATCH(2/WK)	6	8.00	3.58	7.75858	51%-75% Below	No	No
00378464426	ESTRADIOL 0.025 MG PATCH(2/WK)	6	8.00	5.98	7.75858	10%-25% Below	No	No
00378464426	ESTRADIOL 0.025 MG PATCH(2/WK)	7	8.00	2.50	7.83016	51%-75% Below	No	No
00378464426	ESTRADIOL 0.025 MG PATCH(2/WK)	7	8.00	3.58	7.83016	51%-75% Below	No	No
00378464426	ESTRADIOL 0.025 MG PATCH(2/WK)	7	8.00	3.89	7.83016	26%-50% Below	No	No
00378464426	ESTRADIOL 0.025 MG PATCH(2/WK)	7	8.00	5.98	7.83016	10%-25% Below	No	No
00378464426	ESTRADIOL 0.025 MG PATCH(2/WK)	7	24.00	6.38	7.83016	10%-25% Below	No	No
00378464426	ESTRADIOL 0.025 MG PATCH(2/WK)	8	8.00	2.50	7.61989	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378479106	FLUOROURACIL 5% CREAM	4	40.00	0.85	0.60407	26%-50% Above	No	No
00378524685	ALMOTRIPTAN MALATE 12.5 MG TAB	4	12.00	9.10	17.86465	26%-50% Below	No	No
00378581377	VALSARTAN 80 MG TABLET	7	90.00	0.18	0.09700	76%-100% Above	No	No
00378581477	VALSARTAN 160 MG TABLET	4	30.00	0.33	0.14016	101%-200% Above	No	No
00378623101	CITALOPRAM HBR 10 MG TABLET	5	90.00	0.12	0.02555	200% Above	No	No
00378623101	CITALOPRAM HBR 10 MG TABLET	7	90.00	0.12	0.02426	200% Above	No	No
00378623305	CITALOPRAM HBR 40 MG TABLET	6	90.00	0.03	0.04231	26%-50% Below	No	No
00378632001	VERAPAMIL ER 120 MG CAPSULE	5	30.00	0.50	1.29595	51%-75% Below	No	No
00378632001	VERAPAMIL ER 120 MG CAPSULE	6	90.00	0.65	1.29711	26%-50% Below	Yes	No
00378632177	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	6	90.00	0.16	0.13249	10%-25% Above	No	No
00378632277	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	6	90.00	0.14	0.11362	10%-25% Above	No	No
00378632377	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	4	30.00	0.18	0.13876	26%-50% Above	No	No
00378632377	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	4	30.00	0.31	0.13876	101%-200% Above	No	No
00378632377	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	5	30.00	0.18	0.14214	26%-50% Above	No	No
00378632377	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	6	30.00	0.18	0.13762	26%-50% Above	No	No
00378632377	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	7	30.00	0.18	0.12895	26%-50% Above	No	No
00378632377	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	8	30.00	0.18	0.12454	26%-50% Above	No	No
00378632477	VALSARTAN-HYDROCHLOROTHIAZIDE 320-12.5 MG TAB	5	90.00	0.15	0.19807	10%-25% Below	Yes	No
00378632477	VALSARTAN-HYDROCHLOROTHIAZIDE 320-12.5 MG TAB	6	90.00	0.15	0.19337	10%-25% Below	Yes	No
00378632477	VALSARTAN-HYDROCHLOROTHIAZIDE 320-12.5 MG TAB	8	90.00	0.15	0.19115	10%-25% Below	Yes	No
00378632577	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	4	90.00	0.14	0.21957	26%-50% Below	No	No
00378632577	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	5	30.00	0.14	0.22028	26%-50% Below	No	No
00378632577	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	5	90.00	0.14	0.22028	26%-50% Below	No	No
00378638001	VERAPAMIL ER 180 MG CAPSULE	4	90.00	1.06	1.56157	26%-50% Below	Yes	No
00378638001	VERAPAMIL ER 180 MG CAPSULE	5	180.00	0.63	1.25516	26%-50% Below	Yes	No

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00378638001	VERAPAMIL ER 180 MG CAPSULE	8	90.00	0.81	1.41530	26%-50% Below	Yes	No
00378644001	VERAPAMIL ER 240 MG CAPSULE	4	30.00	0.50	2.36684	76%-100% Below	No	No
00378644001	VERAPAMIL ER 240 MG CAPSULE	4	30.00	1.18	2.36684	26%-50% Below	Yes	No
00378644001	VERAPAMIL ER 240 MG CAPSULE	5	30.00	0.50	1.81895	51%-75% Below	No	No
00378644001	VERAPAMIL ER 240 MG CAPSULE	6	90.00	0.17	1.14231	76%-100% Below	No	No
00378647099	SCOPOLAMINE 1 MG/3 DAY PATCH	8	1.00	3.34	4.33485	10%-25% Below	Yes	No
00378647099	SCOPOLAMINE 1 MG/3 DAY PATCH	8	4.00	3.73	4.33485	10%-25% Below	Yes	No
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	4	90.00	0.07	0.04493	51%-75% Above	Yes	No
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	6	30.00	0.10	0.04361	101%-200% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.09	0.03540	101%-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	30.00	0.11	0.03540	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	4	52.00	0.09	0.03540	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	4	60.00	0.02	0.03540	26%-50% Below	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	4	60.00	0.09	0.03540	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	4	60.00	0.11	0.03540	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.02	0.03540	26%-50% Below	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.07	0.03540	76%-100% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.08	0.03540	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.09	0.03540	101%-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	5	30.00	0.09	0.03611	101%-200% Above	Yes	No

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00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	0.10	0.03611	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	0.11	0.03611	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	0.11	0.03611	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	0.11	0.03611	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	0.11	0.03611	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.00	0.08	0.03611	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.00	0.09	0.03611	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.00	0.09	0.03611	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.00	0.10	0.03611	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.00	0.11	0.03611	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	5	180.00	0.07	0.03611	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	5	180.00	0.11	0.03611	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	0.02	0.03608	51%-75% Below	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	0.09	0.03608	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	0.10	0.03608	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	0.10	0.03608	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	0.11	0.03608	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	0.11	0.03608	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	0.11	0.03608	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	60.00	0.09	0.03608	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	0.09	0.03608	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	0.09	0.03608	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	0.10	0.03608	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	0.10	0.03608	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	0.10	0.03608	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	90.00	0.11	0.03608	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	0.11	0.03608	200% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	0.11	0.03608	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.00	0.02	0.03597	26%-50% Below	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.00	0.11	0.03597	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	7	60.00	0.02	0.03597	26%-50% Below	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.00	0.09	0.03597	101%-200% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.00	0.09	0.03597	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.00	0.09	0.03597	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.00	0.11	0.03597	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.00	0.11	0.03597	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.00	0.10	0.03522	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.00	0.11	0.03522	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	0.09	0.03522	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	0.09	0.03522	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	0.09	0.03522	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	0.11	0.03522	200% Above	Yes	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	60.00	0.11	0.03540	200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.09	0.03540	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.10	0.03540	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.11	0.03540	200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	0.01	0.03611	51%-75% Below	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	0.11	0.03611	200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	0.11	0.03611	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	90.00	0.08	0.03611	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.00	0.09	0.03611	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.00	0.10	0.03611	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.00	0.10	0.03611	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.00	0.11	0.03611	200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	5	180.00	0.01	0.03611	51%-75% Below	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	6	10.00	0.14	0.03608	200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	0.10	0.03608	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	0.11	0.03608	200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	0.07	0.03608	76%-100% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	0.10	0.03608	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	0.11	0.03608	200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.00	0.11	0.03597	200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.00	0.11	0.03597	200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	7	180.00	0.11	0.03597	200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.00	0.11	0.03522	200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.00	0.11	0.03522	200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	0.02	0.03522	26%-50% Below	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	0.10	0.03522	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	0.11	0.03522	200% Above	No	No
00378685677	LISDEXAMFETAMINE 30 MG CAPSULE	6	30.00	1.72	3.03663	26%-50% Below	No	No
00378685777	LISDEXAMFETAMINE 40 MG CAPSULE	6	30.00	1.28	2.81679	51%-75% Below	No	No
00378685877	LISDEXAMFETAMINE 50 MG CAPSULE	5	30.00	1.29	2.84456	51%-75% Below	No	No
00378685877	LISDEXAMFETAMINE 50 MG CAPSULE	6	30.00	1.29	2.88660	51%-75% Below	No	No
00378685877	LISDEXAMFETAMINE 50 MG CAPSULE	7	30.00	1.29	2.76500	51%-75% Below	No	No

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00378685877	LISDEXAMFETAMINE 50 MG CAPSULE	8	30.00	1.29	2.70424	51%-75% Below	No	No
00378698501	SOD CHLORIDE NEB 0.9% 3ML	5	300.00	0.08	.		Yes	No
00378698601	SOD CHLORIDE NEB 0.9% 5ML	5	90.00	0.05	.		No	No
00378698601	SOD CHLORIDE NEB 0.9% 5ML	5	100.00	0.08	.		No	No
00378698601	SOD CHLORIDE NEB 0.9% 5ML	5	500.00	0.04	.		No	No
00378698601	SOD CHLORIDE NEB 0.9% 5ML	6	100.00	0.07	.		No	No
00378705752	ALBUTEROL SUL 0.63 MG/3 ML SOL	5	375.00	0.11	0.19379	26%-50% Below	Yes	No
00378718505	METFORMIN HCL 500 MG TABLET	4	15.00	0.06	0.01394	200% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	4	30.00	0.06	0.01394	200% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	4	90.00	0.06	0.01394	200% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	5	7.00	0.06	0.01397	200% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	5	60.00	0.06	0.01397	200% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	6	15.00	0.06	0.01398	200% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	6	30.00	0.06	0.01398	200% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	6	90.00	0.06	0.01398	200% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	6	360.00	0.01	0.01398	10%-25% Below	No	No
00378718505	METFORMIN HCL 500 MG TABLET	7	15.00	0.06	0.01407	200% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	7	30.00	0.06	0.01407	200% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	7	180.00	0.02	0.01407	10%-25% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	8	15.00	0.06	0.01419	200% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	8	30.00	0.06	0.01419	200% Above	No	No
00378718705	METFORMIN HCL 1,000 MG TABLET	5	90.00	0.05	0.02457	101%-200% Above	No	No
00378718705	METFORMIN HCL 1,000 MG TABLET	7	60.00	0.05	0.02338	101%-200% Above	No	No
00378750232	BREYNA 80-4.5 MCG INHALER	4	10.30	4.37	20.18303	76%-100% Below	No	No
00378750232	BREYNA 80-4.5 MCG INHALER	4	10.30	9.81	20.18303	51%-75% Below	No	No

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00378750232	BREYNA 80-4.5 MCG INHALER	5	10.30	1.88	20.31582	76%-100% Below	No	No
00378750232	BREYNA 80-4.5 MCG INHALER	5	10.30	1.94	20.31582	76%-100% Below	No	No
00378750232	BREYNA 80-4.5 MCG INHALER	5	30.90	9.81	20.31582	51%-75% Below	Yes	No
00378750232	BREYNA 80-4.5 MCG INHALER	6	10.30	9.81	20.47737	51%-75% Below	No	No
00378750232	BREYNA 80-4.5 MCG INHALER	6	10.30	15.50	20.47737	10%-25% Below	No	No
00378750232	BREYNA 80-4.5 MCG INHALER	7	10.30	9.81	20.27928	51%-75% Below	No	No
00378750232	BREYNA 80-4.5 MCG INHALER	7	10.30	15.50	20.27928	10%-25% 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	4	20.60	2.11	22.97897	76%-100% Below	No	No
00378750332	BREYNA 160-4.5 MCG INHALER	4	30.90	11.13	22.97897	51%-75% Below	No	No
00378750332	BREYNA 160-4.5 MCG INHALER	5	10.30	9.60	22.75833	51%-75% Below	Yes	No
00378750332	BREYNA 160-4.5 MCG INHALER	5	10.30	11.13	22.75833	51%-75% Below	No	No
00378750332	BREYNA 160-4.5 MCG INHALER	5	30.90	11.13	22.75833	51%-75% Below	No	No
00378750332	BREYNA 160-4.5 MCG INHALER	6	10.30	11.13	22.93208	51%-75% Below	No	No
00378750332	BREYNA 160-4.5 MCG INHALER	6	30.90	11.13	22.93208	51%-75% Below	No	No
00378750332	BREYNA 160-4.5 MCG INHALER	7	10.30	11.13	22.89101	51%-75% Below	No	No
00378803093	LANSOPRAZOLE DR 30 MG CAPSULE	7	90.00	0.13	0.10894	10%-25% Above	No	No
00378806790	GLUCAGON 1 MG EMERGENCY KIT	5	1.00	117.35	175.46530	26%-50% Below	Yes	No
00378806790	GLUCAGON 1 MG EMERGENCY KIT	7	1.00	117.35	164.55308	26%-50% Below	Yes	No
00378808220	TRETINOIN 0.025% CREAM	5	20.00	0.53	0.62972	10%-25% Below	No	No
00378808220	TRETINOIN 0.025% CREAM	6	20.00	0.71	0.57199	10%-25% Above	No	No
00378808245	TRETINOIN 0.025% CREAM	5	45.00	0.39	0.54145	26%-50% Below	No	No
00378808245	TRETINOIN 0.025% CREAM	7	45.00	0.71	0.47614	26%-50% Above	No	No
00378808345	TRETINOIN 0.05% CREAM	6	45.00	0.68	0.91833	26%-50% Below	No	No
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	7	75.00	0.03	0.05798	26%-50% Below	Yes	No

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00378827091	ALBUTEROL SUL 2.5 MG/3 ML SOLN	4	180.00	0.03	0.06578	26%-50% Below	No	No
00378827091	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	360.00	0.03	0.06755	26%-50% Below	No	No
00378827093	ALBUTEROL SUL 2.5 MG/3 ML SOLN	5	90.00	0.03	0.06535	26%-50% Below	No	No
00378827093	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	90.00	0.03	0.06342	26%-50% Below	No	No
00378827093	ALBUTEROL SUL 2.5 MG/3 ML SOLN	7	90.00	0.03	0.06155	26%-50% Below	No	No
00378876593	BUPRENORPHINE-NALOXONE 2-0.5 MG SL FILM	5	45.00	0.16	1.30224	76%-100% Below	No	No
00378876593	BUPRENORPHINE-NALOXONE 2-0.5 MG SL FILM	6	45.00	0.16	1.28005	76%-100% Below	No	No
00378876593	BUPRENORPHINE-NALOXONE 2-0.5 MG SL FILM	7	45.00	0.16	1.31140	76%-100% Below	No	No
00378876593	BUPRENORPHINE-NALOXONE 2-0.5 MG SL FILM	8	45.00	0.34	1.37849	51%-75% Below	No	No
00378876793	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	6	45.00	1.67	2.05630	10%-25% Below	No	No
00378876793	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	7	28.00	0.54	2.04630	51%-75% Below	No	No
00378876793	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	8	45.00	1.67	2.07434	10%-25% Below	No	No
00378877035	ESTRADIOL 0.01% CREAM	7	42.50	0.20	0.38016	26%-50% Below	Yes	No
00378877035	ESTRADIOL 0.01% CREAM	7	42.50	0.82	0.38016	101%-200% Above	No	No
00378932032	WIXELA 100-50 INHUB	4	60.00	0.64	1.12464	26%-50% Below	Yes	No
00378932032	WIXELA 100-50 INHUB	5	60.00	0.25	1.12859	76%-100% Below	No	No
00378932032	WIXELA 100-50 INHUB	5	60.00	0.64	1.12859	26%-50% Below	No	No
00378932032	WIXELA 100-50 INHUB	5	60.00	0.64	1.12859	26%-50% Below	Yes	No
00378932032	WIXELA 100-50 INHUB	6	60.00	0.33	1.13710	51%-75% Below	No	No
00378932032	WIXELA 100-50 INHUB	6	60.00	0.62	1.13710	26%-50% Below	No	No
00378932032	WIXELA 100-50 INHUB	6	60.00	0.62	1.13710	26%-50% Below	Yes	No
00378932032	WIXELA 100-50 INHUB	6	180.00	0.47	1.13710	51%-75% Below	Yes	No
00378932032	WIXELA 100-50 INHUB	7	60.00	0.62	1.14397	26%-50% Below	No	No
00378932032	WIXELA 100-50 INHUB	7	60.00	0.62	1.14397	26%-50% Below	Yes	No
00378932032	WIXELA 100-50 INHUB	7	60.00	0.63	1.14397	26%-50% Below	Yes	No

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00378932032	WIXELA 100-50 INHUB	7	180.00	0.63	1.14397	26%-50% Below	Yes	No
00378932032	WIXELA 100-50 INHUB	8	60.00	0.33	1.11879	51%-75% Below	No	No
00378932032	WIXELA 100-50 INHUB	8	60.00	0.63	1.11879	26%-50% Below	No	No
00378932132	WIXELA 250-50 INHUB	4	60.00	0.66	1.33132	26%-50% Below	Yes	No
00378932132	WIXELA 250-50 INHUB	4	60.00	0.83	1.33132	26%-50% Below	No	No
00378932132	WIXELA 250-50 INHUB	4	60.00	0.83	1.33132	26%-50% Below	Yes	No
00378932132	WIXELA 250-50 INHUB	5	60.00	0.15	1.32730	76%-100% Below	No	No
00378932132	WIXELA 250-50 INHUB	5	60.00	0.66	1.32730	26%-50% Below	Yes	No
00378932132	WIXELA 250-50 INHUB	5	60.00	0.83	1.32730	26%-50% Below	No	No
00378932132	WIXELA 250-50 INHUB	5	60.00	0.83	1.32730	26%-50% Below	Yes	No
00378932132	WIXELA 250-50 INHUB	5	180.00	0.66	1.32730	26%-50% Below	Yes	No
00378932132	WIXELA 250-50 INHUB	6	60.00	0.66	1.31558	26%-50% Below	Yes	No
00378932132	WIXELA 250-50 INHUB	6	60.00	0.83	1.31558	26%-50% Below	No	No
00378932132	WIXELA 250-50 INHUB	6	60.00	0.83	1.31558	26%-50% Below	Yes	No
00378932132	WIXELA 250-50 INHUB	6	180.00	0.83	1.31558	26%-50% Below	No	No
00378932132	WIXELA 250-50 INHUB	7	60.00	0.66	1.30325	26%-50% Below	Yes	No
00378932132	WIXELA 250-50 INHUB	7	60.00	0.83	1.30325	26%-50% Below	No	No
00378932132	WIXELA 250-50 INHUB	7	60.00	0.83	1.30325	26%-50% Below	Yes	No
00378932132	WIXELA 250-50 INHUB	7	180.00	0.63	1.30325	51%-75% Below	Yes	No
00378932132	WIXELA 250-50 INHUB	8	60.00	0.36	1.27848	51%-75% Below	No	No
00378932132	WIXELA 250-50 INHUB	8	180.00	0.66	1.27848	26%-50% Below	Yes	No
00378932232	WIXELA 500-50 INHUB	4	60.00	0.84	1.68810	26%-50% Below	Yes	No
00378932232	WIXELA 500-50 INHUB	5	60.00	0.84	1.64071	26%-50% Below	Yes	No
00378932232	WIXELA 500-50 INHUB	5	60.00	0.98	1.64071	26%-50% Below	Yes	No
00378932232	WIXELA 500-50 INHUB	6	60.00	0.84	1.61199	26%-50% Below	Yes	No

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00378932232	WIXELA 500-50 INHUB	6	60.00	0.93	1.61199	26%-50% Below	No	No
00378932232	WIXELA 500-50 INHUB	6	60.00	0.93	1.61199	26%-50% Below	Yes	No
00378932232	WIXELA 500-50 INHUB	7	60.00	0.81	1.61638	26%-50% Below	Yes	No
00378932232	WIXELA 500-50 INHUB	7	60.00	0.93	1.61638	26%-50% Below	Yes	No
00378932232	WIXELA 500-50 INHUB	8	60.00	0.93	1.64941	26%-50% Below	No	No
00378932232	WIXELA 500-50 INHUB	8	60.00	0.93	1.64941	26%-50% Below	Yes	No
00378967130	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	4	90.00	0.04	0.08768	26%-50% Below	Yes	No
00395100392	GENTIAN VIOL SOL 1%	5	59.00	0.13	.		No	No
00395100392	GENTIAN VIOL SOL 1%	7	59.00	0.13	.		No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	10.00	0.15	0.12756	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	0.15	0.12756	10%-25% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	15.00	0.05	0.12756	51%-75% Below	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	18.00	0.15	0.12756	10%-25% 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	4	20.00	0.19	0.12756	51%-75% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	21.00	0.15	0.12756	10%-25% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	8.00	0.15	0.13104	10%-25% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	10.00	0.15	0.13104	10%-25% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	12.00	0.15	0.13104	10%-25% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	15.00	0.15	0.13104	10%-25% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	18.00	0.20	0.13104	51%-75% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	20.00	0.15	0.13104	10%-25% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	30.00	0.15	0.13104	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	3.00	0.15	0.13508	10%-25% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	10.00	0.27	0.13508	101%-200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	12.00	0.15	0.13508	10%-25% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	15.00	0.20	0.13508	51%-75% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	16.00	0.15	0.13508	10%-25% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	16.00	0.20	0.13508	26%-50% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	18.00	0.15	0.13508	10%-25% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	20.00	0.15	0.13508	10%-25% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	24.00	0.19	0.13508	26%-50% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	5.00	0.17	0.13880	10%-25% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	10.00	0.19	0.13880	26%-50% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	25.00	0.20	0.13880	26%-50% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	4.00	0.15	0.12756	10%-25% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	10.00	0.15	0.12756	10%-25% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	12.00	0.06	0.12756	51%-75% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	12.00	0.20	0.12756	51%-75% 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	26.00	0.15	0.12756	10%-25% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	10.00	0.15	0.13104	10%-25% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	10.00	0.22	0.13104	51%-75% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	12.00	0.15	0.13104	10%-25% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	12.00	0.19	0.13104	26%-50% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	12.00	0.25	0.13104	76%-100% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	14.00	0.15	0.13104	10%-25% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	15.00	0.15	0.13104	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	20.00	0.15	0.13104	10%-25% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	28.00	0.18	0.13104	26%-50% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	84.00	0.17	0.13104	26%-50% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	6.00	0.15	0.13508	10%-25% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	8.00	0.15	0.13508	10%-25% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	10.00	0.15	0.13508	10%-25% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	10.00	0.23	0.13508	51%-75% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	12.00	0.15	0.13508	10%-25% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	12.00	0.21	0.13508	51%-75% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	15.00	0.21	0.13508	51%-75% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	20.00	0.15	0.13508	10%-25% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	20.00	0.18	0.13508	26%-50% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	60.00	0.16	0.13508	10%-25% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	84.00	0.17	0.13508	26%-50% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	10.00	0.20	0.13880	26%-50% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	12.00	0.20	0.13880	26%-50% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	20.00	0.18	0.13880	26%-50% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	26.00	0.15	0.11947	26%-50% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	30.00	0.17	0.13880	10%-25% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	84.00	0.17	0.13880	10%-25% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	5.00	0.24	0.13845	51%-75% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	8.00	0.15	0.13845	10%-25% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	84.00	0.17	0.13845	10%-25% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	10.00	0.15	0.12756	10%-25% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	90.00	0.15	0.12756	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	10.00	0.15	0.13104	10%-25% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	12.00	0.15	0.13104	10%-25% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	20.00	0.15	0.13104	10%-25% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	25.00	0.15	0.13104	10%-25% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	90.00	0.15	0.13104	10%-25% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	4.00	0.15	0.13508	10%-25% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	10.00	0.15	0.13508	10%-25% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	10.00	0.22	0.13508	51%-75% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	90.00	0.15	0.13508	10%-25% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	12.00	0.21	0.13880	51%-75% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	15.00	0.18	0.13880	26%-50% Above	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	10.00	0.11	0.13787	10%-25% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	12.00	0.11	0.13787	10%-25% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	15.00	0.11	0.13809	10%-25% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	60.00	0.11	0.13809	10%-25% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	56.00	0.11	0.13894	10%-25% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	30.00	0.09	0.13891	26%-50% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	30.00	0.11	0.13822	10%-25% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	56.00	0.16	0.13822	10%-25% Above	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	60.00	0.11	0.13787	10%-25% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	20.00	0.11	0.13809	10%-25% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	20.00	0.16	0.13809	10%-25% Above	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	5.00	0.11	0.13894	10%-25% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	15.00	0.08	0.13894	26%-50% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	26.00	0.11	0.13894	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	12.00	0.16	0.13891	10%-25% Above	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	20.00	0.08	0.13822	26%-50% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	75.00	0.11	0.13787	10%-25% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	120.00	0.07	0.13787	26%-50% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	120.00	0.11	0.13787	10%-25% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	60.00	0.11	0.13809	10%-25% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	75.00	0.16	0.13809	10%-25% Above	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	90.00	0.11	0.13809	10%-25% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	16.00	0.09	0.13894	26%-50% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	60.00	0.11	0.13894	10%-25% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	75.00	0.16	0.13894	10%-25% Above	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	80.00	0.11	0.13894	10%-25% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	12.00	0.10	0.13891	26%-50% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	60.00	0.11	0.13891	10%-25% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	75.00	0.16	0.13891	10%-25% Above	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	90.00	0.11	0.13891	10%-25% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	120.00	0.11	0.13891	10%-25% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	8.00	0.11	0.13822	10%-25% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	18.00	0.11	0.13822	10%-25% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	60.00	0.11	0.13822	10%-25% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	75.00	0.16	0.13822	10%-25% Above	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	90.00	0.08	0.15256	26%-50% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	120.00	0.08	0.15256	26%-50% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	20.00	0.08	0.15340	26%-50% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	75.00	0.07	0.15340	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	90.00	0.08	0.15340	26%-50% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	120.00	0.08	0.15340	26%-50% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	75.00	0.07	0.15313	51%-75% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	90.00	0.08	0.15313	26%-50% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	120.00	0.08	0.15313	26%-50% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	75.00	0.07	0.15329	51%-75% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	90.00	0.08	0.15329	26%-50% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	120.00	0.08	0.15329	26%-50% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	20.00	0.11	0.15221	10%-25% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	120.00	0.08	0.15221	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	20.00	0.08	0.15256	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	40.00	0.08	0.15256	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	60.00	0.07	0.15256	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	75.00	0.08	0.15256	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	112.00	0.08	0.15256	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	120.00	0.07	0.15256	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	12.00	0.08	0.15340	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	18.00	0.08	0.15340	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	20.00	0.08	0.15340	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	30.00	0.09	0.15340	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	40.00	0.08	0.15340	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	42.00	0.08	0.15340	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	60.00	0.08	0.15340	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	75.00	0.08	0.15340	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	84.00	0.08	0.15340	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	90.00	0.07	0.15340	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	112.00	0.08	0.15340	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	120.00	0.06	0.15340	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	120.00	0.07	0.15340	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	120.00	0.08	0.15340	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	20.00	0.08	0.15313	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	28.00	0.08	0.15313	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	40.00	0.08	0.15313	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	60.00	0.08	0.15313	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	60.00	0.10	0.15313	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	75.00	0.08	0.15313	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	84.00	0.08	0.15313	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	90.00	0.07	0.15313	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	112.00	0.08	0.15313	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	120.00	0.05	0.15313	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	120.00	0.06	0.15313	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	120.00	0.08	0.15313	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	40.00	0.08	0.15329	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	60.00	0.08	0.15329	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	60.00	0.10	0.15329	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	75.00	0.08	0.15329	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	84.00	0.08	0.15329	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	90.00	0.06	0.15329	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	112.00	0.08	0.15329	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	120.00	0.06	0.15329	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	120.00	0.09	0.15329	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	40.00	0.08	0.15221	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	84.00	0.08	0.15221	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	90.00	0.06	0.15221	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	112.00	0.08	0.15221	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	120.00	0.06	0.15221	51%-75% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	60.00	0.06	0.15572	51%-75% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	60.00	0.06	0.15673	51%-75% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	15.00	0.10	0.15256	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	90.00	0.06	0.15256	51%-75% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	90.00	0.08	0.15256	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	112.00	0.07	0.15256	51%-75% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	120.00	0.08	0.15256	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	12.00	0.11	0.15340	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	56.00	0.08	0.15340	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	70.00	0.08	0.15340	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	90.00	0.08	0.15340	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	120.00	0.04	0.15340	51%-75% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	120.00	0.08	0.15340	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	15.00	0.08	0.15313	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	30.00	0.08	0.15313	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	56.00	0.08	0.15313	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	90.00	0.08	0.15313	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	120.00	0.08	0.15313	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	12.00	0.08	0.15329	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	56.00	0.08	0.15329	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	90.00	0.08	0.15329	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	120.00	0.08	0.15329	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	56.00	0.08	0.15221	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	75.00	0.08	0.15221	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	112.00	0.09	0.15221	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	120.00	0.10	0.15221	26%-50% Below	No	No
00406015401	METHYLPHENIDATE ER 54 MG TAB	6	30.00	4.08	0.83258	200% Above	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	4	12.00	0.11	0.20903	26%-50% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	4	16.00	0.12	0.20903	26%-50% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	5	4.00	0.11	0.21439	26%-50% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	5	12.00	0.15	0.21439	26%-50% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	5	28.00	0.11	0.21439	26%-50% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	6	10.00	0.11	0.22362	51%-75% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	6	12.00	0.13	0.22362	26%-50% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	6	12.00	0.17	0.22362	10%-25% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	6	21.00	0.11	0.22362	51%-75% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	7	8.00	0.11	0.23295	51%-75% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	7	10.00	0.05	0.23295	76%-100% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	7	12.00	0.11	0.23295	51%-75% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	7	12.00	0.12	0.23295	26%-50% Below	Yes	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	8	15.00	0.11	0.24320	51%-75% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	4	12.00	0.11	0.20903	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	4	120.00	0.11	0.20903	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	5	10.00	0.11	0.21439	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406048410	ACETAMINOPHEN-COD #3 TABLET	5	10.00	0.13	0.21439	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	5	15.00	0.12	0.21439	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	5	18.00	0.11	0.21439	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	5	120.00	0.11	0.21439	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	6	16.00	0.11	0.22362	51%-75% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	6	120.00	0.11	0.22362	51%-75% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	7	40.00	0.11	0.23295	51%-75% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	8	15.00	0.11	0.24320	51%-75% Below	No	No
00406048501	ACETAMINOPHEN-COD #4 TABLET	7	56.00	0.21	0.37739	26%-50% Below	No	No
00406048505	ACETAMINOPHEN-COD #4 TABLET	7	21.00	0.15	0.37739	51%-75% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	6	7.00	0.10	0.11929	10%-25% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	7	12.00	0.17	0.11940	26%-50% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	4	12.00	0.17	0.11777	26%-50% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	4	20.00	0.04	0.11777	51%-75% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	4	39.00	0.17	0.11777	26%-50% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	4	120.00	0.17	0.11777	26%-50% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	12.00	0.08	0.11784	26%-50% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	12.00	0.09	0.11784	10%-25% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	12.00	0.10	0.11784	10%-25% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	12.00	0.17	0.11784	26%-50% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	15.00	0.07	0.11784	26%-50% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	20.00	0.06	0.11784	26%-50% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	28.00	0.17	0.11784	26%-50% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	40.00	0.06	0.11784	51%-75% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	120.00	0.04	0.11784	51%-75% Below	No	No

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00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	120.00	0.17	0.11784	26%-50% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	6	12.00	0.10	0.11929	10%-25% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	6	12.00	0.17	0.11929	26%-50% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	6	15.00	0.08	0.11929	26%-50% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	6	18.00	0.07	0.11929	26%-50% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	6	20.00	0.08	0.11929	26%-50% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	6	24.00	0.17	0.11929	26%-50% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	6	40.00	0.05	0.11929	51%-75% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	6	40.00	0.07	0.12278	26%-50% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	6	60.00	0.17	0.11929	26%-50% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	6	90.00	0.17	0.11929	26%-50% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	6	120.00	0.17	0.11929	26%-50% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	7	10.00	0.03	0.11940	76%-100% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	7	12.00	0.10	0.11940	10%-25% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	7	15.00	0.07	0.11940	26%-50% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	7	15.00	0.17	0.11940	26%-50% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	7	25.00	0.17	0.11940	26%-50% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	7	30.00	0.17	0.11940	26%-50% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	7	90.00	0.17	0.11940	26%-50% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	7	120.00	0.17	0.11940	26%-50% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	8	12.00	0.17	0.11954	26%-50% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	8	12.00	0.17	0.11954	26%-50% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	8	14.00	0.17	0.11954	26%-50% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	8	20.00	0.17	0.11954	26%-50% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	8	30.00	0.06	0.11954	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406052201	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	28.00	0.08	0.17341	51%-75% Below	No	No
00406052201	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	28.00	0.13	0.17341	10%-25% Below	No	No
00406052201	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	46.00	0.13	0.17341	10%-25% Below	No	No
00406052201	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	10.00	0.13	0.17535	10%-25% Below	No	No
00406052201	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	120.00	0.13	0.17535	10%-25% Below	No	No
00406052201	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	10.00	0.13	0.17695	10%-25% Below	No	No
00406052201	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	28.00	0.13	0.17381	10%-25% Below	No	No
00406052201	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	46.00	0.13	0.17381	10%-25% Below	No	No
00406052201	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	28.00	0.13	0.18245	26%-50% Below	No	No
00406052201	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	36.00	0.13	0.18245	26%-50% Below	No	No
00406052205	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	30.00	0.09	0.17695	51%-75% Below	No	No
00406052205	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	30.00	0.09	0.17381	26%-50% Below	No	No
00406052205	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	60.00	0.07	0.17381	51%-75% Below	No	No
00406052205	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	60.00	0.07	0.18245	51%-75% Below	No	No
00406052205	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	90.00	0.13	0.18245	26%-50% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	4	90.00	0.11	0.23315	51%-75% 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	5	90.00	0.06	0.22917	51%-75% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	5	90.00	0.10	0.22917	51%-75% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	5	112.00	0.11	0.22917	51%-75% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	5	120.00	0.11	0.22917	51%-75% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	6	20.00	0.11	0.23066	51%-75% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	6	90.00	0.06	0.23066	51%-75% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	6	100.00	0.11	0.23066	51%-75% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	6	112.00	0.11	0.23066	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	120.00	0.11	0.23066	51%-75% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	7	30.00	0.10	0.22993	51%-75% Below	Yes	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	7	100.00	0.11	0.22993	51%-75% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	7	112.00	0.11	0.22993	51%-75% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	8	40.00	0.11	0.23602	51%-75% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	8	100.00	0.11	0.23602	51%-75% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	8	112.00	0.11	0.23602	51%-75% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	4	120.00	0.08	0.23315	51%-75% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	5	5.00	0.11	0.22917	51%-75% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	5	120.00	0.08	0.22917	51%-75% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	6	120.00	0.08	0.23066	51%-75% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	7	90.00	0.06	0.22993	51%-75% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	7	120.00	0.08	0.22993	51%-75% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	8	90.00	0.06	0.23602	76%-100% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	8	120.00	0.08	0.23602	51%-75% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	4	15.00	0.06	0.08756	26%-50% Below	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	20.00	0.10	0.08756	10%-25% Above	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	4	30.00	0.06	0.08756	26%-50% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	4	30.00	0.10	0.08756	10%-25% Above	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	5	5.00	0.10	0.08857	10%-25% Above	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	5	12.00	0.10	0.08857	10%-25% Above	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	5	28.00	0.05	0.08857	26%-50% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	5	60.00	0.04	0.08857	26%-50% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	6	18.00	0.06	0.08891	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	90.00	0.04	0.08891	51%-75% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	7	10.00	0.10	0.08660	10%-25% Above	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	7	15.00	0.07	0.08660	10%-25% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	7	15.00	0.08	0.08660	10%-25% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	7	18.00	0.10	0.08660	10%-25% Above	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	7	20.00	0.10	0.08660	10%-25% Above	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	7	90.00	0.04	0.08660	51%-75% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	8	15.00	0.06	0.08652	26%-50% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	8	15.00	0.10	0.08652	10%-25% Above	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	8	20.00	0.10	0.08652	10%-25% Above	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	8	25.00	0.10	0.08652	10%-25% Above	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	8	30.00	0.10	0.08652	10%-25% Above	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	8	40.00	0.02	0.08652	51%-75% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	8	60.00	0.02	0.08652	51%-75% Below	No	No
00406080401	DEXTROAMPH-AMPHET ER 50 MG CAP	5	30.00	7.34	8.51217	10%-25% Below	No	No
00406080401	DEXTROAMPH-AMPHET ER 50 MG CAP	6	30.00	7.34	8.17701	10%-25% Below	No	No
00406080701	DEXTROAMPH-AMPHET ER 37.5 MG CP	4	30.00	7.34	8.79058	10%-25% Below	No	No
00406114401	METHYLPHENIDATE 10 MG TABLET	5	30.00	0.10	0.16210	26%-50% Below	No	No
00406114401	METHYLPHENIDATE 10 MG TABLET	8	60.00	0.10	0.16678	26%-50% Below	No	No
00406114601	METHYLPHENIDATE 20 MG TABLET	4	30.00	0.12	0.19617	26%-50% Below	No	No
00406114601	METHYLPHENIDATE 20 MG TABLET	5	60.00	0.12	0.20165	26%-50% Below	No	No
00406117001	NALTREXONE 50 MG TABLET	6	30.00	0.63	1.19104	26%-50% Below	No	No
00406117003	NALTREXONE 50 MG TABLET	5	15.00	0.63	1.21176	26%-50% Below	No	No
00406117003	NALTREXONE 50 MG TABLET	6	30.00	0.63	1.19104	26%-50% Below	No	No
00406123601	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	6	15.00	0.32	0.13837	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406123610	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	7	20.00	0.30	0.13709	101%-200% Above	No	No
00406181001	METHYLPHENIDATE ER(CD) 10 MG CP	5	30.00	0.66	1.07158	26%-50% Below	No	No
00406182001	METHYLPHENIDATE ER(CD) 20 MG CP	5	30.00	0.67	1.47615	51%-75% Below	No	No
00406182001	METHYLPHENIDATE ER(CD) 20 MG CP	5	90.00	0.79	1.47615	26%-50% Below	Yes	No
00406182001	METHYLPHENIDATE ER(CD) 20 MG CP	6	30.00	0.67	1.45229	51%-75% Below	No	No
00406182001	METHYLPHENIDATE ER(CD) 20 MG CP	6	30.00	0.78	1.45229	26%-50% Below	No	No
00406184001	METHYLPHENIDATE ER(CD) 40 MG CP	5	30.00	0.90	1.34972	26%-50% Below	No	No
00406184001	METHYLPHENIDATE ER(CD) 40 MG CP	6	30.00	0.90	1.42214	26%-50% Below	No	No
00406184001	METHYLPHENIDATE ER(CD) 40 MG CP	7	30.00	0.90	1.32396	26%-50% Below	No	No
00406184001	METHYLPHENIDATE ER(CD) 40 MG CP	8	30.00	0.90	1.38331	26%-50% Below	No	No
00406324301	HYDROMORPHONE 2 MG TABLET	5	15.00	0.09	0.16426	26%-50% Below	No	No
00406324301	HYDROMORPHONE 2 MG TABLET	8	12.00	0.08	0.16713	26%-50% Below	No	No
00406324301	HYDROMORPHONE 2 MG TABLET	8	60.00	0.07	0.16713	51%-75% Below	No	No
00406324401	HYDROMORPHONE 4 MG TABLET	5	15.00	0.10	0.21765	51%-75% Below	No	No
00406324401	HYDROMORPHONE 4 MG TABLET	5	30.00	0.10	0.21765	51%-75% Below	No	No
00406324401	HYDROMORPHONE 4 MG TABLET	6	30.00	0.10	0.21682	51%-75% Below	No	No
00406324401	HYDROMORPHONE 4 MG TABLET	7	60.00	0.10	0.21942	51%-75% Below	No	No
00406511101	LISDEXAMFETAMINE 10 MG CAPSULE	5	60.00	1.02	2.99614	51%-75% Below	No	No
00406511101	LISDEXAMFETAMINE 10 MG CAPSULE	6	60.00	1.65	2.87323	26%-50% Below	No	No
00406511101	LISDEXAMFETAMINE 10 MG CAPSULE	7	30.00	4.99	2.78462	76%-100% Above	No	No
00406511201	LISDEXAMFETAMINE 20 MG CAPSULE	6	30.00	1.50	2.81237	26%-50% Below	No	No
00406511201	LISDEXAMFETAMINE 20 MG CAPSULE	7	30.00	1.55	2.74547	26%-50% Below	No	No
00406511201	LISDEXAMFETAMINE 20 MG CAPSULE	8	30.00	1.55	2.59686	26%-50% Below	No	No
00406511301	LISDEXAMFETAMINE 30 MG CAPSULE	4	30.00	6.58	3.04859	101%-200% Above	No	No
00406511301	LISDEXAMFETAMINE 30 MG CAPSULE	4	60.00	6.58	3.04859	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406511301	LISDEXAMFETAMINE 30 MG CAPSULE	5	30.00	1.68	3.12473	26%-50% Below	No	No
00406511301	LISDEXAMFETAMINE 30 MG CAPSULE	5	60.00	1.68	3.12473	26%-50% Below	No	No
00406511301	LISDEXAMFETAMINE 30 MG CAPSULE	5	60.00	1.72	3.12473	26%-50% Below	No	No
00406511301	LISDEXAMFETAMINE 30 MG CAPSULE	6	60.00	1.72	3.03663	26%-50% Below	No	No
00406511301	LISDEXAMFETAMINE 30 MG CAPSULE	7	60.00	1.72	2.76686	26%-50% Below	No	No
00406511401	LISDEXAMFETAMINE 40 MG CAPSULE	4	30.00	6.58	2.93842	101%-200% Above	No	No
00406511401	LISDEXAMFETAMINE 40 MG CAPSULE	5	30.00	1.23	2.92284	51%-75% Below	No	No
00406511401	LISDEXAMFETAMINE 40 MG CAPSULE	7	30.00	1.61	2.72415	26%-50% Below	No	No
00406511501	LISDEXAMFETAMINE 50 MG CAPSULE	4	30.00	1.56	2.79284	26%-50% Below	No	No
00406511501	LISDEXAMFETAMINE 50 MG CAPSULE	4	30.00	1.70	2.79284	26%-50% Below	No	No
00406511501	LISDEXAMFETAMINE 50 MG CAPSULE	4	30.00	6.58	2.79284	101%-200% Above	No	No
00406511501	LISDEXAMFETAMINE 50 MG CAPSULE	5	30.00	1.56	2.84456	26%-50% Below	No	No
00406511501	LISDEXAMFETAMINE 50 MG CAPSULE	6	30.00	1.56	2.88660	26%-50% Below	No	No
00406511501	LISDEXAMFETAMINE 50 MG CAPSULE	7	30.00	1.59	2.76500	26%-50% Below	No	No
00406511501	LISDEXAMFETAMINE 50 MG CAPSULE	7	30.00	2.47	2.76500	10%-25% Below	No	No
00406511601	LISDEXAMFETAMINE 60 MG CAPSULE	5	30.00	1.61	2.97003	26%-50% Below	No	No
00406511601	LISDEXAMFETAMINE 60 MG CAPSULE	5	30.00	1.62	2.97003	26%-50% Below	No	No
00406511601	LISDEXAMFETAMINE 60 MG CAPSULE	6	30.00	1.63	2.97451	26%-50% Below	No	No
00406511601	LISDEXAMFETAMINE 60 MG CAPSULE	7	30.00	1.63	2.86472	26%-50% Below	No	No
00406511601	LISDEXAMFETAMINE 60 MG CAPSULE	8	30.00	1.64	2.81282	26%-50% Below	No	No
00406511701	LISDEXAMFETAMINE 70 MG CAPSULE	4	30.00	6.58	2.93212	101%-200% Above	No	No
00406511701	LISDEXAMFETAMINE 70 MG CAPSULE	5	30.00	1.58	2.97495	26%-50% Below	No	No
00406511701	LISDEXAMFETAMINE 70 MG CAPSULE	6	30.00	1.64	2.92336	26%-50% Below	No	No
00406575501	METHADONE HCL 5 MG TABLET	6	45.00	0.07	0.17241	51%-75% Below	No	No
00406831501	MORPHINE SULF ER 15 MG TABLET	5	60.00	0.15	0.31811	51%-75% Below	No	No

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00406831501	MORPHINE SULF ER 15 MG TABLET	6	60.00	0.15	0.32699	51%-75% Below	No	No
00406833001	MORPHINE SULF ER 30 MG TABLET	5	30.00	0.21	0.40393	26%-50% Below	No	No
00406851001	OXYCODONE HCL (IR) 10 MG TAB	6	120.00	0.08	0.16542	26%-50% Below	No	No
00406851001	OXYCODONE HCL (IR) 10 MG TAB	7	30.00	0.08	0.16774	26%-50% Below	No	No
00406851501	OXYCODONE HCL (IR) 15 MG TAB	4	120.00	0.10	0.20869	26%-50% Below	No	No
00406851501	OXYCODONE HCL (IR) 15 MG TAB	5	120.00	0.10	0.20847	26%-50% Below	No	No
00406851501	OXYCODONE HCL (IR) 15 MG TAB	6	120.00	0.10	0.20461	26%-50% Below	No	No
00406851501	OXYCODONE HCL (IR) 15 MG TAB	7	120.00	0.10	0.19873	26%-50% Below	No	No
00406851501	OXYCODONE HCL (IR) 15 MG TAB	8	120.00	0.10	0.19740	26%-50% Below	No	No
00406888401	DEXTROAMP-AMPHETAM 7.5 MG TAB	7	30.00	0.16	0.25817	26%-50% Below	No	No
00406888501	DEXTROAMP-AMPHETAMIN 15 MG TAB	4	30.00	0.11	0.24786	51%-75% Below	No	No
00406888501	DEXTROAMP-AMPHETAMIN 15 MG TAB	5	60.00	0.11	0.25021	51%-75% Below	No	No
00406888501	DEXTROAMP-AMPHETAMIN 15 MG TAB	5	90.00	0.11	0.25021	51%-75% Below	No	No
00406888501	DEXTROAMP-AMPHETAMIN 15 MG TAB	6	60.00	0.11	0.24231	51%-75% Below	No	No
00406888501	DEXTROAMP-AMPHETAMIN 15 MG TAB	6	60.00	0.18	0.24231	10%-25% Below	No	No
00406888501	DEXTROAMP-AMPHETAMIN 15 MG TAB	6	90.00	0.18	0.24231	26%-50% Below	No	No
00406888501	DEXTROAMP-AMPHETAMIN 15 MG TAB	7	60.00	0.18	0.23957	10%-25% Below	No	No
00406888501	DEXTROAMP-AMPHETAMIN 15 MG TAB	8	90.00	0.18	0.23696	26%-50% 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	0.11	0.23910	51%-75% Below	No	No
00406889101	DEXTROAMP-AMPHETAMINE 5 MG TAB	5	30.00	0.11	0.25619	51%-75% Below	No	No
00406889101	DEXTROAMP-AMPHETAMINE 5 MG TAB	5	30.00	0.19	0.25619	10%-25% Below	No	No
00406889101	DEXTROAMP-AMPHETAMINE 5 MG TAB	6	30.00	0.11	0.26240	51%-75% Below	No	No
00406889101	DEXTROAMP-AMPHETAMINE 5 MG TAB	7	30.00	0.11	0.26610	51%-75% Below	No	No
00406889101	DEXTROAMP-AMPHETAMINE 5 MG TAB	7	30.00	0.19	0.26610	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	30.00	0.11	0.26399	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	90.00	0.11	0.23643	51%-75% Below	Yes	No
00406889201	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	30.00	0.11	0.23662	51%-75% Below	No	No
00406889201	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	60.00	0.11	0.23662	51%-75% Below	No	No
00406889201	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	30.00	0.11	0.23620	51%-75% Below	No	No
00406889201	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	60.00	0.11	0.23620	51%-75% Below	No	No
00406889201	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	30.00	0.11	0.23293	51%-75% Below	No	No
00406889201	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	60.00	0.17	0.23293	26%-50% Below	No	No
00406889201	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	30.00	0.11	0.23907	51%-75% Below	No	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	60.00	0.11	0.30747	51%-75% Below	No	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	30.00	0.11	0.30391	51%-75% Below	No	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	45.00	0.18	0.30391	26%-50% Below	No	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	30.00	0.11	0.29745	51%-75% Below	No	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.00	0.17	0.29745	26%-50% Below	No	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	30.00	0.11	0.29462	51%-75% Below	No	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	30.00	0.22	0.29462	26%-50% Below	No	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.00	0.17	0.29462	26%-50% Below	No	No
00406889401	DEXTROAMP-AMPHETAMIN 30 MG TAB	4	30.00	0.16	0.31158	26%-50% Below	No	No
00406889401	DEXTROAMP-AMPHETAMIN 30 MG TAB	4	60.00	0.16	0.31158	26%-50% Below	Yes	No
00406889401	DEXTROAMP-AMPHETAMIN 30 MG TAB	5	60.00	0.17	0.30571	26%-50% Below	No	No
00406889401	DEXTROAMP-AMPHETAMIN 30 MG TAB	5	60.00	0.18	0.30571	26%-50% Below	No	No
00406889401	DEXTROAMP-AMPHETAMIN 30 MG TAB	6	30.00	0.16	0.30483	26%-50% Below	No	No
00406889401	DEXTROAMP-AMPHETAMIN 30 MG TAB	6	30.00	0.16	0.30483	26%-50% Below	Yes	No
00406889401	DEXTROAMP-AMPHETAMIN 30 MG TAB	6	60.00	0.16	0.30483	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	60.00	0.17	0.30483	26%-50% Below	Yes	No
00406889401	DEXTROAMP-AMPHETAMIN 30 MG TAB	7	30.00	0.16	0.29922	26%-50% Below	No	No
00406889401	DEXTROAMP-AMPHETAMIN 30 MG TAB	7	30.00	0.17	0.29922	26%-50% Below	No	No
00406889401	DEXTROAMP-AMPHETAMIN 30 MG TAB	7	60.00	0.16	0.29922	26%-50% Below	No	No
00406889401	DEXTROAMP-AMPHETAMIN 30 MG TAB	7	60.00	0.18	0.29922	26%-50% Below	No	No
00406889401	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	30.00	0.17	0.30315	26%-50% Below	No	No
00406895101	DEXTROAMP-AMPHET ER 5 MG CAP	5	60.00	3.50	0.47197	200% Above	No	No
00406895101	DEXTROAMP-AMPHET ER 5 MG CAP	6	60.00	3.50	0.46613	200% Above	No	No
00406895101	DEXTROAMP-AMPHET ER 5 MG CAP	7	60.00	0.26	0.46492	26%-50% Below	No	No
00406895101	DEXTROAMP-AMPHET ER 5 MG CAP	7	60.00	3.50	0.46492	200% Above	No	No
00406895101	DEXTROAMP-AMPHET ER 5 MG CAP	8	3.00	3.49	0.47935	200% Above	No	No
00406895101	DEXTROAMP-AMPHET ER 5 MG CAP	8	60.00	3.50	0.47935	200% Above	No	No
00406895201	DEXTROAMP-AMPHET ER 10 MG CAP	4	30.00	3.50	0.51724	200% Above	No	No
00406895201	DEXTROAMP-AMPHET ER 10 MG CAP	5	30.00	0.33	0.51419	26%-50% Below	No	No
00406895201	DEXTROAMP-AMPHET ER 10 MG CAP	5	30.00	3.50	0.51419	200% Above	No	No
00406895201	DEXTROAMP-AMPHET ER 10 MG CAP	6	30.00	3.50	0.53147	200% Above	No	No
00406895201	DEXTROAMP-AMPHET ER 10 MG CAP	6	90.00	3.50	0.53147	200% Above	Yes	No
00406895201	DEXTROAMP-AMPHET ER 10 MG CAP	7	30.00	3.50	0.51966	200% Above	No	No
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	4	60.00	0.25	0.53855	51%-75% Below	No	No
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	5	30.00	0.33	0.55224	26%-50% Below	No	No
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	5	30.00	3.50	0.55224	200% Above	No	No
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	6	30.00	0.33	0.55462	26%-50% Below	No	No
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	6	30.00	0.50	0.55462	10%-25% Below	No	No
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	6	30.00	3.50	0.55462	200% Above	No	No
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	6	60.00	0.25	0.55462	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	30.00	0.48	0.53715	10%-25% Below	No	No
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	7	30.00	3.50	0.53715	200% Above	No	No
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	7	30.00	3.50	0.53715	200% Above	Yes	No
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	8	30.00	0.50	0.55698	10%-25% Below	No	No
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	8	60.00	4.93	0.55698	200% Above	Yes	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	5	30.00	0.33	0.59292	26%-50% Below	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	5	30.00	2.05	0.59292	200% Above	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	5	30.00	3.50	0.59292	200% Above	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	5	30.00	3.50	0.59292	200% Above	Yes	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	6	30.00	0.49	0.61181	10%-25% Below	Yes	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	6	30.00	3.50	0.61181	200% Above	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	6	30.00	3.50	0.61181	200% Above	Yes	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	7	30.00	0.33	0.57228	26%-50% Below	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	7	30.00	0.50	0.57228	10%-25% Below	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	7	30.00	3.50	0.57228	200% Above	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	8	30.00	0.50	0.59100	10%-25% Below	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	8	30.00	3.50	0.59100	200% Above	No	No
00406895501	DEXTROAMP-AMPHET ER 25 MG CAP	4	60.00	3.50	0.55107	200% Above	No	No
00406895501	DEXTROAMP-AMPHET ER 25 MG CAP	5	30.00	3.50	0.54438	200% Above	No	No
00406895501	DEXTROAMP-AMPHET ER 25 MG CAP	5	60.00	3.50	0.54438	200% Above	No	No
00406895501	DEXTROAMP-AMPHET ER 25 MG CAP	6	30.00	3.50	0.54704	200% Above	No	No
00406895501	DEXTROAMP-AMPHET ER 25 MG CAP	6	60.00	3.50	0.54704	200% Above	No	No
00406895501	DEXTROAMP-AMPHET ER 25 MG CAP	7	30.00	3.50	0.51367	200% Above	No	No
00406895501	DEXTROAMP-AMPHET ER 25 MG CAP	8	30.00	3.50	0.49524	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406895601	DEXTROAMP-AMPHET ER 30 MG CAP	4	30.00	0.33	0.55958	26%-50% Below	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	60.00	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	5	30.00	3.50	0.54992	200% Above	No	No
00406895601	DEXTROAMP-AMPHET ER 30 MG CAP	6	30.00	0.33	0.52268	26%-50% Below	No	No
00406895601	DEXTROAMP-AMPHET ER 30 MG CAP	6	30.00	3.50	0.52268	200% Above	No	No
00406895601	DEXTROAMP-AMPHET ER 30 MG CAP	7	30.00	3.50	0.47364	200% Above	No	No
00406895601	DEXTROAMP-AMPHET ER 30 MG CAP	7	90.00	3.50	0.47364	200% Above	No	No
00406895601	DEXTROAMP-AMPHET ER 30 MG CAP	8	30.00	0.28	0.46891	26%-50% Below	No	No
00406895601	DEXTROAMP-AMPHET ER 30 MG CAP	8	30.00	3.50	0.46891	200% Above	No	No
00406895901	DEXTROAMPHETAMINE 10 MG TAB	5	180.00	0.21	0.42657	26%-50% Below	No	No
00406895901	DEXTROAMPHETAMINE 10 MG TAB	7	180.00	0.21	0.35265	26%-50% Below	No	No
00406896101	DEXTROAMPHETAMINE ER 10 MG CAP	5	30.00	1.99	1.01908	76%-100% Above	No	No
00406896101	DEXTROAMPHETAMINE ER 10 MG CAP	6	30.00	1.99	1.03705	76%-100% Above	No	No
00406896101	DEXTROAMPHETAMINE ER 10 MG CAP	7	30.00	0.58	0.99493	26%-50% Below	No	No
00406896101	DEXTROAMPHETAMINE ER 10 MG CAP	7	30.00	1.86	0.99493	76%-100% Above	No	No
00406896101	DEXTROAMPHETAMINE ER 10 MG CAP	8	30.00	1.86	1.00649	76%-100% Above	No	No
00406917576	FENTANYL 75 MCG/HR PATCH	4	10.00	7.11	14.51392	26%-50% Below	No	No
00406995903	TEMAZEPAM 22.5 MG CAPSULE	5	30.00	1.11	1.93813	26%-50% Below	No	No
00406996001	TEMAZEPAM 7.5 MG CAPSULE	7	30.00	1.02	0.90710	10%-25% Above	No	No
00406996101	TEMAZEPAM 15 MG CAPSULE	4	30.00	0.14	0.07924	51%-75% Above	No	No
00406996101	TEMAZEPAM 15 MG CAPSULE	6	30.00	0.04	0.07860	26%-50% Below	No	No
00406996201	TEMAZEPAM 30 MG CAPSULE	4	30.00	0.05	0.09224	26%-50% Below	No	No
00406996201	TEMAZEPAM 30 MG CAPSULE	4	30.00	0.18	0.09224	76%-100% Above	No	No

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00406996201	TEMAZEPAM 30 MG CAPSULE	5	30.00	0.05	0.09245	26%-50% Below	No	No
00406996201	TEMAZEPAM 30 MG CAPSULE	5	30.00	0.18	0.09245	76%-100% Above	No	No
00406996201	TEMAZEPAM 30 MG CAPSULE	6	30.00	0.05	0.09220	26%-50% Below	No	No
00406996201	TEMAZEPAM 30 MG CAPSULE	6	30.00	0.18	0.09220	76%-100% Above	No	No
00406996201	TEMAZEPAM 30 MG CAPSULE	7	30.00	0.18	0.09101	76%-100% Above	No	No
00409379601	KETOROLAC 60 MG/2 ML VIAL	8	2.00	1.12	0.49805	101%-200% Above	No	No
00409655701	TESTOSTERONE CYP 1,000 MG/10 ML	5	10.00	2.28	5.40974	51%-75% Below	No	No
00409655701	TESTOSTERONE CYP 1,000 MG/10 ML	5	10.00	15.03	5.40974	101%-200% Above	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	5	1.00	6.39	11.19423	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	5	2.00	6.39	11.19423	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	5	4.00	6.39	11.19423	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	6	4.00	6.39	11.02886	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	7	4.00	6.39	11.20368	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	8	1.00	6.39	11.54640	26%-50% Below	No	No
00409656220	TESTOSTERONE CYP 2,000 MG/10 ML	7	10.00	2.89	3.57200	10%-25% Below	No	No
00409656220	TESTOSTERONE CYP 2,000 MG/10 ML	8	10.00	2.89	3.65081	10%-25% Below	No	No
00409733201	CEFTRIAXONE 1 GM VIAL	6	2.00	1.05	1.28828	10%-25% Below	No	No
00472016615	NYSTATIN 100,000 UNIT/GM OINT	8	15.00	0.17	0.22908	26%-50% Below	No	No
00472024260	PERMETHRIN 5% CREAM	7	60.00	0.14	0.22446	26%-50% Below	No	No
00472024260	PERMETHRIN CRE 5%	8	60.00	0.14	.		No	No
00472032126	HYDROCORTISONE 1% CREAM	7	56.80	0.00	0.08437	76%-100% Below	No	No
00472037915	CLOTRIMAZOLE-BETAMETHASONE CRM	5	15.00	0.31	0.21090	26%-50% Above	No	No
00472037945	CLOTRIMAZOLE-BETAMETHASONE CRM	5	45.00	0.31	0.18646	51%-75% Above	No	No
00472037945	CLOTRIMAZOLE-BETAMETHASONE CRM	6	45.00	0.31	0.18784	51%-75% Above	No	No
00472037945	CLOTRIMAZOLE-BETAMETHASONE CRM	7	45.00	0.66	0.18606	200% Above	Yes	No

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00472038015	BETAMETHASONE DP 0.05% CRM	6	15.00	0.33	0.49961	26%-50% Below	No	No
00472038045	BETAMETHASONE DP 0.05% CRM	6	45.00	0.33	0.39701	10%-25% Below	No	No
00472038045	BETAMETHASONE DP 0.05% CRM	7	45.00	0.33	0.38447	10%-25% Below	No	No
00472038045	BETAMETHASONE DP 0.05% CRM	7	135.00	0.33	0.38447	10%-25% Below	No	No
00472103016	HYDROMET 5 MG-1.5 MG/5 ML SOLN	5	60.00	0.05	0.09910	26%-50% Below	No	No
00472103016	HYDROMET 5 MG-1.5 MG/5 ML SOLN	6	35.00	0.08	0.10047	10%-25% Below	No	No
00480204456	VILAZODONE HCL 20 MG TABLET	7	90.00	0.25	0.77620	51%-75% Below	Yes	No
00480259634	FIDAXOMICIN 200 MG TABLET	5	20.00	32.46	130.10613	51%-75% Below	Yes	No
00480259634	FIDAXOMICIN 200 MG TABLET	7	20.00	79.77	98.33133	10%-25% Below	No	No
00480308031	BUDESONIDE-FORMOTEROL 80-4.5	8	30.60	9.81	15.81726	26%-50% Below	Yes	No
00480308131	BUDESONIDE-FORMOTEROL 160-4.5	8	10.20	14.66	17.46899	10%-25% Below	No	No
00480331665	AMPHETAMINE ER 6.3 MG ODT	6	30.00	7.00	16.22928	51%-75% Below	Yes	No
00480331665	AMPHETAMINE ER 6.3 MG ODT	7	30.00	7.00	16.23196	51%-75% Below	Yes	No
00480331865	AMPHETAMINE ER 12.5 MG ODT	5	30.00	12.87	16.42774	10%-25% Below	No	No
00480347868	NALOXONE HCL 4 MG NASAL SPRAY	5	2.00	25.55	15.22478	51%-75% Above	Yes	No
00480347868	NALOXONE HCL 4 MG NASAL SPRAY	6	2.00	7.01	15.45992	51%-75% Below	No	No
00480347868	NALOXONE HCL 4 MG NASAL SPRAY	7	2.00	35.05	15.87764	101%-200% Above	Yes	No
00480349316	CRYSELLE-28 TABLET	4	84.00	0.04	0.30544	76%-100% Below	No	No
00480349316	CRYSELLE-28 TABLET	6	28.00	0.18	0.29084	26%-50% Below	Yes	No
00480349316	CRYSELLE-28 TABLET	6	28.00	0.21	0.29084	26%-50% Below	Yes	No
00480349316	CRYSELLE-28 TABLET	6	84.00	0.04	0.29084	76%-100% Below	No	No
00480349316	CRYSELLE-28 TABLET	6	84.00	0.21	0.29084	26%-50% Below	Yes	No
00480349316	CRYSELLE-28 TABLET	7	28.00	0.18	0.28407	26%-50% Below	Yes	No
00480349316	CRYSELLE-28 TABLET	7	28.00	0.21	0.28407	26%-50% Below	Yes	No
00480349316	CRYSELLE-28 TABLET	7	84.00	0.10	0.28407	51%-75% Below	Yes	No

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00480349316	CRYSELLE-28 TABLET	7	84.00	0.18	0.28407	26%-50% Below	Yes	No
00480349405	GABAPENTIN 100 MG CAPSULE	4	90.00	0.01	0.02107	26%-50% Below	No	No
00480349405	GABAPENTIN 100 MG CAPSULE	5	42.00	0.05	0.02117	101%-200% Above	No	No
00480349405	GABAPENTIN 100 MG CAPSULE	5	90.00	0.01	0.02117	26%-50% Below	No	No
00480349405	GABAPENTIN 100 MG CAPSULE	5	90.00	0.05	0.02117	101%-200% Above	No	No
00480349405	GABAPENTIN 100 MG CAPSULE	6	30.00	0.01	0.02098	51%-75% Below	No	No
00480349505	GABAPENTIN 300 MG CAPSULE	4	28.00	0.04	0.03246	10%-25% Above	No	No
00480349505	GABAPENTIN 300 MG CAPSULE	5	28.00	0.04	0.03246	10%-25% Above	No	No
00480349505	GABAPENTIN 300 MG CAPSULE	5	30.00	0.06	0.03246	76%-100% Above	No	No
00480349505	GABAPENTIN 300 MG CAPSULE	5	90.00	0.06	0.03246	76%-100% Above	No	No
00480349505	GABAPENTIN 300 MG CAPSULE	6	28.00	0.04	0.03245	10%-25% Above	No	No
00480349505	GABAPENTIN 300 MG CAPSULE	6	30.00	0.01	0.03245	51%-75% Below	No	No
00480349505	GABAPENTIN 300 MG CAPSULE	6	42.00	0.04	0.03245	10%-25% Above	No	No
00480349505	GABAPENTIN 300 MG CAPSULE	6	180.00	0.02	0.03245	26%-50% Below	No	No
00480349505	GABAPENTIN 300 MG CAPSULE	7	28.00	0.04	0.03078	26%-50% Above	No	No
00480349505	GABAPENTIN 300 MG CAPSULE	7	30.00	0.06	0.03078	76%-100% Above	No	No
00480349505	GABAPENTIN 300 MG CAPSULE	7	90.00	0.06	0.03078	76%-100% Above	No	No
00480349505	GABAPENTIN 300 MG CAPSULE	7	180.00	0.06	0.03078	76%-100% Above	No	No
00480349505	GABAPENTIN 300 MG CAPSULE	7	270.00	0.06	0.03078	76%-100% Above	No	No
00480349505	GABAPENTIN 300 MG CAPSULE	8	28.00	0.04	0.03015	26%-50% Above	No	No
00480349505	GABAPENTIN 300 MG CAPSULE	8	30.00	0.04	0.03015	26%-50% Above	No	No
00480349505	GABAPENTIN 300 MG CAPSULE	8	30.00	0.06	0.03015	101%-200% Above	No	No
00480349505	GABAPENTIN 300 MG CAPSULE	8	90.00	0.03	0.03015	10%-25% Below	No	No
00480349505	GABAPENTIN 300 MG CAPSULE	8	90.00	0.06	0.03015	101%-200% Above	No	No
00480356701	LISDEXAMFETAMINE 30 MG CAPSULE	5	30.00	1.48	3.12473	51%-75% Below	No	No

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00480356701	LISDEXAMFETAMINE 30 MG CAPSULE	5	30.00	1.52	3.12473	51%-75% Below	No	No
00480356701	LISDEXAMFETAMINE 30 MG CAPSULE	6	30.00	1.56	3.03663	26%-50% Below	No	No
00480356701	LISDEXAMFETAMINE 30 MG CAPSULE	7	30.00	1.56	2.76686	26%-50% Below	No	No
00480356801	LISDEXAMFETAMINE 40 MG CAPSULE	5	30.00	1.02	2.92284	51%-75% Below	No	No
00480358610	ATORVASTATIN 20 MG TABLET	8	30.00	0.01	0.02762	26%-50% Below	No	No
00480358698	ATORVASTATIN 20 MG TABLET	7	30.00	0.20	0.02795	200% Above	No	No
00480358698	ATORVASTATIN 20 MG TABLET	7	90.00	0.01	0.02795	26%-50% Below	No	No
00480358698	ATORVASTATIN 20 MG TABLET	8	90.00	0.01	0.02762	26%-50% Below	No	No
00480358810	ATORVASTATIN 80 MG TABLET	8	30.00	0.15	0.06924	101%-200% Above	No	No
00480358898	ATORVASTATIN 80 MG TABLET	7	30.00	0.13	0.06918	76%-100% Above	No	No
00480358898	ATORVASTATIN 80 MG TABLET	7	90.00	0.13	0.06918	76%-100% Above	No	No
00480358898	ATORVASTATIN 80 MG TABLET	7	90.00	0.14	0.06918	76%-100% Above	No	No
00480358898	ATORVASTATIN 80 MG TABLET	7	90.00	0.14	0.06918	101%-200% Above	No	No
00480358898	ATORVASTATIN 80 MG TABLET	8	30.00	0.13	0.06924	76%-100% Above	No	No
00480358898	ATORVASTATIN 80 MG TABLET	8	90.00	0.13	0.06924	76%-100% Above	No	No
00480358898	ATORVASTATIN 80 MG TABLET	8	90.00	0.14	0.06924	101%-200% Above	No	No
00480358898	ATORVASTATIN 80 MG TABLET	8	90.00	0.14	0.06924	101%-200% Above	No	No
00480358898	ATORVASTATIN TAB 80MG	6	90.00	0.13	.		No	No
00480413806	LUBIPROSTONE 24 MCG CAPSULE	7	180.00	0.17	0.63045	51%-75% Below	No	No
00480706856	PERAMPANEL 12 MG TABLET	4	30.00	4.90	27.77993	76%-100% Below	Yes	No
00480706856	PERAMPANEL 12 MG TABLET	5	30.00	4.90	23.73504	76%-100% Below	Yes	No
00480706856	PERAMPANEL 12 MG TABLET	6	30.00	4.90	20.17646	51%-75% Below	Yes	No
00480706856	PERAMPANEL 12 MG TABLET	7	30.00	4.90	17.29257	51%-75% Below	Yes	No
00480924201	PROPYLTHIOURACIL 50 MG TABLET	4	210.00	0.51	0.27237	76%-100% Above	Yes	No
00485008001	RYMED TABLET	5	60.00	0.17	0.22396	26%-50% Below	No	No

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00485017116	ED-A-HIST DM LIQUID	8	237.00	0.11	0.06729	51%-75% Above	Yes	No
00487020103	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	5	90.00	0.04	0.08739	26%-50% Below	No	No
00487020103	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	5	360.00	0.04	0.08739	51%-75% Below	No	No
00487020103	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	7	120.00	0.04	0.08380	26%-50% Below	No	No
00487020160	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	8	180.00	0.04	0.08547	26%-50% Below	No	No
00487030101	ALBUTEROL SUL 0.63 MG/3 ML SOL	5	90.00	0.11	0.24741	51%-75% Below	No	No
00487900330	SOD CHLORIDE NEB 3%4MLX30	6	360.00	0.15	.		No	No
00487930103	SOD CHLORIDE NEB 0.9% 3ML	4	300.00	0.06	.		No	No
00487950101	ALBUTEROL SUL 2.5 MG/3 ML SOLN	4	270.00	0.03	0.06584	26%-50% Below	No	No
00487950101	ALBUTEROL SUL 2.5 MG/3 ML SOLN	5	360.00	0.03	0.06535	26%-50% Below	No	No
00487950101	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	180.00	0.03	0.06342	26%-50% Below	No	No
00487950101	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	360.00	0.03	0.06342	26%-50% Below	No	No
00487950103	ALBUTEROL SUL 2.5 MG/3 ML SOLN	5	270.00	0.03	0.06535	26%-50% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	75.00	0.03	0.05994	26%-50% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	4	75.00	0.03	0.06064	51%-75% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	4	75.00	0.03	0.06064	26%-50% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	4	75.00	0.04	0.06064	26%-50% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	5	75.00	0.03	0.05959	51%-75% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	5	375.00	0.02	0.05959	51%-75% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	300.00	0.03	0.05870	26%-50% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	7	75.00	0.03	0.05798	51%-75% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	7	375.00	0.02	0.05798	51%-75% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	8	75.00	0.03	0.05943	51%-75% Below	No	No
00487950160	ALBUTEROL SUL 2.5 MG/3 ML SOLN	7	180.00	0.03	0.06678	26%-50% Below	No	No
00487950160	ALBUTEROL SUL 2.5 MG/3 ML SOLN	8	180.00	0.03	0.06577	26%-50% Below	No	No

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00487950160	ALBUTEROL SUL 2.5 MG/3 ML SOLN	8	360.00	0.03	0.06577	51%-75% Below	No	No
00487960130	BUDESONIDE 0.25 MG/2 ML SUSP	4	60.00	0.49	0.75111	26%-50% Below	No	No
00487970130	BUDESONIDE 0.5 MG/2 ML SUSP	4	120.00	0.55	0.70680	10%-25% Below	No	No
00487970130	BUDESONIDE 0.5 MG/2 ML SUSP	5	60.00	0.55	0.69110	10%-25% Below	No	No
00487970130	BUDESONIDE 0.5 MG/2 ML SUSP	7	120.00	0.55	0.69311	10%-25% Below	No	No
00487990401	ALBUTEROL SUL 1.25 MG/3 ML SOL	4	180.00	0.11	0.22297	51%-75% Below	No	No
00517003125	CYANOCOBALAMIN 1,000 MCG/ML VL	4	1.00	0.93	1.50471	26%-50% Below	No	No
00517003125	CYANOCOBALAMIN 1,000 MCG/ML VL	5	1.00	0.93	1.50475	26%-50% Below	No	No
00517003225	CYANOCOBALAMIN 10,000 MCG/10 ML	4	10.00	0.45	1.94956	76%-100% Below	No	No
00517042001	ESTRADIOL VALERATE 100 MG/5 ML	4	5.00	10.38	21.48967	51%-75% Below	Yes	No
00517042001	ESTRADIOL VALERATE 100 MG/5 ML	5	5.00	10.38	21.00379	26%-50% Below	No	No
00517042001	ESTRADIOL VALERATE 100 MG/5 ML	6	5.00	9.31	20.90002	51%-75% Below	Yes	No
00517042001	ESTRADIOL VALERATE 100 MG/5 ML	6	5.00	10.38	20.90002	26%-50% Below	No	No
00527076237	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	30.00	0.11	0.23643	51%-75% Below	No	No
00527076237	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	30.00	0.11	0.23662	51%-75% Below	No	No
00527076237	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	60.00	0.11	0.23662	51%-75% Below	No	No
00527076237	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	30.00	0.11	0.23620	51%-75% Below	No	No
00527076237	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	30.00	0.11	0.23293	51%-75% Below	No	No
00527076237	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	60.00	0.11	0.23293	51%-75% Below	No	No
00527076437	DEXTROAMP-AMPHETAMIN 15 MG TAB	5	30.00	0.11	0.25021	51%-75% Below	Yes	No
00527079037	DEXTROAMP-AMPHET ER 5 MG CAP	4	30.00	3.50	0.47205	200% Above	No	No
00527079037	DEXTROAMP-AMPHET ER 5 MG CAP	6	30.00	3.50	0.46613	200% Above	No	No
00527079037	DEXTROAMP-AMPHET ER 5 MG CAP	7	30.00	3.50	0.46492	200% Above	No	No
00527079037	DEXTROAMP-AMPHET ER 5 MG CAP	8	30.00	3.50	0.47935	200% Above	No	No
00527079137	DEXTROAMP-AMPHET ER 10 MG CAP	6	30.00	3.50	0.53147	200% Above	No	No

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00527079237	DEXTROAMP-AMPHET ER 15 MG CAP	4	30.00	3.50	0.53855	200% Above	No	No
00527079237	DEXTROAMP-AMPHET ER 15 MG CAP	6	30.00	3.50	0.55462	200% Above	No	No
00527079237	DEXTROAMP-AMPHET ER 15 MG CAP	8	30.00	3.50	0.55698	200% Above	No	No
00527079337	DEXTROAMP-AMPHET ER 20 MG CAP	4	30.00	3.50	0.61069	200% Above	No	No
00527079337	DEXTROAMP-AMPHET ER 20 MG CAP	5	60.00	3.50	0.59292	200% Above	No	No
00527079337	DEXTROAMP-AMPHET ER 20 MG CAP	6	30.00	0.50	0.61181	10%-25% Below	No	No
00527079337	DEXTROAMP-AMPHET ER 20 MG CAP	7	30.00	0.17	0.57228	51%-75% Below	No	No
00527079437	DEXTROAMP-AMPHET ER 25 MG CAP	4	30.00	3.50	0.55107	200% Above	No	No
00527079437	DEXTROAMP-AMPHET ER 25 MG CAP	6	30.00	3.50	0.54704	200% Above	No	No
00527079537	DEXTROAMP-AMPHET ER 30 MG CAP	5	30.00	0.33	0.54992	26%-50% Below	No	No
00527079537	DEXTROAMP-AMPHET ER 30 MG CAP	5	30.00	3.50	0.54992	200% Above	No	No
00527079537	DEXTROAMP-AMPHET ER 30 MG CAP	7	30.00	3.50	0.47364	200% Above	No	No
00527079537	DEXTROAMP-AMPHET ER 30 MG CAP	8	30.00	3.50	0.46891	200% Above	No	No
00527128201	DICYCLOMINE 20 MG TABLET	2	15.00	0.10	0.05877	51%-75% Above	No	No
00527128201	DICYCLOMINE 20 MG TABLET	5	56.00	0.12	0.05604	101%-200% Above	No	No
00527131301	PILOCARPINE HCL 5 MG TABLET	7	180.00	0.21	0.32343	26%-50% Below	No	No
00527133850	DOXYCYCLINE MONO 100 MG TABLET	5	10.00	0.23	0.25991	10%-25% Below	No	No
00527143501	METAXALONE 800 MG TABLET	5	90.00	0.22	0.40414	26%-50% Below	No	No
00527143501	METAXALONE 800 MG TABLET	6	15.00	1.00	0.39262	101%-200% Above	No	No
00527143501	METAXALONE 800 MG TABLET	8	90.00	0.63	0.40177	51%-75% Above	No	No
00527163201	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	7	90.00	0.13	0.11953	10%-25% Above	No	No
00527185943	SUMATRIPTAN 20 MG NASAL SPRAY	6	12.00	1.76	16.42136	76%-100% Below	No	No
00527213335	POSACONAZOLE DR 100 MG TABLET	4	90.00	6.22	2.50824	101%-200% Above	No	No
00527239519	AZITHROMYCIN 500 MG TABLET	6	3.00	1.15	0.60470	76%-100% Above	No	No
00527242546	OLMESARTAN MEDOXOMIL 5 MG TAB	4	60.00	0.20	0.05726	200% Above	No	No

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00527242546	OLMESARTAN MEDOXOMIL 5 MG TAB	5	270.00	0.20	0.05769	200% Above	No	No
00527242632	OLMESARTAN MEDOXOMIL 20 MG TAB	6	90.00	1.03	0.07963	200% Above	No	No
00527301248	MESALAMINE DR 1.2 GM TABLET	4	60.00	0.49	0.89596	26%-50% Below	No	No
00527301248	MESALAMINE DR 1.2 GM TABLET	5	60.00	0.49	0.85594	26%-50% Below	No	No
00527301248	MESALAMINE DR 1.2 GM TABLET	6	60.00	0.49	0.81378	26%-50% Below	No	No
00527301248	MESALAMINE DR 1.2 GM TABLET	7	60.00	0.45	0.81924	26%-50% Below	No	No
00527301248	MESALAMINE DR 1.2 GM TABLET	7	120.00	0.54	0.81924	26%-50% Below	No	No
00527301248	MESALAMINE DR 1.2 GM TABLET	8	90.00	1.07	0.79534	26%-50% Above	No	No
00527328143	LEVOTHYROXINE 50 MCG TABLET	4	90.00	0.15	0.04736	200% Above	No	No
00527328143	LEVOTHYROXINE 50 MCG TABLET	5	90.00	0.03	0.04623	26%-50% Below	No	No
00527328143	LEVOTHYROXINE 50 MCG TABLET	5	90.00	0.15	0.04623	200% Above	No	No
00527328143	LEVOTHYROXINE 50 MCG TABLET	6	90.00	0.15	0.04483	200% Above	No	No
00527328446	LEVOTHYROXINE 100 MCG TABLET	4	30.00	0.31	0.05322	200% Above	No	No
00527328446	LEVOTHYROXINE 100 MCG TABLET	5	30.00	0.31	0.05205	200% Above	No	No
00527328446	LEVOTHYROXINE 100 MCG TABLET	7	30.00	0.31	0.05161	200% 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	5	30.00	0.25	0.16777	26%-50% Above	No	No
00527411637	PROPRANOLOL ER 60 MG CAPSULE	5	30.00	0.50	0.16777	101%-200% Above	No	No
00527411637	PROPRANOLOL ER 60 MG CAPSULE	5	60.00	0.25	0.16777	26%-50% Above	No	No
00527411637	PROPRANOLOL ER 60 MG CAPSULE	5	90.00	0.25	0.16777	26%-50% Above	No	No
00527411637	PROPRANOLOL ER 60 MG CAPSULE	6	30.00	0.25	0.16911	26%-50% Above	No	No
00527411637	PROPRANOLOL ER 60 MG CAPSULE	6	30.00	0.50	0.16911	101%-200% Above	No	No
00527411637	PROPRANOLOL ER 60 MG CAPSULE	6	60.00	0.25	0.16911	26%-50% Above	No	No
00527411637	PROPRANOLOL ER 60 MG CAPSULE	6	90.00	0.25	0.16911	26%-50% Above	No	No
00527411637	PROPRANOLOL ER 60 MG CAPSULE	7	30.00	0.25	0.16879	26%-50% Above	No	No

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00527411637	PROPRANOLOL ER 60 MG CAPSULE	7	90.00	0.25	0.16879	26%-50% Above	No	No
00527411637	PROPRANOLOL ER 60 MG CAPSULE	8	60.00	0.25	0.17010	26%-50% Above	No	No
00527411637	PROPRANOLOL ER 60 MG CAPSULE	8	90.00	0.25	0.17010	26%-50% Above	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	5	90.00	0.08	0.19518	51%-75% Below	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	5	90.00	0.26	0.19518	26%-50% Above	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	6	30.00	0.26	0.19631	26%-50% Above	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	7	30.00	0.26	0.19549	26%-50% Above	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	7	90.00	0.26	0.19549	26%-50% Above	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	8	30.00	0.26	0.19325	26%-50% Above	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	8	90.00	0.26	0.19325	26%-50% Above	No	No
00527411837	PROPRANOLOL ER 120 MG CAPSULE	4	30.00	0.36	0.19660	76%-100% Above	No	No
00527411837	PROPRANOLOL ER 120 MG CAPSULE	5	90.00	0.02	0.19317	76%-100% Below	No	No
00527411837	PROPRANOLOL ER 120 MG CAPSULE	5	90.00	0.36	0.19317	76%-100% Above	No	No
00527411837	PROPRANOLOL ER 120 MG CAPSULE	6	30.00	0.36	0.19214	76%-100% Above	No	No
00527411837	PROPRANOLOL ER 120 MG CAPSULE	6	90.00	0.36	0.19214	76%-100% Above	No	No
00527411837	PROPRANOLOL ER 120 MG CAPSULE	7	30.00	0.36	0.18580	76%-100% Above	No	No
00527411837	PROPRANOLOL ER 120 MG CAPSULE	7	90.00	0.36	0.18580	76%-100% Above	No	No
00527411937	PROPRANOLOL ER 160 MG CAPSULE	4	90.00	0.50	0.31278	51%-75% Above	No	No
00527457937	METHYLPHENIDATE CD 10 MG CAP	8	30.00	0.69	1.26966	26%-50% Below	Yes	No
00527457937	METHYLPHENIDATE CD 10 MG CAP	12	30.00	0.72	1.16916	26%-50% Below	No	No
00527458037	METHYLPHENIDATE CD 20 MG CAP	1	15.00	0.42	1.33433	51%-75% Below	Yes	No
00527466137	LISDEXAMFETAMINE 10 MG CAPSULE	4	36.00	1.63	2.88203	26%-50% Below	Yes	No
00527466137	LISDEXAMFETAMINE 10 MG CAPSULE	6	30.00	7.57	2.87323	101%-200% Above	Yes	No
00527466137	LISDEXAMFETAMINE 10 MG CAPSULE	8	30.00	7.57	2.66010	101%-200% Above	Yes	No
00527466237	LISDEXAMFETAMINE 20 MG CAPSULE	4	30.00	1.56	2.55885	26%-50% Below	No	No

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00527466237	LISDEXAMFETAMINE 20 MG CAPSULE	5	30.00	1.46	2.73182	26%-50% Below	No	No
00527466237	LISDEXAMFETAMINE 20 MG CAPSULE	5	30.00	1.46	2.73182	26%-50% Below	Yes	No
00527466237	LISDEXAMFETAMINE 20 MG CAPSULE	7	30.00	1.29	2.74547	51%-75% Below	Yes	No
00527466237	LISDEXAMFETAMINE 20 MG CAPSULE	7	30.00	1.55	2.74547	26%-50% Below	Yes	No
00527466237	LISDEXAMFETAMINE 20 MG CAPSULE	8	30.00	1.55	2.59686	26%-50% Below	Yes	No
00527466337	LISDEXAMFETAMINE 30 MG CAPSULE	6	30.00	1.72	3.03663	26%-50% Below	Yes	No
00527466337	LISDEXAMFETAMINE 30 MG CAPSULE	7	30.00	0.92	2.76686	51%-75% Below	Yes	No
00527466337	LISDEXAMFETAMINE 30 MG CAPSULE	7	30.00	1.72	2.76686	26%-50% Below	Yes	No
00527466437	LISDEXAMFETAMINE 40 MG CAPSULE	5	30.00	0.92	2.92284	51%-75% Below	Yes	No
00527466437	LISDEXAMFETAMINE 40 MG CAPSULE	5	30.00	1.23	2.92284	51%-75% Below	Yes	No
00527466437	LISDEXAMFETAMINE 40 MG CAPSULE	6	30.00	0.92	2.81679	51%-75% Below	Yes	No
00527466437	LISDEXAMFETAMINE 40 MG CAPSULE	7	7.00	0.92	2.72415	51%-75% Below	Yes	No
00527466537	LISDEXAMFETAMINE 50 MG CAPSULE	4	30.00	7.57	2.79284	101%-200% Above	No	No
00527466537	LISDEXAMFETAMINE 50 MG CAPSULE	5	30.00	1.56	2.84456	26%-50% Below	No	No
00527466537	LISDEXAMFETAMINE 50 MG CAPSULE	5	30.00	7.57	2.84456	101%-200% Above	No	No
00527466537	LISDEXAMFETAMINE 50 MG CAPSULE	6	60.00	1.56	2.88660	26%-50% Below	No	No
00527540670	PREDNISOLONE 15 MG/5 ML SYRUP	4	25.00	0.22	0.60691	51%-75% Below	No	No
00527540670	PREDNISOLONE 15 MG/5 ML SYRUP	6	30.00	0.20	0.60336	51%-75% Below	No	No
00527810737	DEXMETHYLPHENIDATE ER 10 MG CP	4	60.00	0.12	1.49999	76%-100% Below	No	No
00527810737	DEXMETHYLPHENIDATE ER 10 MG CP	5	60.00	0.12	1.45667	76%-100% Below	No	No
00527810737	DEXMETHYLPHENIDATE ER 10 MG CP	7	30.00	1.02	1.53417	26%-50% Below	No	No
00527810737	DEXMETHYLPHENIDATE ER 10 MG CP	8	30.00	0.53	1.55582	51%-75% Below	Yes	No
00527810737	DEXMETHYLPHENIDATE ER 10 MG CP	8	60.00	0.29	1.55582	76%-100% Below	No	No
00527810837	DEXMETHYLPHENIDATE ER 15 MG CP	5	30.00	0.37	0.94127	51%-75% Below	Yes	No
00527810837	DEXMETHYLPHENIDATE ER 15 MG CP	5	30.00	0.50	0.94127	26%-50% Below	Yes	No

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00527810837	DEXMETHYLPHENIDATE ER 15 MG CP	5	30.00	0.84	0.94127	10%-25% Below	No	No
00527810837	DEXMETHYLPHENIDATE ER 15 MG CP	6	60.00	0.09	0.92008	76%-100% Below	No	No
00527810937	DEXMETHYLPHENIDATE ER 20 MG CP	4	30.00	1.08	1.98180	26%-50% Below	No	No
00527810937	DEXMETHYLPHENIDATE ER 20 MG CP	6	30.00	1.08	2.03051	26%-50% Below	No	No
00527810937	DEXMETHYLPHENIDATE ER 20 MG CP	7	30.00	1.08	2.03789	26%-50% Below	No	No
00536100901	FERROUS SULF TAB 325MG	4	15.00	0.06	.		Yes	No
00536100901	FERROUS SULF TAB 325MG	5	30.00	0.06	.		Yes	No
00536100901	FERROUS SULF TAB 325MG	5	45.00	0.06	.		Yes	No
00536100901	FERROUS SULF TAB 325MG	6	36.00	0.06	.		Yes	No
00536100901	FERROUS SULF TAB 325MG	7	45.00	0.06	.		Yes	No
00536100901	FERROUS SULF TAB 325MG	8	30.00	0.06	.		Yes	No
00536100901	FERROUS SULF TAB 325MG	8	45.00	0.06	.		Yes	No
00536105224	POLYETHYLENE GLYCOL 3350 POWD	6	238.00	0.02	0.02448	10%-25% Below	No	No
00536118365	FLUTICASONE PROP 50 MCG SPRAY	8	15.80	0.54	0.89661	26%-50% Below	No	No
00536124701	SENEXON-S 50-8.6 MG TABLET	4	20.00	0.05	0.03111	51%-75% Above	Yes	No
00536124801	STIMULANT LAXATIVE PLUS TABLET	6	30.00	0.40	0.03120	200% Above	No	No
00536135301	VITAMIN D3 CAP 50MCG	5	30.00	0.04	.		No	No
00536135301	VITAMIN D3 CAP 50MCG	5	90.00	0.20	.		No	No
00536135301	VITAMIN D3 CAP 50MCG	7	30.00	0.04	.		No	No
00536135301	VITAMIN D3 CAP 50MCG	8	30.00	0.04	.		No	No
00536136601	VITAMIN B-12 TAB 1000MCG	6	90.00	0.23	.		No	No
00536145188	MUCUS RELIEF ER 1,200 MG TAB	8	14.00	1.19	0.44456	101%-200% Above	No	No
00536406301	CL PRENATAL TAB 28-0.8MG	4	90.00	0.17	.		Yes	No
00536406301	CL PRENATAL TAB 28-0.8MG	6	30.00	0.50	.		Yes	No
00536406301	CL PRENATAL TAB 28-0.8MG	7	30.00	0.50	.		Yes	No

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00536406301	CL PRENATAL TAB 28-0.8MG	8	30.00	0.50	.		Yes	No
00536589488	NICOTINE 7 MG/24HR PATCH	4	14.00	0.12	1.65973	76%-100% Below	No	No
00536589588	NICOTINE 14 MG/24HR PATCH	4	14.00	0.12	1.75798	76%-100% Below	No	No
00536589588	NICOTINE 14 MG/24HR PATCH	4	28.00	1.57	1.75798	10%-25% Below	No	No
00536589588	NICOTINE 14 MG/24HR PATCH	4	28.00	1.57	1.75798	10%-25% Below	Yes	No
00536589588	NICOTINE 14 MG/24HR PATCH	6	28.00	0.90	1.76517	26%-50% Below	Yes	No
00536589588	NICOTINE 14 MG/24HR PATCH	6	28.00	1.57	1.76517	10%-25% Below	Yes	No
00536589671	NICOTINE 21 MG/24HR PATCH	4	28.00	0.12	1.69279	76%-100% Below	No	No
00536589671	NICOTINE 21 MG/24HR PATCH	4	28.00	0.96	1.69279	26%-50% Below	No	No
00536589671	NICOTINE 21 MG/24HR PATCH	5	28.00	0.96	1.75776	26%-50% Below	No	No
00536589688	NICOTINE 21 MG/24HR PATCH	4	28.00	0.89	1.69279	26%-50% Below	Yes	No
00536589688	NICOTINE 21 MG/24HR PATCH	5	14.00	0.96	1.75776	26%-50% Below	No	No
00536589688	NICOTINE 21 MG/24HR PATCH	7	14.00	0.96	1.76790	26%-50% Below	Yes	No
00536589688	NICOTINE 21 MG/24HR PATCH	12	14.00	0.31	1.51729	76%-100% Below	No	No
00548540000	MEDROXYPROGESTERONE 150 MG/ML	5	1.00	10.87	19.30447	26%-50% Below	No	No
00548540000	MEDROXYPROGESTERONE 150 MG/ML	7	1.00	10.87	18.45812	26%-50% Below	No	No
00548570100	MEDROXYPROGESTERONE 150 MG/ML	5	1.00	11.06	25.60298	51%-75% Below	No	No
00555003302	CHLORDIAZEPOXIDE 10 MG CAPSULE	6	14.00	0.10	0.14212	26%-50% Below	Yes	No
00555003302	CHLORDIAZEPOXIDE 10 MG CAPSULE	7	14.00	0.10	0.14228	26%-50% Below	Yes	No
00555021110	NORETHINDRONE 5 MG TABLET	5	60.00	0.36	0.29880	10%-25% Above	No	No
00555032304	HYDROXYZINE PAM 25 MG CAP	6	30.00	0.05	0.06420	10%-25% Below	No	No
00555032402	HYDROXYZINE PAM 100 MG CAP	4	30.00	0.68	0.44017	51%-75% Above	No	No
00555032402	HYDROXYZINE PAM 100 MG CAP	4	30.00	0.68	0.44017	51%-75% Above	Yes	No
00555032402	HYDROXYZINE PAM 100 MG CAP	5	30.00	0.68	0.44307	51%-75% Above	No	No
00555032402	HYDROXYZINE PAM 100 MG CAP	5	90.00	0.68	0.44307	51%-75% Above	No	No

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00555032402	HYDROXYZINE PAM 100 MG CAP	6	14.00	0.68	0.44486	51%-75% Above	No	No
00555032402	HYDROXYZINE PAM 100 MG CAP	7	10.00	0.65	0.44713	26%-50% Above	No	No
00555032402	HYDROXYZINE PAM 100 MG CAP	7	90.00	0.68	0.44713	51%-75% Above	No	No
00555057202	METHOTREXATE 2.5 MG TABLET	4	32.00	0.31	0.16046	76%-100% Above	No	No
00555057202	METHOTREXATE 2.5 MG TABLET	4	36.00	0.19	0.16046	10%-25% Above	No	No
00555057202	METHOTREXATE 2.5 MG TABLET	5	96.00	0.31	0.16406	76%-100% Above	No	No
00555057202	METHOTREXATE 2.5 MG TABLET	6	16.00	0.63	0.16347	200% Above	No	No
00555057202	METHOTREXATE 2.5 MG TABLET	6	30.00	0.19	0.16347	10%-25% Above	No	No
00555057202	METHOTREXATE 2.5 MG TABLET	6	96.00	0.19	0.16347	10%-25% Above	No	No
00555057202	METHOTREXATE 2.5 MG TABLET	7	30.00	0.19	0.15836	10%-25% Above	No	No
00555057202	METHOTREXATE 2.5 MG TABLET	7	48.00	0.63	0.15836	200% Above	No	No
00555057202	METHOTREXATE 2.5 MG TABLET	7	78.00	0.38	0.15836	101%-200% Above	No	No
00555057202	METHOTREXATE 2.5 MG TABLET	8	12.00	0.19	0.15658	10%-25% Above	No	No
00555057202	METHOTREXATE 2.5 MG TABLET	8	16.00	0.63	0.15658	200% Above	No	No
00555057202	METHOTREXATE 2.5 MG TABLET	8	30.00	0.19	0.15658	10%-25% Above	No	No
00555057202	METHOTREXATE 2.5 MG TABLET	8	32.00	0.31	0.15658	76%-100% Above	No	No
00555057202	METHOTREXATE 2.5 MG TABLET	8	48.00	0.77	0.15658	200% Above	No	No
00555060602	MEGESTROL 20 MG TABLET	4	90.00	0.10	0.19063	26%-50% Below	No	No
00555060602	MEGESTROL 20 MG TABLET	8	30.00	0.10	0.20119	26%-50% Below	Yes	No
00555060702	MEGESTROL 40 MG TABLET	6	31.00	0.15	0.24120	26%-50% Below	Yes	No
00555060702	MEGESTROL 40 MG TABLET	7	90.00	0.14	0.24166	26%-50% Below	Yes	No
00555077502	DEXTROAMP-AMPHETAM 7.5 MG TAB	6	30.00	0.17	0.26292	26%-50% Below	No	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	4	60.00	0.18	0.24786	10%-25% Below	No	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	4	90.00	0.11	0.24786	51%-75% Below	No	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	5	30.00	0.11	0.25021	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	5	60.00	0.18	0.25021	26%-50% Below	No	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	5	60.00	0.19	0.25021	10%-25% Below	No	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	6	30.00	0.11	0.24231	51%-75% Below	No	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	7	30.00	0.11	0.23957	51%-75% Below	No	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	7	60.00	0.19	0.23957	10%-25% Below	No	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	8	30.00	0.11	0.23696	51%-75% Below	No	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	8	30.00	0.13	0.23696	26%-50% Below	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	4	21.00	0.11	0.14225	10%-25% Below	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	4	30.00	0.11	0.14225	10%-25% Below	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	5	10.00	0.11	0.14762	26%-50% Below	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	5	30.00	0.11	0.14762	26%-50% Below	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	6	5.00	0.11	0.14690	26%-50% Below	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	6	10.00	0.07	0.14690	26%-50% Below	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	6	10.00	0.11	0.14690	26%-50% Below	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	6	10.00	0.17	0.14690	10%-25% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	6	10.00	0.18	0.14690	10%-25% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	6	90.00	0.11	0.14690	26%-50% Below	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	6	90.00	0.12	0.14690	10%-25% Below	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	7	5.00	0.19	0.14415	26%-50% Above	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	7	10.00	0.16	0.14415	10%-25% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	7	10.00	0.19	0.14415	26%-50% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	7	30.00	0.11	0.14415	26%-50% Below	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	7	90.00	0.11	0.14415	26%-50% Below	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	8	7.00	0.11	0.14817	26%-50% Below	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	8	10.00	0.11	0.14817	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	30.00	0.11	0.14817	26%-50% Below	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	8	90.00	0.11	0.14817	26%-50% Below	Yes	No
00555077904	MEDROXYPROGESTERONE 10 MG TAB	4	10.00	0.11	0.14225	10%-25% Below	No	No
00555077904	MEDROXYPROGESTERONE 10 MG TAB	5	10.00	0.11	0.14762	26%-50% Below	No	No
00555077904	MEDROXYPROGESTERONE 10 MG TAB	6	10.00	0.11	0.14690	26%-50% Below	No	No
00555077904	MEDROXYPROGESTERONE 10 MG TAB	7	10.00	0.11	0.14415	10%-25% Below	No	No
00555087202	MEDROXYPROGESTERONE 2.5 MG TAB	4	90.00	0.07	0.11627	26%-50% Below	No	No
00555087202	MEDROXYPROGESTERONE 2.5 MG TAB	4	90.00	0.09	0.11627	10%-25% Below	No	No
00555087202	MEDROXYPROGESTERONE 2.5 MG TAB	5	30.00	0.09	0.11719	10%-25% Below	No	No
00555087202	MEDROXYPROGESTERONE 2.5 MG TAB	5	90.00	0.07	0.11719	26%-50% Below	No	No
00555087202	MEDROXYPROGESTERONE 2.5 MG TAB	6	90.00	0.07	0.11781	26%-50% Below	No	No
00555087202	MEDROXYPROGESTERONE 2.5 MG TAB	7	30.00	0.09	0.11734	10%-25% Below	No	No
00555087202	MEDROXYPROGESTERONE 2.5 MG TAB	7	90.00	0.08	0.11734	26%-50% Below	No	No
00555087202	MEDROXYPROGESTERONE 2.5 MG TAB	8	30.00	0.09	0.11639	10%-25% Below	No	No
00555087202	MEDROXYPROGESTERONE 2.5 MG TAB	8	90.00	0.07	0.11639	26%-50% Below	No	No
00555087302	MEDROXYPROGESTERONE 5 MG TAB	4	30.00	0.10	0.13840	10%-25% Below	Yes	No
00555087302	MEDROXYPROGESTERONE 5 MG TAB	4	90.00	0.10	0.13840	10%-25% Below	No	No
00555087302	MEDROXYPROGESTERONE 5 MG TAB	5	5.00	0.10	0.14330	26%-50% Below	No	No
00555087302	MEDROXYPROGESTERONE 5 MG TAB	5	90.00	0.10	0.14330	26%-50% Below	Yes	No
00555087302	MEDROXYPROGESTERONE 5 MG TAB	6	5.00	0.10	0.14607	26%-50% Below	No	No
00555087302	MEDROXYPROGESTERONE 5 MG TAB	6	30.00	0.10	0.14607	26%-50% Below	No	No
00555087302	MEDROXYPROGESTERONE 5 MG TAB	6	90.00	0.10	0.14607	26%-50% Below	Yes	No
00555087302	MEDROXYPROGESTERONE 5 MG TAB	7	5.00	0.24	0.14807	51%-75% Above	No	No
00555087302	MEDROXYPROGESTERONE 5 MG TAB	8	5.00	0.10	0.14556	26%-50% Below	No	No
00555087302	MEDROXYPROGESTERONE 5 MG TAB	8	90.00	0.10	0.14556	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	30.00	0.10	0.06578	51%-75% Above	No	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	0.10	0.06578	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	4	90.00	0.11	0.06578	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	5	30.00	0.09	0.06599	26%-50% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	5	30.00	0.10	0.06599	26%-50% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	5	30.00	0.10	0.06599	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	5	30.00	0.10	0.06599	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	5	45.00	0.10	0.06599	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	5	90.00	0.10	0.06599	26%-50% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	5	90.00	0.10	0.06599	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	5	90.00	0.10	0.06599	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	5	90.00	0.11	0.06599	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	6	30.00	0.10	0.06500	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	6	30.00	0.10	0.06500	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	6	45.00	0.10	0.06500	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	6	90.00	0.08	0.06500	26%-50% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	6	90.00	0.09	0.06500	26%-50% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	6	90.00	0.10	0.06500	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	6	90.00	0.10	0.06500	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	6	90.00	0.11	0.06500	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	7	7.00	0.10	0.06433	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	7	30.00	0.09	0.06433	26%-50% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	7	30.00	0.10	0.06433	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	7	30.00	0.10	0.06433	51%-75% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	90.00	0.08	0.06433	26%-50% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	7	90.00	0.09	0.06433	26%-50% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	7	90.00	0.10	0.06433	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	7	90.00	0.10	0.06433	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	7	90.00	0.11	0.06433	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	7	180.00	0.09	0.06433	26%-50% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	8	30.00	0.09	0.06361	26%-50% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	8	30.00	0.09	0.06361	26%-50% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	8	30.00	0.10	0.06361	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	8	45.00	0.10	0.06361	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	8	90.00	0.09	0.06361	26%-50% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	8	90.00	0.10	0.06361	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	8	90.00	0.10	0.06361	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	8	90.00	0.11	0.06361	51%-75% Above	No	No
00555088604	ESTRADIOL 1 MG TABLET	5	30.00	0.09	0.06599	26%-50% Above	No	No
00555088604	ESTRADIOL 1 MG TABLET	5	90.00	0.10	0.06599	51%-75% Above	No	No
00555088604	ESTRADIOL 1 MG TABLET	6	90.00	0.10	0.06500	51%-75% Above	No	No
00555088604	ESTRADIOL 1 MG TABLET	8	90.00	0.10	0.06361	51%-75% Above	No	No
00555088702	ESTRADIOL 2 MG TABLET	4	30.00	0.12	0.08146	26%-50% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	5	90.00	0.09	0.08229	10%-25% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	5	90.00	0.14	0.08229	51%-75% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	6	90.00	0.10	0.08072	26%-50% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	7	90.00	0.09	0.08128	10%-25% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	8	90.00	0.09	0.07970	10%-25% Above	No	No
00555088702	ESTRADIOL 2 MG TABLET	8	90.00	0.09	0.07970	10%-25% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00555088702	ESTRADIOL 2 MG TABLET	8	90.00	0.14	0.07970	76%-100% Above	Yes	No
00555088704	ESTRADIOL 2 MG TABLET	7	30.00	0.14	0.08128	76%-100% Above	No	No
00555088704	ESTRADIOL 2 MG TABLET	8	30.00	0.14	0.07970	76%-100% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	4	90.00	0.07	0.05847	10%-25% Above	Yes	No
00555089902	ESTRADIOL 0.5 MG TABLET	5	30.00	0.09	0.05834	51%-75% Above	Yes	No
00555089902	ESTRADIOL 0.5 MG TABLET	5	90.00	0.09	0.05834	51%-75% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	5	90.00	0.11	0.05834	76%-100% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	5	90.00	0.11	0.05834	76%-100% Above	Yes	No
00555089902	ESTRADIOL 0.5 MG TABLET	6	90.00	0.11	0.05916	76%-100% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	6	90.00	0.11	0.05916	76%-100% Above	Yes	No
00555089902	ESTRADIOL 0.5 MG TABLET	7	30.00	0.11	0.05971	76%-100% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	7	90.00	0.07	0.05971	10%-25% Above	Yes	No
00555089902	ESTRADIOL 0.5 MG TABLET	7	90.00	0.11	0.05971	76%-100% Above	Yes	No
00555089902	ESTRADIOL 0.5 MG TABLET	8	90.00	0.09	0.06080	26%-50% Above	No	No
00555095302	DEXTROAMPHETAMINE 10 MG TAB	4	30.00	0.50	0.41091	10%-25% Above	Yes	No
00555095302	DEXTROAMPHETAMINE 10 MG TAB	4	60.00	0.19	0.41091	51%-75% Below	Yes	No
00555095302	DEXTROAMPHETAMINE 10 MG TAB	4	60.00	0.25	0.41091	26%-50% Below	Yes	No
00555095302	DEXTROAMPHETAMINE 10 MG TAB	5	60.00	0.19	0.42657	51%-75% Below	Yes	No
00555097102	DEXTROAMP-AMPHETAMINE 5 MG TAB	4	30.00	0.17	0.23910	26%-50% Below	No	No
00555097102	DEXTROAMP-AMPHETAMINE 5 MG TAB	4	40.00	0.11	0.23910	51%-75% Below	No	No
00555097102	DEXTROAMP-AMPHETAMINE 5 MG TAB	5	40.00	0.11	0.25619	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	0.19	0.23643	10%-25% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	30.00	0.20	0.23643	10%-25% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	45.00	0.11	0.23643	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	60.00	0.11	0.23643	51%-75% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	60.00	0.18	0.23643	10%-25% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	30.00	0.11	0.23662	51%-75% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	30.00	0.20	0.23662	10%-25% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	30.00	0.21	0.23662	10%-25% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	60.00	0.11	0.23662	51%-75% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	60.00	0.19	0.23662	10%-25% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	90.00	0.21	0.23662	10%-25% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	30.00	0.11	0.23620	51%-75% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	30.00	0.18	0.23620	10%-25% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	30.00	0.21	0.23620	10%-25% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	45.00	0.11	0.23620	51%-75% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	60.00	0.11	0.23620	51%-75% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	60.00	0.11	0.23620	51%-75% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	60.00	0.18	0.23620	10%-25% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	30.00	0.11	0.23293	51%-75% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	30.00	0.20	0.23293	10%-25% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	60.00	0.11	0.23293	51%-75% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	60.00	0.17	0.23293	26%-50% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	60.00	0.19	0.23293	10%-25% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	30.00	0.11	0.23907	51%-75% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	30.00	0.18	0.23907	10%-25% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	30.00	0.20	0.23907	10%-25% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	60.00	0.11	0.23907	51%-75% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	60.00	0.17	0.23907	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	60.00	0.17	0.23907	26%-50% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	60.00	0.19	0.23907	10%-25% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	30.00	0.11	0.30747	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	30.00	0.16	0.30747	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	30.00	0.19	0.30747	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	60.00	0.08	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	60.00	0.17	0.30747	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	60.00	0.17	0.30747	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	60.00	0.18	0.30747	26%-50% 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	4	90.00	0.21	0.30747	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	30.00	0.11	0.30698	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	30.00	0.21	0.30698	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.00	0.08	0.30698	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.00	0.11	0.30698	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.00	0.12	0.30698	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.00	0.17	0.30698	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.00	0.17	0.30698	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.00	0.18	0.30698	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.00	0.18	0.30698	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.00	0.20	0.30698	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	75.00	0.11	0.30698	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	90.00	0.11	0.30698	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	30.00	0.11	0.30391	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	30.00	0.21	0.30391	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.00	0.08	0.30391	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.00	0.11	0.30391	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.00	0.17	0.30391	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.00	0.18	0.30391	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.00	0.18	0.30391	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	75.00	0.11	0.30391	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	90.00	0.11	0.30391	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	180.00	0.11	0.30391	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	30.00	0.11	0.29745	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	30.00	0.16	0.29745	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	30.00	0.21	0.29745	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	45.00	0.11	0.29745	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.00	0.08	0.29745	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.00	0.11	0.29745	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.00	0.18	0.29745	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.00	0.18	0.29745	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	75.00	0.11	0.29745	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	90.00	0.11	0.29745	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	90.00	0.21	0.29745	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	120.00	0.11	0.29745	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	30.00	0.11	0.29462	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	30.00	0.21	0.29462	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	45.00	0.11	0.29462	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.00	0.08	0.29462	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	60.00	0.11	0.29462	51%-75% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	4	30.00	0.16	0.31158	26%-50% Below	No	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	4	60.00	0.17	0.31158	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	4	60.00	0.18	0.31158	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	5	30.00	0.20	0.30571	26%-50% Below	Yes	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	5	45.00	0.16	0.30571	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	5	60.00	0.16	0.30571	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	5	90.00	0.16	0.30571	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	6	30.00	0.16	0.30483	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	6	52.00	0.15	0.30483	51%-75% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	6	60.00	0.16	0.30483	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	6	60.00	0.17	0.30483	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	6	60.00	0.18	0.30483	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	6	60.00	0.26	0.30483	10%-25% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	6	90.00	0.16	0.30483	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	7	30.00	0.16	0.29922	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	7	60.00	0.08	0.29922	51%-75% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	7	60.00	0.16	0.29922	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	7	60.00	0.26	0.29922	10%-25% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	30.00	0.16	0.30315	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	60.00	0.16	0.30315	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	60.00	0.18	0.30315	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	90.00	0.16	0.30315	26%-50% Below	No	No
00555105756	CLARAVIS 40 MG CAPSULE	4	60.00	1.27	2.15533	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00555900867	NORTREL 0.5-35-28 TABLET	4	84.00	0.27	0.45792	26%-50% Below	No	No
00555900867	NORTREL 0.5-35-28 TABLET	6	84.00	0.27	0.46639	26%-50% Below	No	No
00555900942	NORTREL 1-35 21 TABLET	5	21.00	0.12	0.35245	51%-75% Below	No	No
00555900942	NORTREL 1-35 21 TABLET	6	21.00	0.12	0.33787	51%-75% Below	No	No
00555900942	NORTREL 1-35 21 TABLET	7	21.00	0.12	0.33765	51%-75% Below	No	No
00555900942	NORTREL 1-35 21 TABLET	8	21.00	0.12	0.35837	51%-75% 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	5	84.00	0.02	0.20508	76%-100% Below	No	No
00555901058	NORTREL 1-35 28 TABLET	5	84.00	0.12	0.20508	26%-50% Below	No	No
00555901258	NORTREL 7-7-7-28 TABLET	5	28.00	0.16	0.25658	26%-50% Below	No	No
00555901258	NORTREL 7-7-7-28 TABLET	6	28.00	0.16	0.24503	26%-50% Below	No	No
00555901467	LESSINA-28 TABLET	4	84.00	0.08	0.15184	26%-50% Below	Yes	No
00555901467	LESSINA-28 TABLET	7	84.00	0.08	0.15256	26%-50% Below	Yes	No
00555901658	SPRINTEC 28 DAY TABLET	4	84.00	0.01	0.12601	76%-100% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	4	84.00	0.25	0.12601	76%-100% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	4	112.00	0.01	0.12601	76%-100% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	5	84.00	0.07	0.12543	26%-50% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	6	28.00	0.01	0.12572	76%-100% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	6	84.00	0.01	0.12572	76%-100% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	6	84.00	0.25	0.12572	76%-100% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	7	28.00	0.08	0.12195	26%-50% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	7	84.00	0.11	0.12195	10%-25% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	8	28.00	0.08	0.11901	26%-50% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	8	84.00	0.27	0.11901	101%-200% Above	No	No
00555901858	TRI-SPRINTEC TABLET	4	28.00	0.07	0.13320	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00555901858	TRI-SPRINTEC TABLET	5	28.00	0.07	0.13281	26%-50% Below	No	No
00555901858	TRI-SPRINTEC TABLET	5	84.00	0.07	0.13281	26%-50% Below	No	No
00555901858	TRI-SPRINTEC TABLET	5	84.00	0.07	0.13281	26%-50% Below	No	No
00555901858	TRI-SPRINTEC TABLET	6	28.00	0.07	0.12862	26%-50% Below	No	No
00555901858	TRI-SPRINTEC TABLET	7	28.00	0.07	0.12587	26%-50% Below	No	No
00555901858	TRI-SPRINTEC TABLET	7	28.00	0.08	0.12587	26%-50% Below	No	No
00555901858	TRI-SPRINTEC TABLET	7	84.00	0.07	0.12587	26%-50% Below	No	No
00555901858	TRI-SPRINTEC TABLET	8	28.00	0.07	0.12683	26%-50% Below	No	No
00555902058	PORTIA-28 TABLET	4	28.00	0.06	0.11738	26%-50% Below	No	No
00555902058	PORTIA-28 TABLET	5	28.00	0.06	0.11411	26%-50% Below	No	No
00555902058	PORTIA-28 TABLET	6	28.00	0.06	0.11253	26%-50% Below	No	No
00555902542	JUNEL 1 MG-20 MCG TABLET	6	21.00	0.09	0.17414	26%-50% Below	Yes	No
00555902542	JUNEL 1 MG-20 MCG TABLET	7	21.00	0.09	0.17735	26%-50% Below	Yes	No
00555902542	JUNEL 1 MG-20 MCG TABLET	8	21.00	0.09	0.18421	26%-50% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	4	28.00	0.35	0.12836	101%-200% Above	No	No
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	0.06	0.12836	51%-75% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	4	84.00	0.06	0.12836	26%-50% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	4	84.00	0.07	0.12836	26%-50% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	4	84.00	0.24	0.12836	76%-100% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	4	84.00	0.35	0.12836	101%-200% Above	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	4	84.00	0.35	0.12836	101%-200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	5	28.00	0.02	0.13075	76%-100% Below	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	5	28.00	0.06	0.13075	51%-75% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	5	28.00	0.07	0.13075	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	28.00	0.35	0.13075	101%-200% Above	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	5	84.00	0.06	0.13075	51%-75% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	5	84.00	0.06	0.13075	51%-75% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	5	84.00	0.24	0.13075	76%-100% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	5	84.00	0.35	0.13075	101%-200% Above	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	5	84.00	0.35	0.13075	101%-200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	6	28.00	0.07	0.13114	26%-50% Below	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	6	28.00	0.07	0.13114	26%-50% Below	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	6	28.00	0.07	0.13114	26%-50% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	6	28.00	0.35	0.13114	101%-200% Above	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	6	84.00	0.05	0.13114	51%-75% Below	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	6	84.00	0.06	0.13114	51%-75% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	6	112.00	0.05	0.13114	51%-75% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	7	28.00	0.06	0.13020	26%-50% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	7	28.00	0.07	0.13020	26%-50% Below	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	7	28.00	0.07	0.13020	26%-50% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	7	28.00	0.11	0.13020	10%-25% Below	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	7	84.00	0.06	0.13020	26%-50% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	7	84.00	0.07	0.13020	26%-50% Below	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	7	84.00	0.07	0.13020	26%-50% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	7	84.00	0.24	0.13020	76%-100% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	8	28.00	0.11	0.13087	10%-25% Below	No	No
00555902742	JUNEL 1.5 MG-30 MCG TABLET	6	63.00	0.17	0.35562	51%-75% Below	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	4	28.00	0.05	0.14287	51%-75% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	4	84.00	0.05	0.14287	51%-75% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	28.00	0.05	0.14788	51%-75% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	5	84.00	0.02	0.14788	76%-100% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	5	84.00	0.05	0.14788	51%-75% Below	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	6	84.00	0.04	0.14120	51%-75% Below	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	6	84.00	0.05	0.14120	51%-75% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	6	84.00	0.05	0.14120	51%-75% Below	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	7	84.00	0.02	0.13623	76%-100% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	7	84.00	0.04	0.13623	51%-75% Below	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	7	84.00	0.05	0.13623	51%-75% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	7	112.00	0.05	0.13623	51%-75% Below	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	8	84.00	0.05	0.13816	51%-75% Below	No	No
00555903270	TRI-LEGEST FE-28 DAY TABLET	5	84.00	0.54	0.84017	26%-50% Below	No	No
00555904358	APRI 28 DAY TABLET	6	84.00	0.06	0.13464	51%-75% Below	Yes	No
00555904558	AVIANE-28 TABLET	5	28.00	0.08	0.15557	51%-75% Below	Yes	No
00555904558	AVIANE-28 TABLET	6	84.00	0.08	0.15613	51%-75% Below	Yes	No
00555904558	AVIANE-28 TABLET	6	84.00	0.08	0.15613	26%-50% Below	No	No
00555904958	CRYSELLE-28 TABLET	4	28.00	0.18	0.30544	26%-50% Below	Yes	No
00555904958	CRYSELLE-28 TABLET	4	28.00	0.21	0.30544	26%-50% Below	No	No
00555904958	CRYSELLE-28 TABLET	5	28.00	0.18	0.29910	26%-50% Below	Yes	No
00555904958	CRYSELLE-28 TABLET	5	28.00	0.21	0.29910	26%-50% Below	No	No
00555905167	VELIVET 28 DAY TABLET	6	84.00	0.07	0.52271	76%-100% Below	No	No
00574061105	PODOFILOX 0.5% TOPICAL SOLN	4	3.50	6.52	15.56600	51%-75% Below	Yes	No
00574082001	TESTOSTERONE CYP 200 MG/ML	5	4.00	6.39	11.19423	26%-50% Below	No	No
00574082001	TESTOSTERONE CYP 200 MG/ML	5	5.00	6.39	11.19423	26%-50% Below	No	No
00574082001	TESTOSTERONE CYP 200 MG/ML	5	6.00	6.39	11.19423	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	12.00	6.39	11.19423	26%-50% Below	No	No
00574082001	TESTOSTERONE CYP 200 MG/ML	6	4.00	6.39	11.02886	26%-50% Below	No	No
00574082001	TESTOSTERONE CYP 200 MG/ML	6	6.00	6.39	11.02886	26%-50% Below	No	No
00574082001	TESTOSTERONE CYP 200 MG/ML	7	2.00	6.39	11.20368	26%-50% Below	No	No
00574082001	TESTOSTERONE CYP 200 MG/ML	7	2.00	6.47	11.20368	26%-50% Below	No	No
00574082001	TESTOSTERONE CYP 200 MG/ML	7	4.00	6.39	11.20368	26%-50% Below	No	No
00574082010	TESTOSTERONE CYP 2,000 MG/10 ML	4	10.00	2.89	3.26405	10%-25% Below	No	No
00574082010	TESTOSTERONE CYP 2,000 MG/10 ML	7	10.00	14.98	3.57200	200% Above	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	4	24.00	6.39	11.44878	26%-50% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	5	1.00	6.39	11.19423	26%-50% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	5	2.00	6.39	11.19423	26%-50% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	5	4.00	6.39	11.19423	26%-50% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	5	12.00	6.39	11.19423	26%-50% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	6	2.00	6.39	11.02886	26%-50% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	6	2.00	7.49	11.02886	26%-50% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	6	6.00	6.39	11.02886	26%-50% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	7	2.00	6.39	11.20368	26%-50% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	7	2.00	9.85	11.20368	10%-25% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	7	4.00	6.39	11.20368	26%-50% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	7	6.00	6.39	11.20368	26%-50% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	7	12.00	6.39	11.20368	26%-50% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	7	24.00	6.39	11.20368	26%-50% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	8	2.00	6.39	11.54640	26%-50% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	8	4.00	6.39	11.54640	26%-50% Below	No	No
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	4	118.00	0.04	0.07795	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	210.00	0.04	0.07440	26%-50% Below	No	No
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	8	118.00	0.04	0.08038	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	4	90.00	0.04	0.07091	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	4	150.00	0.04	0.07091	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	4	180.00	0.04	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	4	240.00	0.04	0.07091	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	118.00	0.04	0.07201	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	118.00	0.04	0.07201	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	118.00	0.04	0.07201	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	120.00	0.04	0.07201	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	120.00	0.04	0.07201	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	180.00	0.04	0.07201	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	240.00	0.04	0.07201	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	280.00	0.04	0.07201	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	300.00	0.04	0.07201	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	6	100.00	0.04	0.07216	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	6	120.00	0.04	0.07216	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	6	120.00	0.05	0.07216	10%-25% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	6	140.00	0.02	0.07216	51%-75% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	6	240.00	0.04	0.07216	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	6	250.00	0.04	0.07216	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	6	300.00	0.04	0.07216	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	7	105.00	0.04	0.07270	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	7	240.00	0.04	0.07270	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	280.00	0.04	0.07270	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	7	300.00	0.04	0.07270	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	8	120.00	0.04	0.07144	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	8	210.00	0.04	0.07144	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	8	280.00	0.04	0.07144	26%-50% Below	No	No
00574200802	NYSTOP 100,000 UNIT/GM POWDER	8	60.00	0.17	0.25869	26%-50% Below	No	No
00574200830	NYSTOP 100,000 UNIT/GM POWDER	6	30.00	0.17	0.30965	26%-50% Below	No	No
00574200830	NYSTOP 100,000 UNIT/GM POWDER	7	30.00	0.16	0.30636	26%-50% Below	No	No
00574204230	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	6	30.00	0.14	0.21638	26%-50% Below	No	No
00574220145	TRETINOIN 0.1% CREAM	6	45.00	0.71	0.83155	10%-25% Below	No	No
00574220520	TRETINOIN 0.05% CREAM	4	20.00	0.68	1.63695	51%-75% Below	Yes	No
00574220520	TRETINOIN 0.05% CREAM	5	20.00	0.58	1.59230	51%-75% Below	Yes	No
00574220520	TRETINOIN 0.05% CREAM	5	20.00	0.68	1.59230	51%-75% Below	No	No
00574220520	TRETINOIN 0.05% CREAM	5	20.00	0.68	1.59230	51%-75% Below	Yes	No
00574220520	TRETINOIN 0.05% CREAM	8	20.00	0.68	1.56879	51%-75% Below	Yes	No
00574220545	TRETINOIN 0.05% CREAM	4	45.00	0.47	0.93837	26%-50% Below	Yes	No
00574220545	TRETINOIN 0.05% CREAM	4	45.00	0.68	0.93837	26%-50% Below	Yes	No
00574220545	TRETINOIN 0.05% CREAM	5	45.00	0.47	0.92456	26%-50% Below	Yes	No
00574220545	TRETINOIN 0.05% CREAM	5	45.00	0.60	0.92456	26%-50% Below	Yes	No
00574220545	TRETINOIN 0.05% CREAM	5	45.00	0.68	0.92456	26%-50% Below	No	No
00574220545	TRETINOIN 0.05% CREAM	5	45.00	0.68	0.92456	26%-50% Below	Yes	No
00574220545	TRETINOIN 0.05% CREAM	6	45.00	0.47	0.91833	26%-50% Below	Yes	No
00574220545	TRETINOIN 0.05% CREAM	6	45.00	0.49	0.91833	26%-50% Below	Yes	No
00574220545	TRETINOIN 0.05% CREAM	6	45.00	0.52	0.91833	26%-50% Below	No	No
00574220545	TRETINOIN 0.05% CREAM	6	45.00	0.67	0.91833	26%-50% Below	No	No

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00574220545	TRETINOIN 0.05% CREAM	6	45.00	0.68	0.91833	26%-50% Below	Yes	No
00574220545	TRETINOIN 0.05% CREAM	7	45.00	0.47	0.90629	26%-50% Below	Yes	No
00574220545	TRETINOIN 0.05% CREAM	7	45.00	0.51	0.90629	26%-50% Below	Yes	No
00574220545	TRETINOIN 0.05% CREAM	7	45.00	0.60	0.90629	26%-50% Below	Yes	No
00574220545	TRETINOIN 0.05% CREAM	7	45.00	0.68	0.90629	10%-25% Below	Yes	No
00574220545	TRETINOIN 0.05% CREAM	8	45.00	0.47	0.92835	26%-50% Below	Yes	No
00574220545	TRETINOIN 0.05% CREAM	8	45.00	0.68	0.92835	26%-50% Below	Yes	No
00574222520	TRETINOIN 0.025% CREAM	4	20.00	0.57	0.75086	10%-25% Below	No	No
00574222520	TRETINOIN 0.025% CREAM	5	20.00	0.53	0.62972	10%-25% Below	No	No
00574222520	TRETINOIN 0.025% CREAM	6	20.00	0.48	0.57199	10%-25% Below	No	No
00574222545	TRETINOIN 0.025% CREAM	4	45.00	0.33	0.67072	26%-50% Below	No	No
00574222545	TRETINOIN 0.025% CREAM	5	45.00	0.39	0.54145	26%-50% Below	No	No
00574222545	TRETINOIN 0.025% CREAM	6	45.00	0.37	0.48511	10%-25% Below	No	No
00574222545	TRETINOIN 0.025% CREAM	6	45.00	0.71	0.48511	26%-50% Above	No	No
00574222545	TRETINOIN 0.025% CREAM	7	45.00	0.39	0.47614	10%-25% Below	No	No
00574222545	TRETINOIN 0.025% CREAM	7	45.00	0.71	0.47614	26%-50% Above	No	No
00574241565	METHYLPHENIDATE 15 MG/9 HR PATCH	4	30.00	0.53	8.23752	76%-100% Below	No	No
00574241565	METHYLPHENIDATE 15 MG/9 HR PATCH	4	30.00	10.05	8.23752	10%-25% Above	Yes	No
00574241565	METHYLPHENIDATE 15 MG/9 HR PATCH	8	30.00	10.05	7.00986	26%-50% Above	Yes	No
00574402435	ERYTHROMYCIN 0.5% EYE OINTMENT	5	3.50	1.87	2.86414	26%-50% Below	No	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	4	5.00	2.98	4.77833	26%-50% Below	Yes	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	4	5.00	11.22	4.77833	101%-200% Above	Yes	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	5	5.00	1.67	4.56434	51%-75% Below	Yes	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	5	10.00	3.64	4.56434	10%-25% Below	No	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	5	10.00	3.64	4.56434	10%-25% Below	Yes	No

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00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	6	5.00	3.64	4.28029	10%-25% Below	No	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	6	10.00	1.99	4.28029	51%-75% Below	Yes	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	6	10.00	3.64	4.28029	10%-25% Below	No	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	7	5.00	1.86	4.30407	51%-75% Below	No	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	7	5.00	3.64	4.30407	10%-25% Below	No	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	8	5.00	3.00	4.26806	26%-50% Below	No	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	8	5.00	3.64	4.26806	10%-25% Below	No	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	8	5.00	3.64	4.26806	10%-25% Below	Yes	No
00574403125	TOBRAMYCIN-DEXAMETH OPHTH SUSP	7	5.00	3.64	4.93236	26%-50% Below	Yes	No
00574709012	HYDROCORT AC SUP 25MG	4	10.00	2.58	.		Yes	No
00574709012	HYDROCORT AC SUP 25MG	4	12.00	0.55	.		Yes	No
00574709012	HYDROCORT AC SUP 25MG	4	30.00	0.55	.		Yes	No
00574709012	HYDROCORT AC SUP 25MG	5	20.00	0.55	.		Yes	No
00574709012	HYDROCORT AC SUP 25MG	6	12.00	1.24	.		Yes	No
00574709012	HYDROCORT AC SUP 25MG	6	20.00	2.58	.		Yes	No
00574709012	HYDROCORT AC SUP 25MG	7	12.00	2.58	.		Yes	No
00574709012	HYDROCORT AC SUP 25MG	7	20.00	0.55	.		Yes	No
00574709012	HYDROCORT AC SUP 25MG	8	10.00	2.58	.		Yes	No
00591034301	VERAPAMIL 80 MG TABLET	6	90.00	0.08	0.08608	10%-25% Below	Yes	No
00591034501	VERAPAMIL 120 MG TABLET	5	270.00	0.06	0.08268	26%-50% Below	No	No
00591034801	TRIAMTERENE-HYDROCHLOROTHIAZIDE 75-50 MG TAB	7	90.00	0.18	0.11693	51%-75% Above	No	No
00591034805	TRIAMTERENE-HYDROCHLOROTHIAZIDE 75-50 MG TAB	4	90.00	0.01	0.11491	76%-100% Below	No	No
00591034805	TRIAMTERENE-HYDROCHLOROTHIAZIDE 75-50 MG TAB	7	90.00	0.01	0.11693	76%-100% Below	No	No
00591040401	VERAPAMIL 40 MG TABLET	6	180.00	0.09	0.11844	10%-25% Below	No	No
00591042401	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	5	90.00	0.14	0.09790	26%-50% Above	No	No

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00591042401	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	6	90.00	0.11	0.09605	10%-25% Above	No	No
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	4	90.00	0.08	0.09559	10%-25% Below	No	No
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	5	30.00	0.13	0.09790	26%-50% Above	No	No
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	6	30.00	0.12	0.09605	10%-25% Above	No	No
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	6	90.00	0.08	0.09605	10%-25% Below	No	No
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	8	30.00	0.12	0.09827	10%-25% Above	No	No
00591044401	GUANFACINE 1 MG TABLET	5	60.00	0.16	0.14522	10%-25% Above	No	No
00591045301	GUANFACINE 2 MG TABLET	5	30.00	0.17	0.25617	26%-50% Below	No	No
00591045301	GUANFACINE 2 MG TABLET	6	30.00	0.17	0.25901	26%-50% Below	No	No
00591045301	GUANFACINE 2 MG TABLET	7	30.00	0.17	0.26464	26%-50% Below	No	No
00591045301	GUANFACINE 2 MG TABLET	8	30.00	0.17	0.27213	26%-50% Below	No	No
00591046001	GLIPIZIDE 5 MG TABLET	5	90.00	0.06	0.03581	51%-75% Above	No	No
00591046005	GLIPIZIDE 5 MG TABLET	7	120.00	0.06	0.03504	51%-75% Above	No	No
00591079401	DICYCLOMINE 10 MG CAPSULE	4	16.00	0.06	0.07604	10%-25% Below	No	No
00591079401	DICYCLOMINE 10 MG CAPSULE	5	30.00	0.06	0.07614	10%-25% Below	No	No
00591079401	DICYCLOMINE 10 MG CAPSULE	5	60.00	0.06	0.07614	10%-25% Below	No	No
00591079401	DICYCLOMINE 10 MG CAPSULE	7	28.00	0.06	0.07522	10%-25% Below	No	No
00591079401	DICYCLOMINE 10 MG CAPSULE	7	40.00	0.06	0.07522	10%-25% Below	No	No
00591086201	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	8	90.00	0.07	0.04048	51%-75% Above	No	No
00591224522	MESALAMINE DR 1.2 GM TABLET	4	90.00	1.07	0.89596	10%-25% Above	No	No
00591224522	MESALAMINE DR 1.2 GM TABLET	5	90.00	1.07	0.85594	10%-25% Above	No	No
00591224522	MESALAMINE DR 1.2 GM TABLET	6	180.00	0.21	0.81378	51%-75% Below	No	No
00591224522	MESALAMINE DR 1.2 GM TABLET	7	90.00	1.07	0.81924	26%-50% Above	No	No
00591245115	ISOTRETINOIN 25 MG CAPSULE	6	30.00	2.60	10.78433	51%-75% Below	No	No
00591245115	ISOTRETINOIN 25 MG CAPSULE	7	30.00	2.60	10.77122	51%-75% Below	No	No

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00591247330	TAMOXIFEN 20 MG TABLET	5	30.00	0.02	0.28043	76%-100% Below	No	No
00591247330	TAMOXIFEN 20 MG TABLET	6	30.00	0.02	0.28341	76%-100% Below	No	No
00591247330	TAMOXIFEN 20 MG TABLET	7	90.00	0.02	0.27595	76%-100% Below	No	No
00591250115	ISOTRETINOIN CAP 35MG	6	30.00	5.74	.		No	No
00591250115	ISOTRETINOIN CAP 35MG	7	30.00	5.74	.		No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	4	15.00	1.00	3.46378	51%-75% Below	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	4	15.00	1.33	3.46378	51%-75% Below	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	5	15.00	1.66	3.50171	51%-75% Below	Yes	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	5	15.00	1.89	3.50171	26%-50% Below	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	5	15.00	2.80	3.50171	10%-25% Below	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	5	15.00	2.80	3.50171	10%-25% Below	Yes	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	5	30.00	1.93	3.50171	26%-50% Below	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	6	15.00	1.66	3.46803	51%-75% Below	Yes	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	6	15.00	2.00	3.46803	26%-50% Below	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	6	15.00	2.80	3.46803	10%-25% Below	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	7	15.00	1.66	3.48506	51%-75% Below	Yes	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	7	15.00	2.80	3.48506	10%-25% Below	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	8	15.00	2.09	3.49711	26%-50% Below	No	No
00591315901	URSODIOL 300 MG CAPSULE	7	90.00	0.75	0.41988	76%-100% Above	No	No
00591405289	IVERMECTIN 1% CREAM	6	45.00	4.31	3.08029	26%-50% Above	No	No
00591505210	PREDNISONE 5 MG TABLET	6	60.00	0.06	0.03661	51%-75% Above	No	No
00591505210	PREDNISONE 5 MG TABLET	8	5.00	0.23	0.03670	200% Above	No	No
00591505221	PREDNISONE 5 MG TAB DOSE PACK	5	21.00	0.21	0.39953	26%-50% Below	No	No
00591505221	PREDNISONE 5 MG TAB DOSE PACK	6	21.00	0.32	0.39304	10%-25% Below	No	No
00591505221	PREDNISONE 5 MG TAB DOSE PACK	7	21.00	0.21	0.36742	26%-50% Below	No	No

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00591544210	PREDNISONE 10 MG TABLET	4	5.00	0.08	0.05754	26%-50% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	4	5.00	0.18	0.05754	200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	4	5.00	0.19	0.05754	200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	4	5.00	0.22	0.05754	200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	4	10.00	0.08	0.05754	26%-50% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	4	12.00	0.08	0.05754	26%-50% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	4	12.00	0.13	0.05754	101%-200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	4	15.00	0.08	0.05754	26%-50% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	4	15.00	0.12	0.05754	101%-200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	4	21.00	0.08	0.05754	26%-50% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	4	25.00	0.10	0.05754	76%-100% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	5	10.00	0.13	0.05730	101%-200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	5	10.00	0.14	0.05730	101%-200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	5	10.00	0.16	0.05730	101%-200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	5	12.00	0.12	0.05730	101%-200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	5	15.00	0.11	0.05730	76%-100% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	5	20.00	0.10	0.05730	76%-100% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	5	24.00	0.12	0.05730	101%-200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	5	30.00	0.08	0.05730	26%-50% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	5	45.00	0.12	0.05730	101%-200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	6	10.00	0.08	0.05709	26%-50% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	6	14.00	0.08	0.05709	26%-50% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	6	20.00	0.01	0.05709	76%-100% Below	No	No
00591544210	PREDNISONE 10 MG TABLET	6	20.00	0.10	0.05709	76%-100% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	6	21.00	0.08	0.05709	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	45.00	0.08	0.05709	26%-50% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	6	45.00	0.12	0.05709	101%-200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	7	5.00	0.08	0.05617	26%-50% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	7	8.00	0.08	0.05617	26%-50% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	7	10.00	0.08	0.05617	26%-50% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	7	15.00	0.08	0.05617	26%-50% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	7	20.00	0.12	0.05617	101%-200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	8	5.00	0.23	0.05604	200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	8	8.00	0.17	0.05604	200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	8	10.00	0.08	0.05604	26%-50% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	8	22.00	0.10	0.05604	76%-100% Above	No	No
00591544221	PREDNISONE 10 MG TAB DOSE PACK	4	21.00	0.28	0.53832	26%-50% Below	No	No
00591544221	PREDNISONE 10 MG TAB DOSE PACK	6	21.00	0.28	0.55099	26%-50% Below	No	No
00591544221	PREDNISONE 10 MG TAB DOSE PACK	8	21.00	0.28	0.57318	51%-75% Below	No	No
00591544305	PREDNISONE 20 MG TABLET	4	7.00	0.11	0.07110	26%-50% Above	No	No
00591544305	PREDNISONE 20 MG TABLET	5	10.00	0.16	0.07023	101%-200% Above	No	No
00591544305	PREDNISONE 20 MG TABLET	6	10.00	0.11	0.06765	51%-75% Above	No	No
00591544305	PREDNISONE 20 MG TABLET	7	5.00	0.11	0.06477	51%-75% Above	No	No
00591544305	PREDNISONE 20 MG TABLET	8	6.00	0.11	0.06433	51%-75% Above	No	No
00591544310	PREDNISONE 20 MG TABLET	5	20.00	0.11	0.07023	51%-75% Above	No	No
00591544310	PREDNISONE 20 MG TABLET	6	5.00	0.11	0.06765	51%-75% Above	No	No
00591544310	PREDNISONE 20 MG TABLET	6	7.00	0.19	0.06765	101%-200% Above	No	No
00591544310	PREDNISONE 20 MG TABLET	6	9.00	0.17	0.06765	101%-200% Above	No	No
00591544310	PREDNISONE 20 MG TABLET	6	10.00	0.11	0.06765	51%-75% Above	No	No
00591544310	PREDNISONE 20 MG TABLET	6	20.00	0.11	0.06765	51%-75% Above	No	No

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00591544310	PREDNISONE 20 MG TABLET	8	10.00	0.11	0.06433	51%-75% Above	No	No
00591554405	ALLOPURINOL 300 MG TABLET	5	90.00	0.12	0.05631	101%-200% Above	No	No
00591564201	MINOXIDIL 2.5 MG TABLET	4	30.00	0.16	0.09483	51%-75% Above	No	No
00591564201	MINOXIDIL 2.5 MG TABLET	4	30.00	0.16	0.09483	51%-75% Above	Yes	No
00591564201	MINOXIDIL 2.5 MG TABLET	4	90.00	0.04	0.09483	51%-75% Below	Yes	No
00591564201	MINOXIDIL 2.5 MG TABLET	5	90.00	0.16	0.09755	51%-75% Above	No	No
00591564201	MINOXIDIL 2.5 MG TABLET	5	180.00	0.16	0.09755	51%-75% Above	Yes	No
00591564201	MINOXIDIL 2.5 MG TABLET	6	15.00	0.16	0.09996	51%-75% Above	No	No
00591564201	MINOXIDIL 2.5 MG TABLET	6	23.00	0.16	0.09996	51%-75% Above	Yes	No
00591564201	MINOXIDIL 2.5 MG TABLET	6	30.00	0.01	0.09996	76%-100% Below	No	No
00591564201	MINOXIDIL 2.5 MG TABLET	6	45.00	0.12	0.09996	10%-25% Above	Yes	No
00591564201	MINOXIDIL 2.5 MG TABLET	6	46.00	0.16	0.09996	51%-75% Above	Yes	No
00591564201	MINOXIDIL 2.5 MG TABLET	6	60.00	0.16	0.09996	51%-75% Above	Yes	No
00591564201	MINOXIDIL 2.5 MG TABLET	6	90.00	0.12	0.09996	10%-25% Above	Yes	No
00591564201	MINOXIDIL 2.5 MG TABLET	7	15.00	0.12	0.10236	10%-25% Above	No	No
00591564201	MINOXIDIL 2.5 MG TABLET	7	45.00	0.16	0.10236	51%-75% Above	Yes	No
00591564201	MINOXIDIL 2.5 MG TABLET	7	60.00	0.09	0.10236	10%-25% Below	Yes	No
00591564201	MINOXIDIL 2.5 MG TABLET	7	60.00	0.16	0.10236	51%-75% Above	Yes	No
00591564201	MINOXIDIL 2.5 MG TABLET	7	90.00	0.04	0.10236	51%-75% Below	Yes	No
00591564201	MINOXIDIL 2.5 MG TABLET	7	90.00	0.08	0.10236	10%-25% Below	Yes	No
00591564201	MINOXIDIL 2.5 MG TABLET	7	90.00	0.12	0.10236	10%-25% Above	Yes	No
00591564201	MINOXIDIL 2.5 MG TABLET	8	15.00	0.12	0.10124	10%-25% Above	No	No
00591564201	MINOXIDIL 2.5 MG TABLET	8	30.00	0.16	0.10124	51%-75% Above	Yes	No
00591564201	MINOXIDIL 2.5 MG TABLET	8	45.00	0.09	0.10124	10%-25% Below	Yes	No
00591564201	MINOXIDIL 2.5 MG TABLET	8	45.00	0.16	0.10124	51%-75% Above	Yes	No

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00591564201	MINOXIDIL 2.5 MG TABLET	8	90.00	0.09	0.10124	10%-25% Below	No	No
00591564301	MINOXIDIL 10 MG TABLET	5	4.00	0.07	0.16922	51%-75% Below	Yes	No
00591564301	MINOXIDIL 10 MG TABLET	5	45.00	0.08	0.16922	51%-75% Below	No	No
00591564301	MINOXIDIL 10 MG TABLET	6	4.00	0.07	0.17026	51%-75% Below	Yes	No
00591578201	ATENOLOL-CHLORTHALIDONE 50-25	4	90.00	0.22	0.26183	10%-25% Below	Yes	No
00591578201	ATENOLOL-CHLORTHALIDONE 50-25	5	90.00	0.15	0.26277	26%-50% Below	Yes	No
00591578201	ATENOLOL-CHLORTHALIDONE 50-25	7	90.00	0.29	0.24656	10%-25% Above	Yes	No
00591578201	ATENOLOL-CHLORTHALIDONE 50-25	8	90.00	0.15	0.23306	26%-50% Below	Yes	No
00597015390	JARDIANCE 25 MG TABLET	4	90.00	0.01	11.19650	76%-100% Below	No	No
00597015390	JARDIANCE 25 MG TABLET	7	90.00	3.72	11.19451	51%-75% Below	No	No
00603188016	LIDOCAINE 5% PATCH	4	30.00	1.03	1.92040	26%-50% Below	Yes	No
00603188016	LIDOCAINE 5% PATCH	6	30.00	0.50	2.01135	51%-75% Below	No	No
00603211521	ALLOPURINOL 100 MG TABLET	7	90.00	0.08	0.03288	101%-200% Above	Yes	No
00603211521	ALLOPURINOL 100 MG TABLET	8	70.00	0.19	0.03170	200% Above	No	No
00603211532	ALLOPURINOL 100 MG TABLET	4	30.00	0.08	0.03304	101%-200% Above	No	No
00603211532	ALLOPURINOL 100 MG TABLET	4	90.00	0.08	0.03304	101%-200% Above	No	No
00603211532	ALLOPURINOL 100 MG TABLET	5	30.00	0.08	0.03336	101%-200% Above	No	No
00603211532	ALLOPURINOL 100 MG TABLET	5	30.00	0.22	0.03336	200% Above	No	No
00603211532	ALLOPURINOL 100 MG TABLET	5	90.00	0.08	0.03336	101%-200% Above	No	No
00603211532	ALLOPURINOL 100 MG TABLET	5	180.00	0.08	0.03336	101%-200% Above	Yes	No
00603211532	ALLOPURINOL 100 MG TABLET	6	30.00	0.08	0.03337	101%-200% Above	No	No
00603211532	ALLOPURINOL 100 MG TABLET	6	30.00	0.22	0.03337	200% Above	No	No
00603211532	ALLOPURINOL 100 MG TABLET	7	30.00	0.08	0.03288	101%-200% Above	No	No
00603211532	ALLOPURINOL 100 MG TABLET	7	63.00	0.08	0.03288	101%-200% Above	No	No
00603211532	ALLOPURINOL 100 MG TABLET	7	90.00	0.08	0.03288	101%-200% Above	No	No

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00603211532	ALLOPURINOL 100 MG TABLET	8	30.00	0.08	0.03170	101%-200% Above	No	No
00603211532	ALLOPURINOL 100 MG TABLET	8	90.00	0.08	0.03170	101%-200% Above	No	No
00603211532	ALLOPURINOL 100 MG TABLET	8	180.00	0.08	0.03170	101%-200% Above	Yes	No
00603211621	ALLOPURINOL 300 MG TABLET	5	90.00	0.32	0.05631	200% Above	Yes	No
00603243321	BENZTROPINE MES 0.5 MG TAB	4	180.00	0.08	0.06593	10%-25% Above	No	No
00603243321	BENZTROPINE MES 0.5 MG TAB	7	60.00	0.08	0.06422	10%-25% Above	No	No
00603243321	BENZTROPINE MES 0.5 MG TAB	7	180.00	0.08	0.06422	10%-25% Above	No	No
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	0.47	0.11381	200% Above	Yes	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.00	0.19	0.11333	51%-75% Above	Yes	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.00	0.23	0.11333	101%-200% Above	Yes	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	0.19	0.11242	51%-75% Above	No	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	0.45	0.11242	200% Above	No	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.00	0.19	0.11599	51%-75% Above	Yes	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.00	0.23	0.11599	101%-200% Above	Yes	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.00	0.45	0.11599	200% Above	Yes	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.00	0.47	0.11599	200% Above	Yes	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.00	0.63	0.11599	200% Above	No	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.00	0.19	0.12579	51%-75% Above	Yes	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.00	0.23	0.12579	76%-100% Above	Yes	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.00	0.45	0.12579	200% Above	Yes	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.00	0.63	0.12579	200% Above	No	No
00603459321	METHYLPREDNISOLONE 4 MG TABLET	7	90.00	0.18	0.13065	26%-50% Above	Yes	No
00603533621	PREDNISONE 2.5 MG TABLET	5	180.00	0.04	0.06705	26%-50% Below	No	No
00603533621	PREDNISONE 2.5 MG TABLET	7	42.00	0.04	0.06670	26%-50% Below	No	No

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00603533715	PREDNISONE 5 MG TAB DOSE PACK	4	21.00	0.33	0.40190	10%-25% Below	No	No
00603533715	PREDNISONE 5 MG TAB DOSE PACK	5	21.00	0.28	0.39953	26%-50% Below	Yes	No
00603533715	PREDNISONE 5 MG TAB DOSE PACK	5	21.00	0.29	0.39953	26%-50% Below	No	No
00603533715	PREDNISONE 5 MG TAB DOSE PACK	6	21.00	0.21	0.39304	26%-50% Below	No	No
00603533715	PREDNISONE 5 MG TAB DOSE PACK	6	21.00	0.29	0.39304	26%-50% Below	No	No
00603533715	PREDNISONE 5 MG TAB DOSE PACK	8	21.00	0.21	0.35996	26%-50% Below	Yes	No
00603533732	PREDNISONE 5 MG TABLET	8	10.00	0.06	0.03670	51%-75% Above	No	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	4	21.00	0.28	0.53832	26%-50% Below	Yes	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	5	21.00	0.28	0.54499	26%-50% Below	Yes	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	5	21.00	0.47	0.54499	10%-25% Below	Yes	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	6	21.00	0.65	0.55099	10%-25% Above	Yes	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	6	21.00	0.75	0.55099	26%-50% Above	Yes	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	7	21.00	0.23	0.56452	51%-75% Below	Yes	No
00603533831	PREDNISONE 10 MG TAB DOSE PACK	4	48.00	0.28	0.53832	26%-50% Below	Yes	No
00603533831	PREDNISONE 10 MG TAB DOSE PACK	5	48.00	0.25	0.54499	51%-75% Below	Yes	No
00603533831	PREDNISONE 10 MG TAB DOSE PACK	5	48.00	0.28	0.54499	26%-50% Below	No	No
00603533831	PREDNISONE 10 MG TAB DOSE PACK	5	48.00	0.34	0.54499	26%-50% Below	Yes	No
00603533932	PREDNISONE 20 MG TABLET	6	10.00	0.11	0.06765	51%-75% Above	No	No
00603533932	PREDNISONE 20 MG TABLET	8	5.00	0.11	0.06433	51%-75% Above	No	No
00641614501	DEXAMETH PHO INJ 4MG/ML	8	2.00	0.66	.		No	No
00713022515	TRIAMCINOLONE 0.1% CREAM	4	15.00	0.18	0.10331	76%-100% Above	No	No
00713022515	TRIAMCINOLONE 0.1% CREAM	4	30.00	0.05	0.10331	26%-50% Below	No	No
00713022515	TRIAMCINOLONE 0.1% CREAM	5	15.00	0.05	0.10216	26%-50% Below	No	No
00713022515	TRIAMCINOLONE 0.1% CREAM	6	45.00	0.17	0.09986	51%-75% Above	No	No
00713022580	TRIAMCINOLONE 0.1% CREAM	5	80.00	0.08	0.04956	51%-75% Above	No	No

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00713022815	TRIAMCINOLONE 0.1% OINTMENT	6	30.00	0.06	0.11760	26%-50% Below	No	No
00713022831	TRIAMCINOLONE 0.1% OINTMENT	6	30.00	0.14	0.12343	10%-25% Above	No	No
00713022880	TRIAMCINOLONE 0.1% OINTMENT	4	80.00	0.03	0.06562	51%-75% Below	No	No
00713022880	TRIAMCINOLONE 0.1% OINTMENT	6	80.00	0.03	0.06499	26%-50% Below	No	No
00713022915	TRIAMCINOLONE 0.025% OINT	5	15.00	0.07	0.24748	51%-75% Below	No	No
00713032737	BETAMETHASONE VALER 0.1% OINTM	8	45.00	0.36	0.51618	26%-50% Below	No	No
00713050312	ANUCORT-HC SUP 25MG	5	28.00	0.61	.		No	No
00713050324	ANUCORT-HC SUP 25MG	4	30.00	7.27	.		No	No
00713050324	ANUCORT-HC SUP 25MG	5	10.00	14.04	.		No	No
00713050324	ANUCORT-HC SUP 25MG	6	12.00	2.50	.		No	No
00713050324	ANUCORT-HC SUP 25MG	7	12.00	7.27	.		No	No
00713052612	PROMETHEGAN 25 MG SUPPOSITORY	4	6.00	1.54	1.84041	10%-25% Below	No	No
00713052612	PROMETHEGAN 25 MG SUPPOSITORY	8	6.00	1.24	2.04375	26%-50% Below	Yes	No
00713055273	TERCONAZOLE 80 MG SUPPOSITORY	5	3.00	10.55	21.59817	51%-75% Below	Yes	No
00713056431	NITROGLYCERIN 0.4% OINTMENT	5	30.00	6.82	8.52164	10%-25% Below	No	No
00713057571	METRONIDAZOLE VAGINAL 0.75% GL	5	70.00	0.25	0.14703	51%-75% Above	No	No
00713057571	METRONIDAZOLE VAGINAL 0.75% GL	6	70.00	0.25	0.14795	51%-75% Above	No	No
00713063115	FLUTICASONE CRE 0.05%	5	60.00	0.33	.		No	No
00713063115	FLUTICASONE PROP 0.05% CREAM	8	15.00	0.33	0.36477	10%-25% Below	Yes	No
00713063131	FLUTICASONE PROP 0.05% CREAM	8	60.00	0.16	0.24479	26%-50% Below	No	No
00713063160	FLUTICASONE PROP 0.05% CREAM	4	60.00	0.16	0.21684	26%-50% Below	Yes	No
00713063160	FLUTICASONE PROP 0.05% CREAM	5	60.00	0.16	0.23581	26%-50% Below	No	No
00713063160	FLUTICASONE PROP 0.05% CREAM	8	60.00	0.16	0.23796	26%-50% Below	No	No
00713063337	METRONIDAZOLE 0.75% CREAM	5	45.00	0.44	0.29266	51%-75% Above	No	No
00713063337	METRONIDAZOLE 0.75% CREAM	6	45.00	0.38	0.29124	26%-50% Above	No	No

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00713063415	MOMETASONE FUROATE 0.1% CREAM	6	30.00	0.19	0.42061	51%-75% Below	No	No
00713063437	MOMETASONE FUROATE 0.1% CREAM	5	45.00	0.14	0.28594	51%-75% Below	Yes	No
00713063437	MOMETASONE FUROATE 0.1% CREAM	6	45.00	0.19	0.28805	26%-50% Below	No	No
00713063437	MOMETASONE FUROATE 0.1% CREAM	6	45.00	0.33	0.28805	10%-25% Above	No	No
00713063437	MOMETASONE FUROATE 0.1% CREAM	6	90.00	0.19	0.28805	26%-50% Below	No	No
00713063437	MOMETASONE FUROATE 0.1% CREAM	7	45.00	0.14	0.29024	51%-75% Below	No	No
00713063437	MOMETASONE FUROATE 0.1% CREAM	8	45.00	0.19	0.29363	26%-50% Below	No	No
00713063515	MOMETASONE FUROATE 0.1% OINT	6	15.00	0.16	0.30678	26%-50% Below	No	No
00713063537	MOMETASONE FUROATE 0.1% OINT	6	180.00	0.16	0.21695	26%-50% Below	No	No
00713065540	TRIAMCINOLONE 0.1% PASTE	4	5.00	1.68	2.73154	26%-50% Below	No	No
00713065540	TRIAMCINOLONE 0.1% PASTE	4	5.00	1.87	2.73154	26%-50% Below	No	No
00713065540	TRIAMCINOLONE 0.1% PASTE	5	5.00	1.62	2.79962	26%-50% Below	No	No
00713065615	CLOBETASOL 0.05% OINTMENT	4	15.00	1.19	0.13192	200% Above	No	No
00713065631	CLOBETASOL 0.05% OINTMENT	4	30.00	1.19	0.16205	200% Above	No	No
00713065660	CLOBETASOL 0.05% OINTMENT	4	60.00	1.19	0.11242	200% Above	No	No
00713065915	BETAMETHASONE DP 0.05% CRM	4	15.00	1.33	0.51285	101%-200% Above	No	No
00713065915	BETAMETHASONE DP 0.05% CRM	7	15.00	1.00	0.48288	101%-200% Above	No	No
00713065915	BETAMETHASONE DP 0.05% CRM	8	45.00	0.33	0.48056	26%-50% Below	No	No
00713066115	DESONIDE 0.05% CREAM	4	30.00	0.19	0.27232	26%-50% Below	No	No
00713066360	FLUOCINONIDE 0.05% CREAM	6	60.00	0.37	0.24686	26%-50% Above	No	No
00713067653	TRIAMCINOLONE 0.1% LOTION	6	60.00	0.15	0.28092	26%-50% Below	No	No
00713067653	TRIAMCINOLONE 0.1% LOTION	8	60.00	0.15	0.27673	26%-50% Below	No	No
00713067815	NYSTATIN 100,000 UNIT/GM CREAM	6	15.00	0.64	0.19759	200% Above	No	No
00713067831	NYSTATIN 100,000 UNIT/GM CREAM	2	30.00	0.18	0.15332	10%-25% Above	No	No
00713067831	NYSTATIN 100,000 UNIT/GM CREAM	4	30.00	0.19	0.15694	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00713067831	NYSTATIN 100,000 UNIT/GM CREAM	4	30.00	0.45	0.15694	101%-200% Above	No	No
00713067831	NYSTATIN 100,000 UNIT/GM CREAM	5	30.00	0.19	0.15867	10%-25% Above	No	No
00713067831	NYSTATIN 100,000 UNIT/GM CREAM	7	30.00	0.19	0.15752	10%-25% Above	No	No
00713067831	NYSTATIN 100,000 UNIT/GM CREAM	8	30.00	0.19	0.15594	10%-25% Above	No	No
00713067831	NYSTATIN 100,000 UNIT/GM CREAM	8	30.00	0.50	0.15594	200% Above	No	No
00713068331	GENTAMICIN 0.1% CREAM	2	30.00	0.65	1.42702	51%-75% Below	No	No
00713068615	NYSTATIN 100,000 UNIT/GM OINT	6	15.00	0.60	0.25370	101%-200% Above	No	No
00713068615	NYSTATIN 100,000 UNIT/GM OINT	8	15.00	0.60	0.22908	101%-200% Above	No	No
00713068631	NYSTATIN 100,000 UNIT/GM OINT	5	30.00	0.33	0.24238	26%-50% Above	No	No
00713068631	NYSTATIN 100,000 UNIT/GM OINT	6	30.00	0.49	0.24349	101%-200% Above	No	No
00713070915	FLUOCINOLONE 0.025% CREAM	6	15.00	1.00	1.36909	26%-50% Below	No	No
00713078075	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	4	118.00	0.03	0.03887	26%-50% Below	No	No
00713078075	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	5	118.00	0.05	0.03852	26%-50% Above	No	No
00713078075	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	6	60.00	0.03	0.03834	26%-50% Below	No	No
00713078075	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	6	100.00	0.03	0.03834	26%-50% Below	No	No
00713078075	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	6	120.00	0.03	0.03834	26%-50% Below	No	No
00713078075	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	6	240.00	0.03	0.03834	26%-50% Below	No	No
00713078075	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	7	118.00	0.04	0.03775	10%-25% Above	No	No
00713078075	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	7	120.00	0.05	0.03775	10%-25% Above	No	No
00713078075	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	8	120.00	0.05	0.03844	10%-25% Above	No	No
00713078075	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	8	120.00	0.05	0.03844	10%-25% Above	No	No
00713085109	CIPROFLOXACIN-HYDROCORT 0.2-1%	4	10.00	22.44	29.09992	10%-25% Below	No	No
00781106105	ALPRAZOLAM 0.25 MG TABLET	4	60.00	0.04	0.02435	76%-100% Above	No	No
00781106105	ALPRAZOLAM 0.25 MG TABLET	6	60.00	0.04	0.02477	76%-100% Above	No	No
00781106105	ALPRAZOLAM 0.25 MG TABLET	8	1.00	0.04	0.02388	51%-75% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	2.00	0.38	0.02435	200% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	4	30.00	0.03	0.02435	26%-50% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	4	30.00	0.04	0.02435	76%-100% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	5	10.00	0.04	0.02430	76%-100% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	5	10.00	0.06	0.02430	101%-200% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	5	25.00	0.04	0.02430	76%-100% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	5	30.00	0.03	0.02430	26%-50% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	5	60.00	0.02	0.02430	26%-50% Below	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	5	60.00	0.04	0.02430	76%-100% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	6	10.00	0.08	0.02477	200% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	6	12.00	0.05	0.02477	76%-100% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	6	15.00	0.01	0.02477	51%-75% Below	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	6	30.00	0.03	0.02477	26%-50% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	6	30.00	0.04	0.02477	76%-100% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	6	60.00	0.02	0.02477	26%-50% Below	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	6	60.00	0.04	0.02477	76%-100% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	7	30.00	0.03	0.02448	26%-50% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	7	30.00	0.03	0.02448	26%-50% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	7	30.00	0.04	0.02448	76%-100% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	7	60.00	0.04	0.02448	76%-100% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	8	25.00	0.04	0.02388	76%-100% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	8	60.00	0.02	0.02388	10%-25% Below	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	8	60.00	0.04	0.02388	76%-100% Above	No	No
00781107701	ALPRAZOLAM 0.5 MG TABLET	8	60.00	0.02	0.02233	10%-25% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	4	30.00	0.03	0.02280	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	30.00	0.03	0.02280	26%-50% Above	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	45.00	0.07	0.02280	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	4	60.00	0.02	0.02280	26%-50% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	4	60.00	0.02	0.02280	10%-25% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	4	90.00	0.07	0.02280	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	5	10.00	0.08	0.02251	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	5	20.00	0.05	0.02251	101%-200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	5	20.00	0.07	0.02251	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	5	30.00	0.03	0.02251	26%-50% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	5	30.00	0.07	0.02251	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	5	45.00	0.01	0.02251	51%-75% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	5	45.00	0.07	0.02251	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	5	60.00	0.01	0.02251	51%-75% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	5	60.00	0.02	0.02251	10%-25% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	5	60.00	0.02	0.02251	10%-25% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	5	60.00	0.07	0.02251	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	5	90.00	0.01	0.02251	26%-50% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	5	90.00	0.07	0.02251	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	6	8.00	0.10	0.02253	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	6	8.00	0.19	0.02253	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	6	10.00	0.08	0.02253	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	6	14.00	0.07	0.02253	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	6	20.00	0.05	0.02253	101%-200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	6	30.00	0.01	0.02253	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	30.00	0.03	0.02253	26%-50% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	6	30.00	0.03	0.02253	26%-50% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	6	30.00	0.07	0.02253	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	6	45.00	0.07	0.02253	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	6	60.00	0.02	0.02253	26%-50% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	6	60.00	0.07	0.02253	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	6	90.00	0.01	0.02253	26%-50% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	7	10.00	0.08	0.02207	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	7	10.00	0.08	0.02207	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	7	20.00	0.05	0.02207	101%-200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	7	30.00	0.03	0.02207	10%-25% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	7	30.00	0.03	0.02207	26%-50% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	7	30.00	0.03	0.02207	51%-75% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	7	30.00	0.03	0.02207	51%-75% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	7	30.00	0.07	0.02207	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	7	45.00	0.07	0.02207	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	7	60.00	0.02	0.02207	26%-50% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	7	60.00	0.02	0.02207	10%-25% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	7	60.00	0.07	0.02207	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	7	90.00	0.01	0.02207	26%-50% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	7	90.00	0.07	0.02207	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	7	180.00	0.01	0.02207	51%-75% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	8	2.00	0.38	0.02233	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	8	14.00	0.07	0.02233	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	8	30.00	0.03	0.02233	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	30.00	0.03	0.02233	26%-50% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	8	30.00	0.03	0.02233	26%-50% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	8	30.00	0.03	0.02233	26%-50% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	8	30.00	0.07	0.02233	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	8	45.00	0.01	0.02233	51%-75% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	8	45.00	0.07	0.02233	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	8	60.00	0.07	0.02233	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	8	90.00	0.01	0.02233	26%-50% Below	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	4	30.00	0.06	0.02668	101%-200% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	4	60.00	0.06	0.02668	101%-200% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	5	15.00	0.03	0.02517	26%-50% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	5	20.00	0.06	0.02517	101%-200% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	5	30.00	0.02	0.02517	10%-25% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	5	30.00	0.03	0.02517	26%-50% Above	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	5	30.00	0.06	0.02517	101%-200% Above	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	5	30.00	0.06	0.02517	101%-200% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	5	60.00	0.06	0.02517	101%-200% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	6	30.00	0.03	0.02461	26%-50% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	6	30.00	0.06	0.02461	101%-200% Above	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	6	30.00	0.06	0.02461	101%-200% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	6	60.00	0.06	0.02461	101%-200% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	7	15.00	0.03	0.02401	26%-50% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	7	30.00	0.06	0.02401	101%-200% Above	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	7	30.00	0.06	0.02401	101%-200% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	8	30.00	0.06	0.02418	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00781107905	ALPRAZOLAM 1 MG TABLET	8	30.00	0.06	0.02418	101%-200% Above	Yes	No
00781107910	ALPRAZOLAM 1 MG TABLET	6	15.00	0.06	0.02461	101%-200% Above	No	No
00781107910	ALPRAZOLAM 1 MG TABLET	8	1.00	0.46	0.02418	200% Above	No	No
00781108901	ALPRAZOLAM 2 MG TABLET	4	90.00	0.03	0.04576	26%-50% Below	No	No
00781108901	ALPRAZOLAM 2 MG TABLET	5	90.00	0.03	0.04742	26%-50% Below	No	No
00781108901	ALPRAZOLAM 2 MG TABLET	6	90.00	0.03	0.04786	26%-50% Below	No	No
00781108901	ALPRAZOLAM 2 MG TABLET	7	90.00	0.03	0.04860	26%-50% Below	No	No
00781108901	ALPRAZOLAM 2 MG TABLET	8	90.00	0.03	0.04849	26%-50% Below	No	No
00781108905	ALPRAZOLAM 2 MG TABLET	4	30.00	0.07	0.04576	51%-75% Above	Yes	No
00781148701	AMITRIPTYLINE HCL 25 MG TAB	5	90.00	0.10	0.05419	76%-100% Above	No	No
00781148701	AMITRIPTYLINE HCL 25 MG TAB	8	90.00	0.10	0.05115	101%-200% Above	No	No
00781148710	AMITRIPTYLINE HCL 25 MG TAB	4	30.00	0.17	0.05422	200% Above	No	No
00781148710	AMITRIPTYLINE HCL 25 MG TAB	5	30.00	0.17	0.05419	200% Above	No	No
00781169501	ISOSORBIDE DINITRATE 20 MG TAB	8	90.00	0.13	0.19716	26%-50% Below	No	No
00781185220	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.24	0.28438	10%-25% Below	Yes	No
00781185220	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.34	0.28438	10%-25% Above	Yes	No
00781185220	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.37	0.28438	26%-50% Above	Yes	No
00781185220	AMOX-CLAV 875-125 MG TABLET	5	20.00	0.24	0.28188	10%-25% Below	Yes	No
00781185220	AMOX-CLAV 875-125 MG TABLET	5	20.00	0.25	0.28188	10%-25% Below	Yes	No
00781185220	AMOX-CLAV 875-125 MG TABLET	5	20.00	0.40	0.28188	26%-50% Above	Yes	No
00781185220	AMOX-CLAV 875-125 MG TABLET	6	10.00	0.49	0.27470	76%-100% Above	Yes	No
00781185220	AMOX-CLAV 875-125 MG TABLET	7	28.00	0.35	0.27809	26%-50% Above	Yes	No
00781185220	AMOX-CLAV 875-125 MG TABLET	8	14.00	0.24	0.28558	10%-25% Below	Yes	No
00781185220	AMOX-CLAV 875-125 MG TABLET	8	20.00	0.24	0.28558	10%-25% Below	Yes	No
00781185220	AMOX-CLAV 875-125 MG TABLET	8	20.00	0.25	0.28558	10%-25% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	24.00	0.37	0.28558	26%-50% Above	Yes	No
00781207401	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	6	30.00	0.01	0.12045	76%-100% Below	No	No
00781207401	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	7	30.00	0.01	0.11953	76%-100% Below	No	No
00781207410	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	6	30.00	0.01	0.12045	76%-100% Below	No	No
00781207410	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	6	90.00	0.08	0.12045	26%-50% Below	No	No
00781207410	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	7	90.00	0.08	0.11953	26%-50% Below	No	No
00781214501	AMPICILLIN 500 MG CAPSULE	3	28.00	0.06	0.45794	76%-100% Below	No	No
00781214501	AMPICILLIN 500 MG CAPSULE	5	60.00	0.37	0.44378	10%-25% Below	No	No
00781214501	AMPICILLIN 500 MG CAPSULE	7	60.00	0.37	0.44091	10%-25% Below	No	No
00781223401	OMEPRAZOLE CAP 40MG	6	30.00	0.12	.		No	No
00781223410	OMEPRAZOLE DR 40 MG CAPSULE	5	90.00	0.12	0.05068	101%-200% Above	No	No
00781227001	BUTALBITAL-ASPIRIN-CAFFEINE 50-325-40 MG CAPSULE	5	30.00	0.48	0.97831	26%-50% Below	No	No
00781227001	BUTALBITAL-ASPIRIN-CAFFEINE 50-325-40 MG CAPSULE	5	60.00	0.48	0.97831	26%-50% Below	No	No
00781227001	BUTALBITAL-ASPIRIN-CAFFEINE 50-325-40 MG CAPSULE	8	30.00	0.48	0.96874	26%-50% Below	No	No
00781229901	LISDEXAMFETAMINE 10 MG CAPSULE	5	30.00	5.70	2.99614	76%-100% Above	Yes	No
00781229901	LISDEXAMFETAMINE 10 MG CAPSULE	6	30.00	5.70	2.87323	76%-100% Above	Yes	No
00781229901	LISDEXAMFETAMINE 10 MG CAPSULE	7	30.00	0.92	2.78462	51%-75% Below	Yes	No
00781229901	LISDEXAMFETAMINE 10 MG CAPSULE	7	30.00	5.70	2.78462	101%-200% Above	Yes	No
00781229901	LISDEXAMFETAMINE 10 MG CAPSULE	8	30.00	0.92	2.66010	51%-75% Below	Yes	No
00781232246	APREPITANT 80 MG CAPSULE	5	2.00	35.02	63.45443	26%-50% Below	Yes	No
00781238301	METHYLPHENIDATE ER(LA) 10 MG CP	4	7.00	2.14	2.39863	10%-25% Below	No	No
00781238301	METHYLPHENIDATE ER(LA) 10 MG CP	4	30.00	1.57	2.39863	26%-50% Below	Yes	No
00781238401	METHYLPHENIDATE ER(LA) 20 MG CP	5	7.00	2.14	1.87204	10%-25% Above	No	No
00781238401	METHYLPHENIDATE ER(LA) 20 MG CP	5	14.00	1.06	1.87204	26%-50% Below	Yes	No
00781238401	METHYLPHENIDATE ER(LA) 20 MG CP	5	30.00	0.50	1.87204	51%-75% Below	No	No

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00781238401	METHYLPHENIDATE ER(LA) 20 MG CP	6	14.00	1.18	1.87236	26%-50% Below	No	No
00781238401	METHYLPHENIDATE ER(LA) 20 MG CP	6	30.00	0.50	1.87236	51%-75% Below	No	No
00781238501	METHYLPHENIDATE ER(LA) 30 MG CP	5	30.00	0.83	2.07947	51%-75% Below	Yes	No
00781238501	METHYLPHENIDATE ER(LA) 30 MG CP	7	30.00	1.24	2.04191	26%-50% Below	No	No
00781238501	METHYLPHENIDATE ER(LA) 30 MG CP	8	30.00	0.62	2.02747	51%-75% Below	Yes	No
00781247601	LISDEXAMFETAMINE 20 MG CAPSULE	4	30.00	5.70	2.55885	101%-200% Above	Yes	No
00781247601	LISDEXAMFETAMINE 20 MG CAPSULE	5	30.00	0.92	2.73182	51%-75% Below	Yes	No
00781247601	LISDEXAMFETAMINE 20 MG CAPSULE	5	30.00	1.46	2.73182	26%-50% Below	Yes	No
00781247601	LISDEXAMFETAMINE 20 MG CAPSULE	6	30.00	1.23	2.81237	51%-75% Below	Yes	No
00781247601	LISDEXAMFETAMINE 20 MG CAPSULE	6	30.00	1.46	2.81237	26%-50% Below	Yes	No
00781247601	LISDEXAMFETAMINE 20 MG CAPSULE	6	30.00	1.50	2.81237	26%-50% Below	Yes	No
00781247601	LISDEXAMFETAMINE 20 MG CAPSULE	7	30.00	0.92	2.74547	51%-75% Below	Yes	No
00781247601	LISDEXAMFETAMINE 20 MG CAPSULE	7	30.00	1.23	2.74547	51%-75% Below	Yes	No
00781247601	LISDEXAMFETAMINE 20 MG CAPSULE	7	30.00	1.50	2.74547	26%-50% Below	Yes	No
00781247601	LISDEXAMFETAMINE 20 MG CAPSULE	7	30.00	1.55	2.74547	26%-50% Below	Yes	No
00781247701	LISDEXAMFETAMINE 30 MG CAPSULE	4	30.00	0.92	3.04859	51%-75% Below	Yes	No
00781247701	LISDEXAMFETAMINE 30 MG CAPSULE	4	30.00	5.70	3.04859	76%-100% Above	Yes	No
00781247701	LISDEXAMFETAMINE 30 MG CAPSULE	4	60.00	0.92	3.04859	51%-75% Below	Yes	No
00781247701	LISDEXAMFETAMINE 30 MG CAPSULE	5	30.00	0.92	3.12473	51%-75% Below	Yes	No
00781247701	LISDEXAMFETAMINE 30 MG CAPSULE	5	30.00	1.68	3.12473	26%-50% Below	Yes	No
00781247701	LISDEXAMFETAMINE 30 MG CAPSULE	5	60.00	0.92	3.12473	51%-75% Below	Yes	No
00781247701	LISDEXAMFETAMINE 30 MG CAPSULE	6	30.00	0.92	3.03663	51%-75% Below	Yes	No
00781247701	LISDEXAMFETAMINE 30 MG CAPSULE	6	30.00	1.20	3.03663	51%-75% Below	Yes	No
00781247701	LISDEXAMFETAMINE 30 MG CAPSULE	6	30.00	1.68	3.03663	26%-50% Below	Yes	No
00781247701	LISDEXAMFETAMINE 30 MG CAPSULE	6	90.00	1.68	3.03663	26%-50% Below	Yes	No

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00781247701	LISDEXAMFETAMINE 30 MG CAPSULE	7	30.00	0.92	2.76686	51%-75% Below	Yes	No
00781247701	LISDEXAMFETAMINE 30 MG CAPSULE	7	30.00	1.20	2.76686	51%-75% Below	Yes	No
00781247701	LISDEXAMFETAMINE 30 MG CAPSULE	7	30.00	1.72	2.76686	26%-50% Below	Yes	No
00781247701	LISDEXAMFETAMINE 30 MG CAPSULE	8	30.00	0.92	2.66398	51%-75% Below	Yes	No
00781247701	LISDEXAMFETAMINE 30 MG CAPSULE	8	30.00	1.30	2.66398	51%-75% Below	Yes	No
00781247701	LISDEXAMFETAMINE 30 MG CAPSULE	8	30.00	1.72	2.66398	26%-50% Below	Yes	No
00781247801	LISDEXAMFETAMINE 40 MG CAPSULE	4	30.00	0.92	2.93842	51%-75% Below	Yes	No
00781247801	LISDEXAMFETAMINE 40 MG CAPSULE	5	62.00	0.92	2.92284	51%-75% Below	Yes	No
00781247801	LISDEXAMFETAMINE 40 MG CAPSULE	6	30.00	0.92	2.81679	51%-75% Below	Yes	No
00781247801	LISDEXAMFETAMINE 40 MG CAPSULE	6	30.00	1.23	2.81679	51%-75% Below	Yes	No
00781247801	LISDEXAMFETAMINE 40 MG CAPSULE	6	30.00	1.61	2.81679	26%-50% Below	Yes	No
00781247801	LISDEXAMFETAMINE 40 MG CAPSULE	7	30.00	0.92	2.72415	51%-75% Below	Yes	No
00781247801	LISDEXAMFETAMINE 40 MG CAPSULE	7	30.00	1.61	2.72415	26%-50% Below	Yes	No
00781247801	LISDEXAMFETAMINE 40 MG CAPSULE	8	23.00	0.92	2.62982	51%-75% Below	Yes	No
00781247801	LISDEXAMFETAMINE 40 MG CAPSULE	8	30.00	1.61	2.62982	26%-50% Below	Yes	No
00781247901	LISDEXAMFETAMINE 50 MG CAPSULE	4	30.00	1.41	2.79284	26%-50% Below	Yes	No
00781247901	LISDEXAMFETAMINE 50 MG CAPSULE	4	30.00	5.70	2.79284	101%-200% Above	Yes	No
00781247901	LISDEXAMFETAMINE 50 MG CAPSULE	4	60.00	5.70	2.79284	101%-200% Above	Yes	No
00781247901	LISDEXAMFETAMINE 50 MG CAPSULE	5	30.00	1.41	2.84456	26%-50% Below	Yes	No
00781247901	LISDEXAMFETAMINE 50 MG CAPSULE	5	30.00	1.56	2.84456	26%-50% Below	Yes	No
00781247901	LISDEXAMFETAMINE 50 MG CAPSULE	6	30.00	1.41	2.88660	51%-75% Below	Yes	No
00781247901	LISDEXAMFETAMINE 50 MG CAPSULE	6	30.00	1.56	2.88660	26%-50% Below	Yes	No
00781247901	LISDEXAMFETAMINE 50 MG CAPSULE	7	30.00	1.41	2.76500	26%-50% Below	Yes	No
00781247901	LISDEXAMFETAMINE 50 MG CAPSULE	7	30.00	1.59	2.76500	26%-50% Below	Yes	No
00781247901	LISDEXAMFETAMINE 50 MG CAPSULE	8	30.00	1.41	2.70424	26%-50% Below	Yes	No

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00781247901	LISDEXAMFETAMINE 50 MG CAPSULE	8	30.00	1.59	2.70424	26%-50% Below	Yes	No
00781248001	LISDEXAMFETAMINE 60 MG CAPSULE	4	30.00	5.70	2.94866	76%-100% Above	Yes	No
00781248001	LISDEXAMFETAMINE 60 MG CAPSULE	5	30.00	1.46	2.97003	26%-50% Below	Yes	No
00781248001	LISDEXAMFETAMINE 60 MG CAPSULE	5	30.00	5.70	2.97003	76%-100% Above	Yes	No
00781248001	LISDEXAMFETAMINE 60 MG CAPSULE	6	30.00	1.46	2.97451	26%-50% Below	Yes	No
00781248001	LISDEXAMFETAMINE 60 MG CAPSULE	7	30.00	1.64	2.86472	26%-50% Below	Yes	No
00781248001	LISDEXAMFETAMINE 60 MG CAPSULE	8	30.00	1.46	2.81282	26%-50% Below	Yes	No
00781248101	LISDEXAMFETAMINE 70 MG CAPSULE	4	30.00	1.43	2.93212	51%-75% Below	Yes	No
00781248101	LISDEXAMFETAMINE 70 MG CAPSULE	6	30.00	1.43	2.92336	51%-75% Below	Yes	No
00781248101	LISDEXAMFETAMINE 70 MG CAPSULE	6	30.00	1.64	2.92336	26%-50% Below	Yes	No
00781248101	LISDEXAMFETAMINE 70 MG CAPSULE	7	30.00	1.43	2.81172	26%-50% Below	Yes	No
00781248101	LISDEXAMFETAMINE 70 MG CAPSULE	7	30.00	5.32	2.81172	76%-100% Above	Yes	No
00781248101	LISDEXAMFETAMINE 70 MG CAPSULE	8	30.00	1.43	2.75933	26%-50% Below	Yes	No
00781261301	AMOXICILLIN 500 MG CAPSULE	5	21.00	0.07	0.08150	10%-25% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	5	28.00	0.07	0.08150	10%-25% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	5	30.00	0.06	0.08150	26%-50% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	6	4.00	0.22	0.08013	101%-200% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	6	6.00	0.16	0.08013	76%-100% Above	Yes	No
00781261305	AMOXICILLIN 500 MG CAPSULE	6	14.00	0.09	0.08013	10%-25% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	6	21.00	0.07	0.08013	10%-25% Below	Yes	No
00781261305	AMOXICILLIN 500 MG CAPSULE	6	21.00	0.07	0.08013	10%-25% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	8	15.00	0.15	0.07828	76%-100% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	8	22.00	0.09	0.07828	10%-25% Above	No	No
00781286810	OMEPRAZOLE DR 20 MG CAPSULE	4	30.00	0.10	0.02847	200% Above	No	No
00781286810	OMEPRAZOLE DR 20 MG CAPSULE	5	30.00	0.10	0.02859	200% Above	No	No

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00781286810	OMEPRAZOLE DR 20 MG CAPSULE	5	90.00	0.10	0.02859	200% Above	No	No
00781324664	ENOXAPARIN 40 MG/0.4 ML SYR	5	3.60	6.61	7.98179	10%-25% Below	No	No
00781324664	ENOXAPARIN 40 MG/0.4 ML SYR	6	2.80	6.61	8.05544	10%-25% Below	No	No
00781324664	ENOXAPARIN 40 MG/0.4 ML SYR	7	2.80	6.61	8.10400	10%-25% Below	No	No
00781344095	COSYNTROPIN INJ 0.25MG	5	1.00	53.89	.		No	No
00781344095	COSYNTROPIN INJ 0.25MG	6	1.00	53.89	.		No	No
00781407515	DROSP-EE-LEVOMEF 3-0.02-0.451	8	28.00	1.65	1.40234	10%-25% Above	Yes	No
00781506101	AMOXICILLIN 875 MG TABLET	6	14.00	0.08	0.15688	26%-50% Below	No	No
00781528364	CETIRIZINE HCL 5 MG CHEW TAB	4	30.00	1.26	2.01133	26%-50% Below	No	No
00781528464	CETIRIZINE HCL 10 MG CHEW TAB	5	30.00	0.50	2.05281	51%-75% Below	No	No
00781528464	CETIRIZINE HCL 10 MG CHEW TAB	6	30.00	1.20	2.02472	26%-50% Below	No	No
00781543820	CEFPODOXIME 100 MG TABLET	7	8.00	0.77	1.08337	26%-50% Below	No	No
00781543920	CEFPODOXIME 200 MG TABLET	6	28.00	0.96	1.42547	26%-50% Below	No	No
00781577010	SITAGLIPTIN TAB 100MG	6	90.00	7.05	.		No	No
00781577031	SITAGLIPTIN TAB 100MG	7	90.00	5.09	.		Yes	No
00781580260	SITAG PH/MET TAB 50-1000	6	180.00	3.53	.		Yes	No
00781598531	DAPAGLIFLOZI TAB 5MG	4	90.00	12.04	.		No	No
00781598531	DAPAGLIFLOZI TAB 5MG	5	45.00	0.01	.		No	No
00781598531	DAPAGLIFLOZI TAB 5MG	5	90.00	12.82	.		No	No
00781598531	DAPAGLIFLOZIN 5 MG TABLET	7	45.00	0.05	0.18453	51%-75% Below	No	No
00781598531	DAPAGLIFLOZIN 5 MG TABLET	8	90.00	11.23	0.18453	200% Above	No	No
00781599031	DAPAGLIFLOZI TAB 10MG	4	30.00	12.82	.		No	No
00781599031	DAPAGLIFLOZI TAB 10MG	5	30.00	0.17	.		No	No
00781599031	DAPAGLIFLOZI TAB 10MG	5	30.00	1.63	.		No	No
00781599031	DAPAGLIFLOZI TAB 10MG	5	30.00	1.68	.		No	No

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00781599031	DAPAGLIFLOZI TAB 10MG	5	90.00	0.08	.		No	No
00781599031	DAPAGLIFLOZI TAB 10MG	5	90.00	0.22	.		No	No
00781599031	DAPAGLIFLOZIN 10 MG TABLET	6	30.00	0.16	0.20494	10%-25% Below	No	No
00781599031	DAPAGLIFLOZIN 10 MG TABLET	6	30.00	0.50	0.20494	101%-200% Above	No	No
00781599031	DAPAGLIFLOZIN 10 MG TABLET	6	30.00	1.68	0.20494	200% Above	No	No
00781599031	DAPAGLIFLOZIN 10 MG TABLET	6	90.00	1.68	0.20494	200% Above	No	No
00781599031	DAPAGLIFLOZIN 10 MG TABLET	7	30.00	0.16	0.20494	10%-25% Below	No	No
00781599031	DAPAGLIFLOZIN 10 MG TABLET	7	30.00	0.50	0.20494	101%-200% Above	No	No
00781599031	DAPAGLIFLOZIN 10 MG TABLET	7	30.00	1.53	0.20494	200% Above	No	No
00781599031	DAPAGLIFLOZIN 10 MG TABLET	7	30.00	1.68	0.20494	200% Above	No	No
00781599031	DAPAGLIFLOZIN 10 MG TABLET	7	90.00	0.33	0.20494	51%-75% Above	No	No
00781599031	DAPAGLIFLOZIN 10 MG TABLET	7	90.00	1.68	0.20494	200% Above	No	No
00781599031	DAPAGLIFLOZIN 10 MG TABLET	8	30.00	0.07	0.20494	51%-75% Below	No	No
00781599031	DAPAGLIFLOZIN 10 MG TABLET	8	30.00	0.16	0.20494	10%-25% Below	No	No
00781599031	DAPAGLIFLOZIN 10 MG TABLET	8	30.00	1.68	0.20494	200% Above	No	No
00781603946	AMOXICILLIN 125 MG/5 ML SUSP	4	100.00	0.01	0.02043	51%-75% Below	No	No
00781603946	AMOXICILLIN 125 MG/5 ML SUSP	5	100.00	0.01	0.02026	51%-75% Below	No	No
00781603946	AMOXICILLIN 125 MG/5 ML SUSP	7	200.00	0.01	0.02070	51%-75% Below	No	No
00781604155	AMOXICILLIN 250 MG/5 ML SUSP	4	150.00	0.01	0.02463	26%-50% Below	No	No
00781604155	AMOXICILLIN 250 MG/5 ML SUSP	5	150.00	0.01	0.02472	26%-50% Below	No	No
00781604155	AMOXICILLIN 250 MG/5 ML SUSP	6	150.00	0.01	0.02509	26%-50% Below	No	No
00781604155	AMOXICILLIN 250 MG/5 ML SUSP	7	300.00	0.01	0.02504	26%-50% Below	No	No
00781613954	AMOX-CLAV 600-42.9 MG/5 ML SUS	4	125.00	0.04	0.06297	26%-50% Below	No	No
00781613954	AMOX-CLAV 600-42.9 MG/5 ML SUS	4	250.00	0.04	0.06297	26%-50% Below	No	No
00781613954	AMOX-CLAV 600-42.9 MG/5 ML SUS	5	125.00	0.04	0.06299	26%-50% Below	No	No

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00781613954	AMOX-CLAV 600-42.9 MG/5 ML SUS	5	250.00	0.04	0.06299	26%-50% Below	No	No
00781613957	AMOX-CLAV 600-42.9 MG/5 ML SUS	4	75.00	0.08	0.06970	10%-25% Above	No	No
00781613957	AMOX-CLAV 600-42.9 MG/5 ML SUS	4	150.00	0.04	0.06970	26%-50% Below	No	No
00781613957	AMOX-CLAV 600-42.9 MG/5 ML SUS	4	225.00	0.04	0.06970	26%-50% Below	No	No
00781613957	AMOX-CLAV 600-42.9 MG/5 ML SUS	7	75.00	0.04	0.06741	26%-50% Below	No	No
00781615746	AMOXICILLIN 400 MG/5 ML SUSP	3	300.00	0.06	0.03483	51%-75% Above	No	No
00781615752	AMOXICILLIN 400 MG/5 ML SUSP	5	50.00	0.02	0.04587	51%-75% Below	Yes	No
00781615752	AMOXICILLIN 400 MG/5 ML SUSP	12	150.00	0.01	0.04489	76%-100% Below	Yes	No
00781618667	CIPROFLOX-DEXAMETH OTIC SUSP	7	7.50	2.00	7.03284	51%-75% Below	No	No
00781618667	CIPROFLOX-DEXAMETH OTIC SUSP	7	7.50	2.67	7.03284	51%-75% Below	No	No
00781618667	CIPROFLOX-DEXAMETH OTIC SUSP	7	7.50	8.82	7.03284	10%-25% Above	No	No
00781618667	CIPROFLOX-DEXAMETH OTIC SUSP	7	7.50	9.61	7.03284	26%-50% Above	No	No
00781710454	ESTRADIOL 0.1 MG PATCH (1/WK)	4	4.00	5.90	11.82302	26%-50% Below	Yes	No
00781710454	ESTRADIOL 0.1 MG PATCH (1/WK)	5	4.00	6.51	12.44890	26%-50% Below	No	No
00781710454	ESTRADIOL 0.1 MG PATCH (1/WK)	5	12.00	5.90	12.44890	51%-75% Below	Yes	No
00781710454	ESTRADIOL 0.1 MG PATCH (1/WK)	8	12.00	5.90	12.36109	51%-75% Below	Yes	No
00781711954	ESTRADIOL 0.025 MG PATCH(1/WK)	4	4.00	6.83	10.27942	26%-50% Below	Yes	No
00781711954	ESTRADIOL 0.025 MG PATCH(1/WK)	5	4.00	6.83	10.66098	26%-50% Below	No	No
00781711954	ESTRADIOL 0.025 MG PATCH(1/WK)	5	12.00	6.83	10.66098	26%-50% Below	Yes	No
00781711954	ESTRADIOL 0.025 MG PATCH(1/WK)	6	4.00	6.83	10.91796	26%-50% Below	Yes	No
00781711954	ESTRADIOL 0.025 MG PATCH(1/WK)	7	4.00	6.83	11.34075	26%-50% Below	No	No
00781711954	ESTRADIOL 0.025 MG PATCH(1/WK)	7	4.00	6.83	11.34075	26%-50% Below	Yes	No
00781711954	ESTRADIOL 0.025 MG PATCH(1/WK)	8	4.00	6.83	11.39320	26%-50% Below	Yes	No
00781711954	ESTRADIOL 0.025 MG PATCH(1/WK)	8	12.00	6.21	11.39320	26%-50% Below	Yes	No
00781711954	ESTRADIOL 0.025 MG PATCH(1/WK)	8	12.00	6.83	11.39320	26%-50% Below	Yes	No

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00781712254	ESTRADIOL 0.0375 MG PATCH(1/WK)	4	12.00	6.37	11.77457	26%-50% Below	Yes	No
00781712254	ESTRADIOL 0.0375 MG PATCH(1/WK)	5	12.00	6.41	11.86699	26%-50% Below	No	No
00781712254	ESTRADIOL 0.0375 MG PATCH(1/WK)	7	4.00	6.44	11.41896	26%-50% Below	No	No
00781712254	ESTRADIOL 0.0375 MG PATCH(1/WK)	7	4.00	6.44	11.41896	26%-50% Below	Yes	No
00781712983	ESTRADIOL 0.025 MG PATCH(2/WK)	4	8.00	3.55	7.04050	26%-50% Below	No	No
00781712983	ESTRADIOL 0.025 MG PATCH(2/WK)	5	8.00	3.55	7.65232	51%-75% Below	No	No
00781712983	ESTRADIOL 0.025 MG PATCH(2/WK)	6	8.00	3.58	7.75858	51%-75% Below	No	No
00781712983	ESTRADIOL 0.025 MG PATCH(2/WK)	6	16.00	3.58	7.75858	51%-75% Below	No	No
00781712983	ESTRADIOL 0.025 MG PATCH(2/WK)	7	24.00	4.65	7.83016	26%-50% Below	Yes	No
00781712983	ESTRADIOL 0.025 MG PATCH(2/WK)	8	8.00	3.89	7.61989	26%-50% Below	No	No
00781713354	ESTRADIOL 0.05 MG PATCH (1/WK)	4	4.00	6.20	10.62802	26%-50% Below	No	No
00781713354	ESTRADIOL 0.05 MG PATCH (1/WK)	5	4.00	2.50	10.88883	76%-100% Below	No	No
00781713354	ESTRADIOL 0.05 MG PATCH (1/WK)	5	4.00	6.20	10.88883	26%-50% Below	No	No
00781713354	ESTRADIOL 0.05 MG PATCH (1/WK)	5	8.00	5.54	10.88883	26%-50% Below	Yes	No
00781713354	ESTRADIOL 0.05 MG PATCH (1/WK)	5	8.00	9.64	10.88883	10%-25% Below	No	No
00781713354	ESTRADIOL 0.05 MG PATCH (1/WK)	5	12.00	6.20	10.88883	26%-50% Below	No	No
00781713354	ESTRADIOL 0.05 MG PATCH (1/WK)	6	4.00	1.25	10.80489	76%-100% Below	No	No
00781713354	ESTRADIOL 0.05 MG PATCH (1/WK)	6	4.00	4.14	10.80489	51%-75% Below	No	No
00781713354	ESTRADIOL 0.05 MG PATCH (1/WK)	6	4.00	6.20	10.80489	26%-50% Below	No	No
00781713354	ESTRADIOL 0.05 MG PATCH (1/WK)	6	8.00	5.38	10.80489	26%-50% Below	Yes	No
00781713354	ESTRADIOL 0.05 MG PATCH (1/WK)	6	12.00	4.68	10.80489	51%-75% Below	Yes	No
00781713354	ESTRADIOL 0.05 MG PATCH (1/WK)	7	4.00	6.20	10.63119	26%-50% Below	No	No
00781713354	ESTRADIOL 0.05 MG PATCH (1/WK)	7	4.00	9.16	10.63119	10%-25% Below	No	No
00781713354	ESTRADIOL 0.05 MG PATCH (1/WK)	7	12.00	6.20	10.63119	26%-50% Below	Yes	No
00781713354	ESTRADIOL 0.05 MG PATCH (1/WK)	8	4.00	6.20	10.80268	26%-50% Below	No	No

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00781713354	ESTRADIOL 0.05 MG PATCH (1/WK)	8	4.00	6.20	10.80268	26%-50% Below	Yes	No
00781713654	ESTRADIOL 0.075 MG PATCH(1/WK)	5	4.00	1.59	12.24003	76%-100% Below	No	No
00781713654	ESTRADIOL 0.075 MG PATCH(1/WK)	6	4.00	1.59	11.94224	76%-100% Below	No	No
00781713654	ESTRADIOL 0.075 MG PATCH(1/WK)	6	4.00	6.73	11.94224	26%-50% Below	No	No
00781713654	ESTRADIOL 0.075 MG PATCH(1/WK)	7	4.00	3.26	12.15009	51%-75% Below	No	No
00781713654	ESTRADIOL 0.075 MG PATCH(1/WK)	7	4.00	6.52	12.15009	26%-50% Below	No	No
00781713883	ESTRADIOL 0.0375 MG PATCH(2/WK)	4	8.00	3.55	6.96625	26%-50% Below	No	No
00781713883	ESTRADIOL 0.0375 MG PATCH(2/WK)	4	8.00	3.55	6.96625	26%-50% Below	Yes	No
00781713883	ESTRADIOL 0.0375 MG PATCH(2/WK)	6	8.00	1.88	7.80907	51%-75% Below	No	No
00781713883	ESTRADIOL 0.0375 MG PATCH(2/WK)	6	8.00	3.22	7.80907	51%-75% Below	Yes	No
00781713883	ESTRADIOL 0.0375 MG PATCH(2/WK)	6	8.00	3.57	7.80907	51%-75% Below	Yes	No
00781713883	ESTRADIOL 0.0375 MG PATCH(2/WK)	6	8.00	3.67	7.80907	51%-75% Below	No	No
00781714483	ESTRADIOL 0.05 MG PATCH (2/WK)	4	8.00	3.32	7.33071	51%-75% Below	No	No
00781714483	ESTRADIOL 0.05 MG PATCH (2/WK)	4	24.00	3.32	7.33071	51%-75% Below	Yes	No
00781714483	ESTRADIOL 0.05 MG PATCH (2/WK)	5	8.00	1.88	7.69084	51%-75% Below	No	No
00781714483	ESTRADIOL 0.05 MG PATCH (2/WK)	5	8.00	2.86	7.69084	51%-75% Below	Yes	No
00781714483	ESTRADIOL 0.05 MG PATCH (2/WK)	6	8.00	2.86	7.76775	51%-75% Below	Yes	No
00781714483	ESTRADIOL 0.05 MG PATCH (2/WK)	6	8.00	3.33	7.76775	51%-75% Below	Yes	No
00781714483	ESTRADIOL 0.05 MG PATCH (2/WK)	6	16.00	1.25	7.76775	76%-100% Below	No	No
00781714483	ESTRADIOL 0.05 MG PATCH (2/WK)	6	24.00	2.52	7.76775	51%-75% Below	Yes	No
00781714483	ESTRADIOL 0.05 MG PATCH (2/WK)	7	8.00	2.86	7.97659	51%-75% Below	Yes	No
00781714483	ESTRADIOL 0.05 MG PATCH (2/WK)	7	24.00	2.52	7.97659	51%-75% Below	Yes	No
00781714483	ESTRADIOL 0.05 MG PATCH (2/WK)	7	24.00	2.74	7.97659	51%-75% Below	Yes	No
00781714483	ESTRADIOL 0.05 MG PATCH (2/WK)	7	24.00	3.33	7.97659	51%-75% Below	Yes	No
00781714483	ESTRADIOL 0.05 MG PATCH (2/WK)	8	8.00	1.88	8.22229	76%-100% Below	No	No

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00781714483	ESTRADIOL 0.05 MG PATCH (2/WK)	8	8.00	2.86	8.22229	51%-75% Below	Yes	No
00781714483	ESTRADIOL 0.05 MG PATCH (2/WK)	8	24.00	3.62	8.22229	51%-75% Below	Yes	No
00781715683	ESTRADIOL 0.075 MG PATCH(2/WK)	6	8.00	1.88	7.30317	51%-75% Below	No	No
00781715683	ESTRADIOL 0.075 MG PATCH(2/WK)	8	8.00	6.58	8.09177	10%-25% Below	No	No
00781716783	ESTRADIOL 0.1 MG PATCH (2/WK)	4	8.00	3.52	6.86102	26%-50% Below	Yes	No
00781716783	ESTRADIOL 0.1 MG PATCH (2/WK)	5	8.00	3.13	7.07807	51%-75% Below	Yes	No
00781716783	ESTRADIOL 0.1 MG PATCH (2/WK)	5	24.00	3.51	7.07807	26%-50% Below	No	No
00781716783	ESTRADIOL 0.1 MG PATCH (2/WK)	5	24.00	3.51	7.07807	26%-50% Below	Yes	No
00781716783	ESTRADIOL 0.1 MG PATCH (2/WK)	6	24.00	3.54	7.32807	51%-75% Below	Yes	No
00781716783	ESTRADIOL 0.1 MG PATCH (2/WK)	7	8.00	3.13	7.74416	51%-75% Below	Yes	No
00781716783	ESTRADIOL 0.1 MG PATCH (2/WK)	8	24.00	3.60	8.22921	51%-75% Below	No	No
00781717612	NALOXONE SPR 4MG	4	2.00	35.05	.		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	5	6.70	1.11	2.14088	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	5	6.70	1.13	2.14088	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	5	6.70	1.20	2.14088	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	5	6.70	1.31	2.14088	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	5	20.10	1.11	2.14088	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	6	6.70	1.11	2.13214	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	6	6.70	1.11	2.13214	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	6	6.70	1.13	2.13214	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	6	6.70	1.29	2.13214	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	6	6.70	1.31	2.13214	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	6	13.40	1.11	2.13214	26%-50% Below	No	No

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00781729685	ALBUTEROL HFA 90 MCG INHALER	7	6.70	1.11	2.13955	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	7	6.70	1.11	2.13955	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	7	6.70	1.13	2.13955	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	7	6.70	1.33	2.13955	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	7	13.40	1.11	2.13955	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	7	20.10	1.11	2.13955	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	8	6.70	1.11	2.12598	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	8	6.70	1.11	2.12598	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	8	6.70	1.20	2.12598	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	8	6.70	1.22	2.12598	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	8	6.70	1.48	2.12598	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	8	13.40	1.11	2.12598	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	8	20.10	1.11	2.12598	26%-50% Below	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	4	6.00	0.51	0.28349	76%-100% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	5	6.00	0.51	0.28000	76%-100% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	5	6.00	0.65	0.28000	101%-200% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	6	6.00	0.51	0.27765	76%-100% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	6	6.00	0.65	0.27765	101%-200% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	7	6.00	0.51	0.26796	76%-100% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	7	6.00	0.65	0.26796	101%-200% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	8	6.00	0.45	0.26759	51%-75% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	8	6.00	0.51	0.26759	76%-100% Above	No	No
00781815931	PRUCALOPRIDE 2 MG TABLET	6	90.00	1.02	0.68074	26%-50% Above	Yes	No
00832003810	OXYBUTYNIN 5 MG TABLET	4	30.00	0.25	0.04836	200% Above	No	No
00832003810	OXYBUTYNIN 5 MG TABLET	5	90.00	0.23	0.04805	200% Above	No	No

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00832003810	OXYBUTYNIN 5 MG TABLET	5	180.00	0.09	0.04805	76%-100% Above	No	No
00832003810	OXYBUTYNIN 5 MG TABLET	7	90.00	0.08	0.04688	51%-75% Above	No	No
00832059530	EXEMESTANE 25 MG TABLET	7	90.00	0.87	0.68711	26%-50% Above	No	No
00832105410	BACLOFEN 10 MG TABLET	4	15.00	0.06	0.03403	51%-75% Above	Yes	No
00832105415	BACLOFEN 10 MG TABLET	6	45.00	0.09	0.03324	101%-200% Above	No	No
00832121300	JANTOVEN 2.5 MG TABLET	5	60.00	0.14	0.08134	51%-75% Above	No	No
00832125011	RAMELTEON 8 MG TABLET	4	30.00	0.17	0.71652	76%-100% Below	No	No
00832125011	RAMELTEON 8 MG TABLET	6	30.00	0.94	0.68981	26%-50% Above	No	No
00832125030	RAMELTEON 8 MG TABLET	5	30.00	0.94	0.71494	26%-50% Above	No	No
00832125030	RAMELTEON 8 MG TABLET	7	30.00	0.94	0.66707	26%-50% Above	No	No
00832142505	BRIMONIDINE-TIMOLOL 0.2%-0.5%	4	5.00	8.57	3.19705	101%-200% Above	No	No
00832142515	BRIMONIDINE-TIMOLOL 0.2%-0.5%	5	15.00	7.58	2.38335	200% Above	No	No
00832532411	POTASSIUM CL ER 10 MEQ TABLET	1	30.00	0.12	0.13336	10%-25% Below	No	No
00832532411	POTASSIUM CL ER 10 MEQ TABLET	5	14.00	0.09	0.13803	26%-50% Below	Yes	No
00832532411	POTASSIUM CL ER 10 MEQ TABLET	5	30.00	0.12	0.13803	10%-25% Below	No	No
00832532411	POTASSIUM CL ER 10 MEQ TABLET	6	3.00	0.12	0.13488	10%-25% Below	No	No
00832532511	POTASSIUM CL ER 20 MEQ TABLET	5	30.00	0.10	0.13670	10%-25% Below	No	No
00832532511	POTASSIUM CL ER 20 MEQ TABLET	5	90.00	0.02	0.13670	76%-100% Below	No	No
00832532511	POTASSIUM CL ER 20 MEQ TABLET	6	90.00	0.10	0.13474	10%-25% Below	No	No
00832532515	POTASSIUM CL ER 20 MEQ TABLET	6	90.00	0.22	0.13474	51%-75% Above	No	No
00832603212	FLUOXETINE 20 MG/5 ML SOLUTION	4	120.00	0.12	0.21425	26%-50% Below	No	No
00832603212	FLUOXETINE 20 MG/5 ML SOLUTION	4	230.00	0.11	0.21425	26%-50% Below	No	No
00832603212	FLUOXETINE 20 MG/5 ML SOLUTION	5	230.00	0.11	0.20220	26%-50% Below	No	No
00832603212	FLUOXETINE 20 MG/5 ML SOLUTION	6	230.00	0.18	0.19910	10%-25% Below	No	No
00832604515	FAMOTIDINE SUS 40MG/5ML	6	150.00	0.34	.		No	No

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00832604890	PITAVASTATIN 1 MG TABLET	5	90.00	0.17	1.19937	76%-100% Below	No	No
00832604990	PITAVASTATIN 2 MG TABLET	5	90.00	0.73	1.21680	26%-50% Below	Yes	No
00832604990	PITAVASTATIN 2 MG TABLET	7	90.00	0.55	1.03502	26%-50% Below	Yes	No
00832604990	PITAVASTATIN 2 MG TABLET	7	90.00	0.73	1.03502	26%-50% Below	No	No
00832605211	DICYCLOMINE 20 MG TABLET	7	15.00	0.10	0.05757	51%-75% Above	No	No
00832605612	MESALAMINE ER 0.375 GRAM CAP	5	120.00	0.25	0.48846	26%-50% Below	No	No
00832605612	MESALAMINE ER 0.375 GRAM CAP	6	120.00	0.25	0.49789	26%-50% Below	No	No
00832605612	MESALAMINE ER 0.375 GRAM CAP	7	120.00	0.42	0.48320	10%-25% Below	No	No
00832605612	MESALAMINE ER 0.375 GRAM CAP	8	120.00	0.42	0.48654	10%-25% Below	No	No
00832830430	ISOTRETINOIN 40 MG CAPSULE	5	60.00	1.27	2.18087	26%-50% Below	No	No
00832830430	ISOTRETINOIN 40 MG CAPSULE	6	60.00	1.27	2.16722	26%-50% Below	No	No
00904052360	VITAMIN C TAB 500MG	7	30.00	0.20	.		No	No
00904052360	VITAMIN C TAB 500MG	7	90.00	0.18	.		No	No
00904404073	ASPIRIN 81 MG CHEWABLE TABLET	4	90.00	0.02	0.02622	26%-50% Below	No	No
00904404073	ASPIRIN 81 MG CHEWABLE TABLET	7	90.00	0.02	0.02652	26%-50% Below	No	No
00904530780	BANOPHEN 50 MG CAPSULE	4	1.00	14.99	0.02442	200% Above	Yes	No
00904583348	LORATADINE-D 24HR TABLET	4	30.00	0.50	0.57734	10%-25% Below	No	No
00904583348	LORATADINE-D 24HR TABLET	6	30.00	0.50	0.58137	10%-25% Below	No	No
00904585560	IBUPROFEN 800 MG TABLET	8	30.00	0.07	0.05850	10%-25% Above	No	No
00904629161	ATORVASTATIN 20 MG TABLET	5	30.00	0.01	0.02902	51%-75% Below	No	No
00904635161	LEVOFLOXACIN 250 MG TABLET	7	5.00	0.55	0.11531	200% Above	No	No
00904671740	CETIRIZINE HCL 10 MG TABLET	4	30.00	0.03	0.06308	51%-75% Below	No	No
00904671740	CETIRIZINE HCL 10 MG TABLET	6	90.00	0.03	0.06398	51%-75% Below	No	No
00904671760	CETIRIZINE HCL 10 MG TABLET	6	30.00	0.03	0.06398	51%-75% Below	No	No
00904671760	CETIRIZINE HCL 10 MG TABLET	8	30.00	0.03	0.06293	51%-75% Below	No	No

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00904671772	CETIRIZINE HCL 10 MG TABLET	5	30.00	0.04	0.06400	26%-50% Below	No	No
00904671772	CETIRIZINE HCL 10 MG TABLET	5	30.00	0.05	0.06400	10%-25% Below	No	No
00904671772	CETIRIZINE HCL 10 MG TABLET	5	90.00	0.04	0.06400	26%-50% Below	No	No
00904671772	CETIRIZINE HCL 10 MG TABLET	6	30.00	0.04	0.06398	26%-50% Below	No	No
00904671772	CETIRIZINE HCL 10 MG TABLET	6	90.00	0.04	0.06398	26%-50% Below	No	No
00904671772	CETIRIZINE HCL 10 MG TABLET	6	180.00	0.04	0.06398	26%-50% Below	No	No
00904671772	CETIRIZINE HCL 10 MG TABLET	7	30.00	0.04	0.06534	26%-50% Below	No	No
00904671772	CETIRIZINE HCL 10 MG TABLET	7	30.00	0.05	0.06534	26%-50% Below	No	No
00904671772	CETIRIZINE HCL 10 MG TABLET	8	90.00	0.04	0.06293	26%-50% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	4	30.00	0.01	0.01466	51%-75% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	5	30.00	0.01	0.01438	51%-75% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	5	90.00	0.01	0.01438	51%-75% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	5	90.00	0.01	0.01438	51%-75% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	5	90.00	0.01	0.01438	51%-75% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	6	30.00	0.00	0.01453	76%-100% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	6	30.00	0.01	0.01453	51%-75% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	6	30.00	0.20	0.01453	200% Above	No	No
00904675180	ASPIRIN EC 81 MG TABLET	6	90.00	0.01	0.01453	51%-75% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	7	30.00	0.20	0.01440	200% Above	No	No
00904675180	ASPIRIN EC 81 MG TABLET	7	90.00	0.01	0.01440	51%-75% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	8	60.00	0.01	0.01455	51%-75% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	8	90.00	0.01	0.01455	51%-75% Below	No	No
00904676520	CHILD CETIRIZINE HCL 1 MG/ML	2	150.00	0.03	0.03657	10%-25% Below	No	No
00904676520	CHILD CETIRIZINE HCL 1 MG/ML	4	75.00	0.02	0.03663	26%-50% Below	No	No
00904676520	CHILD CETIRIZINE HCL 1 MG/ML	4	150.00	0.02	0.03675	51%-75% Below	No	No

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00904676520	CHILD CETIRIZINE HCL 1 MG/ML	5	75.00	0.02	0.03547	26%-50% Below	No	No
00904676520	CHILD CETIRIZINE HCL 1 MG/ML	5	150.00	0.02	0.03547	26%-50% Below	No	No
00904676520	CHILD CETIRIZINE HCL 1 MG/ML	6	75.00	0.02	0.03532	26%-50% Below	No	No
00904676520	CHILD CETIRIZINE HCL 1 MG/ML	6	150.00	0.02	0.03532	26%-50% Below	No	No
00904676520	CHILD CETIRIZINE HCL 1 MG/ML	7	60.00	0.02	0.03582	26%-50% Below	No	No
00904676520	CHILD CETIRIZINE HCL 1 MG/ML	7	75.00	0.02	0.03582	26%-50% Below	No	No
00904676520	CHILD CETIRIZINE HCL 1 MG/ML	7	75.00	0.05	0.03582	26%-50% Above	No	No
00904678370	ASPIRIN EC 81 MG TABLET	6	90.00	0.01	0.01453	26%-50% Below	No	No
00904679480	ASPIRIN 81 MG CHEWABLE TABLET	4	30.00	0.01	0.02622	76%-100% Below	No	No
00904679480	ASPIRIN 81 MG CHEWABLE TABLET	4	30.00	0.01	0.02622	76%-100% Below	Yes	No
00904679480	ASPIRIN 81 MG CHEWABLE TABLET	4	90.00	0.01	0.02622	76%-100% Below	No	No
00904679480	ASPIRIN 81 MG CHEWABLE TABLET	5	30.00	0.01	0.02595	76%-100% Below	No	No
00904679480	ASPIRIN 81 MG CHEWABLE TABLET	5	30.00	0.01	0.02595	76%-100% Below	No	No
00904679480	ASPIRIN 81 MG CHEWABLE TABLET	6	30.00	0.01	0.02620	76%-100% Below	No	No
00904679480	ASPIRIN 81 MG CHEWABLE TABLET	7	30.00	0.01	0.02652	76%-100% Below	No	No
00904679480	ASPIRIN 81 MG CHEWABLE TABLET	7	90.00	0.01	0.02652	76%-100% Below	No	No
00904679489	ASPIRIN 81 MG CHEWABLE TABLET	5	30.00	0.01	0.02595	51%-75% Below	No	No
00904679489	ASPIRIN 81 MG CHEWABLE TABLET	5	90.00	0.01	0.02595	51%-75% Below	Yes	No
00904679489	ASPIRIN 81 MG CHEWABLE TABLET	7	30.00	0.01	0.02652	51%-75% Below	No	No
00904679489	ASPIRIN 81 MG CHEWABLE TABLET	7	90.00	0.01	0.02652	51%-75% Below	Yes	No
00904685272	LORATADINE 10 MG TABLET	4	30.00	0.03	0.05319	51%-75% Below	No	No
00904685272	LORATADINE 10 MG TABLET	8	90.00	0.03	0.05315	51%-75% Below	Yes	No
00904698640	MUCUS RELIEF ER 600 MG TABLET	8	21.00	0.71	0.28539	101%-200% Above	Yes	No
00904720546	BISMUTH 262 MG TABLET CHEW	6	112.00	0.23	0.08307	101%-200% Above	No	No
00904728060	DOCUSATE SODIUM 100 MG SOFTGEL	4	30.00	0.20	0.02720	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	20.00	0.06	0.02805	101%-200% Above	Yes	No
00904728060	DOCUSATE SODIUM 100 MG SOFTGEL	5	30.00	0.06	0.02805	101%-200% Above	Yes	No
00904728060	DOCUSATE SODIUM 100 MG SOFTGEL	5	30.00	0.20	0.02805	200% Above	No	No
00904728060	DOCUSATE SODIUM 100 MG SOFTGEL	5	60.00	0.06	0.02805	101%-200% Above	Yes	No
00904728060	DOCUSATE SODIUM 100 MG SOFTGEL	6	180.00	0.06	0.02806	101%-200% Above	Yes	No
00904728060	DOCUSATE SODIUM 100 MG SOFTGEL	7	28.00	0.06	0.02853	101%-200% Above	Yes	No
00904728060	DOCUSATE SODIUM 100 MG SOFTGEL	7	60.00	0.06	0.02853	101%-200% Above	Yes	No
00904728080	DOCUSATE SODIUM 100 MG SOFTGEL	4	20.00	0.93	0.02720	200% Above	No	No
00904759080	FEROSUL TAB 325MG	4	30.00	0.35	.		No	No
00904759080	FEROSUL TAB 325MG	4	30.00	0.62	.		No	No
00904759080	FEROSUL TAB 325MG	5	90.00	0.32	.		No	No
00904759080	FEROSUL TAB 325MG	6	30.00	0.36	.		No	No
00904759080	FEROSUL TAB 325MG	7	90.00	0.11	.		No	No
00904759080	FEROSUL TAB 325MG	7	90.00	0.32	.		No	No
00904759080	FEROSUL TAB 325MG	8	30.00	0.36	.		No	No
00955100410	ENOXAPARIN 40 MG/0.4 ML SYR	5	1.20	6.61	7.98179	10%-25% Below	No	No
07610003220	VITAMIN B-2 TAB 100MG	5	30.00	0.50	.		Yes	No
07610016840	VITAMIN D-3 TAB 2000UNIT	7	30.00	0.06	.		No	No
07610017840	VITAMIN D-3 TAB 5000UNIT	5	30.00	0.50	.		Yes	No
08214056529	PX LANCETS MIS 28G	5	100.00	0.03	.		No	No
08214058529	PX LANCETS MIS 33G	5	100.00	0.04	.		No	No
08214058529	PX LANCETS MIS 33G	8	100.00	0.04	.		No	No
08290320119	BD PEN NEEDL MIS 31GX5MM	5	100.00	0.62	.		No	No
08290320119	BD PEN NEEDL MIS 31GX5MM	5	100.00	0.64	.		No	No
08290320119	BD PEN NEEDL MIS 31GX5MM	8	100.00	0.62	.		No	No

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08290320119	BD PEN NEEDL MIS 31GX5MM	8	100.00	0.63	.		No	No
08290320122	BD PEN NEEDL MIS 32GX4MM	4	100.00	0.65	.		No	No
08290320122	BD PEN NEEDL MIS 32GX4MM	5	100.00	0.63	.		No	No
08290320550	BD NANO 2NDG PEN 32GX4MM	4	100.00	0.62	.		No	No
08290320550	BD NANO 2NDG PEN 32GX4MM	6	100.00	0.63	.		No	No
08373747800	OPTICHAMBER MIS DIAMOND	5	1.00	15.66	.		No	No
08508300001	OMNIPOD 5 DX KIT INT G7G6	5	1.00	614.50	.		No	No
08508300001	OMNIPOD 5 DX KIT INT G7G6	5	1.00	631.33	.		Yes	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	4	10.00	58.88	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	4	10.00	58.99	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	4	10.00	60.15	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	4	10.00	61.34	.		Yes	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	4	15.00	59.33	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	5	10.00	60.61	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	5	10.00	60.72	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	5	10.00	60.72	.		Yes	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	5	10.00	63.13	.		Yes	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	5	15.00	57.99	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	5	15.00	62.03	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	5	20.00	62.03	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	5	30.00	61.91	.		Yes	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	5	30.00	63.13	.		Yes	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	6	10.00	60.72	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	6	10.00	60.72	.		Yes	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	6	10.00	63.13	.		Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	15.00	57.99	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	6	15.00	61.07	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	6	15.00	62.03	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	6	20.00	62.03	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	6	30.00	61.07	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	6	30.00	61.91	.		Yes	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	6	45.00	57.99	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	6	45.00	59.53	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	6	45.00	61.45	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	7	5.00	57.99	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	7	10.00	60.72	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	7	10.00	62.03	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	7	10.00	63.13	.		Yes	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	7	15.00	57.99	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	7	15.00	62.03	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	7	15.00	63.13	.		Yes	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	7	20.00	62.03	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	7	30.00	61.91	.		Yes	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	8	10.00	60.72	.		Yes	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	8	10.00	61.91	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	8	15.00	61.07	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	8	30.00	61.91	.		Yes	No
08508300042	OMNIPOD5 LIB MIS PODS	5	10.00	60.72	.		No	No
08508300042	OMNIPOD5 LIB MIS PODS	5	45.00	61.07	.		No	No
08508300042	OMNIPOD5 LIB MIS PODS	7	30.00	60.72	.		No	No

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08508300088	OMNIPOD5 LIB KIT INTRO	5	1.00	607.21	.		No	No
08627001601	DEXCOM G6 MIS TRANSMIT	4	1.00	236.02	.		No	No
08627001601	DEXCOM G6 MIS TRANSMIT	4	1.00	237.50	.		No	No
08627001601	DEXCOM G6 MIS TRANSMIT	5	1.00	224.14	.		No	No
08627001601	DEXCOM G6 MIS TRANSMIT	5	1.00	234.68	.		Yes	No
08627001601	DEXCOM G6 MIS TRANSMIT	6	1.00	236.02	.		No	No
08627001601	DEXCOM G6 MIS TRANSMIT	6	1.00	239.73	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	4	1.00	128.49	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	4	3.00	122.03	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	4	3.00	132.84	.		Yes	No
08627005303	DEXCOM G6 MIS SENSOR	4	9.00	125.26	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	4	9.00	127.76	.		Yes	No
08627005303	DEXCOM G6 MIS SENSOR	4	9.00	130.27	.		Yes	No
08627005303	DEXCOM G6 MIS SENSOR	5	1.00	128.49	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	5	3.00	122.03	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	5	3.00	128.49	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	5	3.00	132.84	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	5	9.00	122.03	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	6	3.00	122.03	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	6	3.00	128.49	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	6	3.00	132.84	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	6	9.00	130.51	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	7	3.00	122.03	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	7	3.00	132.84	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	7	9.00	122.03	.		No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	3.00	122.02	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	4	3.00	127.51	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	4	3.00	127.75	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	4	3.00	127.75	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	4	3.00	128.48	.		No	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	125.25	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	4	9.00	127.75	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	4	9.00	128.48	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	4	9.00	129.29	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	4	9.00	130.26	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	4	9.00	132.07	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	5	1.00	129.29	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	5	3.00	122.02	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	5	3.00	127.51	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	5	3.00	127.75	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	5	3.00	127.75	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	5	3.00	128.48	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	5	3.00	129.29	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	5	3.00	130.50	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	5	3.00	132.83	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	5	3.00	132.83	.		Yes	No

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08627007701	DEXCOM G7 MIS SENSOR	5	4.00	127.75	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	5	9.00	122.02	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	5	9.00	125.25	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	5	9.00	128.48	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	5	9.00	129.29	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	5	9.00	130.26	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	5	9.00	130.50	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	5	9.00	132.07	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	5	9.00	132.83	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	5	9.00	132.83	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	6	1.00	127.75	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	6	1.00	129.29	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	6	1.00	132.83	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	6	3.00	122.02	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	6	3.00	127.75	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	6	3.00	127.75	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	6	3.00	128.48	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	6	3.00	129.29	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	6	3.00	130.26	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	6	3.00	130.50	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	6	3.00	132.83	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	6	3.00	132.83	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	6	6.00	128.48	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	6	9.00	122.02	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	6	9.00	127.75	.		Yes	No

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08627007701	DEXCOM G7 MIS SENSOR	6	9.00	129.29	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	6	9.00	130.26	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	6	9.00	130.50	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	6	9.00	132.07	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	6	9.00	132.83	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	7	2.00	128.48	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	7	3.00	122.02	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	7	3.00	127.51	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	7	3.00	127.75	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	7	3.00	127.75	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	7	3.00	128.48	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	7	3.00	129.29	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	7	3.00	130.50	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	7	3.00	132.83	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	7	3.00	132.83	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	7	9.00	122.02	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	7	9.00	125.25	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	7	9.00	126.62	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	7	9.00	127.75	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	7	9.00	128.48	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	7	9.00	129.29	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	7	9.00	130.26	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	7	9.00	132.07	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	8	3.00	127.75	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	8	3.00	129.29	.		No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	3.00	130.50	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	8	6.00	128.48	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	8	9.00	122.02	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	8	9.00	125.25	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	8	9.00	128.48	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	8	9.00	130.26	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	8	9.00	130.50	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	8	9.00	132.83	.		No	No
08627007801	DEXCOM G7 MIS RECEIVER	4	1.00	297.13	.		No	No
08627007801	DEXCOM G7 MIS RECEIVER	5	1.00	282.18	.		No	No
08627007801	DEXCOM G7 MIS RECEIVER	5	1.00	299.00	.		No	No
08627007801	DEXCOM G7 MIS RECEIVER	6	1.00	299.00	.		No	No
08627007801	DEXCOM G7 MIS RECEIVER	7	1.00	282.18	.		No	No
08627007801	DEXCOM G7 MIS RECEIVER	7	1.00	295.45	.		Yes	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	191.26	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	4	2.00	192.72	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	4	2.00	193.93	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	4	2.00	195.75	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	4	2.00	199.24	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	4	6.00	199.24	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	5	1.00	191.26	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	5	1.00	192.72	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	5	2.00	183.02	.		No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	2.00	191.26	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	5	2.00	191.63	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	5	2.00	192.72	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	5	2.00	193.93	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	5	2.00	195.75	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	5	2.00	199.24	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	5	3.00	191.26	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	5	6.00	183.02	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	5	6.00	191.63	.		Yes	No
08627007901	DEXCOM G7 MIS SNSR 15D	5	6.00	193.93	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	5	6.00	195.38	.		Yes	No
08627007901	DEXCOM G7 MIS SNSR 15D	5	6.00	199.24	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	5	6.00	199.24	.		Yes	No
08627007901	DEXCOM G7 MIS SNSR 15D	6	1.00	191.26	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	6	2.00	183.02	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	6	2.00	191.26	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	6	2.00	192.72	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	6	2.00	193.93	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	6	2.00	195.75	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	6	2.00	199.24	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	6	6.00	187.87	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	6	6.00	191.63	.		Yes	No
08627007901	DEXCOM G7 MIS SNSR 15D	6	6.00	195.38	.		Yes	No
08627007901	DEXCOM G7 MIS SNSR 15D	7	1.00	183.02	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	7	1.00	191.26	.		No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	2.00	183.02	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	7	2.00	191.26	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	7	2.00	192.72	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	7	2.00	193.93	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	7	2.00	195.75	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	7	2.00	199.24	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	7	2.00	199.24	.		Yes	No
08627007901	DEXCOM G7 MIS SNSR 15D	7	6.00	183.02	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	7	6.00	191.63	.		Yes	No
08627007901	DEXCOM G7 MIS SNSR 15D	7	6.00	195.38	.		Yes	No
08627007901	DEXCOM G7 MIS SNSR 15D	7	6.00	199.24	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	8	1.00	191.26	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	8	2.00	183.02	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	8	2.00	191.63	.		Yes	No
08627007901	DEXCOM G7 MIS SNSR 15D	8	2.00	193.93	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	8	2.00	195.75	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	8	2.00	199.24	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	8	2.00	199.24	.		Yes	No
08627007901	DEXCOM G7 MIS SNSR 15D	8	5.00	183.02	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	8	6.00	191.63	.		Yes	No
08627007901	DEXCOM G7 MIS SNSR 15D	8	6.00	195.38	.		Yes	No
10006073038	MAG OXIDE TAB 400MG	7	90.00	0.17	.		Yes	No
10135071912	ALENDRONATE TAB 70MG	5	12.00	0.44	.		No	No
10135072305	METHOCARBAM TAB 750MG	8	40.00	0.08	.		No	No
10135077805	PREDNISONE TAB 20MG	6	10.00	0.08	.		No	No

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10135078790	EZETIMIBE TAB 10MG	7	90.00	0.07	.		Yes	No
10135078790	EZETIMIBE TAB 10MG	8	90.00	0.09	.		Yes	No
10370017611	FLUVOXAMINE ER 150 MG CAPSULE	7	60.00	1.36	4.99259	51%-75% Below	No	No
10370036511	TOPIRAMATE ER 25 MG CAPSULE	4	30.00	0.67	3.77427	76%-100% Below	No	No
10370036511	TOPIRAMATE ER 25 MG CAPSULE	6	30.00	0.67	3.83026	76%-100% Below	No	No
10370036511	TOPIRAMATE ER 25 MG CAPSULE	7	30.00	0.67	4.12402	76%-100% Below	No	No
10370036711	TOPIRAMATE ER 100 MG CAPSULE	4	60.00	0.69	11.55804	76%-100% Below	No	No
10370036711	TOPIRAMATE ER 100 MG CAPSULE	4	60.00	7.37	11.55804	26%-50% Below	No	No
10370036711	TOPIRAMATE ER 100 MG CAPSULE	6	60.00	0.69	10.75938	76%-100% Below	No	No
10370082909	DILTIAZEM 24H ER(CD) 120 MG CP	4	30.00	0.01	0.14581	76%-100% Below	No	No
10370082909	DILTIAZEM 24H ER(CD) 120 MG CP	5	30.00	0.01	0.14382	76%-100% Below	No	No
10370082909	DILTIAZEM 24H ER(CD) 120 MG CP	6	30.00	0.01	0.14359	76%-100% Below	No	No
10370082909	DILTIAZEM 24H ER(CD) 120 MG CP	6	90.00	0.05	0.14359	51%-75% Below	No	No
10370082909	DILTIAZEM 24H ER(CD) 120 MG CP	7	30.00	0.01	0.14532	76%-100% Below	No	No
10370083109	DILTIAZEM 24H ER(CD) 240 MG CP	5	30.00	0.14	0.18999	10%-25% Below	No	No
10370083109	DILTIAZEM 24H ER(CD) 240 MG CP	6	30.00	0.14	0.19031	10%-25% Below	No	No
10370083109	DILTIAZEM 24H ER(CD) 240 MG CP	7	30.00	0.14	0.19105	10%-25% Below	No	No
10370083109	DILTIAZEM 24H ER(CD) 240 MG CP	8	30.00	0.14	0.19692	26%-50% Below	No	No
10572001201	SOD SUL-POTASS SUL-MAG SUL SOL	4	354.00	0.02	0.10976	76%-100% Below	No	No
10572001201	SOD SUL-POTASS SUL-MAG SUL SOL	5	354.00	0.07	0.10899	26%-50% Below	No	No
10572001201	SOD SUL-POTASS SUL-MAG SUL SOL	6	354.00	0.07	0.10537	26%-50% Below	No	No
10572010001	PEG-3350 AND ELECTROLYTES SOLN	4	4000.00	0.00	0.00465	26%-50% Below	No	No
10572010001	PEG-3350 AND ELECTROLYTES SOLN	5	4000.00	0.00	0.00465	26%-50% Below	No	No
10572010001	PEG-3350 AND ELECTROLYTES SOLN	5	4000.00	0.00	0.00465	26%-50% Below	No	No
10572010001	PEG-3350 AND ELECTROLYTES SOLN	5	4000.00	0.00	0.00465	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
10572030201	PEG 3350-ELECTROLYTE SOLUTION	6	4000.00	0.00	0.00562	26%-50% Below	No	No
10702000301	PROMETHAZINE 25 MG TABLET	5	20.00	0.02	0.04766	51%-75% Below	No	No
10702000310	PROMETHAZINE 25 MG TABLET	6	30.00	0.09	0.04619	101%-200% Above	No	No
10702000310	PROMETHAZINE 25 MG TABLET	8	2.00	0.10	0.04544	101%-200% Above	No	No
10702000310	PROMETHAZINE 25 MG TABLET	8	30.00	0.09	0.04544	101%-200% Above	No	No
10702000350	PROMETHAZINE 25 MG TABLET	5	20.00	0.09	0.04766	76%-100% Above	No	No
10702000350	PROMETHAZINE 25 MG TABLET	5	45.00	0.09	0.04766	76%-100% Above	No	No
10702000350	PROMETHAZINE 25 MG TABLET	6	6.00	0.10	0.04619	101%-200% Above	No	No
10702000350	PROMETHAZINE 25 MG TABLET	6	10.00	0.06	0.04619	26%-50% Above	No	No
10702000350	PROMETHAZINE 25 MG TABLET	6	12.00	0.06	0.04619	10%-25% Above	No	No
10702000350	PROMETHAZINE 25 MG TABLET	6	20.00	0.05	0.04619	10%-25% Above	No	No
10702000350	PROMETHAZINE 25 MG TABLET	6	40.00	0.09	0.04619	101%-200% Above	No	No
10702000350	PROMETHAZINE 25 MG TABLET	6	120.00	0.09	0.04619	101%-200% Above	No	No
10702000350	PROMETHAZINE 25 MG TABLET	7	2.00	0.10	0.04552	101%-200% Above	No	No
10702000350	PROMETHAZINE 25 MG TABLET	8	30.00	0.09	0.04544	101%-200% Above	No	No
10702000350	PROMETHAZINE 25 MG TABLET	8	60.00	0.03	0.04544	26%-50% Below	No	No
10702000901	OXYCODONE HCL (IR) 30 MG TAB	5	90.00	0.16	0.36058	51%-75% Below	Yes	No
10702000901	OXYCODONE HCL (IR) 30 MG TAB	6	90.00	0.14	0.35699	51%-75% Below	Yes	No
10702000901	OXYCODONE HCL (IR) 30 MG TAB	7	150.00	0.14	0.35566	51%-75% Below	Yes	No
10702001001	HYDROXYZINE HCL 10 MG TABLET	4	30.00	0.08	0.03139	101%-200% Above	No	No
10702001101	HYDROXYZINE HCL 25 MG TABLET	5	60.00	0.08	0.03562	101%-200% Above	No	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	3	10.00	0.10	0.08770	10%-25% Above	No	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	4	20.00	0.10	0.08756	10%-25% Above	No	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	4	30.00	0.05	0.08756	26%-50% Below	No	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	5	12.00	0.10	0.08857	10%-25% Above	No	No

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10702001801	OXYCODONE HCL (IR) 5 MG TABLET	6	1.00	0.38	0.08891	200% Above	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	6	12.00	0.06	0.08891	26%-50% Below	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	6	20.00	0.08	0.08891	10%-25% Below	No	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	6	25.00	0.05	0.08891	26%-50% Below	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	6	30.00	0.04	0.08891	26%-50% Below	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	6	30.00	0.05	0.08891	26%-50% Below	No	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	7	12.00	0.07	0.08660	10%-25% Below	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	7	15.00	0.10	0.08660	10%-25% Above	No	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	7	20.00	0.06	0.08660	26%-50% Below	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	7	24.00	0.10	0.08660	10%-25% Above	No	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	7	26.00	0.10	0.08660	10%-25% Above	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	7	42.00	0.10	0.08660	10%-25% Above	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	8	10.00	0.07	0.08652	10%-25% Below	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	8	15.00	0.10	0.08652	10%-25% Above	No	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	8	15.00	0.10	0.08652	10%-25% Above	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	8	20.00	0.07	0.08652	10%-25% Below	No	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	8	20.00	0.10	0.08652	10%-25% Above	No	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	8	40.00	0.04	0.08652	26%-50% Below	No	No
10702001850	OXYCODONE HCL (IR) 5 MG TABLET	7	12.00	0.10	0.08660	10%-25% Above	No	No
10702001850	OXYCODONE HCL (IR) 5 MG TABLET	7	56.00	0.10	0.08660	10%-25% Above	No	No
10702001850	OXYCODONE HCL (IR) 5 MG TABLET	8	84.00	0.10	0.08652	10%-25% Above	No	No
10702005503	HYDROCODONE-HOMATROPINE 5-1.5 MG TABLET	6	15.00	0.47	0.96229	26%-50% Below	No	No
10702005601	OXYCODONE HCL (IR) 10 MG TAB	8	40.00	0.07	0.16920	51%-75% Below	No	No
10702005650	OXYCODONE HCL (IR) 10 MG TAB	6	40.00	0.08	0.16542	26%-50% Below	No	No
10702005650	OXYCODONE HCL (IR) 10 MG TAB	8	28.00	0.29	0.16920	51%-75% Above	No	No

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10702005701	OXYCODONE HCL (IR) 20 MG TAB	4	150.00	0.11	0.23517	51%-75% Below	No	No
10702005750	OXYCODONE HCL (IR) 20 MG TAB	5	120.00	0.11	0.23670	51%-75% Below	No	No
10702005750	OXYCODONE HCL (IR) 20 MG TAB	5	120.00	0.13	0.23670	26%-50% Below	No	No
10702005750	OXYCODONE HCL (IR) 20 MG TAB	6	120.00	0.13	0.23793	26%-50% Below	No	No
10702006601	DEXTROAMPHETAMINE 10 MG TAB	7	30.00	0.50	0.35265	26%-50% Above	No	No
10702006601	DEXTROAMPHETAMINE 10 MG TAB	8	30.00	0.50	0.37816	26%-50% Above	No	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	0.11	0.13720	10%-25% Below	No	No
10702010001	METHYLPHENIDATE 5 MG TABLET	4	60.00	0.25	0.13720	76%-100% Above	Yes	No
10702010001	METHYLPHENIDATE 5 MG TABLET	5	30.00	0.07	0.13572	26%-50% Below	No	No
10702010001	METHYLPHENIDATE 5 MG TABLET	5	30.00	0.11	0.13572	10%-25% Below	Yes	No
10702010001	METHYLPHENIDATE 5 MG TABLET	5	30.00	0.33	0.13572	101%-200% Above	No	No
10702010001	METHYLPHENIDATE 5 MG TABLET	5	30.00	0.34	0.13572	101%-200% Above	No	No
10702010001	METHYLPHENIDATE 5 MG TABLET	5	60.00	0.17	0.13572	10%-25% Above	Yes	No
10702010001	METHYLPHENIDATE 5 MG TABLET	5	60.00	0.25	0.13572	76%-100% Above	Yes	No
10702010001	METHYLPHENIDATE 5 MG TABLET	5	60.00	0.33	0.13572	101%-200% Above	Yes	No
10702010001	METHYLPHENIDATE 5 MG TABLET	6	30.00	0.11	0.13442	10%-25% Below	No	No
10702010001	METHYLPHENIDATE 5 MG TABLET	6	60.00	0.11	0.13442	10%-25% Below	Yes	No
10702010001	METHYLPHENIDATE 5 MG TABLET	6	60.00	0.17	0.13442	10%-25% Above	Yes	No
10702010001	METHYLPHENIDATE 5 MG TABLET	6	60.00	0.25	0.13442	76%-100% Above	Yes	No
10702010001	METHYLPHENIDATE 5 MG TABLET	6	60.00	0.33	0.13442	101%-200% Above	Yes	No
10702010001	METHYLPHENIDATE 5 MG TABLET	7	30.00	0.11	0.13348	10%-25% Below	No	No
10702010001	METHYLPHENIDATE 5 MG TABLET	7	60.00	0.11	0.13348	10%-25% Below	Yes	No
10702010001	METHYLPHENIDATE 5 MG TABLET	7	60.00	0.32	0.13348	101%-200% Above	Yes	No
10702010001	METHYLPHENIDATE 5 MG TABLET	7	90.00	0.17	0.13348	10%-25% Above	Yes	No

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10702010001	METHYLPHENIDATE 5 MG TABLET	8	30.00	0.11	0.13088	10%-25% Below	No	No
10702010001	METHYLPHENIDATE 5 MG TABLET	8	60.00	0.11	0.13088	10%-25% Below	Yes	No
10702010101	METHYLPHENIDATE 10 MG TABLET	4	30.00	0.33	0.16306	101%-200% Above	No	No
10702010101	METHYLPHENIDATE 10 MG TABLET	4	60.00	0.43	0.16306	101%-200% Above	No	No
10702010101	METHYLPHENIDATE 10 MG TABLET	5	30.00	0.10	0.16210	26%-50% Below	No	No
10702010101	METHYLPHENIDATE 10 MG TABLET	5	30.00	0.10	0.16210	26%-50% Below	Yes	No
10702010101	METHYLPHENIDATE 10 MG TABLET	5	30.00	0.33	0.16210	101%-200% Above	No	No
10702010101	METHYLPHENIDATE 10 MG TABLET	5	60.00	0.08	0.16210	26%-50% Below	No	No
10702010101	METHYLPHENIDATE 10 MG TABLET	6	30.00	0.10	0.16351	26%-50% Below	No	No
10702010101	METHYLPHENIDATE 10 MG TABLET	6	60.00	0.08	0.16351	26%-50% Below	No	No
10702010101	METHYLPHENIDATE 10 MG TABLET	6	90.00	0.42	0.16351	101%-200% Above	Yes	No
10702010101	METHYLPHENIDATE 10 MG TABLET	7	30.00	0.33	0.16870	76%-100% Above	No	No
10702010101	METHYLPHENIDATE 10 MG TABLET	8	30.00	0.10	0.16678	26%-50% Below	No	No
10702010101	METHYLPHENIDATE 10 MG TABLET	8	30.00	0.10	0.16678	26%-50% Below	Yes	No
10702010101	METHYLPHENIDATE 10 MG TABLET	8	60.00	0.08	0.16678	26%-50% Below	No	No
10702010201	METHYLPHENIDATE 20 MG TABLET	5	30.00	0.12	0.20165	26%-50% Below	Yes	No
10702010201	METHYLPHENIDATE 20 MG TABLET	5	60.00	0.52	0.20165	101%-200% Above	No	No
10702010201	METHYLPHENIDATE 20 MG TABLET	8	30.00	0.12	0.21015	26%-50% Below	Yes	No
10702010601	DEXMETHYLPHENIDATE 2.5 MG TAB	4	30.00	0.08	0.21546	51%-75% Below	Yes	No
10702010601	DEXMETHYLPHENIDATE 2.5 MG TAB	5	60.00	0.10	0.20936	51%-75% Below	Yes	No
10702010601	DEXMETHYLPHENIDATE 2.5 MG TAB	7	30.00	0.10	0.18724	26%-50% Below	No	No
10702010701	DEXMETHYLPHENIDATE 5 MG TAB	4	30.00	0.15	0.28425	26%-50% Below	No	No
10702010701	DEXMETHYLPHENIDATE 5 MG TAB	4	30.00	0.15	0.28425	26%-50% Below	Yes	No
10702010701	DEXMETHYLPHENIDATE 5 MG TAB	4	60.00	0.16	0.28425	26%-50% Below	Yes	No
10702010701	DEXMETHYLPHENIDATE 5 MG TAB	5	30.00	0.12	0.28064	51%-75% Below	Yes	No

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10702010701	DEXMETHYLPHENIDATE 5 MG TAB	5	30.00	0.15	0.28064	26%-50% Below	Yes	No
10702010701	DEXMETHYLPHENIDATE 5 MG TAB	5	60.00	0.15	0.28064	26%-50% Below	Yes	No
10702010701	DEXMETHYLPHENIDATE 5 MG TAB	5	60.00	0.16	0.28064	26%-50% Below	Yes	No
10702010701	DEXMETHYLPHENIDATE 5 MG TAB	6	30.00	0.12	0.27179	51%-75% Below	Yes	No
10702010701	DEXMETHYLPHENIDATE 5 MG TAB	6	30.00	0.15	0.27179	26%-50% Below	No	No
10702010701	DEXMETHYLPHENIDATE 5 MG TAB	6	30.00	0.15	0.27179	26%-50% Below	Yes	No
10702010701	DEXMETHYLPHENIDATE 5 MG TAB	6	60.00	0.15	0.27179	26%-50% Below	Yes	No
10702010701	DEXMETHYLPHENIDATE 5 MG TAB	7	30.00	0.12	0.27124	51%-75% Below	Yes	No
10702010701	DEXMETHYLPHENIDATE 5 MG TAB	7	30.00	0.15	0.27124	26%-50% Below	Yes	No
10702010701	DEXMETHYLPHENIDATE 5 MG TAB	8	30.00	0.12	0.27285	51%-75% Below	Yes	No
10702010701	DEXMETHYLPHENIDATE 5 MG TAB	8	30.00	0.15	0.27285	26%-50% Below	No	No
10702010701	DEXMETHYLPHENIDATE 5 MG TAB	8	30.00	0.15	0.27285	26%-50% Below	Yes	No
10702010801	DEXMETHYLPHENIDATE 10 MG TAB	4	30.00	0.18	0.36802	51%-75% Below	No	No
10702010801	DEXMETHYLPHENIDATE 10 MG TAB	5	30.00	0.15	0.34669	51%-75% Below	Yes	No
10702010801	DEXMETHYLPHENIDATE 10 MG TAB	5	30.00	0.18	0.34669	26%-50% Below	No	No
10702010801	DEXMETHYLPHENIDATE 10 MG TAB	6	30.00	0.15	0.33907	51%-75% Below	Yes	No
10702010801	DEXMETHYLPHENIDATE 10 MG TAB	6	30.00	0.18	0.33907	26%-50% Below	No	No
10702010801	DEXMETHYLPHENIDATE 10 MG TAB	6	60.00	0.18	0.33907	26%-50% Below	No	No
10702010801	DEXMETHYLPHENIDATE 10 MG TAB	7	30.00	0.15	0.32974	51%-75% Below	Yes	No
10702010801	DEXMETHYLPHENIDATE 10 MG TAB	7	30.00	0.18	0.32974	26%-50% Below	No	No
10702010801	DEXMETHYLPHENIDATE 10 MG TAB	7	60.00	0.27	0.32974	10%-25% Below	No	No
10702010801	DEXMETHYLPHENIDATE 10 MG TAB	8	30.00	0.18	0.33854	26%-50% Below	No	No
10702010801	DEXMETHYLPHENIDATE 10 MG TAB	8	30.00	0.27	0.33854	10%-25% Below	No	No
10702015016	HYDROCODONE-HOMATROPINE SOLN	5	120.00	0.06	0.09910	26%-50% Below	No	No
10702015016	HYDROCODONE-HOMATROPINE SOLN	6	118.00	0.05	0.10047	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
10702020101	OXYBUTYNIN 5 MG TABLET	8	21.00	0.29	0.04729	200% Above	No	No
10702025301	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	4	30.00	0.14	0.12339	10%-25% Above	No	No
10702025301	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	5	30.00	0.07	0.12279	26%-50% Below	No	No
10702025301	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	5	30.00	0.14	0.12279	10%-25% Above	No	No
10702025301	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	5	48.00	0.14	0.12279	10%-25% Above	No	No
10702025301	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	6	24.00	0.14	0.12181	10%-25% Above	No	No
10702025301	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	6	30.00	0.14	0.12181	10%-25% Above	No	No
10702025301	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	7	12.00	0.11	0.12340	10%-25% Below	No	No
10702025301	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	7	12.00	0.14	0.12340	10%-25% Above	No	No
10702025301	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	7	44.00	0.07	0.12340	26%-50% Below	No	No
10702025301	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	7	60.00	0.14	0.12340	10%-25% Above	No	No
10702025301	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	8	12.00	0.09	0.12332	10%-25% Below	No	No
10702025301	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	8	42.00	0.14	0.12332	10%-25% Above	No	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	4	15.00	0.14	0.12339	10%-25% Above	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	4	60.00	0.14	0.12339	10%-25% Above	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	5	15.00	0.14	0.12279	10%-25% Above	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	5	30.00	0.14	0.12279	10%-25% Above	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	5	72.00	0.14	0.12279	10%-25% Above	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	6	15.00	0.14	0.12181	10%-25% Above	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	6	20.00	0.14	0.12181	10%-25% Above	No	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	6	20.00	0.14	0.12181	10%-25% Above	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	6	30.00	0.14	0.12181	10%-25% Above	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	6	40.00	0.06	0.12181	26%-50% Below	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	7	15.00	0.14	0.12340	10%-25% Above	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	7	20.00	0.14	0.12340	10%-25% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	7	28.00	0.08	0.12340	26%-50% Below	No	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	8	15.00	0.14	0.12332	10%-25% Above	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	8	30.00	0.06	0.12332	26%-50% Below	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	8	30.00	0.07	0.12332	26%-50% Below	No	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	8	30.00	0.14	0.12332	10%-25% Above	No	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	8	48.00	0.14	0.12332	10%-25% Above	No	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	8	72.00	0.14	0.12332	10%-25% Above	Yes	No
11527073044	SODIUM FLUORIDE 5000 PPM PASTE	4	100.00	0.09	0.10161	10%-25% Below	Yes	No
11527073044	SODIUM FLUORIDE 5000 PPM PASTE	5	100.00	0.09	0.10041	10%-25% Below	Yes	No
11527073044	SODIUM FLUORIDE 5000 PPM PASTE	6	100.00	0.09	0.09887	10%-25% Below	Yes	No
11527073044	SODIUM FLUORIDE 5000 PPM PASTE	8	100.00	0.13	0.09748	26%-50% Above	Yes	No
11527075043	SODIUM FLUORIDE 5000 PPM PASTE	5	100.00	0.09	0.10041	10%-25% Below	Yes	No
11527075534	SODIUM FLUORIDE 5000 DRY MOUTH	5	100.00	0.09	0.10041	10%-25% Below	Yes	No
11527075534	SODIUM FLUORIDE 5000 DRY MOUTH	7	100.00	0.05	0.09800	26%-50% Below	Yes	No
11534016003	PHENTERMINE 37.5 MG TABLET	4	30.00	0.63	0.06943	200% Above	No	No
11534016501	FOLIC ACID 1 MG TABLET	4	90.00	0.02	0.01899	26%-50% Above	No	No
11534016501	FOLIC ACID 1 MG TABLET	6	90.00	0.02	0.01929	26%-50% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	4	30.00	0.03	0.01899	51%-75% Above	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	4	90.00	0.01	0.01899	26%-50% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	5	30.00	0.01	0.01926	26%-50% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	5	30.00	0.02	0.01926	10%-25% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	5	60.00	0.01	0.01926	26%-50% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	5	90.00	0.01	0.01926	51%-75% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	5	90.00	0.01	0.01926	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	90.00	0.02	0.01926	10%-25% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	6	30.00	0.01	0.01929	26%-50% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	6	60.00	0.01	0.01929	26%-50% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	6	90.00	0.01	0.01929	26%-50% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	7	30.00	0.01	0.01974	26%-50% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	7	60.00	0.01	0.01974	26%-50% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	7	90.00	0.01	0.01974	51%-75% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	7	90.00	0.01	0.01974	26%-50% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	8	30.00	0.01	0.01935	26%-50% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	8	90.00	0.01	0.01935	26%-50% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	8	90.00	0.02	0.01935	10%-25% Below	No	No
11534019001	DEXTROAMP-AMPHETAMINE 5 MG TAB	2	60.00	0.18	0.23891	10%-25% Below	No	No
11534019501	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	30.00	0.11	0.30747	51%-75% Below	Yes	No
11534019501	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	60.00	0.11	0.30747	51%-75% Below	Yes	No
11788001001	IBUPROFEN TAB 800MG	7	30.00	0.04	.		No	No
11788001005	IBUPROFEN TAB 800MG	6	90.00	0.07	.		No	No
11788001005	IBUPROFEN TAB 800MG	8	30.00	0.04	.		No	No
11788006005	BUSPIRONE HCL 15 MG TABLET	8	90.00	0.06	0.04231	26%-50% Above	No	No
11788007810	AMITRIPTYLINE HCL 25 MG TAB	7	30.00	0.16	0.05093	200% Above	No	No
11788007810	AMITRIPTYLINE HCL 25 MG TAB	8	30.00	0.16	0.05115	200% Above	No	No
11788011405	CELECOXIB CAP 200MG	8	60.00	0.23	.		No	No
11788011405	CELECOXIB CAP 200MG	8	60.00	0.32	.		No	No
11845009661	B-12 SUB 1000MCG	7	30.00	0.20	.		No	No
11845009661	B-12 SUB 1000MCG	8	30.00	0.20	.		No	No
11845011831	VITAMIN D3 CAP 400UNIT	5	180.00	0.08	.		Yes	No

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11917007952	FOLIC ACID TAB 400MCG	6	90.00	0.00	.		No	No
11917014455	ALCOHOL SWAB PAD	8	100.00	0.02	.		No	No
12496010001	SUBLOCADE INJ 100/0.5	7	0.50	3990.08	.		No	No
12496030001	SUBLOCADE INJ 300/1.5	7	1.50	1330.03	.		No	No
13107000105	MIRTAZAPINE 7.5 MG TABLET	4	30.00	0.31	0.36385	10%-25% Below	No	No
13107000105	MIRTAZAPINE 7.5 MG TABLET	5	30.00	0.17	0.36703	51%-75% Below	No	No
13107000130	MIRTAZAPINE 7.5 MG TABLET	5	30.00	0.17	0.36703	51%-75% Below	No	No
13107000130	MIRTAZAPINE 7.5 MG TABLET	6	30.00	0.17	0.36130	51%-75% Below	No	No
13107000130	MIRTAZAPINE 7.5 MG TABLET	7	30.00	0.22	0.35837	26%-50% Below	No	No
13107000130	MIRTAZAPINE 7.5 MG TABLET	7	60.00	0.31	0.35837	10%-25% Below	No	No
13107000130	MIRTAZAPINE 7.5 MG TABLET	8	30.00	0.22	0.35326	26%-50% Below	No	No
13107000334	MIRTAZAPINE 30 MG TABLET	4	60.00	0.12	0.08965	26%-50% Above	No	No
13107000334	MIRTAZAPINE 30 MG TABLET	5	60.00	0.12	0.09082	26%-50% Above	No	No
13107000334	MIRTAZAPINE 30 MG TABLET	6	60.00	0.12	0.08873	26%-50% Above	No	No
13107000334	MIRTAZAPINE 30 MG TABLET	7	60.00	0.12	0.08711	26%-50% Above	No	No
13107001401	GLYCOPYRROLATE 1 MG TABLET	5	60.00	0.06	0.10388	26%-50% Below	Yes	No
13107002105	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	90.00	0.08	0.15340	26%-50% Below	No	No
13107002105	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	90.00	0.08	0.15313	26%-50% Below	No	No
13107003105	MIRTAZAPINE 15 MG TABLET	7	25.00	0.12	0.06527	76%-100% Above	No	No
13107003134	MIRTAZAPINE 15 MG TABLET	4	30.00	0.09	0.06668	26%-50% Above	No	No
13107003134	MIRTAZAPINE 15 MG TABLET	5	30.00	0.09	0.06655	26%-50% Above	No	No
13107003134	MIRTAZAPINE 15 MG TABLET	6	30.00	0.09	0.06575	26%-50% Above	No	No
13107003134	MIRTAZAPINE 15 MG TABLET	6	90.00	0.11	0.06575	51%-75% Above	No	No
13107003134	MIRTAZAPINE 15 MG TABLET	7	30.00	0.09	0.06527	26%-50% Above	No	No
13107007201	DEXTROAMP-AMPHETAMIN 15 MG TAB	4	60.00	0.21	0.24786	10%-25% Below	No	No

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13107007201	DEXTROAMP-AMPHETAMIN 15 MG TAB	6	60.00	0.21	0.24231	10%-25% Below	No	No
13107007201	DEXTROAMP-AMPHETAMIN 15 MG TAB	7	60.00	0.21	0.23957	10%-25% Below	No	No
13107007301	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.00	0.11	0.30698	51%-75% Below	No	No
13107007401	DEXTROAMP-AMPHETAMIN 30 MG TAB	6	60.00	0.16	0.30483	26%-50% Below	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	30.00	0.08	0.03309	101%-200% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	4	90.00	0.05	0.03309	26%-50% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	4	90.00	0.05	0.03309	51%-75% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	5	30.00	0.07	0.03300	76%-100% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	5	60.00	0.08	0.03300	101%-200% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	5	90.00	0.08	0.03300	101%-200% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	6	60.00	0.08	0.03247	101%-200% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	6	90.00	0.05	0.03247	26%-50% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	6	90.00	0.06	0.03247	76%-100% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	6	90.00	0.06	0.03247	76%-100% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	6	90.00	0.08	0.03247	101%-200% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	7	60.00	0.08	0.03186	101%-200% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	7	90.00	0.05	0.03186	51%-75% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	7	90.00	0.08	0.03186	101%-200% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	8	60.00	0.08	0.03124	101%-200% Above	No	No
13107007905	TRAZODONE 50 MG TABLET	4	30.00	0.06	0.03309	76%-100% 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	4	60.00	0.08	0.03309	101%-200% Above	No	No
13107007905	TRAZODONE 50 MG TABLET	5	30.00	0.06	0.03300	76%-100% Above	No	No
13107007905	TRAZODONE 50 MG TABLET	5	30.00	0.08	0.03300	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13107007905	TRAZODONE 50 MG TABLET	5	180.00	0.08	0.03300	101%-200% Above	No	No
13107007905	TRAZODONE 50 MG TABLET	6	30.00	0.06	0.03247	76%-100% Above	No	No
13107007905	TRAZODONE 50 MG TABLET	6	30.00	0.08	0.03247	101%-200% Above	No	No
13107007905	TRAZODONE 50 MG TABLET	7	30.00	0.06	0.03186	76%-100% Above	No	No
13107007905	TRAZODONE 50 MG TABLET	8	30.00	0.06	0.03124	76%-100% Above	No	No
13107008001	TRAZODONE 100 MG TABLET	4	90.00	0.09	0.05004	76%-100% Above	No	No
13107008001	TRAZODONE 100 MG TABLET	6	180.00	0.09	0.04949	76%-100% Above	No	No
13107008001	TRAZODONE 100 MG TABLET	7	90.00	0.09	0.04993	76%-100% Above	No	No
13107008001	TRAZODONE 100 MG TABLET	7	180.00	0.09	0.04993	76%-100% Above	No	No
13107008001	TRAZODONE 100 MG TABLET	8	90.00	0.09	0.05057	76%-100% Above	No	No
13107008101	TRAZODONE 150 MG TABLET	6	30.00	0.12	0.09003	26%-50% Above	No	No
13107008101	TRAZODONE 150 MG TABLET	7	30.00	0.12	0.09059	26%-50% Above	No	No
13107008305	LORAZEPAM 0.5 MG TABLET	4	30.00	0.04	0.03349	26%-50% Above	No	No
13107008305	LORAZEPAM 0.5 MG TABLET	4	60.00	0.04	0.03349	26%-50% Above	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	6	10.00	0.08	0.03287	101%-200% Above	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	6	30.00	0.04	0.03287	26%-50% Above	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	6	40.00	0.03	0.03287	10%-25% Below	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	6	60.00	0.04	0.03287	26%-50% Above	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	7	10.00	0.05	0.03275	51%-75% Above	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	7	10.00	0.08	0.03275	101%-200% Above	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	7	30.00	0.04	0.03275	26%-50% Above	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	7	60.00	0.04	0.03275	26%-50% Above	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	8	2.00	0.19	0.03337	200% Above	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	8	30.00	0.04	0.03337	26%-50% Above	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	8	60.00	0.04	0.03337	26%-50% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13107008405	LORAZEPAM 1 MG TABLET	4	1.00	0.37	0.03644	200% Above	Yes	No
13107008405	LORAZEPAM 1 MG TABLET	5	10.00	0.02	0.03692	26%-50% Below	Yes	No
13107008405	LORAZEPAM 1 MG TABLET	6	1.00	0.37	0.03655	200% Above	Yes	No
13107008405	LORAZEPAM 1 MG TABLET	6	2.00	0.19	0.03655	200% Above	Yes	No
13107008405	LORAZEPAM 1 MG TABLET	6	30.00	0.05	0.03765	26%-50% Above	No	No
13107008405	LORAZEPAM 1 MG TABLET	6	30.00	0.06	0.03655	51%-75% Above	Yes	No
13107008405	LORAZEPAM 1 MG TABLET	7	30.00	0.02	0.03617	26%-50% Below	Yes	No
13107008405	LORAZEPAM 1 MG TABLET	8	4.00	0.10	0.03602	101%-200% Above	Yes	No
13107008405	LORAZEPAM 1 MG TABLET	8	28.00	0.06	0.03602	51%-75% Above	Yes	No
13107008499	LORAZEPAM 1 MG TABLET	5	30.00	0.06	0.03692	51%-75% Above	No	No
13107008499	LORAZEPAM 1 MG TABLET	6	30.00	0.06	0.03655	51%-75% Above	No	No
13107008499	LORAZEPAM 1 MG TABLET	7	30.00	0.06	0.03617	51%-75% Above	No	No
13107008505	LORAZEPAM 2 MG TABLET	6	2.00	0.20	0.06958	101%-200% Above	Yes	No
13107015490	PAROXETINE HCL 10 MG TABLET	5	30.00	0.03	0.06577	51%-75% Below	Yes	No
13107015490	PAROXETINE HCL 10 MG TABLET	5	30.00	0.11	0.06577	51%-75% Above	Yes	No
13107015490	PAROXETINE HCL 10 MG TABLET	6	30.00	0.03	0.06433	51%-75% Below	Yes	No
13107015490	PAROXETINE HCL 10 MG TABLET	7	30.00	0.03	0.06367	51%-75% Below	Yes	No
13107015490	PAROXETINE HCL 10 MG TABLET	7	90.00	0.09	0.06367	26%-50% Above	Yes	No
13107015490	PAROXETINE HCL 10 MG TABLET	7	90.00	0.12	0.06367	76%-100% Above	Yes	No
13107015530	PAROXETINE HCL 20 MG TABLET	5	90.00	0.12	0.06891	76%-100% Above	No	No
13107015530	PAROXETINE HCL 20 MG TABLET	8	90.00	0.12	0.06308	76%-100% Above	No	No
13107015590	PAROXETINE HCL 20 MG TABLET	1	30.00	0.12	0.07218	51%-75% Above	No	No
13107015590	PAROXETINE HCL 20 MG TABLET	3	30.00	0.12	0.06882	76%-100% Above	No	No
13107015590	PAROXETINE HCL 20 MG TABLET	5	90.00	0.03	0.06891	51%-75% Below	Yes	No
13107015590	PAROXETINE HCL 20 MG TABLET	5	90.00	0.12	0.06891	76%-100% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	90.00	0.12	0.06392	76%-100% Above	Yes	No
13107015590	PAROXETINE HCL 20 MG TABLET	8	30.00	0.12	0.06308	76%-100% Above	No	No
13107015590	PAROXETINE HCL 20 MG TABLET	8	30.00	0.12	0.06308	76%-100% Above	Yes	No
13107015599	PAROXETINE HCL 20 MG TABLET	6	90.00	0.12	0.06742	76%-100% Above	No	No
13107015690	PAROXETINE HCL 30 MG TABLET	4	30.00	0.20	0.09569	101%-200% Above	Yes	No
13107015690	PAROXETINE HCL 30 MG TABLET	4	60.00	0.08	0.09569	10%-25% Below	Yes	No
13107015690	PAROXETINE HCL 30 MG TABLET	5	30.00	0.20	0.09618	101%-200% Above	Yes	No
13107015690	PAROXETINE HCL 30 MG TABLET	6	60.00	0.04	0.09469	51%-75% Below	Yes	No
13107015690	PAROXETINE HCL 30 MG TABLET	6	60.00	0.08	0.09469	10%-25% Below	Yes	No
13107015690	PAROXETINE HCL 30 MG TABLET	7	30.00	0.20	0.09410	101%-200% Above	Yes	No
13107015690	PAROXETINE HCL 30 MG TABLET	7	60.00	0.04	0.09410	51%-75% Below	Yes	No
13107015690	PAROXETINE HCL 30 MG TABLET	7	90.00	0.20	0.09410	101%-200% Above	Yes	No
13107015730	PAROXETINE HCL 40 MG TABLET	4	90.00	0.13	0.11158	10%-25% Above	No	No
13107015730	PAROXETINE HCL 40 MG TABLET	5	30.00	0.13	0.10921	10%-25% Above	No	No
13107015730	PAROXETINE HCL 40 MG TABLET	6	30.00	0.13	0.10375	10%-25% Above	No	No
13107015730	PAROXETINE HCL 40 MG TABLET	7	30.00	0.13	0.09999	26%-50% Above	No	No
13107015730	PAROXETINE HCL 40 MG TABLET	7	90.00	0.13	0.09999	26%-50% Above	No	No
13107015790	PAROXETINE HCL 40 MG TABLET	6	30.00	0.13	0.10375	10%-25% Above	Yes	No
13107015790	PAROXETINE HCL 40 MG TABLET	6	90.00	0.12	0.10375	10%-25% Above	Yes	No
13107015790	PAROXETINE HCL 40 MG TABLET	7	30.00	0.13	0.09999	26%-50% Above	Yes	No
13107032001	CLORAZEPATE 7.5 MG TABLET	4	60.00	0.17	0.71175	76%-100% Below	No	No
13107032001	CLORAZEPATE 7.5 MG TABLET	5	60.00	0.17	0.74640	76%-100% Below	No	No
13107032001	CLORAZEPATE 7.5 MG TABLET	6	60.00	0.17	0.75756	76%-100% Below	No	No
13668000701	ZOLPIDEM TARTRATE 5 MG TABLET	4	30.00	0.04	0.03473	26%-50% Above	No	No
13668000701	ZOLPIDEM TARTRATE 5 MG TABLET	5	30.00	0.02	0.03392	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	30.00	0.13	0.03392	200% Above	No	No
13668000701	ZOLPIDEM TARTRATE 5 MG TABLET	5	90.00	0.01	0.03392	51%-75% Below	No	No
13668000701	ZOLPIDEM TARTRATE 5 MG TABLET	6	20.00	0.04	0.03402	10%-25% Above	No	No
13668000701	ZOLPIDEM TARTRATE 5 MG TABLET	6	30.00	0.04	0.03402	10%-25% Above	No	No
13668000701	ZOLPIDEM TARTRATE 5 MG TABLET	6	30.00	0.13	0.03402	200% Above	No	No
13668000701	ZOLPIDEM TARTRATE 5 MG TABLET	7	1.00	0.13	0.03365	200% Above	No	No
13668000701	ZOLPIDEM TARTRATE 5 MG TABLET	7	30.00	0.04	0.03365	26%-50% Above	No	No
13668000701	ZOLPIDEM TARTRATE 5 MG TABLET	8	30.00	0.04	0.03469	10%-25% Above	No	No
13668000701	ZOLPIDEM TARTRATE 5 MG TABLET	8	30.00	0.10	0.03469	101%-200% Above	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	4	10.00	0.08	0.03473	101%-200% Above	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	4	30.00	0.13	0.03473	200% Above	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	5	30.00	0.13	0.03392	200% Above	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	6	30.00	0.03	0.03402	10%-25% Below	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	6	30.00	0.13	0.03402	200% Above	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	7	30.00	0.01	0.03365	51%-75% Below	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	7	30.00	0.03	0.03365	10%-25% Below	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	7	30.00	0.03	0.03365	10%-25% Below	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	7	30.00	0.13	0.03365	200% Above	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	8	1.00	0.13	0.03469	200% Above	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	8	30.00	0.13	0.03469	200% Above	Yes	No
13668000710	ZOLPIDEM TARTRATE 5 MG TABLET	4	30.00	0.13	0.03473	200% Above	No	No
13668000710	ZOLPIDEM TARTRATE 5 MG TABLET	5	30.00	0.13	0.03392	200% Above	No	No
13668000710	ZOLPIDEM TARTRATE 5 MG TABLET	6	30.00	0.13	0.03402	200% Above	No	No
13668000710	ZOLPIDEM TARTRATE 5 MG TABLET	7	30.00	0.13	0.03365	200% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	4	30.00	0.24	0.03854	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	30.00	0.24	0.03888	200% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	5	90.00	0.24	0.03888	200% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.00	0.05	0.03860	26%-50% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.00	0.24	0.03860	200% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	6	90.00	0.18	0.03860	200% Above	Yes	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.00	0.24	0.03875	200% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	7	90.00	0.02	0.03875	26%-50% Below	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.00	0.24	0.03895	200% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	4	15.00	0.07	0.03854	51%-75% Above	No	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	0.03	0.03854	10%-25% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	4	30.00	0.05	0.03854	10%-25% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	4	30.00	0.05	0.03854	10%-25% Above	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	90.00	0.02	0.03854	26%-50% Below	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	4	90.00	0.24	0.03854	200% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.00	0.01	0.03888	51%-75% Below	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.00	0.01	0.03888	51%-75% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.00	0.03	0.03888	10%-25% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.00	0.05	0.03888	10%-25% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.00	0.05	0.03888	10%-25% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.00	0.24	0.03888	200% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.00	0.24	0.03888	200% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	5	90.00	0.24	0.03888	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	90.00	0.24	0.03888	200% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	6	15.00	0.07	0.03860	51%-75% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	6	15.00	0.07	0.03860	51%-75% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	6	15.00	0.07	0.03860	76%-100% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	6	25.00	0.05	0.03860	10%-25% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.00	0.01	0.03860	51%-75% Below	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.00	0.03	0.03860	10%-25% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.00	0.05	0.03860	10%-25% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.00	0.24	0.03860	200% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.00	0.24	0.03860	200% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	6	90.00	0.03	0.03860	26%-50% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	6	90.00	0.03	0.03860	26%-50% Below	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	6	90.00	0.24	0.03860	200% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	6	90.00	0.24	0.03860	200% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	7	25.00	0.05	0.03875	10%-25% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.00	0.01	0.03875	51%-75% Below	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.00	0.01	0.03875	51%-75% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.00	0.03	0.03875	10%-25% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.00	0.05	0.03875	10%-25% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.00	0.24	0.03875	200% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.00	0.24	0.03875	200% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	7	90.00	0.02	0.03875	26%-50% Below	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	7	90.00	0.03	0.03875	10%-25% Below	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	7	90.00	0.18	0.03875	200% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	7	90.00	0.24	0.03875	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	30.00	0.03	0.03895	10%-25% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.00	0.05	0.03895	10%-25% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.00	0.24	0.03895	200% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.00	0.24	0.03895	200% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	8	90.00	0.02	0.03895	26%-50% Below	Yes	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	4	30.00	0.24	0.03854	200% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.00	0.24	0.03888	200% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.00	0.02	0.03860	26%-50% Below	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.00	0.24	0.03860	200% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.00	0.02	0.03875	51%-75% Below	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.00	0.24	0.03875	200% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.00	0.24	0.03895	200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	5	90.00	0.12	0.02555	200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	6	90.00	0.03	0.02472	26%-50% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	7	30.00	0.05	0.02426	101%-200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	8	90.00	0.12	0.02464	200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	4	30.00	0.12	0.02536	200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	4	90.00	0.01	0.02536	51%-75% Below	Yes	No
13668000905	CITALOPRAM HBR 10 MG TABLET	4	90.00	0.03	0.02536	26%-50% Above	Yes	No
13668000905	CITALOPRAM HBR 10 MG TABLET	4	90.00	0.12	0.02536	200% Above	Yes	No
13668000905	CITALOPRAM HBR 10 MG TABLET	5	30.00	0.05	0.02555	76%-100% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	5	90.00	0.12	0.02555	200% Above	Yes	No
13668000905	CITALOPRAM HBR 10 MG TABLET	6	90.00	0.04	0.02472	51%-75% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	7	30.00	0.04	0.02426	76%-100% Above	Yes	No
13668000905	CITALOPRAM HBR 10 MG TABLET	8	14.00	0.06	0.02464	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	30.00	0.05	0.02464	76%-100% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	8	30.00	0.05	0.02464	101%-200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	8	30.00	0.12	0.02464	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	4	90.00	0.11	0.02890	200% Above	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	5	30.00	0.11	0.02876	200% Above	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	5	45.00	0.11	0.02876	200% Above	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	5	90.00	0.02	0.02876	10%-25% Below	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	6	30.00	0.11	0.02840	200% Above	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	6	45.00	0.11	0.02840	200% Above	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	6	135.00	0.11	0.02840	200% Above	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	7	30.00	0.11	0.02844	200% Above	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	7	45.00	0.11	0.02844	200% Above	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	7	90.00	0.11	0.02844	200% Above	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	8	45.00	0.11	0.02900	200% Above	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	8	90.00	0.02	0.02900	10%-25% Below	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	8	90.00	0.11	0.02900	200% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	4	30.00	0.01	0.02890	51%-75% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	4	30.00	0.01	0.02890	51%-75% Below	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	4	30.00	0.11	0.02890	200% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	4	30.00	0.11	0.02890	200% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	4	90.00	0.03	0.02890	10%-25% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	4	90.00	0.11	0.02890	200% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	4	90.00	0.11	0.02890	200% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	5	30.00	0.01	0.02876	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	30.00	0.04	0.02876	26%-50% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	5	30.00	0.04	0.02876	26%-50% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	5	30.00	0.05	0.02876	51%-75% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	5	30.00	0.11	0.02876	200% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	5	30.00	0.11	0.02876	200% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	5	90.00	0.01	0.02876	51%-75% Below	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	5	90.00	0.02	0.02876	10%-25% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	5	90.00	0.02	0.02876	10%-25% Below	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	5	90.00	0.11	0.02876	200% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	5	90.00	0.11	0.02876	200% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	6	30.00	0.01	0.02840	51%-75% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	6	30.00	0.01	0.02840	26%-50% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	6	30.00	0.02	0.02840	10%-25% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	6	30.00	0.04	0.02840	26%-50% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	6	30.00	0.05	0.02840	51%-75% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	6	30.00	0.11	0.02840	200% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	6	90.00	0.02	0.02840	26%-50% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	6	90.00	0.02	0.02840	26%-50% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	6	90.00	0.11	0.02840	200% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	6	90.00	0.11	0.02840	200% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	7	30.00	0.01	0.02844	26%-50% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	7	30.00	0.02	0.02844	26%-50% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	7	30.00	0.02	0.02844	10%-25% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	7	30.00	0.04	0.02844	26%-50% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	7	30.00	0.05	0.02844	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	30.00	0.11	0.02844	200% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	7	90.00	0.03	0.02844	10%-25% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	7	90.00	0.08	0.02844	101%-200% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	7	90.00	0.11	0.02844	200% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	7	90.00	0.11	0.02844	200% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	8	30.00	0.04	0.02900	26%-50% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	8	30.00	0.04	0.02900	26%-50% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	8	30.00	0.11	0.02900	200% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	8	90.00	0.11	0.02900	200% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	8	90.00	0.11	0.02900	200% Above	Yes	No
13668001101	CITALOPRAM HBR 40 MG TABLET	4	90.00	0.11	0.04366	101%-200% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	5	30.00	0.11	0.04305	101%-200% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	5	90.00	0.04	0.04305	10%-25% Below	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	5	90.00	0.11	0.04305	101%-200% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	6	90.00	0.03	0.04231	10%-25% Below	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	6	90.00	0.11	0.04231	101%-200% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	7	90.00	0.11	0.04211	101%-200% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	8	90.00	0.11	0.04200	101%-200% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	4	30.00	0.05	0.04366	10%-25% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	4	90.00	0.02	0.04366	26%-50% Below	Yes	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	4	90.00	0.11	0.04366	101%-200% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	5	30.00	0.02	0.04305	26%-50% Below	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	5	30.00	0.05	0.04305	10%-25% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	5	30.00	0.11	0.04305	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668001105	CITALOPRAM HBR 40 MG TABLET	5	90.00	0.11	0.04305	101%-200% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	5	90.00	0.11	0.04305	101%-200% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	6	30.00	0.02	0.04231	26%-50% Below	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	6	30.00	0.05	0.04231	10%-25% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	6	30.00	0.11	0.04231	101%-200% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	6	90.00	0.02	0.04231	51%-75% Below	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	6	90.00	0.03	0.04231	10%-25% Below	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	6	90.00	0.11	0.04231	101%-200% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	6	90.00	0.11	0.04231	101%-200% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	7	30.00	0.02	0.04211	26%-50% Below	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	7	30.00	0.05	0.04211	10%-25% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	7	30.00	0.06	0.04211	26%-50% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	7	30.00	0.11	0.04211	101%-200% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	7	90.00	0.04	0.04211	10%-25% Below	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	7	90.00	0.05	0.04211	10%-25% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	7	90.00	0.11	0.04211	101%-200% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	8	30.00	0.05	0.04200	10%-25% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	8	30.00	0.11	0.04200	101%-200% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	8	90.00	0.03	0.04200	10%-25% Below	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	8	90.00	0.11	0.04200	101%-200% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	8	90.00	0.11	0.04200	101%-200% Above	Yes	No
13668003560	RISPERIDONE 0.25 MG TABLET	4	60.00	0.09	0.03670	101%-200% Above	Yes	No
13668003560	RISPERIDONE 0.25 MG TABLET	5	60.00	0.09	0.03685	101%-200% Above	Yes	No
13668003660	RISPERIDONE 0.5 MG TABLET	4	60.00	0.02	0.03955	26%-50% Below	Yes	No
13668003660	RISPERIDONE 0.5 MG TABLET	5	60.00	0.02	0.03780	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668003660	RISPERIDONE 0.5 MG TABLET	7	60.00	0.03	0.03399	10%-25% Below	Yes	No
13668003660	RISPERIDONE 0.5 MG TABLET	8	60.00	0.03	0.03329	10%-25% Below	Yes	No
13668004060	RISPERIDONE 4 MG TABLET	6	45.00	0.03	0.08282	51%-75% Below	Yes	No
13668004060	RISPERIDONE 4 MG TABLET	8	45.00	0.03	0.07941	51%-75% Below	Yes	No
13668004501	LAMOTRIGINE 25 MG TABLET	4	21.00	0.08	0.02939	101%-200% 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	60.00	0.08	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	5	30.00	0.06	0.02919	101%-200% Above	Yes	No
13668004501	LAMOTRIGINE 25 MG TABLET	5	30.00	0.08	0.02919	101%-200% Above	Yes	No
13668004501	LAMOTRIGINE 25 MG TABLET	5	60.00	0.08	0.02919	101%-200% Above	Yes	No
13668004501	LAMOTRIGINE 25 MG TABLET	5	90.00	0.09	0.02919	200% Above	Yes	No
13668004501	LAMOTRIGINE 25 MG TABLET	5	180.00	0.08	0.02919	101%-200% Above	Yes	No
13668004501	LAMOTRIGINE 25 MG TABLET	6	30.00	0.06	0.02828	101%-200% Above	Yes	No
13668004501	LAMOTRIGINE 25 MG TABLET	6	60.00	0.08	0.02828	101%-200% Above	Yes	No
13668004501	LAMOTRIGINE 25 MG TABLET	6	360.00	0.08	0.02828	101%-200% Above	Yes	No
13668004501	LAMOTRIGINE 25 MG TABLET	7	30.00	0.06	0.02764	101%-200% Above	Yes	No
13668004501	LAMOTRIGINE 25 MG TABLET	7	60.00	0.08	0.02764	101%-200% Above	Yes	No
13668004501	LAMOTRIGINE 25 MG TABLET	7	180.00	0.08	0.02764	101%-200% Above	Yes	No
13668004501	LAMOTRIGINE 25 MG TABLET	7	360.00	0.05	0.02764	51%-75% Above	Yes	No
13668004501	LAMOTRIGINE 25 MG TABLET	8	30.00	0.06	0.02705	101%-200% Above	Yes	No
13668004501	LAMOTRIGINE 25 MG TABLET	8	45.00	0.06	0.02705	101%-200% Above	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	4	180.00	0.09	0.04454	101%-200% Above	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	5	90.00	0.02	0.04556	51%-75% Below	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	5	90.00	0.09	0.04556	76%-100% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	135.00	0.09	0.04556	76%-100% Above	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	6	90.00	0.06	0.04682	26%-50% Above	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	6	305.00	0.07	0.04682	26%-50% Above	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	7	135.00	0.09	0.04776	76%-100% Above	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	7	180.00	0.02	0.04776	51%-75% Below	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	8	90.00	0.09	0.04874	76%-100% Above	Yes	No
13668004801	LAMOTRIGINE 150 MG TABLET	4	60.00	0.09	0.06722	26%-50% Above	Yes	No
13668004801	LAMOTRIGINE 150 MG TABLET	5	30.00	0.09	0.07162	10%-25% Above	Yes	No
13668004801	LAMOTRIGINE 150 MG TABLET	6	30.00	0.09	0.07276	10%-25% Above	Yes	No
13668004801	LAMOTRIGINE 150 MG TABLET	6	90.00	0.06	0.07276	10%-25% Below	Yes	No
13668004801	LAMOTRIGINE 150 MG TABLET	7	30.00	0.09	0.07219	10%-25% Above	Yes	No
13668004801	LAMOTRIGINE 150 MG TABLET	8	30.00	0.09	0.07068	26%-50% Above	Yes	No
13668004801	LAMOTRIGINE 150 MG TABLET	8	60.00	0.09	0.07068	26%-50% Above	Yes	No
13668004960	LAMOTRIGINE 200 MG TABLET	4	90.00	0.18	0.08328	101%-200% Above	Yes	No
13668004960	LAMOTRIGINE 200 MG TABLET	5	90.00	0.07	0.08355	10%-25% Below	Yes	No
13668004960	LAMOTRIGINE 200 MG TABLET	6	90.00	0.04	0.08391	51%-75% Below	Yes	No
13668004960	LAMOTRIGINE 200 MG TABLET	6	180.00	0.18	0.08391	101%-200% Above	Yes	No
13668004960	LAMOTRIGINE 200 MG TABLET	7	30.00	0.18	0.08463	101%-200% Above	Yes	No
13668004960	LAMOTRIGINE 200 MG TABLET	7	90.00	0.07	0.08463	10%-25% Below	Yes	No
13668004960	LAMOTRIGINE 200 MG TABLET	7	90.00	0.18	0.08463	101%-200% Above	Yes	No
13668004960	LAMOTRIGINE 200 MG TABLET	8	90.00	0.07	0.08404	10%-25% Below	Yes	No
13668004960	LAMOTRIGINE 200 MG TABLET	8	90.00	0.07	0.08404	10%-25% Below	Yes	No
13668004960	LAMOTRIGINE 200 MG TABLET	8	180.00	0.12	0.08404	26%-50% Above	Yes	No
13668007905	MONTELUKAST SOD 4 MG TAB CHEW	8	90.00	0.22	0.07384	101%-200% Above	No	No
13668008005	MONTELUKAST SOD 5 MG TAB CHEW	6	30.00	0.15	0.06848	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668008005	MONTELUKAST SOD 5 MG TAB CHEW	7	30.00	0.15	0.06778	101%-200% Above	No	No
13668008005	MONTELUKAST SOD 5 MG TAB CHEW	8	30.00	0.15	0.06892	101%-200% Above	No	No
13668009190	PRAMIPEXOLE 0.125 MG TABLET	4	30.00	0.09	0.04250	101%-200% Above	No	No
13668009190	PRAMIPEXOLE 0.125 MG TABLET	5	270.00	0.09	0.04254	101%-200% Above	No	No
13668009190	PRAMIPEXOLE 0.125 MG TABLET	7	30.00	0.09	0.04122	101%-200% Above	No	No
13668009190	PRAMIPEXOLE 0.125 MG TABLET	8	30.00	0.09	0.04104	101%-200% Above	No	No
13668009290	PRAMIPEXOLE 0.25 MG TABLET	4	30.00	0.11	0.04719	101%-200% Above	No	No
13668009290	PRAMIPEXOLE 0.25 MG TABLET	5	30.00	0.11	0.04698	101%-200% Above	No	No
13668009290	PRAMIPEXOLE 0.25 MG TABLET	5	90.00	0.09	0.04698	76%-100% Above	No	No
13668009290	PRAMIPEXOLE 0.25 MG TABLET	6	30.00	0.11	0.04710	101%-200% Above	No	No
13668009290	PRAMIPEXOLE 0.25 MG TABLET	6	270.00	0.11	0.04710	101%-200% Above	No	No
13668009290	PRAMIPEXOLE 0.25 MG TABLET	7	30.00	0.11	0.04688	101%-200% Above	No	No
13668009290	PRAMIPEXOLE 0.25 MG TABLET	8	30.00	0.11	0.04722	101%-200% Above	No	No
13668009290	PRAMIPEXOLE 0.25 MG TABLET	8	90.00	0.08	0.04722	51%-75% Above	No	No
13668009390	PRAMIPEXOLE 0.5 MG TABLET	4	30.00	0.08	0.05574	26%-50% Above	No	No
13668009390	PRAMIPEXOLE 0.5 MG TABLET	5	30.00	0.11	0.05603	76%-100% Above	No	No
13668009390	PRAMIPEXOLE 0.5 MG TABLET	5	90.00	0.07	0.05603	10%-25% Above	No	No
13668009390	PRAMIPEXOLE 0.5 MG TABLET	6	30.00	0.11	0.05553	76%-100% Above	No	No
13668009390	PRAMIPEXOLE 0.5 MG TABLET	7	30.00	0.11	0.05670	76%-100% Above	No	No
13668009390	PRAMIPEXOLE 0.5 MG TABLET	7	270.00	0.11	0.05670	76%-100% Above	No	No
13668009390	PRAMIPEXOLE 0.5 MG TABLET	8	30.00	0.11	0.05850	76%-100% Above	No	No
13668009390	PRAMIPEXOLE 0.5 MG TABLET	8	90.00	0.07	0.05850	10%-25% Above	No	No
13668009490	PRAMIPEXOLE 1 MG TABLET	6	180.00	0.12	0.05865	76%-100% Above	No	No
13668009490	PRAMIPEXOLE 1 MG TABLET	8	180.00	0.12	0.06219	76%-100% Above	No	No
13668009690	PANTOPRAZOLE SOD DR 20 MG TAB	4	90.00	0.13	0.04493	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	90.00	0.07	0.04485	51%-75% Above	No	No
13668009690	PANTOPRAZOLE SOD DR 20 MG TAB	5	90.00	0.09	0.04485	101%-200% Above	No	No
13668009690	PANTOPRAZOLE SOD DR 20 MG TAB	6	28.00	0.09	0.04361	101%-200% Above	No	No
13668009690	PANTOPRAZOLE SOD DR 20 MG TAB	6	30.00	0.09	0.04361	101%-200% Above	No	No
13668009690	PANTOPRAZOLE SOD DR 20 MG TAB	6	90.00	0.07	0.04361	51%-75% Above	No	No
13668009690	PANTOPRAZOLE SOD DR 20 MG TAB	8	90.00	0.08	0.04278	76%-100% Above	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	4	15.00	0.22	0.07285	101%-200% Above	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	4	180.00	0.12	0.07285	51%-75% Above	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	6	90.00	0.13	0.07505	76%-100% Above	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	6	90.00	0.18	0.07505	101%-200% Above	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	8	90.00	0.16	0.06800	101%-200% Above	No	No
13668010410	ISOSORBIDE MONONIT ER 30 MG TB	4	60.00	0.17	0.07285	101%-200% Above	Yes	No
13668010410	ISOSORBIDE MONONIT ER 30 MG TB	5	30.00	0.12	0.07510	51%-75% Above	Yes	No
13668010410	ISOSORBIDE MONONIT ER 30 MG TB	6	60.00	0.17	0.07505	101%-200% Above	Yes	No
13668010501	ISOSORBIDE MONONIT ER 60 MG TB	6	90.00	0.22	0.09519	101%-200% Above	No	No
13668010510	ISOSORBIDE MONONIT ER 60 MG TB	5	90.00	0.17	0.09301	76%-100% Above	Yes	No
13668010601	ISOSORBIDE MONONIT ER 120 MG	4	90.00	0.33	0.17211	76%-100% Above	No	No
13668010601	ISOSORBIDE MONONIT ER 120 MG	5	30.00	0.19	0.16925	10%-25% Above	No	No
13668010601	ISOSORBIDE MONONIT ER 120 MG	6	30.00	0.19	0.16563	10%-25% Above	No	No
13668010601	ISOSORBIDE MONONIT ER 120 MG	7	30.00	0.19	0.16305	10%-25% Above	No	No
13668010601	ISOSORBIDE MONONIT ER 120 MG	8	30.00	0.19	0.16461	10%-25% Above	No	No
13668010790	RABEPRAZOLE SOD DR 20 MG TAB	4	90.00	0.33	0.21449	51%-75% Above	Yes	No
13668010790	RABEPRAZOLE SOD DR 20 MG TAB	5	90.00	0.13	0.22577	26%-50% Below	Yes	No
13668010790	RABEPRAZOLE SOD DR 20 MG TAB	6	90.00	0.33	0.21740	51%-75% Above	Yes	No
13668013201	FELODIPINE ER 2.5 MG TABLET	7	30.00	0.16	0.11957	26%-50% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668013201	FELODIPINE ER 2.5 MG TABLET	8	30.00	0.16	0.12049	26%-50% Above	Yes	No
13668013501	ESCITALOPRAM 5 MG TABLET	7	30.00	0.12	0.04234	101%-200% Above	No	No
13668013501	ESCITALOPRAM 5 MG TABLET	8	30.00	0.12	0.04192	101%-200% Above	No	No
13668013501	ESCITALOPRAM 5 MG TABLET	9	30.00	0.10	0.04616	101%-200% Above	Yes	No
13668013505	ESCITALOPRAM 5 MG TABLET	8	30.00	0.12	0.04192	101%-200% Above	No	No
13668013510	ESCITALOPRAM 5 MG TABLET	4	30.00	0.12	0.04127	101%-200% Above	No	No
13668013510	ESCITALOPRAM 5 MG TABLET	5	7.00	0.12	0.04188	101%-200% Above	No	No
13668013510	ESCITALOPRAM 5 MG TABLET	5	30.00	0.12	0.04188	101%-200% Above	No	No
13668013510	ESCITALOPRAM 5 MG TABLET	6	30.00	0.12	0.04215	101%-200% Above	No	No
13668013510	ESCITALOPRAM 5 MG TABLET	7	30.00	0.12	0.04234	101%-200% Above	No	No
13668013601	ESCITALOPRAM 10 MG TABLET	2	45.00	0.04	0.04434	10%-25% Below	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	8	30.00	0.13	0.03940	200% Above	No	No
13668013601	ESCITALOPRAM 10 MG TABLET	12	45.00	0.10	0.04069	101%-200% Above	Yes	No
13668013605	ESCITALOPRAM 10 MG TABLET	5	30.00	0.13	0.03977	200% Above	No	No
13668013605	ESCITALOPRAM 10 MG TABLET	7	135.00	0.07	0.03914	76%-100% Above	No	No
13668013605	ESCITALOPRAM 10 MG TABLET	8	30.00	0.09	0.03940	101%-200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	4	30.00	0.01	0.04013	51%-75% Below	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	4	30.00	0.11	0.04013	101%-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	60.00	0.13	0.04013	200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	4	90.00	0.01	0.04013	51%-75% Below	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	4	90.00	0.07	0.04013	51%-75% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	4	90.00	0.08	0.04013	76%-100% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	4	90.00	0.10	0.04013	101%-200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	4	90.00	0.13	0.04013	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	21.00	0.09	0.03977	101%-200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	5	30.00	0.01	0.03977	51%-75% Below	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	5	30.00	0.13	0.03977	200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	5	90.00	0.13	0.03977	200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	5	135.00	0.13	0.03977	200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	6	30.00	0.01	0.03941	51%-75% Below	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	6	30.00	0.02	0.03941	51%-75% Below	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	6	30.00	0.13	0.03941	200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	6	90.00	0.11	0.03941	101%-200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	6	90.00	0.13	0.03941	200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	7	30.00	0.02	0.03914	26%-50% Below	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	7	30.00	0.13	0.03914	200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	7	60.00	0.09	0.03914	101%-200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	7	60.00	0.09	0.03914	101%-200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	7	90.00	0.13	0.03914	200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	8	30.00	0.02	0.03940	26%-50% Below	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	8	30.00	0.13	0.03940	200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	8	90.00	0.07	0.03940	76%-100% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	8	90.00	0.10	0.03940	101%-200% Above	No	No
13668013701	ESCITALOPRAM 20 MG TABLET	3	30.00	0.06	0.07802	10%-25% Below	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	5	30.00	0.05	0.07582	26%-50% Below	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	6	30.00	0.04	0.07661	51%-75% Below	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	6	90.00	0.09	0.06389	26%-50% Above	No	No
13668013705	ESCITALOPRAM 20 MG TABLET	4	30.00	0.11	0.06129	76%-100% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	4	30.00	0.11	0.06129	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668013710	ESCITALOPRAM 20 MG TABLET	4	30.00	0.13	0.06129	101%-200% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	4	90.00	0.11	0.06129	76%-100% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	4	90.00	0.11	0.06129	76%-100% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	5	30.00	0.11	0.06332	51%-75% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	5	30.00	0.11	0.06332	76%-100% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	5	30.00	0.13	0.06332	101%-200% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	5	30.00	0.13	0.06332	101%-200% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	5	90.00	0.11	0.06332	76%-100% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	6	30.00	0.02	0.06389	51%-75% Below	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	6	30.00	0.11	0.06389	51%-75% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	6	30.00	0.11	0.06389	76%-100% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	6	30.00	0.13	0.06389	101%-200% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	6	30.00	0.13	0.06389	101%-200% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	6	90.00	0.10	0.06389	51%-75% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	6	90.00	0.11	0.06389	76%-100% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	7	14.00	0.14	0.06372	101%-200% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	7	30.00	0.13	0.06372	101%-200% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	7	30.00	0.13	0.06372	101%-200% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	7	90.00	0.11	0.06372	51%-75% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	7	90.00	0.11	0.06372	76%-100% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	8	30.00	0.11	0.06278	76%-100% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	8	30.00	0.13	0.06278	101%-200% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	8	45.00	0.13	0.06278	101%-200% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	8	90.00	0.11	0.06278	51%-75% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	8	90.00	0.11	0.06278	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668015590	ESOMEPRA MAG CAP 40MG DR	6	90.00	0.17	.		No	No
13668018205	ROSUVASTATIN CALCIUM 40 MG TAB	4	10.00	0.35	0.05907	200% Above	No	No
13668018490	PRAMIPEXOLE 0.75 MG TABLET	4	30.00	0.10	0.06734	51%-75% Above	Yes	No
13668018490	PRAMIPEXOLE 0.75 MG TABLET	4	60.00	0.10	0.06734	51%-75% Above	No	No
13668018490	PRAMIPEXOLE 0.75 MG TABLET	5	60.00	0.10	0.06689	51%-75% Above	No	No
13668018490	PRAMIPEXOLE 0.75 MG TABLET	5	90.00	0.10	0.06689	51%-75% Above	No	No
13668018490	PRAMIPEXOLE 0.75 MG TABLET	6	30.00	0.09	0.07156	10%-25% Above	No	No
13668018490	PRAMIPEXOLE 0.75 MG TABLET	6	60.00	0.10	0.07156	26%-50% Above	No	No
13668018490	PRAMIPEXOLE 0.75 MG TABLET	6	90.00	0.10	0.07156	26%-50% Above	Yes	No
13668018490	PRAMIPEXOLE 0.75 MG TABLET	7	60.00	0.10	0.07328	26%-50% Above	No	No
13668018490	PRAMIPEXOLE 0.75 MG TABLET	8	60.00	0.10	0.07563	26%-50% Above	No	No
13668018730	SILDENAFIL 50 MG TABLET	7	18.00	1.44	0.10273	200% Above	Yes	No
13668018801	SILDENAFIL 100 MG TABLET	7	10.00	1.32	0.12603	200% Above	No	No
13668018830	SILDENAFIL 100 MG TABLET	5	30.00	1.32	0.13168	200% Above	No	No
13668018830	SILDENAFIL 100 MG TABLET	8	30.00	1.32	0.12762	200% Above	No	No
13668019090	TOLTERODINE TART ER 4 MG CAP	4	30.00	1.01	0.22854	200% Above	No	No
13668019090	TOLTERODINE TART ER 4 MG CAP	5	30.00	0.67	0.23037	101%-200% Above	No	No
13668019090	TOLTERODINE TART ER 4 MG CAP	6	30.00	1.01	0.25429	200% Above	No	No
13668021605	ARIPIPRAZOLE 2 MG TABLET	5	30.00	0.17	0.11262	26%-50% Above	No	No
13668021605	ARIPIPRAZOLE 2 MG TABLET	5	30.00	0.47	0.11262	200% Above	No	No
13668021605	ARIPIPRAZOLE 2 MG TABLET	6	30.00	0.17	0.10453	51%-75% Above	No	No
13668021605	ARIPIPRAZOLE 2 MG TABLET	7	30.00	0.17	0.10263	51%-75% Above	No	No
13668021605	ARIPIPRAZOLE 2 MG TABLET	7	30.00	0.33	0.10263	200% Above	No	No
13668021605	ARIPIPRAZOLE 2 MG TABLET	7	30.00	0.47	0.10263	200% Above	No	No
13668021605	ARIPIPRAZOLE 2 MG TABLET	7	90.00	0.22	0.10263	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668021605	ARIPIPRAZOLE 2 MG TABLET	8	30.00	0.47	0.10341	200% Above	No	No
13668021630	ARIPIPRAZOLE 2 MG TABLET	5	90.00	0.47	0.11262	200% Above	No	No
13668021690	ARIPIPRAZOLE 2 MG TABLET	6	30.00	0.47	0.10453	200% Above	No	No
13668021690	ARIPIPRAZOLE 2 MG TABLET	8	30.00	0.17	0.10341	51%-75% Above	No	No
13668021690	ARIPIPRAZOLE 2 MG TABLET	8	90.00	0.47	0.10341	200% Above	No	No
13668021705	ARIPIPRAZOLE 5 MG TABLET	6	30.00	0.56	0.10736	200% Above	No	No
13668021705	ARIPIPRAZOLE 5 MG TABLET	7	30.00	0.56	0.10702	200% Above	No	No
13668021705	ARIPIPRAZOLE 5 MG TABLET	8	30.00	0.56	0.10406	200% Above	No	No
13668021730	ARIPIPRAZOLE 5 MG TABLET	7	60.00	0.03	0.10702	51%-75% Below	No	No
13668021805	ARIPIPRAZOLE 10 MG TABLET	7	30.00	0.52	0.09799	200% Above	No	No
13668026801	CARBAMAZEPINE 200 MG TABLET	7	120.00	0.13	0.11701	10%-25% Above	Yes	No
13668026801	CARBAMAZEPINE 200 MG TABLET	7	540.00	0.10	0.11701	10%-25% Below	Yes	No
13668027101	CARBAMAZEPINE 100 MG TAB CHEW	4	30.00	0.14	0.23960	26%-50% Below	No	No
13668027101	CARBAMAZEPINE 100 MG TAB CHEW	5	90.00	0.06	0.23954	76%-100% Below	No	No
13668027101	CARBAMAZEPINE 100 MG TAB CHEW	8	135.00	0.04	0.25286	76%-100% Below	No	No
13668033001	TRAZODONE 50 MG TABLET	8	30.00	0.08	0.03124	101%-200% Above	Yes	No
13668033005	TRAZODONE 50 MG TABLET	3	30.00	0.07	0.03351	76%-100% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	4	30.00	0.07	0.03309	101%-200% 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	60.00	0.08	0.03309	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	5	30.00	0.06	0.03300	76%-100% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	5	30.00	0.07	0.03300	76%-100% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	5	30.00	0.07	0.03300	76%-100% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	5	30.00	0.07	0.03300	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	5	30.00	0.08	0.03300	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	60.00	0.08	0.03300	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	5	90.00	0.05	0.03300	51%-75% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	5	90.00	0.06	0.03300	76%-100% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	5	90.00	0.08	0.03300	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	5	90.00	0.08	0.03300	101%-200% Above	Yes	No
13668033005	TRAZODONE 50 MG TABLET	6	30.00	0.01	0.03247	51%-75% Below	No	No
13668033005	TRAZODONE 50 MG TABLET	6	30.00	0.07	0.03247	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	6	30.00	0.08	0.03247	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	6	45.00	0.05	0.03247	51%-75% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	6	90.00	0.05	0.03247	51%-75% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	6	90.00	0.08	0.03247	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	6	180.00	0.01	0.03247	51%-75% Below	No	No
13668033005	TRAZODONE 50 MG TABLET	7	15.00	0.08	0.03186	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	7	30.00	0.01	0.03186	51%-75% Below	No	No
13668033005	TRAZODONE 50 MG TABLET	7	30.00	0.06	0.03186	76%-100% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	7	30.00	0.08	0.03186	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	7	60.00	0.08	0.03186	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	8	30.00	0.08	0.03124	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	8	90.00	0.04	0.03124	26%-50% Above	Yes	No
13668033005	TRAZODONE 50 MG TABLET	8	90.00	0.05	0.03124	51%-75% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	8	90.00	0.06	0.03124	76%-100% Above	No	No
13668033101	TRAZODONE 100 MG TABLET	5	60.00	0.09	0.05035	76%-100% Above	No	No
13668033101	TRAZODONE 100 MG TABLET	5	90.00	0.09	0.05035	51%-75% Above	No	No
13668033101	TRAZODONE 100 MG TABLET	8	45.00	0.09	0.05057	76%-100% Above	No	No
13668033101	TRAZODONE 100 MG TABLET	8	60.00	0.09	0.05057	76%-100% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668033101	TRAZODONE 100 MG TABLET	8	90.00	0.08	0.05057	26%-50% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	4	30.00	0.08	0.05004	51%-75% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	4	30.00	0.09	0.05004	51%-75% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	4	30.00	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
13668033105	TRAZODONE 100 MG TABLET	4	90.00	0.01	0.05004	76%-100% Below	No	No
13668033105	TRAZODONE 100 MG TABLET	4	90.00	0.01	0.05004	76%-100% Below	No	No
13668033105	TRAZODONE 100 MG TABLET	4	90.00	0.07	0.05004	26%-50% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	5	30.00	0.08	0.05035	51%-75% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	5	30.00	0.09	0.05035	51%-75% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	5	30.00	0.09	0.05035	76%-100% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	5	90.00	0.01	0.05035	76%-100% Below	No	No
13668033105	TRAZODONE 100 MG TABLET	5	90.00	0.07	0.05035	26%-50% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	5	90.00	0.09	0.05035	76%-100% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	5	90.00	0.09	0.05035	76%-100% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	6	30.00	0.08	0.04949	51%-75% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	6	30.00	0.09	0.04949	76%-100% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	6	30.00	0.09	0.04949	76%-100% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	6	90.00	0.01	0.04949	76%-100% Below	No	No
13668033105	TRAZODONE 100 MG TABLET	6	90.00	0.08	0.04949	51%-75% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	6	90.00	0.09	0.04949	76%-100% Above	Yes	No
13668033105	TRAZODONE 100 MG TABLET	7	30.00	0.01	0.04993	76%-100% Below	No	No
13668033105	TRAZODONE 100 MG TABLET	7	30.00	0.08	0.04993	51%-75% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	7	30.00	0.09	0.04993	51%-75% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	7	30.00	0.09	0.04993	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	30.00	0.09	0.04993	76%-100% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	7	60.00	0.09	0.04993	76%-100% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	7	90.00	0.01	0.04993	76%-100% Below	No	No
13668033105	TRAZODONE 100 MG TABLET	7	90.00	0.07	0.04993	26%-50% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	7	90.00	0.09	0.04993	76%-100% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	7	90.00	0.09	0.04993	76%-100% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	8	30.00	0.08	0.05057	51%-75% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	8	30.00	0.09	0.05057	76%-100% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	8	30.00	0.09	0.05057	76%-100% Above	No	No
13668033201	TRAZODONE 150 MG TABLET	4	90.00	0.21	0.08780	101%-200% Above	No	No
13668033201	TRAZODONE 150 MG TABLET	6	30.00	0.23	0.09003	101%-200% Above	No	No
13668033201	TRAZODONE 150 MG TABLET	6	90.00	0.20	0.09003	101%-200% Above	No	No
13668033201	TRAZODONE 150 MG TABLET	7	30.00	0.22	0.09059	101%-200% Above	No	No
13668033201	TRAZODONE 150 MG TABLET	8	30.00	0.22	0.08816	101%-200% Above	No	No
13668033930	LAMOTRIGINE ER 25 MG TABLET	5	90.00	0.80	0.36192	101%-200% Above	No	No
13668033930	LAMOTRIGINE ER 25 MG TABLET	8	90.00	0.80	0.25401	200% Above	No	No
13668034030	LAMOTRIGINE ER 50 MG TABLET	5	90.00	0.22	0.62436	51%-75% Below	No	No
13668034030	LAMOTRIGINE ER 50 MG TABLET	5	90.00	0.42	0.62436	26%-50% Below	No	No
13668034030	LAMOTRIGINE ER 50 MG TABLET	6	90.00	0.22	0.54502	51%-75% Below	No	No
13668034030	LAMOTRIGINE ER 50 MG TABLET	7	90.00	0.22	0.51249	51%-75% Below	No	No
13668034030	LAMOTRIGINE ER 50 MG TABLET	8	270.00	0.15	0.52420	51%-75% Below	No	No
13668034130	LAMOTRIGINE ER 100 MG TABLET	7	90.00	1.29	0.60865	101%-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	6	90.00	0.11	0.03608	200% Above	No	No
13668042990	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.00	0.11	0.03597	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668046330	ITRACONAZOLE 100 MG CAPSULE	6	168.00	0.97	0.80734	10%-25% Above	No	No
13668046430	LURASIDONE HCL 20 MG TABLET	4	30.00	3.18	0.13951	200% Above	No	No
13668046430	LURASIDONE HCL 20 MG TABLET	5	30.00	0.17	0.13573	10%-25% Above	No	No
13668046430	LURASIDONE HCL 20 MG TABLET	5	30.00	3.18	0.13573	200% Above	No	No
13668046430	LURASIDONE HCL 20 MG TABLET	6	30.00	0.17	0.13481	10%-25% Above	No	No
13668046430	LURASIDONE HCL 20 MG TABLET	6	30.00	3.18	0.13481	200% Above	No	No
13668046430	LURASIDONE HCL 20 MG TABLET	7	30.00	3.18	0.13523	200% Above	No	No
13668046430	LURASIDONE HCL 20 MG TABLET	8	30.00	3.18	0.13756	200% Above	No	No
13668046530	LURASIDONE HCL 40 MG TABLET	5	30.00	3.19	0.22595	200% Above	No	No
13668046530	LURASIDONE HCL 40 MG TABLET	6	30.00	0.17	0.22324	10%-25% Below	No	No
13668046530	LURASIDONE HCL 40 MG TABLET	6	30.00	3.19	0.22324	200% Above	No	No
13668046530	LURASIDONE HCL 40 MG TABLET	7	30.00	3.19	0.21793	200% Above	No	No
13668046530	LURASIDONE HCL 40 MG TABLET	8	30.00	0.17	0.21339	10%-25% Below	No	No
13668046630	LURASIDONE HCL 80 MG TABLET	8	30.00	3.18	0.32728	200% Above	No	No
13668048201	MINOCYCLINE 50 MG CAPSULE	6	90.00	0.10	0.18136	26%-50% Below	No	No
13668048201	MINOCYCLINE 50 MG CAPSULE	7	90.00	0.11	0.17988	26%-50% Below	Yes	No
13668048405	MINOCYCLINE 100 MG CAPSULE	6	90.00	0.22	0.36150	26%-50% Below	No	No
13668048450	MINOCYCLINE 100 MG CAPSULE	4	20.00	0.18	0.36521	51%-75% Below	No	No
13668048450	MINOCYCLINE 100 MG CAPSULE	4	30.00	0.18	0.36521	51%-75% Below	No	No
13668048450	MINOCYCLINE 100 MG CAPSULE	4	60.00	0.18	0.36521	51%-75% Below	No	No
13668048450	MINOCYCLINE 100 MG CAPSULE	5	14.00	0.45	0.36875	10%-25% Above	No	No
13668048450	MINOCYCLINE 100 MG CAPSULE	5	20.00	0.18	0.36875	51%-75% Below	No	No
13668048450	MINOCYCLINE 100 MG CAPSULE	5	60.00	0.18	0.36875	51%-75% Below	Yes	No
13668048450	MINOCYCLINE 100 MG CAPSULE	6	14.00	0.45	0.36150	10%-25% Above	No	No
13668048450	MINOCYCLINE 100 MG CAPSULE	6	20.00	0.18	0.36150	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668048450	MINOCYCLINE 100 MG CAPSULE	6	60.00	0.25	0.36150	26%-50% Below	No	No
13668048450	MINOCYCLINE 100 MG CAPSULE	7	60.00	0.25	0.36164	26%-50% Below	No	No
13668048450	MINOCYCLINE 100 MG CAPSULE	8	60.00	0.25	0.35335	26%-50% Below	No	No
13668048501	MINOCYCLINE HCL 50 MG TABLET	5	14.00	0.24	0.41702	26%-50% Below	No	No
13668048501	MINOCYCLINE HCL 50 MG TABLET	5	60.00	0.24	0.41702	26%-50% Below	Yes	No
13668048501	MINOCYCLINE HCL 50 MG TABLET	6	60.00	0.22	0.40436	26%-50% Below	Yes	No
13668048501	MINOCYCLINE HCL 50 MG TABLET	7	60.00	0.23	0.38182	26%-50% Below	Yes	No
13668050930	LURASIDONE HCL 60 MG TABLET	5	30.00	3.18	0.30911	200% Above	No	No
13668050930	LURASIDONE HCL 60 MG TABLET	6	30.00	3.18	0.30182	200% Above	No	No
13668050930	LURASIDONE HCL 60 MG TABLET	7	30.00	0.33	0.28718	10%-25% Above	No	No
13668051501	ACYCLOVIR 5% OINTMENT	4	15.00	0.47	0.58149	10%-25% Below	No	No
13668051501	ACYCLOVIR 5% OINTMENT	4	15.00	2.04	0.58149	200% Above	No	No
13668051501	ACYCLOVIR 5% OINTMENT	4	15.00	4.52	0.58149	200% Above	No	No
13668051501	ACYCLOVIR 5% OINTMENT	4	30.00	0.31	0.58149	26%-50% Below	No	No
13668051501	ACYCLOVIR 5% OINTMENT	5	15.00	1.00	0.55445	76%-100% Above	No	No
13668051502	ACYCLOVIR 5% OINTMENT	6	30.00	2.04	0.31494	200% Above	No	No
13668051502	ACYCLOVIR 5% OINTMENT	7	30.00	0.50	0.30584	51%-75% Above	Yes	No
13668053194	MONTELUKAST SOD 4 MG GRANULES	5	30.00	0.95	1.12262	10%-25% Below	No	No
13668053194	MONTELUKAST SOD 4 MG GRANULES	6	30.00	0.95	1.10589	10%-25% Below	No	No
13668053194	MONTELUKAST SOD 4 MG GRANULES	7	30.00	0.95	1.11869	10%-25% Below	No	No
13668053402	NYSTATIN 100,000 UNIT/GM OINT	5	30.00	0.49	0.24238	76%-100% Above	Yes	No
13668053402	NYSTATIN 100,000 UNIT/GM OINT	6	30.00	0.45	0.24349	76%-100% Above	Yes	No
13668053402	NYSTATIN 100,000 UNIT/GM OINT	8	30.00	0.17	0.24312	26%-50% Below	Yes	No
13668056630	TADALAFIL 5 MG TABLET	5	30.00	0.17	0.10525	51%-75% Above	No	No
13668056630	TADALAFIL 5 MG TABLET	5	30.00	0.69	0.10525	200% Above	No	No

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13668056630	TADALAFIL 5 MG TABLET	6	30.00	0.17	0.10307	51%-75% Above	No	No
13668056630	TADALAFIL 5 MG TABLET	6	30.00	0.69	0.10307	200% Above	No	No
13668056630	TADALAFIL 5 MG TABLET	7	30.00	0.17	0.10144	51%-75% Above	No	No
13668056630	TADALAFIL 5 MG TABLET	7	30.00	0.69	0.10144	200% Above	No	No
13668056630	TADALAFIL 5 MG TABLET	8	30.00	0.17	0.10216	51%-75% Above	No	No
13668056730	TADALAFIL 10 MG TABLET	5	30.00	3.46	0.16705	200% Above	No	No
13668056730	TADALAFIL 10 MG TABLET	8	30.00	3.46	0.15748	200% Above	No	No
13668056830	TADALAFIL 20 MG TABLET	4	10.00	3.47	0.18693	200% Above	No	No
13668056830	TADALAFIL 20 MG TABLET	5	6.00	3.47	0.17959	200% Above	No	No
13668056830	TADALAFIL 20 MG TABLET	5	10.00	3.47	0.17959	200% Above	No	No
13668056830	TADALAFIL 20 MG TABLET	5	30.00	3.47	0.17959	200% Above	No	No
13668056830	TADALAFIL 20 MG TABLET	6	10.00	3.47	0.17207	200% Above	No	No
13668059501	NYSTATIN 100,000 UNIT/GM CREAM	1	30.00	0.17	0.19215	10%-25% Below	No	No
13668059501	NYSTATIN 100,000 UNIT/GM CREAM	4	15.00	0.61	0.20475	101%-200% Above	Yes	No
13668059501	NYSTATIN 100,000 UNIT/GM CREAM	5	15.00	0.59	0.19931	101%-200% Above	Yes	No
13668059501	NYSTATIN 100,000 UNIT/GM CREAM	6	15.00	0.59	0.19759	101%-200% Above	Yes	No
13668059502	NYSTATIN 100,000 UNIT/GM CREAM	5	60.00	0.19	0.15867	10%-25% Above	Yes	No
13668059502	NYSTATIN 100,000 UNIT/GM CREAM	6	30.00	0.19	0.15693	10%-25% Above	Yes	No
13668059502	NYSTATIN 100,000 UNIT/GM CREAM	6	60.00	0.08	0.15693	51%-75% Below	Yes	No
13668059502	NYSTATIN 100,000 UNIT/GM CREAM	7	30.00	0.19	0.15752	10%-25% Above	Yes	No
13668059502	NYSTATIN 100,000 UNIT/GM CREAM	8	30.00	0.19	0.15594	10%-25% Above	Yes	No
13668060630	ERYTHROMYCIN 250 MG TABLET	7	15.00	1.00	1.79047	26%-50% Below	No	No
13668063460	SACUBITRIL-VALSARTAN 24-26 MG	7	60.00	0.27	0.49717	26%-50% Below	Yes	No
13668063460	SACUBITRIL-VALSARTAN 24-26 MG	8	60.00	0.27	0.49790	26%-50% Below	Yes	No
13668072005	ROSUVASTATIN CALCIUM 5 MG TAB	4	90.00	0.01	0.03453	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	90.00	0.25	0.03453	200% Above	No	No
13668072005	ROSUVASTATIN CALCIUM 5 MG TAB	5	30.00	0.01	0.03496	51%-75% Below	No	No
13668072005	ROSUVASTATIN CALCIUM 5 MG TAB	5	30.00	0.25	0.03496	200% Above	No	No
13668072005	ROSUVASTATIN CALCIUM 5 MG TAB	5	90.00	0.01	0.03496	51%-75% Below	No	No
13668072005	ROSUVASTATIN CALCIUM 5 MG TAB	5	90.00	0.25	0.03496	200% Above	No	No
13668072005	ROSUVASTATIN CALCIUM 5 MG TAB	6	30.00	0.25	0.03479	200% Above	No	No
13668072005	ROSUVASTATIN CALCIUM 5 MG TAB	6	90.00	0.01	0.03479	51%-75% Below	No	No
13668072005	ROSUVASTATIN CALCIUM 5 MG TAB	6	90.00	0.25	0.03479	200% Above	No	No
13668072005	ROSUVASTATIN CALCIUM 5 MG TAB	7	30.00	0.01	0.03397	51%-75% Below	No	No
13668072005	ROSUVASTATIN CALCIUM 5 MG TAB	7	30.00	0.25	0.03397	200% Above	No	No
13668072005	ROSUVASTATIN CALCIUM 5 MG TAB	7	90.00	0.01	0.03397	51%-75% Below	No	No
13668072005	ROSUVASTATIN CALCIUM 5 MG TAB	7	90.00	0.25	0.03397	200% Above	No	No
13668072005	ROSUVASTATIN CALCIUM 5 MG TAB	8	30.00	0.01	0.03330	51%-75% Below	No	No
13668072005	ROSUVASTATIN CALCIUM 5 MG TAB	8	30.00	0.25	0.03330	200% Above	No	No
13668072005	ROSUVASTATIN CALCIUM 5 MG TAB	8	90.00	0.01	0.03330	51%-75% Below	No	No
13668072005	ROSUVASTATIN CALCIUM 5 MG TAB	8	90.00	0.25	0.03330	200% Above	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	4	30.00	0.22	0.03787	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	0.01	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	5	30.00	0.01	0.03840	51%-75% Below	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.00	0.22	0.03840	200% Above	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.00	0.01	0.03840	51%-75% Below	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.00	0.22	0.03840	200% Above	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.00	0.22	0.03834	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	6	45.00	0.01	0.03834	51%-75% Below	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.00	0.01	0.03834	51%-75% Below	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.00	0.22	0.03834	200% Above	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	7	30.00	0.01	0.03797	51%-75% Below	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	7	30.00	0.22	0.03797	200% Above	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	7	90.00	0.01	0.03797	51%-75% Below	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	7	90.00	0.03	0.03797	26%-50% Below	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	7	90.00	0.22	0.03797	200% Above	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.00	0.01	0.03699	51%-75% Below	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.00	0.22	0.03699	200% Above	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.00	0.01	0.03699	51%-75% Below	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.00	0.22	0.03699	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	90.00	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	5	30.00	0.01	0.04763	76%-100% Below	No	No
13668072205	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.00	0.17	0.04763	200% Above	No	No
13668072205	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.00	0.22	0.04763	200% Above	No	No
13668072205	ROSUVASTATIN CALCIUM 20 MG TAB	5	90.00	0.01	0.04763	76%-100% Below	No	No
13668072205	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.00	0.01	0.04702	76%-100% Below	No	No
13668072205	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.00	0.17	0.04702	200% Above	No	No
13668072205	ROSUVASTATIN CALCIUM 20 MG TAB	6	90.00	0.01	0.04702	76%-100% Below	No	No
13668072205	ROSUVASTATIN CALCIUM 20 MG TAB	6	90.00	0.17	0.04702	200% Above	No	No
13668072205	ROSUVASTATIN CALCIUM 20 MG TAB	6	90.00	0.22	0.04702	200% Above	No	No
13668072205	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.00	0.01	0.04551	76%-100% Below	No	No

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13668072205	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.00	0.17	0.04551	200% Above	No	No
13668072205	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.00	0.01	0.04551	76%-100% Below	No	No
13668072205	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.00	0.22	0.04551	200% Above	No	No
13668072205	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.00	0.22	0.04551	200% Above	No	No
13668072205	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.00	0.01	0.04489	76%-100% Below	No	No
13668072205	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.00	0.17	0.04489	200% Above	No	No
13668072305	ROSUVASTATIN CALCIUM 40 MG TAB	5	30.00	0.50	0.06215	200% Above	No	No
13668074660	SACUBITRIL-VALSARTAN 49-51 MG	4	60.00	0.63	0.57172	10%-25% Above	Yes	No
13668074660	SACUBITRIL-VALSARTAN 49-51 MG	5	60.00	0.92	0.54985	51%-75% Above	Yes	No
13668074660	SACUBITRIL-VALSARTAN 49-51 MG	5	180.00	0.63	0.54985	10%-25% Above	Yes	No
13668074660	SACUBITRIL-VALSARTAN 49-51 MG	6	180.00	0.63	0.54848	10%-25% Above	Yes	No
13668074660	SACUBITRIL-VALSARTAN 49-51 MG	7	60.00	0.92	0.52647	51%-75% Above	Yes	No
13668074760	SACUBITRIL-VALSARTAN 97-103 MG	4	180.00	0.33	0.63050	26%-50% Below	Yes	No
13668074760	SACUBITRIL-VALSARTAN 97-103 MG	7	180.00	0.29	0.57961	26%-50% Below	Yes	No
13668074760	SACUBITRIL-VALSARTAN 97-103 MG	8	60.00	0.29	0.59319	26%-50% Below	Yes	No
13668075701	ERGOCALCIFEROL 1.25 MG CAPSULE	8	4.00	0.14	0.11363	10%-25% Above	No	No
13668075701	ERGOCALCIFEROL 1.25 MG CAPSULE	8	4.00	0.21	0.11363	76%-100% Above	No	No
13668075701	ERGOCALCIFEROL 1.25 MG CAPSULE	8	4.00	0.29	0.11363	101%-200% Above	Yes	No
13811009032	ESTRADIOL 0.1% (0.25 MG) GEL PK	6	30.00	1.09	1.38103	10%-25% Below	No	No
13811009132	ESTRADIOL 0.1% (0.5 MG) GEL PKT	4	30.00	0.67	1.37382	51%-75% Below	No	No
13811009132	ESTRADIOL 0.1% (0.5 MG) GEL PKT	5	90.00	1.23	1.36658	10%-25% Below	No	No
13811009132	ESTRADIOL 0.1% (0.5 MG) GEL PKT	6	30.00	0.66	1.32435	26%-50% Below	Yes	No
13811009132	ESTRADIOL 0.1% (0.5 MG) GEL PKT	6	90.00	0.44	1.32435	51%-75% Below	No	No
13811009132	ESTRADIOL 0.1% (0.5 MG) GEL PKT	7	90.00	0.74	1.25085	26%-50% Below	Yes	No
13811009132	ESTRADIOL 0.1% (0.5 MG) GEL PKT	8	30.00	0.50	1.03364	51%-75% Below	No	No

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13811009232	ESTRADIOL 0.1% (0.75 MG) GEL PK	7	30.00	0.66	1.01721	26%-50% Below	Yes	No
13811009232	ESTRADIOL 0.1% (0.75 MG) GEL PK	8	30.00	0.66	0.75445	10%-25% Below	Yes	No
13811009332	ESTRADIOL 0.1% (1 MG) GEL PKT	5	90.00	0.33	1.69657	76%-100% Below	No	No
13811009432	ESTRADIOL 0.1% (1.25 MG) GEL PK	5	37.50	0.72	1.16405	26%-50% Below	No	No
13811009432	ESTRADIOL 0.1% (1.25 MG) GEL PK	5	75.00	0.40	1.16405	51%-75% Below	No	No
13811009432	ESTRADIOL 0.1% (1.25 MG) GEL PK	5	112.50	0.72	1.16405	26%-50% Below	No	No
13811009432	ESTRADIOL 0.1% (1.25 MG) GEL PK	5	150.00	0.72	1.16405	26%-50% Below	No	No
13811009432	ESTRADIOL 0.1% (1.25 MG) GEL PK	6	37.50	0.72	1.14404	26%-50% Below	No	No
13811009432	ESTRADIOL 0.1% (1.25 MG) GEL PK	7	37.50	0.72	1.01883	26%-50% Below	No	No
13811009432	ESTRADIOL 0.1% (1.25 MG) GEL PK	7	150.00	0.72	1.01883	26%-50% Below	No	No
13811030710	PHENOBARBITAL 97.2 MG TABLET	8	30.00	0.16	0.11113	26%-50% 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	5	30.00	0.50	0.61786	10%-25% Below	No	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	6	30.00	0.17	0.61923	51%-75% Below	No	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	6	30.00	0.50	0.61923	10%-25% Below	No	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	6	30.00	1.56	0.61923	101%-200% Above	Yes	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	7	30.00	0.50	0.59861	10%-25% Below	No	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	7	30.00	1.56	0.59861	101%-200% Above	No	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	7	30.00	1.56	0.59861	101%-200% Above	Yes	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	8	30.00	1.56	0.57579	101%-200% Above	No	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	10	30.00	0.37	0.68202	26%-50% Below	Yes	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	4	30.00	1.62	0.62983	101%-200% Above	No	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	4	30.00	1.62	0.62983	101%-200% Above	Yes	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	4	90.00	0.32	0.62983	26%-50% Below	Yes	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	5	30.00	0.50	0.63578	10%-25% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	30.00	1.62	0.63578	101%-200% Above	No	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	6	30.00	1.62	0.64038	101%-200% Above	No	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	6	30.00	1.62	0.64038	101%-200% Above	Yes	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	7	30.00	1.62	0.63126	101%-200% Above	No	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	8	30.00	1.62	0.64458	101%-200% Above	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	1	30.00	0.21	0.68479	51%-75% Below	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	3	30.00	0.46	0.80847	26%-50% Below	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	4	30.00	0.33	0.69852	51%-75% Below	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	4	30.00	0.33	0.69852	51%-75% Below	Yes	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	0.37	0.69852	26%-50% Below	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	4	30.00	0.44	0.84658	26%-50% Below	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	4	30.00	0.50	0.69852	26%-50% Below	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	4	60.00	0.37	0.69852	26%-50% Below	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	5	30.00	0.36	0.69976	26%-50% Below	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	5	30.00	0.37	0.69976	26%-50% Below	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	5	30.00	0.44	0.83383	26%-50% Below	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	5	30.00	0.50	0.69976	26%-50% Below	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	5	60.00	0.37	0.69976	26%-50% Below	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	6	30.00	0.33	0.68424	51%-75% Below	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	6	30.00	0.37	0.68424	26%-50% Below	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	6	30.00	0.37	0.68424	26%-50% Below	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	6	30.00	0.50	0.68424	26%-50% Below	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	6	60.00	0.37	0.68424	26%-50% Below	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	7	30.00	0.33	0.66320	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	30.00	0.37	0.66320	26%-50% Below	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	7	30.00	0.37	0.66320	26%-50% Below	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	7	30.00	0.50	0.66320	10%-25% Below	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	7	60.00	0.37	0.66320	26%-50% Below	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	8	30.00	0.37	0.66655	26%-50% Below	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	8	30.00	0.50	0.66655	10%-25% Below	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	11	30.00	0.50	0.63374	10%-25% Below	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	12	30.00	0.53	0.65689	10%-25% Below	Yes	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	3	30.00	0.46	0.77350	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	5	30.00	0.39	0.83873	51%-75% Below	Yes	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	5	30.00	0.46	0.83873	26%-50% Below	No	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	5	30.00	0.46	0.83873	26%-50% Below	Yes	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	5	30.00	0.50	0.83873	26%-50% Below	No	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	5	90.00	0.46	0.83873	26%-50% Below	No	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	6	30.00	0.39	0.83258	51%-75% Below	Yes	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	6	30.00	0.46	0.83258	26%-50% Below	No	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	6	30.00	0.46	0.83258	26%-50% Below	Yes	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	6	30.00	0.50	0.83258	26%-50% Below	Yes	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	6	90.00	0.42	0.83258	26%-50% Below	Yes	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	7	30.00	0.46	0.81034	26%-50% Below	No	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	7	30.00	0.46	0.81034	26%-50% Below	Yes	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	8	30.00	0.39	0.80919	51%-75% Below	Yes	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	8	30.00	0.46	0.80919	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13811070910	METHYLPHENIDATE ER 54 MG TAB	8	30.00	0.46	0.80919	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	6	30.00	9.16	16.67964	26%-50% Below	Yes	No
13811071030	METHYLPHENIDATE ER 72 MG TAB	7	30.00	9.16	16.72774	26%-50% Below	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	4	10.00	0.99	0.32469	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	4	10.00	1.14	0.32469	200% Above	No	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	1.15	0.32469	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	5	10.00	0.16	0.32261	51%-75% Below	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	5	10.00	0.95	0.32261	101%-200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	5	10.00	1.14	0.32261	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	5	10.00	1.33	0.32261	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	5	14.00	1.06	0.32261	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	5	14.00	1.22	0.32261	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	5	30.00	0.16	0.32261	51%-75% Below	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	6	10.00	0.15	0.30785	26%-50% Below	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	6	10.00	0.34	0.30785	10%-25% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	6	10.00	0.49	0.30785	51%-75% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	6	10.00	0.95	0.30785	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	6	10.00	0.99	0.30785	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	6	10.00	1.14	0.30785	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	6	10.00	1.17	0.30785	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	6	10.00	1.18	0.30785	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	6	10.00	1.34	0.30785	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	6	14.00	0.34	0.30785	10%-25% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	14.00	0.93	0.30785	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	6	14.00	1.06	0.30785	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	6	20.00	0.34	0.30785	10%-25% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	6	30.00	0.15	0.30785	26%-50% Below	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	6	30.00	0.50	0.30785	51%-75% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	7	10.00	0.34	0.30153	10%-25% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	7	10.00	0.99	0.30153	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	7	10.00	1.17	0.30153	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	7	14.00	0.34	0.30153	10%-25% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	7	14.00	0.35	0.30153	10%-25% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	7	14.00	0.71	0.30153	101%-200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	7	14.00	1.06	0.30153	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	7	20.00	0.34	0.30153	10%-25% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	7	30.00	0.15	0.30153	26%-50% Below	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	7	30.00	0.50	0.30153	51%-75% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	7	60.00	0.34	0.30153	10%-25% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	7	90.00	0.42	0.30153	26%-50% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	8	10.00	0.34	0.29780	10%-25% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	8	10.00	0.95	0.29780	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	8	10.00	1.10	0.29780	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	8	10.00	1.11	0.29780	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	8	10.00	1.14	0.29780	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	8	14.00	0.34	0.29780	10%-25% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	8	14.00	0.35	0.29780	10%-25% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	8	14.00	0.71	0.29780	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	14.00	1.06	0.29780	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	8	14.00	1.10	0.29780	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	8	30.00	0.15	0.29780	26%-50% Below	Yes	No
13925016604	PREDNISOLONE 5 MG/5 ML SOLN	3	30.00	0.31	0.55063	26%-50% Below	No	No
14539067401	HYDROXYZINE PAM 25 MG CAP	7	60.00	0.04	0.06380	26%-50% Below	No	No
14539067401	HYDROXYZINE PAM 25 MG CAP	7	60.00	0.05	0.06380	10%-25% Below	No	No
14539067401	HYDROXYZINE PAM 25 MG CAP	8	30.00	0.05	0.06269	10%-25% Below	No	No
14539067405	HYDROXYZINE PAM 25 MG CAP	4	30.00	0.05	0.06383	10%-25% Below	No	No
14539067405	HYDROXYZINE PAM 25 MG CAP	6	90.00	0.05	0.06420	10%-25% Below	No	No
16477041012	SODIUM SULFA LIQ 10% WASH	4	354.80	0.06	.		Yes	No
16477041012	SODIUM SULFA LIQ 10% WASH	6	354.80	0.06	.		Yes	No
16477041012	SODIUM SULFA LIQ 10% WASH	7	354.80	0.06	.		Yes	No
16477042206	SELENIUM SUL SHA 2.25%	7	180.00	0.06	.		No	No
16571010501	AMITRIPTYLINE HCL 10 MG TAB	5	30.00	0.01	0.03200	51%-75% Below	No	No
16571010501	AMITRIPTYLINE HCL 10 MG TAB	6	90.00	0.01	0.02944	51%-75% Below	No	No
16571010601	AMITRIPTYLINE HCL 25 MG TAB	6	180.00	0.14	0.05238	101%-200% Above	No	No
16571010610	AMITRIPTYLINE HCL 25 MG TAB	5	90.00	0.10	0.05419	76%-100% Above	No	No
16571010610	AMITRIPTYLINE HCL 25 MG TAB	6	30.00	0.17	0.05238	200% Above	No	No
16571010610	AMITRIPTYLINE HCL 25 MG TAB	8	90.00	0.10	0.05115	101%-200% Above	No	No
16571010710	AMITRIPTYLINE HCL 50 MG TAB	4	90.00	0.13	0.09802	26%-50% Above	No	No
16571010801	AMITRIPTYLINE HCL 75 MG TAB	5	30.00	0.17	0.11852	26%-50% Above	No	No
16571010801	AMITRIPTYLINE HCL 75 MG TAB	6	30.00	0.17	0.11122	26%-50% Above	No	No
16571010801	AMITRIPTYLINE HCL 75 MG TAB	7	30.00	0.17	0.11005	51%-75% Above	No	No
16571010801	AMITRIPTYLINE HCL 75 MG TAB	8	30.00	0.17	0.11396	26%-50% Above	No	No
16571011124	CHLORHEXIDINE 4% LIQUID	7	236.00	0.02	0.03021	26%-50% Below	Yes	No

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16571011201	HYDROXYCHLOROQUINE 200 MG TAB	4	180.00	0.45	0.16217	101%-200% Above	No	No
16571011201	HYDROXYCHLOROQUINE 200 MG TAB	5	180.00	0.45	0.15868	101%-200% Above	No	No
16571011201	HYDROXYCHLOROQUINE 200 MG TAB	7	180.00	0.45	0.14938	101%-200% Above	No	No
16571011301	HYDROXYZINE HCL 10 MG TABLET	4	30.00	0.07	0.03139	101%-200% Above	No	No
16571011301	HYDROXYZINE HCL 10 MG TABLET	4	180.00	0.05	0.03139	51%-75% Above	No	No
16571011301	HYDROXYZINE HCL 10 MG TABLET	5	14.00	0.07	0.03117	101%-200% Above	No	No
16571011301	HYDROXYZINE HCL 10 MG TABLET	6	30.00	0.07	0.03017	101%-200% Above	No	No
16571011301	HYDROXYZINE HCL 10 MG TABLET	7	30.00	0.07	0.02868	101%-200% Above	No	No
16571011301	HYDROXYZINE HCL 10 MG TABLET	7	60.00	0.07	0.02868	101%-200% Above	No	No
16571011301	HYDROXYZINE HCL 10 MG TABLET	7	180.00	0.05	0.02868	76%-100% Above	No	No
16571011301	HYDROXYZINE HCL 10 MG TABLET	8	15.00	0.08	0.02856	101%-200% Above	No	No
16571011301	HYDROXYZINE HCL 10 MG TABLET	8	30.00	0.07	0.02856	101%-200% Above	No	No
16571011301	HYDROXYZINE HCL 10 MG TABLET	8	60.00	0.07	0.02856	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	60.00	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	5	20.00	0.08	0.03562	101%-200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	5	30.00	0.08	0.03562	101%-200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	5	30.00	0.08	0.03562	101%-200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	5	60.00	0.08	0.03562	101%-200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	5	90.00	0.08	0.03562	101%-200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	6	21.00	0.08	0.03558	101%-200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	6	30.00	0.08	0.03558	101%-200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	6	60.00	0.08	0.03558	101%-200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	6	90.00	0.08	0.03558	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	120.00	0.08	0.03558	101%-200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	6	180.00	0.06	0.03558	51%-75% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	7	20.00	0.09	0.03501	101%-200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	7	30.00	0.08	0.03501	101%-200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	7	30.00	0.08	0.03501	101%-200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	7	60.00	0.08	0.03501	101%-200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	7	90.00	0.08	0.03501	101%-200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	7	120.00	0.08	0.03501	101%-200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	7	180.00	0.05	0.03501	51%-75% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	8	14.00	0.09	0.03417	101%-200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	8	30.00	0.08	0.03417	101%-200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	8	120.00	0.08	0.03417	101%-200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	8	270.00	0.08	0.03417	101%-200% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	4	60.00	0.06	0.03456	76%-100% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	4	120.00	0.08	0.03456	101%-200% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	5	30.00	0.08	0.03562	101%-200% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	5	60.00	0.06	0.03562	51%-75% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	6	30.00	0.08	0.03558	101%-200% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	6	60.00	0.08	0.03558	101%-200% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	6	120.00	0.08	0.03558	101%-200% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	7	30.00	0.07	0.03501	76%-100% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	7	30.00	0.08	0.03501	101%-200% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	7	60.00	0.08	0.03501	101%-200% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	7	120.00	0.08	0.03501	101%-200% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	8	20.00	0.08	0.03417	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	30.00	0.07	0.03417	101%-200% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	8	30.00	0.08	0.03417	101%-200% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	8	60.00	0.08	0.03417	101%-200% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	8	90.00	0.05	0.03417	51%-75% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	4	7.00	0.13	0.03456	200% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	4	30.00	0.07	0.03456	101%-200% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	4	30.00	0.08	0.03456	101%-200% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	4	30.00	0.08	0.03456	101%-200% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	4	200.00	0.08	0.03456	101%-200% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	5	30.00	0.07	0.03562	101%-200% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	5	30.00	0.08	0.03562	101%-200% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	5	30.00	0.08	0.03562	101%-200% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	5	40.00	0.08	0.03562	101%-200% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	5	45.00	0.09	0.03562	101%-200% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	5	200.00	0.08	0.03562	101%-200% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	6	30.00	0.07	0.03558	101%-200% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	6	30.00	0.08	0.03558	101%-200% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	6	90.00	0.05	0.03558	26%-50% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	6	200.00	0.08	0.03558	101%-200% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	7	30.00	0.07	0.03501	76%-100% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	7	60.00	0.06	0.03501	76%-100% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	7	200.00	0.08	0.03501	101%-200% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	8	14.00	0.08	0.03417	101%-200% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	8	30.00	0.07	0.03417	76%-100% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	8	30.00	0.08	0.03417	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571011501	HYDROXYZINE HCL 50 MG TABLET	5	60.00	0.09	0.05989	26%-50% Above	No	No
16571011501	HYDROXYZINE HCL 50 MG TABLET	5	60.00	0.11	0.05989	51%-75% Above	No	No
16571011501	HYDROXYZINE HCL 50 MG TABLET	6	30.00	0.11	0.05962	76%-100% Above	No	No
16571011501	HYDROXYZINE HCL 50 MG TABLET	6	60.00	0.09	0.05962	26%-50% Above	No	No
16571011501	HYDROXYZINE HCL 50 MG TABLET	7	30.00	0.11	0.05879	76%-100% Above	No	No
16571011501	HYDROXYZINE HCL 50 MG TABLET	7	60.00	0.09	0.05879	51%-75% Above	No	No
16571011501	HYDROXYZINE HCL 50 MG TABLET	7	90.00	0.10	0.05879	51%-75% Above	No	No
16571011501	HYDROXYZINE HCL 50 MG TABLET	8	60.00	0.09	0.05831	51%-75% Above	No	No
16571011501	HYDROXYZINE HCL 50 MG TABLET	8	90.00	0.09	0.05831	51%-75% Above	No	No
16571011550	HYDROXYZINE HCL 50 MG TABLET	7	20.00	0.09	0.05879	51%-75% Above	No	No
16571011550	HYDROXYZINE HCL 50 MG TABLET	7	30.00	0.10	0.05879	51%-75% Above	No	No
16571011550	HYDROXYZINE HCL 50 MG TABLET	8	60.00	0.10	0.05831	51%-75% Above	No	No
16571011550	HYDROXYZINE HCL 50 MG TABLET	8	90.00	0.09	0.05831	51%-75% Above	No	No
16571011701	GABAPENTIN 800 MG TABLET	4	90.00	0.06	0.09868	26%-50% Below	No	No
16571011701	GABAPENTIN 800 MG TABLET	5	90.00	0.06	0.09799	26%-50% Below	No	No
16571011701	GABAPENTIN 800 MG TABLET	7	90.00	0.06	0.09381	26%-50% Below	No	No
16571011701	GABAPENTIN 800 MG TABLET	8	90.00	0.06	0.09004	26%-50% Below	No	No
16571011750	GABAPENTIN 800 MG TABLET	4	30.00	0.06	0.09868	26%-50% Below	No	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	5	473.00	0.00	0.00718	51%-75% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	5	473.00	0.00	0.00718	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	473.00	0.00	0.00718	26%-50% Below	No	No
16571012848	CHLORHEXIDINE 0.12% RINSE	5	473.00	0.00	0.00718	26%-50% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	5	473.00	0.00	0.00718	26%-50% Below	No	No
16571012848	CHLORHEXIDINE 0.12% RINSE	5	473.00	0.00	0.00718	26%-50% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	6	1.00	0.00	0.00718	76%-100% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	6	473.00	0.00	0.00718	51%-75% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	6	473.00	0.00	0.00718	51%-75% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	6	473.00	0.00	0.00718	26%-50% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	6	473.00	0.00	0.00718	26%-50% Below	No	No
16571012848	CHLORHEXIDINE 0.12% RINSE	6	473.00	0.00	0.00718	26%-50% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	6	473.00	0.00	0.00718	26%-50% Below	No	No
16571012848	CHLORHEXIDINE 0.12% RINSE	6	473.00	0.00	0.00718	26%-50% Below	No	No
16571012848	CHLORHEXIDINE 0.12% RINSE	7	473.00	0.00	0.00711	51%-75% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	7	473.00	0.00	0.00711	51%-75% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	7	473.00	0.00	0.00711	51%-75% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	7	473.00	0.00	0.00711	26%-50% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	7	473.00	0.00	0.00711	26%-50% Below	No	No
16571012848	CHLORHEXIDINE 0.12% RINSE	7	473.00	0.00	0.00711	26%-50% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	7	473.00	0.00	0.00711	26%-50% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	7	473.00	0.01	0.00711	10%-25% Above	No	No
16571012848	CHLORHEXIDINE 0.12% RINSE	7	473.00	0.01	0.00711	26%-50% Above	No	No
16571012848	CHLORHEXIDINE 0.12% RINSE	7	946.00	0.00	0.00711	51%-75% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	8	473.00	0.00	0.00716	51%-75% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	8	473.00	0.00	0.00716	51%-75% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	8	473.00	0.00	0.00716	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	473.00	0.00	0.00716	26%-50% Below	No	No
16571012848	CHLORHEXIDINE 0.12% RINSE	8	473.00	0.00	0.00716	26%-50% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	8	473.00	0.00	0.00716	26%-50% Below	No	No
16571013412	CETIRIZINE HCL 1 MG/ML SYRUP	5	300.00	0.03	0.02152	51%-75% Above	No	No
16571013448	CETIRIZINE HCL 1 MG/ML SOLN	8	120.00	0.02	0.14321	76%-100% Below	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	30.00	0.18	0.02483	200% Above	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	0.08	0.02483	200% Above	Yes	No
16571013610	ATORVASTATIN 10 MG TABLET	4	90.00	0.18	0.02483	200% Above	No	No
16571013610	ATORVASTATIN 10 MG TABLET	4	90.00	0.18	0.02483	200% Above	Yes	No
16571013610	ATORVASTATIN 10 MG TABLET	5	30.00	0.11	0.02497	200% Above	Yes	No
16571013610	ATORVASTATIN 10 MG TABLET	5	30.00	0.18	0.02497	200% Above	Yes	No
16571013610	ATORVASTATIN 10 MG TABLET	5	45.00	0.01	0.02497	76%-100% Below	Yes	No
16571013610	ATORVASTATIN 10 MG TABLET	5	90.00	0.01	0.02497	76%-100% Below	No	No
16571013610	ATORVASTATIN 10 MG TABLET	5	90.00	0.01	0.02497	76%-100% Below	Yes	No
16571013610	ATORVASTATIN 10 MG TABLET	5	90.00	0.18	0.02497	200% Above	No	No
16571013610	ATORVASTATIN 10 MG TABLET	5	90.00	0.18	0.02497	200% Above	Yes	No
16571013610	ATORVASTATIN 10 MG TABLET	5	360.00	0.18	0.02497	200% Above	Yes	No
16571013610	ATORVASTATIN 10 MG TABLET	6	30.00	0.11	0.02452	200% Above	Yes	No
16571013610	ATORVASTATIN 10 MG TABLET	6	90.00	0.01	0.02452	76%-100% Below	No	No
16571013610	ATORVASTATIN 10 MG TABLET	6	90.00	0.01	0.02452	76%-100% Below	Yes	No
16571013610	ATORVASTATIN 10 MG TABLET	6	90.00	0.14	0.02452	200% Above	Yes	No
16571013610	ATORVASTATIN 10 MG TABLET	6	90.00	0.18	0.02452	200% Above	Yes	No
16571013610	ATORVASTATIN 10 MG TABLET	7	30.00	0.01	0.02403	76%-100% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	90.00	0.01	0.02403	76%-100% Below	No	No
16571013610	ATORVASTATIN 10 MG TABLET	7	90.00	0.01	0.02403	76%-100% Below	Yes	No
16571013610	ATORVASTATIN 10 MG TABLET	7	90.00	0.14	0.02403	200% Above	Yes	No
16571013610	ATORVASTATIN 10 MG TABLET	7	90.00	0.18	0.02403	200% Above	No	No
16571013610	ATORVASTATIN 10 MG TABLET	7	90.00	0.18	0.02403	200% Above	Yes	No
16571013610	ATORVASTATIN 10 MG TABLET	8	90.00	0.01	0.02325	76%-100% Below	No	No
16571013610	ATORVASTATIN 10 MG TABLET	8	90.00	0.01	0.02325	76%-100% Below	Yes	No
16571013610	ATORVASTATIN 10 MG TABLET	8	90.00	0.11	0.02325	200% Above	Yes	No
16571013610	ATORVASTATIN 10 MG TABLET	8	90.00	0.14	0.02325	200% Above	Yes	No
16571013610	ATORVASTATIN 10 MG TABLET	8	90.00	0.18	0.02325	200% Above	No	No
16571013610	ATORVASTATIN 10 MG TABLET	8	90.00	0.18	0.02325	200% Above	Yes	No
16571013650	ATORVASTATIN 10 MG TABLET	7	30.00	0.18	0.02403	200% Above	No	No
16571013650	ATORVASTATIN 10 MG TABLET	7	90.00	0.18	0.02403	200% Above	No	No
16571013710	ATORVASTATIN 20 MG TABLET	4	30.00	0.01	0.02872	51%-75% Below	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	90.00	0.01	0.02872	51%-75% Below	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	0.27	0.02872	200% Above	No	No
16571013710	ATORVASTATIN 20 MG TABLET	4	90.00	0.27	0.02872	200% Above	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	5	30.00	0.01	0.02902	51%-75% Below	No	No
16571013710	ATORVASTATIN 20 MG TABLET	5	30.00	0.01	0.02902	51%-75% Below	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	5	30.00	0.27	0.02902	200% Above	No	No
16571013710	ATORVASTATIN 20 MG TABLET	5	30.00	0.27	0.02902	200% Above	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	5	90.00	0.01	0.02902	51%-75% Below	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	5	90.00	0.01	0.02902	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	90.00	0.01	0.02902	51%-75% Below	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	5	90.00	0.12	0.02902	200% Above	No	No
16571013710	ATORVASTATIN 20 MG TABLET	5	90.00	0.12	0.02902	200% Above	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	5	90.00	0.15	0.02902	200% Above	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	5	90.00	0.27	0.02902	200% Above	No	No
16571013710	ATORVASTATIN 20 MG TABLET	5	90.00	0.27	0.02902	200% Above	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	6	30.00	0.01	0.02851	51%-75% Below	No	No
16571013710	ATORVASTATIN 20 MG TABLET	6	30.00	0.01	0.02851	51%-75% Below	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	6	30.00	0.27	0.02851	200% Above	No	No
16571013710	ATORVASTATIN 20 MG TABLET	6	30.00	0.27	0.02851	200% Above	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	6	45.00	0.01	0.02851	51%-75% Below	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	6	90.00	0.01	0.02851	51%-75% Below	No	No
16571013710	ATORVASTATIN 20 MG TABLET	6	90.00	0.01	0.02851	51%-75% Below	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	6	90.00	0.09	0.02851	200% Above	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	6	90.00	0.12	0.02851	200% Above	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	6	90.00	0.20	0.02851	200% Above	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	6	90.00	0.27	0.02851	200% Above	No	No
16571013710	ATORVASTATIN 20 MG TABLET	6	90.00	0.27	0.02851	200% Above	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	7	30.00	0.01	0.02795	51%-75% Below	No	No
16571013710	ATORVASTATIN 20 MG TABLET	7	30.00	0.01	0.02795	51%-75% Below	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	7	30.00	0.27	0.02795	200% Above	No	No
16571013710	ATORVASTATIN 20 MG TABLET	7	30.00	0.27	0.02795	200% Above	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	7	90.00	0.01	0.02795	51%-75% Below	No	No
16571013710	ATORVASTATIN 20 MG TABLET	7	90.00	0.01	0.02795	51%-75% Below	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	7	90.00	0.12	0.02795	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	90.00	0.15	0.02795	200% Above	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	7	90.00	0.20	0.02795	200% Above	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	7	90.00	0.27	0.02795	200% Above	No	No
16571013710	ATORVASTATIN 20 MG TABLET	7	90.00	0.27	0.02795	200% Above	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	8	30.00	0.27	0.02762	200% Above	No	No
16571013710	ATORVASTATIN 20 MG TABLET	8	90.00	0.01	0.02762	51%-75% Below	No	No
16571013710	ATORVASTATIN 20 MG TABLET	8	90.00	0.01	0.02762	51%-75% Below	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	8	90.00	0.14	0.02762	200% Above	No	No
16571013710	ATORVASTATIN 20 MG TABLET	8	90.00	0.15	0.02762	200% Above	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	8	90.00	0.20	0.02762	200% Above	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	8	90.00	0.27	0.02762	200% Above	No	No
16571013710	ATORVASTATIN 20 MG TABLET	8	90.00	0.27	0.02762	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	30.00	0.14	0.03828	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	4	30.00	0.14	0.03828	200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	4	45.00	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	4	90.00	0.12	0.03828	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	4	90.00	0.13	0.03828	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	4	90.00	0.14	0.03828	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	5	30.00	0.01	0.03824	51%-75% Below	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	5	30.00	0.12	0.03824	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	5	30.00	0.14	0.03824	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	5	90.00	0.01	0.03824	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	90.00	0.01	0.03824	51%-75% Below	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	5	90.00	0.09	0.03824	101%-200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	5	90.00	0.10	0.03824	101%-200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	5	90.00	0.12	0.03824	200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	5	90.00	0.12	0.03824	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	5	90.00	0.12	0.03824	200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	5	90.00	0.12	0.03824	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	5	90.00	0.13	0.03824	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	5	90.00	0.14	0.03824	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	5	90.00	0.14	0.03824	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	5	90.00	0.15	0.03824	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	6	30.00	0.12	0.03787	200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	6	30.00	0.12	0.03787	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	6	30.00	0.14	0.03787	200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	6	90.00	0.01	0.03787	51%-75% Below	No	No
16571013810	ATORVASTATIN 40 MG TABLET	6	90.00	0.09	0.03787	101%-200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	6	90.00	0.09	0.03787	101%-200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	6	90.00	0.09	0.03787	101%-200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	6	90.00	0.12	0.03787	200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	6	90.00	0.12	0.03787	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	6	90.00	0.12	0.03787	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	6	90.00	0.12	0.03787	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	6	90.00	0.14	0.03787	200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	6	90.00	0.14	0.03787	200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	6	90.00	0.15	0.03787	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	90.00	0.15	0.03787	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	7	30.00	0.12	0.03739	200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	7	30.00	0.12	0.03739	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	7	30.00	0.13	0.03739	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	7	30.00	0.14	0.03739	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	7	30.00	0.14	0.03739	200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	7	45.00	0.09	0.03739	101%-200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	7	90.00	0.01	0.03739	51%-75% Below	No	No
16571013810	ATORVASTATIN 40 MG TABLET	7	90.00	0.09	0.03739	101%-200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	7	90.00	0.11	0.03739	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	7	90.00	0.12	0.03739	200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	7	90.00	0.12	0.03739	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	7	90.00	0.12	0.03739	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	7	90.00	0.12	0.03739	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	7	90.00	0.13	0.03739	200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	7	90.00	0.13	0.03739	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	7	90.00	0.14	0.03739	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	8	30.00	0.12	0.03704	200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	8	30.00	0.12	0.03704	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	8	30.00	0.13	0.03704	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	8	30.00	0.13	0.03704	200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	8	30.00	0.14	0.03704	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	8	30.00	0.14	0.03704	200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	8	90.00	0.01	0.03704	51%-75% Below	No	No
16571013810	ATORVASTATIN 40 MG TABLET	8	90.00	0.01	0.03704	51%-75% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	90.00	0.08	0.03704	101%-200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	8	90.00	0.08	0.03704	101%-200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	8	90.00	0.09	0.03704	101%-200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	8	90.00	0.10	0.03704	101%-200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	8	90.00	0.12	0.03704	200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	8	90.00	0.12	0.03704	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	8	90.00	0.12	0.03704	200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	8	90.00	0.12	0.03704	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	8	90.00	0.12	0.03704	200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	8	90.00	0.13	0.03704	200% 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	5	30.00	0.13	0.07062	76%-100% Above	Yes	No
16571013910	ATORVASTATIN 80 MG TABLET	5	60.00	0.14	0.07062	76%-100% Above	Yes	No
16571013910	ATORVASTATIN 80 MG TABLET	5	90.00	0.02	0.07062	51%-75% Below	Yes	No
16571013910	ATORVASTATIN 80 MG TABLET	5	90.00	0.13	0.07062	76%-100% Above	Yes	No
16571013910	ATORVASTATIN 80 MG TABLET	5	90.00	0.16	0.07062	101%-200% Above	Yes	No
16571013910	ATORVASTATIN 80 MG TABLET	5	90.00	0.16	0.07062	101%-200% Above	Yes	No
16571013910	ATORVASTATIN 80 MG TABLET	6	30.00	0.15	0.07002	101%-200% Above	Yes	No
16571013910	ATORVASTATIN 80 MG TABLET	6	90.00	0.09	0.07002	26%-50% Above	Yes	No
16571013910	ATORVASTATIN 80 MG TABLET	6	90.00	0.13	0.07002	76%-100% Above	Yes	No
16571013910	ATORVASTATIN 80 MG TABLET	6	90.00	0.14	0.07002	76%-100% Above	Yes	No
16571013910	ATORVASTATIN 80 MG TABLET	6	90.00	0.14	0.07002	76%-100% Above	Yes	No
16571013910	ATORVASTATIN 80 MG TABLET	6	90.00	0.16	0.07002	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571013910	ATORVASTATIN 80 MG TABLET	7	60.00	0.14	0.06918	101%-200% Above	Yes	No
16571013910	ATORVASTATIN 80 MG TABLET	7	90.00	0.02	0.06918	51%-75% Below	Yes	No
16571013910	ATORVASTATIN 80 MG TABLET	7	90.00	0.09	0.06918	26%-50% Above	Yes	No
16571013910	ATORVASTATIN 80 MG TABLET	7	90.00	0.12	0.06918	51%-75% Above	Yes	No
16571013910	ATORVASTATIN 80 MG TABLET	7	90.00	0.13	0.06918	76%-100% Above	Yes	No
16571013910	ATORVASTATIN 80 MG TABLET	8	90.00	0.13	0.06924	76%-100% Above	Yes	No
16571013910	ATORVASTATIN 80 MG TABLET	8	90.00	0.14	0.06924	76%-100% Above	Yes	No
16571013910	ATORVASTATIN 80 MG TABLET	8	90.00	0.16	0.06924	101%-200% Above	Yes	No
16571013950	ATORVASTATIN 80 MG TABLET	7	90.00	0.14	0.06918	76%-100% Above	No	No
16571016701	DOXAZOSIN MESYLATE 4 MG TAB	5	90.00	0.33	0.09632	200% Above	No	No
16571016701	DOXAZOSIN MESYLATE 4 MG TAB	8	90.00	0.33	0.08566	200% Above	No	No
16571017110	BACLOFEN 10 MG TABLET	5	60.00	0.02	0.03417	26%-50% Below	Yes	No
16571017110	BACLOFEN 10 MG TABLET	6	30.00	0.09	0.03324	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	0.10	0.06651	26%-50% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	4	60.00	0.08	0.06651	10%-25% Above	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	4	60.00	0.10	0.06651	51%-75% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	4	180.00	0.10	0.06651	26%-50% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	5	10.00	0.16	0.06665	101%-200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	5	10.00	0.21	0.06665	200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	5	14.00	0.14	0.06665	101%-200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	5	30.00	0.10	0.06665	26%-50% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	5	30.00	0.13	0.06665	76%-100% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	5	60.00	0.03	0.06665	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	60.00	0.08	0.06665	10%-25% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	5	60.00	0.10	0.06665	26%-50% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	5	60.00	0.10	0.06665	51%-75% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	5	60.00	0.13	0.06665	76%-100% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	5	60.00	0.16	0.06665	101%-200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	5	180.00	0.10	0.06665	26%-50% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	5	180.00	0.12	0.06665	51%-75% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	6	14.00	0.10	0.06602	26%-50% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	6	15.00	0.14	0.06602	101%-200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	6	24.00	0.14	0.06602	101%-200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	6	30.00	0.03	0.06602	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	6	30.00	0.14	0.06602	101%-200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	6	60.00	0.03	0.06602	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	6	60.00	0.08	0.06602	10%-25% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	6	60.00	0.10	0.06602	26%-50% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	6	60.00	0.10	0.06602	51%-75% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	6	90.00	0.12	0.06602	76%-100% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	6	180.00	0.04	0.06602	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	7	20.00	0.13	0.06457	101%-200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	7	28.00	0.14	0.06457	101%-200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	7	60.00	0.03	0.06457	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	7	60.00	0.08	0.06457	26%-50% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	7	60.00	0.10	0.06457	26%-50% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	7	60.00	0.10	0.06457	51%-75% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	7	60.00	0.13	0.06457	76%-100% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	60.00	0.14	0.06457	101%-200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	7	180.00	0.10	0.06457	26%-50% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	8	28.00	0.14	0.06357	101%-200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	8	60.00	0.10	0.06357	51%-75% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	8	180.00	0.12	0.06357	76%-100% Above	Yes	No
16571020110	DICLOFENAC SOD EC 75 MG TAB	5	60.00	0.12	0.06665	76%-100% Above	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	4	60.00	0.10	0.06651	26%-50% Above	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	5	30.00	0.10	0.06665	26%-50% Above	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	5	60.00	0.10	0.06665	26%-50% Above	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	5	60.00	0.13	0.06665	76%-100% Above	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	6	60.00	0.10	0.06602	26%-50% Above	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	6	60.00	0.13	0.06602	76%-100% Above	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	6	180.00	0.10	0.06602	26%-50% Above	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	7	60.00	0.10	0.06457	26%-50% Above	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	8	60.00	0.10	0.06357	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	20.00	0.14	0.06651	101%-200% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	4	28.00	0.10	0.06651	26%-50% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	4	60.00	0.08	0.06651	10%-25% 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	0.11	0.06651	51%-75% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	4	60.00	0.11	0.06651	51%-75% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	4	60.00	0.12	0.06651	76%-100% Above	No	No
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	0.16	0.06651	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	90.00	0.09	0.06651	26%-50% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	5	14.00	0.15	0.06665	101%-200% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	5	20.00	0.10	0.06665	26%-50% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	5	30.00	0.10	0.06665	26%-50% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	5	60.00	0.01	0.06665	76%-100% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	5	60.00	0.08	0.06665	10%-25% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	5	60.00	0.10	0.06665	26%-50% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	5	60.00	0.11	0.06665	51%-75% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	5	60.00	0.11	0.06665	51%-75% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	5	60.00	0.12	0.06665	76%-100% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	5	180.00	0.10	0.06665	26%-50% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	6	14.00	0.10	0.06602	26%-50% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	6	30.00	0.10	0.06602	26%-50% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	6	60.00	0.08	0.06602	26%-50% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	6	60.00	0.10	0.06602	26%-50% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	6	60.00	0.13	0.06602	76%-100% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	6	60.00	0.14	0.06602	101%-200% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	6	180.00	0.10	0.06602	26%-50% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	6	180.00	0.11	0.06602	51%-75% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	6	180.00	0.14	0.06602	101%-200% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	7	14.00	0.17	0.06457	101%-200% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	7	20.00	0.14	0.06457	101%-200% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	7	60.00	0.04	0.06457	26%-50% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	7	60.00	0.08	0.06457	26%-50% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	7	60.00	0.10	0.06457	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	60.00	0.12	0.06457	76%-100% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	7	60.00	0.12	0.06457	76%-100% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	7	60.00	0.13	0.06457	76%-100% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	7	90.00	0.13	0.06457	76%-100% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	7	180.00	0.03	0.06457	26%-50% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	7	180.00	0.10	0.06457	26%-50% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	8	30.00	0.10	0.06357	51%-75% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	8	60.00	0.08	0.06357	26%-50% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	8	60.00	0.10	0.06357	51%-75% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	8	60.00	0.13	0.06357	101%-200% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	8	180.00	0.10	0.06357	51%-75% Above	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	4	14.00	0.20	0.06874	101%-200% Above	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	4	90.00	0.11	0.06874	51%-75% Above	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	4	180.00	0.11	0.06874	51%-75% Above	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	5	30.00	0.11	0.06935	51%-75% Above	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	5	30.00	0.16	0.06935	101%-200% Above	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	5	60.00	0.11	0.06935	51%-75% Above	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	5	60.00	0.11	0.06935	51%-75% Above	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	6	14.00	0.20	0.06731	101%-200% Above	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	6	21.00	0.20	0.06731	101%-200% Above	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	6	60.00	0.01	0.06731	76%-100% Below	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	6	60.00	0.11	0.06731	51%-75% Above	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	6	60.00	0.18	0.06731	101%-200% Above	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	6	270.00	0.11	0.06731	51%-75% Above	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	7	15.00	0.21	0.06414	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	30.00	0.11	0.06414	51%-75% Above	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	7	60.00	0.18	0.06414	101%-200% Above	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	8	20.00	0.20	0.06229	200% Above	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	8	90.00	0.04	0.06229	26%-50% Below	No	No
16571022650	GABAPENTIN 600 MG TABLET	4	30.00	0.06	0.06919	10%-25% Below	No	No
16571022650	GABAPENTIN 600 MG TABLET	4	90.00	0.06	0.06919	10%-25% Below	No	No
16571022650	GABAPENTIN 600 MG TABLET	5	30.00	0.06	0.06824	10%-25% Below	No	No
16571022650	GABAPENTIN 600 MG TABLET	5	60.00	0.03	0.06824	26%-50% Below	No	No
16571022650	GABAPENTIN 600 MG TABLET	5	90.00	0.06	0.06824	10%-25% Below	No	No
16571022650	GABAPENTIN 600 MG TABLET	5	270.00	0.02	0.06824	51%-75% Below	No	No
16571022650	GABAPENTIN 600 MG TABLET	5	270.00	0.06	0.06824	10%-25% Below	No	No
16571022650	GABAPENTIN 600 MG TABLET	6	60.00	0.03	0.06683	26%-50% Below	No	No
16571022650	GABAPENTIN 600 MG TABLET	6	60.00	0.06	0.06683	10%-25% Below	No	No
16571022650	GABAPENTIN 600 MG TABLET	6	90.00	0.06	0.06683	10%-25% Below	No	No
16571022650	GABAPENTIN 600 MG TABLET	6	180.00	0.06	0.06683	10%-25% Below	No	No
16571022650	GABAPENTIN 600 MG TABLET	7	30.00	0.06	0.06456	10%-25% Below	No	No
16571022650	GABAPENTIN 600 MG TABLET	7	60.00	0.03	0.06456	26%-50% Below	No	No
16571022650	GABAPENTIN 600 MG TABLET	7	60.00	0.06	0.06456	10%-25% Below	No	No
16571022650	GABAPENTIN 600 MG TABLET	7	90.00	0.06	0.06456	10%-25% Below	No	No
16571022650	GABAPENTIN 600 MG TABLET	8	30.00	0.06	0.06379	10%-25% Below	No	No
16571022650	GABAPENTIN 600 MG TABLET	8	60.00	0.03	0.06379	26%-50% Below	No	No
16571022650	GABAPENTIN 600 MG TABLET	8	90.00	0.06	0.06379	10%-25% Below	No	No
16571022650	GABAPENTIN 600 MG TABLET	8	270.00	0.02	0.06379	51%-75% Below	No	No
16571022650	GABAPENTIN 600 MG TABLET	8	270.00	0.06	0.06379	10%-25% Below	No	No
16571025901	DICYCLOMINE 20 MG TABLET	7	90.00	0.10	0.05757	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571025901	DICYCLOMINE 20 MG TABLET	8	30.00	0.10	0.05867	51%-75% Above	No	No
16571040210	CETIRIZINE HCL 10 MG TABLET	7	90.00	0.09	0.06534	26%-50% Above	No	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	0.04	0.06308	26%-50% Below	No	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	0.04	0.06308	26%-50% Below	No	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	30.00	0.09	0.06308	26%-50% Above	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	4	90.00	0.02	0.06308	51%-75% Below	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	4	180.00	0.09	0.06308	26%-50% Above	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	5	15.00	0.09	0.06400	26%-50% Above	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	5	30.00	0.04	0.06400	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	5	30.00	0.04	0.06400	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	5	30.00	0.05	0.06400	10%-25% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	5	30.00	0.05	0.06400	10%-25% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	5	30.00	0.09	0.06400	26%-50% Above	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	5	30.00	0.09	0.06400	26%-50% Above	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	5	90.00	0.04	0.06400	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	5	90.00	0.04	0.06400	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	5	90.00	0.09	0.06400	26%-50% Above	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	6	30.00	0.04	0.06398	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	6	30.00	0.04	0.06398	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	30.00	0.04	0.06398	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	6	30.00	0.05	0.06398	10%-25% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	6	30.00	0.09	0.06398	26%-50% Above	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	6	30.00	0.09	0.06398	26%-50% Above	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	6	90.00	0.04	0.06398	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	6	90.00	0.09	0.06398	26%-50% Above	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	7	10.00	0.09	0.06534	26%-50% Above	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	7	10.00	0.09	0.06534	26%-50% Above	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	7	20.00	0.04	0.06534	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	7	30.00	0.04	0.06534	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	7	30.00	0.05	0.06534	10%-25% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	7	30.00	0.09	0.06534	26%-50% Above	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	7	30.00	0.09	0.06534	26%-50% Above	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	7	90.00	0.03	0.06534	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	7	90.00	0.03	0.06534	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	7	90.00	0.04	0.06534	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	7	90.00	0.04	0.06534	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	7	90.00	0.09	0.06534	26%-50% Above	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	8	10.00	0.09	0.06293	26%-50% Above	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	8	14.00	0.06	0.06293	10%-25% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	8	30.00	0.04	0.06293	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	8	30.00	0.04	0.06293	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	8	30.00	0.04	0.06293	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	8	30.00	0.05	0.06293	10%-25% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	8	30.00	0.09	0.06293	26%-50% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	90.00	0.02	0.06293	51%-75% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	8	90.00	0.07	0.06293	10%-25% Above	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	8	90.00	0.09	0.06293	26%-50% Above	Yes	No
16571041110	CIPROFLOXACIN HCL 250 MG TAB	5	14.00	0.14	0.08834	51%-75% Above	Yes	No
16571041110	CIPROFLOXACIN HCL 250 MG TAB	5	14.00	0.16	0.08834	76%-100% Above	Yes	No
16571041110	CIPROFLOXACIN HCL 250 MG TAB	7	14.00	0.34	0.07926	200% Above	Yes	No
16571041210	CIPROFLOXACIN HCL 500 MG TAB	4	1.00	0.25	0.11064	101%-200% Above	No	No
16571041210	CIPROFLOXACIN HCL 500 MG TAB	4	10.00	0.14	0.11064	26%-50% 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	0.25	0.11064	101%-200% Above	No	No
16571041210	CIPROFLOXACIN HCL 500 MG TAB	5	10.00	0.25	0.11799	101%-200% Above	No	No
16571041210	CIPROFLOXACIN HCL 500 MG TAB	5	14.00	0.15	0.11799	10%-25% Above	No	No
16571041210	CIPROFLOXACIN HCL 500 MG TAB	5	20.00	0.25	0.11799	101%-200% Above	No	No
16571041210	CIPROFLOXACIN HCL 500 MG TAB	6	6.00	0.18	0.12441	26%-50% Above	No	No
16571041210	CIPROFLOXACIN HCL 500 MG TAB	6	10.00	0.25	0.12441	76%-100% Above	No	No
16571041210	CIPROFLOXACIN HCL 500 MG TAB	6	14.00	0.25	0.12441	76%-100% Above	No	No
16571041210	CIPROFLOXACIN HCL 500 MG TAB	6	20.00	0.25	0.12441	76%-100% Above	No	No
16571041210	CIPROFLOXACIN HCL 500 MG TAB	7	20.00	0.25	0.12469	76%-100% Above	No	No
16571041210	CIPROFLOXACIN HCL 500 MG TAB	8	14.00	0.15	0.12441	10%-25% Above	No	No
16571041210	CIPROFLOXACIN HCL 500 MG TAB	8	14.00	0.15	0.12441	10%-25% Above	No	No
16571041210	CIPROFLOXACIN HCL 500 MG TAB	8	14.00	0.25	0.12441	76%-100% Above	No	No
16571041210	CIPROFLOXACIN HCL 500 MG TAB	8	22.00	0.25	0.12441	76%-100% Above	No	No
16571041210	CIPROFLOXACIN HCL 500 MG TAB	8	28.00	0.25	0.12441	76%-100% Above	No	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

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	20.00	0.06	0.11064	26%-50% Below	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	5	6.00	0.25	0.11799	101%-200% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	5	10.00	0.25	0.11799	101%-200% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	5	14.00	0.14	0.11799	10%-25% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	5	14.00	0.25	0.11799	101%-200% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	5	20.00	0.25	0.11799	101%-200% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	6	6.00	0.18	0.12441	26%-50% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	6	10.00	0.15	0.12441	10%-25% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	6	11.00	0.25	0.12441	76%-100% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	6	14.00	0.25	0.12441	76%-100% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	6	20.00	0.25	0.12441	76%-100% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	6	28.00	0.25	0.12441	76%-100% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	7	6.00	0.19	0.12469	51%-75% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	7	14.00	0.06	0.12469	51%-75% Below	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	7	14.00	0.25	0.12469	76%-100% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	7	20.00	0.25	0.12469	76%-100% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	7	28.00	0.25	0.12469	76%-100% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	7	42.00	0.25	0.12469	76%-100% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	8	6.00	0.25	0.12441	76%-100% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	8	10.00	0.25	0.12441	76%-100% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	8	14.00	0.15	0.12441	10%-25% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	8	14.00	0.25	0.12441	76%-100% Above	Yes	No
16571041305	CIPROFLOXACIN HCL 750 MG TAB	8	28.00	0.46	0.26876	51%-75% Above	Yes	No
16571066001	MECLIZINE 12.5 MG TABLET	6	90.00	0.03	0.04643	26%-50% Below	Yes	No
16571066001	MECLIZINE 12.5 MG TABLET	7	14.00	0.08	0.04651	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571066001	MECLIZINE 12.5 MG TABLET	7	42.00	0.03	0.04651	26%-50% Below	Yes	No
16571066001	MECLIZINE 12.5 MG TABLET	7	90.00	0.03	0.04651	26%-50% Below	Yes	No
16571066001	MECLIZINE 12.5 MG TABLET	8	20.00	0.04	0.04620	10%-25% Below	Yes	No
16571066001	MECLIZINE 12.5 MG TABLET	8	30.00	0.04	0.04620	10%-25% Below	Yes	No
16571066101	MECLIZINE 25 MG TABLET	4	30.00	0.10	0.07954	10%-25% Above	No	No
16571066101	MECLIZINE 25 MG TABLET	4	45.00	0.05	0.07954	26%-50% Below	Yes	No
16571066101	MECLIZINE 25 MG TABLET	5	12.00	0.07	0.08000	10%-25% Below	Yes	No
16571066101	MECLIZINE 25 MG TABLET	5	28.00	0.10	0.08000	10%-25% Above	No	No
16571066101	MECLIZINE 25 MG TABLET	5	90.00	0.10	0.08000	10%-25% Above	No	No
16571066101	MECLIZINE 25 MG TABLET	6	10.00	0.12	0.07938	26%-50% Above	Yes	No
16571066101	MECLIZINE 25 MG TABLET	6	12.00	0.07	0.07938	10%-25% Below	Yes	No
16571066101	MECLIZINE 25 MG TABLET	6	24.00	0.10	0.07938	10%-25% Above	Yes	No
16571066101	MECLIZINE 25 MG TABLET	6	30.00	0.06	0.07938	26%-50% Below	Yes	No
16571066101	MECLIZINE 25 MG TABLET	6	90.00	0.10	0.07938	10%-25% Above	No	No
16571066101	MECLIZINE 25 MG TABLET	7	20.00	0.10	0.07757	26%-50% Above	Yes	No
16571066101	MECLIZINE 25 MG TABLET	7	24.00	0.04	0.07757	26%-50% Below	Yes	No
16571066101	MECLIZINE 25 MG TABLET	7	28.00	0.05	0.07757	26%-50% Below	No	No
16571066101	MECLIZINE 25 MG TABLET	7	30.00	0.10	0.07757	26%-50% Above	No	No
16571066101	MECLIZINE 25 MG TABLET	7	30.00	0.10	0.07757	26%-50% Above	Yes	No
16571066101	MECLIZINE 25 MG TABLET	8	15.00	0.01	0.07770	76%-100% Below	No	No
16571066101	MECLIZINE 25 MG TABLET	8	30.00	0.05	0.07770	26%-50% Below	Yes	No
16571066101	MECLIZINE 25 MG TABLET	8	30.00	0.05	0.07770	26%-50% Below	No	No
16571066101	MECLIZINE 25 MG TABLET	8	30.00	0.05	0.07770	26%-50% Below	Yes	No
16571066101	MECLIZINE 25 MG TABLET	8	30.00	0.10	0.07770	26%-50% Above	Yes	No
16571066101	MECLIZINE 25 MG TABLET	8	56.00	0.10	0.07770	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	90.00	0.10	0.07770	26%-50% Above	Yes	No
16571066110	MECLIZINE 25 MG TABLET	4	30.00	0.10	0.07954	10%-25% Above	No	No
16571066110	MECLIZINE 25 MG TABLET	5	20.00	0.06	0.08000	10%-25% Below	No	No
16571066110	MECLIZINE 25 MG TABLET	5	30.00	0.10	0.08000	10%-25% Above	No	No
16571066110	MECLIZINE 25 MG TABLET	5	90.00	0.10	0.08000	10%-25% Above	No	No
16571066110	MECLIZINE 25 MG TABLET	6	30.00	0.10	0.07938	10%-25% Above	No	No
16571066110	MECLIZINE 25 MG TABLET	7	20.00	0.10	0.07757	26%-50% Above	No	No
16571066110	MECLIZINE 25 MG TABLET	7	30.00	0.10	0.07757	26%-50% Above	No	No
16571066110	MECLIZINE 25 MG TABLET	8	15.00	0.10	0.07770	26%-50% Above	No	No
16571066201	MECLIZINE 50 MG TABLET	6	14.00	1.97	2.44990	10%-25% Below	Yes	No
16571066401	METRONIDAZOLE 500 MG TABLET	7	14.00	0.16	0.10025	51%-75% Above	No	No
16571066450	METRONIDAZOLE 500 MG TABLET	7	6.00	0.08	0.10025	10%-25% Below	No	No
16571066450	METRONIDAZOLE 500 MG TABLET	8	4.00	0.16	0.10116	51%-75% Above	No	No
16571067301	PHENOBARBITAL 32.4 MG TABLET	6	270.00	0.38	0.07573	200% Above	No	No
16571067701	BUMETANIDE 2 MG TABLET	7	30.00	0.50	0.17167	101%-200% Above	No	No
16571067801	BUMETANIDE 1 MG TABLET	4	30.00	0.33	0.11179	101%-200% Above	Yes	No
16571067801	BUMETANIDE 1 MG TABLET	5	30.00	0.33	0.11340	101%-200% Above	Yes	No
16571067801	BUMETANIDE 1 MG TABLET	6	30.00	0.33	0.11090	101%-200% Above	Yes	No
16571067801	BUMETANIDE 1 MG TABLET	7	30.00	0.33	0.10782	200% Above	Yes	No
16571067801	BUMETANIDE 1 MG TABLET	7	30.00	0.50	0.10782	200% Above	No	No
16571067801	BUMETANIDE 1 MG TABLET	8	30.00	0.33	0.10752	200% Above	Yes	No
16571068201	CARBAMAZEPINE ER 400 MG TABLET	5	60.00	0.25	0.60091	51%-75% Below	No	No
16571068201	CARBAMAZEPINE ER 400 MG TABLET	6	60.00	0.25	0.60703	51%-75% Below	No	No
16571068201	CARBAMAZEPINE ER 400 MG TABLET	7	60.00	0.40	0.61752	26%-50% Below	No	No
16571068201	CARBAMAZEPINE ER 400 MG TABLET	8	60.00	0.40	0.61327	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571074309	GLYCOPYRROLATE 1 MG TABLET	4	45.00	0.06	0.10273	26%-50% Below	No	No
16571074309	GLYCOPYRROLATE 1 MG TABLET	4	120.00	0.06	0.10273	26%-50% Below	No	No
16571074309	GLYCOPYRROLATE 1 MG TABLET	5	120.00	0.06	0.10388	26%-50% Below	No	No
16571074309	GLYCOPYRROLATE 1 MG TABLET	6	30.00	0.06	0.10123	26%-50% Below	No	No
16571074309	GLYCOPYRROLATE 1 MG TABLET	6	45.00	0.06	0.10123	26%-50% Below	No	No
16571074309	GLYCOPYRROLATE 1 MG TABLET	7	45.00	0.06	0.10020	26%-50% Below	No	No
16571074309	GLYCOPYRROLATE 1 MG TABLET	7	120.00	0.06	0.10020	26%-50% Below	No	No
16571074309	GLYCOPYRROLATE 1 MG TABLET	8	40.00	0.06	0.09880	26%-50% Below	No	No
16571074409	GLYCOPYRROLATE 2 MG TABLET	6	120.00	0.10	0.14624	26%-50% Below	No	No
16571074409	GLYCOPYRROLATE 2 MG TABLET	7	120.00	0.10	0.14751	26%-50% Below	No	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	0.10	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	No	No
16571075501	ESCITALOPRAM 5 MG TABLET	4	90.00	0.08	0.04127	101%-200% Above	Yes	No
16571075501	ESCITALOPRAM 5 MG TABLET	4	90.00	0.10	0.04127	101%-200% 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	5	30.00	0.11	0.04188	101%-200% Above	Yes	No
16571075501	ESCITALOPRAM 5 MG TABLET	5	30.00	0.11	0.04188	101%-200% Above	Yes	No
16571075501	ESCITALOPRAM 5 MG TABLET	5	30.00	0.12	0.04188	101%-200% Above	Yes	No
16571075501	ESCITALOPRAM 5 MG TABLET	5	90.00	0.08	0.04188	76%-100% Above	Yes	No
16571075501	ESCITALOPRAM 5 MG TABLET	6	30.00	0.11	0.04215	101%-200% Above	Yes	No
16571075501	ESCITALOPRAM 5 MG TABLET	6	30.00	0.11	0.04215	101%-200% Above	Yes	No
16571075501	ESCITALOPRAM 5 MG TABLET	6	30.00	0.12	0.04215	101%-200% Above	Yes	No
16571075501	ESCITALOPRAM 5 MG TABLET	6	90.00	0.09	0.04215	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	90.00	0.12	0.04215	101%-200% Above	Yes	No
16571075501	ESCITALOPRAM 5 MG TABLET	7	30.00	0.10	0.04234	101%-200% Above	Yes	No
16571075501	ESCITALOPRAM 5 MG TABLET	7	30.00	0.12	0.04234	101%-200% Above	Yes	No
16571075501	ESCITALOPRAM 5 MG TABLET	7	60.00	0.11	0.04234	101%-200% Above	Yes	No
16571075501	ESCITALOPRAM 5 MG TABLET	7	90.00	0.10	0.04234	101%-200% Above	Yes	No
16571075501	ESCITALOPRAM 5 MG TABLET	8	30.00	0.10	0.04192	101%-200% Above	Yes	No
16571075501	ESCITALOPRAM 5 MG TABLET	8	67.00	0.10	0.04192	101%-200% Above	Yes	No
16571075510	ESCITALOPRAM 5 MG TABLET	4	30.00	0.12	0.04127	101%-200% Above	No	No
16571075510	ESCITALOPRAM 5 MG TABLET	4	90.00	0.01	0.04127	51%-75% Below	No	No
16571075510	ESCITALOPRAM 5 MG TABLET	5	30.00	0.10	0.04188	101%-200% Above	No	No
16571075510	ESCITALOPRAM 5 MG TABLET	5	30.00	0.12	0.04188	101%-200% Above	No	No
16571075510	ESCITALOPRAM 5 MG TABLET	5	90.00	0.07	0.04188	51%-75% Above	No	No
16571075510	ESCITALOPRAM 5 MG TABLET	5	90.00	0.08	0.04188	76%-100% Above	No	No
16571075510	ESCITALOPRAM 5 MG TABLET	5	90.00	0.12	0.04188	101%-200% Above	No	No
16571075510	ESCITALOPRAM 5 MG TABLET	6	30.00	0.10	0.04215	101%-200% Above	No	No
16571075510	ESCITALOPRAM 5 MG TABLET	6	30.00	0.12	0.04215	101%-200% Above	No	No
16571075510	ESCITALOPRAM 5 MG TABLET	7	30.00	0.09	0.04234	101%-200% Above	No	No
16571075510	ESCITALOPRAM 5 MG TABLET	7	30.00	0.10	0.04234	101%-200% Above	No	No
16571075510	ESCITALOPRAM 5 MG TABLET	7	30.00	0.12	0.04234	101%-200% Above	No	No
16571075510	ESCITALOPRAM 5 MG TABLET	7	90.00	0.12	0.04234	101%-200% Above	No	No
16571075510	ESCITALOPRAM 5 MG TABLET	8	30.00	0.09	0.04192	101%-200% Above	No	No
16571075510	ESCITALOPRAM 5 MG TABLET	8	30.00	0.10	0.04192	101%-200% Above	No	No
16571075510	ESCITALOPRAM 5 MG TABLET	8	90.00	0.08	0.04192	76%-100% Above	No	No
16571075601	ESCITALOPRAM 10 MG TABLET	4	30.00	0.13	0.04013	200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	4	60.00	0.13	0.04013	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	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	5	15.00	0.13	0.03977	200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	5	30.00	0.11	0.03977	101%-200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	5	30.00	0.13	0.03977	200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	5	45.00	0.02	0.03977	26%-50% Below	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	5	45.00	0.11	0.03977	101%-200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	5	90.00	0.10	0.03977	101%-200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	5	90.00	0.13	0.03977	200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	5	135.00	0.07	0.03977	51%-75% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	6	15.00	0.13	0.03941	200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	6	30.00	0.11	0.03941	101%-200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	6	30.00	0.12	0.03941	101%-200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	6	30.00	0.13	0.03941	200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	6	45.00	0.02	0.03941	26%-50% Below	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	6	87.00	0.13	0.03941	200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	6	90.00	0.07	0.03941	76%-100% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	6	90.00	0.09	0.03941	101%-200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	6	90.00	0.10	0.03941	101%-200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	6	90.00	0.13	0.03941	200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	6	135.00	0.09	0.03941	101%-200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	6	135.00	0.11	0.03941	101%-200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	6	135.00	0.13	0.03941	200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	7	30.00	0.09	0.03914	101%-200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	7	30.00	0.10	0.03914	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	30.00	0.10	0.03914	101%-200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	7	30.00	0.13	0.03914	200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	7	45.00	0.10	0.03914	101%-200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	7	90.00	0.02	0.03914	26%-50% Below	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	7	90.00	0.08	0.03914	101%-200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	7	90.00	0.10	0.03914	101%-200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	7	90.00	0.10	0.03914	101%-200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	7	90.00	0.11	0.03914	101%-200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	7	90.00	0.13	0.03914	200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	7	135.00	0.10	0.03914	101%-200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	8	30.00	0.10	0.03940	101%-200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	8	30.00	0.13	0.03940	200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	8	45.00	0.10	0.03940	101%-200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	8	60.00	0.08	0.03940	101%-200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	8	90.00	0.08	0.03940	101%-200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	8	90.00	0.13	0.03940	200% Above	Yes	No
16571075610	ESCITALOPRAM 10 MG TABLET	4	30.00	0.01	0.04013	51%-75% Below	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	4	30.00	0.01	0.04013	51%-75% Below	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	4	30.00	0.09	0.04013	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	4	30.00	0.10	0.04013	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	4	30.00	0.13	0.04013	200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	4	45.00	0.13	0.04013	200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	4	90.00	0.09	0.04013	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	4	90.00	0.13	0.04013	200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	5	30.00	0.01	0.03977	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	30.00	0.04	0.03977	10%-25% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	5	30.00	0.09	0.03977	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	5	30.00	0.10	0.03977	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	5	30.00	0.13	0.03977	200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	5	90.00	0.01	0.03977	51%-75% Below	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	5	90.00	0.07	0.03977	51%-75% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	5	90.00	0.08	0.03977	76%-100% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	5	90.00	0.09	0.03977	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	5	90.00	0.10	0.03977	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	5	90.00	0.13	0.03977	200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	6	30.00	0.01	0.03941	51%-75% Below	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	6	30.00	0.09	0.03941	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	6	30.00	0.10	0.03941	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	6	30.00	0.13	0.03941	200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	6	90.00	0.01	0.03941	51%-75% Below	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	6	90.00	0.07	0.03941	76%-100% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	6	90.00	0.09	0.03941	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	6	90.00	0.11	0.03941	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	6	90.00	0.13	0.03941	200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	7	30.00	0.01	0.03914	51%-75% Below	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	7	30.00	0.09	0.03914	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	7	30.00	0.10	0.03914	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	7	30.00	0.10	0.03914	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	7	30.00	0.13	0.03914	200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	7	30.00	0.13	0.03914	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	45.00	0.09	0.03914	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	7	45.00	0.13	0.03914	200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	7	90.00	0.01	0.03914	51%-75% Below	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	7	90.00	0.08	0.03914	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	7	90.00	0.09	0.03914	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	7	90.00	0.11	0.03914	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	7	90.00	0.13	0.03914	200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	8	30.00	0.09	0.03940	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	8	30.00	0.10	0.03940	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	8	30.00	0.10	0.03940	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	8	30.00	0.13	0.03940	200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	8	90.00	0.08	0.03940	76%-100% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	8	90.00	0.08	0.03940	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	8	90.00	0.09	0.03940	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	8	90.00	0.09	0.03940	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	8	90.00	0.13	0.03940	200% Above	No	No
16571075701	ESCITALOPRAM 20 MG TABLET	4	30.00	0.03	0.06129	26%-50% Below	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	0.11	0.06129	76%-100% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	4	45.00	0.11	0.06129	76%-100% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	4	90.00	0.03	0.06129	26%-50% Below	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	4	90.00	0.11	0.06129	76%-100% 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	4	90.00	0.13	0.06129	101%-200% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	4	90.00	0.13	0.06129	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	30.00	0.03	0.06332	51%-75% Below	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	5	30.00	0.11	0.06332	76%-100% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	5	30.00	0.13	0.06332	101%-200% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	5	90.00	0.03	0.06332	51%-75% Below	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	5	90.00	0.11	0.06332	51%-75% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	5	90.00	0.11	0.06332	76%-100% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	6	30.00	0.03	0.06389	51%-75% Below	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	6	30.00	0.11	0.06389	76%-100% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	6	30.00	0.13	0.06389	101%-200% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	6	45.00	0.11	0.06389	51%-75% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	6	90.00	0.09	0.06389	26%-50% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	6	90.00	0.09	0.06389	26%-50% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	6	90.00	0.11	0.06389	51%-75% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	6	90.00	0.11	0.06389	76%-100% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	6	90.00	0.13	0.06389	76%-100% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	7	30.00	0.03	0.06372	51%-75% Below	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	7	30.00	0.11	0.06372	76%-100% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	7	90.00	0.09	0.06372	26%-50% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	7	90.00	0.09	0.06372	26%-50% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	7	90.00	0.10	0.06372	51%-75% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	7	90.00	0.11	0.06372	51%-75% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	7	90.00	0.11	0.06372	76%-100% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	7	90.00	0.13	0.06372	101%-200% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	8	30.00	0.03	0.06278	51%-75% Below	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	8	30.00	0.11	0.06278	76%-100% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	45.00	0.11	0.06278	51%-75% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	8	90.00	0.09	0.06278	26%-50% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	8	90.00	0.11	0.06278	51%-75% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	8	90.00	0.11	0.06278	76%-100% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	8	90.00	0.11	0.06278	76%-100% Above	Yes	No
16571075710	ESCITALOPRAM 20 MG TABLET	4	30.00	0.11	0.06129	76%-100% Above	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	4	30.00	0.13	0.06129	101%-200% Above	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	4	30.00	0.14	0.06129	101%-200% 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	5	30.00	0.11	0.06332	76%-100% Above	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	5	30.00	0.14	0.06332	101%-200% Above	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	5	90.00	0.11	0.06332	76%-100% Above	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	5	90.00	0.13	0.06332	101%-200% Above	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	5	135.00	0.11	0.06332	76%-100% Above	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	6	30.00	0.01	0.06389	76%-100% Below	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	6	30.00	0.11	0.06389	76%-100% Above	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	6	90.00	0.01	0.06389	76%-100% Below	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	6	90.00	0.11	0.06389	51%-75% Above	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	6	90.00	0.11	0.06389	76%-100% Above	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	6	90.00	0.13	0.06389	76%-100% Above	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	6	90.00	0.13	0.06389	101%-200% Above	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	7	30.00	0.01	0.06372	76%-100% Below	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	7	30.00	0.11	0.06372	76%-100% Above	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	7	60.00	0.11	0.06372	76%-100% Above	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	7	90.00	0.13	0.06372	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	30.00	0.11	0.06278	76%-100% Above	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	8	90.00	0.10	0.06278	51%-75% Above	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	8	90.00	0.11	0.06278	51%-75% Above	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	8	90.00	0.11	0.06278	76%-100% Above	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	8	90.00	0.13	0.06278	101%-200% Above	No	No
16571077550	GLIMEPIRIDE 4 MG TABLET	4	90.00	0.08	0.04722	51%-75% Above	No	No
16571077550	GLIMEPIRIDE 4 MG TABLET	4	90.00	0.18	0.04722	200% Above	No	No
16571078450	GEMFIBROZIL 600 MG TABLET	5	180.00	0.06	0.10364	26%-50% Below	No	No
16571081450	DENTA 5000 PLUS CREAM	2	51.00	0.04	0.06660	26%-50% Below	Yes	No
16571081450	DENTA 5000 PLUS CREAM	4	51.00	0.10	0.06510	26%-50% Above	Yes	No
16571081450	DENTA 5000 PLUS CREAM	4	153.00	0.03	0.06510	26%-50% Below	Yes	No
16571081450	DENTA 5000 PLUS CREAM	6	51.00	0.09	0.06524	26%-50% Above	No	No
16571081450	DENTA 5000 PLUS CREAM	6	51.00	0.09	0.06524	26%-50% Above	Yes	No
16571081450	DENTA 5000 PLUS CREAM	7	51.00	0.09	0.06526	26%-50% Above	No	No
16571081450	DENTA 5000 PLUS CREAM	7	51.00	0.09	0.06526	26%-50% Above	Yes	No
16571081450	DENTA 5000 PLUS CREAM	8	51.00	0.09	0.06527	26%-50% Above	No	No
16571081560	DENTAGEL 1.1% GEL	7	56.00	0.08	0.10753	10%-25% Below	Yes	No
16571081560	DENTAGEL 1.1% GEL	8	56.00	0.09	0.10979	10%-25% Below	No	No
16571082201	LORATADINE 10 MG TABLET	4	30.00	0.04	0.05851	26%-50% Below	No	No
16571082201	LORATADINE 10 MG TABLET	5	30.00	0.04	0.05293	10%-25% Below	No	No
16571082201	LORATADINE 10 MG TABLET	5	90.00	0.04	0.05293	10%-25% Below	No	No
16571082201	LORATADINE 10 MG TABLET	6	30.00	0.03	0.05248	26%-50% Below	No	No
16571082201	LORATADINE 10 MG TABLET	7	90.00	0.03	0.05231	26%-50% Below	No	No
16571082230	LORATADINE 10 MG TABLET	4	15.00	0.01	0.05319	76%-100% Below	No	No
16571082230	LORATADINE 10 MG TABLET	5	30.00	0.03	0.05293	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571082230	LORATADINE 10 MG TABLET	6	90.00	0.02	0.05248	51%-75% Below	No	No
16571082230	LORATADINE 10 MG TABLET	6	90.00	0.04	0.05248	10%-25% Below	No	No
16571084350	POTASSIUM CL ER 10 MEQ TABLET	6	90.00	0.04	0.08826	51%-75% Below	No	No
16571084350	POTASSIUM CL ER 10 MEQ TABLET	7	90.00	0.09	0.08496	10%-25% Above	No	No
16571084350	POTASSIUM CL ER 10 MEQ TABLET	8	30.00	0.09	0.08375	10%-25% Above	No	No
16571085601	PENTOXIFYLLINE ER 400 MG TAB	4	60.00	0.13	0.24043	26%-50% Below	No	No
16571085601	PENTOXIFYLLINE ER 400 MG TAB	5	60.00	0.13	0.24225	26%-50% Below	No	No
16571085601	PENTOXIFYLLINE ER 400 MG TAB	7	60.00	0.13	0.23299	26%-50% Below	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	1	60.00	0.25	0.08572	101%-200% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	2	60.00	0.25	0.07856	200% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.01	0.07697	76%-100% Below	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	90.00	0.42	0.07697	200% Above	No	No
16571086250	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.33	0.07697	200% Above	Yes	No
16571086250	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.43	0.07697	200% Above	Yes	No
16571086250	BUPROPION HCL XL 150 MG TABLET	5	30.00	0.43	0.07895	200% Above	Yes	No
16571086250	BUPROPION HCL XL 150 MG TABLET	5	30.00	0.50	0.07895	200% Above	No	No
16571086250	BUPROPION HCL XL 150 MG TABLET	5	90.00	0.43	0.07895	200% Above	Yes	No
16571086250	BUPROPION HCL XL 150 MG TABLET	6	30.00	0.43	0.07787	200% Above	No	No
16571086250	BUPROPION HCL XL 150 MG TABLET	6	90.00	0.22	0.07787	101%-200% Above	No	No
16571086250	BUPROPION HCL XL 150 MG TABLET	6	90.00	0.43	0.07787	200% Above	Yes	No
16571086250	BUPROPION HCL XL 150 MG TABLET	7	30.00	0.05	0.07775	26%-50% Below	No	No
16571086250	BUPROPION HCL XL 150 MG TABLET	7	60.00	0.43	0.07775	200% Above	No	No
16571086250	BUPROPION HCL XL 150 MG TABLET	7	90.00	0.42	0.07775	200% Above	Yes	No
16571086250	BUPROPION HCL XL 150 MG TABLET	7	90.00	0.43	0.07775	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	180.00	0.33	0.07775	200% Above	Yes	No
16571086250	BUPROPION HCL XL 150 MG TABLET	8	180.00	0.25	0.07872	200% Above	Yes	No
16571086303	BUPROPION HCL XL 300 MG TABLET	5	90.00	0.39	0.11542	200% Above	Yes	No
16571086303	BUPROPION HCL XL 300 MG TABLET	6	90.00	0.32	0.11150	101%-200% Above	Yes	No
16571086303	BUPROPION HCL XL 300 MG TABLET	6	90.00	0.39	0.11150	200% Above	Yes	No
16571086303	BUPROPION HCL XL 300 MG TABLET	8	90.00	0.39	0.10137	200% Above	Yes	No
16571086350	BUPROPION HCL XL 300 MG TABLET	4	90.00	0.39	0.11025	200% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	6	30.00	0.39	0.11150	200% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	7	30.00	0.39	0.10412	200% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	7	90.00	0.33	0.10412	200% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	7	90.00	0.39	0.10412	200% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	8	30.00	0.39	0.10137	200% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	8	30.00	0.50	0.10137	200% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	8	90.00	0.33	0.10137	200% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	8	90.00	0.39	0.10137	200% Above	No	No
16571086750	GABAPENTIN 100 MG CAPSULE	6	270.00	0.05	0.02098	101%-200% Above	Yes	No
16571086810	GABAPENTIN 300 MG CAPSULE	4	270.00	0.06	0.03246	76%-100% Above	No	No
16571086810	GABAPENTIN 300 MG CAPSULE	5	180.00	0.06	0.03246	76%-100% Above	Yes	No
16571086810	GABAPENTIN 300 MG CAPSULE	6	60.00	0.06	0.03245	76%-100% Above	No	No
16571086810	GABAPENTIN 300 MG CAPSULE	6	180.00	0.06	0.03245	76%-100% Above	Yes	No
16571086810	GABAPENTIN 300 MG CAPSULE	7	270.00	0.06	0.03078	76%-100% Above	No	No
16571086810	GABAPENTIN 300 MG CAPSULE	8	90.00	0.06	0.03015	101%-200% Above	No	No
16571086810	GABAPENTIN 300 MG CAPSULE	8	180.00	0.06	0.03015	101%-200% Above	Yes	No
16571086850	GABAPENTIN 300 MG CAPSULE	4	90.00	0.03	0.03246	10%-25% Below	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	4	90.00	0.06	0.03246	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	360.00	0.06	0.03246	76%-100% Above	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	5	30.00	0.06	0.03246	76%-100% Above	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	5	90.00	0.01	0.03246	51%-75% Below	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	5	90.00	0.03	0.03246	10%-25% Below	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	5	90.00	0.06	0.03246	76%-100% Above	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	5	180.00	0.02	0.03246	26%-50% Below	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	5	180.00	0.03	0.03246	10%-25% Below	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	5	270.00	0.02	0.03246	26%-50% Below	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	5	270.00	0.06	0.03246	76%-100% Above	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	6	30.00	0.01	0.03245	51%-75% Below	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	6	90.00	0.01	0.03245	51%-75% Below	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	6	90.00	0.03	0.03245	10%-25% Below	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	6	90.00	0.04	0.03245	10%-25% Above	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	6	180.00	0.03	0.03245	10%-25% Below	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	6	180.00	0.06	0.03245	76%-100% Above	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	7	90.00	0.01	0.03078	51%-75% Below	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	7	90.00	0.03	0.03078	10%-25% Below	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	7	90.00	0.03	0.03078	10%-25% Below	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	7	90.00	0.06	0.03078	76%-100% Above	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	7	180.00	0.02	0.03078	26%-50% Below	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	7	180.00	0.05	0.03078	51%-75% Above	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	7	270.00	0.06	0.03078	76%-100% Above	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	7	360.00	0.06	0.03078	76%-100% Above	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	8	90.00	0.03	0.03015	10%-25% Below	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	8	90.00	0.06	0.03015	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	120.00	0.06	0.03015	101%-200% Above	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	8	180.00	0.06	0.03015	101%-200% Above	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	8	270.00	0.02	0.03015	26%-50% Below	No	No
16571086950	GABAPENTIN 400 MG CAPSULE	4	90.00	0.02	0.03959	26%-50% Below	No	No
16571086950	GABAPENTIN 400 MG CAPSULE	7	90.00	0.02	0.04063	51%-75% Below	No	No
16571086950	GABAPENTIN 400 MG CAPSULE	7	90.00	0.02	0.04063	26%-50% Below	No	No
16571088110	FOLIC ACID 1 MG TABLET	4	30.00	0.02	0.01899	10%-25% Above	No	No
16571088110	FOLIC ACID 1 MG TABLET	4	30.00	0.02	0.01899	26%-50% Above	No	No
16571088110	FOLIC ACID 1 MG TABLET	4	90.00	0.02	0.01899	10%-25% Below	No	No
16571088110	FOLIC ACID 1 MG TABLET	5	30.00	0.02	0.01926	10%-25% Above	No	No
16571088110	FOLIC ACID 1 MG TABLET	5	90.00	0.02	0.01926	26%-50% Above	No	No
16571088110	FOLIC ACID 1 MG TABLET	6	30.00	0.02	0.01929	10%-25% Above	No	No
16571088110	FOLIC ACID 1 MG TABLET	6	30.00	0.02	0.01929	26%-50% Above	No	No
16571088110	FOLIC ACID 1 MG TABLET	6	90.00	0.02	0.01929	26%-50% Above	No	No
16571088110	FOLIC ACID 1 MG TABLET	7	30.00	0.02	0.01974	10%-25% Above	No	No
16571088110	FOLIC ACID 1 MG TABLET	7	30.00	0.02	0.01974	10%-25% Above	No	No
16571088110	FOLIC ACID 1 MG TABLET	7	90.00	0.02	0.01974	10%-25% Above	No	No
16571088110	FOLIC ACID 1 MG TABLET	8	90.00	0.01	0.01935	26%-50% Below	No	No
16571088110	FOLIC ACID 1 MG TABLET	8	90.00	0.02	0.01935	26%-50% Above	No	No
16571088310	ALLOPURINOL 100 MG TABLET	8	30.00	0.08	0.03170	101%-200% Above	No	No
16571088409	ALLOPURINOL 200 MG TABLET	4	30.00	1.37	3.26444	51%-75% Below	No	No
16571088409	ALLOPURINOL 200 MG TABLET	5	30.00	1.37	2.88122	51%-75% Below	No	No
16571088409	ALLOPURINOL 200 MG TABLET	6	30.00	1.37	2.52822	26%-50% Below	No	No
16571088409	ALLOPURINOL 200 MG TABLET	6	90.00	0.54	2.52822	76%-100% Below	Yes	No
16714000801	ISOSORBIDE DINITRATE 10 MG TAB	5	90.00	0.35	0.19429	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714000901	ISOSORBIDE DINITRATE 20 MG TAB	5	180.00	0.13	0.19497	26%-50% Below	No	No
16714001610	ENOXAPARIN 40 MG/0.4 ML SYR	7	1.20	6.61	8.10400	10%-25% Below	No	No
16714003502	LEVETIRACETAM 500 MG TABLET	4	90.00	0.13	0.07798	51%-75% Above	No	No
16714003502	LEVETIRACETAM 500 MG TABLET	7	90.00	0.13	0.07506	76%-100% Above	No	No
16714003902	COLCHICINE 0.6 MG TABLET	6	30.00	0.90	0.12874	200% Above	No	No
16714003902	COLCHICINE 0.6 MG TABLET	7	30.00	0.90	0.12239	200% Above	No	No
16714004610	ENOXAPARIN 100 MG/ML SYRINGE	8	10.00	5.83	6.59327	10%-25% Below	No	No
16714005203	CLOPIDOGREL 75 MG TABLET	4	90.00	0.10	0.04802	101%-200% Above	No	No
16714005203	CLOPIDOGREL 75 MG TABLET	6	90.00	0.10	0.04768	101%-200% Above	No	No
16714005203	CLOPIDOGREL 75 MG TABLET	8	90.00	0.10	0.04704	101%-200% Above	No	No
16714005901	FEBUXOSTAT 40 MG TABLET	4	30.00	1.36	0.21615	200% Above	No	No
16714005901	FEBUXOSTAT 40 MG TABLET	5	30.00	1.36	0.21163	200% Above	No	No
16714005901	FEBUXOSTAT 40 MG TABLET	6	30.00	1.36	0.21277	200% Above	No	No
16714005901	FEBUXOSTAT 40 MG TABLET	6	90.00	1.36	0.21277	200% Above	No	No
16714005901	FEBUXOSTAT 40 MG TABLET	7	30.00	1.36	0.21156	200% Above	No	No
16714007106	BACLOFEN 10 MG TABLET	5	30.00	0.09	0.03417	101%-200% Above	No	No
16714007106	BACLOFEN 10 MG TABLET	7	30.00	0.09	0.03210	101%-200% Above	No	No
16714007106	BACLOFEN 10 MG TABLET	8	30.00	0.09	0.03148	101%-200% Above	No	No
16714008110	HYDROXYZINE HCL 10 MG TABLET	5	20.00	0.07	0.03117	101%-200% Above	No	No
16714008110	HYDROXYZINE HCL 10 MG TABLET	5	30.00	0.07	0.03117	101%-200% Above	No	No
16714008110	HYDROXYZINE HCL 10 MG TABLET	5	60.00	0.06	0.03117	76%-100% Above	No	No
16714008110	HYDROXYZINE HCL 10 MG TABLET	6	60.00	0.06	0.03017	101%-200% Above	No	No
16714008110	HYDROXYZINE HCL 10 MG TABLET	6	60.00	0.07	0.03017	101%-200% Above	No	No
16714008110	HYDROXYZINE HCL 10 MG TABLET	6	90.00	0.07	0.03017	101%-200% Above	No	No
16714008110	HYDROXYZINE HCL 10 MG TABLET	8	60.00	0.07	0.02856	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714008111	HYDROXYZINE HCL 10 MG TABLET	5	60.00	0.07	0.03117	101%-200% Above	No	No
16714008211	HYDROXYZINE HCL 25 MG TABLET	4	90.00	0.08	0.03456	101%-200% Above	No	No
16714008211	HYDROXYZINE HCL 25 MG TABLET	7	480.00	0.04	0.03501	10%-25% Above	No	No
16714008212	HYDROXYZINE HCL 25 MG TABLET	5	60.00	0.08	0.03562	101%-200% Above	No	No
16714008212	HYDROXYZINE HCL 25 MG TABLET	6	14.00	0.10	0.03558	101%-200% Above	No	No
16714008212	HYDROXYZINE HCL 25 MG TABLET	6	30.00	0.08	0.03558	101%-200% Above	No	No
16714008212	HYDROXYZINE HCL 25 MG TABLET	7	30.00	0.08	0.03501	101%-200% Above	No	No
16714008212	HYDROXYZINE HCL 25 MG TABLET	7	60.00	0.08	0.03501	101%-200% Above	No	No
16714008212	HYDROXYZINE HCL 25 MG TABLET	7	90.00	0.08	0.03501	101%-200% Above	No	No
16714008212	HYDROXYZINE HCL 25 MG TABLET	8	40.00	0.08	0.03417	101%-200% Above	No	No
16714008212	HYDROXYZINE HCL 25 MG TABLET	8	60.00	0.08	0.03417	101%-200% Above	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	4	90.00	0.10	0.06161	51%-75% Above	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	6	120.00	0.10	0.05962	51%-75% Above	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	8	7.00	0.09	0.05831	51%-75% Above	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	8	30.00	0.09	0.05831	51%-75% Above	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	8	90.00	0.09	0.05831	26%-50% Above	No	No
16714011002	HYDROXYCHLOROQUINE 200 MG TAB	6	180.00	0.45	0.15450	101%-200% Above	No	No
16714011201	FLUOXETINE HCL 10 MG TABLET	8	30.00	0.21	0.07135	101%-200% Above	No	No
16714011202	FLUOXETINE HCL 10 MG TABLET	5	30.00	0.21	0.06677	200% Above	No	No
16714011202	FLUOXETINE HCL 10 MG TABLET	6	30.00	0.21	0.06786	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	5	30.00	0.12	0.05068	101%-200% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	5	30.00	0.17	0.05068	200% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	5	90.00	0.12	0.05068	101%-200% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	6	30.00	0.12	0.05046	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	6	30.00	0.16	0.05046	200% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	6	30.00	0.17	0.05046	200% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	7	30.00	0.12	0.05015	101%-200% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	7	30.00	0.17	0.05015	200% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	7	90.00	0.12	0.05015	101%-200% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	7	90.00	0.12	0.05015	101%-200% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	8	30.00	0.12	0.04942	101%-200% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	8	30.00	0.17	0.04942	200% Above	No	No
16714012303	OMEPRAZOLE DR 40 MG CAPSULE	5	90.00	0.03	0.05068	26%-50% Below	No	No
16714012801	CHLORTHALIDONE 25 MG TABLET	6	90.00	0.22	0.08822	101%-200% Above	No	No
16714012801	CHLORTHALIDONE 25 MG TABLET	7	90.00	0.16	0.08478	76%-100% Above	No	No
16714014101	ARIPIPRAZOLE 2 MG TABLET	5	30.00	0.50	0.11262	200% Above	No	No
16714014101	ARIPIPRAZOLE 2 MG TABLET	7	30.00	0.50	0.10263	200% Above	No	No
16714014301	ARIPIPRAZOLE 10 MG TABLET	5	30.00	0.52	0.09965	200% Above	No	No
16714014301	ARIPIPRAZOLE 10 MG TABLET	6	30.00	0.52	0.09796	200% Above	No	No
16714014301	ARIPIPRAZOLE 10 MG TABLET	7	30.00	0.52	0.09799	200% Above	No	No
16714014301	ARIPIPRAZOLE 10 MG TABLET	7	90.00	0.52	0.09799	200% Above	No	No
16714014301	ARIPIPRAZOLE 10 MG TABLET	8	30.00	0.52	0.10488	200% Above	No	No
16714015801	PROGESTERONE 200 MG CAPSULE	5	90.00	0.17	0.40678	51%-75% Below	No	No
16714015801	PROGESTERONE 200 MG CAPSULE	8	7.00	0.79	0.41702	76%-100% Above	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	4	18.00	0.05	0.06330	26%-50% Below	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	5	18.00	0.05	0.06409	26%-50% Below	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	5	18.00	0.19	0.06409	101%-200% Above	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	6	3.00	0.14	0.06312	101%-200% Above	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	7	18.00	0.19	0.06125	200% Above	No	No

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16714016001	ONDANSETRON HCL 8 MG TABLET	6	18.00	0.24	0.08806	101%-200% Above	No	No
16714016001	ONDANSETRON HCL 8 MG TABLET	7	10.00	0.05	0.08451	26%-50% Below	No	No
16714016001	ONDANSETRON HCL 8 MG TABLET	7	30.00	0.24	0.08451	101%-200% Above	No	No
16714016102	CLINDAMYCIN PH 1% GEL	7	60.00	0.27	0.12907	101%-200% Above	No	No
16714016601	LIOTHYRONINE SOD 5 MCG TAB	5	60.00	0.14	0.21877	26%-50% Below	No	No
16714016601	LIOTHYRONINE SOD 5 MCG TAB	5	90.00	0.27	0.21877	10%-25% Above	No	No
16714017101	TIZANIDINE HCL 2 MG TABLET	6	30.00	0.11	0.03086	200% Above	No	No
16714017101	TIZANIDINE HCL 2 MG TABLET	7	7.00	0.11	0.02988	200% Above	No	No
16714017202	TIZANIDINE HCL 4 MG TABLET	4	12.00	0.09	0.03342	101%-200% Above	No	No
16714017202	TIZANIDINE HCL 4 MG TABLET	4	60.00	0.02	0.03342	26%-50% Below	No	No
16714017202	TIZANIDINE HCL 4 MG TABLET	7	10.00	0.05	0.03227	51%-75% Above	No	No
16714017202	TIZANIDINE HCL 4 MG TABLET	8	60.00	0.02	0.03192	26%-50% Below	No	No
16714017503	ATORVASTATIN 40 MG TABLET	4	30.00	0.18	0.03828	200% Above	No	No
16714018204	PAROXETINE HCL 20 MG TABLET	5	30.00	0.12	0.06891	76%-100% Above	No	No
16714018204	PAROXETINE HCL 20 MG TABLET	6	90.00	0.12	0.06742	76%-100% Above	No	No
16714019501	LAMOTRIGINE 100 MG TABLET	4	180.00	0.06	0.04454	26%-50% Above	No	No
16714019501	LAMOTRIGINE 100 MG TABLET	6	180.00	0.09	0.04682	76%-100% Above	No	No
16714019501	LAMOTRIGINE 100 MG TABLET	7	180.00	0.06	0.04776	26%-50% Above	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	3	6.00	0.27	0.15006	76%-100% Above	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	5	18.00	0.26	0.13346	76%-100% Above	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	6	10.00	0.26	0.12773	101%-200% Above	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	6	18.00	0.09	0.12773	26%-50% Below	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	6	18.00	0.26	0.12773	101%-200% Above	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	7	18.00	0.26	0.12182	101%-200% Above	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	7	20.00	0.26	0.12182	101%-200% Above	No	No

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16714020030	ONDANSETRON ODT 4 MG TABLET	8	15.00	0.26	0.12080	101%-200% Above	No	No
16714020130	ONDANSETRON ODT 8 MG TABLET	5	18.00	0.27	0.17517	51%-75% Above	No	No
16714020130	ONDANSETRON ODT 8 MG TABLET	6	12.00	0.27	0.17103	51%-75% Above	No	No
16714020130	ONDANSETRON ODT 8 MG TABLET	6	18.00	0.27	0.17103	51%-75% Above	No	No
16714022901	CARVEDILOL ER 40 MG CAPSULE	5	90.00	0.55	6.18919	76%-100% Below	No	No
16714024902	TRETINOIN 0.05% CREAM	7	45.00	0.60	0.90629	26%-50% Below	No	No
16714025901	AMITRIPTYLINE HCL 50 MG TAB	5	30.00	0.13	0.10191	26%-50% Above	No	No
16714025901	AMITRIPTYLINE HCL 50 MG TAB	7	30.00	0.13	0.09064	26%-50% Above	No	No
16714025901	AMITRIPTYLINE HCL 50 MG TAB	8	30.00	0.13	0.09040	26%-50% Above	No	No
16714026702	TRIAMCINOLONE 0.025% OINT	6	80.00	0.04	0.07283	26%-50% Below	No	No
16714027001	TRETINOIN 0.025% CREAM	7	20.00	0.71	0.56151	26%-50% Above	No	No
16714027002	TRETINOIN 0.025% CREAM	7	45.00	0.71	0.47614	26%-50% Above	No	No
16714027601	TRIAMCINOLONE 0.1% OINTMENT	4	15.00	0.06	0.11542	26%-50% Below	No	No
16714027601	TRIAMCINOLONE 0.1% OINTMENT	4	30.00	0.06	0.11542	26%-50% Below	No	No
16714027601	TRIAMCINOLONE 0.1% OINTMENT	5	15.00	0.06	0.11513	26%-50% Below	No	No
16714029401	AMOX-CLAV 600-42.9 MG/5 ML SUS	5	150.00	0.04	0.06979	26%-50% Below	No	No
16714029401	AMOX-CLAV 600-42.9 MG/5 ML SUS	12	75.00	0.04	0.07879	26%-50% Below	No	No
16714029402	AMOX-CLAV 600-42.9 MG/5 ML SUS	5	125.00	0.06	0.06299	10%-25% Below	No	No
16714029402	AMOX-CLAV 600-42.9 MG/5 ML SUS	6	125.00	0.08	0.06257	26%-50% Above	No	No
16714029402	AMOX-CLAV 600-42.9 MG/5 ML SUS	10	125.00	0.04	0.06244	26%-50% Below	No	No
16714029701	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.35	0.28438	10%-25% Above	No	No
16714029701	AMOX-CLAV 875-125 MG TABLET	4	28.00	0.24	0.28438	10%-25% Below	No	No
16714029701	AMOX-CLAV 875-125 MG TABLET	5	20.00	0.35	0.28188	10%-25% Above	No	No
16714029701	AMOX-CLAV 875-125 MG TABLET	6	20.00	0.24	0.27470	10%-25% Below	No	No
16714029701	AMOX-CLAV 875-125 MG TABLET	7	20.00	0.24	0.27809	10%-25% Below	No	No

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16714029701	AMOX-CLAV 875-125 MG TABLET	8	20.00	0.24	0.28558	10%-25% Below	No	No
16714029702	AMOX-CLAV 875-125 MG TABLET	4	28.00	0.24	0.28438	10%-25% Below	No	No
16714029702	AMOX-CLAV 875-125 MG TABLET	6	10.00	0.24	0.27470	10%-25% Below	No	No
16714029702	AMOX-CLAV 875-125 MG TABLET	6	14.00	0.24	0.27470	10%-25% Below	No	No
16714029702	AMOX-CLAV 875-125 MG TABLET	6	20.00	0.24	0.27470	10%-25% Below	No	No
16714029702	AMOX-CLAV 875-125 MG TABLET	7	20.00	0.24	0.27809	10%-25% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	4	22.00	0.07	0.08321	10%-25% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	5	8.00	0.12	0.08150	26%-50% Above	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	5	12.00	0.09	0.08150	10%-25% Above	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	5	21.00	0.07	0.08150	10%-25% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	6	21.00	0.07	0.08013	10%-25% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	6	28.00	0.15	0.08013	76%-100% Above	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	8	20.00	0.07	0.07828	10%-25% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	8	28.00	0.09	0.07828	10%-25% Above	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	8	30.00	0.07	0.07828	10%-25% Below	No	No
16714033002	GABAPENTIN 600 MG TABLET	4	30.00	0.06	0.06919	10%-25% Below	No	No
16714033002	GABAPENTIN 600 MG TABLET	4	180.00	0.03	0.06919	51%-75% Below	No	No
16714033002	GABAPENTIN 600 MG TABLET	5	30.00	0.06	0.06824	10%-25% Below	No	No
16714033002	GABAPENTIN 600 MG TABLET	5	90.00	0.06	0.06824	10%-25% Below	No	No
16714033002	GABAPENTIN 600 MG TABLET	5	180.00	0.03	0.06824	51%-75% Below	No	No
16714033002	GABAPENTIN 600 MG TABLET	5	270.00	0.06	0.06824	10%-25% Below	No	No
16714033002	GABAPENTIN 600 MG TABLET	6	90.00	0.06	0.06683	10%-25% Below	No	No
16714033002	GABAPENTIN 600 MG TABLET	7	30.00	0.06	0.06456	10%-25% Below	No	No
16714033002	GABAPENTIN 600 MG TABLET	7	90.00	0.06	0.06456	10%-25% Below	No	No
16714033002	GABAPENTIN 600 MG TABLET	8	30.00	0.06	0.06379	10%-25% Below	No	No

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16714033002	GABAPENTIN 600 MG TABLET	8	90.00	0.06	0.06379	10%-25% Below	No	No
16714033002	GABAPENTIN 600 MG TABLET	8	270.00	0.06	0.06379	10%-25% Below	No	No
16714033202	GABAPENTIN 800 MG TABLET	5	90.00	0.06	0.09799	26%-50% Below	No	No
16714033202	GABAPENTIN 800 MG TABLET	7	90.00	0.08	0.09381	10%-25% Below	No	No
16714034004	LEVONEST-28 TABLET	4	84.00	0.16	0.34853	51%-75% Below	No	No
16714034004	LEVONEST-28 TABLET	7	84.00	0.17	0.33108	26%-50% Below	No	No
16714034804	DASETTA 1-35-28 TABLET	6	84.00	0.12	0.20627	26%-50% Below	No	No
16714037801	QUETIAPINE FUMARATE 200 MG TAB	4	60.00	0.13	0.08720	26%-50% Above	No	No
16714037801	QUETIAPINE FUMARATE 200 MG TAB	6	60.00	0.13	0.08661	26%-50% Above	No	No
16714037801	QUETIAPINE FUMARATE 200 MG TAB	6	60.00	0.13	0.08661	26%-50% Above	No	No
16714037801	QUETIAPINE FUMARATE 200 MG TAB	7	180.00	0.12	0.08545	26%-50% Above	No	No
16714038801	CEFADROXIL 500 MG CAPSULE	6	14.00	0.26	0.28433	10%-25% Below	No	No
16714039501	CEFPODOXIME 200 MG TABLET	6	14.00	0.96	1.42547	26%-50% Below	No	No
16714039501	CEFPODOXIME 200 MG TABLET	7	14.00	0.96	1.36868	26%-50% Below	No	No
16714040604	LARIN FE 1-20 TABLET	4	28.00	0.35	0.12836	101%-200% Above	No	No
16714040604	LARIN FE 1-20 TABLET	5	28.00	0.35	0.13075	101%-200% Above	No	No
16714040604	LARIN FE 1-20 TABLET	6	28.00	0.07	0.13114	26%-50% Below	No	No
16714040604	LARIN FE 1-20 TABLET	7	28.00	0.07	0.13020	26%-50% Below	No	No
16714040604	LARIN FE 1-20 TABLET	8	28.00	0.07	0.13087	26%-50% Below	No	No
16714041603	LARIN 24 FE 1 MG-20 MCG TABLET	6	84.00	0.14	0.20340	26%-50% Below	No	No
16714041603	LARIN 24 FE 1 MG-20 MCG TABLET	7	112.00	0.06	0.18642	51%-75% Below	No	No
16714048302	CLINDAMYCIN (PEDI) 75 MG/5 ML	7	300.00	0.08	0.12740	26%-50% Below	No	No
16714049601	CLOTRIMAZOLE-BETAMETHASONE CRM	7	15.00	0.89	0.20586	200% Above	No	No
16714049601	CLOTRIMAZOLE-BETAMETHASONE CRM	8	45.00	0.33	0.20958	51%-75% Above	No	No
16714049602	CLOTRIMAZOLE-BETAMETHASONE CRM	4	45.00	0.31	0.18505	51%-75% Above	No	No

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16714049602	CLOTRIMAZOLE-BETAMETHASONE CRM	4	45.00	0.31	0.18505	51%-75% Above	No	No
16714049602	CLOTRIMAZOLE-BETAMETHASONE CRM	5	45.00	0.31	0.18646	51%-75% Above	No	No
16714049602	CLOTRIMAZOLE-BETAMETHASONE CRM	5	45.00	0.31	0.18646	51%-75% Above	No	No
16714052601	IPRATROPIUM 0.03% SPRAY	4	30.00	0.25	0.39871	26%-50% Below	No	No
16714052601	IPRATROPIUM 0.03% SPRAY	4	30.00	0.57	0.39871	26%-50% Above	No	No
16714052601	IPRATROPIUM 0.03% SPRAY	5	30.00	0.25	0.38628	26%-50% Below	No	No
16714052601	IPRATROPIUM 0.03% SPRAY	8	30.00	0.46	0.35477	26%-50% Above	No	No
16714052601	IPRATROPIUM 0.03% SPRAY	8	30.00	0.56	0.35477	51%-75% Above	No	No
16714052701	IPRATROPIUM 0.06% SPRAY	4	30.00	1.21	0.83528	26%-50% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	4	30.00	0.08	0.03304	101%-200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	4	30.00	0.19	0.03304	200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	4	90.00	0.08	0.03304	101%-200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	4	90.00	0.17	0.03304	200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	5	30.00	0.08	0.03336	101%-200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	5	30.00	0.19	0.03336	200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	5	180.00	0.08	0.03336	101%-200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	6	30.00	0.08	0.03337	101%-200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	6	30.00	0.19	0.03337	200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	6	90.00	0.08	0.03337	101%-200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	6	90.00	0.08	0.03337	101%-200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	7	30.00	0.19	0.03288	200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	7	90.00	0.08	0.03288	101%-200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	7	90.00	0.17	0.03288	200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	7	180.00	0.08	0.03288	101%-200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	8	30.00	0.19	0.03170	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714057601	ALLOPURINOL 100 MG TABLET	8	90.00	0.08	0.03170	101%-200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	8	180.00	0.08	0.03170	101%-200% Above	No	No
16714057603	ALLOPURINOL 100 MG TABLET	6	30.00	0.08	0.03337	101%-200% Above	No	No
16714057701	ALLOPURINOL 300 MG TABLET	4	30.00	0.12	0.05520	101%-200% Above	No	No
16714057701	ALLOPURINOL 300 MG TABLET	5	30.00	0.12	0.05631	101%-200% Above	No	No
16714057701	ALLOPURINOL 300 MG TABLET	6	30.00	0.12	0.05671	101%-200% Above	No	No
16714057701	ALLOPURINOL 300 MG TABLET	7	30.00	0.12	0.05588	101%-200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	5	30.00	0.12	0.05631	101%-200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	5	30.00	0.23	0.05631	200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	6	30.00	0.12	0.05671	101%-200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	6	30.00	0.23	0.05671	200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	7	30.00	0.12	0.05588	101%-200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	7	30.00	0.23	0.05588	200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	7	90.00	0.08	0.05588	26%-50% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	8	30.00	0.23	0.05464	200% Above	No	No
16714060102	SERTRALINE 20 MG/ML ORAL CONC	4	60.00	0.25	0.41598	26%-50% Below	No	No
16714061105	SERTRALINE HCL 25 MG TABLET	6	30.00	0.11	0.02864	200% Above	No	No
16714061105	SERTRALINE HCL 25 MG TABLET	6	90.00	0.11	0.02864	200% Above	No	No
16714061106	SERTRALINE HCL 25 MG TABLET	4	30.00	0.11	0.02999	200% Above	No	No
16714061106	SERTRALINE HCL 25 MG TABLET	5	30.00	0.02	0.02978	26%-50% Below	No	No
16714061106	SERTRALINE HCL 25 MG TABLET	5	30.00	0.11	0.02978	200% Above	No	No
16714061106	SERTRALINE HCL 25 MG TABLET	6	30.00	0.02	0.02864	26%-50% Below	No	No
16714061106	SERTRALINE HCL 25 MG TABLET	7	30.00	0.02	0.02856	26%-50% Below	No	No
16714061205	SERTRALINE HCL 50 MG TABLET	8	30.00	0.10	0.03445	101%-200% Above	No	No
16714061205	SERTRALINE HCL 50 MG TABLET	8	90.00	0.02	0.03445	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714061206	SERTRALINE HCL 50 MG TABLET	4	90.00	0.03	0.03450	10%-25% Below	No	No
16714061206	SERTRALINE HCL 50 MG TABLET	4	90.00	0.10	0.03450	101%-200% Above	No	No
16714061206	SERTRALINE HCL 50 MG TABLET	6	45.00	0.04	0.03430	26%-50% Above	No	No
16714061206	SERTRALINE HCL 50 MG TABLET	6	90.00	0.10	0.03430	101%-200% Above	No	No
16714061206	SERTRALINE HCL 50 MG TABLET	7	90.00	0.10	0.03468	101%-200% Above	No	No
16714061206	SERTRALINE HCL 50 MG TABLET	8	30.00	0.10	0.03445	101%-200% Above	No	No
16714061304	SERTRALINE HCL 100 MG TABLET	4	30.00	0.12	0.04965	101%-200% Above	No	No
16714061305	SERTRALINE HCL 100 MG TABLET	5	45.00	0.07	0.04983	26%-50% Above	No	No
16714061305	SERTRALINE HCL 100 MG TABLET	6	45.00	0.07	0.05065	26%-50% Above	No	No
16714061305	SERTRALINE HCL 100 MG TABLET	7	45.00	0.07	0.05087	26%-50% Above	No	No
16714061305	SERTRALINE HCL 100 MG TABLET	7	90.00	0.12	0.05087	101%-200% Above	No	No
16714061305	SERTRALINE HCL 100 MG TABLET	8	45.00	0.07	0.05042	26%-50% Above	No	No
16714061305	SERTRALINE HCL 100 MG TABLET	8	180.00	0.12	0.05042	101%-200% Above	No	No
16714061306	SERTRALINE HCL 100 MG TABLET	4	45.00	0.12	0.04965	101%-200% Above	No	No
16714061306	SERTRALINE HCL 100 MG TABLET	6	45.00	0.12	0.05065	101%-200% Above	No	No
16714061306	SERTRALINE HCL 100 MG TABLET	7	45.00	0.12	0.05087	101%-200% Above	No	No
16714061306	SERTRALINE HCL 100 MG TABLET	8	45.00	0.12	0.05042	101%-200% Above	No	No
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	4	30.00	0.04	0.03854	10%-25% Above	No	No
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	8	90.00	0.24	0.03895	200% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	4	30.00	0.24	0.03854	200% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	4	90.00	0.24	0.03854	200% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.00	0.24	0.03888	200% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.00	0.24	0.03860	200% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	6	90.00	0.24	0.03860	200% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.00	0.24	0.03875	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	90.00	0.24	0.03875	200% Above	No	No
16714063201	ALENDRONATE SODIUM 35 MG TAB	5	12.00	1.13	0.31118	200% Above	No	No
16714063301	ALENDRONATE SODIUM 70 MG TAB	5	4.00	0.49	0.25968	76%-100% Above	No	No
16714063301	ALENDRONATE SODIUM 70 MG TAB	5	4.00	0.71	0.25968	101%-200% Above	No	No
16714063301	ALENDRONATE SODIUM 70 MG TAB	6	4.00	0.49	0.25981	76%-100% Above	No	No
16714063301	ALENDRONATE SODIUM 70 MG TAB	6	4.00	0.71	0.25981	101%-200% Above	No	No
16714063301	ALENDRONATE SODIUM 70 MG TAB	7	4.00	0.71	0.25708	101%-200% Above	No	No
16714063301	ALENDRONATE SODIUM 70 MG TAB	7	12.00	0.40	0.25708	51%-75% Above	No	No
16714063302	ALENDRONATE SODIUM 70 MG TAB	5	12.00	0.52	0.25968	76%-100% Above	No	No
16714063302	ALENDRONATE SODIUM 70 MG TAB	8	12.00	0.52	0.25788	101%-200% Above	No	No
16714063403	OMEPRAZOLE DR 20 MG CAPSULE	4	30.00	0.09	0.02847	200% Above	No	No
16714063403	OMEPRAZOLE DR 20 MG CAPSULE	5	2.00	0.11	0.02859	200% Above	No	No
16714063403	OMEPRAZOLE DR 20 MG CAPSULE	5	30.00	0.09	0.02859	200% Above	No	No
16714063403	OMEPRAZOLE DR 20 MG CAPSULE	5	90.00	0.10	0.02859	200% Above	No	No
16714063403	OMEPRAZOLE DR 20 MG CAPSULE	6	30.00	0.09	0.02799	200% Above	No	No
16714063403	OMEPRAZOLE DR 20 MG CAPSULE	7	30.00	0.09	0.02768	200% Above	No	No
16714063403	OMEPRAZOLE DR 20 MG CAPSULE	8	30.00	0.10	0.02768	200% Above	No	No
16714064502	PIOGLITAZONE HCL 15 MG TABLET	4	90.00	0.12	0.06984	51%-75% Above	No	No
16714064502	PIOGLITAZONE HCL 15 MG TABLET	4	90.00	0.14	0.06984	76%-100% Above	No	No
16714064502	PIOGLITAZONE HCL 15 MG TABLET	5	90.00	0.11	0.07008	51%-75% Above	No	No
16714064502	PIOGLITAZONE HCL 15 MG TABLET	7	90.00	0.14	0.06614	101%-200% Above	No	No
16714064503	PIOGLITAZONE HCL 15 MG TABLET	8	90.00	0.11	0.06470	51%-75% Above	No	No
16714066201	GABAPENTIN 300 MG CAPSULE	8	270.00	0.06	0.03015	101%-200% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	5	60.00	0.06	0.03246	76%-100% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	5	120.00	0.06	0.03246	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	180.00	0.01	0.03246	51%-75% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	5	180.00	0.06	0.03246	76%-100% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	5	270.00	0.06	0.03246	76%-100% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	6	60.00	0.06	0.03245	76%-100% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	6	180.00	0.01	0.03245	51%-75% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	7	60.00	0.06	0.03078	76%-100% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	7	120.00	0.06	0.03078	76%-100% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	7	180.00	0.02	0.03078	26%-50% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	8	60.00	0.06	0.03015	101%-200% Above	No	No
16714066301	GABAPENTIN 400 MG CAPSULE	7	120.00	0.03	0.04063	26%-50% Below	No	No
16714066302	GABAPENTIN 400 MG CAPSULE	5	120.00	0.02	0.04066	26%-50% Below	No	No
16714066302	GABAPENTIN 400 MG CAPSULE	6	120.00	0.02	0.04104	26%-50% Below	No	No
16714066302	GABAPENTIN 400 MG CAPSULE	7	90.00	0.07	0.04063	51%-75% Above	No	No
16714067102	ONDANSETRON 4 MG/5 ML SOLUTION	4	50.00	0.18	0.29363	26%-50% Below	No	No
16714067102	ONDANSETRON 4 MG/5 ML SOLUTION	6	50.00	0.18	0.28905	26%-50% Below	No	No
16714067102	ONDANSETRON 4 MG/5 ML SOLUTION	10	40.00	0.15	0.23435	26%-50% Below	No	No
16714068102	SIMVASTATIN 5 MG TABLET	6	30.00	0.12	0.02890	200% Above	No	No
16714068102	SIMVASTATIN 5 MG TABLET	7	30.00	0.12	0.02922	200% Above	No	No
16714068302	SIMVASTATIN 20 MG TABLET	6	90.00	0.01	0.02969	51%-75% Below	No	No
16714069210	FLUCONAZOLE 150 MG TABLET	5	3.00	2.16	0.42280	200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	4	1.00	2.16	0.42729	200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	4	2.00	1.35	0.42729	200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	5	2.00	2.17	0.42280	200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	5	4.00	2.17	0.42280	200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	6	1.00	0.37	0.41614	10%-25% Below	No	No

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16714069211	FLUCONAZOLE 150 MG TABLET	6	2.00	2.17	0.41614	200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	6	3.00	0.16	0.41614	51%-75% Below	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	7	4.00	2.17	0.40319	200% Above	No	No
16714069301	FLUCONAZOLE 200 MG TABLET	6	3.00	0.93	0.42669	101%-200% Above	No	No
16714069301	FLUCONAZOLE 200 MG TABLET	6	7.00	0.28	0.42669	26%-50% Below	No	No
16714069301	FLUCONAZOLE 200 MG TABLET	6	12.00	0.19	0.42669	51%-75% Below	No	No
16714069301	FLUCONAZOLE 200 MG TABLET	6	21.00	0.93	0.42669	101%-200% Above	No	No
16714069301	FLUCONAZOLE 200 MG TABLET	7	3.00	0.93	0.42745	101%-200% Above	No	No
16714069301	FLUCONAZOLE 200 MG TABLET	7	60.00	0.93	0.42745	101%-200% Above	No	No
16714069301	FLUCONAZOLE 200 MG TABLET	8	1.00	0.93	0.39228	101%-200% Above	No	No
16714069301	FLUCONAZOLE 200 MG TABLET	8	60.00	0.93	0.39228	101%-200% Above	No	No
16714069703	VALACYCLOVIR HCL 1 GRAM TABLET	5	10.00	0.52	0.40719	26%-50% Above	No	No
16714069703	VALACYCLOVIR HCL 1 GRAM TABLET	6	21.00	0.52	0.41046	10%-25% Above	No	No
16714069703	VALACYCLOVIR HCL 1 GRAM TABLET	7	90.00	0.52	0.40422	26%-50% Above	No	No
16714069803	VALACYCLOVIR HCL 500 MG TABLET	6	6.00	0.27	0.22588	10%-25% Above	No	No
16714069803	VALACYCLOVIR HCL 500 MG TABLET	6	30.00	0.27	0.22588	10%-25% Above	No	No
16714069803	VALACYCLOVIR HCL 500 MG TABLET	7	30.00	0.27	0.22276	10%-25% Above	No	No
16714069803	VALACYCLOVIR HCL 500 MG TABLET	7	60.00	0.27	0.22276	10%-25% Above	No	No
16714069803	VALACYCLOVIR HCL 500 MG TABLET	8	30.00	0.27	0.22403	10%-25% Above	No	No
16714072003	FLUOXETINE HCL 10 MG CAPSULE	5	30.00	0.11	0.03640	101%-200% Above	No	No
16714072003	FLUOXETINE HCL 10 MG CAPSULE	5	90.00	0.11	0.03640	101%-200% Above	No	No
16714072003	FLUOXETINE HCL 10 MG CAPSULE	8	90.00	0.11	0.03625	101%-200% Above	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	5	90.00	0.02	0.02999	26%-50% Below	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	5	30.00	0.19	0.05206	200% Above	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	6	30.00	0.19	0.05135	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714073302	CELECOXIB 200 MG CAPSULE	5	30.00	0.50	0.08353	200% Above	No	No
16714073302	CELECOXIB 200 MG CAPSULE	5	60.00	0.25	0.08353	101%-200% Above	No	No
16714075501	ATOMOXETINE HCL 10 MG CAPSULE	5	30.00	0.05	0.37944	76%-100% Below	No	No
16714075501	ATOMOXETINE HCL 10 MG CAPSULE	6	30.00	0.05	0.35141	76%-100% Below	No	No
16714075501	ATOMOXETINE HCL 10 MG CAPSULE	7	30.00	0.23	0.34318	26%-50% Below	No	No
16714075501	ATOMOXETINE HCL 10 MG CAPSULE	8	30.00	0.23	0.31707	26%-50% Below	No	No
16714075801	ATOMOXETINE HCL 40 MG CAPSULE	4	30.00	0.31	0.49646	26%-50% Below	No	No
16714075801	ATOMOXETINE HCL 40 MG CAPSULE	6	30.00	0.33	0.47693	26%-50% Below	No	No
16714075801	ATOMOXETINE HCL 40 MG CAPSULE	7	30.00	0.33	0.45925	26%-50% Below	No	No
16714075801	ATOMOXETINE HCL 40 MG CAPSULE	8	30.00	0.33	0.44685	26%-50% Below	No	No
16714079501	TERBINAFINE HCL 250 MG TABLET	8	42.00	0.18	0.13560	26%-50% Above	No	No
16714079601	SUMATRIPTAN SUCC 25 MG TABLET	6	12.00	0.46	0.28419	51%-75% Above	No	No
16714079701	SUMATRIPTAN SUCC 50 MG TABLET	4	9.00	0.44	0.33593	26%-50% Above	No	No
16714079701	SUMATRIPTAN SUCC 50 MG TABLET	6	9.00	0.44	0.33192	26%-50% Above	No	No
16714079701	SUMATRIPTAN SUCC 50 MG TABLET	7	9.00	0.44	0.31274	26%-50% Above	No	No
16714079801	SUMATRIPTAN SUCC 100 MG TABLET	4	9.00	0.67	0.43221	51%-75% Above	No	No
16714079801	SUMATRIPTAN SUCC 100 MG TABLET	5	9.00	0.55	0.43654	10%-25% Above	No	No
16714079801	SUMATRIPTAN SUCC 100 MG TABLET	6	9.00	0.67	0.43415	51%-75% Above	No	No
16714079801	SUMATRIPTAN SUCC 100 MG TABLET	8	9.00	0.63	0.43089	26%-50% Above	No	No
16714079902	CETIRIZINE HCL 10 MG TABLET	8	30.00	0.09	0.06293	26%-50% Above	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	4	90.00	0.09	0.06308	26%-50% Above	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	5	30.00	0.09	0.06400	26%-50% Above	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	5	90.00	0.09	0.06400	26%-50% Above	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	6	30.00	0.09	0.06398	26%-50% Above	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	6	90.00	0.09	0.06398	26%-50% Above	No	No

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16714079904	CETIRIZINE HCL 10 MG TABLET	7	30.00	0.09	0.06534	26%-50% Above	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	8	90.00	0.09	0.06293	26%-50% Above	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	4	45.00	0.16	0.31158	26%-50% Below	No	No
16714081303	EZETIMIBE 10 MG TABLET	5	90.00	0.50	0.07149	200% Above	No	No
16714081303	EZETIMIBE 10 MG TABLET	6	30.00	0.30	0.06910	200% Above	No	No
16714081303	EZETIMIBE 10 MG TABLET	6	90.00	0.22	0.06910	200% Above	No	No
16714081303	EZETIMIBE 10 MG TABLET	7	30.00	0.30	0.06719	200% Above	No	No
16714081303	EZETIMIBE 10 MG TABLET	7	90.00	0.22	0.06719	200% Above	No	No
16714081303	EZETIMIBE 10 MG TABLET	7	90.00	0.30	0.06719	200% Above	No	No
16714089502	GLIPIZIDE ER 5 MG TABLET	4	90.00	0.09	0.07525	10%-25% Above	No	No
16714089502	GLIPIZIDE ER 5 MG TABLET	7	90.00	0.09	0.07512	10%-25% Above	No	No
16714089902	FEXOFENADINE HCL 180 MG TABLET	5	90.00	0.10	0.24434	51%-75% Below	No	No
16714089902	FEXOFENADINE HCL 180 MG TABLET	6	90.00	0.15	0.24448	26%-50% Below	No	No
16714089902	FEXOFENADINE HCL 180 MG TABLET	7	90.00	0.15	0.23781	26%-50% Below	No	No
16714089902	FEXOFENADINE HCL 180 MG TABLET	8	30.00	0.10	0.24066	51%-75% Below	No	No
16714089902	FEXOFENADINE HCL 180 MG TABLET	8	90.00	0.10	0.24066	51%-75% Below	No	No
16714089902	FEXOFENADINE HCL 180 MG TABLET	8	90.00	0.15	0.24066	26%-50% Below	No	No
16714094801	DEXTROAMP-AMPHETAMINE 5 MG TAB	4	30.00	0.19	0.23910	10%-25% Below	No	No
16714094801	DEXTROAMP-AMPHETAMINE 5 MG TAB	5	30.00	0.19	0.25619	26%-50% Below	No	No
16714094801	DEXTROAMP-AMPHETAMINE 5 MG TAB	5	60.00	0.17	0.25619	26%-50% Below	No	No
16714094801	DEXTROAMP-AMPHETAMINE 5 MG TAB	6	30.00	0.19	0.26240	26%-50% Below	No	No
16714094801	DEXTROAMP-AMPHETAMINE 5 MG TAB	6	60.00	0.17	0.26240	26%-50% Below	No	No
16714094801	DEXTROAMP-AMPHETAMINE 5 MG TAB	8	60.00	0.17	0.26399	26%-50% 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	5	30.00	0.11	0.23662	51%-75% Below	No	No

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16714095001	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	30.00	0.11	0.23620	51%-75% Below	No	No
16714095001	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	30.00	0.11	0.23293	51%-75% Below	No	No
16714095001	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	30.00	0.12	0.23293	26%-50% Below	No	No
16714095201	DEXTROAMP-AMPHETAMIN 15 MG TAB	4	30.00	0.18	0.24786	26%-50% Below	No	No
16714095201	DEXTROAMP-AMPHETAMIN 15 MG TAB	5	30.00	0.11	0.25021	51%-75% Below	No	No
16714095201	DEXTROAMP-AMPHETAMIN 15 MG TAB	5	30.00	0.18	0.25021	26%-50% Below	No	No
16714095201	DEXTROAMP-AMPHETAMIN 15 MG TAB	6	30.00	0.18	0.24231	10%-25% Below	No	No
16714095201	DEXTROAMP-AMPHETAMIN 15 MG TAB	8	30.00	0.18	0.23696	10%-25% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	30.00	0.11	0.30391	51%-75% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.00	0.11	0.29745	51%-75% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.00	0.11	0.29462	51%-75% Below	No	No
16714095502	KETOCONAZOLE 2% CREAM	6	30.00	0.35	0.25617	26%-50% Above	No	No
16714095503	KETOCONAZOLE 2% CREAM	7	60.00	0.35	0.16310	101%-200% Above	No	No
16714097902	ESOMEPRAZOLE MAG DR 20 MG CAP	4	30.00	0.14	0.16903	10%-25% Below	No	No
16714097902	ESOMEPRAZOLE MAG DR 20 MG CAP	5	30.00	0.14	0.16281	10%-25% Below	No	No
16714097902	ESOMEPRAZOLE MAG DR 20 MG CAP	6	30.00	0.14	0.16044	10%-25% Below	No	No
16714097902	ESOMEPRAZOLE MAG DR 20 MG CAP	7	30.00	0.14	0.15673	10%-25% Below	No	No
16714098003	ESOMEPRAZOLE MAG DR 40 MG CAP	5	30.00	0.42	0.13164	200% Above	No	No
16714098003	ESOMEPRAZOLE MAG DR 40 MG CAP	6	30.00	0.42	0.12657	200% Above	No	No
16714098003	ESOMEPRAZOLE MAG DR 40 MG CAP	6	90.00	0.42	0.12657	200% Above	No	No
16714098003	ESOMEPRAZOLE MAG DR 40 MG CAP	7	30.00	0.42	0.12037	200% Above	No	No
16714098003	ESOMEPRAZOLE MAG DR 40 MG CAP	8	30.00	0.42	0.11802	200% Above	No	No
16714098450	CLINDAMYCIN-BENZOYL PEROX 1-5%	7	50.00	0.93	0.46471	76%-100% Above	No	No
16714098602	TRIAMCINOLONE 0.1% CREAM	6	60.00	0.05	0.08375	26%-50% Below	No	No
16714098603	TRIAMCINOLONE 0.1% CREAM	7	80.00	0.05	0.04775	10%-25% Above	No	No

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16714098604	TRIAMCINOLONE 0.1% CREAM	6	454.00	0.02	0.02909	26%-50% Below	No	No
16714098701	TRIAMCINOLONE 0.5% CREAM	6	15.00	0.39	0.19334	76%-100% Above	No	No
16714098701	TRIAMCINOLONE 0.5% CREAM	8	15.00	0.29	0.18887	51%-75% Above	No	No
16714098801	ROSUVASTATIN CALCIUM 5 MG TAB	4	90.00	0.25	0.03453	200% Above	No	No
16714098801	ROSUVASTATIN CALCIUM 5 MG TAB	7	90.00	0.25	0.03397	200% Above	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.00	0.22	0.03840	200% Above	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.00	0.22	0.03840	200% Above	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	7	30.00	0.22	0.03797	200% Above	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	7	90.00	0.22	0.03797	200% Above	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.00	0.22	0.03699	200% Above	No	No
16714099001	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.00	0.22	0.04763	200% Above	No	No
16714099001	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.00	0.50	0.04763	200% Above	No	No
16714099001	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.00	0.22	0.04702	200% Above	No	No
16714099001	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.00	0.50	0.04702	200% Above	No	No
16714099001	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.00	0.22	0.04551	200% Above	No	No
16714099001	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.00	0.50	0.04551	200% Above	No	No
16714099001	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.00	0.22	0.04489	200% Above	No	No
16714099001	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.00	0.50	0.04489	200% Above	No	No
16729003415	LETROZOLE 2.5 MG TABLET	4	5.00	0.22	0.15112	26%-50% Above	No	No
16729003415	LETROZOLE 2.5 MG TABLET	5	5.00	0.08	0.15012	26%-50% Below	No	No
16729003415	LETROZOLE 2.5 MG TABLET	5	30.00	0.12	0.15012	10%-25% Below	No	No
16729003415	LETROZOLE 2.5 MG TABLET	6	90.00	0.08	0.15349	26%-50% Below	No	No
16729003415	LETROZOLE 2.5 MG TABLET	7	10.00	0.08	0.14996	26%-50% Below	No	No
16729003515	ANASTROZOLE 1 MG TABLET	4	8.00	0.59	0.13765	200% Above	No	No
16729003515	ANASTROZOLE 1 MG TABLET	5	4.00	0.59	0.13822	200% Above	No	No

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16729003515	ANASTROZOLE 1 MG TABLET	5	12.00	0.16	0.13822	10%-25% Above	No	No
16729003515	ANASTROZOLE 1 MG TABLET	8	4.00	0.59	0.14007	200% Above	No	No
16729008110	NALTREXONE 50 MG TABLET	4	90.00	0.42	1.20952	51%-75% Below	No	No
16729008110	NALTREXONE 50 MG TABLET	4	90.00	0.63	1.20952	26%-50% Below	No	No
16729008110	NALTREXONE 50 MG TABLET	7	30.00	0.50	1.16038	51%-75% Below	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	4	30.00	0.22	0.04349	200% Above	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	5	30.00	0.22	0.04249	200% Above	No	No
16729011917	MONTELUKAST TAB 10MG	6	30.00	0.22	.		No	No
16729011917	MONTELUKAST TAB 10MG	7	30.00	0.22	.		No	No
16729011917	MONTELUKAST TAB 10MG	8	30.00	0.22	.		No	No
16729013600	CLONAZEPAM 0.5 MG TABLET	4	60.00	0.01	0.02003	26%-50% Below	No	No
16729013600	CLONAZEPAM 0.5 MG TABLET	5	60.00	0.01	0.01975	26%-50% Below	No	No
16729013600	CLONAZEPAM 0.5 MG TABLET	6	60.00	0.02	0.01988	10%-25% Below	No	No
16729013600	CLONAZEPAM 0.5 MG TABLET	7	60.00	0.02	0.01972	10%-25% Below	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	4	10.00	0.05	0.02003	101%-200% Above	Yes	No
16729013616	CLONAZEPAM 0.5 MG TABLET	4	20.00	0.03	0.02003	26%-50% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	4	20.00	0.05	0.02003	101%-200% Above	Yes	No
16729013616	CLONAZEPAM 0.5 MG TABLET	4	30.00	0.05	0.02003	101%-200% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	5	10.00	0.05	0.01975	101%-200% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	5	30.00	0.05	0.01975	101%-200% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	5	35.00	0.05	0.01975	101%-200% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	5	45.00	0.05	0.01975	101%-200% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	6	45.00	0.05	0.01988	101%-200% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	7	35.00	0.05	0.01972	101%-200% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	7	45.00	0.05	0.01972	101%-200% Above	No	No

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16729013616	CLONAZEPAM 0.5 MG TABLET	8	10.00	0.06	0.01973	200% Above	No	No
16729013700	CLONAZEPAM 1 MG TABLET	4	90.00	0.08	0.02488	200% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	4	30.00	0.08	0.02488	200% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	4	60.00	0.08	0.02488	200% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	5	30.00	0.03	0.02503	10%-25% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	5	60.00	0.01	0.02503	51%-75% Below	No	No
16729013716	CLONAZEPAM 1 MG TABLET	5	60.00	0.08	0.02503	200% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	5	90.00	0.08	0.02503	200% Above	No	No
16729013800	CLONAZEPAM 2 MG TABLET	7	90.00	0.09	0.03837	101%-200% Above	No	No
16729014601	QUETIAPINE FUMARATE 50 MG TAB	5	30.00	0.14	0.03039	200% Above	No	No
16729016917	ESCITALOPRAM 10 MG TABLET	4	90.00	0.13	0.04013	200% Above	No	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	30.00	0.15	0.04036	200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	4	30.00	0.03	0.01202	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	0.02	0.01202	26%-50% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.00	0.03	0.01219	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.00	0.02	0.01219	26%-50% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.00	0.03	0.01203	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.00	0.03	0.01196	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.00	0.02	0.01196	26%-50% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.00	0.03	0.01165	101%-200% Above	No	No
16729021716	SERTRALINE HCL 100 MG TABLET	4	90.00	0.12	0.04965	101%-200% Above	No	No
16729021716	SERTRALINE HCL 100 MG TABLET	5	45.00	0.12	0.04983	101%-200% Above	No	No
16729021716	SERTRALINE HCL 100 MG TABLET	5	90.00	0.12	0.04983	101%-200% Above	No	No
16729021716	SERTRALINE TAB 100MG	6	45.00	0.12	.		No	No
16729022716	SPIRONOLACT TAB 100MG	6	180.00	0.11	.		No	No

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16729037216	TADALAFIL 20 MG TABLET	6	10.00	3.47	0.17207	200% Above	No	No
16729037216	TADALAFIL 20 MG TABLET	7	10.00	3.47	0.16256	200% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.33	0.07697	200% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	5	30.00	0.17	0.07895	101%-200% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	5	30.00	0.43	0.07895	200% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	5	90.00	0.33	0.07895	200% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	7	30.00	0.33	0.07775	200% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	7	90.00	0.43	0.07775	200% Above	No	No
16729044410	BUPROPION HCL XL 300 MG TABLET	8	30.00	0.33	0.10137	200% Above	No	No
16729044416	BUPROPION HCL XL 300 MG TABLET	7	30.00	0.33	0.10412	200% Above	No	No
16729044416	BUPROPION HCL XL 300 MG TABLET	7	90.00	0.42	0.10412	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	5	30.00	0.04	0.03733	10%-25% Above	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	5	30.00	0.05	0.03733	26%-50% Above	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	5	30.00	0.12	0.03733	200% Above	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	6	30.00	0.04	0.03624	10%-25% Above	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	6	30.00	0.12	0.03624	200% Above	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	7	30.00	0.12	0.03587	200% Above	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	8	30.00	0.12	0.03568	200% Above	No	No
16729044815	LEVOTHYROXINE 50 MCG TABLET	5	30.00	0.15	0.04623	200% Above	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	4	30.00	0.15	0.04736	200% Above	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	5	14.00	0.15	0.04623	200% Above	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	5	30.00	0.15	0.04623	200% Above	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	5	72.00	0.03	0.04623	26%-50% Below	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	5	90.00	0.03	0.04623	26%-50% Below	No	No

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16729044817	LEVOTHYROXINE 50 MCG TABLET	5	90.00	0.04	0.04623	10%-25% Below	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	6	30.00	0.15	0.04483	200% Above	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	7	30.00	0.15	0.04323	200% Above	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	7	90.00	0.03	0.04323	26%-50% Below	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	7	90.00	0.15	0.04323	200% Above	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	8	30.00	0.15	0.04062	200% Above	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	4	90.00	0.03	0.04924	26%-50% Below	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	5	45.00	0.04	0.04892	10%-25% Below	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	5	90.00	0.03	0.04892	26%-50% Below	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	6	90.00	0.05	0.04882	10%-25% Above	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	6	90.00	0.35	0.04882	200% Above	No	No
16729045017	LEVOTHYROXINE 88 MCG TABLET	5	30.00	0.17	0.05353	200% Above	No	No
16729045017	LEVOTHYROXINE 88 MCG TABLET	5	90.00	0.17	0.05353	200% Above	No	No
16729045017	LEVOTHYROXINE 88 MCG TABLET	6	30.00	0.17	0.05219	200% Above	No	No
16729045017	LEVOTHYROXINE 88 MCG TABLET	6	90.00	0.04	0.05219	10%-25% Below	No	No
16729045017	LEVOTHYROXINE 88 MCG TABLET	7	30.00	0.17	0.05247	200% Above	No	No
16729045017	LEVOTHYROXINE 88 MCG TABLET	8	30.00	0.17	0.05015	200% Above	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	5	30.00	0.31	0.05205	200% Above	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	5	90.00	0.05	0.05205	10%-25% Below	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	6	30.00	0.31	0.05092	200% Above	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	7	30.00	0.31	0.05161	200% Above	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	8	30.00	0.31	0.05073	200% Above	No	No
16729045217	LEVOTHYROXINE 112 MCG TABLET	4	90.00	0.04	0.06363	26%-50% Below	No	No
16729045315	LEVOTHYROXINE 125 MCG TABLET	5	90.00	0.04	0.06056	26%-50% Below	No	No
16729045315	LEVOTHYROXINE 125 MCG TABLET	7	90.00	0.04	0.05694	10%-25% Below	No	No

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16729045315	LEVOTHYROXINE 125 MCG TABLET	7	90.00	0.13	0.05694	101%-200% Above	Yes	No
16729045317	LEVOTHYROXINE 125 MCG TABLET	4	30.00	0.17	0.06176	101%-200% Above	No	No
16729045317	LEVOTHYROXINE 125 MCG TABLET	5	30.00	0.17	0.06056	101%-200% Above	No	No
16729045317	LEVOTHYROXINE 125 MCG TABLET	5	90.00	0.17	0.06056	101%-200% Above	No	No
16729045317	LEVOTHYROXINE 125 MCG TABLET	6	30.00	0.17	0.05838	101%-200% Above	No	No
16729045317	LEVOTHYROXINE 125 MCG TABLET	6	90.00	0.17	0.05838	101%-200% Above	No	No
16729045317	LEVOTHYROXINE 125 MCG TABLET	6	105.00	0.17	0.05838	101%-200% Above	No	No
16729045317	LEVOTHYROXINE 125 MCG TABLET	7	30.00	0.17	0.05694	101%-200% Above	No	No
16729045417	LEVOTHYROXINE 137 MCG TABLET	6	30.00	0.19	0.06295	200% Above	No	No
16729045417	LEVOTHYROXINE 137 MCG TABLET	6	90.00	0.04	0.06295	26%-50% Below	No	No
16729045417	LEVOTHYROXINE 137 MCG TABLET	8	30.00	0.19	0.06273	200% Above	No	No
16729045515	LEVOTHYROXINE 150 MCG TABLET	4	30.00	0.29	0.06736	200% Above	No	No
16729045517	LEVOTHYROXINE 150 MCG TABLET	4	90.00	0.05	0.06736	26%-50% Below	No	No
16729045517	LEVOTHYROXINE 150 MCG TABLET	4	90.00	0.29	0.06736	200% Above	No	No
16729045517	LEVOTHYROXINE 150 MCG TABLET	5	30.00	0.29	0.06547	200% Above	No	No
16729045517	LEVOTHYROXINE 150 MCG TABLET	5	90.00	0.03	0.06547	26%-50% Below	No	No
16729045517	LEVOTHYROXINE 150 MCG TABLET	6	30.00	0.29	0.06350	200% Above	No	No
16729045517	LEVOTHYROXINE 150 MCG TABLET	7	60.00	0.05	0.06251	10%-25% Below	No	No
16729045517	LEVOTHYROXINE 150 MCG TABLET	7	90.00	0.29	0.06251	200% Above	No	No
16729045615	LEVOTHYROXINE 175 MCG TABLET	4	90.00	0.32	0.08105	200% Above	No	No
16729045615	LEVOTHYROXINE 175 MCG TABLET	7	90.00	0.05	0.08048	26%-50% Below	No	No
16729045617	LEVOTHYROXINE 175 MCG TABLET	5	30.00	0.32	0.07988	200% Above	No	No
16729045617	LEVOTHYROXINE 175 MCG TABLET	6	30.00	0.32	0.07998	200% Above	No	No
16729045617	LEVOTHYROXINE 175 MCG TABLET	7	30.00	0.32	0.08048	200% Above	No	No
16729045715	LEVOTHYROXINE 200 MCG TABLET	6	90.00	0.05	0.08056	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16729045715	LEVOTHYROXINE 200 MCG TABLET	7	90.00	0.35	0.07831	200% Above	No	No
16729045715	LEVOTHYROXINE 200 MCG TABLET	8	90.00	0.06	0.08017	10%-25% Below	No	No
16729045717	LEVOTHYROXINE 200 MCG TABLET	5	30.00	0.35	0.08002	200% Above	No	No
16729045717	LEVOTHYROXINE 200 MCG TABLET	5	90.00	0.04	0.08002	26%-50% Below	No	No
16729045717	LEVOTHYROXINE 200 MCG TABLET	6	30.00	0.35	0.08056	200% Above	No	No
16729045717	LEVOTHYROXINE 200 MCG TABLET	8	30.00	0.35	0.08017	200% Above	No	No
16729047801	METHYLPHENIDATE 5 MG TABLET	4	30.00	0.39	0.13720	101%-200% Above	No	No
16729047801	METHYLPHENIDATE 5 MG TABLET	5	30.00	0.11	0.13572	10%-25% Below	No	No
16729047801	METHYLPHENIDATE 5 MG TABLET	6	30.00	0.11	0.13442	10%-25% Below	No	No
16729047901	METHYLPHENIDATE 10 MG TABLET	5	60.00	0.10	0.16210	26%-50% Below	No	No
16729047901	METHYLPHENIDATE 10 MG TABLET	6	90.00	0.06	0.16351	51%-75% Below	No	No
16729047901	METHYLPHENIDATE 10 MG TABLET	7	90.00	0.06	0.16870	51%-75% Below	No	No
16729047901	METHYLPHENIDATE 10 MG TABLET	8	90.00	0.06	0.16678	51%-75% Below	No	No
16729048001	METHYLPHENIDATE 20 MG TABLET	7	60.00	0.12	0.21131	26%-50% Below	Yes	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	8.50	1.16	1.70516	26%-50% Below	No	No
17270074000	ALBUTEROL HFA 90 MCG INHALER	4	17.00	0.88	1.70516	26%-50% Below	No	No
17270074000	ALBUTEROL HFA 90 MCG INHALER	5	8.50	0.66	1.65349	51%-75% Below	No	No
17270074000	ALBUTEROL HFA 90 MCG INHALER	5	8.50	1.10	1.65349	26%-50% Below	No	No
17270074000	ALBUTEROL HFA 90 MCG INHALER	5	17.00	1.10	1.65349	26%-50% Below	No	No
17270074000	ALBUTEROL HFA 90 MCG INHALER	6	8.50	1.10	1.59857	26%-50% Below	No	No
17270074000	ALBUTEROL HFA 90 MCG INHALER	7	8.50	1.10	1.53595	26%-50% Below	No	No
17270074000	ALBUTEROL HFA 90 MCG INHALER	7	8.50	1.30	1.53595	10%-25% Below	No	No
17270074000	ALBUTEROL HFA 90 MCG INHALER	7	8.50	1.31	1.53595	10%-25% Below	No	No
17270074000	ALBUTEROL HFA 90 MCG INHALER	7	8.50	1.70	1.53595	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
17270074000	ALBUTEROL HFA 90 MCG INHALER	7	8.50	1.75	1.53595	10%-25% Above	No	No
17270074000	ALBUTEROL HFA 90 MCG INHALER	7	17.00	1.10	1.53595	26%-50% Below	No	No
17270074000	ALBUTEROL HFA 90 MCG INHALER	7	25.50	1.10	1.53595	26%-50% Below	No	No
17270074000	ALBUTEROL HFA 90 MCG INHALER	8	8.50	0.59	1.55291	51%-75% Below	No	No
17270074000	ALBUTEROL HFA 90 MCG INHALER	8	8.50	1.10	1.55291	26%-50% Below	No	No
17270074000	ALBUTEROL HFA 90 MCG INHALER	8	8.50	1.16	1.55291	10%-25% Below	No	No
21922000101	FLUOCINONIDE 0.05% SOLUTION	4	60.00	0.25	0.21573	10%-25% Above	Yes	No
21922000101	FLUOCINONIDE 0.05% SOLUTION	5	60.00	0.25	0.21554	10%-25% Above	No	No
21922000101	FLUOCINONIDE 0.05% SOLUTION	8	60.00	0.14	0.19850	26%-50% Below	Yes	No
21922000101	FLUOCINONIDE 0.05% SOLUTION	8	60.00	0.25	0.19850	10%-25% Above	Yes	No
21922000201	CLINDAMYCIN PH 1% SOLUTION	6	60.00	0.25	0.15393	51%-75% Above	Yes	No
21922000201	CLINDAMYCIN PH 1% SOLUTION	7	60.00	0.25	0.14930	51%-75% Above	Yes	No
21922000201	CLINDAMYCIN PH 1% SOLUTION	7	60.00	0.33	0.14930	101%-200% Above	No	No
21922000301	FLUOCINOLONE 0.01% SOLUTION	5	60.00	0.32	0.19523	51%-75% Above	No	No
21922000301	FLUOCINOLONE 0.01% SOLUTION	8	60.00	0.09	0.19185	51%-75% Below	Yes	No
21922000301	FLUOCINOLONE 0.01% SOLUTION	8	60.00	0.25	0.19185	26%-50% Above	Yes	No
21922000404	DESONIDE 0.05% OINTMENT	4	15.00	0.99	0.41161	101%-200% Above	Yes	No
21922000404	DESONIDE 0.05% OINTMENT	7	30.00	0.50	0.38540	26%-50% Above	Yes	No
21922001105	TACROLIMUS 0.1% OINTMENT	7	60.00	1.16	0.96355	10%-25% Above	No	No
21922001604	CLOBETASOL 0.05% CREAM	6	15.00	0.67	0.18506	200% Above	No	No
21922001604	CLOBETASOL 0.05% CREAM	7	30.00	0.33	0.18389	76%-100% Above	No	No
21922001604	CLOBETASOL 0.05% CREAM	8	15.00	0.66	0.18837	200% Above	Yes	No
21922001605	CLOBETASOL 0.05% CREAM	4	30.00	1.06	0.17289	200% Above	No	No
21922001605	CLOBETASOL 0.05% CREAM	5	30.00	0.33	0.17794	76%-100% Above	No	No
21922001605	CLOBETASOL 0.05% CREAM	5	30.00	1.06	0.17794	200% Above	Yes	No

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21922001605	CLOBETASOL 0.05% CREAM	7	30.00	1.06	0.17194	200% Above	No	No
21922001606	CLOBETASOL 0.05% CREAM	4	45.00	0.11	0.13626	10%-25% Below	No	No
21922001606	CLOBETASOL 0.05% CREAM	6	45.00	0.22	0.12115	76%-100% Above	No	No
21922001607	CLOBETASOL 0.05% CREAM	4	60.00	0.25	0.12496	76%-100% Above	No	No
21922001607	CLOBETASOL 0.05% CREAM	5	60.00	0.17	0.14083	10%-25% Above	No	No
21922001607	CLOBETASOL 0.05% CREAM	5	60.00	0.25	0.14083	76%-100% Above	No	No
21922001607	CLOBETASOL 0.05% CREAM	5	60.00	1.06	0.14083	200% Above	No	No
21922001704	CLOBETASOL 0.05% OINTMENT	5	30.00	1.19	0.11872	200% Above	No	No
21922001704	CLOBETASOL 0.05% OINTMENT	6	30.00	0.33	0.12239	101%-200% Above	No	No
21922001704	CLOBETASOL 0.05% OINTMENT	6	30.00	1.19	0.12239	200% Above	No	No
21922001704	CLOBETASOL 0.05% OINTMENT	6	45.00	0.44	0.12239	200% Above	Yes	No
21922001704	CLOBETASOL 0.05% OINTMENT	6	45.00	1.19	0.12239	200% Above	No	No
21922001704	CLOBETASOL 0.05% OINTMENT	7	15.00	1.33	0.11826	200% Above	No	No
21922001704	CLOBETASOL 0.05% OINTMENT	7	45.00	1.19	0.11826	200% Above	No	No
21922001707	CLOBETASOL 0.05% OINTMENT	4	60.00	0.08	0.11242	26%-50% Below	Yes	No
21922001707	CLOBETASOL 0.05% OINTMENT	6	60.00	0.08	0.12387	26%-50% Below	Yes	No
21922001707	CLOBETASOL 0.05% OINTMENT	6	60.00	0.17	0.12387	26%-50% Above	Yes	No
21922001707	CLOBETASOL 0.05% OINTMENT	7	60.00	0.25	0.12015	101%-200% Above	Yes	No
21922001707	CLOBETASOL 0.05% OINTMENT	7	60.00	3.35	0.12015	200% Above	No	No
21922001707	CLOBETASOL 0.05% OINTMENT	8	60.00	0.25	0.11238	101%-200% Above	Yes	No
21922002107	PERMETHRIN 5% CREAM	4	60.00	0.14	0.23016	26%-50% Below	No	No
21922002107	PERMETHRIN 5% CREAM	4	60.00	0.14	0.23016	26%-50% Below	Yes	No
21922002107	PERMETHRIN 5% CREAM	5	60.00	0.14	0.22934	26%-50% Below	No	No
21922002107	PERMETHRIN 5% CREAM	5	60.00	0.14	0.22934	26%-50% Below	Yes	No
21922002107	PERMETHRIN 5% CREAM	5	60.00	0.17	0.22934	26%-50% Below	Yes	No

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21922002107	PERMETHRIN 5% CREAM	6	60.00	0.14	0.23127	26%-50% Below	No	No
21922002107	PERMETHRIN 5% CREAM	6	60.00	0.14	0.23127	26%-50% Below	Yes	No
21922002107	PERMETHRIN 5% CREAM	6	120.00	0.14	0.23127	26%-50% Below	Yes	No
21922002107	PERMETHRIN 5% CREAM	7	60.00	0.14	0.22446	26%-50% Below	No	No
21922002107	PERMETHRIN 5% CREAM	7	60.00	0.17	0.22446	26%-50% Below	Yes	No
21922002107	PERMETHRIN 5% CREAM	7	120.00	0.13	0.22446	26%-50% Below	No	No
21922002107	PERMETHRIN 5% CREAM	8	60.00	0.14	0.23144	26%-50% Below	No	No
21922002206	CLIND PH-BENZOYL PEROX 1.2-5%	5	45.00	0.29	0.40762	26%-50% Below	No	No
21922002206	CLIND PH-BENZOYL PEROX 1.2-5%	6	45.00	0.25	0.40299	26%-50% Below	No	No
21922002504	KETOCONAZOLE 2% CREAM	4	15.00	1.09	0.31394	200% Above	No	No
21922002504	KETOCONAZOLE 2% CREAM	5	15.00	0.90	0.30415	101%-200% Above	No	No
21922002504	KETOCONAZOLE 2% CREAM	5	30.00	0.35	0.30415	10%-25% Above	No	No
21922002504	KETOCONAZOLE 2% CREAM	5	60.00	0.35	0.30415	10%-25% Above	No	No
21922002504	KETOCONAZOLE 2% CREAM	7	15.00	0.35	0.30572	10%-25% Above	Yes	No
21922002504	KETOCONAZOLE 2% CREAM	7	30.00	0.35	0.30572	10%-25% Above	No	No
21922002504	KETOCONAZOLE 2% CREAM	7	45.00	0.35	0.30572	10%-25% Above	Yes	No
21922002504	KETOCONAZOLE 2% CREAM	8	15.00	0.33	0.30294	10%-25% Above	No	No
21922002505	KETOCONAZOLE 2% CREAM	4	30.00	0.35	0.25290	26%-50% Above	Yes	No
21922002505	KETOCONAZOLE 2% CREAM	4	30.00	0.74	0.25290	101%-200% Above	No	No
21922002505	KETOCONAZOLE 2% CREAM	5	30.00	0.35	0.25087	26%-50% Above	No	No
21922002505	KETOCONAZOLE 2% CREAM	5	30.00	0.50	0.25087	76%-100% Above	Yes	No
21922002505	KETOCONAZOLE 2% CREAM	6	30.00	0.33	0.25617	26%-50% Above	No	No
21922002505	KETOCONAZOLE 2% CREAM	6	30.00	0.35	0.25617	26%-50% Above	Yes	No
21922002505	KETOCONAZOLE 2% CREAM	6	30.00	0.50	0.25617	76%-100% Above	Yes	No
21922002505	KETOCONAZOLE 2% CREAM	6	60.00	0.17	0.25617	26%-50% Below	No	No

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21922002505	KETOCONAZOLE 2% CREAM	7	30.00	0.50	0.25105	76%-100% Above	Yes	No
21922002505	KETOCONAZOLE 2% CREAM	8	30.00	0.16	0.25436	26%-50% Below	Yes	No
21922002505	KETOCONAZOLE 2% CREAM	8	30.00	0.35	0.25436	26%-50% Above	Yes	No
21922002505	KETOCONAZOLE 2% CREAM	8	30.00	0.50	0.25436	76%-100% Above	Yes	No
21922002507	KETOCONAZOLE 2% CREAM	4	60.00	0.10	0.17988	26%-50% Below	No	No
21922002507	KETOCONAZOLE 2% CREAM	4	60.00	0.35	0.17988	76%-100% Above	No	No
21922002507	KETOCONAZOLE 2% CREAM	4	60.00	0.35	0.17988	76%-100% Above	Yes	No
21922002507	KETOCONAZOLE 2% CREAM	5	60.00	0.25	0.17057	26%-50% Above	No	No
21922002507	KETOCONAZOLE 2% CREAM	5	60.00	0.35	0.17057	101%-200% Above	No	No
21922002507	KETOCONAZOLE 2% CREAM	5	60.00	0.35	0.17057	101%-200% Above	Yes	No
21922002507	KETOCONAZOLE 2% CREAM	6	60.00	0.09	0.16332	26%-50% Below	Yes	No
21922002507	KETOCONAZOLE 2% CREAM	6	60.00	0.25	0.16332	51%-75% Above	Yes	No
21922002507	KETOCONAZOLE 2% CREAM	6	60.00	0.33	0.16332	101%-200% Above	Yes	No
21922002507	KETOCONAZOLE 2% CREAM	6	60.00	0.35	0.16332	101%-200% Above	No	No
21922002507	KETOCONAZOLE 2% CREAM	6	60.00	0.35	0.16332	101%-200% Above	Yes	No
21922002507	KETOCONAZOLE 2% CREAM	7	60.00	0.25	0.16310	51%-75% Above	No	No
21922002507	KETOCONAZOLE 2% CREAM	7	60.00	0.35	0.16310	101%-200% Above	No	No
21922002507	KETOCONAZOLE 2% CREAM	7	60.00	0.35	0.16310	101%-200% Above	Yes	No
21922002507	KETOCONAZOLE 2% CREAM	8	60.00	0.25	0.16285	51%-75% Above	Yes	No
21922002507	KETOCONAZOLE 2% CREAM	8	60.00	0.35	0.16285	101%-200% Above	No	No
21922002507	KETOCONAZOLE 2% CREAM	8	60.00	0.35	0.16285	101%-200% 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	4	30.00	0.27	0.15061	76%-100% Above	Yes	No
21922002705	CLINDAMYCIN PH 1% GEL	4	30.00	1.28	0.15061	200% Above	No	No
21922002705	CLINDAMYCIN PH 1% GEL	4	60.00	0.27	0.15061	76%-100% Above	No	No

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21922002705	CLINDAMYCIN PH 1% GEL	5	30.00	0.27	0.13932	76%-100% Above	Yes	No
21922002705	CLINDAMYCIN PH 1% GEL	5	30.00	0.50	0.13932	200% Above	Yes	No
21922002705	CLINDAMYCIN PH 1% GEL	5	30.00	1.28	0.13932	200% Above	No	No
21922002705	CLINDAMYCIN PH 1% GEL	5	60.00	0.27	0.13932	76%-100% Above	No	No
21922002705	CLINDAMYCIN PH 1% GEL	6	30.00	0.17	0.14214	10%-25% Above	No	No
21922002705	CLINDAMYCIN PH 1% GEL	6	30.00	0.27	0.14214	76%-100% Above	No	No
21922002705	CLINDAMYCIN PH 1% GEL	6	30.00	0.27	0.14214	76%-100% Above	Yes	No
21922002705	CLINDAMYCIN PH 1% GEL	6	30.00	1.28	0.14214	200% Above	No	No
21922002705	CLINDAMYCIN PH 1% GEL	7	30.00	0.27	0.13723	76%-100% Above	No	No
21922002705	CLINDAMYCIN PH 1% GEL	7	30.00	0.27	0.13723	76%-100% Above	Yes	No
21922002705	CLINDAMYCIN PH 1% GEL	7	30.00	1.11	0.13723	200% Above	No	No
21922002705	CLINDAMYCIN PH 1% GEL	7	30.00	1.28	0.13723	200% Above	No	No
21922002705	CLINDAMYCIN PH 1% GEL	7	60.00	0.27	0.13723	76%-100% Above	No	No
21922002705	CLINDAMYCIN PH 1% GEL	8	30.00	0.27	0.13941	76%-100% Above	No	No
21922002705	CLINDAMYCIN PH 1% GEL	8	60.00	0.27	0.13941	76%-100% Above	No	No
21922002707	CLINDAMYCIN PH 1% GEL	4	60.00	0.08	0.13683	26%-50% Below	Yes	No
21922002707	CLINDAMYCIN PH 1% GEL	4	60.00	0.25	0.13683	76%-100% Above	Yes	No
21922002707	CLINDAMYCIN PH 1% GEL	4	60.00	0.25	0.13683	76%-100% Above	No	No
21922002707	CLINDAMYCIN PH 1% GEL	4	60.00	0.27	0.13683	76%-100% Above	No	No
21922002707	CLINDAMYCIN PH 1% GEL	4	60.00	0.27	0.13683	76%-100% Above	Yes	No
21922002707	CLINDAMYCIN PH 1% GEL	5	60.00	0.27	0.13488	101%-200% Above	No	No
21922002707	CLINDAMYCIN PH 1% GEL	5	60.00	0.27	0.13488	101%-200% Above	Yes	No
21922002707	CLINDAMYCIN PH 1% GEL	6	60.00	0.08	0.13573	26%-50% Below	Yes	No
21922002707	CLINDAMYCIN PH 1% GEL	6	60.00	0.27	0.13573	101%-200% Above	No	No
21922002707	CLINDAMYCIN PH 1% GEL	7	60.00	0.08	0.12907	26%-50% Below	No	No

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21922002707	CLINDAMYCIN PH 1% GEL	7	60.00	0.27	0.12907	101%-200% Above	No	No
21922002707	CLINDAMYCIN PH 1% GEL	7	60.00	0.27	0.12907	101%-200% Above	Yes	No
21922002707	CLINDAMYCIN PH 1% GEL	8	60.00	0.27	0.13200	101%-200% Above	No	No
21922002707	CLINDAMYCIN PH 1% GEL	8	60.00	0.27	0.13200	101%-200% Above	Yes	No
21922003020	TESTOSTERONE 1.62% GEL PUMP	6	75.00	0.20	0.47714	51%-75% Below	No	No
21922003020	TESTOSTERONE 1.62% GEL PUMP	6	225.00	0.57	0.47714	10%-25% Above	Yes	No
21922003020	TESTOSTERONE 1.62% GEL PUMP	7	75.00	0.57	0.47515	10%-25% Above	No	No
21922003104	NYSTATIN-TRIAMCINOLONE OINTM	4	15.00	0.67	0.31768	101%-200% Above	No	No
21922003104	NYSTATIN-TRIAMCINOLONE OINTM	7	30.00	0.13	0.29966	51%-75% Below	No	No
21922003105	NYSTATIN-TRIAMCINOLONE OINTM	4	30.00	0.17	0.28540	26%-50% Below	No	No
21922003105	NYSTATIN-TRIAMCINOLONE OINTM	5	30.00	0.67	0.28013	101%-200% Above	No	No
21922003601	CLINDAMYCIN PHOSP 1% LOTION	5	60.00	0.25	0.28068	10%-25% Below	No	No
21922003814	AZELAIC ACID 15% GEL	4	50.00	0.30	0.45648	26%-50% Below	No	No
21922003814	AZELAIC ACID 15% GEL	5	50.00	0.32	0.45261	26%-50% Below	No	No
21922003814	AZELAIC ACID 15% GEL	5	50.00	0.76	0.45261	51%-75% Above	Yes	No
21922003814	AZELAIC ACID 15% GEL	6	50.00	0.34	0.45190	10%-25% Below	No	No
21922003814	AZELAIC ACID 15% GEL	6	50.00	0.76	0.45190	51%-75% Above	No	No
21922003814	AZELAIC ACID 15% GEL	7	50.00	0.30	0.44791	26%-50% Below	No	No
21922003814	AZELAIC ACID 15% GEL	7	50.00	0.76	0.44791	51%-75% Above	No	No
21922003814	AZELAIC ACID 15% GEL	8	50.00	0.76	0.43454	51%-75% Above	No	No
21922003923	METRONIDAZOLE VAGINAL 0.75% GL	4	70.00	0.25	0.15810	51%-75% Above	Yes	No
21922003923	METRONIDAZOLE VAGINAL 0.75% GL	5	70.00	0.21	0.14703	26%-50% Above	No	No
21922003923	METRONIDAZOLE VAGINAL 0.75% GL	5	70.00	0.21	0.14703	26%-50% Above	No	No
21922003923	METRONIDAZOLE VAGINAL 0.75% GL	5	70.00	0.25	0.14703	51%-75% Above	No	No
21922003923	METRONIDAZOLE VAGINAL 0.75% GL	6	70.00	0.25	0.14795	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	70.00	0.25	0.14795	51%-75% Above	Yes	No
21922003923	METRONIDAZOLE VAGINAL 0.75% GL	6	70.00	0.28	0.14795	76%-100% Above	Yes	No
21922003923	METRONIDAZOLE VAGINAL 0.75% GL	6	70.00	0.86	0.14795	200% Above	No	No
21922003923	METRONIDAZOLE VAGINAL 0.75% GL	7	70.00	0.25	0.14048	76%-100% Above	No	No
21922003923	METRONIDAZOLE VAGINAL 0.75% GL	8	70.00	0.07	0.14131	26%-50% Below	Yes	No
21922003923	METRONIDAZOLE VAGINAL 0.75% GL	8	70.00	0.25	0.14131	76%-100% Above	No	No
21922004917	FLUOROURACIL 5% CREAM	6	40.00	0.37	0.59654	26%-50% Below	No	No
21922004917	FLUOROURACIL 5% CREAM	7	40.00	0.30	0.58529	26%-50% Below	Yes	No
21922004917	FLUOROURACIL 5% CREAM	8	40.00	0.38	0.60340	26%-50% Below	No	No
21922005106	ADAPALENE 0.3% GEL	8	45.00	0.45	0.50940	10%-25% Below	No	No
21922005150	ADAPALENE 0.3% GEL PUMP	6	45.00	0.03	0.74503	76%-100% Below	No	No
21922005150	ADAPALENE 0.3% GEL PUMP	7	45.00	0.03	0.75879	76%-100% Below	No	No
21922005351	CICLOPIROX 8% SOLUTION	7	6.60	1.37	1.24059	10%-25% Above	Yes	No
21922005351	CICLOPIROX 8% SOLUTION	8	6.60	0.76	1.17178	26%-50% Below	No	No
21922005351	CICLOPIROX 8% SOLUTION	8	6.60	1.37	1.17178	10%-25% Above	Yes	No
21922006122	CLOBETASOL 0.05% SOLUTION	6	25.00	0.46	0.25035	76%-100% Above	No	No
21922006127	CLOBETASOL 0.05% SOLUTION	4	100.00	0.46	0.11575	200% Above	No	No
21922006127	CLOBETASOL 0.05% SOLUTION	5	50.00	0.20	0.11487	51%-75% Above	No	No
21922006127	CLOBETASOL 0.05% SOLUTION	5	50.00	0.46	0.11487	200% Above	No	No
21922006127	CLOBETASOL 0.05% SOLUTION	6	50.00	0.05	0.11723	51%-75% Below	No	No
21922006127	CLOBETASOL 0.05% SOLUTION	6	50.00	0.46	0.11723	200% Above	No	No
21922006127	CLOBETASOL 0.05% SOLUTION	8	50.00	0.30	0.13451	101%-200% Above	No	No
21922006204	TRIAMCINOLONE 0.1% CREAM	4	15.00	0.05	0.10331	26%-50% Below	No	No
21922006204	TRIAMCINOLONE 0.1% CREAM	4	30.00	0.05	0.10331	26%-50% Below	No	No
21922006204	TRIAMCINOLONE 0.1% CREAM	5	15.00	0.05	0.10216	26%-50% Below	No	No

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21922006204	TRIAMCINOLONE 0.1% CREAM	5	15.00	0.17	0.10216	51%-75% Above	No	No
21922006204	TRIAMCINOLONE 0.1% CREAM	6	15.00	0.01	0.09986	76%-100% Below	No	No
21922006204	TRIAMCINOLONE 0.1% CREAM	6	15.00	0.05	0.09986	26%-50% Below	No	No
21922006204	TRIAMCINOLONE 0.1% CREAM	6	45.00	0.05	0.09986	26%-50% Below	No	No
21922006204	TRIAMCINOLONE 0.1% CREAM	7	15.00	0.05	0.09932	26%-50% Below	No	No
21922006204	TRIAMCINOLONE 0.1% CREAM	7	30.00	0.17	0.09932	51%-75% Above	No	No
21922006204	TRIAMCINOLONE 0.1% CREAM	7	60.00	0.16	0.09932	51%-75% Above	No	No
21922006204	TRIAMCINOLONE 0.1% CREAM	8	15.00	0.05	0.10018	26%-50% Below	No	No
21922006204	TRIAMCINOLONE 0.1% CREAM	8	45.00	0.16	0.10018	51%-75% Above	No	No
21922006205	TRIAMCINOLONE 0.1% CREAM	4	30.00	0.05	0.08256	26%-50% Below	No	No
21922006205	TRIAMCINOLONE 0.1% CREAM	4	60.00	0.05	0.08256	26%-50% Below	No	No
21922006205	TRIAMCINOLONE 0.1% CREAM	5	30.00	0.03	0.08272	51%-75% Below	No	No
21922006205	TRIAMCINOLONE 0.1% CREAM	5	30.00	0.05	0.08272	26%-50% Below	No	No
21922006205	TRIAMCINOLONE 0.1% CREAM	5	30.00	0.14	0.08272	51%-75% Above	No	No
21922006205	TRIAMCINOLONE 0.1% CREAM	5	30.00	0.18	0.08272	101%-200% Above	No	No
21922006205	TRIAMCINOLONE 0.1% CREAM	5	60.00	0.05	0.08272	26%-50% Below	No	No
21922006205	TRIAMCINOLONE 0.1% CREAM	6	30.00	0.03	0.08375	51%-75% Below	No	No
21922006205	TRIAMCINOLONE 0.1% CREAM	6	30.00	0.05	0.08375	26%-50% Below	No	No
21922006205	TRIAMCINOLONE 0.1% CREAM	6	30.00	0.14	0.08375	51%-75% Above	No	No
21922006205	TRIAMCINOLONE 0.1% CREAM	6	30.00	0.18	0.08375	101%-200% Above	No	No
21922006205	TRIAMCINOLONE 0.1% CREAM	7	30.00	0.05	0.08137	26%-50% Below	No	No
21922006205	TRIAMCINOLONE 0.1% CREAM	7	30.00	0.14	0.08137	51%-75% Above	No	No
21922006205	TRIAMCINOLONE 0.1% CREAM	8	30.00	0.05	0.08026	26%-50% Below	No	No
21922006205	TRIAMCINOLONE 0.1% CREAM	8	30.00	0.16	0.08026	76%-100% Above	No	No
21922006205	TRIAMCINOLONE 0.1% CREAM	8	30.00	0.18	0.08026	101%-200% Above	No	No

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21922006215	TRIAMCINOLONE 0.1% CREAM	4	80.00	0.13	0.04977	101%-200% Above	No	No
21922006215	TRIAMCINOLONE 0.1% CREAM	4	80.00	0.13	0.04977	101%-200% Above	No	No
21922006215	TRIAMCINOLONE 0.1% CREAM	5	80.00	0.12	0.04956	101%-200% Above	No	No
21922006215	TRIAMCINOLONE 0.1% CREAM	5	80.00	0.12	0.04956	101%-200% Above	No	No
21922006215	TRIAMCINOLONE 0.1% CREAM	5	80.00	0.13	0.04956	101%-200% Above	No	No
21922006215	TRIAMCINOLONE 0.1% CREAM	6	80.00	0.11	0.04841	101%-200% Above	No	No
21922006215	TRIAMCINOLONE 0.1% CREAM	6	80.00	0.13	0.04841	101%-200% Above	No	No
21922006215	TRIAMCINOLONE 0.1% CREAM	7	80.00	0.05	0.04775	10%-25% Above	No	No
21922006215	TRIAMCINOLONE 0.1% CREAM	7	80.00	0.13	0.04775	101%-200% Above	No	No
21922006215	TRIAMCINOLONE 0.1% CREAM	8	80.00	0.05	0.04648	10%-25% Above	No	No
21922006215	TRIAMCINOLONE 0.1% CREAM	8	80.00	0.12	0.04648	101%-200% Above	No	No
21922006215	TRIAMCINOLONE 0.1% CREAM	8	80.00	0.13	0.04648	101%-200% Above	No	No
21922006304	TRIAMCINOLONE 0.1% OINTMENT	4	45.00	0.06	0.11542	26%-50% Below	No	No
21922006304	TRIAMCINOLONE 0.1% OINTMENT	4	60.00	0.03	0.11542	51%-75% Below	No	No
21922006304	TRIAMCINOLONE 0.1% OINTMENT	4	60.00	0.06	0.11542	26%-50% Below	No	No
21922006304	TRIAMCINOLONE 0.1% OINTMENT	5	15.00	0.06	0.11513	26%-50% Below	No	No
21922006304	TRIAMCINOLONE 0.1% OINTMENT	6	15.00	0.06	0.11760	26%-50% Below	No	No
21922006304	TRIAMCINOLONE 0.1% OINTMENT	6	15.00	0.06	0.11760	26%-50% Below	No	No
21922006304	TRIAMCINOLONE 0.1% OINTMENT	6	30.00	0.06	0.11760	26%-50% Below	No	No
21922006304	TRIAMCINOLONE 0.1% OINTMENT	6	60.00	0.03	0.11760	51%-75% Below	No	No
21922006304	TRIAMCINOLONE 0.1% OINTMENT	6	60.00	0.04	0.11760	51%-75% Below	No	No
21922006304	TRIAMCINOLONE 0.1% OINTMENT	7	15.00	0.06	0.11837	26%-50% Below	No	No
21922006304	TRIAMCINOLONE 0.1% OINTMENT	7	30.00	0.06	0.11837	26%-50% Below	No	No
21922006304	TRIAMCINOLONE 0.1% OINTMENT	7	60.00	0.04	0.11837	51%-75% Below	No	No
21922006304	TRIAMCINOLONE 0.1% OINTMENT	8	15.00	0.06	0.11902	26%-50% Below	No	No

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21922006304	TRIAMCINOLONE 0.1% OINTMENT	8	45.00	0.04	0.11902	51%-75% Below	No	No
21922006304	TRIAMCINOLONE 0.1% OINTMENT	8	60.00	0.03	0.11902	51%-75% Below	No	No
21922006304	TRIAMCINOLONE 0.1% OINTMENT	8	60.00	0.04	0.11902	51%-75% Below	No	No
21922006305	TRIAMCINOLONE 0.1% OINTMENT	4	30.00	0.22	0.12594	51%-75% Above	No	No
21922006305	TRIAMCINOLONE 0.1% OINTMENT	5	60.00	0.03	0.12483	51%-75% Below	No	No
21922006305	TRIAMCINOLONE 0.1% OINTMENT	5	90.00	0.02	0.12483	76%-100% Below	No	No
21922006305	TRIAMCINOLONE 0.1% OINTMENT	6	120.00	0.03	0.12343	76%-100% Below	Yes	No
21922006305	TRIAMCINOLONE 0.1% OINTMENT	7	30.00	0.03	0.12170	51%-75% Below	Yes	No
21922006305	TRIAMCINOLONE 0.1% OINTMENT	7	30.00	0.14	0.12170	10%-25% Above	No	No
21922006305	TRIAMCINOLONE 0.1% OINTMENT	7	30.00	0.14	0.12170	10%-25% Above	Yes	No
21922006305	TRIAMCINOLONE 0.1% OINTMENT	8	30.00	0.05	0.12162	51%-75% Below	No	No
21922006315	TRIAMCINOLONE 0.1% OINTMENT	5	80.00	0.04	0.06514	26%-50% Below	No	No
21922006315	TRIAMCINOLONE 0.1% OINTMENT	6	80.00	0.03	0.06499	26%-50% Below	No	No
21922006407	FLUOCINONIDE 0.05% CREAM	6	120.00	0.14	0.24686	26%-50% Below	Yes	No
21922007006	METRONIDAZOLE TOPICAL 0.75% GL	6	45.00	0.16	0.32230	51%-75% Below	No	No
21922007006	METRONIDAZOLE TOPICAL 0.75% GL	7	45.00	0.16	0.27248	26%-50% Below	No	No
21922007221	MOMETASONE FUROATE 0.1% SOLN	4	30.00	0.23	0.51084	51%-75% Below	Yes	No
21922007221	MOMETASONE FUROATE 0.1% SOLN	6	30.00	0.23	0.50129	51%-75% Below	No	No
21922007221	MOMETASONE FUROATE 0.1% SOLN	7	30.00	0.16	0.49354	51%-75% Below	Yes	No
21922007304	MUPIROCIN 2% OINTMENT	5	15.00	0.22	0.28915	10%-25% Below	Yes	No
21922007304	MUPIROCIN 2% OINTMENT	5	15.00	0.33	0.28915	10%-25% Above	Yes	No
21922007304	MUPIROCIN 2% OINTMENT	5	15.00	0.54	0.28915	76%-100% Above	No	No
21922007304	MUPIROCIN 2% OINTMENT	5	30.00	0.22	0.28915	10%-25% Below	No	No
21922007304	MUPIROCIN 2% OINTMENT	6	15.00	0.22	0.29209	26%-50% Below	Yes	No
21922007304	MUPIROCIN 2% OINTMENT	6	15.00	0.33	0.29209	10%-25% Above	Yes	No

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21922007304	MUPIROCIN 2% OINTMENT	6	15.00	0.43	0.29209	26%-50% Above	Yes	No
21922007304	MUPIROCIN 2% OINTMENT	6	30.00	0.22	0.29209	26%-50% Below	No	No
21922007304	MUPIROCIN 2% OINTMENT	6	30.00	0.22	0.29209	26%-50% Below	Yes	No
21922007304	MUPIROCIN 2% OINTMENT	7	15.00	0.08	0.29599	51%-75% Below	Yes	No
21922007304	MUPIROCIN 2% OINTMENT	7	15.00	0.43	0.29599	26%-50% Above	Yes	No
21922007304	MUPIROCIN 2% OINTMENT	7	30.00	0.22	0.29599	26%-50% Below	No	No
21922007304	MUPIROCIN 2% OINTMENT	7	30.00	0.46	0.29599	51%-75% Above	Yes	No
21922007304	MUPIROCIN 2% OINTMENT	8	15.00	0.22	0.29876	26%-50% Below	No	No
21922007304	MUPIROCIN 2% OINTMENT	8	15.00	0.22	0.29876	26%-50% Below	Yes	No
21922007304	MUPIROCIN 2% OINTMENT	8	15.00	0.53	0.29876	76%-100% Above	No	No
21922007325	MUPIROCIN 2% OINTMENT	4	22.00	0.17	0.13303	26%-50% 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	0.22	0.13303	51%-75% Above	Yes	No
21922007325	MUPIROCIN 2% OINTMENT	4	22.00	0.26	0.13303	76%-100% Above	Yes	No
21922007325	MUPIROCIN 2% OINTMENT	4	22.00	0.26	0.13303	76%-100% Above	Yes	No
21922007325	MUPIROCIN 2% OINTMENT	4	22.00	0.32	0.13303	101%-200% Above	Yes	No
21922007325	MUPIROCIN 2% OINTMENT	4	22.00	0.64	0.13303	200% Above	No	No
21922007325	MUPIROCIN 2% OINTMENT	5	22.00	0.17	0.13461	10%-25% Above	No	No
21922007325	MUPIROCIN 2% OINTMENT	5	22.00	0.17	0.13461	10%-25% Above	Yes	No
21922007325	MUPIROCIN 2% OINTMENT	5	22.00	0.22	0.13461	51%-75% Above	Yes	No
21922007325	MUPIROCIN 2% OINTMENT	5	22.00	0.25	0.13461	76%-100% Above	Yes	No
21922007325	MUPIROCIN 2% OINTMENT	5	22.00	0.25	0.13461	76%-100% Above	No	No
21922007325	MUPIROCIN 2% OINTMENT	5	22.00	0.27	0.13461	76%-100% Above	Yes	No
21922007325	MUPIROCIN 2% OINTMENT	5	22.00	0.29	0.13461	101%-200% Above	Yes	No
21922007325	MUPIROCIN 2% OINTMENT	5	22.00	0.64	0.13461	200% Above	No	No

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21922007325	MUPIROCIN 2% OINTMENT	6	22.00	0.09	0.13623	26%-50% Below	No	No
21922007325	MUPIROCIN 2% OINTMENT	6	22.00	0.17	0.13623	10%-25% Above	No	No
21922007325	MUPIROCIN 2% OINTMENT	6	22.00	0.17	0.13623	10%-25% Above	Yes	No
21922007325	MUPIROCIN 2% OINTMENT	6	22.00	0.22	0.13623	51%-75% Above	Yes	No
21922007325	MUPIROCIN 2% OINTMENT	6	22.00	0.22	0.13623	51%-75% Above	Yes	No
21922007325	MUPIROCIN 2% OINTMENT	6	22.00	0.23	0.13623	51%-75% Above	Yes	No
21922007325	MUPIROCIN 2% OINTMENT	6	22.00	0.25	0.13623	76%-100% Above	No	No
21922007325	MUPIROCIN 2% OINTMENT	6	22.00	0.29	0.13623	101%-200% Above	No	No
21922007325	MUPIROCIN 2% OINTMENT	6	22.00	0.64	0.13623	200% Above	No	No
21922007325	MUPIROCIN 2% OINTMENT	7	22.00	0.07	0.13771	51%-75% Below	Yes	No
21922007325	MUPIROCIN 2% OINTMENT	7	22.00	0.17	0.13771	10%-25% Above	No	No
21922007325	MUPIROCIN 2% OINTMENT	7	22.00	0.17	0.13771	10%-25% Above	Yes	No
21922007325	MUPIROCIN 2% OINTMENT	7	22.00	0.22	0.13771	51%-75% Above	Yes	No
21922007325	MUPIROCIN 2% OINTMENT	7	22.00	0.25	0.13771	76%-100% Above	Yes	No
21922007325	MUPIROCIN 2% OINTMENT	7	22.00	0.27	0.13771	76%-100% Above	Yes	No
21922007325	MUPIROCIN 2% OINTMENT	7	22.00	0.29	0.13771	101%-200% Above	No	No
21922007325	MUPIROCIN 2% OINTMENT	7	30.00	0.07	0.13771	51%-75% Below	Yes	No
21922007325	MUPIROCIN 2% OINTMENT	8	22.00	0.17	0.14537	10%-25% Above	No	No
21922007325	MUPIROCIN 2% OINTMENT	8	22.00	0.17	0.14537	10%-25% Above	Yes	No
21922007325	MUPIROCIN 2% OINTMENT	8	22.00	0.22	0.14537	51%-75% Above	Yes	No
21922007325	MUPIROCIN 2% OINTMENT	8	22.00	0.23	0.14537	51%-75% Above	No	No
21922007325	MUPIROCIN 2% OINTMENT	8	22.00	0.27	0.14537	76%-100% Above	No	No
21922007325	MUPIROCIN 2% OINTMENT	8	22.00	0.64	0.14537	200% Above	No	No
21922007605	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	6	30.00	0.15	0.21638	26%-50% Below	No	No
21922007605	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	7	30.00	0.18	0.21832	10%-25% Below	No	No

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21922007605	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	8	30.00	0.30	0.22111	26%-50% Above	No	No
21922007906	TRETINOIN 0.025% CREAM	8	45.00	0.37	0.46837	10%-25% Below	Yes	No
21922008506	ESTRADIOL 0.01% CREAM	4	42.50	0.82	0.40019	101%-200% Above	No	No
21922008506	ESTRADIOL 0.01% CREAM	5	42.50	0.82	0.38605	101%-200% Above	No	No
21922008506	ESTRADIOL 0.01% CREAM	5	42.50	1.06	0.38605	101%-200% Above	No	No
21922008506	ESTRADIOL 0.01% CREAM	6	42.50	0.82	0.38876	101%-200% Above	No	No
21922008506	ESTRADIOL 0.01% CREAM	7	42.50	0.82	0.38016	101%-200% Above	No	No
21922008506	ESTRADIOL 0.01% CREAM	8	42.50	0.54	0.42567	26%-50% Above	No	No
21922008506	ESTRADIOL 0.01% CREAM	8	42.50	0.82	0.42567	76%-100% Above	No	No
23155000210	HYDRALAZINE 25 MG TABLET	5	270.00	0.05	0.03558	26%-50% Above	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	0.02	0.01202	26%-50% Above	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.00	0.01	0.01219	10%-25% Below	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.00	0.02	0.01219	26%-50% Above	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	6	45.00	0.02	0.01203	26%-50% Above	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.00	0.02	0.01203	26%-50% Above	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.00	0.02	0.01203	26%-50% Above	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.00	0.02	0.01196	26%-50% Above	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	8	45.00	0.02	0.01165	26%-50% Above	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.00	0.01	0.01165	10%-25% Below	No	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	45.00	0.02	0.01202	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	0.01	0.01202	51%-75% Below	Yes	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

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	90.00	0.02	0.01202	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	0.02	0.01202	51%-75% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.00	0.03	0.01219	101%-200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.00	0.01	0.01219	51%-75% Below	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.00	0.01	0.01219	10%-25% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.00	0.01	0.01219	10%-25% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.00	0.02	0.01219	26%-50% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.00	0.02	0.01219	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.00	0.02	0.01219	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.00	0.02	0.01219	51%-75% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.00	0.01	0.01203	51%-75% Below	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.00	0.01	0.01203	10%-25% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.00	0.01	0.01203	10%-25% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.00	0.03	0.01203	101%-200% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.00	0.01	0.01203	10%-25% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.00	0.02	0.01203	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.00	0.02	0.01203	26%-50% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.00	0.02	0.01203	51%-75% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.00	0.01	0.01196	10%-25% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.00	0.01	0.01196	10%-25% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.00	0.03	0.01196	101%-200% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.00	0.01	0.01196	51%-75% Below	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.00	0.01	0.01196	10%-25% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.00	0.01	0.01196	10%-25% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.00	0.02	0.01196	26%-50% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	90.00	0.02	0.01196	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.00	0.02	0.01196	51%-75% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.00	0.02	0.01196	76%-100% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.00	0.01	0.01165	10%-25% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.00	0.01	0.01165	10%-25% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.00	0.03	0.01165	101%-200% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.00	0.03	0.01165	101%-200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.00	0.01	0.01165	10%-25% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.00	0.01	0.01165	10%-25% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.00	0.02	0.01165	26%-50% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.00	0.02	0.01165	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.00	0.02	0.01165	51%-75% Above	Yes	No
23155000910	HYDROCHLOROTHIAZIDE 50 MG TAB	4	90.00	0.02	0.03203	26%-50% Below	Yes	No
23155000910	HYDROCHLOROTHIAZIDE 50 MG TAB	5	90.00	0.03	0.03324	10%-25% Below	Yes	No
23155000910	HYDROCHLOROTHIAZIDE 50 MG TAB	7	90.00	0.02	0.03108	26%-50% Below	Yes	No
23155000910	HYDROCHLOROTHIAZIDE 50 MG TAB	7	90.00	0.02	0.03108	26%-50% Below	Yes	No
23155002301	BUSPIRONE HCL 5 MG TABLET	5	90.00	0.05	0.02204	101%-200% Above	No	No
23155002301	BUSPIRONE HCL 5 MG TABLET	6	90.00	0.05	0.02187	101%-200% Above	No	No
23155002301	BUSPIRONE HCL 5 MG TABLET	8	60.00	0.05	0.02175	101%-200% Above	No	No
23155002305	BUSPIRONE HCL 5 MG TABLET	6	180.00	0.01	0.02187	26%-50% Below	No	No
23155002401	BUSPIRONE HCL 10 MG TABLET	5	180.00	0.05	0.02962	51%-75% Above	No	No
23155002401	BUSPIRONE HCL 10 MG TABLET	5	270.00	0.05	0.02962	51%-75% Above	No	No
23155002401	BUSPIRONE HCL 10 MG TABLET	8	90.00	0.05	0.02795	76%-100% Above	No	No
23155002401	BUSPIRONE HCL 10 MG TABLET	8	180.00	0.05	0.02795	76%-100% Above	No	No
23155002405	BUSPIRONE HCL 10 MG TABLET	4	60.00	0.05	0.02946	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
23155002405	BUSPIRONE HCL 10 MG TABLET	5	180.00	0.01	0.02962	26%-50% Below	No	No
23155002405	BUSPIRONE HCL 10 MG TABLET	5	180.00	0.05	0.02962	76%-100% Above	No	No
23155002405	BUSPIRONE HCL 10 MG TABLET	6	30.00	0.05	0.02917	51%-75% Above	No	No
23155002405	BUSPIRONE HCL 10 MG TABLET	6	60.00	0.01	0.02917	26%-50% Below	No	No
23155002405	BUSPIRONE HCL 10 MG TABLET	6	90.00	0.05	0.02917	76%-100% Above	No	No
23155002405	BUSPIRONE HCL 10 MG TABLET	6	270.00	0.01	0.02917	26%-50% Below	No	No
23155002405	BUSPIRONE HCL 10 MG TABLET	7	30.00	0.05	0.02861	51%-75% Above	No	No
23155002405	BUSPIRONE HCL 10 MG TABLET	7	60.00	0.01	0.02861	26%-50% Below	No	No
23155002405	BUSPIRONE HCL 10 MG TABLET	7	60.00	0.05	0.02861	76%-100% Above	No	No
23155002405	BUSPIRONE HCL 10 MG TABLET	7	180.00	0.05	0.02861	76%-100% Above	No	No
23155002405	BUSPIRONE HCL 10 MG TABLET	8	180.00	0.01	0.02795	26%-50% Below	No	No
23155002506	BUSPIRONE HCL 15 MG TABLET	4	30.00	0.06	0.04301	26%-50% Above	No	No
23155002601	VERAPAMIL 80 MG TABLET	7	90.00	0.03	0.07455	51%-75% Below	No	No
23155003005	FLUOXETINE HCL 40 MG CAPSULE	4	30.00	0.11	0.05279	101%-200% Above	No	No
23155003005	FLUOXETINE HCL 40 MG CAPSULE	4	60.00	0.08	0.05279	51%-75% Above	No	No
23155003005	FLUOXETINE HCL 40 MG CAPSULE	7	30.00	0.11	0.05015	101%-200% Above	No	No
23155005001	FELODIPINE ER 10 MG TABLET	6	90.00	0.14	0.11173	26%-50% Above	No	No
23155005101	NYSTATIN 500,000 UNIT ORAL TAB	7	180.00	0.08	0.37977	76%-100% Below	No	No
23155007001	METHIMAZOLE 5 MG TABLET	4	90.00	0.12	0.07183	51%-75% Above	No	No
23155007001	METHIMAZOLE 5 MG TABLET	6	90.00	0.09	0.07217	26%-50% Above	No	No
23155007001	METHIMAZOLE 5 MG TABLET	7	270.00	0.01	0.07143	76%-100% Below	No	No
23155009301	DOXAZOSIN MESYLATE 2 MG TAB	8	90.00	0.14	0.06564	101%-200% Above	No	No
23155013525	DOXYCYCLINE MONO 100 MG TABLET	4	14.00	0.23	0.26369	10%-25% Below	Yes	No
23155013525	DOXYCYCLINE MONO 100 MG TABLET	7	14.00	0.13	0.24803	26%-50% Below	Yes	No
23155013525	DOXYCYCLINE MONO 100 MG TABLET	7	20.00	0.46	0.24803	76%-100% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
23155013525	DOXYCYCLINE MONO 100 MG TABLET	8	14.00	0.23	0.25739	10%-25% Below	No	No
23155013525	DOXYCYCLINE MONO 100 MG TABLET	8	42.00	0.13	0.25739	51%-75% Below	Yes	No
23155019101	BUPROPION HCL 75 MG TABLET	5	60.00	0.25	0.09643	101%-200% Above	Yes	No
23155019101	BUPROPION HCL 75 MG TABLET	6	10.00	0.42	0.09555	200% Above	Yes	No
23155019101	BUPROPION HCL 75 MG TABLET	6	30.00	0.40	0.09555	200% Above	Yes	No
23155019101	BUPROPION HCL 75 MG TABLET	6	60.00	0.25	0.09555	101%-200% Above	Yes	No
23155019101	BUPROPION HCL 75 MG TABLET	7	90.00	0.03	0.09374	51%-75% Below	Yes	No
23155019101	BUPROPION HCL 75 MG TABLET	7	90.00	0.33	0.09374	200% Above	Yes	No
23155019101	BUPROPION HCL 75 MG TABLET	8	60.00	0.17	0.09421	51%-75% Above	Yes	No
23155019501	NIFEDIPINE 20 MG CAPSULE	6	30.00	0.25	0.61835	51%-75% Below	Yes	No
23155022901	ACYCLOVIR 200 MG CAPSULE	5	30.00	0.07	0.10206	26%-50% Below	No	No
23155022901	ACYCLOVIR 200 MG CAPSULE	7	30.00	0.07	0.09998	26%-50% Below	No	No
23155022901	ACYCLOVIR 200 MG CAPSULE	8	30.00	0.07	0.09733	26%-50% Below	No	No
23155028801	ACETAZOLAMIDE 250 MG TABLET	6	60.00	0.36	0.13395	101%-200% Above	Yes	No
23155028801	ACETAZOLAMIDE 250 MG TABLET	7	60.00	0.36	0.13296	101%-200% Above	Yes	No
23155049001	DESMOPRESSIN ACETATE 0.2 MG TB	4	90.00	0.20	0.36314	26%-50% Below	No	No
23155049001	DESMOPRESSIN ACETATE 0.2 MG TB	5	90.00	0.20	0.37311	26%-50% Below	No	No
23155050001	HYDROXYZINE HCL 10 MG TABLET	4	30.00	0.07	0.03139	101%-200% Above	Yes	No
23155050001	HYDROXYZINE HCL 10 MG TABLET	5	30.00	0.07	0.03117	101%-200% Above	Yes	No
23155050001	HYDROXYZINE HCL 10 MG TABLET	6	90.00	0.05	0.03017	76%-100% Above	Yes	No
23155050005	HYDROXYZINE HCL 10 MG TABLET	4	30.00	0.07	0.03139	101%-200% Above	No	No
23155050005	HYDROXYZINE HCL 10 MG TABLET	4	60.00	0.07	0.03139	101%-200% Above	No	No
23155050005	HYDROXYZINE HCL 10 MG TABLET	5	60.00	0.07	0.03117	101%-200% Above	No	No
23155050005	HYDROXYZINE HCL 10 MG TABLET	5	150.00	0.07	0.03117	101%-200% Above	No	No
23155050005	HYDROXYZINE HCL 10 MG TABLET	5	180.00	0.07	0.03117	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	7.00	0.08	0.03456	101%-200% Above	No	No
23155050101	HYDROXYZINE HCL 25 MG TABLET	4	90.00	0.07	0.03456	76%-100% Above	Yes	No
23155050101	HYDROXYZINE HCL 25 MG TABLET	4	90.00	0.08	0.03456	101%-200% Above	No	No
23155050101	HYDROXYZINE HCL 25 MG TABLET	5	30.00	0.08	0.03562	101%-200% Above	Yes	No
23155050101	HYDROXYZINE HCL 25 MG TABLET	5	60.00	0.06	0.03562	51%-75% Above	Yes	No
23155050101	HYDROXYZINE HCL 25 MG TABLET	6	180.00	0.08	0.03558	101%-200% Above	Yes	No
23155050101	HYDROXYZINE HCL 25 MG TABLET	7	30.00	0.07	0.03501	76%-100% Above	No	No
23155050101	HYDROXYZINE HCL 25 MG TABLET	7	90.00	0.08	0.03501	101%-200% Above	No	No
23155050105	HYDROXYZINE HCL 25 MG TABLET	4	30.00	0.08	0.03456	101%-200% Above	No	No
23155050105	HYDROXYZINE HCL 25 MG TABLET	4	30.00	0.08	0.03456	101%-200% Above	No	No
23155050105	HYDROXYZINE HCL 25 MG TABLET	4	60.00	0.01	0.03456	51%-75% Below	No	No
23155050105	HYDROXYZINE HCL 25 MG TABLET	4	90.00	0.06	0.03456	76%-100% Above	No	No
23155050105	HYDROXYZINE HCL 25 MG TABLET	4	120.00	0.08	0.03456	101%-200% Above	No	No
23155050105	HYDROXYZINE HCL 25 MG TABLET	5	7.00	0.08	0.03562	101%-200% Above	No	No
23155050105	HYDROXYZINE HCL 25 MG TABLET	5	20.00	0.08	0.03562	101%-200% Above	No	No
23155050105	HYDROXYZINE HCL 25 MG TABLET	5	30.00	0.08	0.03562	101%-200% Above	No	No
23155050105	HYDROXYZINE HCL 25 MG TABLET	5	30.00	0.08	0.03562	101%-200% Above	No	No
23155050105	HYDROXYZINE HCL 25 MG TABLET	5	60.00	0.01	0.03562	51%-75% Below	No	No
23155050105	HYDROXYZINE HCL 25 MG TABLET	5	60.00	0.06	0.03562	51%-75% Above	No	No
23155050105	HYDROXYZINE HCL 25 MG TABLET	5	60.00	0.08	0.03562	101%-200% Above	No	No
23155050105	HYDROXYZINE HCL 25 MG TABLET	6	30.00	0.07	0.03558	101%-200% Above	No	No
23155050105	HYDROXYZINE HCL 25 MG TABLET	6	30.00	0.08	0.03558	101%-200% Above	No	No
23155050105	HYDROXYZINE HCL 25 MG TABLET	7	50.00	0.08	0.03501	101%-200% Above	No	No
23155050105	HYDROXYZINE HCL 25 MG TABLET	8	30.00	0.08	0.03417	101%-200% Above	No	No
23155050110	HYDROXYZINE HCL 25 MG TABLET	4	60.00	0.08	0.03456	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
23155050110	HYDROXYZINE HCL 25 MG TABLET	4	90.00	0.08	0.03456	101%-200% Above	No	No
23155050110	HYDROXYZINE HCL 25 MG TABLET	5	24.00	0.08	0.03562	101%-200% Above	No	No
23155050110	HYDROXYZINE HCL 25 MG TABLET	5	270.00	0.08	0.03562	101%-200% Above	No	No
23155050110	HYDROXYZINE HCL 25 MG TABLET	6	60.00	0.08	0.03558	101%-200% Above	No	No
23155050110	HYDROXYZINE HCL 25 MG TABLET	6	90.00	0.08	0.03558	101%-200% Above	No	No
23155050110	HYDROXYZINE HCL 25 MG TABLET	7	24.00	0.08	0.03501	101%-200% Above	No	No
23155050110	HYDROXYZINE HCL 25 MG TABLET	7	90.00	0.08	0.03501	101%-200% Above	No	No
23155050201	HYDROXYZINE HCL 50 MG TABLET	4	30.00	0.10	0.06161	51%-75% Above	No	No
23155050201	HYDROXYZINE HCL 50 MG TABLET	4	180.00	0.05	0.06161	10%-25% Below	No	No
23155050201	HYDROXYZINE HCL 50 MG TABLET	8	30.00	0.10	0.05831	76%-100% Above	No	No
23155050205	HYDROXYZINE HCL 50 MG TABLET	4	60.00	0.11	0.06161	51%-75% Above	No	No
23155050205	HYDROXYZINE HCL 50 MG TABLET	5	90.00	0.09	0.05989	26%-50% Above	No	No
23155050205	HYDROXYZINE HCL 50 MG TABLET	5	90.00	0.10	0.05989	51%-75% Above	No	No
23155050205	HYDROXYZINE HCL 50 MG TABLET	5	180.00	0.10	0.05989	51%-75% Above	No	No
23155050205	HYDROXYZINE HCL 50 MG TABLET	8	30.00	0.10	0.05831	76%-100% Above	No	No
23155050210	HYDROXYZINE HCL 50 MG TABLET	5	60.00	0.09	0.05989	26%-50% Above	No	No
23155050210	HYDROXYZINE HCL 50 MG TABLET	5	180.00	0.09	0.05989	26%-50% Above	No	No
23155050210	HYDROXYZINE HCL 50 MG TABLET	5	270.00	0.09	0.05989	26%-50% Above	No	No
23155050210	HYDROXYZINE HCL 50 MG TABLET	6	60.00	0.09	0.05962	26%-50% Above	No	No
23155050210	HYDROXYZINE HCL 50 MG TABLET	6	90.00	0.09	0.05962	26%-50% Above	No	No
23155050210	HYDROXYZINE HCL 50 MG TABLET	7	60.00	0.09	0.05879	51%-75% Above	No	No
23155050210	HYDROXYZINE HCL 50 MG TABLET	8	60.00	0.09	0.05831	51%-75% Above	No	No
23155060701	GLYCOPYRROLATE 2 MG TABLET	7	60.00	0.08	0.14751	26%-50% Below	Yes	No
23155060701	GLYCOPYRROLATE 2 MG TABLET	8	60.00	0.08	0.14720	26%-50% Below	Yes	No
23155066301	CALCITRIOL 0.5 MCG CAPSULE	4	180.00	0.14	0.24939	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
23155066301	CALCITRIOL 0.5 MCG CAPSULE	5	30.00	0.33	0.24983	26%-50% Above	Yes	No
23155066301	CALCITRIOL 0.5 MCG CAPSULE	6	102.00	0.14	0.25165	26%-50% Below	Yes	No
23155066301	CALCITRIOL 0.5 MCG CAPSULE	6	270.00	0.11	0.25165	51%-75% Below	Yes	No
23155066301	CALCITRIOL 0.5 MCG CAPSULE	7	30.00	0.33	0.24695	26%-50% Above	Yes	No
23155066301	CALCITRIOL 0.5 MCG CAPSULE	7	180.00	0.11	0.24695	51%-75% Below	Yes	No
23155066301	CALCITRIOL 0.5 MCG CAPSULE	8	102.00	0.14	0.23874	26%-50% Below	Yes	No
23155072301	LABETALOL HCL 100 MG TABLET	5	60.00	0.04	0.08072	51%-75% Below	Yes	No
23155072301	LABETALOL HCL 100 MG TABLET	6	60.00	0.04	0.08431	51%-75% Below	Yes	No
23155072301	LABETALOL HCL 100 MG TABLET	6	60.00	0.04	0.08629	51%-75% Below	Yes	No
23155072301	LABETALOL HCL 100 MG TABLET	6	60.00	0.07	0.08431	10%-25% Below	Yes	No
23155072301	LABETALOL HCL 100 MG TABLET	6	180.00	0.07	0.08431	10%-25% Below	Yes	No
23155072301	LABETALOL HCL 100 MG TABLET	7	60.00	0.04	0.08170	51%-75% Below	Yes	No
23155072301	LABETALOL HCL 100 MG TABLET	8	30.00	0.07	0.08497	10%-25% Below	No	No
23155072301	LABETALOL HCL 100 MG TABLET	8	60.00	0.04	0.08497	51%-75% Below	Yes	No
23155072301	LABETALOL HCL 100 MG TABLET	8	60.00	0.07	0.08497	10%-25% Below	Yes	No
23155072401	LABETALOL HCL 200 MG TABLET	4	60.00	0.09	0.14258	26%-50% Below	Yes	No
23155072401	LABETALOL HCL 200 MG TABLET	4	180.00	0.09	0.14258	26%-50% Below	Yes	No
23155072401	LABETALOL HCL 200 MG TABLET	7	60.00	0.09	0.14285	26%-50% Below	No	No
23155072401	LABETALOL HCL 200 MG TABLET	7	180.00	0.07	0.14285	51%-75% Below	Yes	No
23155072401	LABETALOL HCL 200 MG TABLET	7	180.00	0.09	0.14285	26%-50% Below	Yes	No
23155072401	LABETALOL HCL 200 MG TABLET	8	60.00	0.09	0.14213	26%-50% Below	No	No
23155072501	LABETALOL HCL 300 MG TABLET	4	60.00	0.11	0.20453	26%-50% Below	No	No
23155072501	LABETALOL HCL 300 MG TABLET	5	60.00	0.10	0.20455	51%-75% Below	Yes	No
23155072501	LABETALOL HCL 300 MG TABLET	5	60.00	0.11	0.20455	26%-50% Below	No	No
23155072501	LABETALOL HCL 300 MG TABLET	6	60.00	0.10	0.20860	51%-75% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
23155072501	LABETALOL HCL 300 MG TABLET	6	60.00	0.11	0.20860	26%-50% Below	No	No
23155072501	LABETALOL HCL 300 MG TABLET	7	60.00	0.10	0.20708	51%-75% Below	Yes	No
23155072501	LABETALOL HCL 300 MG TABLET	7	60.00	0.11	0.20708	26%-50% Below	No	No
23155072501	LABETALOL HCL 300 MG TABLET	7	180.00	0.08	0.20708	51%-75% Below	Yes	No
23155075001	BENAZEPRIL HCL 10 MG TABLET	4	30.00	0.06	0.06622	10%-25% Below	No	No
23155075001	BENAZEPRIL HCL 10 MG TABLET	5	30.00	0.06	0.06691	10%-25% Below	No	No
23155075001	BENAZEPRIL HCL 10 MG TABLET	6	90.00	0.06	0.06589	10%-25% Below	No	No
23155075705	SERTRALINE HCL 25 MG TABLET	4	30.00	0.06	0.02999	101%-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	0.11	0.02999	200% Above	No	No
23155075705	SERTRALINE HCL 25 MG TABLET	5	15.00	0.11	0.02978	200% Above	No	No
23155075705	SERTRALINE HCL 25 MG TABLET	5	135.00	0.11	0.02978	200% Above	No	No
23155075705	SERTRALINE HCL 25 MG TABLET	6	30.00	0.11	0.02864	200% Above	No	No
23155075705	SERTRALINE HCL 25 MG TABLET	7	30.00	0.06	0.02856	101%-200% Above	No	No
23155075705	SERTRALINE HCL 25 MG TABLET	7	30.00	0.11	0.02856	200% Above	No	No
23155075705	SERTRALINE HCL 25 MG TABLET	7	90.00	0.05	0.02856	51%-75% Above	No	No
23155075705	SERTRALINE HCL 25 MG TABLET	7	90.00	0.11	0.02856	200% Above	No	No
23155075705	SERTRALINE HCL 25 MG TABLET	8	30.00	0.11	0.02818	200% Above	No	No
23155075705	SERTRALINE HCL 25 MG TABLET	8	135.00	0.05	0.02818	51%-75% Above	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	4	30.00	0.05	0.03450	51%-75% Above	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	4	30.00	0.06	0.03450	76%-100% Above	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	4	30.00	0.10	0.03450	101%-200% Above	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	4	90.00	0.05	0.03450	26%-50% 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	4	135.00	0.10	0.03450	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	30.00	0.05	0.03457	51%-75% Above	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	5	30.00	0.10	0.03457	101%-200% Above	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	5	90.00	0.04	0.03457	10%-25% Above	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	5	90.00	0.04	0.03457	10%-25% Above	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	5	90.00	0.10	0.03457	101%-200% Above	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	6	30.00	0.10	0.03430	101%-200% Above	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	6	45.00	0.05	0.03430	51%-75% Above	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	6	90.00	0.01	0.03430	51%-75% Below	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	6	90.00	0.04	0.03430	26%-50% Above	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	6	90.00	0.05	0.03430	26%-50% Above	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	6	90.00	0.06	0.03430	51%-75% Above	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	6	90.00	0.10	0.03430	101%-200% Above	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	6	135.00	0.10	0.03430	101%-200% Above	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	7	30.00	0.10	0.03468	101%-200% Above	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	7	90.00	0.04	0.03468	10%-25% Above	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	7	90.00	0.04	0.03468	10%-25% Above	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	7	90.00	0.05	0.03468	26%-50% Above	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	7	90.00	0.10	0.03468	101%-200% Above	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	7	135.00	0.10	0.03468	101%-200% Above	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	8	23.00	0.10	0.03445	101%-200% Above	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	8	30.00	0.10	0.03445	101%-200% Above	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	8	90.00	0.04	0.03445	10%-25% Above	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	8	90.00	0.10	0.03445	101%-200% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	4	30.00	0.12	0.04965	101%-200% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	4	45.00	0.12	0.04965	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	90.00	0.06	0.04965	10%-25% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	4	180.00	0.12	0.04965	101%-200% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	5	30.00	0.01	0.04983	76%-100% Below	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	5	30.00	0.09	0.04983	51%-75% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	5	30.00	0.09	0.04983	76%-100% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	5	60.00	0.07	0.04983	26%-50% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	5	90.00	0.07	0.04983	26%-50% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	5	90.00	0.12	0.04983	101%-200% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	5	135.00	0.01	0.04983	76%-100% Below	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	5	135.00	0.12	0.04983	101%-200% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	6	30.00	0.01	0.05065	76%-100% Below	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	6	30.00	0.09	0.05065	76%-100% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	6	30.00	0.12	0.05065	101%-200% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	6	90.00	0.06	0.05065	10%-25% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	6	90.00	0.07	0.05065	26%-50% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	6	90.00	0.12	0.05065	101%-200% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	6	135.00	0.12	0.05065	101%-200% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	6	180.00	0.01	0.05065	76%-100% Below	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	7	30.00	0.12	0.05087	101%-200% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	7	90.00	0.06	0.05087	10%-25% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	7	90.00	0.06	0.05087	10%-25% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	7	90.00	0.07	0.05087	26%-50% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	7	90.00	0.08	0.05087	51%-75% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	7	90.00	0.12	0.05087	101%-200% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	7	180.00	0.06	0.05087	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	30.00	0.01	0.05042	76%-100% Below	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	8	30.00	0.07	0.05042	26%-50% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	8	30.00	0.12	0.05042	101%-200% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	8	45.00	0.12	0.05042	101%-200% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	8	135.00	0.01	0.05042	76%-100% Below	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	8	180.00	0.12	0.05042	101%-200% Above	No	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	4	30.00	0.01	0.04083	51%-75% Below	No	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	4	30.00	0.07	0.04083	51%-75% Above	No	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	4	90.00	0.07	0.04083	51%-75% Above	No	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	30.00	0.07	0.04038	51%-75% Above	No	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	30.00	0.07	0.04038	51%-75% Above	Yes	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	90.00	0.07	0.04038	51%-75% Above	Yes	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	90.00	0.11	0.04038	101%-200% Above	No	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	90.00	0.07	0.04036	51%-75% Above	Yes	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	90.00	0.12	0.04036	101%-200% Above	Yes	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	90.00	0.13	0.04036	200% Above	Yes	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	90.00	0.02	0.03795	26%-50% Below	No	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	90.00	0.07	0.03795	76%-100% Above	No	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	90.00	0.07	0.03795	76%-100% Above	Yes	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	90.00	0.09	0.03795	101%-200% Above	Yes	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	90.00	0.14	0.03795	200% Above	Yes	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	90.00	0.20	0.03795	200% Above	Yes	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	30.00	0.07	0.03730	76%-100% Above	Yes	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	30.00	0.16	0.03730	200% Above	Yes	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	90.00	0.07	0.03730	76%-100% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	90.00	0.09	0.03730	101%-200% Above	Yes	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	90.00	0.16	0.03730	200% Above	Yes	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	90.00	0.17	0.03730	200% Above	Yes	No
23155076410	HYDROCHLOROTHIAZIDE 12.5 MG TB	4	30.00	0.07	0.04083	51%-75% Above	No	No
23155076410	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	30.00	0.07	0.04038	51%-75% Above	No	No
23155076410	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	30.00	0.15	0.04038	200% Above	No	No
23155076410	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	30.00	0.07	0.04036	51%-75% Above	No	No
23155076410	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	30.00	0.07	0.03795	76%-100% Above	No	No
23155076410	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	30.00	0.22	0.03795	200% Above	No	No
23155076410	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	30.00	0.07	0.03730	76%-100% Above	No	No
23155077201	ENALAPRIL MALEATE 10 MG TAB	6	90.00	0.01	0.06786	76%-100% Below	No	No
23155077301	ENALAPRIL MALEATE 20 MG TAB	4	90.00	0.14	0.10239	26%-50% Above	No	No
23155077301	ENALAPRIL MALEATE 20 MG TAB	7	90.00	0.14	0.09600	26%-50% Above	No	No
23155077310	ENALAPRIL MALEATE 20 MG TAB	5	90.00	0.14	0.10086	26%-50% Above	No	No
23155078701	ACETAZOLAMIDE ER 500 MG CAP	4	170.00	0.24	0.28659	10%-25% Below	No	No
23155078701	ACETAZOLAMIDE ER 500 MG CAP	7	180.00	0.22	0.27707	10%-25% Below	Yes	No
23155079501	DOXEPIN 25 MG CAPSULE	5	30.00	0.08	0.13100	26%-50% Below	No	No
23155081010	OXYBUTYNIN 5 MG TABLET	7	12.00	0.09	0.04688	76%-100% Above	No	No
23155083201	HYDRALAZINE 10 MG TABLET	4	60.00	0.04	0.02701	26%-50% Above	Yes	No
23155083201	HYDRALAZINE 10 MG TABLET	5	60.00	0.04	0.02732	26%-50% Above	Yes	No
23155083201	HYDRALAZINE 10 MG TABLET	6	2.00	0.04	0.02697	26%-50% Above	Yes	No
23155083201	HYDRALAZINE 10 MG TABLET	6	180.00	0.04	0.02697	26%-50% Above	Yes	No
23155083201	HYDRALAZINE 10 MG TABLET	7	60.00	0.04	0.02692	26%-50% Above	Yes	No
23155083201	HYDRALAZINE 10 MG TABLET	8	60.00	0.04	0.02709	26%-50% Above	Yes	No
23155083301	HYDRALAZINE 25 MG TABLET	4	60.00	0.05	0.03522	26%-50% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	180.00	0.05	0.03522	26%-50% Above	Yes	No
23155083301	HYDRALAZINE 25 MG TABLET	5	30.00	0.05	0.03558	26%-50% Above	Yes	No
23155083301	HYDRALAZINE 25 MG TABLET	5	60.00	0.05	0.03558	26%-50% Above	Yes	No
23155083301	HYDRALAZINE 25 MG TABLET	5	90.00	0.05	0.03558	26%-50% Above	Yes	No
23155083301	HYDRALAZINE 25 MG TABLET	5	180.00	0.05	0.03558	26%-50% Above	Yes	No
23155083301	HYDRALAZINE 25 MG TABLET	5	270.00	0.05	0.03558	26%-50% Above	Yes	No
23155083301	HYDRALAZINE 25 MG TABLET	6	60.00	0.05	0.03523	26%-50% Above	Yes	No
23155083301	HYDRALAZINE 25 MG TABLET	6	180.00	0.05	0.03523	26%-50% Above	Yes	No
23155083301	HYDRALAZINE 25 MG TABLET	6	270.00	0.05	0.03523	26%-50% Above	Yes	No
23155083301	HYDRALAZINE 25 MG TABLET	7	90.00	0.05	0.03537	26%-50% Above	Yes	No
23155083301	HYDRALAZINE 25 MG TABLET	8	180.00	0.05	0.03559	26%-50% Above	Yes	No
23155083310	HYDRALAZINE 25 MG TABLET	4	90.00	0.05	0.03522	26%-50% Above	No	No
23155083310	HYDRALAZINE 25 MG TABLET	5	90.00	0.05	0.03558	26%-50% Above	No	No
23155083310	HYDRALAZINE 25 MG TABLET	6	90.00	0.05	0.03523	26%-50% Above	No	No
23155083310	HYDRALAZINE 25 MG TABLET	7	90.00	0.05	0.03537	26%-50% Above	No	No
23155083401	HYDRALAZINE 50 MG TABLET	6	180.00	0.06	0.04564	26%-50% Above	Yes	No
23155083401	HYDRALAZINE 50 MG TABLET	7	180.00	0.03	0.04553	26%-50% Below	Yes	No
23155083401	HYDRALAZINE 50 MG TABLET	7	270.00	0.06	0.04553	10%-25% Above	Yes	No
23155083501	HYDRALAZINE 100 MG TABLET	5	90.00	0.05	0.07595	26%-50% Below	Yes	No
23155083501	HYDRALAZINE 100 MG TABLET	5	180.00	0.02	0.07595	51%-75% Below	Yes	No
23155083501	HYDRALAZINE 100 MG TABLET	5	180.00	0.05	0.07595	26%-50% Below	Yes	No
23155083501	HYDRALAZINE 100 MG TABLET	7	90.00	0.05	0.07656	26%-50% Below	Yes	No
23155083501	HYDRALAZINE 100 MG TABLET	7	270.00	0.05	0.07656	26%-50% Below	Yes	No
23155083501	HYDRALAZINE 100 MG TABLET	8	90.00	0.05	0.07458	26%-50% Below	No	No
23155085705	ANASTROZOLE 1 MG TABLET	3	30.00	0.17	0.13880	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
23155085705	ANASTROZOLE 1 MG TABLET	5	3.00	0.59	0.13822	200% Above	No	No
23155085705	ANASTROZOLE 1 MG TABLET	7	3.00	0.59	0.13552	200% Above	No	No
23155086701	GABAPENTIN 300 MG CAPSULE	4	60.00	0.06	0.03246	76%-100% Above	No	No
23155086701	GABAPENTIN 300 MG CAPSULE	5	30.00	0.06	0.03246	76%-100% Above	No	No
23155086701	GABAPENTIN 300 MG CAPSULE	6	30.00	0.06	0.03245	76%-100% Above	No	No
23155086701	GABAPENTIN 300 MG CAPSULE	7	28.00	0.06	0.03078	76%-100% Above	No	No
23155087201	TORSEMIDE 10 MG TABLET	4	90.00	0.08	0.07174	10%-25% Above	No	No
23155087201	TORSEMIDE 10 MG TABLET	7	90.00	0.08	0.07198	10%-25% Above	No	No
23155087503	LETROZOLE 2.5 MG TABLET	4	5.00	0.08	0.15112	26%-50% Below	No	No
23155087503	LETROZOLE 2.5 MG TABLET	4	89.00	0.08	0.15112	26%-50% Below	No	No
23155087503	LETROZOLE 2.5 MG TABLET	6	90.00	0.13	0.15349	10%-25% Below	No	No
23155087503	LETROZOLE 2.5 MG TABLET	7	90.00	0.08	0.14996	26%-50% Below	No	No
23155087509	LETROZOLE 2.5 MG TABLET	5	10.00	0.19	0.15012	10%-25% Above	Yes	No
23155087509	LETROZOLE 2.5 MG TABLET	5	28.00	0.10	0.15012	26%-50% Below	Yes	No
23155087509	LETROZOLE 2.5 MG TABLET	5	90.00	0.08	0.15012	26%-50% Below	Yes	No
23155087509	LETROZOLE 2.5 MG TABLET	6	10.00	0.19	0.15349	10%-25% Above	Yes	No
23155087509	LETROZOLE 2.5 MG TABLET	6	84.00	0.07	0.15349	51%-75% Below	Yes	No
23155087509	LETROZOLE 2.5 MG TABLET	6	90.00	0.07	0.15349	51%-75% Below	Yes	No
23155087509	LETROZOLE 2.5 MG TABLET	6	90.00	0.08	0.15349	26%-50% Below	Yes	No
23155087509	LETROZOLE 2.5 MG TABLET	7	5.00	0.08	0.14996	26%-50% Below	Yes	No
23155087710	LISINOPRIL 5 MG TABLET	4	90.00	0.02	0.01475	10%-25% Above	No	No
23155087710	LISINOPRIL 5 MG TABLET	5	90.00	0.09	0.01481	200% Above	No	No
23155087710	LISINOPRIL 5 MG TABLET	7	30.00	0.03	0.01467	101%-200% Above	No	No
23155087710	LISINOPRIL 5 MG TABLET	7	30.00	0.09	0.01467	200% Above	No	No
23155087710	LISINOPRIL 5 MG TABLET	7	90.00	0.02	0.01467	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
23155087710	LISINOPRIL 5 MG TABLET	8	30.00	0.03	0.01480	101%-200% Above	No	No
23155087710	LISINOPRIL 5 MG TABLET	8	30.00	0.09	0.01480	200% Above	No	No
23155087710	LISINOPRIL 5 MG TABLET	8	90.00	0.09	0.01480	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	5	30.00	0.09	0.01897	200% Above	No	No
23155087810	LISINOPRIL 10 MG TABLET	6	30.00	0.09	0.01880	200% Above	No	No
23155087810	LISINOPRIL 10 MG TABLET	7	30.00	0.09	0.01865	200% Above	No	No
23155087810	LISINOPRIL 10 MG TABLET	8	30.00	0.09	0.01832	200% Above	No	No
23155087910	LISINOPRIL 20 MG TABLET	4	30.00	0.09	0.02587	200% Above	No	No
23155087910	LISINOPRIL 20 MG TABLET	5	90.00	0.09	0.02585	200% Above	No	No
23155087910	LISINOPRIL 20 MG TABLET	7	90.00	0.09	0.02578	200% Above	No	No
23155088001	LISINOPRIL 30 MG TABLET	4	30.00	0.10	0.05555	76%-100% Above	No	No
23155088001	LISINOPRIL 30 MG TABLET	5	30.00	0.10	0.05549	76%-100% Above	No	No
23155088005	LISINOPRIL 30 MG TABLET	5	90.00	0.10	0.05549	76%-100% Above	No	No
23155088005	LISINOPRIL 30 MG TABLET	8	90.00	0.10	0.05413	76%-100% Above	No	No
23155088110	LISINOPRIL 40 MG TABLET	5	30.00	0.10	0.04718	101%-200% Above	No	No
23155088110	LISINOPRIL 40 MG TABLET	6	30.00	0.10	0.04591	101%-200% Above	No	No
23155088110	LISINOPRIL 40 MG TABLET	7	30.00	0.10	0.04593	101%-200% Above	No	No
23155088110	LISINOPRIL 40 MG TABLET	8	30.00	0.10	0.04594	101%-200% Above	No	No
23155088703	LURASIDONE HCL 20 MG TABLET	8	90.00	0.46	0.13756	200% Above	No	No
23155089801	BENZONATATE 100 MG CAPSULE	5	21.00	0.10	0.07124	26%-50% Above	No	No
23155089801	BENZONATATE 100 MG CAPSULE	5	30.00	0.16	0.07124	101%-200% Above	No	No
23155089801	BENZONATATE 100 MG CAPSULE	6	21.00	0.10	0.07078	26%-50% Above	No	No
23155089805	BENZONATATE 100 MG CAPSULE	4	30.00	0.15	0.07006	101%-200% Above	No	No
23155089805	BENZONATATE 100 MG CAPSULE	5	21.00	0.09	0.07124	26%-50% Above	No	No

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23155089805	BENZONATATE 100 MG CAPSULE	5	25.00	0.15	0.07124	101%-200% Above	No	No
23155089805	BENZONATATE 100 MG CAPSULE	6	30.00	0.09	0.07078	26%-50% Above	No	No
23155089805	BENZONATATE 100 MG CAPSULE	7	15.00	0.01	0.07050	76%-100% Below	No	No
23155089805	BENZONATATE 100 MG CAPSULE	7	20.00	0.09	0.07050	26%-50% Above	No	No
23155089805	BENZONATATE 100 MG CAPSULE	7	30.00	0.15	0.07050	101%-200% Above	No	No
23155089905	BENZONATATE 200 MG CAPSULE	7	30.00	0.16	0.10306	51%-75% Above	No	No
23155090205	BUMETANIDE 2 MG TABLET	5	30.00	0.50	0.18000	101%-200% Above	No	No
23155092751	PREDNISOLONE 15 MG/5 ML SOLN	4	40.00	0.20	0.57400	51%-75% Below	No	No
23155092751	PREDNISOLONE 15 MG/5 ML SOLN	5	20.00	0.30	0.57671	26%-50% Below	No	No
23155092751	PREDNISOLONE 15 MG/5 ML SOLN	5	35.00	0.30	0.57671	26%-50% Below	No	No
23155092751	PREDNISOLONE 15 MG/5 ML SOLN	7	15.00	0.30	0.57617	26%-50% Below	No	No
23155092751	PREDNISOLONE 15 MG/5 ML SOLN	8	50.00	0.23	0.57401	51%-75% Below	No	No
23155092752	PREDNISOLONE 15 MG/5 ML SOLN	5	24.00	0.22	0.59901	51%-75% Below	No	No
23155092952	CETIRIZINE HCL 1 MG/ML SOLN	4	75.00	0.02	0.33180	76%-100% Below	No	No
23155092952	CETIRIZINE HCL 1 MG/ML SOLN	4	150.00	0.04	0.33180	76%-100% Below	No	No
23155096201	ACYCLOVIR CAP 200MG	8	30.00	0.07	.		No	No
24208029005	TOBRAMYCIN 0.3% EYE DROP	5	5.00	1.37	1.01735	26%-50% Above	No	No
24208029005	TOBRAMYCIN 0.3% EYE DROP	6	5.00	0.06	1.07734	76%-100% Below	No	No
24208029005	TOBRAMYCIN 0.3% EYE DROP	6	5.00	0.59	1.07734	26%-50% Below	No	No
24208029005	TOBRAMYCIN 0.3% EYE DROP	7	5.00	0.59	1.11758	26%-50% Below	No	No
24208029505	TOBRAMYCIN-DEXAMETH OPHTH SUSP	4	5.00	3.64	4.77833	10%-25% Below	No	No
24208029505	TOBRAMYCIN-DEXAMETH OPHTH SUSP	5	5.00	1.67	4.56434	51%-75% Below	Yes	No
24208029505	TOBRAMYCIN-DEXAMETH OPHTH SUSP	8	10.00	3.26	4.26806	10%-25% Below	No	No
24208031510	POLYMYXIN B-TMP EYE DROPS	4	10.00	0.35	0.45326	10%-25% Below	No	No
24208031510	POLYMYXIN B-TMP EYE DROPS	4	10.00	0.35	0.45326	10%-25% Below	Yes	No

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24208031510	POLYMYXIN B-TMP EYE DROPS	4	10.00	0.68	0.45326	26%-50% Above	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	5	10.00	0.35	0.45364	10%-25% Below	No	No
24208031510	POLYMYXIN B-TMP EYE DROPS	5	10.00	0.35	0.45364	10%-25% Below	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	6	10.00	0.35	0.45266	10%-25% Below	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	6	10.00	0.68	0.45266	26%-50% Above	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	6	10.00	0.71	0.45266	51%-75% Above	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	6	10.00	0.79	0.45266	51%-75% Above	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	7	10.00	0.26	0.45126	26%-50% Below	No	No
24208031510	POLYMYXIN B-TMP EYE DROPS	7	10.00	0.35	0.45126	10%-25% Below	No	No
24208031510	POLYMYXIN B-TMP EYE DROPS	7	10.00	0.35	0.45126	10%-25% Below	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	7	10.00	0.58	0.45126	26%-50% Above	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	7	10.00	0.67	0.45126	26%-50% Above	No	No
24208031510	POLYMYXIN B-TMP EYE DROPS	7	10.00	0.68	0.45126	51%-75% Above	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	7	10.00	0.79	0.45126	51%-75% Above	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	8	10.00	0.26	0.45188	26%-50% Below	No	No
24208031510	POLYMYXIN B-TMP EYE DROPS	8	10.00	0.35	0.45188	10%-25% Below	No	No
24208031510	POLYMYXIN B-TMP EYE DROPS	8	10.00	0.66	0.45188	26%-50% Above	Yes	No
24208039830	IPRATROPIUM SPR 0.03%	4	30.00	0.20	.		Yes	No
24208039830	IPRATROPIUM SPR 0.03%	4	30.00	0.39	.		Yes	No
24208039830	IPRATROPIUM SPR 0.03%	4	30.00	0.50	.		Yes	No
24208039830	IPRATROPIUM SPR 0.03%	4	30.00	0.65	.		Yes	No
24208039830	IPRATROPIUM SPR 0.03%	5	30.00	0.20	.		Yes	No
24208039830	IPRATROPIUM SPR 0.03%	5	30.00	0.25	.		Yes	No
24208039830	IPRATROPIUM SPR 0.03%	5	30.00	0.46	.		Yes	No
24208039830	IPRATROPIUM SPR 0.03%	5	30.00	0.57	.		Yes	No

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24208039830	IPRATROPIUM SPR 0.03%	6	90.00	0.25	.		Yes	No
24208039830	IPRATROPIUM SPR 0.03%	6	90.00	0.26	.		Yes	No
24208039830	IPRATROPIUM SPR 0.03%	7	30.00	0.25	.		No	No
24208039830	IPRATROPIUM SPR 0.03%	7	30.00	0.25	.		Yes	No
24208039915	IPRATROPIUM SPR 0.06%	4	15.00	0.56	.		Yes	No
24208039915	IPRATROPIUM SPR 0.06%	4	15.00	1.00	.		No	No
24208039915	IPRATROPIUM SPR 0.06%	6	15.00	0.56	.		Yes	No
24208039915	IPRATROPIUM SPR 0.06%	6	15.00	0.99	.		Yes	No
24208039915	IPRATROPIUM SPR 0.06%	8	45.00	0.84	.		Yes	No
24208043410	OFLOXACIN 0.3% EYE DROPS	4	10.00	0.71	1.15348	26%-50% Below	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	4	2.50	2.00	1.59983	10%-25% Above	No	No
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	2.66	1.59983	51%-75% Above	No	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	5	2.50	2.18	1.59231	26%-50% Above	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	5	2.50	2.18	1.59231	26%-50% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	5	2.50	2.34	1.59231	26%-50% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	5	2.50	2.38	1.59231	26%-50% Above	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	5	5.00	2.18	1.59231	26%-50% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	5	5.00	2.69	1.59231	51%-75% Above	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	5	7.50	2.18	1.59231	26%-50% Above	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	5	7.50	2.18	1.59231	26%-50% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	5	7.50	2.18	1.59231	26%-50% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	6	2.50	2.00	1.59538	10%-25% Above	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	6	2.50	2.18	1.59538	26%-50% Above	No	No

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24208046325	LATANOPROST 0.005% EYE DROPS	6	2.50	2.38	1.59538	26%-50% Above	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	6	5.00	2.18	1.59538	26%-50% Above	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	6	7.50	2.18	1.59538	26%-50% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	7	2.50	2.18	1.57830	26%-50% Above	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	7	2.50	2.38	1.57830	26%-50% Above	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	7	7.50	2.18	1.57830	26%-50% Above	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	7	7.50	2.38	1.57830	26%-50% Above	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	7	10.00	1.76	1.57830	10%-25% Above	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	8	2.50	2.18	1.56853	26%-50% Above	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	8	2.50	2.20	1.56853	26%-50% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	8	2.50	2.38	1.56853	51%-75% Above	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	8	5.00	2.18	1.56853	26%-50% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	8	7.50	1.86	1.56853	10%-25% Above	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	8	7.50	2.11	1.56853	26%-50% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	8	7.50	2.20	1.56853	26%-50% Above	No	No
24208048510	DORZOLAMIDE HCL 2% EYE DROPS	5	10.00	0.59	0.85543	26%-50% Below	No	No
24208048510	DORZOLAMIDE HCL 2% EYE DROPS	6	10.00	0.59	0.85754	26%-50% Below	No	No
24208048510	DORZOLAMIDE HCL 2% EYE DROPS	7	10.00	0.59	0.82124	26%-50% Below	No	No
24208048510	DORZOLAMIDE HCL 2% EYE DROPS	8	10.00	0.59	0.83137	26%-50% Below	No	No
24208048610	DORZOLAMIDE-TIMOLOL EYE DROPS	6	10.00	1.15	0.91638	10%-25% Above	Yes	No
24208048610	DORZOLAMIDE-TIMOLOL EYE DROPS	7	10.00	0.49	0.88527	26%-50% Below	Yes	No
24208048610	DORZOLAMIDE-TIMOLOL EYE DROPS	7	10.00	0.52	0.88527	26%-50% Below	Yes	No
24208055555	BACITRACIN-POLYMYXIN EYE OINT	7	3.50	1.40	2.70904	26%-50% Below	Yes	No
24208063110	NEOMYCIN-POLYMYXIN-HC EAR SOLN	4	10.00	2.68	5.29365	26%-50% Below	Yes	No
24208063110	NEOMYCIN-POLYMYXIN-HC EAR SOLN	4	10.00	2.94	5.29365	26%-50% Below	No	No

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24208063110	NEOMYCIN-POLYMYXIN-HC EAR SOLN	5	10.00	1.50	5.29521	51%-75% Below	No	No
24208063110	NEOMYCIN-POLYMYXIN-HC EAR SOLN	6	10.00	2.94	5.27476	26%-50% Below	No	No
24208063110	NEOMYCIN-POLYMYXIN-HC EAR SOLN	7	10.00	2.94	5.10211	26%-50% Below	No	No
24208063110	NEOMYCIN-POLYMYXIN-HC EAR SOLN	7	10.00	2.94	5.10211	26%-50% Below	Yes	No
24208063562	NEOMYCIN-POLYMYXIN-HC EAR SUSP	4	10.00	2.08	4.01090	26%-50% Below	No	No
24208063562	NEOMYCIN-POLYMYXIN-HC EAR SUSP	5	10.00	1.89	3.93605	51%-75% Below	Yes	No
24208063562	NEOMYCIN-POLYMYXIN-HC EAR SUSP	5	10.00	2.08	3.93605	26%-50% Below	Yes	No
24208063562	NEOMYCIN-POLYMYXIN-HC EAR SUSP	6	10.00	2.08	3.82686	26%-50% Below	No	No
24208063562	NEOMYCIN-POLYMYXIN-HC EAR SUSP	7	10.00	1.00	3.77441	51%-75% Below	No	No
24208063562	NEOMYCIN-POLYMYXIN-HC EAR SUSP	7	10.00	1.99	3.77441	26%-50% Below	Yes	No
24208063562	NEOMYCIN-POLYMYXIN-HC EAR SUSP	7	10.00	2.08	3.77441	26%-50% Below	No	No
24208063562	NEOMYCIN-POLYMYXIN-HC EAR SUSP	7	10.00	2.08	3.77441	26%-50% Below	Yes	No
24208063562	NEOMYCIN-POLYMYXIN-HC EAR SUSP	7	20.00	2.08	3.77441	26%-50% Below	No	No
24208067004	SULFACETAMIDE 10% EYE DROPS	6	15.00	1.38	1.90721	26%-50% Below	No	No
24208067004	SULFACETAMIDE 10% EYE DROPS	8	15.00	1.33	1.99927	26%-50% Below	No	No
24208072002	DEXAMETHASONE 0.1% EYE DROP	6	5.00	7.37	8.46111	10%-25% Below	No	No
24208072002	DEXAMETHASONE 0.1% EYE DROP	7	5.00	7.37	8.37390	10%-25% Below	No	No
24208073501	CYCLOPENTOLATE 1% EYE DROPS	7	2.00	1.08	2.26242	51%-75% Below	No	No
24208079535	NEOMYC-POLYM-DEXAMET EYE OINTM	4	3.50	1.43	2.69568	26%-50% Below	No	No
24208079535	NEOMYC-POLYM-DEXAMET EYE OINTM	4	3.50	2.97	2.69568	10%-25% Above	No	No
24208079535	NEOMYC-POLYM-DEXAMET EYE OINTM	6	3.50	1.21	2.75062	51%-75% Below	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	4	5.00	0.95	1.62050	26%-50% Below	Yes	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	4	5.00	2.41	1.62050	26%-50% Above	Yes	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	5	5.00	0.81	1.61164	26%-50% Below	Yes	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	5	5.00	0.95	1.61164	26%-50% Below	No	No

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24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	5	5.00	2.06	1.61164	26%-50% Above	Yes	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	5	5.00	2.43	1.61164	26%-50% Above	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	5	10.00	0.95	1.61164	26%-50% Below	Yes	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	6	5.00	0.95	1.63280	26%-50% Below	Yes	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	6	5.00	2.06	1.63280	10%-25% Above	Yes	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	6	5.00	2.34	1.63280	26%-50% Above	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	6	5.00	2.43	1.63280	26%-50% Above	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	7	5.00	0.81	1.60807	26%-50% Below	Yes	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	7	5.00	0.95	1.60807	26%-50% Below	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	7	5.00	0.95	1.60807	26%-50% Below	Yes	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	7	5.00	1.88	1.60807	10%-25% Above	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	7	5.00	1.98	1.60807	10%-25% Above	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	7	5.00	2.06	1.60807	26%-50% Above	Yes	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	8	5.00	0.90	1.70371	26%-50% Below	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	8	5.00	0.90	1.70371	26%-50% Below	Yes	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	8	5.00	0.98	1.70371	26%-50% Below	Yes	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	8	5.00	2.30	1.70371	26%-50% Above	Yes	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	8	5.00	2.31	1.70371	26%-50% Above	No	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	2	4.00	1.13	2.76708	51%-75% Below	Yes	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	4	3.50	2.27	2.86140	10%-25% Below	Yes	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	5	3.50	1.44	2.86414	26%-50% Below	Yes	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	5	3.50	1.87	2.86414	26%-50% Below	No	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	5	3.50	1.87	2.86414	26%-50% Below	Yes	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	6	3.50	1.87	2.86451	26%-50% Below	No	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	6	3.50	1.87	2.86451	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	6	3.50	2.30	2.86451	10%-25% Below	No	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	7	3.50	1.87	2.82882	26%-50% Below	No	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	7	3.50	1.87	2.82882	26%-50% Below	Yes	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	7	3.50	2.30	2.82882	10%-25% Below	No	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	7	3.50	2.49	2.82882	10%-25% Below	Yes	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	8	3.50	1.43	2.83387	26%-50% Below	No	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	8	3.50	1.44	2.83387	26%-50% Below	Yes	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	8	3.50	1.87	2.83387	26%-50% Below	No	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	8	3.50	1.87	2.83387	26%-50% Below	Yes	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	8	3.50	2.27	2.83387	10%-25% Below	Yes	No
24338020101	SUTAB TAB	7	24.00	6.37	.		No	No
24385027868	ASPIRIN 81 MG CHEWABLE TABLET	4	60.00	0.04	0.02622	51%-75% Above	No	No
24385027868	ASPIRIN 81 MG CHEWABLE TABLET	7	60.00	0.04	0.02652	51%-75% Above	No	No
24385099875	ALL DAY ALLERGY 10 MG TABLET	6	30.00	0.09	0.06398	26%-50% Above	No	No
24658031005	DOXYCYCLINE HYCLATE 100 MG TAB	5	14.00	0.32	0.12382	101%-200% Above	Yes	No
24658031005	DOXYCYCLINE HYCLATE 100 MG TAB	5	20.00	0.32	0.12382	101%-200% Above	Yes	No
24658031005	DOXYCYCLINE HYCLATE 100 MG TAB	6	14.00	0.32	0.11755	101%-200% Above	Yes	No
24658031005	DOXYCYCLINE HYCLATE 100 MG TAB	6	14.00	1.06	0.11755	200% Above	Yes	No
24658031005	DOXYCYCLINE HYCLATE 100 MG TAB	6	14.00	1.24	0.11755	200% Above	Yes	No
24658031005	DOXYCYCLINE HYCLATE 100 MG TAB	6	60.00	0.03	0.11755	51%-75% Below	Yes	No
24658031005	DOXYCYCLINE HYCLATE 100 MG TAB	6	60.00	0.33	0.11755	101%-200% Above	Yes	No
24658031005	DOXYCYCLINE HYCLATE 100 MG TAB	7	14.00	0.32	0.11440	101%-200% Above	Yes	No
24658031005	DOXYCYCLINE HYCLATE 100 MG TAB	7	28.00	0.03	0.11440	51%-75% Below	Yes	No
24658031005	DOXYCYCLINE HYCLATE 100 MG TAB	7	60.00	0.33	0.11440	101%-200% Above	Yes	No
24658031005	DOXYCYCLINE HYCLATE 100 MG TAB	7	90.00	0.40	0.11440	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
24979000206	DEXLANSOPRAZOLE DR 60 MG CAP	8	30.00	4.10	3.65678	10%-25% Above	No	No
24979000901	NIFEDIPINE ER 90 MG TABLET	4	30.00	0.33	0.27863	10%-25% Above	No	No
24979002602	DILTIAZEM 24H ER(CD) 120 MG CP	6	90.00	0.13	0.14359	10%-25% Below	No	No
24979002607	DILTIAZEM 24H ER(CD) 120 MG CP	6	90.00	0.19	0.14359	26%-50% Above	No	No
24979002802	DILTIAZEM 24H ER(CD) 240 MG CP	5	30.00	0.14	0.18999	10%-25% Below	No	No
24979002802	DILTIAZEM 24H ER(CD) 240 MG CP	6	30.00	0.14	0.19031	10%-25% Below	No	No
24979002802	DILTIAZEM 24H ER(CD) 240 MG CP	7	30.00	0.14	0.19105	10%-25% Below	No	No
24979002802	DILTIAZEM 24H ER(CD) 240 MG CP	8	30.00	0.14	0.19692	26%-50% Below	No	No
24979002807	DILTIAZEM 24H ER(CD) 240 MG CP	5	90.00	0.14	0.18999	10%-25% Below	No	No
24979002807	DILTIAZEM 24H ER(CD) 240 MG CP	6	90.00	0.14	0.19031	10%-25% Below	No	No
24979020001	DICYCLOMINE 20 MG TABLET	6	20.00	0.16	0.05627	101%-200% Above	No	No
24979020001	DICYCLOMINE 20 MG TABLET	7	20.00	0.16	0.05757	101%-200% Above	No	No
24979020003	DICYCLOMINE 20 MG TABLET	4	120.00	0.10	0.05547	76%-100% Above	No	No
24979020003	DICYCLOMINE 20 MG TABLET	5	120.00	0.10	0.05604	76%-100% Above	No	No
24979020003	DICYCLOMINE 20 MG TABLET	6	270.00	0.10	0.05627	76%-100% Above	No	No
24979020003	DICYCLOMINE 20 MG TABLET	7	40.00	0.13	0.05757	101%-200% Above	No	No
24979020003	DICYCLOMINE 20 MG TABLET	7	120.00	0.10	0.05757	51%-75% Above	No	No
24979020101	DICYCLOMINE 10 MG CAPSULE	7	60.00	0.06	0.07522	10%-25% Below	No	No
24979020103	DICYCLOMINE 10 MG CAPSULE	4	60.00	0.06	0.07604	10%-25% Below	No	No
24979020103	DICYCLOMINE 10 MG CAPSULE	5	90.00	0.06	0.07614	10%-25% Below	No	No
24979020103	DICYCLOMINE 10 MG CAPSULE	6	20.00	0.06	0.07608	10%-25% Below	No	No
24979020103	DICYCLOMINE 10 MG CAPSULE	6	100.00	0.03	0.07608	51%-75% Below	No	No
24979020103	DICYCLOMINE 10 MG CAPSULE	7	90.00	0.06	0.07522	10%-25% Below	No	No
24979023001	POTASSIUM CL ER 10 MEQ TABLET	8	90.00	0.09	0.08375	10%-25% Above	Yes	No
24979023003	POTASSIUM CL ER 10 MEQ TABLET	4	90.00	0.05	0.08864	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
24979023003	POTASSIUM CL ER 10 MEQ TABLET	6	90.00	0.18	0.08826	101%-200% Above	No	No
24979023003	POTASSIUM CL ER 10 MEQ TABLET	7	30.00	0.09	0.08496	10%-25% Above	No	No
24979023003	POTASSIUM CL ER 10 MEQ TABLET	7	30.00	0.18	0.08496	101%-200% Above	No	No
24979023003	POTASSIUM CL ER 10 MEQ TABLET	7	90.00	0.05	0.08496	26%-50% Below	No	No
24979023003	POTASSIUM CL ER 10 MEQ TABLET	8	30.00	0.09	0.08375	10%-25% Above	No	No
24979023101	POTASSIUM CL ER 10 MEQ TABLET	5	30.00	0.06	0.08823	26%-50% Below	No	No
24979023101	POTASSIUM CL ER 10 MEQ TABLET	6	30.00	0.06	0.08826	26%-50% Below	No	No
24979023101	POTASSIUM CL ER 10 MEQ TABLET	6	180.00	0.04	0.08826	51%-75% Below	No	No
24979023101	POTASSIUM CL ER 10 MEQ TABLET	7	90.00	0.04	0.08496	51%-75% Below	No	No
24979023101	POTASSIUM CL ER 10 MEQ TABLET	7	180.00	0.09	0.08496	10%-25% Above	No	No
24979023101	POTASSIUM CL ER 10 MEQ TABLET	8	90.00	0.04	0.08375	51%-75% Below	No	No
24979023103	POTASSIUM CL ER 10 MEQ TABLET	5	90.00	0.04	0.08823	51%-75% Below	No	No
24979023103	POTASSIUM CL ER 10 MEQ TABLET	6	90.00	0.03	0.08826	51%-75% Below	No	No
24979023103	POTASSIUM CL ER 10 MEQ TABLET	7	4.00	0.10	0.08496	10%-25% Above	No	No
24979023103	POTASSIUM CL ER 10 MEQ TABLET	8	30.00	0.09	0.08375	10%-25% Above	No	No
24979023103	POTASSIUM CL ER 10 MEQ TABLET	8	60.00	0.04	0.08375	26%-50% Below	No	No
24979023103	POTASSIUM CL ER 10 MEQ TABLET	8	90.00	0.09	0.08375	10%-25% Above	No	No
24979023103	POTASSIUM CL ER 10 MEQ TABLET	8	120.00	0.04	0.08375	26%-50% Below	No	No
24979023201	POTASSIUM CL ER 20 MEQ TABLET	4	90.00	0.11	0.16490	26%-50% Below	No	No
24979023201	POTASSIUM CL ER 20 MEQ TABLET	5	180.00	0.11	0.16351	26%-50% Below	No	No
25021041077	ENOXAPARIN 60 MG/0.6 ML SYR	4	36.00	6.12	8.40613	26%-50% Below	No	No
27241000150	RISPERIDONE 1 MG TABLET	4	30.00	0.09	0.04073	101%-200% Above	No	No
27241000250	RISPERIDONE 0.25 MG TABLET	6	30.00	0.09	0.03579	101%-200% Above	No	No
27241000250	RISPERIDONE 0.25 MG TABLET	6	60.00	0.09	0.03579	101%-200% Above	No	No
27241000250	RISPERIDONE 0.25 MG TABLET	7	42.00	0.09	0.03450	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	60.00	0.09	0.03450	101%-200% Above	No	No
27241000350	RISPERIDONE 0.5 MG TABLET	6	30.00	0.04	0.03554	10%-25% Above	No	No
27241000350	RISPERIDONE 0.5 MG TABLET	6	180.00	0.11	0.03554	200% Above	No	No
27241000350	RISPERIDONE 0.5 MG TABLET	7	30.00	0.04	0.03399	10%-25% Above	No	No
27241000350	RISPERIDONE 0.5 MG TABLET	8	30.00	0.04	0.03329	10%-25% Above	No	No
27241000406	RISPERIDONE 2 MG TABLET	7	60.00	0.07	0.05135	26%-50% Above	No	No
27241000450	RISPERIDONE 2 MG TABLET	7	90.00	0.02	0.05135	51%-75% Below	No	No
27241001531	MONTELUKAST SOD 4 MG GRANULES	5	30.00	0.95	1.12262	10%-25% Below	No	No
27241001531	MONTELUKAST SOD 4 MG GRANULES	6	30.00	0.95	1.10589	10%-25% Below	No	No
27241001531	MONTELUKAST SOD 4 MG GRANULES	7	30.00	0.95	1.11869	10%-25% Below	No	No
27241005103	ARIPIPRAZOLE 2 MG TABLET	7	30.00	0.01	0.10263	76%-100% Below	No	No
27241005103	ARIPIPRAZOLE 2 MG TABLET	8	30.00	0.17	0.10341	51%-75% Above	No	No
27241005108	ARIPIPRAZOLE 2 MG TABLET	4	30.00	0.47	0.11223	200% Above	No	No
27241005108	ARIPIPRAZOLE 2 MG TABLET	4	30.00	0.50	0.11223	200% Above	No	No
27241005108	ARIPIPRAZOLE 2 MG TABLET	5	30.00	0.47	0.11262	200% Above	No	No
27241005108	ARIPIPRAZOLE 2 MG TABLET	5	30.00	0.50	0.11262	200% Above	No	No
27241005108	ARIPIPRAZOLE 2 MG TABLET	6	30.00	0.47	0.10453	200% Above	No	No
27241005108	ARIPIPRAZOLE 2 MG TABLET	6	90.00	0.47	0.10453	200% Above	No	No
27241005108	ARIPIPRAZOLE 2 MG TABLET	7	60.00	0.47	0.10263	200% Above	No	No
27241005208	ARIPIPRAZOLE 5 MG TABLET	4	45.00	0.56	0.09968	200% Above	No	No
27241005208	ARIPIPRAZOLE 5 MG TABLET	5	45.00	0.56	0.10587	200% Above	No	No
27241005208	ARIPIPRAZOLE 5 MG TABLET	6	30.00	0.56	0.10736	200% Above	No	No
27241005208	ARIPIPRAZOLE 5 MG TABLET	8	30.00	0.17	0.10406	51%-75% Above	No	No
27241005303	ARIPIPRAZOLE 10 MG TABLET	6	90.00	0.52	0.09796	200% Above	No	No
27241005308	ARIPIPRAZOLE 10 MG TABLET	8	30.00	0.50	0.10488	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27241006805	SILDENAFIL 50 MG TABLET	7	5.00	1.44	0.10273	200% Above	No	No
27241006910	SILDENAFIL 100 MG TABLET	5	18.00	1.32	0.13168	200% Above	No	No
27241008409	AMLODIPINE-OLMESARTAN 5-40 MG	6	90.00	0.17	0.29336	26%-50% Below	No	No
27241008503	AMLODIPINE-OLMESARTAN 10-20 MG	5	90.00	0.17	0.29530	26%-50% Below	No	No
27241008609	AMLODIPINE-OLMESARTAN 10-40 MG	5	30.00	0.19	0.34098	26%-50% Below	No	No
27241008609	AMLODIPINE-OLMESARTAN 10-40 MG	7	90.00	0.19	0.32945	26%-50% Below	No	No
27241009706	DULOXETINE HCL DR 20 MG CAP	4	30.00	0.04	0.13055	51%-75% Below	Yes	No
27241009706	DULOXETINE HCL DR 20 MG CAP	5	30.00	0.04	0.12772	51%-75% Below	Yes	No
27241009706	DULOXETINE HCL DR 20 MG CAP	5	30.00	0.17	0.12772	26%-50% Above	No	No
27241009706	DULOXETINE HCL DR 20 MG CAP	6	60.00	0.01	0.12268	76%-100% Below	No	No
27241009706	DULOXETINE HCL DR 20 MG CAP	6	90.00	0.01	0.12268	76%-100% Below	No	No
27241009706	DULOXETINE HCL DR 20 MG CAP	7	30.00	0.13	0.11612	10%-25% Above	No	No
27241009706	DULOXETINE HCL DR 20 MG CAP	7	30.00	0.50	0.11612	200% Above	No	No
27241009706	DULOXETINE HCL DR 20 MG CAP	7	60.00	0.01	0.11612	76%-100% Below	No	No
27241009706	DULOXETINE HCL DR 20 MG CAP	7	60.00	0.33	0.11612	101%-200% Above	No	No
27241009706	DULOXETINE HCL DR 20 MG CAP	7	90.00	0.08	0.11612	26%-50% Below	No	No
27241009706	DULOXETINE HCL DR 20 MG CAP	7	90.00	0.42	0.11612	200% Above	Yes	No
27241009706	DULOXETINE HCL DR 20 MG CAP	8	14.00	0.13	0.11726	10%-25% Above	No	No
27241009706	DULOXETINE HCL DR 20 MG CAP	8	30.00	0.13	0.11726	10%-25% Above	No	No
27241009706	DULOXETINE HCL DR 20 MG CAP	8	30.00	0.50	0.11726	200% Above	No	No
27241009706	DULOXETINE HCL DR 20 MG CAP	8	90.00	0.13	0.11726	10%-25% Above	Yes	No
27241009803	DULOXETINE HCL DR 30 MG CAP	4	14.00	0.11	0.09517	10%-25% Above	No	No
27241009803	DULOXETINE HCL DR 30 MG CAP	4	30.00	0.11	0.09517	10%-25% Above	No	No
27241009803	DULOXETINE HCL DR 30 MG CAP	4	30.00	0.50	0.09517	200% Above	No	No
27241009803	DULOXETINE HCL DR 30 MG CAP	4	60.00	0.08	0.09517	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27241009803	DULOXETINE HCL DR 30 MG CAP	4	60.00	0.11	0.09517	10%-25% Above	No	No
27241009803	DULOXETINE HCL DR 30 MG CAP	4	90.00	0.33	0.09517	200% Above	No	No
27241009803	DULOXETINE HCL DR 30 MG CAP	5	30.00	0.11	0.09840	10%-25% Above	No	No
27241009803	DULOXETINE HCL DR 30 MG CAP	5	60.00	0.11	0.09840	10%-25% Above	No	No
27241009803	DULOXETINE HCL DR 30 MG CAP	5	270.00	0.06	0.09840	26%-50% Below	No	No
27241009803	DULOXETINE HCL DR 30 MG CAP	6	30.00	0.11	0.10077	10%-25% Above	No	No
27241009803	DULOXETINE HCL DR 30 MG CAP	6	30.00	0.50	0.10077	200% Above	No	No
27241009803	DULOXETINE HCL DR 30 MG CAP	6	60.00	0.11	0.10077	10%-25% Above	No	No
27241009803	DULOXETINE HCL DR 30 MG CAP	7	30.00	0.17	0.10141	51%-75% Above	No	No
27241009803	DULOXETINE HCL DR 30 MG CAP	7	30.00	0.50	0.10141	200% Above	No	No
27241009803	DULOXETINE HCL DR 30 MG CAP	7	270.00	0.06	0.10141	26%-50% Below	No	No
27241009803	DULOXETINE HCL DR 30 MG CAP	8	30.00	0.50	0.10584	200% Above	No	No
27241009803	DULOXETINE HCL DR 30 MG CAP	8	90.00	0.33	0.10584	200% Above	No	No
27241009809	DULOXETINE HCL DR 30 MG CAP	4	30.00	0.23	0.09517	101%-200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	5	30.00	0.23	0.09840	101%-200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	5	90.00	0.11	0.09840	10%-25% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	5	270.00	0.11	0.09840	10%-25% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	6	30.00	0.11	0.10077	10%-25% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	6	30.00	0.23	0.10077	101%-200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	6	30.00	0.50	0.10077	200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	6	90.00	0.11	0.10077	10%-25% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	6	90.00	0.33	0.10077	200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	7	30.00	0.23	0.10141	101%-200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	7	60.00	0.25	0.10141	101%-200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	7	180.00	0.08	0.10141	10%-25% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	30.00	0.23	0.10584	101%-200% Above	Yes	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	30.00	0.17	0.09517	51%-75% 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	4	180.00	0.11	0.09517	10%-25% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	5	30.00	0.11	0.09840	10%-25% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	5	60.00	0.11	0.09840	10%-25% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	5	90.00	0.11	0.09840	10%-25% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	5	180.00	0.11	0.09840	10%-25% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	6	30.00	0.11	0.10077	10%-25% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	6	60.00	0.11	0.10077	10%-25% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	6	90.00	0.11	0.10077	10%-25% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	7	30.00	0.01	0.10141	76%-100% Below	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	7	30.00	0.33	0.10141	200% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	8	30.00	0.33	0.10584	200% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	8	30.00	0.50	0.10584	200% 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	90.00	0.02	0.09829	76%-100% Below	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	4	90.00	0.14	0.12286	10%-25% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	4	90.00	0.14	0.12286	10%-25% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	4	90.00	0.50	0.12286	200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	4	180.00	0.14	0.12286	10%-25% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	4	180.00	0.14	0.12286	10%-25% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	5	30.00	0.33	0.13065	101%-200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	5	30.00	0.50	0.13065	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	90.00	0.05	0.13065	51%-75% Below	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	5	90.00	0.20	0.13065	51%-75% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	5	180.00	0.22	0.13065	51%-75% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	6	30.00	0.14	0.12954	10%-25% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	6	30.00	0.33	0.12954	101%-200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	6	30.00	0.50	0.12954	200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	6	90.00	0.11	0.12954	10%-25% Below	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	6	90.00	0.14	0.12954	10%-25% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	6	90.00	0.17	0.12954	26%-50% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	7	30.00	0.14	0.12914	10%-25% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	7	30.00	0.17	0.12914	26%-50% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	7	30.00	0.33	0.12914	101%-200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	7	30.00	0.50	0.12914	200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	7	90.00	0.14	0.12914	10%-25% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	7	90.00	0.50	0.12914	200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	7	180.00	0.11	0.12914	10%-25% Below	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	7	180.00	0.14	0.12914	10%-25% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	8	30.00	0.14	0.12934	10%-25% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	8	30.00	0.17	0.12934	26%-50% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	8	30.00	0.33	0.12934	101%-200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	8	30.00	0.50	0.12934	200% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	8	30.00	0.50	0.12934	200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	8	30.00	1.09	0.12934	200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	8	90.00	0.14	0.12934	10%-25% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	8	90.00	0.14	0.12934	10%-25% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	90.00	0.35	0.12934	101%-200% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	8	180.00	0.16	0.12934	10%-25% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	8	180.00	0.22	0.12934	51%-75% 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	90.00	0.14	0.12286	10%-25% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	5	30.00	0.01	0.13065	76%-100% Below	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	5	30.00	0.33	0.13065	101%-200% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	5	90.00	0.17	0.13065	26%-50% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	5	180.00	0.22	0.13065	51%-75% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	6	30.00	0.14	0.12954	10%-25% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	6	30.00	0.33	0.12954	101%-200% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	6	60.00	0.14	0.12954	10%-25% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	6	90.00	0.01	0.12954	76%-100% Below	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	6	90.00	0.14	0.12954	10%-25% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	6	90.00	0.17	0.12954	26%-50% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	6	90.00	0.22	0.12954	51%-75% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	6	90.00	0.50	0.12954	200% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	7	30.00	0.14	0.12914	10%-25% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	7	30.00	0.33	0.12914	101%-200% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	7	60.00	0.14	0.12914	10%-25% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	7	90.00	0.14	0.12914	10%-25% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	8	30.00	0.14	0.12934	10%-25% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	8	60.00	0.14	0.12934	10%-25% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	8	90.00	0.14	0.12934	10%-25% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	8	180.00	0.22	0.12934	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27241010806	CLONIDINE HCL ER 0.1 MG TABLET	4	30.00	0.50	0.25366	76%-100% Above	No	No
27241010806	CLONIDINE HCL ER 0.1 MG TABLET	5	30.00	0.50	0.25159	76%-100% Above	No	No
27241010806	CLONIDINE HCL ER 0.1 MG TABLET	5	90.00	0.22	0.25159	10%-25% Below	No	No
27241010806	CLONIDINE HCL ER 0.1 MG TABLET	6	30.00	0.50	0.24358	101%-200% Above	No	No
27241010806	CLONIDINE HCL ER 0.1 MG TABLET	7	30.00	0.50	0.22901	101%-200% Above	No	No
27241010806	CLONIDINE HCL ER 0.1 MG TABLET	7	60.00	0.55	0.22901	101%-200% Above	Yes	No
27241010806	CLONIDINE HCL ER 0.1 MG TABLET	7	180.00	0.11	0.22901	51%-75% Below	No	No
27241010806	CLONIDINE HCL ER 0.1 MG TABLET	8	30.00	0.50	0.21496	101%-200% Above	No	No
27241010806	CLONIDINE HCL ER 0.1 MG TABLET	8	60.00	0.25	0.21496	10%-25% Above	Yes	No
27241011203	TADALAFIL 5 MG TABLET	4	30.00	0.69	0.10765	200% Above	No	No
27241011203	TADALAFIL 5 MG TABLET	5	30.00	0.69	0.10525	200% Above	No	No
27241011203	TADALAFIL 5 MG TABLET	6	60.00	0.69	0.10307	200% Above	No	No
27241011203	TADALAFIL 5 MG TABLET	7	30.00	0.69	0.10144	200% Above	No	No
27241011205	TADALAFIL 5 MG TABLET	4	90.00	0.69	0.10765	200% Above	No	No
27241011205	TADALAFIL 5 MG TABLET	7	30.00	0.69	0.10144	200% Above	No	No
27241011303	TADALAFIL 10 MG TABLET	4	30.00	3.46	0.16934	200% Above	No	No
27241011303	TADALAFIL 10 MG TABLET	7	6.00	3.46	0.15914	200% Above	No	No
27241011403	TADALAFIL 20 MG TABLET	7	10.00	3.47	0.16256	200% Above	No	No
27241011603	FENOFIBRATE 54 MG TABLET	6	90.00	0.13	0.08767	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	4	90.00	0.15	0.12586	10%-25% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	4	90.00	0.22	0.12586	51%-75% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	5	30.00	0.15	0.12388	10%-25% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	5	90.00	0.15	0.12388	10%-25% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	5	90.00	0.17	0.12388	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	90.00	0.44	0.12388	200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	5	90.00	0.44	0.12388	200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	6	30.00	0.15	0.11686	26%-50% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	6	90.00	0.15	0.11686	26%-50% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	7	30.00	0.15	0.11192	26%-50% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	7	90.00	0.15	0.11192	26%-50% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	7	90.00	0.22	0.11192	76%-100% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	8	30.00	0.15	0.11290	26%-50% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	8	90.00	0.44	0.11290	200% Above	No	No
27241011705	FENOFIBRATE 160 MG TABLET	5	30.00	0.15	0.12388	10%-25% Above	No	No
27241011705	FENOFIBRATE 160 MG TABLET	5	90.00	0.44	0.12388	200% Above	No	No
27241011705	FENOFIBRATE 160 MG TABLET	6	30.00	0.15	0.11686	26%-50% Above	No	No
27241011705	FENOFIBRATE 160 MG TABLET	7	30.00	0.15	0.11192	26%-50% Above	No	No
27241011705	FENOFIBRATE 160 MG TABLET	8	30.00	0.15	0.11290	26%-50% Above	No	No
27241011705	FENOFIBRATE 160 MG TABLET	8	90.00	0.44	0.11290	200% Above	No	No
27241011904	FENOFIBRATE 134 MG CAPSULE	4	90.00	0.83	0.11099	200% Above	No	No
27241011904	FENOFIBRATE 134 MG CAPSULE	5	90.00	0.19	0.11260	51%-75% Above	Yes	No
27241011904	FENOFIBRATE 134 MG CAPSULE	6	90.00	0.05	0.11414	51%-75% Below	Yes	No
27241011904	FENOFIBRATE 134 MG CAPSULE	6	90.00	0.50	0.11414	200% Above	No	No
27241011904	FENOFIBRATE 134 MG CAPSULE	7	90.00	0.83	0.11560	200% Above	No	No
27241012004	FENOFIBRATE 200 MG CAPSULE	6	90.00	0.24	0.17665	26%-50% Above	Yes	No
27241012502	RANOLAZINE ER 500 MG TABLET	4	180.00	0.45	0.16814	101%-200% Above	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	5	30.00	0.45	0.16769	101%-200% Above	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	5	60.00	0.45	0.16769	101%-200% Above	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	5	180.00	0.45	0.16769	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	30.00	0.45	0.16288	101%-200% Above	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	6	60.00	0.45	0.16288	101%-200% Above	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	7	30.00	0.45	0.15814	101%-200% Above	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	7	60.00	0.45	0.15814	101%-200% Above	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	8	60.00	0.25	0.16089	51%-75% Above	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	8	60.00	0.45	0.16089	101%-200% Above	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	8	180.00	0.45	0.16089	101%-200% Above	No	No
27241012602	RANOLAZINE ER 1,000 MG TABLET	4	60.00	0.17	0.27248	26%-50% Below	No	No
27241012602	RANOLAZINE ER 1,000 MG TABLET	5	180.00	0.67	0.28244	101%-200% Above	No	No
27241012602	RANOLAZINE ER 1,000 MG TABLET	6	60.00	0.17	0.28004	26%-50% Below	No	No
27241012602	RANOLAZINE ER 1,000 MG TABLET	8	60.00	0.17	0.27869	26%-50% Below	No	No
27241012602	RANOLAZINE ER 1,000 MG TABLET	8	180.00	0.67	0.27869	101%-200% Above	No	No
27241013451	CHOLESTYRAMINE POWDER	7	378.00	0.04	0.09156	51%-75% Below	Yes	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	2	60.00	0.13	0.15187	10%-25% Below	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	4	180.00	0.17	0.15484	10%-25% Above	No	No
27241015201	DAPAGLIFLOZIN 10 MG TABLET	6	30.00	0.17	0.20494	10%-25% Below	No	No
27241015201	DAPAGLIFLOZIN 10 MG TABLET	7	30.00	0.01	0.20494	76%-100% Below	No	No
27241015504	OXYBUTYNIN CL ER 5 MG TABLET	5	30.00	0.23	0.08961	101%-200% Above	No	No
27241015504	OXYBUTYNIN CL ER 5 MG TABLET	6	20.00	0.50	0.08749	200% Above	No	No
27241015604	OXYBUTYNIN CL ER 10 MG TABLET	6	30.00	0.25	0.10274	101%-200% Above	No	No
27241015604	OXYBUTYNIN CL ER 10 MG TABLET	7	30.00	0.25	0.09895	101%-200% Above	No	No
27241015604	OXYBUTYNIN CL ER 10 MG TABLET	8	30.00	0.25	0.09784	101%-200% Above	No	No
27241016430	DULOXETINE HCL DR 40 MG CAP	5	90.00	1.52	1.07134	26%-50% Above	No	No
27241016701	DOXEPIN 10 MG CAPSULE	4	180.00	0.11	0.08120	26%-50% Above	No	No
27241016701	DOXEPIN 10 MG CAPSULE	5	30.00	0.11	0.08114	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27241016701	DOXEPIN 10 MG CAPSULE	6	30.00	0.11	0.07903	26%-50% Above	No	No
27241016701	DOXEPIN 10 MG CAPSULE	7	30.00	0.11	0.07769	26%-50% Above	No	No
27241016701	DOXEPIN 10 MG CAPSULE	7	180.00	0.11	0.07769	26%-50% Above	No	No
27241017456	VARENICLINE 1 MG TABLET	5	60.00	2.47	0.40263	200% Above	No	No
27241017456	VARENICLINE 1 MG TABLET	6	60.00	2.47	0.41849	200% Above	No	No
27241017456	VARENICLINE 1 MG TABLET	7	60.00	2.47	0.38371	200% Above	No	No
27241017456	VARENICLINE 1 MG TABLET	8	60.00	2.47	0.35025	200% Above	No	No
27241018757	VARENICLINE STARTING MONTH BOX	5	53.00	0.29	0.51543	26%-50% Below	No	No
27241018757	VARENICLINE STARTING MONTH BOX	7	53.00	1.19	0.47257	101%-200% Above	No	No
27241021601	CHLORTHALIDONE 25 MG TABLET	4	30.00	0.01	0.09012	76%-100% Below	No	No
27241021601	CHLORTHALIDONE 25 MG TABLET	5	30.00	0.16	0.08885	76%-100% Above	No	No
27241021601	CHLORTHALIDONE 25 MG TABLET	5	30.00	0.16	0.08885	76%-100% Above	Yes	No
27241021601	CHLORTHALIDONE 25 MG TABLET	6	45.00	0.16	0.08822	76%-100% Above	No	No
27241021601	CHLORTHALIDONE 25 MG TABLET	7	30.00	0.16	0.08478	76%-100% Above	No	No
27241021601	CHLORTHALIDONE 25 MG TABLET	7	90.00	0.16	0.08478	76%-100% Above	No	No
27241022430	VENLAFAXINE HCL ER 225 MG TAB	4	90.00	0.25	0.50973	51%-75% Below	Yes	No
27241022430	VENLAFAXINE HCL ER 225 MG TAB	5	30.00	1.82	0.52931	200% Above	Yes	No
27241022430	VENLAFAXINE HCL ER 225 MG TAB	5	90.00	0.25	0.52931	51%-75% Below	Yes	No
27241022430	VENLAFAXINE HCL ER 225 MG TAB	6	30.00	1.82	0.51595	200% Above	Yes	No
27241022430	VENLAFAXINE HCL ER 225 MG TAB	7	30.00	1.82	0.50026	200% Above	Yes	No
27241022430	VENLAFAXINE HCL ER 225 MG TAB	8	30.00	1.82	0.46137	200% Above	Yes	No
27241024201	GUANFACINE 1 MG TABLET	4	30.00	0.16	0.14198	10%-25% Above	No	No
27241024201	GUANFACINE 1 MG TABLET	5	90.00	0.24	0.14522	51%-75% Above	Yes	No
27241024201	GUANFACINE 1 MG TABLET	6	30.00	0.22	0.30304	26%-50% Below	No	No
27241024301	GUANFACINE 2 MG TABLET	4	30.00	0.17	0.25146	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27241024301	GUANFACINE 2 MG TABLET	5	30.00	0.17	0.25617	26%-50% Below	No	No
27241024301	GUANFACINE 2 MG TABLET	6	30.00	0.17	0.25901	26%-50% Below	No	No
27241024949	FAMOTIDINE 40 MG/5 ML SUSP	3	50.00	0.18	0.31668	26%-50% Below	No	No
27241024949	FAMOTIDINE 40 MG/5 ML SUSP	4	50.00	0.18	0.27473	26%-50% Below	No	No
27241024949	FAMOTIDINE 40 MG/5 ML SUSP	5	50.00	0.18	0.24833	26%-50% Below	No	No
27241024949	FAMOTIDINE 40 MG/5 ML SUSP	6	50.00	0.18	0.23321	10%-25% Below	No	No
27241024949	FAMOTIDINE 40 MG/5 ML SUSP	7	50.00	0.18	0.23022	10%-25% Below	No	No
27241024949	FAMOTIDINE 40 MG/5 ML SUSP	7	50.00	0.34	0.13700	101%-200% Above	No	No
27241024949	FAMOTIDINE 40 MG/5 ML SUSP	8	50.00	0.12	0.22246	26%-50% Below	No	No
27241027530	FLUVOXAMINE ER 150 MG CAPSULE	5	60.00	1.36	4.79730	51%-75% Below	No	No
27241030201	METOPROLOL-HYDROCHLOROTHIAZIDE 100-25 MG TAB	4	30.00	0.71	1.32059	26%-50% Below	No	No
27241030201	METOPROLOL-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	30.00	0.71	1.33481	26%-50% Below	No	No
27241030201	METOPROLOL-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	30.00	0.72	1.35141	26%-50% Below	No	No
27241030201	METOPROLOL-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	30.00	0.73	1.35777	26%-50% Below	No	No
27808000201	RISPERIDONE 1 MG/ML SOLUTION	5	180.00	0.27	0.49161	26%-50% Below	No	No
27808000201	RISPERIDONE 1 MG/ML SOLUTION	7	180.00	0.43	0.49024	10%-25% Below	No	No
27808003501	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	12.00	0.19	0.13104	26%-50% Above	No	No
27808003502	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	14.00	0.24	0.13880	51%-75% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	8.00	0.22	0.12756	51%-75% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	10.00	0.20	0.12756	51%-75% 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	30.00	0.15	0.12756	10%-25% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	60.00	0.19	0.12756	26%-50% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	12.00	0.19	0.13104	26%-50% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	15.00	0.19	0.13104	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	30.00	0.17	0.13104	26%-50% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	30.00	0.18	0.13104	26%-50% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	75.00	0.17	0.13104	26%-50% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	5.00	0.27	0.13508	101%-200% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	6.00	0.15	0.13508	10%-25% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	7.00	0.22	0.13508	51%-75% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	8.00	0.15	0.13508	10%-25% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	8.00	0.28	0.13508	101%-200% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	10.00	0.20	0.13508	26%-50% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	12.00	0.01	0.13508	76%-100% Below	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	12.00	0.15	0.13508	10%-25% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	13.00	0.21	0.13508	51%-75% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	26.00	0.18	0.13508	26%-50% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	30.00	0.15	0.13508	10%-25% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	60.00	0.19	0.13508	26%-50% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	75.00	0.17	0.13508	10%-25% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	15.00	0.21	0.13880	51%-75% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	18.00	0.17	0.13880	10%-25% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	75.00	0.17	0.13880	10%-25% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	6.00	0.26	0.13845	76%-100% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	7.00	0.23	0.13845	51%-75% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	10.00	0.20	0.13845	26%-50% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	12.00	0.19	0.13845	26%-50% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	30.00	0.17	0.13845	10%-25% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	75.00	0.17	0.13845	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27808003601	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	6.00	0.11	0.13787	10%-25% Below	No	No
27808003601	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	12.00	0.11	0.13787	10%-25% Below	No	No
27808003601	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	30.00	0.11	0.13787	10%-25% Below	No	No
27808003601	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	20.00	0.11	0.13809	10%-25% Below	No	No
27808003601	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	30.00	0.11	0.13894	10%-25% Below	No	No
27808003603	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	12.00	0.11	0.13787	10%-25% Below	No	No
27808003603	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	14.00	0.09	0.13787	26%-50% Below	No	No
27808003603	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	90.00	0.11	0.13787	10%-25% Below	No	No
27808003603	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	120.00	0.11	0.13787	10%-25% Below	No	No
27808003603	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	12.00	0.11	0.13809	10%-25% Below	No	No
27808003603	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	20.00	0.11	0.13809	10%-25% Below	No	No
27808003603	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	30.00	0.09	0.13809	26%-50% Below	No	No
27808003603	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	60.00	0.06	0.13809	51%-75% Below	No	No
27808003603	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	90.00	0.16	0.13809	10%-25% Above	No	No
27808003603	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	120.00	0.16	0.13809	10%-25% Above	No	No
27808003603	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	12.00	0.09	0.13894	26%-50% Below	No	No
27808003603	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	15.00	0.16	0.13894	10%-25% Above	No	No
27808003603	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	120.00	0.16	0.13894	10%-25% Above	No	No
27808003603	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	12.00	0.11	0.13891	10%-25% Below	No	No
27808003603	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	20.00	0.08	0.13891	26%-50% Below	No	No
27808003603	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	120.00	0.16	0.13891	10%-25% Above	No	No
27808003603	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	120.00	0.16	0.13822	10%-25% Above	No	No
27808003702	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	60.00	0.06	0.16136	51%-75% Below	No	No
27808003702	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	60.00	0.09	0.15256	26%-50% Below	No	No
27808003703	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	60.00	0.09	0.15340	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	60.00	0.10	0.15313	26%-50% Below	No	No
27808003703	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	90.00	0.08	0.15313	26%-50% Below	No	No
27808003703	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	120.00	0.10	0.15313	26%-50% Below	No	No
27808003703	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	15.00	0.08	0.15329	26%-50% Below	No	No
27808003703	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	60.00	0.10	0.15329	26%-50% Below	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	6	200.00	0.03	0.03834	26%-50% Below	No	No
27808005801	METHYLPHENIDATE 5 MG/5 ML SOLN	7	300.00	0.14	0.08226	51%-75% Above	No	No
27808008601	HYDROCODONE-CHLORPHEN ER SUSP	5	60.00	0.36	0.48287	10%-25% Below	No	No
27808008602	HYDROCODONE-CHLORPHEN ER SUSP	6	70.00	0.36	0.68115	26%-50% Below	No	No
27808008602	HYDROCODONE-CHLORPHEN ER SUSP	7	120.00	0.58	0.67660	10%-25% Below	No	No
27808009101	DEXMETHYLPHENIDATE 2.5 MG TAB	8	30.00	0.15	0.18593	10%-25% Below	No	No
27808009201	DEXMETHYLPHENIDATE 5 MG TAB	4	30.00	0.12	0.20824	26%-50% Below	No	No
27808009201	DEXMETHYLPHENIDATE 5 MG TAB	5	30.00	0.12	0.28064	51%-75% Below	Yes	No
27808009201	DEXMETHYLPHENIDATE 5 MG TAB	7	30.00	0.12	0.27124	51%-75% Below	Yes	No
27808009201	DEXMETHYLPHENIDATE 5 MG TAB	7	30.00	0.15	0.27124	26%-50% Below	No	No
27808009301	DEXMETHYLPHENIDATE 10 MG TAB	5	30.00	0.18	0.34669	26%-50% Below	No	No
27808009301	DEXMETHYLPHENIDATE 10 MG TAB	6	30.00	0.18	0.33907	26%-50% Below	No	No
27808009301	DEXMETHYLPHENIDATE 10 MG TAB	8	30.00	0.18	0.33854	26%-50% Below	No	No
27808011501	HYDROCODONE-ACETAMINOPHEN 7.5-300 MG TABLET	4	20.00	0.31	0.18771	51%-75% Above	Yes	No
27808015501	ROSUVASTATIN CALCIUM 5 MG TAB	4	90.00	0.25	0.03453	200% Above	No	No
27808015501	ROSUVASTATIN CALCIUM 5 MG TAB	5	90.00	0.01	0.03496	51%-75% Below	No	No
27808015501	ROSUVASTATIN CALCIUM 5 MG TAB	5	90.00	0.25	0.03496	200% Above	No	No
27808015501	ROSUVASTATIN CALCIUM 5 MG TAB	6	90.00	0.25	0.03479	200% Above	No	No
27808015501	ROSUVASTATIN CALCIUM 5 MG TAB	7	9.00	0.25	0.03397	200% Above	No	No
27808015501	ROSUVASTATIN CALCIUM 5 MG TAB	7	90.00	0.25	0.03397	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27808015501	ROSUVASTATIN CALCIUM 5 MG TAB	8	90.00	0.01	0.03330	51%-75% Below	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	4	30.00	0.01	0.03787	51%-75% Below	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	4	90.00	0.01	0.03787	51%-75% Below	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	4	90.00	0.02	0.03787	51%-75% Below	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.00	0.01	0.03840	51%-75% Below	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.00	0.22	0.03840	200% Above	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.00	0.01	0.03840	51%-75% Below	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.00	0.22	0.03840	200% Above	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.00	0.01	0.03834	51%-75% Below	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.00	0.01	0.03834	51%-75% Below	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.00	0.22	0.03834	200% Above	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.00	0.22	0.03834	200% Above	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	7	30.00	0.01	0.03797	51%-75% Below	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	7	90.00	0.01	0.03797	51%-75% Below	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	7	90.00	0.02	0.03797	51%-75% Below	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	7	90.00	0.22	0.03797	200% Above	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.00	0.01	0.03699	51%-75% Below	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.00	0.02	0.03699	51%-75% Below	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.00	0.22	0.03699	200% Above	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.00	0.22	0.03840	200% Above	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	7	90.00	0.22	0.03797	200% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	4	30.00	0.50	0.04807	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	5	30.00	0.50	0.04763	200% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	5	90.00	0.22	0.04763	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	30.00	0.50	0.04702	200% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	6	90.00	0.17	0.04702	200% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	6	90.00	0.21	0.04702	200% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	6	90.00	0.22	0.04702	200% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	6	90.00	0.33	0.04702	200% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.00	0.17	0.04551	200% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.00	0.22	0.04551	200% Above	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	5	90.00	0.22	0.04763	200% Above	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	6	90.00	0.22	0.04702	200% Above	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.00	0.22	0.04551	200% Above	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	8	90.00	0.22	0.04489	200% Above	No	No
27808015801	ROSUVASTATIN CALCIUM 40 MG TAB	4	90.00	0.35	0.05907	200% Above	No	No
27808015801	ROSUVASTATIN CALCIUM 40 MG TAB	6	30.00	0.01	0.06504	76%-100% Below	No	No
27808015801	ROSUVASTATIN CALCIUM 40 MG TAB	6	90.00	0.17	0.06504	101%-200% Above	No	No
27808015801	ROSUVASTATIN CALCIUM 40 MG TAB	6	90.00	0.44	0.06504	200% Above	No	No
27808015801	ROSUVASTATIN CALCIUM 40 MG TAB	7	60.00	0.35	0.06808	200% Above	No	No
27808015801	ROSUVASTATIN CALCIUM 40 MG TAB	7	90.00	0.35	0.06808	200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	4	30.00	0.33	0.05907	200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	4	30.00	0.35	0.05907	200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	4	90.00	0.35	0.05907	200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	5	30.00	0.17	0.06215	101%-200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	5	30.00	0.33	0.06215	200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	5	30.00	0.35	0.06215	200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	5	90.00	0.01	0.06215	76%-100% Below	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	5	90.00	0.35	0.06215	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	30.00	0.17	0.06504	101%-200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	6	30.00	0.33	0.06504	200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	6	90.00	0.01	0.06504	76%-100% Below	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	6	90.00	0.17	0.06504	101%-200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	6	90.00	0.35	0.06504	200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	7	30.00	0.01	0.06808	76%-100% Below	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	7	30.00	0.33	0.06808	200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	7	90.00	0.35	0.06808	200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	8	30.00	0.17	0.06860	101%-200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	8	30.00	0.33	0.06860	200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	8	90.00	0.01	0.06860	76%-100% Below	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	8	90.00	0.35	0.06860	200% Above	No	No
27808019001	COLESEVELAM 625 MG TABLET	5	540.00	0.47	0.26944	51%-75% Above	Yes	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	3	14.00	0.71	0.11469	200% 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	0.21	0.11523	76%-100% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	4	14.00	1.07	0.11523	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	4	20.00	0.21	0.11523	76%-100% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	4	20.00	0.75	0.11523	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	4	28.00	0.21	0.11523	76%-100% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	4	60.00	0.21	0.11523	76%-100% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	5	14.00	0.21	0.11447	76%-100% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	5	14.00	0.36	0.11447	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	5	20.00	0.21	0.11447	76%-100% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	5	60.00	0.21	0.11447	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	10.00	0.01	0.11188	76%-100% Below	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	6	14.00	0.01	0.11188	76%-100% Below	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	6	14.00	0.21	0.11188	76%-100% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	6	14.00	0.71	0.11188	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	6	14.00	1.89	0.11188	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	6	20.00	0.15	0.11188	26%-50% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	6	20.00	0.21	0.11188	76%-100% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	6	20.00	0.75	0.11188	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	6	28.00	0.21	0.11188	76%-100% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	6	60.00	0.21	0.11188	76%-100% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	7	8.00	0.01	0.10861	76%-100% Below	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	7	14.00	0.21	0.10861	76%-100% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	7	14.00	1.07	0.10861	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	7	20.00	0.21	0.10861	76%-100% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	7	28.00	0.21	0.10861	76%-100% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	7	60.00	0.21	0.10861	76%-100% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	8	14.00	0.21	0.10486	76%-100% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	8	14.00	0.71	0.10486	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	8	14.00	1.07	0.10486	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	8	14.00	1.51	0.10486	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	8	20.00	0.21	0.10486	76%-100% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	8	20.00	0.50	0.10486	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	8	30.00	0.21	0.10486	76%-100% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	8	60.00	0.21	0.10486	76%-100% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	3	20.00	0.65	0.11939	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	14.00	0.32	0.12409	101%-200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	4	20.00	0.50	0.12409	200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	4	60.00	0.32	0.12409	101%-200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	5	14.00	1.32	0.12382	200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	5	20.00	0.32	0.12382	101%-200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	5	20.00	0.50	0.12382	200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	5	22.00	0.45	0.12382	200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	6	2.00	0.33	0.11755	101%-200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	6	10.00	0.32	0.11755	101%-200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	6	10.00	1.00	0.11755	200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	6	14.00	0.03	0.11755	51%-75% Below	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	6	14.00	0.32	0.11755	101%-200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	6	14.00	0.71	0.11755	200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	6	20.00	0.32	0.11755	101%-200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	7	14.00	0.32	0.11440	101%-200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	7	14.00	1.07	0.11440	200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	7	20.00	0.32	0.11440	101%-200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	7	20.00	0.50	0.11440	200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	7	42.00	0.48	0.11440	200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	8	14.00	0.32	0.11291	101%-200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	8	14.00	1.00	0.11291	200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	8	20.00	0.32	0.11291	101%-200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	4	14.00	0.32	0.12409	101%-200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	5	10.00	0.32	0.12382	101%-200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	5	14.00	1.06	0.12382	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	5	20.00	0.32	0.12382	101%-200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	5	60.00	0.32	0.12382	101%-200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	6	7.00	0.32	0.11755	101%-200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	6	14.00	0.32	0.11755	101%-200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	6	14.00	1.32	0.11755	200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	6	20.00	0.32	0.11755	101%-200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	6	20.00	0.56	0.11755	200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	6	90.00	0.22	0.11755	76%-100% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	6	180.00	0.26	0.11755	101%-200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	7	14.00	0.32	0.11440	101%-200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	7	20.00	0.75	0.11440	200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	7	60.00	0.32	0.11440	101%-200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	8	20.00	0.26	0.11291	101%-200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	8	20.00	0.32	0.11291	101%-200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	8	20.00	0.75	0.11291	200% Above	No	No
27808026502	LEVETIRACETAM 750 MG TABLET	8	60.00	0.17	0.11054	26%-50% Above	No	No
27808029602	CELECOXIB 100 MG CAPSULE	5	180.00	0.16	0.07213	101%-200% Above	No	No
27808030201	METOPROL SUC TAB 25MG ER	6	30.00	0.11	.		No	No
27808030201	METOPROLOL SUCC ER 25 MG TAB	7	30.00	0.01	0.04953	76%-100% Below	No	No
27808030201	METOPROLOL SUCC ER 25 MG TAB	7	30.00	0.11	0.04953	101%-200% Above	No	No
27808030201	METOPROLOL SUCC ER 25 MG TAB	7	60.00	0.11	0.04953	101%-200% Above	No	No
27808030201	METOPROLOL SUCC ER 25 MG TAB	7	90.00	0.11	0.04953	101%-200% Above	No	No
27808030201	METOPROLOL SUCC ER 25 MG TAB	8	30.00	0.11	0.04985	101%-200% Above	No	No
27808030201	METOPROLOL SUCC ER 25 MG TAB	8	90.00	0.11	0.04985	101%-200% Above	No	No
27808030401	METOPROLOL SUCC ER 100 MG TAB	7	90.00	0.15	0.09662	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27808030401	METOPROLOL SUCC ER 100 MG TAB	7	90.00	0.22	0.09662	101%-200% Above	No	No
27808030401	METOPROLOL SUCC ER 100 MG TAB	8	90.00	0.29	0.09145	200% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	4	30.00	0.07	0.02939	101%-200% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	4	53.00	0.06	0.02939	76%-100% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	4	90.00	0.06	0.02939	101%-200% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	5	90.00	0.08	0.02919	101%-200% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	6	120.00	0.05	0.02828	76%-100% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	6	120.00	0.08	0.02828	101%-200% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	7	60.00	0.08	0.02764	101%-200% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	7	120.00	0.08	0.02764	101%-200% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	7	147.00	0.05	0.02764	76%-100% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	8	120.00	0.08	0.02705	101%-200% Above	No	No
29300011105	LAMOTRIGINE 25 MG TABLET	4	180.00	0.04	0.02939	26%-50% Above	No	No
29300011105	LAMOTRIGINE 25 MG TABLET	5	30.00	0.08	0.02919	101%-200% Above	No	No
29300011105	LAMOTRIGINE 25 MG TABLET	5	120.00	0.08	0.02919	101%-200% Above	No	No
29300011105	LAMOTRIGINE 25 MG TABLET	6	60.00	0.08	0.02828	101%-200% Above	No	No
29300011105	LAMOTRIGINE 25 MG TABLET	8	30.00	0.08	0.02705	101%-200% Above	No	No
29300011110	LAMOTRIGINE 25 MG TABLET	5	270.00	0.05	0.02919	76%-100% Above	No	No
29300011110	LAMOTRIGINE 25 MG TABLET	6	30.00	0.08	0.02828	101%-200% Above	No	No
29300011201	LAMOTRIGINE 100 MG TABLET	4	30.00	0.08	0.04454	51%-75% 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	90.00	0.09	0.04454	101%-200% Above	No	No
29300011201	LAMOTRIGINE 100 MG TABLET	5	30.00	0.08	0.04556	51%-75% Above	No	No
29300011201	LAMOTRIGINE 100 MG TABLET	6	30.00	0.08	0.04682	51%-75% Above	No	No
29300011201	LAMOTRIGINE 100 MG TABLET	7	30.00	0.08	0.04776	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300011201	LAMOTRIGINE 100 MG TABLET	8	30.00	0.09	0.04874	76%-100% Above	No	No
29300011201	LAMOTRIGINE 100 MG TABLET	8	90.00	0.09	0.04874	76%-100% 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	5	30.00	0.06	0.04556	26%-50% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	5	30.00	0.06	0.04556	26%-50% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	5	30.00	0.08	0.04556	51%-75% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	5	30.00	0.09	0.04556	76%-100% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	5	60.00	0.09	0.04556	76%-100% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	6	30.00	0.06	0.04682	26%-50% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	6	30.00	0.06	0.04682	26%-50% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	6	30.00	0.09	0.04682	76%-100% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	6	90.00	0.07	0.04682	26%-50% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	6	135.00	0.06	0.04682	26%-50% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	7	30.00	0.06	0.04776	26%-50% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	7	30.00	0.06	0.04776	26%-50% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	7	30.00	0.09	0.04776	76%-100% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	8	30.00	0.06	0.04874	10%-25% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	8	30.00	0.06	0.04874	26%-50% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	8	45.00	0.06	0.04874	10%-25% Above	No	No
29300011305	LAMOTRIGINE 150 MG TABLET	5	30.00	0.09	0.07162	10%-25% Above	No	No
29300011305	LAMOTRIGINE 150 MG TABLET	5	60.00	0.09	0.07162	10%-25% Above	No	No
29300011305	LAMOTRIGINE 150 MG TABLET	6	30.00	0.09	0.07276	10%-25% Above	No	No
29300011305	LAMOTRIGINE 150 MG TABLET	6	90.00	0.09	0.07276	10%-25% Above	No	No
29300011305	LAMOTRIGINE 150 MG TABLET	7	30.00	0.09	0.07219	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300011316	LAMOTRIGINE 150 MG TABLET	4	90.00	0.08	0.06722	10%-25% Above	No	No
29300011316	LAMOTRIGINE 150 MG TABLET	4	120.00	0.09	0.06722	26%-50% Above	No	No
29300011316	LAMOTRIGINE 150 MG TABLET	7	180.00	0.06	0.07219	10%-25% Below	No	No
29300011405	LAMOTRIGINE 200 MG TABLET	4	90.00	0.18	0.08328	101%-200% Above	No	No
29300011405	LAMOTRIGINE 200 MG TABLET	4	180.00	0.18	0.08328	101%-200% Above	No	No
29300011405	LAMOTRIGINE 200 MG TABLET	5	60.00	0.18	0.08355	101%-200% Above	No	No
29300011405	LAMOTRIGINE 200 MG TABLET	6	60.00	0.18	0.08391	101%-200% Above	No	No
29300011405	LAMOTRIGINE 200 MG TABLET	6	90.00	0.06	0.08391	26%-50% Below	No	No
29300011405	LAMOTRIGINE 200 MG TABLET	6	120.00	0.18	0.08391	101%-200% Above	No	No
29300011405	LAMOTRIGINE 200 MG TABLET	6	135.00	0.07	0.08391	10%-25% Below	No	No
29300011405	LAMOTRIGINE 200 MG TABLET	6	180.00	0.07	0.08391	10%-25% Below	No	No
29300011405	LAMOTRIGINE 200 MG TABLET	6	180.00	0.18	0.08391	101%-200% Above	No	No
29300011405	LAMOTRIGINE 200 MG TABLET	7	30.00	0.12	0.08463	26%-50% Above	No	No
29300011405	LAMOTRIGINE 200 MG TABLET	7	30.00	0.18	0.08463	101%-200% Above	No	No
29300011405	LAMOTRIGINE 200 MG TABLET	7	60.00	0.18	0.08463	101%-200% Above	No	No
29300011405	LAMOTRIGINE 200 MG TABLET	7	90.00	0.07	0.08463	10%-25% Below	No	No
29300011405	LAMOTRIGINE 200 MG TABLET	7	90.00	0.10	0.08463	10%-25% Above	No	No
29300011405	LAMOTRIGINE 200 MG TABLET	7	90.00	0.18	0.08463	101%-200% Above	No	No
29300011405	LAMOTRIGINE 200 MG TABLET	8	120.00	0.18	0.08404	101%-200% Above	No	No
29300011405	LAMOTRIGINE 200 MG TABLET	8	180.00	0.18	0.08404	101%-200% Above	No	No
29300011416	LAMOTRIGINE 200 MG TABLET	4	60.00	0.18	0.08328	101%-200% Above	No	No
29300011416	LAMOTRIGINE 200 MG TABLET	5	4.00	0.18	0.08355	101%-200% Above	No	No
29300011416	LAMOTRIGINE 200 MG TABLET	5	60.00	0.18	0.08355	101%-200% Above	No	No
29300011416	LAMOTRIGINE 200 MG TABLET	5	90.00	0.18	0.08355	101%-200% Above	No	No
29300011416	LAMOTRIGINE 200 MG TABLET	6	180.00	0.18	0.08391	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300011416	LAMOTRIGINE 200 MG TABLET	7	90.00	0.18	0.08463	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
29300011505	TOPIRAMATE 25 MG TABLET	4	60.00	0.07	0.02574	101%-200% Above	No	No
29300011505	TOPIRAMATE 25 MG TABLET	5	30.00	0.07	0.02571	101%-200% Above	No	No
29300011505	TOPIRAMATE 25 MG TABLET	6	30.00	0.07	0.02538	101%-200% Above	No	No
29300011505	TOPIRAMATE 25 MG TABLET	6	60.00	0.01	0.02538	51%-75% Below	No	No
29300011505	TOPIRAMATE 25 MG TABLET	6	180.00	0.07	0.02538	101%-200% Above	No	No
29300011505	TOPIRAMATE 25 MG TABLET	7	30.00	0.07	0.02550	101%-200% Above	No	No
29300011505	TOPIRAMATE 25 MG TABLET	7	90.00	0.07	0.02550	101%-200% Above	No	No
29300011505	TOPIRAMATE 25 MG TABLET	8	30.00	0.07	0.02563	101%-200% Above	No	No
29300011505	TOPIRAMATE 25 MG TABLET	8	60.00	0.07	0.02563	101%-200% Above	No	No
29300011505	TOPIRAMATE 25 MG TABLET	8	90.00	0.02	0.02563	26%-50% Below	No	No
29300011510	TOPIRAMATE 25 MG TABLET	7	30.00	0.07	0.02550	101%-200% Above	No	No
29300011516	TOPIRAMATE 25 MG TABLET	4	30.00	0.04	0.02574	26%-50% Above	Yes	No
29300011516	TOPIRAMATE 25 MG TABLET	5	30.00	0.04	0.02571	26%-50% Above	Yes	No
29300011516	TOPIRAMATE 25 MG TABLET	5	30.00	0.07	0.02571	101%-200% Above	Yes	No
29300011516	TOPIRAMATE 25 MG TABLET	5	270.00	0.02	0.02571	26%-50% Below	Yes	No
29300011516	TOPIRAMATE 25 MG TABLET	6	30.00	0.04	0.02538	26%-50% Above	Yes	No
29300011516	TOPIRAMATE 25 MG TABLET	6	30.00	0.07	0.02538	101%-200% Above	Yes	No
29300011516	TOPIRAMATE 25 MG TABLET	6	140.00	0.02	0.02538	10%-25% Below	Yes	No
29300011516	TOPIRAMATE 25 MG TABLET	7	60.00	0.01	0.02550	51%-75% Below	Yes	No
29300011516	TOPIRAMATE 25 MG TABLET	7	180.00	0.05	0.02550	101%-200% Above	Yes	No
29300011516	TOPIRAMATE 25 MG TABLET	8	60.00	0.03	0.02563	10%-25% Above	Yes	No
29300011605	TOPIRAMATE 50 MG TABLET	4	30.00	0.09	0.03475	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	90.00	0.05	0.03475	26%-50% Above	No	No
29300011605	TOPIRAMATE 50 MG TABLET	5	30.00	0.09	0.03498	101%-200% Above	No	No
29300011605	TOPIRAMATE 50 MG TABLET	7	60.00	0.09	0.03359	101%-200% Above	No	No
29300011605	TOPIRAMATE 50 MG TABLET	7	90.00	0.05	0.03359	51%-75% Above	No	No
29300011616	TOPIRAMATE 50 MG TABLET	4	30.00	0.06	0.03475	51%-75% Above	Yes	No
29300011616	TOPIRAMATE 50 MG TABLET	4	90.00	0.05	0.03475	26%-50% Above	Yes	No
29300011616	TOPIRAMATE 50 MG TABLET	4	180.00	0.09	0.03475	101%-200% Above	Yes	No
29300011616	TOPIRAMATE 50 MG TABLET	5	30.00	0.06	0.03498	51%-75% Above	Yes	No
29300011616	TOPIRAMATE 50 MG TABLET	5	60.00	0.02	0.03498	51%-75% Below	Yes	No
29300011616	TOPIRAMATE 50 MG TABLET	5	180.00	0.05	0.03498	26%-50% Above	Yes	No
29300011616	TOPIRAMATE 50 MG TABLET	5	180.00	0.07	0.03498	76%-100% Above	No	No
29300011616	TOPIRAMATE 50 MG TABLET	6	60.00	0.02	0.03448	51%-75% Below	Yes	No
29300011616	TOPIRAMATE 50 MG TABLET	6	90.00	0.06	0.03448	76%-100% Above	Yes	No
29300011616	TOPIRAMATE 50 MG TABLET	6	180.00	0.06	0.03448	76%-100% Above	Yes	No
29300011616	TOPIRAMATE 50 MG TABLET	7	30.00	0.09	0.03359	101%-200% Above	Yes	No
29300011616	TOPIRAMATE 50 MG TABLET	7	60.00	0.02	0.03359	26%-50% Below	Yes	No
29300011616	TOPIRAMATE 50 MG TABLET	7	60.00	0.09	0.03359	101%-200% Above	No	No
29300011616	TOPIRAMATE 50 MG TABLET	7	90.00	0.02	0.03359	26%-50% Below	Yes	No
29300011616	TOPIRAMATE 50 MG TABLET	7	180.00	0.09	0.03359	101%-200% Above	Yes	No
29300011616	TOPIRAMATE 50 MG TABLET	7	270.00	0.06	0.03359	51%-75% Above	Yes	No
29300011616	TOPIRAMATE 50 MG TABLET	8	30.00	0.09	0.03504	101%-200% Above	Yes	No
29300011616	TOPIRAMATE 50 MG TABLET	8	180.00	0.07	0.03504	76%-100% Above	No	No
29300011705	TOPIRAMATE 100 MG TABLET	8	60.00	0.08	0.05502	26%-50% Above	No	No
29300011716	TOPIRAMATE 100 MG TABLET	5	90.00	0.03	0.05949	26%-50% Below	Yes	No
29300011716	TOPIRAMATE 100 MG TABLET	6	90.00	0.03	0.05798	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300011716	TOPIRAMATE 100 MG TABLET	6	180.00	0.08	0.05798	26%-50% Above	Yes	No
29300011716	TOPIRAMATE 100 MG TABLET	7	180.00	0.03	0.05555	26%-50% Below	Yes	No
29300012410	MELOXICAM 7.5 MG TABLET	4	30.00	0.03	0.01657	101%-200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	4	30.00	0.04	0.01657	101%-200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	4	30.00	0.07	0.01657	200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	5	30.00	0.04	0.01678	101%-200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	5	30.00	0.04	0.01678	101%-200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	5	30.00	0.07	0.01678	200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	5	90.00	0.07	0.01678	200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	6	30.00	0.04	0.01675	101%-200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	6	30.00	0.04	0.01675	101%-200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	6	30.00	0.04	0.01675	101%-200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	6	30.00	0.07	0.01675	200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	6	60.00	0.07	0.01675	200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	7	7.00	0.07	0.01669	200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	7	30.00	0.03	0.01669	76%-100% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	7	30.00	0.03	0.01669	101%-200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	7	60.00	0.07	0.01669	200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	8	10.00	0.07	0.01652	200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	8	90.00	0.02	0.01652	10%-25% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	8	90.00	0.07	0.01652	200% Above	No	No
29300012501	MELOXICAM 15 MG TABLET	5	90.00	0.06	0.01907	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
29300012510	MELOXICAM 15 MG TABLET	4	60.00	0.01	0.01933	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	30.00	0.03	0.01907	51%-75% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	5	30.00	0.03	0.01907	51%-75% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	5	30.00	0.06	0.01907	200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	5	45.00	0.06	0.01907	200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	6	14.00	0.06	0.01876	200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	6	30.00	0.03	0.01876	51%-75% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	6	30.00	0.03	0.01876	51%-75% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	6	30.00	0.03	0.01876	76%-100% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	6	30.00	0.04	0.01876	101%-200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	6	30.00	0.06	0.01876	200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	6	60.00	0.01	0.01876	26%-50% Below	No	No
29300012510	MELOXICAM 15 MG TABLET	6	90.00	0.02	0.01876	26%-50% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	6	90.00	0.06	0.01876	200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	7	14.00	0.06	0.01863	200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	7	30.00	0.03	0.01863	51%-75% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	7	30.00	0.03	0.01863	51%-75% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	7	30.00	0.06	0.01863	200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	7	90.00	0.06	0.01863	200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	8	14.00	0.06	0.01865	200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	8	14.00	0.07	0.01865	200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	8	15.00	0.05	0.01865	101%-200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	8	30.00	0.03	0.01865	51%-75% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	8	30.00	0.03	0.01865	51%-75% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	8	30.00	0.04	0.01865	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	30.00	0.04	0.01865	101%-200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	8	30.00	0.06	0.01865	200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	8	90.00	0.02	0.01865	10%-25% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	8	90.00	0.06	0.01865	200% Above	No	No
29300012601	BISOPROLOL FUMARATE 5 MG TAB	5	30.00	0.21	0.13581	51%-75% Above	No	No
29300012601	BISOPROLOL FUMARATE 5 MG TAB	6	30.00	0.21	0.13328	51%-75% Above	No	No
29300012601	BISOPROLOL FUMARATE 5 MG TAB	7	30.00	0.21	0.12481	51%-75% Above	No	No
29300012601	BISOPROLOL FUMARATE 5 MG TAB	8	90.00	0.21	0.12322	51%-75% Above	No	No
29300012613	BISOPROLOL FUMARATE 5 MG TAB	5	60.00	0.21	0.13581	51%-75% Above	No	No
29300012613	BISOPROLOL FUMARATE 5 MG TAB	6	60.00	0.21	0.13328	51%-75% Above	No	No
29300012613	BISOPROLOL FUMARATE 5 MG TAB	7	60.00	0.21	0.12481	51%-75% Above	No	No
29300012701	BISOPROLOL FUMARATE 10 MG TAB	4	7.00	0.35	0.19853	51%-75% Above	No	No
29300012701	BISOPROLOL FUMARATE 10 MG TAB	4	90.00	0.30	0.19853	51%-75% Above	No	No
29300012701	BISOPROLOL FUMARATE 10 MG TAB	8	7.00	0.35	0.17855	76%-100% Above	No	No
29300012701	BISOPROLOL FUMARATE 10 MG TAB	8	90.00	0.30	0.17855	51%-75% Above	No	No
29300012801	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.00	0.02	0.01219	26%-50% Above	No	No
29300012801	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.00	0.02	0.01219	26%-50% Above	No	No
29300012801	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.00	0.02	0.01203	26%-50% Above	No	No
29300012801	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.00	0.02	0.01196	26%-50% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	30.00	0.00	0.01202	51%-75% Below	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	30.00	0.03	0.01202	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	30.00	0.03	0.01202	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	60.00	0.00	0.01202	51%-75% Below	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	0.02	0.01202	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	76%-100% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.00	0.00	0.01219	51%-75% Below	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.00	0.02	0.01219	26%-50% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.00	0.03	0.01219	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.00	0.03	0.01219	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	45.00	0.03	0.01219	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	60.00	0.02	0.01219	26%-50% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.00	0.02	0.01219	26%-50% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.00	0.02	0.01219	26%-50% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.00	0.02	0.01219	51%-75% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.00	0.02	0.01219	76%-100% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.00	0.02	0.01219	76%-100% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.00	0.02	0.01219	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.00	0.00	0.01203	51%-75% Below	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.00	0.02	0.01203	26%-50% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	60.00	0.02	0.01203	26%-50% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.00	0.00	0.01203	51%-75% Below	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.00	0.02	0.01203	26%-50% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.00	0.02	0.01203	26%-50% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.00	0.02	0.01203	26%-50% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.00	0.02	0.01203	26%-50% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.00	0.02	0.01203	51%-75% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.00	0.00	0.01196	51%-75% Below	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.00	0.02	0.01196	26%-50% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.00	0.03	0.01196	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	30.00	0.04	0.01196	200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	45.00	0.03	0.01196	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	60.00	0.02	0.01196	26%-50% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.00	0.01	0.01196	10%-25% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.00	0.02	0.01196	26%-50% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.00	0.02	0.01196	76%-100% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.00	0.02	0.01165	26%-50% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.00	0.02	0.01165	26%-50% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.00	0.02	0.01165	76%-100% Above	No	No
29300012901	HYDROCHLOROTHIAZIDE 50 MG TAB	6	30.00	0.03	0.03181	10%-25% Below	No	No
29300012901	HYDROCHLOROTHIAZIDE 50 MG TAB	8	30.00	0.04	0.03098	10%-25% Above	No	No
29300012910	HYDROCHLOROTHIAZIDE 50 MG TAB	5	90.00	0.03	0.03324	10%-25% Below	No	No
29300012910	HYDROCHLOROTHIAZIDE 50 MG TAB	6	30.00	0.04	0.03181	10%-25% Above	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	4	90.00	0.05	0.02908	51%-75% Above	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	4	90.00	0.08	0.02908	101%-200% Above	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	90.00	0.01	0.02865	51%-75% Below	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	90.00	0.08	0.02814	101%-200% Above	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	90.00	0.08	0.02792	101%-200% Above	No	No
29300013010	HYDROCHLOROTHIAZIDE 12.5 MG CP	4	90.00	0.04	0.02908	26%-50% Above	No	No
29300013010	HYDROCHLOROTHIAZIDE 12.5 MG CP	4	90.00	0.08	0.02908	101%-200% Above	No	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	5	90.00	0.04	0.02865	51%-75% Above	No	No
29300013010	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	90.00	0.08	0.02865	101%-200% Above	Yes	No
29300013010	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	30.00	0.06	0.02838	76%-100% Above	Yes	No
29300013010	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	90.00	0.01	0.02838	51%-75% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	90.00	0.08	0.02838	101%-200% Above	No	No
29300013010	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	90.00	0.08	0.02838	101%-200% Above	Yes	No
29300013010	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	60.00	0.08	0.02814	101%-200% Above	Yes	No
29300013010	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	90.00	0.06	0.02814	101%-200% Above	Yes	No
29300013010	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	90.00	0.08	0.02814	101%-200% Above	No	No
29300013010	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	90.00	0.08	0.02814	101%-200% Above	Yes	No
29300013010	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	30.00	0.08	0.02792	101%-200% Above	Yes	No
29300013010	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	90.00	0.04	0.02792	26%-50% Above	No	No
29300013010	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	90.00	0.04	0.02792	26%-50% Above	No	No
29300013010	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	90.00	0.08	0.02792	101%-200% Above	Yes	No
29300013201	ZALEPLON 10 MG CAPSULE	4	30.00	0.05	0.15696	51%-75% Below	No	No
29300013201	ZALEPLON 10 MG CAPSULE	6	30.00	0.05	0.15091	51%-75% Below	No	No
29300013201	ZALEPLON 10 MG CAPSULE	6	30.00	0.21	0.15091	26%-50% Above	No	No
29300013201	ZALEPLON 10 MG CAPSULE	7	30.00	0.04	0.14698	51%-75% Below	No	No
29300013201	ZALEPLON 10 MG CAPSULE	8	30.00	0.21	0.14125	51%-75% Above	No	No
29300013601	CLONIDINE HCL 0.2 MG TABLET	5	30.00	0.07	0.03337	76%-100% Above	No	No
29300013601	CLONIDINE HCL 0.2 MG TABLET	6	30.00	0.07	0.03250	76%-100% Above	No	No
29300013601	CLONIDINE HCL 0.2 MG TABLET	7	30.00	0.04	0.03183	10%-25% Above	No	No
29300013601	CLONIDINE HCL 0.2 MG TABLET	7	30.00	0.07	0.03183	101%-200% Above	No	No
29300013601	CLONIDINE HCL 0.2 MG TABLET	7	60.00	0.06	0.03183	101%-200% Above	No	No
29300013601	CLONIDINE HCL 0.2 MG TABLET	8	30.00	0.04	0.03191	10%-25% Above	No	No
29300013601	CLONIDINE HCL 0.2 MG TABLET	8	60.00	0.06	0.03191	101%-200% Above	No	No
29300013605	CLONIDINE HCL 0.2 MG TABLET	7	30.00	0.07	0.03183	101%-200% Above	No	No
29300013610	CLONIDINE HCL 0.2 MG TABLET	8	30.00	0.07	0.03191	101%-200% Above	No	No
29300013701	CLONIDINE HCL 0.3 MG TABLET	6	60.00	0.07	0.04044	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300013701	CLONIDINE HCL 0.3 MG TABLET	7	60.00	0.07	0.04119	51%-75% Above	No	No
29300013701	CLONIDINE HCL 0.3 MG TABLET	8	60.00	0.07	0.04021	51%-75% Above	No	No
29300013801	DIVALPROEX SOD DR 125 MG TAB	4	90.00	0.04	0.05425	26%-50% Below	No	No
29300013801	DIVALPROEX SOD DR 125 MG TAB	5	90.00	0.04	0.05439	26%-50% Below	No	No
29300013801	DIVALPROEX SOD DR 125 MG TAB	7	90.00	0.03	0.05703	26%-50% Below	No	No
29300013801	DIVALPROEX SOD DR 125 MG TAB	8	90.00	0.03	0.05612	26%-50% Below	No	No
29300013905	DIVALPROEX SOD DR 250 MG TAB	5	540.00	0.04	0.08917	51%-75% Below	No	No
29300014710	QUETIAPINE FUMARATE 25 MG TAB	4	60.00	0.08	0.02892	101%-200% Above	No	No
29300014710	QUETIAPINE FUMARATE 25 MG TAB	6	60.00	0.08	0.02649	200% Above	No	No
29300014801	QUETIAPINE FUMARATE 50 MG TAB	5	30.00	0.12	0.03039	200% Above	Yes	No
29300014801	QUETIAPINE FUMARATE 50 MG TAB	6	30.00	0.12	0.03021	200% Above	Yes	No
29300014810	QUETIAPINE FUMARATE 50 MG TAB	2	30.00	0.10	0.04224	101%-200% Above	No	No
29300014810	QUETIAPINE FUMARATE 50 MG TAB	4	30.00	0.11	0.03114	200% Above	No	No
29300014810	QUETIAPINE FUMARATE 50 MG TAB	4	30.00	0.12	0.03114	200% Above	No	No
29300014810	QUETIAPINE FUMARATE 50 MG TAB	5	30.00	0.11	0.03039	200% Above	No	No
29300014810	QUETIAPINE FUMARATE 50 MG TAB	6	30.00	0.11	0.03021	200% Above	No	No
29300014810	QUETIAPINE FUMARATE 50 MG TAB	6	30.00	0.13	0.03021	200% Above	No	No
29300014901	QUETIAPINE FUMARATE 100 MG TAB	6	90.00	0.02	0.05124	51%-75% Below	Yes	No
29300014901	QUETIAPINE FUMARATE 100 MG TAB	8	7.00	0.12	0.04932	101%-200% Above	No	No
29300015101	QUETIAPINE FUMARATE 300 MG TAB	5	30.00	0.01	0.14646	76%-100% Below	No	No
29300015501	ALFUZOSIN HCL ER 10 MG TABLET	7	30.00	0.17	0.10808	51%-75% Above	No	No
29300016815	TIZANIDINE HCL 2 MG TABLET	4	85.00	0.02	0.03075	26%-50% Below	No	No
29300016815	TIZANIDINE HCL 2 MG TABLET	4	90.00	0.02	0.03075	26%-50% Below	No	No
29300016815	TIZANIDINE HCL 2 MG TABLET	5	90.00	0.02	0.03085	26%-50% Below	No	No
29300016815	TIZANIDINE HCL 2 MG TABLET	6	90.00	0.02	0.03086	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300016815	TIZANIDINE HCL 2 MG TABLET	6	90.00	0.02	0.03086	26%-50% Below	No	No
29300016815	TIZANIDINE HCL 2 MG TABLET	7	60.00	0.03	0.02988	10%-25% Below	No	No
29300016815	TIZANIDINE HCL 2 MG TABLET	7	90.00	0.02	0.02988	26%-50% Below	No	No
29300016815	TIZANIDINE HCL 2 MG TABLET	8	60.00	0.03	0.03059	10%-25% Below	No	No
29300016815	TIZANIDINE HCL 2 MG TABLET	8	90.00	0.02	0.03059	26%-50% Below	No	No
29300016910	TIZANIDINE HCL 4 MG TABLET	7	20.00	0.05	0.03227	26%-50% Above	No	No
29300016915	TIZANIDINE HCL 4 MG TABLET	4	60.00	0.09	0.03342	101%-200% Above	No	No
29300016915	TIZANIDINE HCL 4 MG TABLET	5	30.00	0.09	0.03385	101%-200% Above	No	No
29300016915	TIZANIDINE HCL 4 MG TABLET	5	60.00	0.09	0.03385	101%-200% Above	No	No
29300016915	TIZANIDINE HCL 4 MG TABLET	6	30.00	0.09	0.03318	101%-200% Above	No	No
29300016915	TIZANIDINE HCL 4 MG TABLET	6	60.00	0.09	0.03318	101%-200% Above	No	No
29300016915	TIZANIDINE HCL 4 MG TABLET	6	90.00	0.09	0.03318	101%-200% Above	No	No
29300016915	TIZANIDINE HCL 4 MG TABLET	7	30.00	0.09	0.03227	101%-200% Above	No	No
29300016915	TIZANIDINE HCL 4 MG TABLET	7	60.00	0.09	0.03227	101%-200% Above	No	No
29300016915	TIZANIDINE HCL 4 MG TABLET	7	180.00	0.02	0.03227	26%-50% Below	No	No
29300016915	TIZANIDINE HCL 4 MG TABLET	8	30.00	0.09	0.03192	101%-200% Above	No	No
29300016915	TIZANIDINE HCL 4 MG TABLET	8	60.00	0.09	0.03192	101%-200% Above	No	No
29300018701	BISOPROLOL-HYDROCHLOROTHIAZIDE 2.5-6.25 MG TB	4	90.00	0.32	0.18547	51%-75% Above	No	No
29300018701	BISOPROLOL-HYDROCHLOROTHIAZIDE 2.5-6.25 MG TB	5	90.00	0.14	0.18827	10%-25% Below	No	No
29300018701	BISOPROLOL-HYDROCHLOROTHIAZIDE 2.5-6.25 MG TB	6	90.00	0.17	0.18616	10%-25% Below	No	No
29300018701	BISOPROLOL-HYDROCHLOROTHIAZIDE 2.5-6.25 MG TB	7	90.00	0.14	0.20566	26%-50% Below	No	No
29300018701	BISOPROLOL-HYDROCHLOROTHIAZIDE 2.5-6.25 MG TB	8	90.00	0.32	0.21456	26%-50% Above	No	No
29300018705	BISOPROLOL-HYDROCHLOROTHIAZIDE 2.5-6.25 MG TB	4	90.00	0.14	0.18547	10%-25% Below	No	No
29300018801	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	4	30.00	0.13	0.20768	26%-50% Below	No	No
29300018801	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	4	180.00	0.08	0.20768	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300018801	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	5	14.00	0.13	0.21339	26%-50% Below	No	No
29300018801	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	5	90.00	0.13	0.21339	26%-50% Below	No	No
29300018801	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	6	30.00	0.13	0.20454	26%-50% Below	No	No
29300018801	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	6	90.00	0.13	0.20454	26%-50% Below	No	No
29300018801	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	6	180.00	0.13	0.20454	26%-50% Below	No	No
29300018801	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	7	30.00	0.13	0.21674	26%-50% Below	No	No
29300018801	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	7	180.00	0.10	0.21674	51%-75% Below	No	No
29300018801	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	8	30.00	0.13	0.21407	26%-50% Below	No	No
29300018801	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	8	90.00	0.13	0.21407	26%-50% Below	No	No
29300018805	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	6	90.00	0.13	0.20454	26%-50% Below	No	No
29300018901	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	4	90.00	0.15	0.21692	26%-50% Below	No	No
29300018901	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	6	90.00	0.17	0.20724	10%-25% Below	No	No
29300018901	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	8	90.00	0.15	0.20962	26%-50% Below	No	No
29300018905	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	5	28.00	0.15	0.21433	26%-50% Below	No	No
29300018905	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	6	28.00	0.15	0.20724	26%-50% Below	No	No
29300018905	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	7	28.00	0.15	0.20063	10%-25% Below	No	No
29300018905	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	7	90.00	0.15	0.20063	10%-25% Below	No	No
29300019019	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	6	90.00	0.13	0.06214	101%-200% Above	No	No
29300019110	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	5	30.00	0.33	0.07542	200% Above	No	No
29300019210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	4	30.00	0.15	0.08092	76%-100% Above	No	No
29300019210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	30.00	0.15	0.08110	76%-100% Above	No	No
29300019210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	30.00	0.23	0.08110	101%-200% Above	No	No
29300019210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	30.00	0.15	0.07979	76%-100% Above	No	No
29300019210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	30.00	0.23	0.07979	101%-200% Above	No	No
29300019210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	90.00	0.15	0.07979	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	30.00	0.15	0.07712	76%-100% Above	No	No
29300019210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	8	30.00	0.15	0.07833	76%-100% 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	4	30.00	0.25	0.04349	200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	4	90.00	0.12	0.04349	101%-200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	5	30.00	0.12	0.04249	101%-200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	5	90.00	0.12	0.04249	101%-200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	5	90.00	0.23	0.04249	200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	6	30.00	0.12	0.04193	101%-200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	6	30.00	0.16	0.04193	200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	6	30.00	0.17	0.04193	200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	6	30.00	0.23	0.04193	200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	7	30.00	0.12	0.04027	101%-200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	7	30.00	0.17	0.04027	200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	7	30.00	0.23	0.04027	200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	7	90.00	0.23	0.04027	200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	8	30.00	0.12	0.04154	101%-200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	8	30.00	0.15	0.04154	200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	8	30.00	0.16	0.04154	200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	8	30.00	0.17	0.04154	200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	8	30.00	0.18	0.04154	200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	8	30.00	0.25	0.04154	200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	8	90.00	0.12	0.04154	101%-200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	4	30.00	0.01	0.04349	76%-100% Below	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	4	30.00	0.12	0.04349	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	30.00	0.19	0.04349	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	4	90.00	0.08	0.04349	76%-100% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	4	90.00	0.12	0.04349	101%-200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	4	90.00	0.14	0.04349	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	4	90.00	0.17	0.04349	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	4	90.00	0.21	0.04349	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	5	30.00	0.12	0.04249	101%-200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	5	30.00	0.16	0.04249	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	5	30.00	0.17	0.04249	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	5	30.00	0.19	0.04249	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	5	30.00	0.20	0.04249	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	5	90.00	0.12	0.04249	101%-200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	5	90.00	0.17	0.04249	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	5	90.00	0.21	0.04249	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	6	30.00	0.12	0.04193	101%-200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	6	30.00	0.17	0.04193	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	6	30.00	0.24	0.04193	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	6	90.00	0.03	0.04193	26%-50% Below	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	6	90.00	0.12	0.04193	101%-200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	6	90.00	0.14	0.04193	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	6	90.00	0.20	0.04193	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	7	14.00	0.12	0.04027	101%-200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	7	30.00	0.12	0.04027	101%-200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	7	30.00	0.17	0.04027	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	7	90.00	0.09	0.04027	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	90.00	0.12	0.04027	101%-200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	7	90.00	0.17	0.04027	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	8	30.00	0.12	0.04154	101%-200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	8	30.00	0.16	0.04154	200% Above	Yes	No
29300022019	MONTELUKAST SOD 10 MG TABLET	8	90.00	0.12	0.04154	101%-200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	8	90.00	0.12	0.04154	101%-200% Above	Yes	No
29300022019	MONTELUKAST SOD 10 MG TABLET	8	90.00	0.17	0.04154	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	8	90.00	0.17	0.04154	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	8	90.00	0.22	0.04154	200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	4	14.00	0.19	0.10748	76%-100% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	4	14.00	0.38	0.10224	200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	5	14.00	0.16	0.10077	51%-75% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	5	14.00	0.29	0.10077	101%-200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	5	14.00	0.33	0.10077	200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	6	14.00	0.16	0.10048	51%-75% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	6	14.00	0.33	0.10048	200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	6	14.00	0.35	0.10048	200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	6	15.00	0.32	0.10048	200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	6	28.00	0.31	0.10048	200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	6	30.00	0.01	0.10048	76%-100% Below	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	7	14.00	0.16	0.10025	51%-75% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	7	14.00	0.29	0.10025	101%-200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	7	14.00	0.32	0.10025	200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	7	14.00	0.33	0.10025	200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	7	14.00	0.38	0.10025	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300022701	METRONIDAZOLE 500 MG TABLET	7	15.00	0.16	0.10025	51%-75% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	8	14.00	0.16	0.10116	51%-75% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	8	14.00	0.33	0.10116	200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	8	21.00	0.27	0.10116	101%-200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	8	30.00	0.16	0.10116	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	14.00	0.33	0.10224	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	4	20.00	0.16	0.10224	51%-75% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	4	21.00	0.16	0.10224	51%-75% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	4	21.00	0.32	0.10224	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	5	14.00	0.01	0.10077	76%-100% Below	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	5	14.00	0.16	0.10077	51%-75% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	5	14.00	0.33	0.10077	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	5	14.00	0.34	0.10077	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	5	14.00	0.42	0.10077	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	5	102.00	0.01	0.10077	76%-100% Below	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	6	4.00	0.41	0.10048	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	6	10.00	0.16	0.10048	51%-75% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	6	14.00	0.03	0.10048	51%-75% Below	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	6	14.00	0.16	0.10048	51%-75% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	6	14.00	0.33	0.10048	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	6	14.00	0.34	0.10048	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	6	14.00	0.35	0.10048	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	6	14.00	0.42	0.10048	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	6	20.00	0.16	0.10048	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	102.00	0.01	0.10048	76%-100% Below	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	7	4.00	0.16	0.10025	51%-75% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	7	4.00	0.48	0.10025	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	7	14.00	0.13	0.10025	26%-50% Above	Yes	No
29300022705	METRONIDAZOLE 500 MG TABLET	7	14.00	0.16	0.10025	51%-75% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	7	14.00	0.32	0.10025	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	7	14.00	0.33	0.10025	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	7	14.00	0.38	0.10025	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	7	21.00	0.16	0.10025	51%-75% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	7	21.00	0.27	0.10025	101%-200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	7	21.00	0.32	0.10025	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	7	30.00	0.16	0.10025	51%-75% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	7	30.00	0.31	0.10025	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	8	4.00	0.16	0.10116	51%-75% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	8	4.00	0.49	0.10116	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	8	14.00	0.16	0.10116	51%-75% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	8	14.00	0.34	0.10116	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	8	14.00	0.35	0.10116	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	8	14.00	0.44	0.10116	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	8	20.00	0.16	0.10116	51%-75% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	8	21.00	0.33	0.10116	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	8	28.00	0.16	0.10116	51%-75% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	8	30.00	0.16	0.10116	51%-75% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	8	30.00	0.30	0.10116	101%-200% Above	No	No
29300023916	TOLTERODINE TARTRATE 1 MG TAB	6	60.00	0.27	0.20000	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	30.00	0.06	0.02199	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	4	60.00	0.03	0.02199	26%-50% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	4	60.00	0.05	0.02199	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	60.00	0.04	0.02350	51%-75% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	5	90.00	0.05	0.02204	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	5	270.00	0.04	0.02204	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	6	60.00	0.03	0.02187	26%-50% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	6	60.00	0.05	0.02187	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	6	60.00	0.06	0.02187	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	6	90.00	0.05	0.02187	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	6	180.00	0.05	0.02187	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	7	30.00	0.07	0.02164	200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	7	60.00	0.06	0.02164	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	7	180.00	0.04	0.02164	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	7	180.00	0.05	0.02164	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	7	180.00	0.05	0.02164	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	8	30.00	0.06	0.02175	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	8	60.00	0.05	0.02175	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	8	60.00	0.05	0.02175	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	8	60.00	0.06	0.02175	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	8	60.00	0.06	0.02175	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	4	60.00	0.01	0.02199	26%-50% Below	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	4	60.00	0.05	0.02199	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	60.00	0.05	0.02199	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	4	60.00	0.05	0.02199	101%-200% Above	No	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	180.00	0.04	0.02199	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	4	180.00	0.05	0.02199	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	4	180.00	0.05	0.02199	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	4	540.00	0.04	0.02199	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	5	30.00	0.05	0.02204	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	5	60.00	0.01	0.02204	26%-50% Below	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	5	60.00	0.05	0.02204	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	5	60.00	0.06	0.02204	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	5	90.00	0.05	0.02204	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	5	180.00	0.04	0.02204	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	5	180.00	0.05	0.02204	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	5	270.00	0.05	0.02204	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	6	60.00	0.00	0.02187	76%-100% Below	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	6	60.00	0.01	0.02187	26%-50% Below	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	6	60.00	0.05	0.02187	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	6	60.00	0.05	0.02187	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	6	60.00	0.05	0.02187	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	6	60.00	0.06	0.02187	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	6	90.00	0.05	0.02187	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	6	180.00	0.04	0.02187	76%-100% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	6	270.00	0.05	0.02187	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	30.00	0.05	0.02164	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	7	30.00	0.05	0.02164	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	7	60.00	0.00	0.02164	76%-100% Below	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	7	60.00	0.01	0.02164	26%-50% Below	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	7	60.00	0.05	0.02164	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	7	60.00	0.05	0.02164	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	7	60.00	0.07	0.02164	200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	7	90.00	0.05	0.02164	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	7	90.00	0.06	0.02164	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	7	180.00	0.04	0.02164	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	7	540.00	0.04	0.02164	76%-100% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	8	60.00	0.05	0.02175	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	8	60.00	0.05	0.02175	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	8	60.00	0.06	0.02175	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	8	90.00	0.00	0.02175	76%-100% Below	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	8	90.00	0.05	0.02175	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	8	120.00	0.05	0.02175	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	8	180.00	0.05	0.02175	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	8	270.00	0.03	0.02175	26%-50% Above	Yes	No
29300024501	BUSPIRONE HCL 10 MG TABLET	4	60.00	0.05	0.02946	51%-75% Above	No	No
29300024501	BUSPIRONE HCL 10 MG TABLET	4	90.00	0.06	0.02946	101%-200% Above	No	No
29300024501	BUSPIRONE HCL 10 MG TABLET	5	60.00	0.05	0.02962	51%-75% Above	No	No
29300024501	BUSPIRONE HCL 10 MG TABLET	5	90.00	0.06	0.02962	101%-200% Above	No	No
29300024501	BUSPIRONE HCL 10 MG TABLET	6	60.00	0.05	0.02917	51%-75% Above	No	No
29300024501	BUSPIRONE HCL 10 MG TABLET	6	90.00	0.06	0.02917	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300024501	BUSPIRONE HCL 10 MG TABLET	7	60.00	0.05	0.02861	51%-75% Above	No	No
29300024501	BUSPIRONE HCL 10 MG TABLET	7	90.00	0.06	0.02861	76%-100% Above	No	No
29300024501	BUSPIRONE HCL 10 MG TABLET	8	60.00	0.05	0.02795	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	4	30.00	0.06	0.02946	101%-200% Above	Yes	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	0.05	0.02946	76%-100% Above	Yes	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	0.07	0.02946	101%-200% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	4	180.00	0.04	0.02946	26%-50% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	4	180.00	0.05	0.02946	51%-75% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	4	270.00	0.06	0.02946	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	5	20.00	0.07	0.02962	101%-200% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	5	60.00	0.05	0.02962	51%-75% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	5	60.00	0.05	0.02962	76%-100% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	5	60.00	0.06	0.02962	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	5	60.00	0.06	0.02962	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	5	60.00	0.06	0.02962	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	5	60.00	0.06	0.02962	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	5	90.00	0.06	0.02962	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	5	90.00	0.06	0.02962	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	5	120.00	0.05	0.02962	51%-75% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	5	120.00	0.05	0.02962	51%-75% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	5	180.00	0.05	0.02962	51%-75% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	5	180.00	0.05	0.02962	51%-75% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	5	270.00	0.05	0.02962	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	270.00	0.06	0.02962	101%-200% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	5	360.00	0.05	0.02962	51%-75% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	6	30.00	0.06	0.02917	101%-200% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	6	30.00	0.07	0.02917	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	6	60.00	0.05	0.02917	51%-75% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	6	60.00	0.05	0.02917	51%-75% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	6	60.00	0.05	0.02917	51%-75% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	6	60.00	0.05	0.02917	51%-75% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	6	60.00	0.06	0.02917	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	6	90.00	0.05	0.02917	51%-75% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	6	90.00	0.05	0.02917	51%-75% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	6	120.00	0.05	0.02917	51%-75% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	6	180.00	0.05	0.02917	51%-75% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	6	180.00	0.05	0.02917	51%-75% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	7	60.00	0.05	0.02861	51%-75% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	7	60.00	0.05	0.02861	51%-75% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	7	60.00	0.05	0.02861	51%-75% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	7	60.00	0.05	0.02861	51%-75% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	7	90.00	0.05	0.02861	51%-75% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	7	90.00	0.05	0.02861	51%-75% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	7	90.00	0.05	0.02861	51%-75% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	7	120.00	0.05	0.02861	51%-75% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	7	180.00	0.05	0.02861	51%-75% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	7	180.00	0.05	0.02861	51%-75% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	7	180.00	0.05	0.02861	51%-75% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	360.00	0.05	0.02861	51%-75% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	7	540.00	0.05	0.02861	51%-75% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	8	60.00	0.05	0.02795	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	8	60.00	0.05	0.02795	76%-100% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	8	60.00	0.05	0.02795	76%-100% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	8	60.00	0.05	0.02795	76%-100% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	8	90.00	0.05	0.02795	51%-75% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	8	90.00	0.05	0.02795	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	8	120.00	0.05	0.02795	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	8	180.00	0.05	0.02795	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	8	180.00	0.05	0.02795	76%-100% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	8	270.00	0.05	0.02795	51%-75% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	8	270.00	0.05	0.02795	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	8	270.00	0.06	0.02795	101%-200% Above	Yes	No
29300024605	BUSPIRONE HCL 15 MG TABLET	6	180.00	0.06	0.04232	26%-50% Above	No	No
29300028705	TADALAFIL 5 MG TABLET	5	30.00	0.69	0.10525	200% Above	No	No
29300028705	TADALAFIL 5 MG TABLET	6	30.00	0.69	0.10307	200% Above	No	No
29300028805	TADALAFIL 10 MG TABLET	5	30.00	3.46	0.16705	200% Above	No	No
29300028805	TADALAFIL 10 MG TABLET	6	30.00	3.46	0.16730	200% Above	No	No
29300028805	TADALAFIL 10 MG TABLET	7	30.00	3.46	0.15914	200% Above	No	No
29300028805	TADALAFIL 10 MG TABLET	8	30.00	3.46	0.15748	200% Above	No	No
29300028905	TADALAFIL 20 MG TABLET	5	60.00	3.47	0.17959	200% Above	No	No
29300028905	TADALAFIL 20 MG TABLET	6	60.00	3.47	0.17207	200% Above	No	No
29300028905	TADALAFIL 20 MG TABLET	7	30.00	3.47	0.16256	200% Above	No	No
29300030213	PRASUGREL 10 MG TABLET	4	30.00	0.17	0.30613	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300030213	PRASUGREL 10 MG TABLET	5	30.00	0.17	0.30558	26%-50% Below	No	No
29300030213	PRASUGREL 10 MG TABLET	6	30.00	0.17	0.28969	26%-50% Below	No	No
29300030213	PRASUGREL 10 MG TABLET	7	30.00	0.17	0.27464	26%-50% Below	No	No
29300030213	PRASUGREL 10 MG TABLET	7	90.00	0.33	0.27464	10%-25% Above	No	No
29300030816	QUETIAPINE ER 50 MG TABLET	8	40.00	0.61	0.12066	200% Above	No	No
29300030916	QUETIAPINE ER 150 MG TABLET	4	30.00	0.90	0.18921	200% Above	No	No
29300030916	QUETIAPINE ER 150 MG TABLET	5	30.00	0.90	0.18840	200% Above	No	No
29300030916	QUETIAPINE ER 150 MG TABLET	6	30.00	0.90	0.18225	200% Above	No	No
29300030916	QUETIAPINE ER 150 MG TABLET	7	30.00	0.90	0.17242	200% Above	No	No
29300030916	QUETIAPINE ER 150 MG TABLET	8	30.00	0.90	0.17600	200% Above	No	No
29300032819	SOLIFENACIN 5 MG TABLET	6	30.00	0.80	0.17289	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	5	30.00	0.09	0.03417	101%-200% Above	No	No
29300034310	BACLOFEN 10 MG TABLET	6	30.00	0.09	0.03324	101%-200% Above	No	No
29300034310	BACLOFEN 10 MG TABLET	7	60.00	0.09	0.03210	101%-200% Above	No	No
29300034310	BACLOFEN 10 MG TABLET	7	90.00	0.09	0.03210	101%-200% Above	No	No
29300034310	BACLOFEN 10 MG TABLET	8	45.00	0.09	0.03148	101%-200% Above	No	No
29300034310	BACLOFEN 10 MG TABLET	8	60.00	0.09	0.03148	101%-200% Above	No	No
29300034310	BACLOFEN 10 MG TABLET	8	90.00	0.09	0.03148	101%-200% Above	No	No
29300034901	ALLOPURINOL 100 MG TABLET	1	90.00	0.08	0.03584	101%-200% Above	No	No
29300034901	ALLOPURINOL 100 MG TABLET	4	90.00	0.09	0.03304	101%-200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	5	30.00	0.08	0.03336	101%-200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	5	90.00	0.15	0.03336	200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	5	90.00	0.17	0.03336	200% Above	No	No
29300034901	ALLOPURINOL 100 MG TABLET	5	90.00	0.18	0.03336	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	30.00	0.08	0.03337	101%-200% Above	No	No
29300034901	ALLOPURINOL 100 MG TABLET	6	60.00	0.08	0.03337	101%-200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	6	90.00	0.06	0.03337	76%-100% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	6	90.00	0.08	0.03337	101%-200% Above	No	No
29300034901	ALLOPURINOL 100 MG TABLET	6	90.00	0.08	0.03337	101%-200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	6	90.00	0.09	0.03337	101%-200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	6	180.00	0.18	0.03337	200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	7	30.00	0.08	0.03288	101%-200% Above	No	No
29300034901	ALLOPURINOL 100 MG TABLET	7	30.00	0.10	0.03288	101%-200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	7	90.00	0.09	0.03288	101%-200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	7	90.00	0.17	0.03288	200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	7	90.00	0.18	0.03288	200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	7	180.00	0.08	0.03288	101%-200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	8	30.00	0.08	0.03170	101%-200% Above	No	No
29300034901	ALLOPURINOL 100 MG TABLET	8	30.00	0.10	0.03170	200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	8	30.00	0.21	0.03170	200% Above	No	No
29300034901	ALLOPURINOL 100 MG TABLET	8	90.00	0.18	0.03170	200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	8	180.00	0.08	0.03170	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	4	90.00	0.12	0.05520	101%-200% Above	No	No
29300035005	ALLOPURINOL 300 MG TABLET	4	90.00	0.12	0.05520	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	5	30.00	0.40	0.05631	200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	5	90.00	0.08	0.05631	26%-50% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	5	90.00	0.12	0.05631	101%-200% Above	No	No
29300035005	ALLOPURINOL 300 MG TABLET	5	90.00	0.12	0.05631	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	5	90.00	0.24	0.05631	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	90.00	0.36	0.05631	200% Above	No	No
29300035005	ALLOPURINOL 300 MG TABLET	6	30.00	0.16	0.05671	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	6	45.00	0.12	0.05671	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	6	90.00	0.03	0.05671	26%-50% Below	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	6	90.00	0.09	0.05671	51%-75% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	6	90.00	0.12	0.05671	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	6	90.00	0.17	0.05671	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	6	90.00	0.24	0.05671	200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	7	30.00	0.16	0.05588	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	7	45.00	0.19	0.05588	200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	7	90.00	0.12	0.05588	101%-200% Above	No	No
29300035005	ALLOPURINOL 300 MG TABLET	7	90.00	0.12	0.05588	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	7	90.00	0.24	0.05588	200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	8	90.00	0.09	0.05464	51%-75% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	8	90.00	0.12	0.05464	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	8	90.00	0.22	0.05464	200% Above	Yes	No
29300035501	TRAMADOL HCL 50 MG TABLET	4	15.00	0.04	0.02408	51%-75% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	4	20.00	0.05	0.02408	101%-200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	4	60.00	0.05	0.02408	101%-200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	4	90.00	0.02	0.02408	26%-50% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	5	14.00	0.05	0.02365	101%-200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	5	21.00	0.05	0.02365	101%-200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	5	28.00	0.03	0.02365	10%-25% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	5	60.00	0.02	0.02365	10%-25% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	5	90.00	0.01	0.02365	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	90.00	0.02	0.02365	26%-50% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	5	180.00	0.05	0.02365	101%-200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	6	10.00	0.06	0.02371	101%-200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	6	12.00	0.05	0.02371	101%-200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	6	15.00	0.05	0.02371	101%-200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	6	28.00	0.05	0.02371	101%-200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	6	60.00	0.05	0.02371	101%-200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	6	90.00	0.02	0.02371	26%-50% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	6	180.00	0.05	0.02371	101%-200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	7	5.00	0.10	0.02351	200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	7	8.00	0.05	0.02351	101%-200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	7	15.00	0.04	0.02351	51%-75% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	7	18.00	0.05	0.02351	101%-200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	7	21.00	0.03	0.02351	26%-50% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	7	28.00	0.03	0.02351	10%-25% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	7	28.00	0.05	0.02351	101%-200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	7	60.00	0.05	0.02351	101%-200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	7	90.00	0.01	0.02351	26%-50% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	7	90.00	0.02	0.02351	26%-50% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	7	90.00	0.02	0.02351	26%-50% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	7	180.00	0.05	0.02351	101%-200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	8	20.00	0.03	0.02453	26%-50% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	8	20.00	0.05	0.02453	76%-100% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	8	21.00	0.03	0.02453	26%-50% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	8	60.00	0.05	0.02453	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	90.00	0.01	0.02453	26%-50% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	8	90.00	0.02	0.02453	26%-50% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	8	180.00	0.05	0.02453	76%-100% Above	No	No
29300035505	TRAMADOL HCL 50 MG TABLET	5	21.00	0.05	0.02365	101%-200% Above	No	No
29300035505	TRAMADOL HCL 50 MG TABLET	6	12.00	0.05	0.02371	101%-200% Above	No	No
29300035505	TRAMADOL HCL 50 MG TABLET	6	21.00	0.05	0.02371	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	120.00	0.05	0.02408	101%-200% Above	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	5	21.00	0.05	0.02365	101%-200% Above	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	5	30.00	0.03	0.02365	10%-25% Above	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	5	60.00	0.05	0.02365	101%-200% Above	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	5	90.00	0.05	0.02365	101%-200% Above	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	5	120.00	0.05	0.02365	101%-200% Above	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	6	30.00	0.05	0.02371	101%-200% Above	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	6	90.00	0.05	0.02371	101%-200% Above	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	6	120.00	0.05	0.02371	101%-200% Above	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	7	60.00	0.05	0.02351	101%-200% Above	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	7	90.00	0.05	0.02351	101%-200% Above	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	7	120.00	0.05	0.02351	101%-200% Above	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	7	270.00	0.02	0.02351	26%-50% Below	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	8	10.00	0.05	0.02453	76%-100% Above	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	8	30.00	0.03	0.02453	10%-25% Above	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	8	90.00	0.05	0.02453	76%-100% Above	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	8	120.00	0.05	0.02453	76%-100% Above	No	No
29300035905	AMIODARONE HCL 200 MG TABLET	4	90.00	0.08	0.11999	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300035905	AMIODARONE HCL 200 MG TABLET	4	180.00	0.08	0.11999	26%-50% Below	No	No
29300035905	AMIODARONE HCL 200 MG TABLET	5	90.00	0.09	0.11888	10%-25% Below	No	No
29300035905	AMIODARONE HCL 200 MG TABLET	7	90.00	0.08	0.11906	26%-50% Below	No	No
29300035905	AMIODARONE HCL 200 MG TABLET	7	90.00	0.09	0.11906	10%-25% Below	No	No
29300035905	AMIODARONE HCL 200 MG TABLET	8	90.00	0.10	0.12058	10%-25% Below	No	No
29300035916	AMIODARONE HCL 200 MG TABLET	5	45.00	0.09	0.11888	10%-25% Below	Yes	No
29300035916	AMIODARONE HCL 200 MG TABLET	5	60.00	0.09	0.11888	10%-25% Below	Yes	No
29300035916	AMIODARONE HCL 200 MG TABLET	5	90.00	0.09	0.11888	10%-25% Below	Yes	No
29300035916	AMIODARONE HCL 200 MG TABLET	7	45.00	0.09	0.11906	10%-25% Below	Yes	No
29300035916	AMIODARONE HCL 200 MG TABLET	7	60.00	0.08	0.11906	26%-50% Below	Yes	No
29300035916	AMIODARONE HCL 200 MG TABLET	7	90.00	0.09	0.11906	10%-25% Below	No	No
29300035916	AMIODARONE HCL 200 MG TABLET	7	120.00	0.06	0.11906	51%-75% Below	Yes	No
29300035916	AMIODARONE HCL 200 MG TABLET	8	45.00	0.09	0.12058	26%-50% Below	Yes	No
29300035916	AMIODARONE HCL 200 MG TABLET	8	60.00	0.08	0.12058	26%-50% Below	Yes	No
29300035916	AMIODARONE HCL 200 MG TABLET	8	90.00	0.07	0.12058	26%-50% Below	Yes	No
29300035916	AMIODARONE HCL 200 MG TABLET	8	90.00	0.09	0.12058	26%-50% Below	Yes	No
29300038101	DIVALPROEX SOD ER 500 MG TAB	5	60.00	0.31	0.18706	51%-75% Above	No	No
29300038101	DIVALPROEX SOD ER 500 MG TAB	7	30.00	0.31	0.17594	76%-100% Above	No	No
29300039605	AMLODIPINE BESYLATE 2.5 MG TAB	4	30.00	0.03	0.01138	101%-200% Above	No	No
29300039605	AMLODIPINE BESYLATE 2.5 MG TAB	4	30.00	0.12	0.01138	200% Above	No	No
29300039605	AMLODIPINE BESYLATE 2.5 MG TAB	4	90.00	0.12	0.01138	200% Above	No	No
29300039605	AMLODIPINE BESYLATE 2.5 MG TAB	5	30.00	0.01	0.01136	10%-25% Below	No	No
29300039605	AMLODIPINE BESYLATE 2.5 MG TAB	5	90.00	0.02	0.01136	26%-50% Above	No	No
29300039605	AMLODIPINE BESYLATE 2.5 MG TAB	5	90.00	0.12	0.01136	200% Above	No	No
29300039605	AMLODIPINE BESYLATE 2.5 MG TAB	6	30.00	0.00	0.01063	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	90.00	0.12	0.01018	200% Above	No	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	4	30.00	0.04	0.01138	200% Above	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	4	30.00	0.12	0.01138	200% Above	No	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	4	45.00	0.12	0.01138	200% Above	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	4	90.00	0.02	0.01138	101%-200% Above	Yes	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	5	30.00	0.00	0.01136	51%-75% Below	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	5	30.00	0.03	0.01136	101%-200% Above	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	5	30.00	0.12	0.01136	200% Above	No	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	5	90.00	0.02	0.01136	26%-50% Above	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	5	90.00	0.03	0.01136	101%-200% Above	No	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	5	90.00	0.12	0.01136	200% Above	No	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	5	90.00	0.12	0.01136	200% Above	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	6	30.00	0.00	0.01063	51%-75% Below	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	6	30.00	0.03	0.01063	101%-200% Above	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	6	30.00	0.12	0.01063	200% Above	No	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	6	90.00	0.03	0.01063	101%-200% Above	No	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	6	90.00	0.09	0.01063	200% Above	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	6	90.00	0.12	0.01063	200% Above	No	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	6	90.00	0.12	0.01063	200% Above	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	7	30.00	0.00	0.01018	51%-75% Below	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	7	30.00	0.12	0.01018	200% Above	No	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	7	60.00	0.12	0.01018	200% Above	No	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	7	90.00	0.02	0.01018	101%-200% Above	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	7	90.00	0.02	0.01018	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	90.00	0.09	0.01018	200% Above	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	7	90.00	0.12	0.01018	200% Above	No	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	7	90.00	0.12	0.01018	200% Above	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	8	30.00	0.12	0.01027	200% Above	No	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	8	60.00	0.02	0.01027	51%-75% Above	No	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	8	90.00	0.00	0.01027	51%-75% Below	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	8	90.00	0.02	0.01027	51%-75% Above	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	8	90.00	0.12	0.01027	200% Above	No	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	8	90.00	0.12	0.01027	200% Above	Yes	No
29300039619	AMLODIPINE BESYLATE 2.5 MG TAB	8	90.00	0.03	0.01027	101%-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	60.00	0.02	0.01036	101%-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	5	20.00	0.11	0.01048	200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	5	30.00	0.03	0.01048	101%-200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	5	30.00	0.11	0.01048	200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	5	60.00	0.02	0.01048	101%-200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	5	90.00	0.01	0.01048	26%-50% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	5	90.00	0.01	0.01048	26%-50% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	5	90.00	0.11	0.01048	200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	5	180.00	0.11	0.01048	200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	6	30.00	0.11	0.01023	200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	6	60.00	0.02	0.01023	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	90.00	0.01	0.01023	51%-75% Below	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	0.01	0.01023	10%-25% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	0.02	0.01023	51%-75% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	0.11	0.01023	200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	7	14.00	0.05	0.01030	200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	7	30.00	0.01	0.01030	26%-50% Below	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	7	30.00	0.11	0.01030	200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	7	60.00	0.02	0.01030	101%-200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	7	60.00	0.02	0.01030	101%-200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	7	90.00	0.01	0.01030	26%-50% Below	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	7	90.00	0.01	0.01030	26%-50% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	7	90.00	0.01	0.01030	26%-50% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	7	90.00	0.02	0.01030	51%-75% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	7	90.00	0.02	0.01030	76%-100% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	7	90.00	0.11	0.01030	200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	8	13.00	0.11	0.01012	200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	8	30.00	0.01	0.01012	26%-50% Below	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	8	30.00	0.11	0.01012	200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	8	60.00	0.02	0.01012	101%-200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	8	60.00	0.03	0.01012	101%-200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	8	90.00	0.01	0.01012	26%-50% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	8	90.00	0.01	0.01012	26%-50% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	8	90.00	0.11	0.01012	200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	8	180.00	0.11	0.01012	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	30.00	0.11	0.01107	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.11	0.01069	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	0.01	0.01036	26%-50% Below	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	0.04	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	0.02	0.01036	51%-75% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	0.00	0.01036	51%-75% 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	0.01	0.01036	26%-50% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	0.01	0.01036	26%-50% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	0.02	0.01036	101%-200% Above	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	5	30.00	0.00	0.01048	51%-75% Below	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	5	30.00	0.01	0.01048	26%-50% Below	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	5	30.00	0.03	0.01048	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	5	30.00	0.03	0.01048	101%-200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	5	30.00	0.03	0.01048	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	5	30.00	0.03	0.01048	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	5	30.00	0.03	0.01048	200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	5	30.00	0.04	0.01048	200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	5	30.00	0.04	0.01048	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	5	30.00	0.11	0.01048	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	5	30.00	0.11	0.01048	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	90.00	0.01	0.01048	26%-50% Below	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	5	90.00	0.01	0.01048	26%-50% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	5	90.00	0.01	0.01048	26%-50% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	5	90.00	0.01	0.01048	26%-50% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	5	90.00	0.02	0.01048	51%-75% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	5	90.00	0.02	0.01048	51%-75% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	5	90.00	0.02	0.01048	51%-75% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	5	90.00	0.02	0.01048	76%-100% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	5	90.00	0.02	0.01048	76%-100% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	5	90.00	0.11	0.01048	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	5	90.00	0.11	0.01048	200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	6	30.00	0.00	0.01023	51%-75% Below	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	6	30.00	0.01	0.01023	26%-50% Below	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	6	30.00	0.03	0.01023	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	6	30.00	0.03	0.01023	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	6	30.00	0.03	0.01023	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	6	30.00	0.03	0.01023	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	6	30.00	0.04	0.01023	200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	6	30.00	0.11	0.01023	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	6	30.00	0.11	0.01023	200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	0.00	0.01023	51%-75% Below	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	0.01	0.01023	26%-50% Below	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	0.01	0.01023	26%-50% Below	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	0.01	0.01023	10%-25% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	0.01	0.01023	10%-25% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	90.00	0.01	0.01023	26%-50% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	0.01	0.01023	26%-50% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	0.01	0.01023	26%-50% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	0.02	0.01023	51%-75% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	0.02	0.01023	51%-75% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	0.02	0.01023	76%-100% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	0.02	0.01023	76%-100% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	0.02	0.01023	76%-100% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	0.02	0.01023	76%-100% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	0.02	0.01023	76%-100% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	0.02	0.01023	101%-200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	0.02	0.01023	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	0.09	0.01023	200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	0.11	0.01023	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	0.11	0.01023	200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	6	180.00	0.02	0.01023	51%-75% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	6	180.00	0.02	0.01023	51%-75% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	6	180.00	0.11	0.01023	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	7	30.00	0.00	0.01030	51%-75% Below	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	7	30.00	0.03	0.01030	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	7	30.00	0.03	0.01030	101%-200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	7	30.00	0.03	0.01030	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	7	30.00	0.03	0.01030	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	7	30.00	0.03	0.01030	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	7	30.00	0.04	0.01030	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	30.00	0.04	0.01030	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	7	30.00	0.11	0.01030	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	7	30.00	0.11	0.01030	200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	7	60.00	0.11	0.01030	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	7	90.00	0.00	0.01030	51%-75% Below	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	7	90.00	0.01	0.01030	26%-50% Below	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	7	90.00	0.01	0.01030	26%-50% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	7	90.00	0.01	0.01030	26%-50% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	7	90.00	0.01	0.01030	26%-50% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	7	90.00	0.02	0.01030	76%-100% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	7	90.00	0.02	0.01030	76%-100% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	7	90.00	0.02	0.01030	76%-100% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	7	90.00	0.09	0.01030	200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	7	90.00	0.11	0.01030	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	7	90.00	0.11	0.01030	200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	7	180.00	0.01	0.01030	26%-50% Below	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	7	180.00	0.09	0.01030	200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	8	14.00	0.11	0.01012	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	8	14.00	0.11	0.01012	200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	8	30.00	0.03	0.01012	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	8	30.00	0.03	0.01012	101%-200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	8	30.00	0.04	0.01012	200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	8	30.00	0.11	0.01012	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	8	30.00	0.11	0.01012	200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	8	90.00	0.00	0.01012	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	90.00	0.01	0.01012	26%-50% Below	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	8	90.00	0.01	0.01012	26%-50% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	8	90.00	0.01	0.01012	26%-50% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	8	90.00	0.01	0.01012	26%-50% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	8	90.00	0.01	0.01012	26%-50% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	8	90.00	0.02	0.01012	76%-100% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	8	90.00	0.02	0.01012	76%-100% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	8	90.00	0.02	0.01012	76%-100% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	8	90.00	0.09	0.01012	200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	8	90.00	0.11	0.01012	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	8	90.00	0.11	0.01012	200% Above	Yes	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	0.02	0.01531	26%-50% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	0.11	0.01531	200% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	5	30.00	0.05	0.01545	200% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	5	30.00	0.11	0.01545	200% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	0.03	0.01545	51%-75% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	0.03	0.01545	101%-200% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	0.11	0.01545	200% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	6	14.00	0.05	0.01522	200% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	6	30.00	0.11	0.01522	200% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	6	90.00	0.03	0.01522	76%-100% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	6	90.00	0.11	0.01522	200% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	7	30.00	0.11	0.01539	200% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	0.02	0.01539	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300039805	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	0.03	0.01539	101%-200% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	0.11	0.01539	200% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	8	30.00	0.11	0.01503	200% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	8	90.00	0.11	0.01503	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	4	14.00	0.05	0.01531	101%-200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	4	28.00	0.11	0.01531	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	0.01	0.01531	26%-50% Below	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	Yes	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	0.04	0.01531	101%-200% Above	Yes	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	90.00	0.01	0.01531	26%-50% Below	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	0.01	0.01531	26%-50% Below	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	0.01	0.01531	26%-50% Below	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	Yes	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	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	0.11	0.01531	200% 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	5	15.00	0.06	0.01545	200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	5	30.00	0.01	0.01545	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	30.00	0.03	0.01545	101%-200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	5	30.00	0.03	0.01545	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	5	30.00	0.04	0.01545	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	5	30.00	0.04	0.01545	101%-200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	5	30.00	0.11	0.01545	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	5	30.00	0.11	0.01545	200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	5	30.00	0.13	0.01545	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	0.01	0.01545	26%-50% Below	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	0.01	0.01545	26%-50% Below	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	0.02	0.01545	26%-50% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	0.02	0.01545	26%-50% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	0.02	0.01545	26%-50% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	0.02	0.01545	26%-50% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	0.02	0.01545	26%-50% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	0.03	0.01545	51%-75% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	0.03	0.01545	51%-75% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	0.03	0.01545	51%-75% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	0.11	0.01545	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	0.11	0.01545	200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	6	2.00	0.11	0.01522	200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	6	28.00	0.11	0.01522	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	6	30.00	0.01	0.01522	26%-50% Below	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	6	30.00	0.01	0.01522	26%-50% Below	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	6	30.00	0.03	0.01522	101%-200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	6	30.00	0.03	0.01522	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	30.00	0.04	0.01522	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	6	30.00	0.04	0.01522	101%-200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	6	30.00	0.11	0.01522	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	6	30.00	0.11	0.01522	200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	6	30.00	0.13	0.01522	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	6	45.00	0.11	0.01522	200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	6	60.00	0.11	0.01522	200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	6	90.00	0.01	0.01522	26%-50% Below	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	6	90.00	0.01	0.01522	26%-50% Below	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	6	90.00	0.02	0.01522	26%-50% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	6	90.00	0.02	0.01522	26%-50% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	6	90.00	0.02	0.01522	26%-50% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	6	90.00	0.02	0.01522	51%-75% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	6	90.00	0.02	0.01522	51%-75% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	6	90.00	0.03	0.01522	76%-100% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	6	90.00	0.03	0.01522	76%-100% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	6	90.00	0.08	0.01522	200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	6	90.00	0.11	0.01522	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	6	90.00	0.11	0.01522	200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	7	30.00	0.01	0.01539	26%-50% Below	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	7	30.00	0.01	0.01539	26%-50% Below	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	7	30.00	0.03	0.01539	101%-200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	7	30.00	0.03	0.01539	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	7	30.00	0.04	0.01539	101%-200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	7	30.00	0.11	0.01539	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	30.00	0.11	0.01539	200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	7	30.00	0.13	0.01539	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	7	45.00	0.11	0.01539	200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	0.01	0.01539	26%-50% Below	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	0.01	0.01539	26%-50% Below	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	0.02	0.01539	10%-25% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	0.02	0.01539	10%-25% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	0.02	0.01539	26%-50% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	0.02	0.01539	26%-50% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	0.02	0.01539	26%-50% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	0.02	0.01539	26%-50% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	0.02	0.01539	26%-50% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	0.02	0.01539	26%-50% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	0.02	0.01539	51%-75% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	0.03	0.01539	76%-100% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	0.08	0.01539	200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	0.11	0.01539	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	0.11	0.01539	200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	8	30.00	0.01	0.01503	26%-50% Below	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	8	30.00	0.03	0.01503	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	8	30.00	0.03	0.01503	101%-200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	8	30.00	0.03	0.01503	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	8	30.00	0.04	0.01503	101%-200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	8	30.00	0.04	0.01503	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	8	30.00	0.11	0.01503	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	30.00	0.11	0.01503	200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	8	90.00	0.01	0.01503	26%-50% Below	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	8	90.00	0.01	0.01503	26%-50% Below	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	8	90.00	0.02	0.01503	26%-50% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	8	90.00	0.02	0.01503	26%-50% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	8	90.00	0.02	0.01503	26%-50% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	8	90.00	0.03	0.01503	51%-75% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	8	90.00	0.03	0.01503	51%-75% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	8	90.00	0.03	0.01503	76%-100% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	8	90.00	0.11	0.01503	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	8	90.00	0.11	0.01503	200% Above	Yes	No
29300040001	ATENOLOL-CHLORTHALIDONE 50-25	6	90.00	0.33	0.25502	26%-50% Above	No	No
29300040101	ATENOLOL-CHLORTHALIDONE 100-25	4	30.00	0.10	0.33415	51%-75% Below	No	No
29300040101	ATENOLOL-CHLORTHALIDONE 100-25	5	30.00	0.10	0.33213	51%-75% Below	No	No
29300040101	ATENOLOL-CHLORTHALIDONE 100-25	6	30.00	0.10	0.33245	51%-75% Below	No	No
29300040101	ATENOLOL-CHLORTHALIDONE 100-25	6	90.00	0.17	0.33245	26%-50% Below	No	No
29300040101	ATENOLOL-CHLORTHALIDONE 100-25	7	30.00	0.10	0.34591	51%-75% Below	No	No
29300041001	ATENOLOL 25 MG TABLET	6	30.00	0.07	0.02143	200% Above	No	No
29300041001	ATENOLOL 25 MG TABLET	6	90.00	0.11	0.02143	200% Above	No	No
29300041001	ATENOLOL 25 MG TABLET	7	30.00	0.07	0.02109	200% Above	No	No
29300041001	ATENOLOL 25 MG TABLET	7	90.00	0.11	0.02109	200% Above	No	No
29300041010	ATENOLOL 25 MG TABLET	4	90.00	0.04	0.02266	76%-100% Above	No	No
29300041010	ATENOLOL 25 MG TABLET	5	30.00	0.06	0.02204	101%-200% Above	No	No
29300041010	ATENOLOL 25 MG TABLET	5	30.00	0.11	0.02204	200% Above	No	No
29300041010	ATENOLOL 25 MG TABLET	5	90.00	0.11	0.02204	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	30.00	0.06	0.02143	101%-200% Above	No	No
29300041010	ATENOLOL 25 MG TABLET	6	30.00	0.11	0.02143	200% Above	No	No
29300041010	ATENOLOL 25 MG TABLET	6	60.00	0.05	0.02143	101%-200% Above	No	No
29300041010	ATENOLOL 25 MG TABLET	6	90.00	0.06	0.02143	101%-200% Above	No	No
29300041010	ATENOLOL 25 MG TABLET	6	90.00	0.11	0.02143	200% Above	No	No
29300041010	ATENOLOL 25 MG TABLET	6	180.00	0.11	0.02143	200% Above	No	No
29300041010	ATENOLOL 25 MG TABLET	7	30.00	0.11	0.02109	200% Above	No	No
29300041010	ATENOLOL 25 MG TABLET	7	60.00	0.05	0.02109	101%-200% Above	No	No
29300041010	ATENOLOL 25 MG TABLET	7	90.00	0.04	0.02109	101%-200% Above	No	No
29300041010	ATENOLOL 25 MG TABLET	7	90.00	0.11	0.02109	200% Above	No	No
29300041010	ATENOLOL 25 MG TABLET	8	30.00	0.11	0.02168	200% Above	No	No
29300041010	ATENOLOL 25 MG TABLET	8	90.00	0.11	0.02168	200% Above	No	No
29300041010	ATENOLOL 25 MG TABLET	8	180.00	0.11	0.02168	200% Above	No	No
29300041101	ATENOLOL 50 MG TABLET	4	30.00	0.11	0.02553	200% Above	No	No
29300041101	ATENOLOL 50 MG TABLET	5	30.00	0.11	0.02539	200% Above	No	No
29300041101	ATENOLOL 50 MG TABLET	5	60.00	0.11	0.02539	200% Above	No	No
29300041101	ATENOLOL 50 MG TABLET	6	30.00	0.11	0.02468	200% Above	No	No
29300041101	ATENOLOL 50 MG TABLET	6	60.00	0.11	0.02468	200% Above	No	No
29300041101	ATENOLOL 50 MG TABLET	6	90.00	0.11	0.02468	200% Above	No	No
29300041101	ATENOLOL 50 MG TABLET	7	60.00	0.11	0.02404	200% Above	No	No
29300041101	ATENOLOL 50 MG TABLET	8	60.00	0.11	0.02378	200% Above	No	No
29300041110	ATENOLOL 50 MG TABLET	4	60.00	0.11	0.02553	200% Above	No	No
29300041110	ATENOLOL 50 MG TABLET	4	90.00	0.06	0.02553	101%-200% Above	No	No
29300041110	ATENOLOL 50 MG TABLET	4	90.00	0.07	0.02553	101%-200% Above	No	No
29300041110	ATENOLOL 50 MG TABLET	5	90.00	0.07	0.02539	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300041110	ATENOLOL 50 MG TABLET	5	90.00	0.11	0.02539	200% Above	No	No
29300041110	ATENOLOL 50 MG TABLET	5	180.00	0.08	0.02539	200% Above	No	No
29300041110	ATENOLOL 50 MG TABLET	6	60.00	0.11	0.02468	200% Above	No	No
29300041110	ATENOLOL 50 MG TABLET	6	90.00	0.08	0.02468	200% Above	No	No
29300041110	ATENOLOL 50 MG TABLET	6	90.00	0.11	0.02468	200% Above	No	No
29300041110	ATENOLOL 50 MG TABLET	6	270.00	0.11	0.02468	200% Above	No	No
29300041110	ATENOLOL 50 MG TABLET	7	90.00	0.07	0.02404	101%-200% Above	No	No
29300041110	ATENOLOL 50 MG TABLET	7	90.00	0.11	0.02404	200% Above	No	No
29300041110	ATENOLOL 50 MG TABLET	7	180.00	0.08	0.02404	200% Above	No	No
29300041110	ATENOLOL 50 MG TABLET	8	90.00	0.11	0.02378	200% Above	No	No
29300041210	ATENOLOL 100 MG TABLET	4	90.00	0.01	0.03690	51%-75% Below	No	No
29300041210	ATENOLOL 100 MG TABLET	4	90.00	0.11	0.03690	101%-200% Above	No	No
29300041210	ATENOLOL 100 MG TABLET	7	90.00	0.01	0.03627	51%-75% Below	No	No
29300041210	ATENOLOL 100 MG TABLET	7	90.00	0.11	0.03627	101%-200% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	4	21.00	0.09	0.02108	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	0.09	0.02108	200% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	4	60.00	0.09	0.02108	200% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	4	90.00	0.01	0.02108	26%-50% Below	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	5	10.00	0.07	0.02132	200% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	5	30.00	0.02	0.02132	10%-25% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	5	30.00	0.02	0.02132	10%-25% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	5	30.00	0.03	0.02132	26%-50% Above	Yes	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	5	30.00	0.03	0.02132	26%-50% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	5	30.00	0.09	0.02132	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	90.00	0.09	0.02132	200% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	6	20.00	0.03	0.02110	26%-50% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	6	20.00	0.09	0.02110	200% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	6	30.00	0.02	0.02110	10%-25% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	6	90.00	0.09	0.02110	200% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	7	15.00	0.04	0.02112	76%-100% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	7	21.00	0.03	0.02112	51%-75% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	7	30.00	0.02	0.02112	10%-25% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	7	30.00	0.03	0.02112	26%-50% Above	Yes	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	8	15.00	0.06	0.02145	101%-200% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	8	20.00	0.03	0.02145	26%-50% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	8	30.00	0.03	0.02145	10%-25% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	8	30.00	0.09	0.02145	200% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	8	90.00	0.09	0.02145	200% Above	Yes	No
29300041305	CYCLOBENZAPRINE 5 MG TABLET	4	30.00	0.09	0.02108	200% Above	No	No
29300041305	CYCLOBENZAPRINE 5 MG TABLET	8	15.00	0.09	0.02145	200% Above	No	No
29300041319	CYCLOBENZAPRINE 5 MG TABLET	2	8.00	0.07	0.02382	101%-200% Above	No	No
29300041319	CYCLOBENZAPRINE 5 MG TABLET	4	30.00	0.02	0.02108	10%-25% Above	No	No
29300041319	CYCLOBENZAPRINE 5 MG TABLET	6	20.00	0.05	0.02110	101%-200% Above	No	No
29300041319	CYCLOBENZAPRINE 5 MG TABLET	6	30.00	0.09	0.02110	200% Above	No	No
29300041319	CYCLOBENZAPRINE 5 MG TABLET	6	60.00	0.09	0.02110	200% Above	No	No
29300041319	CYCLOBENZAPRINE 5 MG TABLET	6	90.00	0.02	0.02110	10%-25% Below	No	No
29300041319	CYCLOBENZAPRINE 5 MG TABLET	7	10.00	0.09	0.02112	200% Above	No	No
29300041319	CYCLOBENZAPRINE 5 MG TABLET	7	21.00	0.03	0.02112	26%-50% Above	No	No
29300041319	CYCLOBENZAPRINE 5 MG TABLET	7	30.00	0.02	0.02112	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	42.00	0.09	0.02112	200% Above	No	No
29300041319	CYCLOBENZAPRINE 5 MG TABLET	7	60.00	0.09	0.02112	200% Above	No	No
29300041319	CYCLOBENZAPRINE 5 MG TABLET	7	90.00	0.01	0.02112	26%-50% Below	No	No
29300041319	CYCLOBENZAPRINE 5 MG TABLET	8	30.00	0.09	0.02145	200% Above	No	No
29300041319	CYCLOBENZAPRINE 5 MG TABLET	8	90.00	0.09	0.02145	200% Above	No	No
29300041501	CYCLOBENZAPRINE 10 MG TABLET	5	9.00	0.05	0.01770	101%-200% Above	No	No
29300041501	CYCLOBENZAPRINE 10 MG TABLET	7	30.00	0.09	0.01731	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	4	30.00	0.02	0.01758	10%-25% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	4	30.00	0.03	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	4	45.00	0.09	0.01758	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	4	90.00	0.09	0.01758	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	5	10.00	0.08	0.01770	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	5	12.00	0.09	0.01770	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	5	15.00	0.06	0.01770	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	5	30.00	0.02	0.01770	10%-25% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	5	30.00	0.02	0.01770	26%-50% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	5	30.00	0.03	0.01770	51%-75% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	5	30.00	0.09	0.01770	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	5	45.00	0.09	0.01770	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	5	90.00	0.09	0.01770	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	6	9.00	0.06	0.01768	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	6	10.00	0.01	0.01768	26%-50% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	6	15.00	0.06	0.01768	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	6	15.00	0.09	0.01768	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	20.00	0.04	0.01768	101%-200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	6	30.00	0.02	0.01768	10%-25% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	6	30.00	0.02	0.01768	26%-50% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	6	30.00	0.03	0.01768	51%-75% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	6	30.00	0.09	0.01768	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	6	45.00	0.02	0.01768	26%-50% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	6	45.00	0.09	0.01768	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	6	60.00	0.09	0.01768	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	6	90.00	0.02	0.01768	10%-25% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	6	90.00	0.09	0.01768	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	7	10.00	0.08	0.01731	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	7	15.00	0.09	0.01731	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	7	21.00	0.01	0.01731	26%-50% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	7	21.00	0.09	0.01731	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	7	30.00	0.02	0.01731	10%-25% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	7	30.00	0.02	0.01731	26%-50% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	7	30.00	0.03	0.01731	51%-75% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	7	30.00	0.09	0.01731	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	7	60.00	0.09	0.01731	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	8	10.00	0.09	0.01695	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	8	15.00	0.09	0.01695	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	8	21.00	0.04	0.01695	101%-200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	8	30.00	0.02	0.01695	26%-50% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	8	30.00	0.09	0.01695	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	8	45.00	0.09	0.01695	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	90.00	0.09	0.01695	200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	4	14.00	0.09	0.01758	200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	4	20.00	0.03	0.01758	51%-75% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	4	30.00	0.02	0.01758	10%-25% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	4	30.00	0.09	0.01758	200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	5	10.00	0.09	0.01770	200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	5	14.00	0.04	0.01770	101%-200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	5	30.00	0.02	0.01770	10%-25% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	5	30.00	0.09	0.01770	200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	5	180.00	0.01	0.01770	26%-50% Below	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	6	7.00	0.09	0.01768	200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	6	14.00	0.09	0.01768	200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	6	15.00	0.09	0.01768	200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	6	20.00	0.09	0.01768	200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	6	30.00	0.03	0.01768	51%-75% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	6	30.00	0.03	0.01768	76%-100% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	6	30.00	0.09	0.01768	200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	6	60.00	0.01	0.01768	10%-25% Below	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	6	60.00	0.01	0.01768	10%-25% Below	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	7	10.00	0.09	0.01731	200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	7	14.00	0.04	0.01731	101%-200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	7	14.00	0.09	0.01731	200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	7	30.00	0.02	0.01731	10%-25% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	7	30.00	0.02	0.01731	26%-50% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	7	30.00	0.03	0.01731	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	30.00	0.09	0.01731	200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	7	60.00	0.01	0.01731	10%-25% Below	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	7	90.00	0.09	0.01731	200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	8	14.00	0.04	0.01695	101%-200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	8	15.00	0.04	0.01695	101%-200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	8	20.00	0.03	0.01695	76%-100% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	8	30.00	0.02	0.01695	26%-50% Above	No	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	4	30.00	0.06	0.03418	76%-100% Above	Yes	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	4	60.00	0.06	0.03418	76%-100% Above	No	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	4	60.00	0.08	0.03418	101%-200% Above	Yes	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	5	30.00	0.02	0.03200	51%-75% Below	Yes	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	5	30.00	0.06	0.03200	76%-100% Above	Yes	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	5	60.00	0.08	0.03200	101%-200% Above	Yes	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	5	90.00	0.06	0.03200	76%-100% Above	Yes	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	6	30.00	0.02	0.02944	26%-50% Below	Yes	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	6	30.00	0.06	0.02944	101%-200% Above	Yes	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	6	30.00	0.10	0.02944	200% Above	No	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	6	60.00	0.02	0.02944	26%-50% Below	Yes	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	6	60.00	0.06	0.02944	101%-200% Above	No	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	6	60.00	0.08	0.02944	101%-200% Above	Yes	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	6	180.00	0.06	0.02944	101%-200% Above	Yes	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	6	270.00	0.06	0.02944	101%-200% Above	Yes	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	7	30.00	0.06	0.02952	101%-200% Above	Yes	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	7	30.00	0.10	0.02952	200% Above	No	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	7	30.00	0.13	0.02952	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	60.00	0.08	0.02952	101%-200% Above	Yes	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	7	90.00	0.10	0.02952	200% Above	No	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	7	180.00	0.06	0.02952	101%-200% Above	No	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	8	60.00	0.01	0.02994	51%-75% Below	Yes	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	8	60.00	0.08	0.02994	101%-200% Above	Yes	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	4	30.00	0.10	0.03418	200% Above	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	5	90.00	0.06	0.03200	76%-100% Above	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	6	60.00	0.06	0.02944	101%-200% Above	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	6	60.00	0.10	0.02944	200% Above	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	6	90.00	0.10	0.02944	200% Above	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	6	180.00	0.06	0.02944	101%-200% Above	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	7	60.00	0.10	0.02952	200% Above	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	8	60.00	0.10	0.02994	200% Above	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	8	90.00	0.06	0.02994	101%-200% Above	No	No
29300042001	AMITRIPTYLINE HCL 25 MG TAB	4	30.00	0.10	0.05422	76%-100% Above	No	No
29300042001	AMITRIPTYLINE HCL 25 MG TAB	4	90.00	0.10	0.05422	76%-100% Above	No	No
29300042001	AMITRIPTYLINE HCL 25 MG TAB	5	30.00	0.10	0.05419	76%-100% Above	No	No
29300042001	AMITRIPTYLINE HCL 25 MG TAB	5	90.00	0.10	0.05419	76%-100% Above	No	No
29300042001	AMITRIPTYLINE HCL 25 MG TAB	6	30.00	0.10	0.05238	76%-100% Above	No	No
29300042001	AMITRIPTYLINE HCL 25 MG TAB	7	30.00	0.10	0.05093	101%-200% Above	No	No
29300042001	AMITRIPTYLINE HCL 25 MG TAB	7	90.00	0.10	0.05093	101%-200% Above	No	No
29300042001	AMITRIPTYLINE HCL 25 MG TAB	8	90.00	0.10	0.05115	101%-200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	4	30.00	0.01	0.05422	76%-100% Below	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	4	30.00	0.10	0.05422	76%-100% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	4	90.00	0.02	0.05422	51%-75% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300042010	AMITRIPTYLINE HCL 25 MG TAB	4	90.00	0.10	0.05422	76%-100% Above	Yes	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	4	180.00	0.10	0.05422	76%-100% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	5	30.00	0.19	0.05419	200% Above	Yes	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	5	60.00	0.10	0.05419	76%-100% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	5	90.00	0.02	0.05419	51%-75% Below	Yes	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	5	90.00	0.11	0.05419	101%-200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	5	90.00	0.14	0.05419	101%-200% Above	Yes	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	6	30.00	0.01	0.05238	76%-100% Below	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	6	30.00	0.10	0.05238	76%-100% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	6	30.00	0.10	0.05238	76%-100% Above	Yes	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	6	60.00	0.10	0.05238	76%-100% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	6	90.00	0.10	0.05238	76%-100% Above	Yes	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	6	90.00	0.18	0.05238	200% Above	Yes	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	6	90.00	0.21	0.05238	200% Above	Yes	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	7	30.00	0.03	0.05093	26%-50% Below	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	7	30.00	0.10	0.05093	76%-100% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	7	30.00	0.10	0.05093	101%-200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	7	30.00	0.10	0.05093	101%-200% Above	Yes	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	7	90.00	0.10	0.05093	101%-200% Above	Yes	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	8	30.00	0.03	0.05115	26%-50% Below	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	8	30.00	0.10	0.05115	101%-200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	8	90.00	0.10	0.05115	101%-200% Above	Yes	No
29300042101	AMITRIPTYLINE HCL 50 MG TAB	4	30.00	0.13	0.09802	26%-50% Above	No	No
29300042101	AMITRIPTYLINE HCL 50 MG TAB	5	30.00	0.04	0.10191	51%-75% Below	Yes	No
29300042101	AMITRIPTYLINE HCL 50 MG TAB	6	30.00	0.04	0.09569	51%-75% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	60.00	0.25	0.09569	101%-200% Above	Yes	No
29300042101	AMITRIPTYLINE HCL 50 MG TAB	6	90.00	0.34	0.09569	200% Above	Yes	No
29300042101	AMITRIPTYLINE HCL 50 MG TAB	7	90.00	0.13	0.09064	26%-50% Above	Yes	No
29300042110	AMITRIPTYLINE HCL 50 MG TAB	5	30.00	0.13	0.10191	26%-50% Above	No	No
29300042110	AMITRIPTYLINE HCL 50 MG TAB	7	30.00	0.13	0.09064	26%-50% Above	No	No
29300042110	AMITRIPTYLINE HCL 50 MG TAB	7	60.00	0.13	0.09064	26%-50% Above	No	No
29300042110	AMITRIPTYLINE HCL 50 MG TAB	7	90.00	0.11	0.09064	10%-25% Above	No	No
29300042110	AMITRIPTYLINE HCL 50 MG TAB	7	90.00	0.13	0.09064	26%-50% Above	No	No
29300042110	AMITRIPTYLINE HCL 50 MG TAB	8	60.00	0.13	0.09040	26%-50% Above	No	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	4	90.00	0.13	0.11912	10%-25% Above	No	No
29300042201	AMITRIPTYLINE HCL 75 MG TAB	5	30.00	0.04	0.11852	51%-75% Below	Yes	No
29300042201	AMITRIPTYLINE HCL 75 MG TAB	5	30.00	0.13	0.11852	10%-25% Above	No	No
29300042201	AMITRIPTYLINE HCL 75 MG TAB	5	30.00	0.13	0.11852	10%-25% Above	No	No
29300042201	AMITRIPTYLINE HCL 75 MG TAB	5	90.00	0.01	0.11852	76%-100% Below	No	No
29300042201	AMITRIPTYLINE HCL 75 MG TAB	6	30.00	0.04	0.11122	51%-75% Below	Yes	No
29300042201	AMITRIPTYLINE HCL 75 MG TAB	6	30.00	0.13	0.11122	10%-25% Above	No	No
29300042201	AMITRIPTYLINE HCL 75 MG TAB	6	30.00	0.13	0.11122	10%-25% Above	No	No
29300042201	AMITRIPTYLINE HCL 75 MG TAB	7	30.00	0.04	0.11005	51%-75% Below	Yes	No
29300042201	AMITRIPTYLINE HCL 75 MG TAB	7	30.00	0.13	0.11005	10%-25% Above	No	No
29300042201	AMITRIPTYLINE HCL 75 MG TAB	8	30.00	0.13	0.11396	10%-25% Above	No	No
29300042301	AMITRIPTYLINE HCL 100 MG TAB	5	90.00	0.19	0.16006	10%-25% Above	No	No
29300042301	AMITRIPTYLINE HCL 100 MG TAB	5	90.00	0.19	0.16006	10%-25% Above	Yes	No
29300042301	AMITRIPTYLINE HCL 100 MG TAB	5	135.00	0.19	0.16006	10%-25% Above	No	No
29300042301	AMITRIPTYLINE HCL 100 MG TAB	6	90.00	0.19	0.15059	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300042301	AMITRIPTYLINE HCL 100 MG TAB	7	90.00	0.19	0.14576	26%-50% Above	No	No
29300045801	GUANFACINE 1 MG TABLET	2	30.00	0.26	0.36133	26%-50% Below	No	No
29300045801	GUANFACINE 1 MG TABLET	4	30.00	0.16	0.14198	10%-25% Above	Yes	No
29300045801	GUANFACINE 1 MG TABLET	4	45.00	0.22	0.14198	51%-75% Above	No	No
29300045801	GUANFACINE 1 MG TABLET	5	30.00	0.16	0.14522	10%-25% Above	No	No
29300045801	GUANFACINE 1 MG TABLET	5	30.00	0.16	0.14522	10%-25% Above	Yes	No
29300045801	GUANFACINE 1 MG TABLET	5	45.00	0.22	0.14522	51%-75% Above	No	No
29300045801	GUANFACINE 1 MG TABLET	6	30.00	0.36	0.14698	101%-200% Above	No	No
29300045801	GUANFACINE 1 MG TABLET	6	45.00	0.22	0.14698	51%-75% Above	No	No
29300045801	GUANFACINE 1 MG TABLET	7	15.00	0.16	0.14363	10%-25% Above	No	No
29300045801	GUANFACINE 1 MG TABLET	7	30.00	0.16	0.14363	10%-25% Above	Yes	No
29300045801	GUANFACINE 1 MG TABLET	7	30.00	0.33	0.14363	101%-200% Above	No	No
29300045801	GUANFACINE 1 MG TABLET	7	45.00	0.16	0.14363	10%-25% Above	Yes	No
29300045801	GUANFACINE 1 MG TABLET	8	30.00	0.16	0.14423	10%-25% Above	No	No
29300045801	GUANFACINE 1 MG TABLET	8	30.00	0.16	0.14423	10%-25% Above	Yes	No
29300045801	GUANFACINE 1 MG TABLET	8	45.00	0.16	0.14423	10%-25% Above	Yes	No
29300045801	GUANFACINE 1 MG TABLET	8	180.00	0.16	0.14423	10%-25% Above	Yes	No
29300045901	GUANFACINE 2 MG TABLET	4	30.00	0.17	0.25146	26%-50% Below	No	No
29300045901	GUANFACINE 2 MG TABLET	5	30.00	0.17	0.25617	26%-50% Below	No	No
29300045901	GUANFACINE 2 MG TABLET	5	60.00	0.17	0.25617	26%-50% Below	No	No
29300045901	GUANFACINE 2 MG TABLET	6	30.00	0.17	0.25901	26%-50% Below	No	No
29300045901	GUANFACINE 2 MG TABLET	7	30.00	0.17	0.26464	26%-50% Below	No	No
29300045901	GUANFACINE 2 MG TABLET	8	30.00	0.17	0.27213	26%-50% Below	No	No
29300046001	GUANFACINE HCL ER 1 MG TABLET	6	30.00	0.17	0.14411	10%-25% Above	No	No
29300046001	GUANFACINE HCL ER 1 MG TABLET	7	30.00	0.17	0.13917	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300046101	GUANFACINE HCL ER 2 MG TABLET	8	30.00	0.19	0.15730	10%-25% Above	No	No
29300046201	GUANFACINE HCL ER 3 MG TABLET	6	30.00	0.15	0.17134	10%-25% Below	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	5	30.00	0.04	0.02473	51%-75% Above	No	No
29300046801	CLONIDINE HCL 0.1 MG TABLET	5	60.00	0.02	0.02473	10%-25% Below	No	No
29300046801	CLONIDINE HCL 0.1 MG TABLET	7	30.00	0.04	0.02490	51%-75% Above	No	No
29300046801	CLONIDINE HCL 0.1 MG TABLET	8	30.00	0.04	0.02451	51%-75% Above	No	No
29300046801	CLONIDINE HCL 0.1 MG TABLET	8	90.00	0.04	0.02451	51%-75% Above	No	No
29300046805	CLONIDINE HCL 0.1 MG TABLET	2	90.00	0.04	0.02516	51%-75% Above	No	No
29300046805	CLONIDINE HCL 0.1 MG TABLET	8	30.00	0.04	0.02451	51%-75% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	4	30.00	0.04	0.02473	51%-75% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	4	60.00	0.04	0.02473	51%-75% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	4	90.00	0.01	0.02473	26%-50% Below	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	5	28.00	0.04	0.02473	51%-75% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	5	30.00	0.04	0.02473	51%-75% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	5	60.00	0.01	0.02473	51%-75% Below	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	5	60.00	0.04	0.02473	51%-75% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	6	30.00	0.03	0.02461	26%-50% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	6	60.00	0.04	0.02461	51%-75% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	6	90.00	0.04	0.02461	51%-75% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	6	180.00	0.01	0.02461	51%-75% Below	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	7	60.00	0.02	0.02490	10%-25% Below	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	7	60.00	0.04	0.02490	51%-75% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	7	90.00	0.01	0.02490	51%-75% Below	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	7	180.00	0.04	0.02490	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	60.00	0.04	0.02451	51%-75% Above	No	No
29300047701	BUSPIRONE HCL 15 MG TABLET	5	200.00	0.07	0.04296	51%-75% Above	No	No
29300047701	BUSPIRONE HCL 15 MG TABLET	6	60.00	0.07	0.04232	51%-75% Above	No	No
29300047701	BUSPIRONE HCL 15 MG TABLET	6	120.00	0.06	0.04232	26%-50% Above	No	No
29300047701	BUSPIRONE HCL 15 MG TABLET	7	60.00	0.07	0.04229	51%-75% Above	No	No
29300047701	BUSPIRONE HCL 15 MG TABLET	7	90.00	0.03	0.04229	10%-25% Below	No	No
29300047701	BUSPIRONE HCL 15 MG TABLET	7	120.00	0.06	0.04229	26%-50% Above	No	No
29300047701	BUSPIRONE HCL 15 MG TABLET	7	200.00	0.07	0.04229	51%-75% Above	No	No
29300047701	BUSPIRONE HCL 15 MG TABLET	8	60.00	0.06	0.04231	26%-50% Above	No	No
29300047701	BUSPIRONE HCL 15 MG TABLET	8	90.00	0.03	0.04231	10%-25% Below	No	No
29300047701	BUSPIRONE HCL 15 MG TABLET	8	120.00	0.06	0.04231	26%-50% Above	No	No
29300047701	BUSPIRONE HCL 15 MG TABLET	8	180.00	0.06	0.04231	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	4	30.00	0.06	0.04301	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	4	30.00	0.06	0.04301	26%-50% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	4	45.00	0.06	0.04301	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	60.00	0.06	0.04301	26%-50% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	4	90.00	0.01	0.04301	51%-75% Below	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	4	120.00	0.06	0.04301	26%-50% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	4	180.00	0.03	0.04301	10%-25% Below	No	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	5	30.00	0.06	0.04296	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	5	45.00	0.06	0.04296	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	5	60.00	0.06	0.04296	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	5	60.00	0.06	0.04296	26%-50% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	60.00	0.07	0.04296	51%-75% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	5	90.00	0.01	0.04296	51%-75% Below	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	5	90.00	0.06	0.04296	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	5	90.00	0.08	0.04296	76%-100% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	5	120.00	0.06	0.04296	26%-50% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	5	120.00	0.07	0.04296	51%-75% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	5	180.00	0.01	0.04296	76%-100% Below	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	5	180.00	0.06	0.04296	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	5	180.00	0.06	0.04296	26%-50% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	5	180.00	0.06	0.04296	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	6	30.00	0.06	0.04232	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	6	30.00	0.06	0.04232	26%-50% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	6	45.00	0.06	0.04232	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	6	45.00	0.06	0.04232	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	6	60.00	0.06	0.04232	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	6	60.00	0.06	0.04232	26%-50% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	6	90.00	0.01	0.04232	51%-75% Below	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	6	90.00	0.06	0.04232	26%-50% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	6	90.00	0.06	0.04232	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	6	120.00	0.07	0.04232	51%-75% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	6	270.00	0.06	0.04232	26%-50% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	6	270.00	0.06	0.04232	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	7	30.00	0.06	0.04229	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	7	30.00	0.06	0.04229	26%-50% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	7	45.00	0.04	0.04229	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	45.00	0.06	0.04229	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	7	60.00	0.06	0.04229	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	7	60.00	0.07	0.04229	51%-75% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	7	90.00	0.01	0.04229	51%-75% Below	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	7	90.00	0.06	0.04229	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	7	90.00	0.06	0.04229	26%-50% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	7	120.00	0.07	0.04229	51%-75% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	7	180.00	0.03	0.04229	10%-25% Below	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	7	180.00	0.06	0.04229	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	7	180.00	0.06	0.04229	26%-50% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	7	270.00	0.06	0.04229	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	8	30.00	0.06	0.04231	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	8	45.00	0.06	0.04231	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	8	60.00	0.06	0.04231	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	8	60.00	0.06	0.04231	26%-50% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	8	90.00	0.06	0.04231	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	8	90.00	0.06	0.04231	26%-50% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	8	90.00	0.08	0.04231	76%-100% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	8	120.00	0.06	0.04231	26%-50% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	8	180.00	0.05	0.04231	10%-25% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	8	180.00	0.06	0.04231	26%-50% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	8	270.00	0.02	0.04231	26%-50% Below	No	No
29300047718	BUSPIRONE HCL 15 MG TABLET	4	360.00	0.06	0.04301	26%-50% Above	No	No
29300047718	BUSPIRONE HCL 15 MG TABLET	5	60.00	0.06	0.04296	26%-50% Above	No	No
29300047718	BUSPIRONE HCL 15 MG TABLET	6	60.00	0.06	0.04232	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300047718	BUSPIRONE HCL 15 MG TABLET	7	60.00	0.06	0.04229	26%-50% Above	No	No
29300047718	BUSPIRONE HCL 15 MG TABLET	7	360.00	0.06	0.04229	26%-50% Above	No	No
29300047805	BUSPIRONE HCL 30 MG TABLET	8	60.00	0.39	0.11865	200% Above	No	No
29300047816	BUSPIRONE HCL 30 MG TABLET	4	180.00	0.21	0.11069	76%-100% Above	No	No
29300047816	BUSPIRONE HCL 30 MG TABLET	4	360.00	0.13	0.11069	10%-25% Above	No	No
29300047816	BUSPIRONE HCL 30 MG TABLET	5	30.00	0.13	0.11173	10%-25% Above	Yes	No
29300047816	BUSPIRONE HCL 30 MG TABLET	7	60.00	0.13	0.11587	10%-25% Above	No	No
29300047816	BUSPIRONE HCL 30 MG TABLET	7	180.00	0.13	0.11587	10%-25% Above	No	No
29300047816	BUSPIRONE HCL 30 MG TABLET	7	180.00	0.21	0.11587	76%-100% Above	No	No
29300047816	BUSPIRONE HCL 30 MG TABLET	8	60.00	0.13	0.11865	10%-25% Above	No	No
29300047816	BUSPIRONE HCL 30 MG TABLET	8	60.00	0.17	0.11865	26%-50% Above	No	No
29300048501	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	30.00	0.07	0.04038	51%-75% Above	No	No
29300048501	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	14.00	0.11	0.04036	101%-200% Above	No	No
29300048501	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	30.00	0.07	0.04036	51%-75% Above	No	No
29300048501	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	90.00	0.09	0.04036	101%-200% Above	No	No
29300048501	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	90.00	0.07	0.03730	76%-100% 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	4	90.00	0.07	0.04083	51%-75% Above	No	No
29300048510	HYDROCHLOROTHIAZIDE 12.5 MG TB	4	90.00	0.14	0.04083	200% Above	No	No
29300048510	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	30.00	0.07	0.04038	51%-75% Above	No	No
29300048510	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	90.00	0.07	0.04038	51%-75% Above	No	No
29300048510	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	30.00	0.01	0.04036	51%-75% Below	No	No
29300048510	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	30.00	0.07	0.04036	51%-75% Above	No	No
29300048510	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	90.00	0.07	0.04036	51%-75% Above	No	No
29300048510	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	30.00	0.07	0.03795	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300048510	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	60.00	0.07	0.03795	76%-100% Above	No	No
29300048510	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	90.00	0.01	0.03795	51%-75% Below	No	No
29300048510	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	90.00	0.07	0.03795	76%-100% Above	No	No
29300048510	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	30.00	0.07	0.03730	76%-100% Above	No	No
29300048510	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	60.00	0.07	0.03730	76%-100% Above	No	No
29300048510	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	90.00	0.14	0.03730	200% Above	No	No
31722000290	VENLAFAXINE HCL ER 37.5 MG CAP	4	30.00	0.13	0.08586	51%-75% Above	No	No
31722000290	VENLAFAXINE HCL ER 37.5 MG CAP	4	90.00	0.13	0.08586	51%-75% Above	No	No
31722000290	VENLAFAXINE HCL ER 37.5 MG CAP	6	90.00	0.10	0.08500	10%-25% Above	No	No
31722000290	VENLAFAXINE HCL ER 37.5 MG CAP	7	30.00	0.10	0.08174	10%-25% Above	Yes	No
31722000290	VENLAFAXINE HCL ER 37.5 MG CAP	7	30.00	0.11	0.08174	26%-50% Above	No	No
31722000290	VENLAFAXINE HCL ER 37.5 MG CAP	8	90.00	0.09	0.07948	10%-25% Above	No	No
31722000290	VENLAFAXINE HCL ER 37.5 MG CAP	8	90.00	0.10	0.07948	10%-25% Above	No	No
31722000390	VENLAFAXINE HCL ER 75 MG CAP	3	30.00	0.07	0.09563	26%-50% Below	No	No
31722000390	VENLAFAXINE HCL ER 75 MG CAP	4	30.00	0.11	0.08791	10%-25% Above	No	No
31722000390	VENLAFAXINE HCL ER 75 MG CAP	5	90.00	0.11	0.08503	26%-50% Above	No	No
31722000390	VENLAFAXINE HCL ER 75 MG CAP	7	30.00	0.09	0.08077	10%-25% Above	Yes	No
31722000390	VENLAFAXINE HCL ER 75 MG CAP	8	30.00	0.16	0.07939	76%-100% Above	No	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	4	30.00	0.21	0.12253	51%-75% Above	No	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	5	90.00	0.16	0.11964	26%-50% Above	No	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	5	90.00	0.21	0.11964	51%-75% Above	Yes	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	7	90.00	0.16	0.11520	26%-50% Above	Yes	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	7	90.00	0.21	0.11520	76%-100% Above	No	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	7	180.00	0.16	0.11520	26%-50% Above	No	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	8	90.00	0.16	0.11623	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722000860	ZAFIRLUKAST 20 MG TABLET	5	60.00	0.17	0.66585	51%-75% Below	No	No
31722000860	ZAFIRLUKAST 20 MG TABLET	6	60.00	0.17	0.67622	51%-75% Below	No	No
31722000860	ZAFIRLUKAST 20 MG TABLET	8	60.00	0.17	0.64362	51%-75% Below	No	No
31722001647	GLYCOPYRROLATE 1 MG/5 ML ORAL SOLUTION	4	216.00	0.15	0.17696	10%-25% Below	No	No
31722001701	FAMOTIDINE 20 MG TABLET	5	20.00	0.05	0.03074	76%-100% Above	No	No
31722001701	FAMOTIDINE 20 MG TABLET	7	60.00	0.03	0.02971	10%-25% Above	No	No
31722001701	FAMOTIDINE 20 MG TABLET	7	180.00	0.08	0.02971	101%-200% Above	No	No
31722001701	FAMOTIDINE 20 MG TABLET	8	90.00	0.08	0.02862	101%-200% Above	No	No
31722001710	FAMOTIDINE 20 MG TABLET	4	30.00	0.08	0.03099	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	5	60.00	0.08	0.03074	101%-200% Above	No	No
31722001710	FAMOTIDINE 20 MG TABLET	6	30.00	0.01	0.03016	51%-75% Below	No	No
31722001710	FAMOTIDINE 20 MG TABLET	6	30.00	0.08	0.03016	101%-200% Above	No	No
31722001710	FAMOTIDINE 20 MG TABLET	6	60.00	0.08	0.03016	101%-200% Above	No	No
31722001710	FAMOTIDINE 20 MG TABLET	7	30.00	0.08	0.02971	101%-200% Above	No	No
31722001710	FAMOTIDINE 20 MG TABLET	7	60.00	0.04	0.02971	26%-50% Above	No	No
31722001710	FAMOTIDINE 20 MG TABLET	7	60.00	0.08	0.02971	101%-200% Above	No	No
31722001710	FAMOTIDINE 20 MG TABLET	8	60.00	0.04	0.02862	26%-50% Above	No	No
31722001710	FAMOTIDINE 20 MG TABLET	8	60.00	0.08	0.02862	101%-200% Above	No	No
31722001801	FAMOTIDINE 40 MG TABLET	7	30.00	0.11	0.04982	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	0.11	0.05159	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	4	60.00	0.11	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	5	30.00	0.11	0.05165	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	30.00	0.11	0.05165	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	5	30.00	0.13	0.05165	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	5	90.00	0.01	0.05165	76%-100% Below	No	No
31722001810	FAMOTIDINE 40 MG TABLET	5	90.00	0.11	0.05165	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	5	90.00	0.15	0.05165	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	6	30.00	0.02	0.05098	51%-75% Below	No	No
31722001810	FAMOTIDINE 40 MG TABLET	6	30.00	0.11	0.05098	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	6	30.00	0.13	0.05098	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	6	60.00	0.11	0.05098	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	6	90.00	0.09	0.05098	76%-100% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	6	90.00	0.11	0.05098	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	6	90.00	0.11	0.05098	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	6	90.00	0.12	0.05098	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	7	30.00	0.11	0.04982	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	7	30.00	0.11	0.04982	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	7	30.00	0.12	0.04982	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	7	30.00	0.13	0.04982	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	7	30.00	0.14	0.04982	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	7	60.00	0.11	0.04982	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	7	60.00	0.14	0.04982	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	7	90.00	0.11	0.04982	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	7	90.00	0.13	0.04982	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	7	180.00	0.10	0.04982	76%-100% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	8	30.00	0.11	0.04941	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	8	30.00	0.11	0.04941	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	30.00	0.12	0.04941	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	8	30.00	0.12	0.04941	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	8	30.00	0.13	0.04941	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	8	30.00	0.14	0.04941	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	8	90.00	0.11	0.04941	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	8	90.00	0.13	0.04941	101%-200% Above	No	No
31722002301	OXCARBAZEPINE 150 MG TABLET	4	30.00	0.07	0.10515	26%-50% Below	No	No
31722002301	OXCARBAZEPINE 150 MG TABLET	4	45.00	0.01	0.10515	76%-100% Below	No	No
31722002301	OXCARBAZEPINE 150 MG TABLET	5	30.00	0.07	0.10716	26%-50% Below	No	No
31722002301	OXCARBAZEPINE 150 MG TABLET	5	45.00	0.01	0.10716	76%-100% Below	No	No
31722002301	OXCARBAZEPINE 150 MG TABLET	6	60.00	0.01	0.10357	76%-100% Below	No	No
31722002301	OXCARBAZEPINE 150 MG TABLET	7	60.00	0.06	0.10372	26%-50% Below	No	No
31722002301	OXCARBAZEPINE 150 MG TABLET	8	60.00	0.06	0.10375	26%-50% Below	No	No
31722002401	OXCARBAZEPINE 300 MG TABLET	4	90.00	0.01	0.16763	76%-100% Below	No	No
31722002401	OXCARBAZEPINE 300 MG TABLET	5	60.00	0.09	0.16663	26%-50% Below	No	No
31722002401	OXCARBAZEPINE 300 MG TABLET	5	90.00	0.14	0.16663	10%-25% Below	No	No
31722002401	OXCARBAZEPINE 300 MG TABLET	6	60.00	0.09	0.16637	26%-50% Below	No	No
31722002401	OXCARBAZEPINE 300 MG TABLET	6	90.00	0.14	0.16637	10%-25% Below	No	No
31722002401	OXCARBAZEPINE 300 MG TABLET	7	60.00	0.01	0.16352	76%-100% Below	No	No
31722002401	OXCARBAZEPINE 300 MG TABLET	7	90.00	0.13	0.16352	10%-25% Below	No	No
31722002401	OXCARBAZEPINE 300 MG TABLET	8	120.00	0.08	0.16372	26%-50% Below	No	No
31722002405	OXCARBAZEPINE 300 MG TABLET	4	180.00	0.11	0.16763	26%-50% Below	No	No
31722002405	OXCARBAZEPINE 300 MG TABLET	5	120.00	0.08	0.16663	26%-50% Below	No	No
31722002405	OXCARBAZEPINE 300 MG TABLET	7	60.00	0.14	0.16352	10%-25% Below	No	No
31722002405	OXCARBAZEPINE 300 MG TABLET	8	60.00	0.14	0.16372	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722002501	OXCARBAZEPINE 600 MG TABLET	5	315.00	0.14	0.31776	51%-75% Below	No	No
31722002501	OXCARBAZEPINE 600 MG TABLET	8	60.00	0.17	0.31301	26%-50% Below	No	No
31722003523	AMINOCAPROIC ACID 0.25 GRAM/ML	5	236.50	0.38	0.74373	26%-50% Below	Yes	No
31722003523	AMINOCAPROIC ACID 0.25 GRAM/ML	6	236.50	0.37	0.70935	26%-50% Below	Yes	No
31722004131	PROMETHAZINE 25 MG SUPPOSITORY	4	2.00	1.54	1.84041	10%-25% Below	Yes	No
31722004131	PROMETHAZINE 25 MG SUPPOSITORY	5	20.00	0.98	1.93011	26%-50% Below	Yes	No
31722004131	PROMETHAZINE 25 MG SUPPOSITORY	6	12.00	1.54	2.00646	10%-25% Below	Yes	No
31722004131	PROMETHAZINE 25 MG SUPPOSITORY	8	2.00	1.54	2.04375	10%-25% Below	Yes	No
31722005201	DICYCLOMINE 10 MG CAPSULE	5	20.00	0.06	0.07614	10%-25% Below	No	No
31722005201	DICYCLOMINE 10 MG CAPSULE	5	20.00	0.06	0.07614	10%-25% Below	Yes	No
31722005201	DICYCLOMINE 10 MG CAPSULE	5	28.00	0.12	0.07614	51%-75% Above	Yes	No
31722005201	DICYCLOMINE 10 MG CAPSULE	5	30.00	0.06	0.07614	10%-25% Below	Yes	No
31722005201	DICYCLOMINE 10 MG CAPSULE	5	240.00	0.03	0.07614	51%-75% Below	Yes	No
31722005201	DICYCLOMINE 10 MG CAPSULE	6	90.00	0.06	0.07608	10%-25% Below	Yes	No
31722005201	DICYCLOMINE 10 MG CAPSULE	6	90.00	0.11	0.07608	51%-75% Above	Yes	No
31722005201	DICYCLOMINE 10 MG CAPSULE	7	15.00	0.06	0.07522	10%-25% Below	No	No
31722005201	DICYCLOMINE 10 MG CAPSULE	7	16.00	0.06	0.07522	10%-25% Below	Yes	No
31722005201	DICYCLOMINE 10 MG CAPSULE	7	24.00	0.11	0.07522	26%-50% Above	Yes	No
31722005210	DICYCLOMINE 10 MG CAPSULE	8	30.00	0.06	0.07578	10%-25% Below	No	No
31722005360	IVABRADINE HCL 5 MG TABLET	6	60.00	1.04	0.77133	26%-50% Above	No	No
31722005360	IVABRADINE HCL 5 MG TABLET	7	90.00	1.04	0.76977	26%-50% Above	No	No
31722006331	FAMOTIDINE 40 MG/5 ML SUSP	1	50.00	0.10	0.19970	26%-50% Below	No	No
31722006331	FAMOTIDINE 40 MG/5 ML SUSP	2	50.00	0.10	0.17030	26%-50% Below	No	No
31722006331	FAMOTIDINE 40 MG/5 ML SUSP	7	50.00	0.34	0.13700	101%-200% Above	No	No
31722006331	FAMOTIDINE 40 MG/5 ML SUSP	9	50.00	0.12	0.20613	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722006331	FAMOTIDINE 40 MG/5 ML SUSP	10	50.00	0.12	0.20570	26%-50% Below	No	No
31722006331	FAMOTIDINE 40 MG/5 ML SUSP	11	50.00	0.12	0.21476	26%-50% Below	No	No
31722006331	FAMOTIDINE 40 MG/5 ML SUSP	12	50.00	0.12	0.21399	26%-50% Below	No	No
31722006530	FLUVOXAMINE ER 150 MG CAPSULE	6	90.00	0.31	4.96113	76%-100% Below	No	No
31722006601	BUPROPION HCL SR 100 MG TABLET	4	30.00	0.11	0.07409	26%-50% Above	No	No
31722006601	BUPROPION HCL SR 100 MG TABLET	4	90.00	0.11	0.07409	26%-50% Above	No	No
31722006601	BUPROPION HCL SR 100 MG TABLET	6	180.00	0.20	0.07523	101%-200% Above	Yes	No
31722006660	BUPROPION HCL SR 100 MG TABLET	6	90.00	0.06	0.07523	26%-50% Below	No	No
31722006660	BUPROPION HCL SR 100 MG TABLET	7	180.00	0.11	0.06871	51%-75% Above	No	No
31722006660	BUPROPION HCL SR 100 MG TABLET	8	30.00	0.18	0.06872	101%-200% Above	No	No
31722006705	BUPROPION HCL SR 150 MG TABLET	6	180.00	0.15	0.08400	76%-100% Above	No	No
31722006801	BUPROPION HCL SR 200 MG TABLET	8	180.00	0.20	0.10874	76%-100% Above	No	No
31722006860	BUPROPION HCL SR 200 MG TABLET	5	60.00	0.20	0.10837	76%-100% Above	No	No
31722006860	BUPROPION HCL SR 200 MG TABLET	6	60.00	0.20	0.11095	76%-100% Above	No	No
31722006860	BUPROPION HCL SR 200 MG TABLET	7	180.00	0.20	0.11098	76%-100% Above	No	No
31722007901	DICYCLOMINE 20 MG TABLET	5	90.00	0.10	0.05604	76%-100% Above	No	No
31722007901	DICYCLOMINE 20 MG TABLET	6	9.00	0.19	0.05627	200% Above	No	No
31722007901	DICYCLOMINE 20 MG TABLET	6	15.00	0.10	0.05627	76%-100% Above	No	No
31722007901	DICYCLOMINE 20 MG TABLET	6	15.00	0.17	0.05627	101%-200% Above	No	No
31722007901	DICYCLOMINE 20 MG TABLET	6	20.00	0.16	0.05627	101%-200% Above	No	No
31722007901	DICYCLOMINE 20 MG TABLET	6	30.00	0.10	0.05627	76%-100% Above	No	No
31722007901	DICYCLOMINE 20 MG TABLET	6	60.00	0.10	0.05627	76%-100% Above	No	No
31722007901	DICYCLOMINE 20 MG TABLET	7	20.00	0.10	0.05757	51%-75% Above	No	No
31722007901	DICYCLOMINE 20 MG TABLET	7	30.00	0.10	0.05757	51%-75% Above	No	No
31722007901	DICYCLOMINE 20 MG TABLET	8	6.00	0.10	0.05867	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722008030	LURASIDONE HCL 20 MG TABLET	4	30.00	3.18	0.13951	200% Above	No	No
31722008030	LURASIDONE HCL 20 MG TABLET	5	30.00	3.18	0.13573	200% Above	No	No
31722008030	LURASIDONE HCL 20 MG TABLET	6	30.00	3.18	0.13481	200% Above	No	No
31722008030	LURASIDONE HCL 20 MG TABLET	7	30.00	3.18	0.13523	200% Above	No	No
31722008130	LURASIDONE HCL 40 MG TABLET	4	30.00	3.19	0.22184	200% Above	No	No
31722008330	LURASIDONE HCL 80 MG TABLET	4	30.00	3.18	0.35916	200% Above	No	No
31722008330	LURASIDONE HCL 80 MG TABLET	6	30.00	3.18	0.33656	200% Above	No	No
31722008330	LURASIDONE HCL 80 MG TABLET	7	30.00	3.18	0.33249	200% Above	No	No
31722008330	LURASIDONE HCL 80 MG TABLET	8	30.00	3.18	0.32728	200% Above	No	No
31722009831	SOD SUL-POTASS SUL-MAG SUL SOL	4	354.00	0.01	0.10976	76%-100% Below	No	No
31722009831	SOD SUL-POTASS SUL-MAG SUL SOL	4	354.00	0.07	0.10976	26%-50% Below	No	No
31722009831	SOD SUL-POTASS SUL-MAG SUL SOL	4	354.00	0.07	0.10976	26%-50% Below	No	No
31722009831	SOD SUL-POTASS SUL-MAG SUL SOL	8	354.00	0.07	0.09291	26%-50% Below	No	No
31722012805	GEMFIBROZIL 600 MG TABLET	4	56.00	0.06	0.10300	26%-50% Below	No	No
31722012805	GEMFIBROZIL 600 MG TABLET	4	180.00	0.06	0.10300	26%-50% Below	No	No
31722012805	GEMFIBROZIL 600 MG TABLET	5	180.00	0.07	0.10364	26%-50% Below	No	No
31722012805	GEMFIBROZIL 600 MG TABLET	6	56.00	0.06	0.10337	26%-50% Below	No	No
31722012805	GEMFIBROZIL 600 MG TABLET	7	90.00	0.06	0.10439	26%-50% Below	No	No
31722012805	GEMFIBROZIL 600 MG TABLET	7	180.00	0.07	0.10439	26%-50% Below	No	No
31722012805	GEMFIBROZIL 600 MG TABLET	8	56.00	0.06	0.10452	26%-50% Below	No	No
31722013190	DUTASTERIDE 0.5 MG CAPSULE	7	90.00	0.42	0.16563	101%-200% Above	No	No
31722013201	POTASSIUM CITRATE ER 15 MEQ TB	6	180.00	0.24	0.17958	26%-50% Above	Yes	No
31722013801	BACLOFEN 5 MG TABLET	7	90.00	0.17	0.06313	101%-200% Above	No	No
31722013801	BACLOFEN 5 MG TABLET	8	90.00	0.17	0.06844	101%-200% Above	No	No
31722014605	SERTRALINE HCL 50 MG TABLET	4	30.00	0.05	0.03450	51%-75% Above	No	No

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31722014605	SERTRALINE HCL 50 MG TABLET	4	90.00	0.05	0.03450	26%-50% Above	No	No
31722014605	SERTRALINE HCL 50 MG TABLET	6	30.00	0.10	0.03430	101%-200% Above	No	No
31722014605	SERTRALINE HCL 50 MG TABLET	6	45.00	0.10	0.03430	101%-200% Above	No	No
31722014605	SERTRALINE HCL 50 MG TABLET	7	90.00	0.05	0.03468	26%-50% Above	No	No
31722014705	SERTRALINE HCL 100 MG TABLET	4	30.00	0.10	0.04965	101%-200% Above	No	No
31722014705	SERTRALINE HCL 100 MG TABLET	4	30.00	0.12	0.04965	101%-200% Above	No	No
31722014705	SERTRALINE HCL 100 MG TABLET	5	30.00	0.12	0.04983	101%-200% Above	No	No
31722014705	SERTRALINE HCL 100 MG TABLET	5	90.00	0.09	0.04983	76%-100% Above	No	No
31722014705	SERTRALINE HCL 100 MG TABLET	5	90.00	0.12	0.04983	101%-200% Above	No	No
31722014705	SERTRALINE HCL 100 MG TABLET	6	30.00	0.12	0.05065	101%-200% Above	No	No
31722014705	SERTRALINE HCL 100 MG TABLET	7	30.00	0.12	0.05087	101%-200% Above	No	No
31722014705	SERTRALINE HCL 100 MG TABLET	8	30.00	0.10	0.05042	101%-200% Above	No	No
31722014705	SERTRALINE HCL 100 MG TABLET	8	30.00	0.12	0.05042	101%-200% Above	No	No
31722014705	SERTRALINE HCL 100 MG TABLET	8	90.00	0.06	0.05042	10%-25% Above	No	No
31722014801	GABAPENTIN 100 MG CAPSULE	4	90.00	0.02	0.02107	10%-25% Below	No	No
31722014801	GABAPENTIN 100 MG CAPSULE	5	90.00	0.02	0.02117	10%-25% Below	No	No
31722014801	GABAPENTIN 100 MG CAPSULE	6	120.00	0.02	0.02098	10%-25% Below	No	No
31722014801	GABAPENTIN 100 MG CAPSULE	7	120.00	0.02	0.02075	10%-25% Below	No	No
31722014805	GABAPENTIN 100 MG CAPSULE	4	120.00	0.05	0.02107	101%-200% Above	No	No
31722014805	GABAPENTIN 100 MG CAPSULE	5	12.00	0.05	0.02117	101%-200% Above	No	No
31722014805	GABAPENTIN 100 MG CAPSULE	5	120.00	0.05	0.02117	101%-200% Above	No	No
31722014805	GABAPENTIN 100 MG CAPSULE	6	60.00	0.02	0.02098	10%-25% Below	No	No
31722014810	GABAPENTIN 100 MG CAPSULE	4	90.00	0.02	0.02107	10%-25% Below	No	No
31722014810	GABAPENTIN 100 MG CAPSULE	5	30.00	0.02	0.02117	10%-25% Above	No	No
31722014810	GABAPENTIN 100 MG CAPSULE	5	90.00	0.02	0.02117	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722014810	GABAPENTIN 100 MG CAPSULE	5	90.00	0.02	0.02117	10%-25% Below	No	No
31722014810	GABAPENTIN 100 MG CAPSULE	6	15.00	0.04	0.02098	76%-100% Above	No	No
31722014810	GABAPENTIN 100 MG CAPSULE	6	90.00	0.02	0.02098	10%-25% Below	No	No
31722014810	GABAPENTIN 100 MG CAPSULE	6	90.00	0.02	0.02098	10%-25% Below	No	No
31722014810	GABAPENTIN 100 MG CAPSULE	7	30.00	0.02	0.02075	10%-25% Above	No	No
31722014810	GABAPENTIN 100 MG CAPSULE	7	90.00	0.01	0.02075	51%-75% Below	No	No
31722014810	GABAPENTIN 100 MG CAPSULE	8	30.00	0.02	0.02095	10%-25% Above	No	No
31722014810	GABAPENTIN 100 MG CAPSULE	8	180.00	0.01	0.02095	26%-50% Below	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	4	30.00	0.06	0.03246	76%-100% Above	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	4	90.00	0.06	0.03246	76%-100% Above	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	5	30.00	0.06	0.03246	76%-100% Above	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	5	60.00	0.06	0.03246	76%-100% Above	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	5	90.00	0.06	0.03246	76%-100% Above	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	5	180.00	0.06	0.03246	76%-100% Above	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	6	15.00	0.06	0.03245	76%-100% Above	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	6	30.00	0.06	0.03245	76%-100% Above	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	6	60.00	0.06	0.03245	76%-100% Above	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	7	30.00	0.06	0.03078	76%-100% Above	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	7	60.00	0.06	0.03078	76%-100% Above	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	7	63.00	0.06	0.03078	76%-100% Above	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	7	90.00	0.06	0.03078	76%-100% Above	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	7	270.00	0.02	0.03078	26%-50% Below	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	8	30.00	0.06	0.03015	101%-200% Above	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	8	60.00	0.06	0.03015	101%-200% Above	No	No
31722015001	GABAPENTIN 400 MG CAPSULE	8	120.00	0.03	0.03998	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	30.00	0.37	0.09907	200% Above	No	No
31722015130	VALSARTAN 40 MG TABLET	5	90.00	0.16	0.09907	51%-75% Above	No	No
31722015130	VALSARTAN 40 MG TABLET	5	90.00	0.33	0.09907	200% Above	Yes	No
31722015130	VALSARTAN 40 MG TABLET	5	90.00	0.34	0.09907	200% Above	Yes	No
31722015130	VALSARTAN 40 MG TABLET	6	30.00	0.16	0.10005	51%-75% Above	No	No
31722015130	VALSARTAN 40 MG TABLET	6	30.00	0.37	0.10005	200% Above	No	No
31722015130	VALSARTAN 40 MG TABLET	7	30.00	0.16	0.09597	51%-75% Above	No	No
31722015130	VALSARTAN 40 MG TABLET	7	30.00	0.37	0.09597	200% Above	No	No
31722015130	VALSARTAN 40 MG TABLET	7	90.00	0.32	0.09597	200% Above	Yes	No
31722015130	VALSARTAN 40 MG TABLET	8	30.00	0.16	0.09729	51%-75% Above	No	No
31722015130	VALSARTAN 40 MG TABLET	8	90.00	0.32	0.09729	200% Above	Yes	No
31722015290	VALSARTAN 80 MG TABLET	4	30.00	0.18	0.11383	51%-75% Above	No	No
31722015290	VALSARTAN 80 MG TABLET	4	90.00	0.18	0.11383	51%-75% Above	No	No
31722015290	VALSARTAN 80 MG TABLET	4	90.00	0.18	0.11383	51%-75% Above	Yes	No
31722015290	VALSARTAN 80 MG TABLET	4	90.00	0.33	0.11383	101%-200% Above	No	No
31722015290	VALSARTAN 80 MG TABLET	5	30.00	0.18	0.11141	51%-75% Above	No	No
31722015290	VALSARTAN 80 MG TABLET	5	30.00	0.18	0.11141	51%-75% Above	Yes	No
31722015290	VALSARTAN 80 MG TABLET	5	90.00	0.18	0.11141	51%-75% Above	No	No
31722015290	VALSARTAN 80 MG TABLET	5	90.00	0.18	0.11141	51%-75% Above	Yes	No
31722015290	VALSARTAN 80 MG TABLET	6	30.00	0.18	0.10538	51%-75% Above	Yes	No
31722015290	VALSARTAN 80 MG TABLET	6	30.00	0.33	0.10538	200% Above	Yes	No
31722015290	VALSARTAN 80 MG TABLET	6	90.00	0.18	0.10538	51%-75% Above	Yes	No
31722015290	VALSARTAN 80 MG TABLET	6	90.00	0.33	0.10538	200% Above	No	No
31722015290	VALSARTAN 80 MG TABLET	6	90.00	0.33	0.10538	200% Above	Yes	No
31722015290	VALSARTAN 80 MG TABLET	7	30.00	0.18	0.09700	76%-100% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722015290	VALSARTAN 80 MG TABLET	7	90.00	0.18	0.09700	76%-100% Above	No	No
31722015290	VALSARTAN 80 MG TABLET	7	90.00	0.18	0.09700	76%-100% Above	Yes	No
31722015290	VALSARTAN 80 MG TABLET	8	30.00	0.18	0.08915	101%-200% Above	Yes	No
31722015290	VALSARTAN 80 MG TABLET	8	90.00	0.18	0.08915	101%-200% Above	No	No
31722015290	VALSARTAN 80 MG TABLET	8	90.00	0.18	0.08915	101%-200% Above	Yes	No
31722015390	VALSARTAN 160 MG TABLET	4	30.00	0.16	0.14016	10%-25% Above	Yes	No
31722015390	VALSARTAN 160 MG TABLET	5	30.00	0.16	0.13535	10%-25% Above	Yes	No
31722015390	VALSARTAN 160 MG TABLET	5	30.00	0.28	0.13535	101%-200% Above	No	No
31722015390	VALSARTAN 160 MG TABLET	5	90.00	0.28	0.13535	101%-200% Above	Yes	No
31722015390	VALSARTAN 160 MG TABLET	6	30.00	0.16	0.12973	10%-25% Above	Yes	No
31722015390	VALSARTAN 160 MG TABLET	6	90.00	0.21	0.12973	51%-75% Above	Yes	No
31722015390	VALSARTAN 160 MG TABLET	6	90.00	0.28	0.12973	101%-200% Above	No	No
31722015390	VALSARTAN 160 MG TABLET	6	90.00	0.28	0.12973	101%-200% Above	Yes	No
31722015390	VALSARTAN 160 MG TABLET	6	90.00	0.33	0.12973	101%-200% Above	Yes	No
31722015390	VALSARTAN 160 MG TABLET	6	90.00	0.42	0.12973	200% Above	Yes	No
31722015390	VALSARTAN 160 MG TABLET	7	30.00	0.16	0.11926	26%-50% Above	Yes	No
31722015390	VALSARTAN 160 MG TABLET	7	90.00	0.04	0.11926	51%-75% Below	Yes	No
31722015390	VALSARTAN 160 MG TABLET	7	90.00	0.21	0.11926	76%-100% Above	Yes	No
31722015390	VALSARTAN 160 MG TABLET	7	90.00	0.28	0.11926	101%-200% Above	No	No
31722015390	VALSARTAN 160 MG TABLET	7	90.00	0.28	0.11926	101%-200% Above	Yes	No
31722015390	VALSARTAN 160 MG TABLET	7	90.00	0.32	0.11926	101%-200% Above	Yes	No
31722015390	VALSARTAN 160 MG TABLET	8	30.00	0.16	0.11232	26%-50% Above	Yes	No
31722015490	VALSARTAN 320 MG TABLET	4	30.00	0.25	0.18206	26%-50% Above	No	No
31722015490	VALSARTAN 320 MG TABLET	4	30.00	0.45	0.18206	101%-200% Above	No	No
31722015490	VALSARTAN 320 MG TABLET	5	30.00	0.25	0.18322	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	90.00	0.08	0.18322	51%-75% Below	No	No
31722015490	VALSARTAN 320 MG TABLET	6	30.00	0.25	0.18053	26%-50% Above	No	No
31722015490	VALSARTAN 320 MG TABLET	6	30.00	0.25	0.18053	26%-50% Above	Yes	No
31722015490	VALSARTAN 320 MG TABLET	6	30.00	0.33	0.18053	76%-100% Above	No	No
31722015490	VALSARTAN 320 MG TABLET	6	90.00	0.25	0.18053	26%-50% Above	No	No
31722015490	VALSARTAN 320 MG TABLET	6	90.00	0.43	0.18053	101%-200% Above	No	No
31722015490	VALSARTAN 320 MG TABLET	7	30.00	0.08	0.16897	51%-75% Below	Yes	No
31722015490	VALSARTAN 320 MG TABLET	7	30.00	0.25	0.16897	26%-50% Above	No	No
31722015490	VALSARTAN 320 MG TABLET	7	90.00	0.04	0.16897	51%-75% Below	No	No
31722015490	VALSARTAN 320 MG TABLET	7	90.00	0.08	0.16897	51%-75% Below	No	No
31722015490	VALSARTAN 320 MG TABLET	8	30.00	0.25	0.16484	26%-50% Above	No	No
31722015701	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	30.00	0.11	0.23662	51%-75% Below	No	No
31722015701	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	60.00	0.18	0.23662	10%-25% Below	No	No
31722015701	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	30.00	0.11	0.23620	51%-75% Below	No	No
31722015901	DEXTROAMP-AMPHETAMIN 15 MG TAB	5	60.00	0.11	0.25021	51%-75% Below	No	No
31722015901	DEXTROAMP-AMPHETAMIN 15 MG TAB	8	60.00	0.11	0.23696	51%-75% Below	No	No
31722016301	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	30.00	0.22	0.30747	26%-50% Below	No	No
31722016301	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	45.00	0.18	0.30747	26%-50% Below	No	No
31722016301	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	58.00	0.09	0.30747	51%-75% Below	No	No
31722016301	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	45.00	0.18	0.30698	26%-50% Below	No	No
31722016301	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.00	0.08	0.30698	51%-75% Below	No	No
31722016301	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	30.00	0.11	0.30391	51%-75% Below	No	No
31722016301	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	30.00	0.22	0.30391	26%-50% Below	No	No
31722016301	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.00	0.08	0.30391	51%-75% Below	No	No
31722016301	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.00	0.18	0.30391	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722016301	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	28.00	0.18	0.29745	26%-50% Below	No	No
31722016301	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	30.00	0.22	0.29745	26%-50% Below	No	No
31722016301	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	45.00	0.18	0.29745	26%-50% Below	No	No
31722016301	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.00	0.08	0.29745	51%-75% Below	No	No
31722016401	DEXTROAMP-AMPHETAMIN 30 MG TAB	5	30.00	0.17	0.30571	26%-50% Below	No	No
31722016401	DEXTROAMP-AMPHETAMIN 30 MG TAB	6	30.00	0.17	0.30483	26%-50% Below	No	No
31722016705	GABAPENTIN 800 MG TABLET	4	90.00	0.06	0.09868	26%-50% Below	No	No
31722016705	GABAPENTIN 800 MG TABLET	5	90.00	0.06	0.09799	26%-50% Below	No	No
31722016705	GABAPENTIN 800 MG TABLET	5	270.00	0.05	0.09799	26%-50% Below	No	No
31722016705	GABAPENTIN 800 MG TABLET	6	90.00	0.06	0.09632	26%-50% Below	No	No
31722016705	GABAPENTIN 800 MG TABLET	7	90.00	0.06	0.09381	26%-50% Below	No	No
31722017301	METHYLPHENIDATE 5 MG TABLET	4	30.00	0.11	0.13720	10%-25% Below	No	No
31722017301	METHYLPHENIDATE 5 MG TABLET	4	45.00	0.11	0.13720	10%-25% Below	No	No
31722017301	METHYLPHENIDATE 5 MG TABLET	6	45.00	0.11	0.13442	10%-25% Below	No	No
31722017301	METHYLPHENIDATE 5 MG TABLET	6	120.00	0.11	0.13442	10%-25% Below	No	No
31722017301	METHYLPHENIDATE 5 MG TABLET	7	45.00	0.11	0.13348	10%-25% Below	No	No
31722017301	METHYLPHENIDATE 5 MG TABLET	7	120.00	0.11	0.13348	10%-25% Below	No	No
31722017401	METHYLPHENIDATE 10 MG TABLET	4	30.00	0.10	0.16306	26%-50% Below	No	No
31722017401	METHYLPHENIDATE 10 MG TABLET	5	30.00	0.10	0.16210	26%-50% Below	No	No
31722017401	METHYLPHENIDATE 10 MG TABLET	5	60.00	0.10	0.16210	26%-50% Below	No	No
31722017401	METHYLPHENIDATE 10 MG TABLET	5	90.00	0.06	0.16210	51%-75% Below	No	No
31722017401	METHYLPHENIDATE 10 MG TABLET	6	30.00	0.10	0.16351	26%-50% Below	No	No
31722017401	METHYLPHENIDATE 10 MG TABLET	7	30.00	0.10	0.16870	26%-50% Below	No	No
31722017401	METHYLPHENIDATE 10 MG TABLET	7	60.00	0.10	0.16870	26%-50% Below	No	No
31722017501	METHYLPHENIDATE 20 MG TABLET	4	60.00	0.12	0.19617	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722017501	METHYLPHENIDATE 20 MG TABLET	5	30.00	0.12	0.20165	26%-50% Below	No	No
31722017501	METHYLPHENIDATE 20 MG TABLET	5	60.00	0.12	0.20165	26%-50% Below	No	No
31722017501	METHYLPHENIDATE 20 MG TABLET	6	30.00	0.12	0.20950	26%-50% Below	No	No
31722017501	METHYLPHENIDATE 20 MG TABLET	6	60.00	0.12	0.20950	26%-50% Below	No	No
31722017501	METHYLPHENIDATE 20 MG TABLET	7	60.00	0.12	0.21131	26%-50% Below	No	No
31722017501	METHYLPHENIDATE 20 MG TABLET	8	60.00	0.12	0.21015	26%-50% Below	No	No
31722018901	DEXTROAMP-AMPHET ER 25 MG CAP	5	30.00	4.60	0.54438	200% Above	No	No
31722018901	DEXTROAMP-AMPHET ER 25 MG CAP	6	30.00	4.60	0.54704	200% Above	No	No
31722018901	DEXTROAMP-AMPHET ER 25 MG CAP	7	30.00	4.60	0.51367	200% Above	No	No
31722019501	DEXTROAMP-AMPHET ER 30 MG CAP	4	28.00	1.01	0.55958	76%-100% Above	No	No
31722019501	DEXTROAMP-AMPHET ER 30 MG CAP	4	30.00	0.21	0.55958	51%-75% Below	Yes	No
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	5	30.00	3.50	0.54992	200% Above	No	No
31722019501	DEXTROAMP-AMPHET ER 30 MG CAP	5	60.00	3.50	0.54992	200% Above	No	No
31722019501	DEXTROAMP-AMPHET ER 30 MG CAP	5	90.00	3.50	0.54992	200% Above	No	No
31722019501	DEXTROAMP-AMPHET ER 30 MG CAP	6	30.00	3.50	0.52268	200% Above	No	No
31722019501	DEXTROAMP-AMPHET ER 30 MG CAP	6	60.00	3.50	0.52268	200% Above	No	No
31722019501	DEXTROAMP-AMPHET ER 30 MG CAP	7	30.00	3.50	0.47364	200% Above	No	No
31722019501	DEXTROAMP-AMPHET ER 30 MG CAP	12	28.00	1.10	0.46213	101%-200% Above	No	No
31722023001	DEXMETHYLPHENIDATE ER 10 MG CP	1	30.00	0.70	1.69780	51%-75% Below	No	No
31722023001	DEXMETHYLPHENIDATE ER 10 MG CP	3	30.00	0.70	1.54468	51%-75% Below	No	No
31722023001	DEXMETHYLPHENIDATE ER 10 MG CP	5	30.00	0.70	1.45667	51%-75% Below	No	No
31722023101	DEXMETHYLPHENIDATE ER 15 MG CP	3	30.00	0.54	0.91909	26%-50% Below	No	No
31722023101	DEXMETHYLPHENIDATE ER 15 MG CP	5	30.00	0.84	0.94127	10%-25% Below	No	No
31722023101	DEXMETHYLPHENIDATE ER 15 MG CP	5	30.00	0.84	0.94127	10%-25% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722023101	DEXMETHYLPHENIDATE ER 15 MG CP	6	30.00	0.50	0.92008	26%-50% Below	No	No
31722023201	DEXMETHYLPHENIDATE ER 20 MG CP	6	30.00	1.08	2.03051	26%-50% Below	No	No
31722024230	LAMOTRIGINE ER 100 MG TABLET	4	90.00	1.29	0.78895	51%-75% Above	Yes	No
31722024230	LAMOTRIGINE ER 100 MG TABLET	5	90.00	1.29	0.75676	51%-75% Above	Yes	No
31722024230	LAMOTRIGINE ER 100 MG TABLET	6	90.00	1.29	0.67899	76%-100% Above	Yes	No
31722025201	ALLOPURINOL 100 MG TABLET	6	90.00	0.18	0.03337	200% Above	No	No
31722025201	ALLOPURINOL 100 MG TABLET	8	30.00	0.08	0.03170	101%-200% Above	No	No
31722025210	ALLOPURINOL 100 MG TABLET	4	90.00	0.08	0.03304	101%-200% Above	No	No
31722025210	ALLOPURINOL 100 MG TABLET	6	90.00	0.08	0.03337	101%-200% Above	No	No
31722025210	ALLOPURINOL 100 MG TABLET	6	180.00	0.08	0.03337	101%-200% Above	No	No
31722025210	ALLOPURINOL 100 MG TABLET	7	90.00	0.08	0.03288	101%-200% Above	No	No
31722025305	ALLOPURINOL 300 MG TABLET	4	30.00	0.12	0.05520	101%-200% Above	No	No
31722025305	ALLOPURINOL 300 MG TABLET	5	90.00	0.12	0.05631	101%-200% Above	No	No
31722025305	ALLOPURINOL 300 MG TABLET	5	90.00	0.22	0.05631	200% Above	Yes	No
31722025305	ALLOPURINOL 300 MG TABLET	6	30.00	0.12	0.05671	101%-200% Above	No	No
31722025305	ALLOPURINOL 300 MG TABLET	6	90.00	0.12	0.05671	101%-200% Above	No	No
31722025305	ALLOPURINOL 300 MG TABLET	7	30.00	0.12	0.05588	101%-200% Above	No	No
31722025305	ALLOPURINOL 300 MG TABLET	7	90.00	0.03	0.05588	26%-50% Below	No	No
31722025305	ALLOPURINOL 300 MG TABLET	7	90.00	0.12	0.05588	101%-200% Above	No	No
31722025305	ALLOPURINOL 300 MG TABLET	8	30.00	0.12	0.05464	101%-200% Above	No	No
31722025310	ALLOPURINOL 300 MG TABLET	4	90.00	0.12	0.05520	101%-200% Above	No	No
31722025310	ALLOPURINOL 300 MG TABLET	6	90.00	0.12	0.05671	101%-200% Above	No	No
31722025310	ALLOPURINOL 300 MG TABLET	7	90.00	0.12	0.05588	101%-200% Above	No	No
31722025310	ALLOPURINOL 300 MG TABLET	8	90.00	0.36	0.05464	200% Above	No	No
31722035001	LISDEXAMFETAMINE 10 MG CAPSULE	5	30.00	7.96	2.99614	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722035101	LISDEXAMFETAMINE 20 MG CAPSULE	4	30.00	7.96	2.55885	200% Above	No	No
31722035101	LISDEXAMFETAMINE 20 MG CAPSULE	5	30.00	1.46	2.73182	26%-50% Below	No	No
31722035101	LISDEXAMFETAMINE 20 MG CAPSULE	6	30.00	1.50	2.81237	26%-50% Below	No	No
31722035101	LISDEXAMFETAMINE 20 MG CAPSULE	7	30.00	1.50	2.74547	26%-50% Below	No	No
31722035101	LISDEXAMFETAMINE 20 MG CAPSULE	7	30.00	1.55	2.74547	26%-50% Below	No	No
31722035201	LISDEXAMFETAMINE 30 MG CAPSULE	4	30.00	6.84	3.04859	101%-200% Above	No	No
31722035201	LISDEXAMFETAMINE 30 MG CAPSULE	4	60.00	7.96	3.04859	101%-200% Above	No	No
31722035201	LISDEXAMFETAMINE 30 MG CAPSULE	6	30.00	1.68	3.03663	26%-50% Below	No	No
31722035201	LISDEXAMFETAMINE 30 MG CAPSULE	6	60.00	1.72	3.03663	26%-50% Below	No	No
31722035201	LISDEXAMFETAMINE 30 MG CAPSULE	7	30.00	1.72	2.76686	26%-50% Below	No	No
31722035201	LISDEXAMFETAMINE 30 MG CAPSULE	8	30.00	1.72	2.66398	26%-50% Below	No	No
31722035201	LISDEXAMFETAMINE 30 MG CAPSULE	8	60.00	1.72	2.66398	26%-50% Below	No	No
31722035301	LISDEXAMFETAMINE 40 MG CAPSULE	4	30.00	7.96	2.93842	101%-200% Above	No	No
31722035301	LISDEXAMFETAMINE 40 MG CAPSULE	6	30.00	0.33	2.81679	76%-100% Below	No	No
31722035301	LISDEXAMFETAMINE 40 MG CAPSULE	6	30.00	1.23	2.81679	51%-75% Below	No	No
31722035301	LISDEXAMFETAMINE 40 MG CAPSULE	7	30.00	1.61	2.72415	26%-50% Below	No	No
31722035301	LISDEXAMFETAMINE 40 MG CAPSULE	8	30.00	1.61	2.62982	26%-50% Below	No	No
31722035401	LISDEXAMFETAMINE 50 MG CAPSULE	4	30.00	1.70	2.79284	26%-50% Below	No	No
31722035401	LISDEXAMFETAMINE 50 MG CAPSULE	4	30.00	7.96	2.79284	101%-200% Above	No	No
31722035401	LISDEXAMFETAMINE 50 MG CAPSULE	5	30.00	1.56	2.84456	26%-50% Below	No	No
31722035401	LISDEXAMFETAMINE 50 MG CAPSULE	6	30.00	1.56	2.88660	26%-50% Below	No	No
31722035401	LISDEXAMFETAMINE 50 MG CAPSULE	6	30.00	1.56	2.88660	26%-50% Below	No	No
31722035401	LISDEXAMFETAMINE 50 MG CAPSULE	6	30.00	2.47	2.88660	10%-25% Below	No	No
31722035401	LISDEXAMFETAMINE 50 MG CAPSULE	7	30.00	0.50	2.76500	76%-100% Below	No	No
31722035401	LISDEXAMFETAMINE 50 MG CAPSULE	7	30.00	1.59	2.76500	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722035401	LISDEXAMFETAMINE 50 MG CAPSULE	7	30.00	2.47	2.76500	10%-25% Below	No	No
31722035401	LISDEXAMFETAMINE 50 MG CAPSULE	8	30.00	1.59	2.70424	26%-50% Below	No	No
31722035501	LISDEXAMFETAMINE 60 MG CAPSULE	4	30.00	7.96	2.94866	101%-200% Above	No	No
31722035501	LISDEXAMFETAMINE 60 MG CAPSULE	5	30.00	1.62	2.97003	26%-50% Below	No	No
31722035501	LISDEXAMFETAMINE 60 MG CAPSULE	6	30.00	1.63	2.97451	26%-50% Below	No	No
31722035501	LISDEXAMFETAMINE 60 MG CAPSULE	7	30.00	1.64	2.86472	26%-50% Below	No	No
31722035601	LISDEXAMFETAMINE 70 MG CAPSULE	5	30.00	1.58	2.97495	26%-50% Below	No	No
31722035601	LISDEXAMFETAMINE 70 MG CAPSULE	5	30.00	1.61	2.97495	26%-50% Below	No	No
31722035601	LISDEXAMFETAMINE 70 MG CAPSULE	6	30.00	5.32	2.92336	76%-100% Above	No	No
31722035601	LISDEXAMFETAMINE 70 MG CAPSULE	7	30.00	5.32	2.81172	76%-100% Above	No	No
31722040460	LUBIPROSTONE 24 MCG CAPSULE	7	180.00	1.30	0.63045	101%-200% Above	No	No
31722042405	ATORVASTATIN 10 MG TABLET	4	30.00	0.18	0.02483	200% Above	No	No
31722042405	ATORVASTATIN 10 MG TABLET	4	90.00	0.01	0.02483	51%-75% Below	No	No
31722042405	ATORVASTATIN 10 MG TABLET	5	30.00	0.18	0.02497	200% Above	No	No
31722042405	ATORVASTATIN 10 MG TABLET	5	90.00	0.18	0.02497	200% Above	No	No
31722042405	ATORVASTATIN 10 MG TABLET	6	30.00	0.18	0.02452	200% Above	No	No
31722042405	ATORVASTATIN 10 MG TABLET	7	90.00	0.01	0.02403	76%-100% Below	No	No
31722042405	ATORVASTATIN 10 MG TABLET	8	30.00	0.18	0.02325	200% Above	No	No
31722042405	ATORVASTATIN 10 MG TABLET	8	90.00	0.18	0.02325	200% Above	No	No
31722042410	ATORVASTATIN 10 MG TABLET	5	30.00	0.01	0.02497	76%-100% Below	No	No
31722042410	ATORVASTATIN 10 MG TABLET	6	30.00	0.01	0.02452	51%-75% Below	No	No
31722042410	ATORVASTATIN 10 MG TABLET	7	30.00	0.01	0.02403	51%-75% Below	No	No
31722042410	ATORVASTATIN 10 MG TABLET	8	30.00	0.01	0.02325	51%-75% Below	No	No
31722042505	ATORVASTATIN 20 MG TABLET	4	30.00	0.27	0.02872	200% Above	No	No
31722042505	ATORVASTATIN 20 MG TABLET	4	90.00	0.01	0.02872	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.27	0.02872	200% Above	No	No
31722042505	ATORVASTATIN 20 MG TABLET	5	90.00	0.01	0.02902	51%-75% Below	No	No
31722042505	ATORVASTATIN 20 MG TABLET	6	30.00	0.27	0.02851	200% Above	No	No
31722042505	ATORVASTATIN 20 MG TABLET	6	90.00	0.27	0.02851	200% Above	No	No
31722042505	ATORVASTATIN 20 MG TABLET	7	30.00	0.27	0.02795	200% Above	No	No
31722042505	ATORVASTATIN 20 MG TABLET	8	30.00	0.27	0.02762	200% Above	No	No
31722042505	ATORVASTATIN 20 MG TABLET	8	90.00	0.27	0.02762	200% Above	No	No
31722042510	ATORVASTATIN 20 MG TABLET	4	90.00	0.27	0.02872	200% Above	No	No
31722042510	ATORVASTATIN 20 MG TABLET	5	30.00	0.01	0.02902	51%-75% Below	No	No
31722042510	ATORVASTATIN 20 MG TABLET	5	30.00	0.27	0.02902	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	4	90.00	0.12	0.03828	200% Above	No	No
31722042605	ATORVASTATIN 40 MG TABLET	5	30.00	0.12	0.03824	200% Above	No	No
31722042605	ATORVASTATIN 40 MG TABLET	5	30.00	0.14	0.03824	200% Above	No	No
31722042605	ATORVASTATIN 40 MG TABLET	5	90.00	0.10	0.03824	101%-200% Above	No	No
31722042605	ATORVASTATIN 40 MG TABLET	5	90.00	0.12	0.03824	200% Above	No	No
31722042605	ATORVASTATIN 40 MG TABLET	6	30.00	0.12	0.03787	200% Above	No	No
31722042605	ATORVASTATIN 40 MG TABLET	7	30.00	0.14	0.03739	200% Above	No	No
31722042610	ATORVASTATIN 40 MG TABLET	4	30.00	0.12	0.03828	200% Above	No	No
31722042610	ATORVASTATIN 40 MG TABLET	5	30.00	0.12	0.03824	200% Above	No	No
31722042610	ATORVASTATIN 40 MG TABLET	6	30.00	0.12	0.03787	200% Above	No	No
31722042610	ATORVASTATIN 40 MG TABLET	7	30.00	0.12	0.03739	200% Above	No	No
31722042610	ATORVASTATIN 40 MG TABLET	7	90.00	0.12	0.03739	200% Above	No	No
31722042610	ATORVASTATIN 40 MG TABLET	7	90.00	0.16	0.03739	200% Above	No	No
31722042610	ATORVASTATIN 40 MG TABLET	8	30.00	0.12	0.03704	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722042690	ATORVASTATIN 40 MG TABLET	8	30.00	0.14	0.03704	200% Above	No	No
31722042690	ATORVASTATIN 40 MG TABLET	8	90.00	0.12	0.03704	200% Above	No	No
31722042705	ATORVASTATIN 80 MG TABLET	4	90.00	0.17	0.07075	101%-200% Above	No	No
31722042705	ATORVASTATIN 80 MG TABLET	5	90.00	0.14	0.07062	76%-100% Above	No	No
31722042705	ATORVASTATIN 80 MG TABLET	6	90.00	0.15	0.07002	101%-200% Above	No	No
31722042705	ATORVASTATIN 80 MG TABLET	7	90.00	0.17	0.06918	101%-200% Above	No	No
31722042705	ATORVASTATIN 80 MG TABLET	8	90.00	0.02	0.06924	76%-100% Below	No	No
31722044431	ELETRIPTAN HBR 40 MG TABLET	5	12.00	2.14	1.85264	10%-25% Above	Yes	No
31722044431	ELETRIPTAN HBR 40 MG TABLET	5	12.00	6.46	1.85264	200% Above	Yes	No
31722044431	ELETRIPTAN HBR 40 MG TABLET	8	12.00	2.14	1.90922	10%-25% Above	Yes	No
31722044530	AMLODIPINE-OLMESARTAN 5-20 MG	5	30.00	0.33	0.24237	26%-50% Above	No	No
31722044530	AMLODIPINE-OLMESARTAN 5-20 MG	7	30.00	0.33	0.24450	26%-50% Above	No	No
31722044690	AMLODIPINE-OLMESARTAN 5-40 MG	6	90.00	1.14	0.29336	200% Above	No	No
31722044730	AMLODIPINE-OLMESARTAN 10-20 MG	5	90.00	0.62	0.29530	101%-200% Above	No	No
31722044830	AMLODIPINE-OLMESARTAN 10-40 MG	7	30.00	1.06	0.32945	200% Above	No	No
31722048401	OXYCODONE HCL (IR) 5 MG TABLET	8	28.00	0.05	0.08652	26%-50% Below	No	No
31722052001	HYDRALAZINE 25 MG TABLET	5	60.00	0.05	0.03558	26%-50% Above	No	No
31722052001	HYDRALAZINE 25 MG TABLET	5	90.00	0.04	0.03558	10%-25% Above	No	No
31722052001	HYDRALAZINE 25 MG TABLET	7	180.00	0.04	0.03537	10%-25% Above	No	No
31722052010	HYDRALAZINE 25 MG TABLET	7	90.00	0.07	0.03537	76%-100% Above	No	No
31722052010	HYDRALAZINE 25 MG TABLET	7	270.00	0.05	0.03537	26%-50% Above	No	No
31722052010	HYDRALAZINE 25 MG TABLET	8	90.00	0.07	0.03559	76%-100% Above	No	No
31722052101	HYDRALAZINE 50 MG TABLET	4	270.00	0.04	0.04503	10%-25% Below	No	No
31722052110	HYDRALAZINE 50 MG TABLET	6	270.00	0.06	0.04564	10%-25% Above	No	No
31722052110	HYDRALAZINE 50 MG TABLET	8	270.00	0.06	0.04551	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	180.00	0.05	0.07605	26%-50% Below	No	No
31722052201	HYDRALAZINE 100 MG TABLET	5	180.00	0.05	0.07595	26%-50% Below	Yes	No
31722052201	HYDRALAZINE 100 MG TABLET	6	180.00	0.05	0.07565	26%-50% Below	No	No
31722052201	HYDRALAZINE 100 MG TABLET	6	270.00	0.15	0.07565	76%-100% Above	No	No
31722052201	HYDRALAZINE 100 MG TABLET	7	180.00	0.05	0.07656	26%-50% Below	No	No
31722052201	HYDRALAZINE 100 MG TABLET	8	180.00	0.05	0.07458	26%-50% Below	Yes	No
31722052510	FINASTERIDE 5 MG TABLET	5	90.00	0.14	0.06945	76%-100% Above	No	No
31722052510	FINASTERIDE 5 MG TABLET	6	90.00	0.11	0.06886	51%-75% Above	No	No
31722052510	FINASTERIDE 5 MG TABLET	7	90.00	0.10	0.06822	26%-50% Above	No	No
31722052530	FINASTERIDE 5 MG TABLET	5	90.00	0.17	0.06945	101%-200% Above	No	No
31722052530	FINASTERIDE 5 MG TABLET	8	90.00	0.17	0.06839	101%-200% Above	No	No
31722052901	TORSEMIDE 5 MG TABLET	4	90.00	0.13	0.06082	101%-200% Above	No	No
31722052901	TORSEMIDE 5 MG TABLET	7	90.00	0.13	0.06375	76%-100% Above	No	No
31722053101	TORSEMIDE 20 MG TABLET	4	30.00	0.10	0.07330	26%-50% Above	Yes	No
31722053101	TORSEMIDE 20 MG TABLET	4	90.00	0.10	0.07330	26%-50% Above	Yes	No
31722053101	TORSEMIDE 20 MG TABLET	4	90.00	0.12	0.07330	51%-75% Above	Yes	No
31722053101	TORSEMIDE 20 MG TABLET	5	30.00	0.10	0.07294	26%-50% Above	Yes	No
31722053101	TORSEMIDE 20 MG TABLET	5	60.00	0.13	0.07294	51%-75% Above	No	No
31722053101	TORSEMIDE 20 MG TABLET	5	90.00	0.10	0.07294	26%-50% Above	No	No
31722053101	TORSEMIDE 20 MG TABLET	5	90.00	0.13	0.07294	51%-75% Above	No	No
31722053101	TORSEMIDE 20 MG TABLET	6	180.00	0.01	0.07074	76%-100% Below	No	No
31722053101	TORSEMIDE 20 MG TABLET	6	180.00	0.10	0.07074	26%-50% Above	No	No
31722053101	TORSEMIDE 20 MG TABLET	6	360.00	0.10	0.07074	26%-50% Above	Yes	No
31722053101	TORSEMIDE 20 MG TABLET	7	60.00	0.01	0.06828	76%-100% Below	No	No
31722053101	TORSEMIDE 20 MG TABLET	7	90.00	0.12	0.06828	51%-75% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722053101	TORSEMIDE 20 MG TABLET	8	60.00	0.10	0.06502	26%-50% Above	No	No
31722053101	TORSEMIDE 20 MG TABLET	8	90.00	0.05	0.06502	10%-25% Below	Yes	No
31722053101	TORSEMIDE 20 MG TABLET	8	90.00	0.09	0.06502	26%-50% Above	Yes	No
31722053301	METHOCARBAMOL 500 MG TABLET	4	9.00	0.08	0.03758	101%-200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	4	10.00	0.06	0.03758	51%-75% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	4	20.00	0.08	0.03758	101%-200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	4	56.00	0.08	0.03758	101%-200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	5	12.00	0.08	0.03809	101%-200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	5	14.00	0.05	0.03809	26%-50% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	5	20.00	0.05	0.03809	26%-50% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	5	20.00	0.08	0.03809	76%-100% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	5	90.00	0.08	0.03809	76%-100% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	6	15.00	0.08	0.03897	76%-100% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	6	21.00	0.08	0.03897	76%-100% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	6	30.00	0.03	0.03897	10%-25% Below	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	6	30.00	0.08	0.03897	76%-100% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	6	40.00	0.08	0.03897	76%-100% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	6	45.00	0.08	0.03897	76%-100% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	6	60.00	0.08	0.03897	76%-100% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	6	90.00	0.02	0.03897	26%-50% Below	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	6	360.00	0.02	0.03897	51%-75% Below	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	7	15.00	0.08	0.03958	76%-100% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	7	30.00	0.08	0.03958	76%-100% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	7	40.00	0.08	0.03958	76%-100% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	7	42.00	0.02	0.03958	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	15.00	0.02	0.03970	51%-75% Below	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	8	40.00	0.03	0.03970	26%-50% Below	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	4	90.00	0.07	0.03758	76%-100% Above	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	4	180.00	0.08	0.03758	101%-200% Above	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	5	20.00	0.08	0.03809	76%-100% Above	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	5	21.00	0.03	0.03809	10%-25% Below	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	5	40.00	0.08	0.03809	76%-100% Above	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	5	56.00	0.08	0.03809	76%-100% Above	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	5	90.00	0.08	0.03809	76%-100% Above	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	6	28.00	0.08	0.03897	76%-100% Above	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	6	30.00	0.08	0.03897	76%-100% Above	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	6	40.00	0.08	0.03897	76%-100% Above	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	6	45.00	0.08	0.03897	76%-100% Above	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	6	90.00	0.07	0.03897	76%-100% Above	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	6	90.00	0.08	0.03897	76%-100% Above	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	6	135.00	0.02	0.03897	51%-75% Below	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	6	180.00	0.08	0.03897	76%-100% Above	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	7	20.00	0.08	0.03958	76%-100% Above	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	7	24.00	0.08	0.03958	76%-100% Above	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	7	30.00	0.08	0.03958	76%-100% Above	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	7	180.00	0.08	0.03958	76%-100% Above	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	8	20.00	0.08	0.03970	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	40.00	0.09	0.04232	101%-200% Above	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	4	260.00	0.02	0.04232	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722053401	METHOCARBAMOL 750 MG TABLET	5	30.00	0.03	0.04244	10%-25% Below	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	5	30.00	0.09	0.04244	101%-200% Above	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	5	90.00	0.03	0.04244	26%-50% Below	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	6	60.00	0.03	0.04286	26%-50% Below	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	6	90.00	0.09	0.04286	76%-100% Above	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	6	100.00	0.03	0.04286	26%-50% Below	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	6	180.00	0.02	0.04286	26%-50% Below	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	6	180.00	0.09	0.04286	76%-100% Above	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	7	10.00	0.09	0.04291	76%-100% Above	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	7	30.00	0.03	0.04291	10%-25% Below	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	7	42.00	0.09	0.04291	76%-100% Above	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	8	21.00	0.04	0.04237	10%-25% Below	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	30.00	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	5	21.00	0.09	0.04244	101%-200% Above	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	5	60.00	0.09	0.04244	101%-200% Above	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	5	90.00	0.03	0.04244	26%-50% Below	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	5	90.00	0.09	0.04244	101%-200% Above	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	6	20.00	0.01	0.04286	76%-100% Below	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	6	21.00	0.09	0.04286	76%-100% Above	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	6	42.00	0.09	0.04286	76%-100% Above	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	6	90.00	0.09	0.04286	76%-100% Above	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	6	180.00	0.09	0.04286	76%-100% Above	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	7	40.00	0.09	0.04291	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	60.00	0.09	0.04291	76%-100% Above	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	7	90.00	0.01	0.04291	76%-100% Below	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	7	90.00	0.09	0.04291	76%-100% Above	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	8	21.00	0.09	0.04237	101%-200% Above	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	8	42.00	0.09	0.04237	101%-200% Above	No	No
31722053705	LEVETIRACETAM 500 MG TABLET	5	180.00	0.11	0.07804	26%-50% Above	No	No
31722053705	LEVETIRACETAM 500 MG TABLET	8	180.00	0.10	0.07391	26%-50% Above	No	No
31722053812	LEVETIRACETAM 750 MG TABLET	7	360.00	0.01	0.11324	76%-100% Below	No	No
31722053812	LEVETIRACETAM 750 MG TABLET	8	180.00	0.17	0.11054	26%-50% Above	No	No
31722053960	LEVETIRACETAM 1,000 MG TABLET	4	180.00	0.12	0.16425	26%-50% Below	No	No
31722053960	LEVETIRACETAM 1,000 MG TABLET	5	180.00	0.12	0.16303	26%-50% Below	No	No
31722053960	LEVETIRACETAM 1,000 MG TABLET	6	180.00	0.09	0.15811	26%-50% Below	Yes	No
31722053960	LEVETIRACETAM 1,000 MG TABLET	7	60.00	0.12	0.15522	10%-25% Below	No	No
31722053960	LEVETIRACETAM 1,000 MG TABLET	8	60.00	0.12	0.15657	10%-25% Below	No	No
31722054301	INDOMETHACIN 50 MG CAPSULE	6	60.00	0.09	0.12831	26%-50% Below	Yes	No
31722054301	INDOMETHACIN 50 MG CAPSULE	6	90.00	0.05	0.12831	51%-75% Below	Yes	No
31722054301	INDOMETHACIN 50 MG CAPSULE	7	12.00	0.12	0.13526	10%-25% Below	Yes	No
31722054301	INDOMETHACIN 50 MG CAPSULE	7	60.00	0.09	0.13526	26%-50% Below	Yes	No
31722054301	INDOMETHACIN 50 MG CAPSULE	7	60.00	0.12	0.13526	10%-25% Below	No	No
31722054301	INDOMETHACIN 50 MG CAPSULE	8	30.00	0.11	0.13534	10%-25% Below	Yes	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	3	30.00	0.16	0.06228	101%-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	4	90.00	0.08	0.05470	26%-50% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	5	30.00	0.08	0.05427	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	90.00	0.08	0.05427	26%-50% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	6	30.00	0.01	0.05338	76%-100% Below	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	6	30.00	0.08	0.05338	26%-50% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	6	30.00	0.31	0.05338	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	6	90.00	0.08	0.05338	26%-50% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	6	90.00	0.22	0.05338	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	6	90.00	0.22	0.05338	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	7	30.00	0.08	0.05181	26%-50% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	7	30.00	0.31	0.05181	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	7	90.00	0.08	0.05181	26%-50% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	7	90.00	0.08	0.05181	26%-50% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	7	90.00	0.09	0.05181	76%-100% Above	Yes	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	7	90.00	0.22	0.05181	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	7	90.00	0.22	0.05181	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	8	30.00	0.08	0.05170	26%-50% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	8	90.00	0.08	0.05170	26%-50% Above	No	No
31722056501	INDOMETHACIN ER 75 MG CAPSULE	6	14.00	0.16	0.21209	26%-50% Below	Yes	No
31722056560	INDOMETHACIN ER 75 MG CAPSULE	4	30.00	0.16	0.20946	10%-25% Below	No	No
31722056560	INDOMETHACIN ER 75 MG CAPSULE	5	30.00	0.16	0.22303	26%-50% Below	No	No
31722056560	INDOMETHACIN ER 75 MG CAPSULE	6	30.00	0.16	0.21209	26%-50% Below	No	No
31722056560	INDOMETHACIN ER 75 MG CAPSULE	7	30.00	0.16	0.20640	10%-25% Below	No	No
31722057030	LANSOPRAZOLE DR 15 MG CAPSULE	5	90.00	0.15	0.17331	10%-25% Below	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	1	120.00	0.00	0.02770	76%-100% Below	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	1	120.00	0.01	0.02770	51%-75% Below	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	1	120.00	0.04	0.03132	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722057447	LEVETIRACETAM 100 MG/ML SOLN	2	120.00	0.01	0.02966	51%-75% Below	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	2	120.00	0.04	0.03078	26%-50% Above	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	3	120.00	0.00	0.03346	76%-100% Below	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	3	120.00	0.02	0.03118	26%-50% Below	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	4	120.00	0.02	0.03077	26%-50% Below	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	4	300.00	0.04	0.03022	26%-50% Above	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	5	120.00	0.00	0.02637	76%-100% Below	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	5	120.00	0.02	0.03076	26%-50% Below	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	5	300.00	0.04	0.03031	26%-50% Above	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	6	120.00	0.00	0.03155	76%-100% Below	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	6	120.00	0.02	0.03062	26%-50% Below	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	6	300.00	0.04	0.03007	26%-50% Above	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	7	120.00	0.00	0.02827	76%-100% Below	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	7	120.00	0.01	0.03060	51%-75% Below	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	7	120.00	0.02	0.03060	26%-50% Below	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	7	300.00	0.04	0.03022	26%-50% Above	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	8	120.00	0.00	0.03144	76%-100% Below	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	8	120.00	0.01	0.03058	51%-75% Below	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	8	300.00	0.04	0.03013	26%-50% Above	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	9	120.00	0.00	0.03153	76%-100% Below	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	9	120.00	0.01	0.03052	51%-75% Below	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	10	120.00	0.00	0.03121	76%-100% Below	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	10	120.00	0.01	0.03095	51%-75% Below	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	11	120.00	0.00	0.02483	76%-100% Below	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	11	120.00	0.01	0.03138	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722057447	LEVETIRACETAM 100 MG/ML SOLN	12	120.00	0.00	0.02766	76%-100% Below	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	12	120.00	0.01	0.03163	51%-75% Below	No	No
31722058530	NEBIVOLOL 2.5 MG TABLET	5	90.00	0.22	0.11984	76%-100% Above	Yes	No
31722058530	NEBIVOLOL 2.5 MG TABLET	6	90.00	0.22	0.12175	76%-100% Above	Yes	No
31722058530	NEBIVOLOL 2.5 MG TABLET	7	14.00	0.35	0.12210	101%-200% Above	Yes	No
31722058530	NEBIVOLOL 2.5 MG TABLET	7	90.00	0.16	0.12210	26%-50% Above	Yes	No
31722058630	NEBIVOLOL 5 MG TABLET	5	30.00	0.31	0.10096	200% Above	Yes	No
31722058630	NEBIVOLOL 5 MG TABLET	5	90.00	0.31	0.10096	200% Above	Yes	No
31722058630	NEBIVOLOL 5 MG TABLET	6	30.00	0.31	0.10425	101%-200% Above	Yes	No
31722058630	NEBIVOLOL 5 MG TABLET	6	90.00	0.31	0.10425	101%-200% Above	No	No
31722058630	NEBIVOLOL 5 MG TABLET	7	90.00	0.31	0.10520	101%-200% Above	Yes	No
31722058630	NEBIVOLOL 5 MG TABLET	8	90.00	0.21	0.11194	76%-100% Above	Yes	No
31722058690	NEBIVOLOL 5 MG TABLET	7	90.00	0.50	0.10520	200% Above	No	No
31722058730	NEBIVOLOL 10 MG TABLET	4	90.00	0.33	0.13645	101%-200% Above	Yes	No
31722058730	NEBIVOLOL 10 MG TABLET	5	90.00	0.33	0.14023	101%-200% Above	Yes	No
31722058730	NEBIVOLOL 10 MG TABLET	6	90.00	0.16	0.14736	10%-25% Above	Yes	No
31722058730	NEBIVOLOL 10 MG TABLET	6	90.00	0.22	0.14736	26%-50% Above	Yes	No
31722058730	NEBIVOLOL 10 MG TABLET	7	90.00	0.44	0.14505	200% Above	Yes	No
31722058730	NEBIVOLOL 10 MG TABLET	8	90.00	0.33	0.14378	101%-200% Above	Yes	No
31722058830	NEBIVOLOL 20 MG TABLET	4	90.00	0.09	0.18343	51%-75% Below	Yes	No
31722058830	NEBIVOLOL 20 MG TABLET	5	90.00	0.22	0.18414	10%-25% Above	No	No
31722058830	NEBIVOLOL 20 MG TABLET	6	90.00	0.44	0.18387	101%-200% Above	Yes	No
31722058830	NEBIVOLOL 20 MG TABLET	7	90.00	0.09	0.18196	26%-50% Below	Yes	No
31722058830	NEBIVOLOL 20 MG TABLET	8	90.00	0.22	0.17833	10%-25% Above	No	No
31722059010	METOPROLOL SUCC ER 50 MG TAB	7	90.00	0.16	0.05874	101%-200% Above	No	No

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31722059010	METOPROLOL SUCC ER 50 MG TAB	8	30.00	0.21	0.05705	200% Above	No	No
31722059110	METOPROLOL SUCC ER 100 MG TAB	5	90.00	0.15	0.08603	76%-100% Above	No	No
31722059590	FENOFIBRATE 48 MG TABLET	8	90.00	0.14	0.08136	51%-75% 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	5	30.00	0.27	0.11985	101%-200% Above	No	No
31722059690	FENOFIBRATE 145 MG TABLET	5	30.00	0.30	0.11985	101%-200% Above	No	No
31722059690	FENOFIBRATE 145 MG TABLET	5	90.00	0.27	0.11985	101%-200% Above	No	No
31722059690	FENOFIBRATE 145 MG TABLET	6	30.00	0.27	0.11983	101%-200% Above	No	No
31722059690	FENOFIBRATE 145 MG TABLET	6	30.00	0.30	0.11983	101%-200% Above	No	No
31722059690	FENOFIBRATE 145 MG TABLET	6	90.00	0.27	0.11983	101%-200% Above	No	No
31722059690	FENOFIBRATE 145 MG TABLET	6	90.00	0.27	0.11983	101%-200% Above	No	No
31722059690	FENOFIBRATE 145 MG TABLET	7	30.00	0.30	0.11977	101%-200% Above	No	No
31722059690	FENOFIBRATE 145 MG TABLET	7	90.00	0.27	0.11977	101%-200% Above	No	No
31722059690	FENOFIBRATE 145 MG TABLET	8	30.00	0.30	0.12141	101%-200% Above	No	No
31722059690	FENOFIBRATE 145 MG TABLET	8	90.00	0.27	0.12141	101%-200% Above	No	No
31722061090	PREGABALIN 25 MG CAPSULE	6	30.00	0.31	0.04276	200% Above	No	No
31722061105	PREGABALIN 50 MG CAPSULE	6	120.00	0.03	0.04634	26%-50% Below	No	No
31722061105	PREGABALIN 50 MG CAPSULE	7	30.00	0.04	0.04604	10%-25% Below	No	No
31722061190	PREGABALIN 50 MG CAPSULE	5	60.00	0.03	0.04588	26%-50% Below	No	No
31722061305	PREGABALIN 100 MG CAPSULE	5	270.00	0.31	0.05320	200% Above	No	No
31722061305	PREGABALIN 100 MG CAPSULE	7	360.00	0.31	0.05293	200% Above	No	No
31722061490	PREGABALIN 150 MG CAPSULE	6	90.00	0.03	0.05050	26%-50% Below	No	No
31722061790	PREGABALIN 300 MG CAPSULE	4	60.00	0.30	0.06604	200% Above	No	No
31722061790	PREGABALIN 300 MG CAPSULE	5	60.00	0.30	0.06523	200% Above	No	No
31722062805	EZETIMIBE 10 MG TABLET	4	30.00	0.30	0.07238	200% Above	No	No

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31722062805	EZETIMIBE 10 MG TABLET	5	30.00	0.30	0.07149	200% Above	No	No
31722062805	EZETIMIBE 10 MG TABLET	5	45.00	0.30	0.07149	200% Above	No	No
31722062805	EZETIMIBE 10 MG TABLET	6	30.00	0.30	0.06910	200% Above	No	No
31722062805	EZETIMIBE 10 MG TABLET	7	30.00	0.30	0.06719	200% Above	No	No
31722062805	EZETIMIBE 10 MG TABLET	8	30.00	0.30	0.06747	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	5	90.00	0.30	0.07149	200% Above	No	No
31722062890	EZETIMIBE 10 MG TABLET	6	90.00	0.30	0.06910	200% Above	No	No
31722062890	EZETIMIBE 10 MG TABLET	6	90.00	0.33	0.06910	200% Above	No	No
31722062890	EZETIMIBE 10 MG TABLET	7	30.00	0.30	0.06719	200% Above	No	No
31722062890	EZETIMIBE 10 MG TABLET	7	90.00	0.30	0.06719	200% Above	No	No
31722062890	EZETIMIBE 10 MG TABLET	7	90.00	0.33	0.06719	200% Above	No	No
31722062890	EZETIMIBE 10 MG TABLET	8	30.00	0.30	0.06747	200% Above	No	No
31722062890	EZETIMIBE 10 MG TABLET	8	90.00	0.30	0.06747	200% Above	No	No
31722062890	EZETIMIBE 10 MG TABLET	8	90.00	0.33	0.06747	200% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	1.13	1.37629	10%-25% Below	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	4	10.00	1.18	0.88807	26%-50% 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	5	5.00	1.06	0.85931	10%-25% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	5	10.00	1.28	0.85931	26%-50% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	6	10.00	1.78	0.82731	101%-200% Above	No	No
31722063630	SILODOSIN 8 MG CAPSULE	4	90.00	0.57	0.32091	76%-100% Above	No	No
31722063630	SILODOSIN 8 MG CAPSULE	7	90.00	0.57	0.30821	76%-100% Above	No	No
31722064430	TADALAFIL 5 MG TABLET	7	90.00	0.69	0.10144	200% Above	No	No
31722065931	LEVOCETIRIZINE 2.5 MG/5 ML SOL	5	35.00	0.20	0.14985	26%-50% Above	No	No

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31722066490	ESOMEPRAZOLE MAG DR 20 MG CAP	6	90.00	0.21	0.16044	26%-50% Above	Yes	No
31722066510	ESOMEPRAZOLE MAG DR 40 MG CAP	4	90.00	0.42	0.13636	200% Above	No	No
31722066510	ESOMEPRAZOLE MAG DR 40 MG CAP	5	30.00	0.42	0.13164	200% Above	No	No
31722066510	ESOMEPRAZOLE MAG DR 40 MG CAP	6	30.00	0.42	0.12657	200% Above	No	No
31722066510	ESOMEPRAZOLE MAG DR 40 MG CAP	6	90.00	0.42	0.12657	200% Above	No	No
31722066510	ESOMEPRAZOLE MAG DR 40 MG CAP	7	30.00	0.42	0.12037	200% Above	No	No
31722066510	ESOMEPRAZOLE MAG DR 40 MG CAP	7	90.00	0.42	0.12037	200% Above	No	No
31722066510	ESOMEPRAZOLE MAG DR 40 MG CAP	8	30.00	0.42	0.11802	200% Above	No	No
31722066510	ESOMEPRAZOLE MAG DR 40 MG CAP	8	90.00	0.42	0.11802	200% Above	No	No
31722066530	ESOMEPRAZOLE MAG DR 40 MG CAP	4	90.00	0.42	0.13636	200% Above	No	No
31722066530	ESOMEPRAZOLE MAG DR 40 MG CAP	5	90.00	0.44	0.13164	200% Above	No	No
31722066530	ESOMEPRAZOLE MAG DR 40 MG CAP	6	30.00	0.42	0.12657	200% Above	No	No
31722066530	ESOMEPRAZOLE MAG DR 40 MG CAP	6	90.00	0.42	0.12657	200% Above	No	No
31722066590	ESOMEPRAZOLE MAG DR 40 MG CAP	6	90.00	0.32	0.12657	101%-200% Above	Yes	No
31722067632	ROFLUMILAST 250 MCG TABLET	5	60.00	0.50	1.94836	51%-75% Below	No	No
31722068147	ACYCLOVIR 200 MG/5 ML SUSP	5	188.00	0.10	0.07005	26%-50% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	4	10.00	0.30	0.13651	101%-200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	4	15.00	0.30	0.13651	101%-200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	4	16.00	0.30	0.13651	101%-200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	4	16.00	0.78	0.13651	200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	4	20.00	0.30	0.13651	101%-200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	4	20.00	0.67	0.13651	200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	4	20.00	0.72	0.13651	200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	4	30.00	0.50	0.13651	200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	5	10.00	0.30	0.15870	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	10.00	0.59	0.15870	200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	5	15.00	0.30	0.15870	76%-100% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	5	20.00	0.25	0.15870	51%-75% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	5	20.00	0.30	0.15870	76%-100% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	5	20.00	0.50	0.15870	200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	5	20.00	0.55	0.15870	200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	5	20.00	0.67	0.15870	200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	6	6.00	0.72	0.17637	200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	6	10.00	0.59	0.17637	200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	6	10.00	0.69	0.17637	200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	6	15.00	0.30	0.17637	51%-75% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	6	15.00	0.72	0.17637	200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	6	20.00	0.30	0.17637	51%-75% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	6	20.00	0.50	0.17637	101%-200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	6	20.00	0.72	0.17637	200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	7	8.00	0.30	0.16780	76%-100% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	7	10.00	0.30	0.16780	76%-100% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	7	15.00	0.01	0.16780	76%-100% Below	No	No
31722068601	KETOROLAC 10 MG TABLET	7	15.00	0.30	0.16780	76%-100% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	7	15.00	0.33	0.16780	76%-100% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	7	16.00	0.69	0.16780	200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	7	20.00	0.06	0.16780	51%-75% Below	No	No
31722068601	KETOROLAC 10 MG TABLET	7	20.00	0.25	0.16780	26%-50% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	7	20.00	0.30	0.16780	76%-100% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	7	20.00	0.68	0.16780	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	10.00	0.30	0.16585	76%-100% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	8	10.00	0.73	0.16585	200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	8	12.00	0.68	0.16585	200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	8	15.00	0.30	0.16585	76%-100% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	8	20.00	0.30	0.16585	76%-100% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	8	20.00	0.55	0.16585	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	1	30.00	0.08	0.03225	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	4	30.00	0.07	0.02106	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	0.12	0.02106	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	5	30.00	0.07	0.02120	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	5	30.00	0.12	0.02120	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	5	90.00	0.06	0.02120	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	5	90.00	0.12	0.02120	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	5	270.00	0.12	0.02120	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	6	28.00	0.12	0.02154	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	6	30.00	0.07	0.02154	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	6	30.00	0.07	0.02154	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	6	30.00	0.12	0.02154	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	6	90.00	0.06	0.02154	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	6	90.00	0.12	0.02154	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	6	180.00	0.05	0.02154	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	7	28.00	0.12	0.02158	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	7	30.00	0.07	0.02158	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	7	30.00	0.07	0.02158	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	30.00	0.12	0.02158	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	7	90.00	0.12	0.02158	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	8	45.00	0.05	0.02206	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	8	90.00	0.06	0.02206	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	8	90.00	0.12	0.02206	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	12	30.00	0.02	0.03360	26%-50% Below	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	4	15.00	0.12	0.02106	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	4	30.00	0.12	0.02106	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	4	90.00	0.06	0.02106	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	4	90.00	0.06	0.02106	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	4	90.00	0.06	0.02106	101%-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	5	30.00	0.12	0.02120	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	5	90.00	0.05	0.02120	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	5	90.00	0.12	0.02120	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	6	30.00	0.07	0.02154	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	6	30.00	0.12	0.02154	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	6	90.00	0.01	0.02154	51%-75% Below	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	6	90.00	0.05	0.02154	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	6	90.00	0.06	0.02154	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	6	90.00	0.12	0.02154	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	7	30.00	0.07	0.02158	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	7	30.00	0.12	0.02158	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	7	45.00	0.01	0.02158	51%-75% Below	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	7	90.00	0.05	0.02158	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	90.00	0.06	0.02158	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	7	90.00	0.06	0.02158	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	7	90.00	0.12	0.02158	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	8	30.00	0.07	0.02206	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	8	30.00	0.12	0.02206	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	8	90.00	0.05	0.02206	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	8	90.00	0.12	0.02206	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	0.07	0.03343	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	4	90.00	0.11	0.03343	200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	4	180.00	0.11	0.03343	200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	5	30.00	0.11	0.03432	200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	5	90.00	0.08	0.03432	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	5	90.00	0.08	0.03432	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	5	90.00	0.11	0.03432	200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	6	30.00	0.11	0.03367	200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	6	90.00	0.06	0.03367	76%-100% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	6	90.00	0.07	0.03367	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	6	90.00	0.11	0.03367	200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	6	135.00	0.11	0.03367	200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	6	180.00	0.11	0.03367	200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	7	30.00	0.11	0.03327	200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	7	90.00	0.07	0.03327	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	7	90.00	0.11	0.03327	200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	7	180.00	0.11	0.03327	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	90.00	0.08	0.03244	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	8	90.00	0.11	0.03244	200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	4	45.00	0.11	0.03343	200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	4	90.00	0.07	0.03343	101%-200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	4	90.00	0.08	0.03343	101%-200% 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	5	30.00	0.08	0.03432	101%-200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	5	30.00	0.11	0.03432	200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	5	45.00	0.11	0.03432	200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	5	60.00	0.11	0.03432	200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	5	90.00	0.01	0.03432	51%-75% Below	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	5	90.00	0.05	0.03432	51%-75% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	5	90.00	0.07	0.03432	101%-200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	5	90.00	0.11	0.03432	200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	6	30.00	0.02	0.03367	26%-50% Below	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	6	30.00	0.08	0.03367	101%-200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	6	30.00	0.11	0.03367	200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	6	45.00	0.11	0.03367	200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	6	90.00	0.06	0.03367	76%-100% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	6	90.00	0.06	0.03367	76%-100% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	6	90.00	0.11	0.03367	200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	7	30.00	0.02	0.03327	26%-50% Below	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	7	30.00	0.08	0.03327	101%-200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	7	30.00	0.11	0.03327	200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	7	90.00	0.06	0.03327	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	90.00	0.07	0.03327	101%-200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	7	90.00	0.08	0.03327	101%-200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	7	90.00	0.11	0.03327	200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	8	30.00	0.08	0.03244	101%-200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	8	45.00	0.11	0.03244	200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	8	90.00	0.06	0.03244	76%-100% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	8	90.00	0.07	0.03244	101%-200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	8	90.00	0.07	0.03244	101%-200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	8	90.00	0.11	0.03244	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	0.11	0.04315	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	4	90.00	0.11	0.04315	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	5	90.00	0.11	0.04415	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	5	90.00	0.13	0.04415	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	6	30.00	0.13	0.04353	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	6	30.00	0.13	0.04353	200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	6	90.00	0.08	0.04353	76%-100% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	6	90.00	0.13	0.04353	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	7	30.00	0.03	0.04370	26%-50% Below	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	7	30.00	0.13	0.04370	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	7	30.00	0.13	0.04370	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	7	90.00	0.10	0.04370	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	8	30.00	0.13	0.04396	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	8	30.00	0.13	0.04396	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	8	30.00	0.13	0.04396	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	90.00	0.11	0.04396	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	8	90.00	0.11	0.04396	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	8	90.00	0.11	0.04396	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	8	90.00	0.13	0.04396	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	4	30.00	0.01	0.04315	76%-100% Below	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	4	30.00	0.12	0.04315	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	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	90.00	0.08	0.04315	76%-100% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	4	90.00	0.11	0.04315	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	4	90.00	0.11	0.04315	101%-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	5	30.00	0.01	0.04415	76%-100% Below	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	5	30.00	0.12	0.04415	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	5	30.00	0.13	0.04415	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	5	30.00	0.13	0.04415	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	5	90.00	0.01	0.04415	76%-100% Below	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	5	90.00	0.13	0.04415	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	5	90.00	0.13	0.04415	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	6	30.00	0.02	0.04353	51%-75% Below	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	6	30.00	0.12	0.04353	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	6	30.00	0.13	0.04353	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	6	30.00	0.13	0.04353	200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	6	90.00	0.11	0.04353	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	90.00	0.12	0.04353	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	6	90.00	0.13	0.04353	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	7	30.00	0.03	0.04370	26%-50% Below	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	7	30.00	0.13	0.04370	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	7	90.00	0.11	0.04370	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	7	90.00	0.11	0.04370	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	7	90.00	0.13	0.04370	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	8	30.00	0.13	0.04396	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	8	30.00	0.13	0.04396	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	8	90.00	0.11	0.04396	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	8	90.00	0.13	0.04396	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	8	90.00	0.13	0.04396	101%-200% Above	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	4	6.00	0.44	0.22965	76%-100% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	4	20.00	0.27	0.22965	10%-25% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	4	20.00	0.47	0.22965	101%-200% Above	Yes	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	0.43	0.22965	76%-100% Above	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	4	30.00	0.43	0.22965	76%-100% 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	90.00	0.27	0.22965	10%-25% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	5	6.00	0.44	0.22894	76%-100% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	5	6.00	0.48	0.22894	101%-200% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	5	10.00	0.48	0.22894	101%-200% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	5	14.00	0.27	0.22894	10%-25% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	5	20.00	0.47	0.22894	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	30.00	0.27	0.22894	10%-25% Above	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	5	30.00	0.35	0.22894	51%-75% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	5	30.00	0.42	0.22894	76%-100% Above	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	5	30.00	0.43	0.22894	76%-100% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	5	30.00	0.50	0.22894	101%-200% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	5	90.00	0.27	0.22894	10%-25% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	5	90.00	0.33	0.22894	26%-50% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	5	90.00	0.34	0.22894	26%-50% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	6	30.00	0.27	0.22588	10%-25% Above	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	6	30.00	0.27	0.22588	10%-25% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	6	30.00	0.35	0.22588	51%-75% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	6	30.00	0.43	0.22588	76%-100% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	6	30.00	0.50	0.22588	101%-200% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	6	42.00	0.27	0.22588	10%-25% Above	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	6	45.00	0.27	0.22588	10%-25% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	6	60.00	0.27	0.22588	10%-25% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	6	90.00	0.27	0.22588	10%-25% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	7	10.00	0.45	0.22276	101%-200% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	7	30.00	0.11	0.22276	26%-50% Below	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	7	30.00	0.27	0.22276	10%-25% Above	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	7	30.00	0.27	0.22276	10%-25% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	7	30.00	0.33	0.22276	26%-50% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	7	30.00	0.41	0.22276	76%-100% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	7	30.00	0.50	0.22276	101%-200% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	7	45.00	0.27	0.22276	10%-25% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	60.00	0.27	0.22276	10%-25% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	7	90.00	0.27	0.22276	10%-25% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	8	6.00	0.46	0.22403	101%-200% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	8	18.00	0.27	0.22403	10%-25% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	8	20.00	0.27	0.22403	10%-25% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	8	30.00	0.27	0.22403	10%-25% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	8	30.00	0.33	0.22403	26%-50% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	8	30.00	0.41	0.22403	76%-100% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	8	30.00	0.43	0.22403	76%-100% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	8	30.00	0.50	0.22403	101%-200% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	8	45.00	0.27	0.22403	10%-25% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	8	60.00	0.27	0.22403	10%-25% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	8	90.00	0.27	0.22403	10%-25% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	8	90.00	0.33	0.22403	26%-50% Above	Yes	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	4	6.00	0.49	0.22965	101%-200% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	4	30.00	0.27	0.22965	10%-25% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	4	30.00	0.33	0.22965	26%-50% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	4	30.00	0.44	0.22965	76%-100% 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	5	6.00	0.49	0.22894	101%-200% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	5	30.00	0.27	0.22894	10%-25% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	5	30.00	0.33	0.22894	26%-50% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	5	60.00	0.27	0.22894	10%-25% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	5	60.00	0.35	0.22894	26%-50% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	5	90.00	0.27	0.22894	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	90.00	0.42	0.22894	76%-100% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	6	6.00	0.49	0.22588	101%-200% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	6	30.00	0.27	0.22588	10%-25% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	6	30.00	0.33	0.22588	26%-50% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	6	90.00	0.27	0.22588	10%-25% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	7	30.00	0.27	0.22276	10%-25% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	7	30.00	0.33	0.22276	26%-50% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	7	60.00	0.27	0.22276	10%-25% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	7	90.00	0.27	0.22276	10%-25% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	7	180.00	0.27	0.22276	10%-25% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	8	30.00	0.27	0.22403	10%-25% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	8	90.00	0.27	0.22403	10%-25% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	8	90.00	0.42	0.22403	76%-100% Above	No	No
31722070505	VALACYCLOVIR HCL 1 GRAM TABLET	5	20.00	0.52	0.40719	26%-50% Above	No	No
31722070505	VALACYCLOVIR HCL 1 GRAM TABLET	5	30.00	0.52	0.40719	26%-50% Above	No	No
31722070505	VALACYCLOVIR HCL 1 GRAM TABLET	6	20.00	0.52	0.41046	10%-25% Above	No	No
31722070505	VALACYCLOVIR HCL 1 GRAM TABLET	6	21.00	0.48	0.41046	10%-25% Above	No	No
31722070505	VALACYCLOVIR HCL 1 GRAM TABLET	6	30.00	0.50	0.41046	10%-25% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	4	4.00	0.09	0.40626	76%-100% Below	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	12.00	0.52	0.40626	26%-50% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	4	14.00	0.52	0.40626	26%-50% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	4	14.00	0.73	0.40626	76%-100% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	4	16.00	0.62	0.40626	51%-75% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	4	20.00	0.52	0.40626	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	4	20.00	0.52	0.40626	26%-50% 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	Yes	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	30.00	0.52	0.40626	26%-50% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	4	30.00	0.66	0.40626	51%-75% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	4	60.00	0.52	0.40626	26%-50% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	5	4.00	0.52	0.40719	26%-50% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	5	4.00	0.52	0.40719	26%-50% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	5	4.00	0.93	0.40719	101%-200% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	5	6.00	0.52	0.40719	26%-50% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	5	8.00	0.52	0.40719	26%-50% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	5	10.00	0.74	0.40719	76%-100% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	5	14.00	0.72	0.40719	76%-100% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	5	20.00	0.52	0.40719	26%-50% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	5	20.00	0.52	0.40719	26%-50% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	5	20.00	0.93	0.40719	101%-200% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	5	21.00	0.52	0.40719	26%-50% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	5	30.00	0.50	0.40719	10%-25% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	5	30.00	0.52	0.40719	26%-50% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	5	30.00	0.52	0.40719	26%-50% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	5	60.00	0.25	0.40719	26%-50% Below	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	5	60.00	0.33	0.40719	10%-25% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	5	60.00	0.52	0.40719	26%-50% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	90.00	0.33	0.40719	10%-25% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	5	90.00	0.52	0.40719	26%-50% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	6	4.00	0.52	0.41046	10%-25% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	6	4.00	0.52	0.41046	10%-25% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	6	5.00	0.52	0.41046	10%-25% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	6	5.00	0.82	0.41046	76%-100% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	6	5.00	1.05	0.41046	101%-200% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	6	8.00	0.52	0.41046	10%-25% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	6	9.00	0.52	0.41046	10%-25% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	6	14.00	0.52	0.41046	10%-25% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	6	20.00	0.50	0.41046	10%-25% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	6	20.00	0.71	0.41046	51%-75% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	6	21.00	0.52	0.41046	10%-25% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	6	21.00	0.52	0.41046	10%-25% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	6	21.00	0.71	0.41046	51%-75% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	6	30.00	0.52	0.41046	10%-25% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	6	30.00	0.52	0.41046	10%-25% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	6	35.00	0.52	0.41046	10%-25% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	6	60.00	0.25	0.41046	26%-50% Below	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	6	60.00	0.52	0.41046	10%-25% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	6	90.00	0.52	0.41046	10%-25% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	7	4.00	0.52	0.40422	26%-50% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	7	8.00	0.52	0.40422	26%-50% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	7	10.00	0.52	0.40422	26%-50% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	7	12.00	0.52	0.40422	26%-50% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	20.00	0.20	0.40422	26%-50% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	7	20.00	0.52	0.40422	26%-50% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	7	20.00	0.75	0.40422	76%-100% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	7	21.00	0.52	0.40422	26%-50% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	7	30.00	0.50	0.40422	10%-25% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	7	30.00	0.52	0.40422	26%-50% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	7	60.00	0.33	0.40422	10%-25% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	7	60.00	0.52	0.40422	26%-50% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	7	90.00	0.28	0.40422	26%-50% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	8	4.00	0.52	0.40461	26%-50% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	8	4.00	0.52	0.40461	26%-50% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	8	5.00	0.52	0.40461	26%-50% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	8	14.00	0.52	0.40461	26%-50% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	8	20.00	0.52	0.40461	26%-50% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	8	30.00	0.50	0.40461	10%-25% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	8	30.00	0.52	0.40461	26%-50% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	8	30.00	0.52	0.40461	26%-50% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	8	50.00	0.30	0.40461	26%-50% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	8	60.00	0.33	0.40461	10%-25% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	8	90.00	0.52	0.40461	26%-50% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	8	90.00	0.52	0.40461	26%-50% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	8	270.00	0.24	0.40461	26%-50% Below	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	4	4.00	0.52	0.40626	26%-50% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	4	10.00	0.52	0.40626	26%-50% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	4	14.00	0.71	0.40626	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	30.00	0.52	0.40626	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	5	4.00	0.52	0.40719	26%-50% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	5	4.00	1.00	0.40719	101%-200% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	5	10.00	0.52	0.40719	26%-50% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	5	14.00	0.71	0.40719	51%-75% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	5	20.00	0.52	0.40719	26%-50% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	5	21.00	0.48	0.40719	10%-25% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	5	21.00	0.52	0.40719	26%-50% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	5	60.00	0.52	0.40719	26%-50% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	5	90.00	0.17	0.40719	51%-75% Below	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	6	4.00	0.52	0.41046	10%-25% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	6	21.00	0.48	0.41046	10%-25% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	6	21.00	0.52	0.41046	10%-25% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	6	21.00	0.71	0.41046	51%-75% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	6	30.00	0.52	0.41046	10%-25% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	6	60.00	0.52	0.41046	10%-25% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	6	90.00	0.52	0.41046	10%-25% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	7	2.00	0.52	0.40422	26%-50% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	7	4.00	0.52	0.40422	26%-50% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	7	21.00	0.52	0.40422	26%-50% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	7	30.00	0.50	0.40422	10%-25% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	7	30.00	0.52	0.40422	26%-50% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	7	90.00	0.35	0.40422	10%-25% Below	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	7	90.00	0.52	0.40422	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	180.00	0.17	0.40422	51%-75% Below	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	8	4.00	0.52	0.40461	26%-50% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	8	8.00	0.52	0.40461	26%-50% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	8	20.00	0.84	0.40461	101%-200% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	8	90.00	0.33	0.40461	10%-25% Below	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	12	20.00	0.00	0.50974	76%-100% Below	No	No
31722071030	SILDENAFIL 50 MG TABLET	5	18.00	1.44	0.10347	200% Above	No	No
31722071030	SILDENAFIL 50 MG TABLET	7	10.00	1.44	0.10273	200% Above	No	No
31722071101	SILDENAFIL 100 MG TABLET	4	10.00	1.32	0.13333	200% Above	No	No
31722071101	SILDENAFIL 100 MG TABLET	5	10.00	1.32	0.13168	200% Above	No	No
31722071101	SILDENAFIL 100 MG TABLET	6	10.00	1.32	0.12978	200% Above	No	No
31722071130	SILDENAFIL 100 MG TABLET	5	18.00	1.32	0.13168	200% Above	No	No
31722071130	SILDENAFIL 100 MG TABLET	6	12.00	1.32	0.12978	200% Above	No	No
31722071290	PANTOPRAZOLE SOD DR 20 MG TAB	4	30.00	0.13	0.04493	101%-200% Above	No	No
31722071290	PANTOPRAZOLE SOD DR 20 MG TAB	5	30.00	0.13	0.04485	101%-200% Above	No	No
31722071290	PANTOPRAZOLE SOD DR 20 MG TAB	6	30.00	0.13	0.04361	200% Above	No	No
31722071290	PANTOPRAZOLE SOD DR 20 MG TAB	7	90.00	0.13	0.04338	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.01	0.03540	51%-75% Below	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	0.10	0.03540	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.11	0.03540	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	4	60.00	0.09	0.03540	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.09	0.03540	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.10	0.03540	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.10	0.03540	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	90.00	0.11	0.03540	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	0.01	0.03611	51%-75% Below	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	0.10	0.03611	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	0.11	0.03611	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	0.11	0.03611	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	0.14	0.03611	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.00	0.07	0.03611	76%-100% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.00	0.11	0.03611	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	6	14.00	0.01	0.03608	51%-75% Below	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	0.01	0.03608	51%-75% Below	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	0.10	0.03608	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	0.11	0.03608	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	6	60.00	0.10	0.03608	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	0.07	0.03608	76%-100% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	0.08	0.03608	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	0.08	0.03608	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	0.09	0.03608	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	0.11	0.03608	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	6	104.00	0.01	0.03608	51%-75% Below	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	7	14.00	0.01	0.03597	51%-75% Below	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.00	0.01	0.03597	51%-75% Below	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.00	0.10	0.03597	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.00	0.11	0.03597	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.00	0.11	0.03597	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.00	0.14	0.03597	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	90.00	0.09	0.03597	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.00	0.09	0.03597	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.00	0.10	0.03597	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.00	0.11	0.03597	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.00	0.10	0.03522	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.00	0.11	0.03522	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.00	0.11	0.03522	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	8	42.00	0.10	0.03522	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	8	60.00	0.10	0.03522	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	0.08	0.03522	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	0.09	0.03522	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	0.11	0.03522	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	8	180.00	0.09	0.03522	101%-200% Above	No	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	30.00	0.11	0.03540	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.07	0.03540	76%-100% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.08	0.03540	101%-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	0.11	0.03540	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	0.02	0.03611	26%-50% Below	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	0.10	0.03611	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	0.11	0.03611	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	0.11	0.03611	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.00	0.08	0.03611	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	90.00	0.09	0.03611	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.00	0.10	0.03611	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.00	0.11	0.03611	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.00	0.11	0.03611	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.00	0.11	0.03611	200% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	5	180.00	0.07	0.03611	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	5	180.00	0.11	0.03611	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	6	15.00	0.11	0.03608	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	0.10	0.03608	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	0.11	0.03608	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	0.11	0.03608	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	0.11	0.03608	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	6	60.00	0.10	0.03608	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	0.08	0.03608	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	0.09	0.03608	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	0.09	0.03608	101%-200% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	0.09	0.03608	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	0.09	0.03608	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	0.11	0.03608	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	0.11	0.03608	200% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.00	0.10	0.03597	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.00	0.11	0.03597	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.00	0.11	0.03597	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	7	45.00	0.11	0.03597	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	7	60.00	0.10	0.03597	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	90.00	0.09	0.03597	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.00	0.10	0.03597	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.00	0.11	0.03597	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.00	0.11	0.03597	200% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.00	0.10	0.03522	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.00	0.11	0.03522	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.00	0.11	0.03522	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	0.08	0.03522	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	0.09	0.03522	101%-200% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	0.09	0.03522	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	0.10	0.03522	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	0.10	0.03522	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	0.11	0.03522	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	8	180.00	0.11	0.03522	200% Above	No	No
31722071630	ATOMOXETINE HCL 25 MG CAPSULE	4	180.00	0.25	0.42864	26%-50% Below	No	No
31722071630	ATOMOXETINE HCL 25 MG CAPSULE	5	60.00	1.58	0.42167	200% Above	Yes	No
31722071630	ATOMOXETINE HCL 25 MG CAPSULE	7	30.00	0.03	0.38537	76%-100% Below	No	No
31722071630	ATOMOXETINE HCL 25 MG CAPSULE	8	15.00	1.00	0.37764	101%-200% Above	No	No
31722071630	ATOMOXETINE HCL 25 MG CAPSULE	8	30.00	0.03	0.37764	76%-100% Below	No	No
31722071730	ATOMOXETINE HCL 40 MG CAPSULE	6	90.00	0.22	0.47693	51%-75% Below	No	No
31722071730	ATOMOXETINE HCL 40 MG CAPSULE	7	30.00	1.78	0.45925	200% Above	No	No
31722071730	ATOMOXETINE HCL 40 MG CAPSULE	8	30.00	1.78	0.44685	200% Above	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	4	10.00	0.41	0.14361	101%-200% Above	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	5	7.00	0.41	0.14220	101%-200% Above	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	5	10.00	0.12	0.14220	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	10.00	0.41	0.14220	101%-200% Above	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	6	7.00	0.41	0.13976	101%-200% Above	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	6	10.00	0.41	0.13976	101%-200% Above	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	7	5.00	0.15	0.13563	10%-25% Above	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	7	5.00	0.16	0.13563	10%-25% Above	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	7	7.00	0.41	0.13563	200% Above	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	7	10.00	0.41	0.13563	200% Above	No	No
31722072320	LEVOFLOXACIN 750 MG TABLET	4	5.00	0.24	0.28017	10%-25% Below	No	No
31722072320	LEVOFLOXACIN 750 MG TABLET	5	5.00	0.24	0.28444	10%-25% Below	No	No
31722072320	LEVOFLOXACIN 750 MG TABLET	8	10.00	0.48	0.26738	76%-100% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	4	30.00	0.01	0.04349	76%-100% Below	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	4	30.00	0.01	0.04349	51%-75% Below	No	No
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	0.16	0.04349	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	4	30.00	0.17	0.04349	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	0.01	0.04349	76%-100% Below	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	4	90.00	0.14	0.04349	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	4	90.00	0.17	0.04349	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	5	30.00	0.01	0.04249	76%-100% Below	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	5	30.00	0.12	0.04249	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	5	30.00	0.15	0.04249	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	5	30.00	0.16	0.04249	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	5	30.00	0.17	0.04249	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	30.00	0.19	0.04249	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	5	90.00	0.01	0.04249	76%-100% Below	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	5	90.00	0.12	0.04249	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	5	90.00	0.14	0.04249	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	6	10.00	0.12	0.04193	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	6	30.00	0.01	0.04193	76%-100% Below	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	6	30.00	0.12	0.04193	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	6	30.00	0.15	0.04193	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	6	30.00	0.16	0.04193	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	6	30.00	0.19	0.04193	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	6	60.00	0.12	0.04193	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	6	90.00	0.01	0.04193	76%-100% Below	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	6	90.00	0.08	0.04193	76%-100% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	6	90.00	0.12	0.04193	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	6	90.00	0.14	0.04193	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	6	90.00	0.17	0.04193	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	6	90.00	0.18	0.04193	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	6	90.00	0.19	0.04193	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	7	15.00	0.20	0.04027	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	7	30.00	0.01	0.04027	51%-75% Below	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	7	30.00	0.12	0.04027	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	7	30.00	0.15	0.04027	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	7	30.00	0.17	0.04027	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	7	30.00	0.22	0.04027	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	7	90.00	0.01	0.04027	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	90.00	0.09	0.04027	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	7	90.00	0.12	0.04027	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	7	90.00	0.17	0.04027	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	7	90.00	0.20	0.04027	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	8	30.00	0.12	0.04154	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	8	30.00	0.18	0.04154	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	8	90.00	0.08	0.04154	76%-100% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	8	90.00	0.12	0.04154	101%-200% Above	No	No
31722072630	MONTELUKAST SOD 10 MG TABLET	5	90.00	0.23	0.04249	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	4	14.00	0.12	0.04349	101%-200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	4	30.00	0.17	0.04349	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	4	30.00	0.19	0.04349	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	4	90.00	0.01	0.04349	76%-100% Below	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	0.17	0.04349	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	5	90.00	0.06	0.04249	26%-50% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	5	90.00	0.12	0.04249	101%-200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	5	90.00	0.12	0.04249	101%-200% Above	Yes	No
31722072690	MONTELUKAST SOD 10 MG TABLET	5	90.00	0.14	0.04249	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	6	30.00	0.01	0.04193	76%-100% Below	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	6	90.00	0.12	0.04193	101%-200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	6	90.00	0.12	0.04193	101%-200% Above	Yes	No
31722072690	MONTELUKAST SOD 10 MG TABLET	6	90.00	0.14	0.04193	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	6	90.00	0.17	0.04193	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	6	90.00	0.17	0.04193	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722072690	MONTELUKAST SOD 10 MG TABLET	7	30.00	0.01	0.04027	51%-75% Below	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	7	30.00	0.16	0.04027	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	7	90.00	0.12	0.04027	101%-200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	8	30.00	0.01	0.04154	51%-75% Below	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	8	90.00	0.06	0.04154	26%-50% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	8	90.00	0.12	0.04154	101%-200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	8	90.00	0.12	0.04154	101%-200% Above	Yes	No
31722072690	MONTELUKAST SOD 10 MG TABLET	8	90.00	0.15	0.04154	200% Above	Yes	No
31722072690	MONTELUKAST SOD 10 MG TABLET	8	90.00	0.17	0.04154	200% Above	No	No
31722072790	MONTELUKAST SOD 4 MG TAB CHEW	4	30.00	0.15	0.07560	76%-100% Above	No	No
31722072790	MONTELUKAST SOD 4 MG TAB CHEW	5	30.00	0.15	0.07310	76%-100% Above	No	No
31722072790	MONTELUKAST SOD 4 MG TAB CHEW	5	30.00	0.29	0.07310	200% Above	No	No
31722072790	MONTELUKAST SOD 4 MG TAB CHEW	6	30.00	0.15	0.06995	101%-200% Above	No	No
31722072790	MONTELUKAST SOD 4 MG TAB CHEW	7	30.00	0.15	0.06890	101%-200% Above	No	No
31722072790	MONTELUKAST SOD 4 MG TAB CHEW	8	30.00	0.15	0.07384	76%-100% Above	No	No
31722072790	MONTELUKAST SOD 4 MG TAB CHEW	10	30.00	0.09	0.08025	10%-25% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	4	30.00	0.20	0.06890	101%-200% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	4	90.00	0.26	0.06890	200% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	6	30.00	0.20	0.06848	101%-200% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	6	90.00	0.15	0.06848	101%-200% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	7	30.00	0.15	0.06778	101%-200% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	7	30.00	0.24	0.06778	200% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	8	30.00	0.15	0.06892	101%-200% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	8	30.00	0.25	0.06892	200% Above	No	No
31722072930	IRBESARTAN 75 MG TABLET	7	90.00	0.15	0.08049	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722072990	IRBESARTAN 75 MG TABLET	5	90.00	0.15	0.08004	76%-100% Above	No	No
31722072990	IRBESARTAN 75 MG TABLET	5	90.00	0.17	0.08004	101%-200% Above	No	No
31722072990	IRBESARTAN 75 MG TABLET	8	90.00	0.17	0.08267	76%-100% Above	No	No
31722073030	IRBESARTAN 150 MG TABLET	5	90.00	0.14	0.11158	26%-50% Above	No	No
31722073030	IRBESARTAN 150 MG TABLET	8	90.00	0.14	0.11093	26%-50% Above	No	No
31722073090	IRBESARTAN 150 MG TABLET	6	90.00	0.27	0.11109	101%-200% Above	No	No
31722073090	IRBESARTAN 150 MG TABLET	7	30.00	0.14	0.11201	26%-50% Above	No	No
31722073090	IRBESARTAN 150 MG TABLET	8	30.00	0.14	0.11093	26%-50% Above	No	No
31722073090	IRBESARTAN 150 MG TABLET	8	90.00	0.14	0.11093	26%-50% Above	No	No
31722073190	IRBESARTAN 300 MG TABLET	6	90.00	0.01	0.15296	76%-100% Below	No	No
31722073190	IRBESARTAN 300 MG TABLET	7	90.00	0.22	0.15267	26%-50% Above	No	No
31722074920	LINEZOLID 600 MG TABLET	7	48.00	0.82	1.37386	26%-50% Below	No	No
31722076401	QUETIAPINE FUMARATE 25 MG TAB	4	30.00	0.10	0.02892	200% Above	Yes	No
31722076401	QUETIAPINE FUMARATE 25 MG TAB	5	90.00	0.08	0.02760	101%-200% Above	Yes	No
31722076401	QUETIAPINE FUMARATE 25 MG TAB	6	30.00	0.10	0.02649	200% Above	Yes	No
31722076401	QUETIAPINE FUMARATE 25 MG TAB	6	30.00	0.10	0.02649	200% Above	Yes	No
31722076401	QUETIAPINE FUMARATE 25 MG TAB	6	60.00	0.10	0.02649	200% Above	Yes	No
31722076401	QUETIAPINE FUMARATE 25 MG TAB	6	180.00	0.10	0.02649	200% Above	Yes	No
31722076401	QUETIAPINE FUMARATE 25 MG TAB	7	60.00	0.08	0.02399	200% Above	Yes	No
31722076401	QUETIAPINE FUMARATE 25 MG TAB	7	180.00	0.10	0.02399	200% Above	Yes	No
31722076401	QUETIAPINE FUMARATE 25 MG TAB	8	30.00	0.10	0.02293	200% Above	Yes	No
31722076501	QUETIAPINE FUMARATE 50 MG TAB	4	30.00	0.11	0.03114	200% Above	Yes	No
31722076501	QUETIAPINE FUMARATE 50 MG TAB	4	60.00	0.08	0.03114	101%-200% Above	Yes	No
31722076501	QUETIAPINE FUMARATE 50 MG TAB	5	30.00	0.11	0.03039	200% Above	Yes	No
31722076501	QUETIAPINE FUMARATE 50 MG TAB	5	90.00	0.11	0.03039	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722076501	QUETIAPINE FUMARATE 50 MG TAB	7	30.00	0.11	0.02821	200% Above	Yes	No
31722076501	QUETIAPINE FUMARATE 50 MG TAB	8	30.00	0.11	0.02822	200% Above	Yes	No
31722076501	QUETIAPINE FUMARATE 50 MG TAB	8	90.00	0.11	0.02822	200% Above	Yes	No
31722076601	QUETIAPINE FUMARATE 100 MG TAB	5	90.00	0.11	0.05260	101%-200% Above	Yes	No
31722076601	QUETIAPINE FUMARATE 100 MG TAB	5	90.00	0.12	0.05260	101%-200% Above	Yes	No
31722076601	QUETIAPINE FUMARATE 100 MG TAB	6	90.00	0.12	0.05124	101%-200% Above	Yes	No
31722076601	QUETIAPINE FUMARATE 100 MG TAB	7	30.00	0.12	0.05025	101%-200% Above	Yes	No
31722076601	QUETIAPINE FUMARATE 100 MG TAB	8	30.00	0.12	0.04932	101%-200% Above	Yes	No
31722076601	QUETIAPINE FUMARATE 100 MG TAB	8	30.00	0.13	0.04932	101%-200% Above	Yes	No
31722076601	QUETIAPINE FUMARATE 100 MG TAB	8	90.00	0.11	0.04932	101%-200% Above	Yes	No
31722076601	QUETIAPINE FUMARATE 100 MG TAB	8	90.00	0.12	0.04932	101%-200% Above	Yes	No
31722076901	QUETIAPINE FUMARATE 400 MG TAB	4	30.00	0.12	0.18187	26%-50% Below	Yes	No
31722076901	QUETIAPINE FUMARATE 400 MG TAB	5	30.00	0.12	0.17750	26%-50% Below	Yes	No
31722076901	QUETIAPINE FUMARATE 400 MG TAB	6	30.00	0.12	0.16624	26%-50% Below	Yes	No
31722076901	QUETIAPINE FUMARATE 400 MG TAB	7	30.00	0.12	0.15997	10%-25% Below	Yes	No
31722076901	QUETIAPINE FUMARATE 400 MG TAB	8	30.00	0.12	0.15480	10%-25% Below	Yes	No
31722077701	ACYCLOVIR 400 MG TABLET	6	60.00	0.16	0.09979	51%-75% Above	No	No
31722077801	ACYCLOVIR 800 MG TABLET	4	10.00	0.25	0.17136	26%-50% Above	No	No
31722077801	ACYCLOVIR 800 MG TABLET	4	35.00	0.02	0.17136	76%-100% Below	No	No
31722077801	ACYCLOVIR 800 MG TABLET	5	10.00	0.25	0.18590	26%-50% Above	No	No
31722077801	ACYCLOVIR 800 MG TABLET	6	10.00	0.25	0.18810	26%-50% Above	No	No
31722077801	ACYCLOVIR 800 MG TABLET	6	28.00	0.09	0.18810	51%-75% Below	No	No
31722077801	ACYCLOVIR 800 MG TABLET	6	35.00	0.02	0.18810	76%-100% Below	No	No
31722077801	ACYCLOVIR 800 MG TABLET	7	35.00	0.09	0.18966	51%-75% Below	No	No
31722081260	LACOSAMIDE 50 MG TABLET	4	180.00	0.60	0.10457	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722081260	LACOSAMIDE 50 MG TABLET	7	180.00	0.60	0.11145	200% Above	No	No
31722081360	LACOSAMIDE 100 MG TABLET	6	180.00	0.91	0.17157	200% Above	No	No
31722082030	ARIPIPRAZOLE 5 MG TABLET	7	90.00	0.56	0.10702	200% Above	No	No
31722085501	ESZOPICLONE 1 MG TABLET	5	30.00	0.30	0.09169	200% Above	Yes	No
31722085501	ESZOPICLONE 1 MG TABLET	6	30.00	0.30	0.09139	200% Above	Yes	No
31722085501	ESZOPICLONE 1 MG TABLET	7	30.00	0.50	0.08711	200% Above	Yes	No
31722085530	ESZOPICLONE 1 MG TABLET	5	30.00	0.30	0.09169	200% Above	No	No
31722085530	ESZOPICLONE 1 MG TABLET	8	30.00	0.30	0.09117	200% Above	No	No
31722085530	ESZOPICLONE 1 MG TABLET	8	30.00	0.50	0.09117	200% Above	No	No
31722085601	ESZOPICLONE 2 MG TABLET	4	30.00	0.17	0.08760	76%-100% Above	No	No
31722085601	ESZOPICLONE 2 MG TABLET	4	30.00	0.33	0.08760	200% Above	Yes	No
31722085601	ESZOPICLONE 2 MG TABLET	4	30.00	0.61	0.08760	200% Above	No	No
31722085601	ESZOPICLONE 2 MG TABLET	5	30.00	0.17	0.08997	76%-100% Above	No	No
31722085601	ESZOPICLONE 2 MG TABLET	5	30.00	0.17	0.08997	76%-100% Above	Yes	No
31722085601	ESZOPICLONE 2 MG TABLET	5	30.00	0.33	0.08997	200% Above	No	No
31722085601	ESZOPICLONE 2 MG TABLET	5	30.00	0.33	0.08997	200% Above	Yes	No
31722085601	ESZOPICLONE 2 MG TABLET	5	90.00	0.17	0.08997	76%-100% Above	Yes	No
31722085601	ESZOPICLONE 2 MG TABLET	6	30.00	0.17	0.09321	76%-100% Above	No	No
31722085601	ESZOPICLONE 2 MG TABLET	6	30.00	0.17	0.09321	76%-100% Above	Yes	No
31722085601	ESZOPICLONE 2 MG TABLET	6	30.00	0.33	0.09321	200% Above	Yes	No
31722085601	ESZOPICLONE 2 MG TABLET	6	90.00	0.17	0.09321	76%-100% Above	No	No
31722085601	ESZOPICLONE 2 MG TABLET	7	30.00	0.17	0.09181	76%-100% Above	No	No
31722085601	ESZOPICLONE 2 MG TABLET	7	30.00	0.17	0.09181	76%-100% Above	Yes	No
31722085601	ESZOPICLONE 2 MG TABLET	7	30.00	0.33	0.09181	200% Above	Yes	No
31722085601	ESZOPICLONE 2 MG TABLET	8	30.00	0.17	0.09059	76%-100% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	30.00	0.33	0.09059	200% Above	Yes	No
31722085601	ESZOPICLONE 2 MG TABLET	8	90.00	0.17	0.09059	76%-100% 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	30.00	0.33	0.09060	200% Above	Yes	No
31722085701	ESZOPICLONE 3 MG TABLET	4	30.00	0.49	0.09060	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	5	30.00	0.21	0.08947	101%-200% Above	No	No
31722085701	ESZOPICLONE 3 MG TABLET	5	30.00	0.49	0.08947	200% Above	No	No
31722085701	ESZOPICLONE 3 MG TABLET	6	30.00	0.21	0.08732	101%-200% Above	No	No
31722085701	ESZOPICLONE 3 MG TABLET	6	30.00	0.49	0.08732	200% Above	No	No
31722085701	ESZOPICLONE 3 MG TABLET	6	90.00	0.21	0.08732	101%-200% Above	No	No
31722085701	ESZOPICLONE 3 MG TABLET	7	30.00	0.21	0.08482	101%-200% Above	No	No
31722085701	ESZOPICLONE 3 MG TABLET	7	30.00	0.49	0.08482	200% Above	No	No
31722085701	ESZOPICLONE 3 MG TABLET	7	30.00	0.49	0.08482	200% Above	No	No
31722085701	ESZOPICLONE 3 MG TABLET	7	90.00	0.21	0.08482	101%-200% Above	No	No
31722085701	ESZOPICLONE 3 MG TABLET	7	90.00	0.21	0.08482	101%-200% Above	Yes	No
31722085701	ESZOPICLONE 3 MG TABLET	7	90.00	0.22	0.08482	101%-200% Above	Yes	No
31722085701	ESZOPICLONE 3 MG TABLET	8	30.00	0.21	0.08581	101%-200% Above	No	No
31722085701	ESZOPICLONE 3 MG TABLET	8	30.00	0.49	0.08581	200% Above	No	No
31722087690	PITAVASTATIN 2 MG TABLET	4	90.00	0.60	1.26434	51%-75% Below	Yes	No
31722087690	PITAVASTATIN 2 MG TABLET	6	90.00	0.73	1.15319	26%-50% Below	Yes	No
31722087790	PITAVASTATIN 4 MG TABLET	4	90.00	0.76	1.33560	26%-50% Below	No	No
31722087790	PITAVASTATIN 4 MG TABLET	6	90.00	0.76	1.27206	26%-50% Below	No	No
31722087790	PITAVASTATIN 4 MG TABLET	7	90.00	0.76	1.20003	26%-50% Below	No	No
31722087790	PITAVASTATIN 4 MG TABLET	8	90.00	0.76	1.13620	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.00	0.22	0.04551	200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.00	0.22	0.04489	200% Above	No	No
31722088630	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	90.00	0.35	0.18053	76%-100% Above	No	No
31722088730	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	7	30.00	0.17	0.23436	26%-50% Below	No	No
31722088730	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	8	30.00	0.09	0.23930	51%-75% Below	No	No
31722088730	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	8	90.00	0.17	0.23930	26%-50% Below	No	No
31722089901	COLCHICINE 0.6 MG TABLET	4	6.00	1.67	0.12992	200% Above	No	No
31722089901	COLCHICINE 0.6 MG TABLET	5	14.00	0.90	0.13354	200% Above	No	No
31722089901	COLCHICINE 0.6 MG TABLET	6	60.00	0.90	0.12874	200% Above	No	No
31722089901	COLCHICINE 0.6 MG TABLET	7	30.00	0.07	0.12239	26%-50% Below	No	No
31722089901	COLCHICINE 0.6 MG TABLET	8	30.00	0.07	0.11823	26%-50% Below	No	No
31722089901	COLCHICINE 0.6 MG TABLET	8	60.00	0.90	0.11823	200% Above	No	No
31722093612	OMEGA-3 ETHYL ESTERS 1 GM CAP	4	90.00	0.44	0.17154	101%-200% Above	Yes	No
31722093612	OMEGA-3 ETHYL ESTERS 1 GM CAP	4	360.00	0.24	0.17154	26%-50% Above	Yes	No
31722093612	OMEGA-3 ETHYL ESTERS 1 GM CAP	5	360.00	0.24	0.17259	26%-50% Above	Yes	No
31722093612	OMEGA-3 ETHYL ESTERS 1 GM CAP	6	60.00	0.24	0.17251	26%-50% Above	Yes	No
31722093612	OMEGA-3 ETHYL ESTERS 1 GM CAP	7	360.00	0.19	0.17188	10%-25% Above	Yes	No
31722093612	OMEGA-3 ETHYL ESTERS 1 GM CAP	7	360.00	0.24	0.17188	26%-50% Above	Yes	No
31722093612	OMEGA-3 ETHYL ESTERS 1 GM CAP	8	90.00	0.50	0.17259	101%-200% Above	No	No
31722094201	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	12.00	0.09	0.13894	26%-50% Below	No	No
31722094201	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	15.00	0.10	0.13894	26%-50% Below	No	No
31722094201	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	12.00	0.11	0.13891	10%-25% Below	No	No
31722094201	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	12.00	0.12	0.13891	10%-25% Below	No	No
31722094201	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	15.00	0.09	0.13891	26%-50% Below	No	No
31722094201	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	20.00	0.16	0.13822	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722094205	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	20.00	0.11	0.13787	10%-25% Below	No	No
31722094205	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	12.00	0.11	0.13809	10%-25% Below	No	No
31722094205	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	120.00	0.07	0.13809	26%-50% Below	No	No
31722094205	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	15.00	0.11	0.13894	10%-25% Below	No	No
31722094205	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	16.00	0.11	0.13894	10%-25% Below	No	No
31722094205	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	20.00	0.11	0.13894	10%-25% Below	No	No
31722094205	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	60.00	0.16	0.13894	10%-25% Above	No	No
31722094205	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	120.00	0.07	0.13894	26%-50% Below	No	No
31722094205	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	12.00	0.10	0.13891	26%-50% Below	No	No
31722094205	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	12.00	0.11	0.13891	10%-25% Below	No	No
31722094205	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	18.00	0.10	0.13891	26%-50% Below	No	No
31722094205	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	20.00	0.11	0.13891	10%-25% Below	No	No
31722094205	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	60.00	0.16	0.13891	10%-25% Above	No	No
31722094205	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	120.00	0.10	0.13891	26%-50% Below	No	No
31722094531	DROSPIRENONE-EE 3-0.03 MG TAB	5	84.00	0.09	0.15811	26%-50% Below	No	No
31722094531	DROSPIRENONE-EE 3-0.03 MG TAB	7	84.00	0.09	0.14450	26%-50% Below	No	No
31722094531	DROSPIRENONE-EE 3-0.03 MG TAB	8	84.00	0.53	0.14919	200% Above	No	No
31722094701	METHADONE HCL 10 MG TABLET	6	75.00	0.09	0.17739	26%-50% Below	No	No
31722094901	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	12.00	0.08	0.11784	26%-50% Below	No	No
31722094901	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	12.00	0.17	0.11784	26%-50% Above	No	No
31722094901	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	10.00	0.08	0.11929	26%-50% Below	No	No
31722094901	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	12.00	0.08	0.11929	26%-50% Below	No	No
31722094901	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	12.00	0.17	0.11940	26%-50% Above	No	No
31722094901	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	15.00	0.17	0.11940	26%-50% Above	No	No
31722094901	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	20.00	0.17	0.11940	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	5.00	0.17	0.11777	26%-50% Above	No	No
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	25.00	0.17	0.11777	26%-50% Above	No	No
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	30.00	0.17	0.11777	26%-50% Above	No	No
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	8.00	0.05	0.11784	51%-75% Below	No	No
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	10.00	0.09	0.11784	26%-50% Below	No	No
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	10.00	0.17	0.11784	26%-50% Above	No	No
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	12.00	0.17	0.11784	26%-50% Above	No	No
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	14.00	0.17	0.11784	26%-50% Above	No	No
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	20.00	0.06	0.11784	26%-50% Below	No	No
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	20.00	0.17	0.11929	26%-50% Above	No	No
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	24.00	0.06	0.11929	26%-50% Below	No	No
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	24.00	0.17	0.11929	26%-50% Above	No	No
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	28.00	0.17	0.11940	26%-50% Above	No	No
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	40.00	0.17	0.11940	26%-50% Above	No	No
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	12.00	0.17	0.11954	26%-50% Above	No	No
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	14.00	0.17	0.11954	26%-50% Above	No	No
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	15.00	0.17	0.11954	26%-50% Above	No	No
31722095001	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	20.00	0.13	0.17535	10%-25% Below	No	No
31722095001	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	60.00	0.13	0.17381	10%-25% Below	No	No
31722095005	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	28.00	0.13	0.17341	10%-25% Below	No	No
31722095005	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	42.00	0.13	0.17535	10%-25% Below	No	No
31722095005	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	20.00	0.13	0.17695	10%-25% Below	No	No
31722095005	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	30.00	0.13	0.17695	10%-25% Below	No	No
31722095005	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	90.00	0.08	0.17381	51%-75% Below	No	No
31722095005	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	28.00	0.13	0.18245	26%-50% Below	No	No

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31722095005	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	90.00	0.08	0.18245	51%-75% Below	No	No
31722095101	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	60.00	0.10	0.23315	51%-75% Below	No	No
31722095101	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	60.00	0.10	0.22917	51%-75% Below	No	No
31722095101	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	16.00	0.11	0.23066	51%-75% Below	No	No
31722095105	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	30.00	0.14	0.23315	26%-50% Below	No	No
31722095105	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	120.00	0.11	0.23315	51%-75% Below	No	No
31722095105	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	112.00	0.10	0.22917	51%-75% Below	No	No
31722095105	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	120.00	0.11	0.22917	51%-75% Below	No	No
31722095105	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	21.00	0.11	0.23066	51%-75% Below	No	No
31722095105	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	112.00	0.11	0.23066	51%-75% Below	No	No
31722095105	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	112.00	0.17	0.23066	10%-25% Below	No	No
31722095105	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	120.00	0.11	0.23066	51%-75% Below	No	No
31722095105	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	112.00	0.11	0.22993	51%-75% Below	No	No
31722095105	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	120.00	0.11	0.22993	51%-75% Below	No	No
31722095105	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	28.00	0.11	0.23602	51%-75% Below	No	No
31722095105	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	120.00	0.11	0.23602	51%-75% Below	No	No
31722095201	METHYLPHENIDATE ER 18 MG TAB	4	30.00	0.37	0.59111	26%-50% Below	No	No
31722095201	METHYLPHENIDATE ER 18 MG TAB	4	30.00	1.56	0.59111	101%-200% Above	No	No
31722095201	METHYLPHENIDATE ER 18 MG TAB	6	30.00	1.56	0.61923	101%-200% Above	No	No
31722095301	METHYLPHENIDATE ER 27 MG TAB	3	30.00	0.71	0.62418	10%-25% Above	No	No
31722095301	METHYLPHENIDATE ER 27 MG TAB	4	30.00	1.62	0.62983	101%-200% Above	No	No
31722095301	METHYLPHENIDATE ER 27 MG TAB	5	60.00	1.62	0.63578	101%-200% Above	No	No
31722095301	METHYLPHENIDATE ER 27 MG TAB	7	30.00	1.62	0.63126	101%-200% Above	No	No
31722095401	METHYLPHENIDATE ER 36 MG TAB	4	30.00	0.37	0.69852	26%-50% Below	No	No
31722095401	METHYLPHENIDATE ER 36 MG TAB	5	30.00	0.37	0.69976	26%-50% Below	No	No

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31722095401	METHYLPHENIDATE ER 36 MG TAB	6	60.00	0.37	0.68424	26%-50% Below	No	No
31722095401	METHYLPHENIDATE ER 36 MG TAB	7	30.00	0.37	0.66320	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	4	30.00	0.50	0.80829	26%-50% Below	No	No
31722095501	METHYLPHENIDATE ER 54 MG TAB	5	30.00	0.46	0.83873	26%-50% Below	No	No
31722095501	METHYLPHENIDATE ER 54 MG TAB	6	30.00	0.46	0.83258	26%-50% Below	No	No
31722095501	METHYLPHENIDATE ER 54 MG TAB	6	30.00	0.50	0.83258	26%-50% Below	No	No
31722095501	METHYLPHENIDATE ER 54 MG TAB	7	30.00	0.46	0.81034	26%-50% Below	No	No
31722095501	METHYLPHENIDATE ER 54 MG TAB	7	30.00	0.50	0.81034	26%-50% Below	No	No
31722095501	METHYLPHENIDATE ER 54 MG TAB	8	30.00	0.46	0.80919	26%-50% Below	No	No
31722095501	METHYLPHENIDATE ER 54 MG TAB	8	30.00	0.50	0.80919	26%-50% Below	No	No
31722095801	BENZONATATE 200 MG CAPSULE	4	21.00	0.28	0.10646	101%-200% Above	No	No
31722095801	BENZONATATE 200 MG CAPSULE	5	21.00	0.17	0.10609	51%-75% Above	No	No
31722095801	BENZONATATE 200 MG CAPSULE	6	15.00	0.17	0.10459	51%-75% Above	No	No
31722095801	BENZONATATE 200 MG CAPSULE	6	42.00	0.17	0.10459	51%-75% Above	No	No
31722095801	BENZONATATE 200 MG CAPSULE	7	30.00	0.17	0.10306	51%-75% Above	No	No
31722095801	BENZONATATE 200 MG CAPSULE	8	21.00	0.17	0.10208	51%-75% Above	No	No
31722095801	BENZONATATE 200 MG CAPSULE	8	30.00	0.17	0.10208	51%-75% Above	No	No
31722095801	BENZONATATE 200 MG CAPSULE	8	30.00	0.27	0.10208	101%-200% Above	No	No
31722095805	BENZONATATE 200 MG CAPSULE	6	30.00	0.32	0.10459	200% Above	No	No
31722095805	BENZONATATE 200 MG CAPSULE	8	30.00	0.32	0.10208	200% Above	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	12.00	0.15	0.12756	10%-25% Above	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	15.00	0.17	0.12756	26%-50% Above	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	6.00	0.23	0.13508	51%-75% Above	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	9.00	0.21	0.13508	51%-75% Above	No	No

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31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	12.00	0.01	0.13508	76%-100% Below	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	12.00	0.15	0.13508	10%-25% Above	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	12.00	0.19	0.13508	26%-50% Above	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	26.00	0.15	0.13508	10%-25% Above	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	30.00	0.15	0.13508	10%-25% Above	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	2.00	0.40	0.13880	101%-200% Above	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	12.00	0.17	0.13880	10%-25% Above	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	12.00	0.19	0.13880	26%-50% Above	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	15.00	0.22	0.13880	51%-75% Above	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	5.00	0.26	0.13845	76%-100% Above	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	40.00	0.16	0.13845	10%-25% Above	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	60.00	0.16	0.13845	10%-25% Above	No	No
31722099605	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	8.00	0.25	0.12756	76%-100% Above	No	No
31722099605	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	10.00	0.15	0.13104	10%-25% Above	No	No
31722099605	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	12.00	0.15	0.13104	10%-25% Above	No	No
31722099605	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	12.00	0.21	0.13104	51%-75% Above	No	No
31722099605	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	15.00	0.19	0.13104	26%-50% Above	No	No
31722099605	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	26.00	0.15	0.13104	10%-25% Above	No	No
31722099605	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	30.00	0.15	0.13104	10%-25% Above	No	No
31722099605	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	12.00	0.15	0.13508	10%-25% Above	No	No
31722099701	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	75.00	0.07	0.15221	51%-75% Below	No	No
31722099701	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	84.00	0.08	0.15221	26%-50% Below	No	No
31722099705	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	60.00	0.07	0.15340	51%-75% Below	No	No
31722099705	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	60.00	0.08	0.15340	26%-50% Below	No	No
31722099705	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	90.00	0.07	0.15340	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722099705	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	60.00	0.08	0.15313	26%-50% Below	No	No
31722099705	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	60.00	0.08	0.15329	26%-50% Below	No	No
31722099705	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	60.00	0.08	0.15221	26%-50% Below	No	No
31722099705	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	70.00	0.08	0.15221	26%-50% Below	No	No
31722099801	BACLOFEN 10 MG TABLET	7	30.00	0.09	0.03210	101%-200% Above	No	No
31722099801	BACLOFEN 10 MG TABLET	8	30.00	0.09	0.03148	101%-200% Above	No	No
31722099801	BACLOFEN 10 MG TABLET	8	60.00	0.09	0.03148	101%-200% Above	No	No
33342004211	SILDENAFIL 50 MG TABLET	6	18.00	1.44	0.10376	200% Above	No	No
33342004810	IRBESARTAN 150 MG TABLET	4	90.00	0.05	0.11032	26%-50% Below	Yes	No
33342004810	IRBESARTAN 150 MG TABLET	4	90.00	0.22	0.11032	76%-100% Above	Yes	No
33342004810	IRBESARTAN 150 MG TABLET	5	90.00	0.14	0.11158	26%-50% Above	No	No
33342004810	IRBESARTAN 150 MG TABLET	6	90.00	0.17	0.11109	26%-50% Above	Yes	No
33342004810	IRBESARTAN 150 MG TABLET	7	30.00	0.14	0.11201	26%-50% Above	Yes	No
33342004810	IRBESARTAN 150 MG TABLET	7	90.00	0.05	0.11201	51%-75% Below	Yes	No
33342004810	IRBESARTAN 150 MG TABLET	7	90.00	0.14	0.11201	26%-50% Above	Yes	No
33342004810	IRBESARTAN 150 MG TABLET	7	90.00	0.22	0.11201	76%-100% Above	Yes	No
33342004910	IRBESARTAN 300 MG TABLET	4	90.00	0.33	0.15163	101%-200% Above	Yes	No
33342004910	IRBESARTAN 300 MG TABLET	4	90.00	0.33	0.15163	101%-200% Above	No	No
33342004910	IRBESARTAN 300 MG TABLET	7	90.00	0.33	0.15267	101%-200% Above	No	No
33342005010	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	4	90.00	0.01	0.05925	76%-100% Below	No	No
33342005010	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	5	30.00	0.13	0.06184	101%-200% Above	No	No
33342005010	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	5	90.00	0.11	0.06184	76%-100% Above	No	No
33342005010	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	6	30.00	0.13	0.06214	101%-200% Above	No	No
33342005010	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	6	90.00	0.11	0.06214	76%-100% Above	No	No
33342005010	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	6	180.00	0.11	0.06214	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
33342005010	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	7	90.00	0.11	0.06015	76%-100% Above	No	No
33342005010	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	8	90.00	0.03	0.05732	26%-50% Below	No	No
33342005010	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	8	90.00	0.11	0.05732	76%-100% Above	No	No
33342005110	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	4	30.00	0.16	0.07510	101%-200% Above	No	No
33342005110	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	6	90.00	0.16	0.07551	101%-200% Above	No	No
33342005110	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	7	90.00	0.33	0.07417	200% Above	No	No
33342005110	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	8	90.00	0.16	0.07495	101%-200% Above	No	No
33342005144	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	8	90.00	0.16	0.07495	101%-200% 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	0.22	0.08092	101%-200% Above	No	No
33342005210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	30.00	0.15	0.08110	76%-100% Above	No	No
33342005210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	90.00	0.15	0.08110	76%-100% Above	No	No
33342005210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	30.00	0.15	0.07979	76%-100% Above	No	No
33342005210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	90.00	0.03	0.07979	51%-75% Below	No	No
33342005210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	90.00	0.22	0.07979	101%-200% Above	No	No
33342005210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	90.00	0.33	0.07979	200% Above	No	No
33342005210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	30.00	0.15	0.07712	76%-100% Above	No	No
33342005210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	90.00	0.17	0.07712	101%-200% Above	No	No
33342005210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	8	30.00	0.15	0.07833	76%-100% Above	No	No
33342005410	PIOGLITAZONE HCL 15 MG TABLET	4	30.00	0.14	0.06984	76%-100% Above	No	No
33342005410	PIOGLITAZONE HCL 15 MG TABLET	6	30.00	0.14	0.06892	76%-100% Above	No	No
33342005410	PIOGLITAZONE HCL 15 MG TABLET	7	30.00	0.14	0.06614	101%-200% Above	No	No
33342005410	PIOGLITAZONE HCL 15 MG TABLET	8	30.00	0.14	0.06470	101%-200% Above	No	No
33342005707	IRBESARTAN-HYDROCHLOROTHIAZIDE 150-12.5 MG TB	5	30.00	0.26	0.16446	51%-75% Above	No	No
33342005707	IRBESARTAN-HYDROCHLOROTHIAZIDE 150-12.5 MG TB	6	30.00	0.26	0.16755	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
33342005810	IRBESARTAN-HYDROCHLOROTHIAZIDE 300-12.5 MG TB	4	90.00	0.22	0.19474	10%-25% Above	Yes	No
33342005810	IRBESARTAN-HYDROCHLOROTHIAZIDE 300-12.5 MG TB	6	90.00	0.29	0.19279	26%-50% Above	Yes	No
33342005810	IRBESARTAN-HYDROCHLOROTHIAZIDE 300-12.5 MG TB	7	90.00	0.22	0.19336	10%-25% Above	Yes	No
33342005810	IRBESARTAN-HYDROCHLOROTHIAZIDE 300-12.5 MG TB	8	90.00	0.29	0.19044	26%-50% Above	Yes	No
33342006207	VALSARTAN 40 MG TABLET	5	30.00	0.16	0.09907	51%-75% Above	No	No
33342006207	VALSARTAN 40 MG TABLET	6	30.00	0.16	0.10005	51%-75% Above	No	No
33342006310	VALSARTAN 80 MG TABLET	4	30.00	0.18	0.11383	51%-75% Above	No	No
33342006310	VALSARTAN 80 MG TABLET	5	30.00	0.18	0.11141	51%-75% Above	No	No
33342006410	VALSARTAN 160 MG TABLET	5	90.00	0.28	0.13535	101%-200% Above	No	No
33342006410	VALSARTAN 160 MG TABLET	5	90.00	0.28	0.13535	101%-200% Above	Yes	No
33342006410	VALSARTAN 160 MG TABLET	6	90.00	0.21	0.12973	51%-75% Above	Yes	No
33342006410	VALSARTAN 160 MG TABLET	8	90.00	0.28	0.11232	101%-200% Above	No	No
33342006707	OLANZAPINE 2.5 MG TABLET	7	30.00	0.04	0.08084	26%-50% Below	No	No
33342006707	OLANZAPINE 2.5 MG TABLET	7	53.00	0.04	0.08084	26%-50% Below	No	No
33342006707	OLANZAPINE 2.5 MG TABLET	8	30.00	0.05	0.08099	26%-50% Below	No	No
33342006807	OLANZAPINE 5 MG TABLET	5	4.00	0.12	0.08764	26%-50% Above	Yes	No
33342006807	OLANZAPINE 5 MG TABLET	5	30.00	0.05	0.08764	26%-50% Below	No	No
33342006807	OLANZAPINE 5 MG TABLET	6	4.00	0.03	0.08681	51%-75% Below	Yes	No
33342006807	OLANZAPINE 5 MG TABLET	6	4.00	0.12	0.08681	26%-50% Above	Yes	No
33342006807	OLANZAPINE 5 MG TABLET	7	4.00	0.03	0.08575	51%-75% Below	Yes	No
33342006807	OLANZAPINE 5 MG TABLET	8	24.00	0.15	0.08673	51%-75% Above	Yes	No
33342006807	OLANZAPINE 5 MG TABLET	8	30.00	0.15	0.08673	51%-75% Above	Yes	No
33342007107	OLANZAPINE 15 MG TABLET	4	90.00	0.06	0.13689	51%-75% Below	Yes	No
33342007107	OLANZAPINE 15 MG TABLET	7	30.00	0.06	0.13180	51%-75% Below	Yes	No
33342007107	OLANZAPINE 15 MG TABLET	7	30.00	0.15	0.13180	10%-25% Above	No	No

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33342007107	OLANZAPINE 15 MG TABLET	8	30.00	0.06	0.13170	51%-75% Below	Yes	No
33342007107	OLANZAPINE 15 MG TABLET	8	30.00	0.15	0.13170	10%-25% Above	No	No
33342007410	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	5	30.00	0.16	0.14221	10%-25% Above	No	No
33342007410	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	5	90.00	0.16	0.14221	10%-25% Above	No	No
33342007410	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	5	90.00	0.33	0.14221	101%-200% Above	No	No
33342007410	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	6	90.00	0.16	0.13249	10%-25% Above	No	No
33342007410	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	7	30.00	0.16	0.11599	26%-50% Above	No	No
33342007510	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	5	90.00	0.14	0.12079	10%-25% Above	No	No
33342007510	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	5	180.00	0.02	0.12079	76%-100% Below	No	No
33342007510	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	8	90.00	0.14	0.10271	26%-50% Above	No	No
33342007610	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	4	30.00	0.18	0.13876	26%-50% Above	No	No
33342007610	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	5	30.00	0.18	0.14214	26%-50% Above	No	No
33342007610	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	7	30.00	0.18	0.12895	26%-50% Above	No	No
33342007610	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	8	30.00	0.18	0.12454	26%-50% Above	No	No
33342007710	VALSARTAN-HYDROCHLOROTHIAZIDE 320-12.5 MG TAB	7	90.00	0.29	0.18785	51%-75% Above	No	No
33342007810	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	6	90.00	0.14	0.21434	26%-50% Below	No	No
33342008841	RIZATRIPTAN 10 MG TABLET	4	18.00	0.28	0.47345	26%-50% Below	No	No
33342008841	RIZATRIPTAN 10 MG TABLET	5	10.00	0.84	0.43107	76%-100% Above	No	No
33342008841	RIZATRIPTAN 10 MG TABLET	5	12.00	0.99	0.43107	101%-200% Above	No	No
33342008841	RIZATRIPTAN 10 MG TABLET	6	18.00	0.28	0.38951	26%-50% Below	No	No
33342008841	RIZATRIPTAN 10 MG TABLET	7	12.00	0.40	0.35961	10%-25% Above	No	No
33342008841	RIZATRIPTAN 10 MG TABLET	7	14.00	0.40	0.35961	10%-25% Above	No	No
33342008841	RIZATRIPTAN 10 MG TABLET	7	18.00	0.28	0.35961	10%-25% Below	No	No
33342008841	RIZATRIPTAN 10 MG TABLET	8	10.00	0.40	0.35239	10%-25% Above	No	No
33342008841	RIZATRIPTAN 10 MG TABLET	8	12.00	0.99	0.35239	101%-200% Above	No	No

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33342008841	RIZATRIPTAN 10 MG TABLET	8	12.00	1.06	0.35239	200% Above	No	No
33342008845	RIZATRIPTAN 10 MG TABLET	4	9.00	0.40	0.47345	10%-25% Below	No	No
33342008845	RIZATRIPTAN 10 MG TABLET	4	9.00	1.03	0.47345	101%-200% Above	No	No
33342008845	RIZATRIPTAN 10 MG TABLET	5	9.00	1.03	0.43107	101%-200% Above	No	No
33342008845	RIZATRIPTAN 10 MG TABLET	5	27.00	0.56	0.43107	26%-50% Above	No	No
33342008845	RIZATRIPTAN 10 MG TABLET	6	9.00	0.03	0.38951	76%-100% Below	No	No
33342008845	RIZATRIPTAN 10 MG TABLET	6	9.00	1.11	0.38951	101%-200% Above	No	No
33342008845	RIZATRIPTAN 10 MG TABLET	7	9.00	0.40	0.35961	10%-25% Above	No	No
33342008845	RIZATRIPTAN 10 MG TABLET	7	9.00	0.97	0.35961	101%-200% Above	No	No
33342008845	RIZATRIPTAN 10 MG TABLET	7	9.00	1.00	0.35961	101%-200% Above	No	No
33342008845	RIZATRIPTAN 10 MG TABLET	7	18.00	0.28	0.35961	10%-25% Below	No	No
33342008845	RIZATRIPTAN 10 MG TABLET	8	9.00	0.97	0.35239	101%-200% Above	No	No
33342009441	RIZATRIPTAN 10 MG ODT	5	12.00	0.03	0.53453	76%-100% Below	No	No
33342009441	RIZATRIPTAN 10 MG ODT	7	12.00	0.03	0.51377	76%-100% Below	No	No
33342010215	MONTELUKAST SOD 10 MG TABLET	4	30.00	0.19	0.04349	200% Above	No	No
33342010215	MONTELUKAST SOD 10 MG TABLET	4	90.00	0.04	0.04349	10%-25% Below	No	No
33342010215	MONTELUKAST SOD 10 MG TABLET	4	90.00	0.18	0.04349	200% Above	No	No
33342010215	MONTELUKAST SOD 10 MG TABLET	6	90.00	0.18	0.04193	200% Above	No	No
33342010215	MONTELUKAST SOD 10 MG TABLET	7	90.00	0.03	0.04027	10%-25% Below	No	No
33342010215	MONTELUKAST SOD 10 MG TABLET	8	90.00	0.03	0.04154	10%-25% Below	No	No
33342011110	MONTELUKAST SOD 5 MG TAB CHEW	4	30.00	0.15	0.06890	101%-200% Above	No	No
33342011110	MONTELUKAST SOD 5 MG TAB CHEW	5	30.00	0.15	0.06936	101%-200% Above	No	No
33342011110	MONTELUKAST SOD 5 MG TAB CHEW	7	30.00	0.15	0.06778	101%-200% Above	No	No
33342011507	CANDESARTAN CILEXETIL 8 MG TAB	6	30.00	0.27	0.57292	51%-75% Below	Yes	No
33342011610	CANDESARTAN CILEXETIL 16 MG TB	4	30.00	0.17	0.50115	51%-75% Below	No	No

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33342011610	CANDESARTAN CILEXETIL 16 MG TB	5	30.00	0.17	0.49908	51%-75% Below	No	No
33342011610	CANDESARTAN CILEXETIL 16 MG TB	6	30.00	0.17	0.47765	51%-75% Below	No	No
33342011610	CANDESARTAN CILEXETIL 16 MG TB	7	30.00	0.17	0.47453	51%-75% Below	No	No
33342011610	CANDESARTAN CILEXETIL 16 MG TB	8	30.00	0.17	0.47880	51%-75% Below	No	No
33342015715	CELECOXIB 200 MG CAPSULE	4	60.00	0.33	0.08460	200% Above	No	No
33342015715	CELECOXIB 200 MG CAPSULE	5	60.00	0.33	0.08353	200% Above	No	No
33342015715	CELECOXIB 200 MG CAPSULE	7	60.00	0.33	0.07799	200% Above	No	No
33342015715	CELECOXIB 200 MG CAPSULE	8	60.00	0.33	0.07599	200% Above	No	No
33342017310	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	4	30.00	0.01	0.16747	76%-100% Below	No	No
33342017310	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	30.00	0.01	0.17506	76%-100% Below	No	No
33342017310	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	45.00	0.01	0.17506	76%-100% Below	No	No
33342017310	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	30.00	0.01	0.18174	76%-100% Below	No	No
33342017310	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	30.00	0.01	0.18053	76%-100% Below	No	No
33342017310	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	45.00	0.01	0.18053	76%-100% Below	No	No
33342017410	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	5	30.00	0.45	0.23307	76%-100% Above	No	No
33342017410	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	6	30.00	0.45	0.23792	76%-100% Above	No	No
33342017410	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	7	30.00	0.45	0.23436	76%-100% Above	No	No
33342017410	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	8	30.00	0.45	0.23930	76%-100% Above	No	No
33342017510	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	5	90.00	0.43	0.23432	76%-100% Above	No	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	4	90.00	0.34	0.11752	101%-200% Above	No	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	4	90.00	0.34	0.11752	101%-200% Above	Yes	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	7	90.00	0.34	0.10938	200% Above	No	No
33342019007	AMLODIPINE-OLMESARTAN 5-20 MG	7	90.00	0.33	0.24450	26%-50% Above	Yes	No
33342019107	AMLODIPINE-OLMESARTAN 5-40 MG	6	90.00	0.42	0.29336	26%-50% Above	Yes	No
33342025866	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.78	0.88849	76%-100% Above	No	No

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33342025866	OSELTAMIVIR PHOS 75 MG CAPSULE	4	10.00	1.78	0.88807	76%-100% Above	No	No
33342026907	TRAMADOL HCL ER 100 MG TABLET	6	30.00	0.48	0.96721	26%-50% Below	No	No
33342027407	FEBUXOSTAT 40 MG TABLET	4	90.00	1.36	0.21615	200% Above	No	No
33342027407	FEBUXOSTAT 40 MG TABLET	5	90.00	1.36	0.21163	200% Above	No	No
33342027407	FEBUXOSTAT 40 MG TABLET	7	30.00	1.36	0.21156	200% Above	No	No
33342027407	FEBUXOSTAT 40 MG TABLET	7	90.00	1.36	0.21156	200% Above	No	No
33342027407	FEBUXOSTAT 40 MG TABLET	8	30.00	1.36	0.21142	200% Above	No	No
33342027907	AMLODIPINE-VALSARTAN 5-160 MG	4	90.00	0.19	0.44670	51%-75% Below	Yes	No
33342027907	AMLODIPINE-VALSARTAN 5-160 MG	5	90.00	0.19	0.41500	51%-75% Below	Yes	No
33342027907	AMLODIPINE-VALSARTAN 5-160 MG	7	90.00	0.12	0.30404	51%-75% Below	Yes	No
33342027907	AMLODIPINE-VALSARTAN 5-160 MG	7	90.00	0.21	0.30404	26%-50% Below	Yes	No
33342027910	AMLODIPINE-VALSARTAN 5-160 MG	8	90.00	0.43	0.27577	51%-75% Above	Yes	No
33342028007	AMLODIPINE-VALSARTAN 10-160 MG	4	90.00	0.44	0.50597	10%-25% Below	Yes	No
33342028007	AMLODIPINE-VALSARTAN 10-160 MG	7	30.00	0.66	0.38479	51%-75% Above	Yes	No
33342028007	AMLODIPINE-VALSARTAN 10-160 MG	8	90.00	0.44	0.35919	10%-25% Above	Yes	No
33342028010	AMLODIPINE-VALSARTAN 10-160 MG	4	30.00	0.79	0.50597	51%-75% Above	No	No
33342028010	AMLODIPINE-VALSARTAN 10-160 MG	5	30.00	0.79	0.46801	51%-75% Above	No	No
33342028010	AMLODIPINE-VALSARTAN 10-160 MG	6	30.00	0.79	0.43859	76%-100% Above	No	No
33342028010	AMLODIPINE-VALSARTAN 10-160 MG	7	30.00	0.79	0.38479	101%-200% Above	No	No
33342028107	AMLODIPINE-VALSARTAN 5-320 MG	6	30.00	0.50	0.43952	10%-25% Above	Yes	No
33342028107	AMLODIPINE-VALSARTAN 5-320 MG	7	90.00	0.50	0.37741	26%-50% Above	Yes	No
33342028207	AMLODIPINE-VALSARTAN 10-320 MG	4	30.00	0.32	0.66127	51%-75% Below	No	No
33342028207	AMLODIPINE-VALSARTAN 10-320 MG	6	90.00	0.04	0.55119	76%-100% Below	No	No
33342030011	ESZOPICLONE 2 MG TABLET	5	30.00	0.50	0.08997	200% Above	No	No
33342030011	ESZOPICLONE 2 MG TABLET	6	30.00	0.17	0.09321	76%-100% Above	No	No

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33342030011	ESZOPICLONE 2 MG TABLET	6	30.00	0.50	0.09321	200% Above	No	No
33342030011	ESZOPICLONE 2 MG TABLET	7	30.00	0.17	0.09181	76%-100% Above	No	No
33342030111	ESZOPICLONE 3 MG TABLET	4	30.00	0.21	0.09060	101%-200% Above	No	No
33342030111	ESZOPICLONE 3 MG TABLET	4	90.00	0.21	0.09060	101%-200% Above	No	No
33342030111	ESZOPICLONE 3 MG TABLET	5	30.00	0.21	0.08947	101%-200% Above	No	No
33342030111	ESZOPICLONE 3 MG TABLET	5	90.00	0.21	0.08947	101%-200% Above	No	No
33342030111	ESZOPICLONE 3 MG TABLET	5	90.00	0.33	0.08947	200% Above	No	No
33342030111	ESZOPICLONE 3 MG TABLET	6	30.00	0.21	0.08732	101%-200% Above	No	No
33342030111	ESZOPICLONE 3 MG TABLET	8	30.00	0.50	0.08581	200% Above	No	No
33342030111	ESZOPICLONE 3 MG TABLET	8	30.00	0.57	0.08581	200% Above	No	No
33342030111	ESZOPICLONE 3 MG TABLET	8	90.00	0.33	0.08581	200% Above	No	No
33342030907	RASAGILINE MESYLATE 1 MG TAB	6	60.00	0.33	0.98140	51%-75% Below	No	No
33342030907	RASAGILINE MESYLATE 1 MG TAB	7	30.00	0.33	0.95391	51%-75% Below	No	No
33342031615	ATORVASTATIN 20 MG TABLET	7	30.00	0.27	0.02795	200% Above	No	No
33342032186	CLOBETASOL 0.05% SOLUTION	5	50.00	0.46	0.11487	200% Above	No	No
33342032186	CLOBETASOL 0.05% SOLUTION	6	50.00	0.10	0.11723	10%-25% Below	Yes	No
33342032186	CLOBETASOL 0.05% SOLUTION	8	50.00	0.20	0.13451	26%-50% Above	No	No
33342032186	CLOBETASOL 0.05% SOLUTION	8	50.00	0.46	0.13451	200% Above	No	No
33342032715	TRIAMCINOLONE 0.025% CREAM	4	15.00	0.05	0.12066	51%-75% Below	No	No
33342032715	TRIAMCINOLONE 0.025% CREAM	5	15.00	0.05	0.11953	51%-75% Below	Yes	No
33342032715	TRIAMCINOLONE 0.025% CREAM	6	15.00	0.05	0.11904	51%-75% Below	Yes	No
33342032715	TRIAMCINOLONE 0.025% CREAM	8	15.00	0.05	0.11593	51%-75% Below	No	No
33342032715	TRIAMCINOLONE 0.025% CREAM	8	15.00	0.05	0.11593	51%-75% Below	Yes	No
33342032780	TRIAMCINOLONE 0.025% CREAM	8	80.00	0.11	0.05283	76%-100% Above	Yes	No
33342032815	TRIAMCINOLONE 0.5% CREAM	4	60.00	0.25	0.19466	26%-50% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
33342032815	TRIAMCINOLONE 0.5% CREAM	5	30.00	0.31	0.19566	51%-75% Above	Yes	No
33342032815	TRIAMCINOLONE 0.5% CREAM	5	45.00	0.14	0.19566	26%-50% Below	No	No
33342032815	TRIAMCINOLONE 0.5% CREAM	6	30.00	0.26	0.19334	26%-50% Above	Yes	No
33342032815	TRIAMCINOLONE 0.5% CREAM	7	15.00	0.32	0.18879	51%-75% Above	Yes	No
33342032815	TRIAMCINOLONE 0.5% CREAM	8	15.00	0.14	0.18887	10%-25% Below	Yes	No
33342032815	TRIAMCINOLONE 0.5% CREAM	8	45.00	0.14	0.18887	10%-25% Below	No	No
33342032915	TRIAMCINOLONE 0.1% CREAM	5	30.00	0.16	0.10216	51%-75% Above	Yes	No
33342032915	TRIAMCINOLONE 0.1% CREAM	5	60.00	0.19	0.10216	76%-100% Above	Yes	No
33342032915	TRIAMCINOLONE 0.1% CREAM	6	30.00	0.05	0.09986	26%-50% Below	Yes	No
33342032915	TRIAMCINOLONE 0.1% CREAM	6	30.00	0.14	0.09986	26%-50% Above	Yes	No
33342032915	TRIAMCINOLONE 0.1% CREAM	6	30.00	0.16	0.09986	51%-75% Above	Yes	No
33342032915	TRIAMCINOLONE 0.1% CREAM	7	30.00	0.05	0.09932	26%-50% Below	Yes	No
33342032915	TRIAMCINOLONE 0.1% CREAM	7	30.00	0.16	0.09932	51%-75% Above	Yes	No
33342032915	TRIAMCINOLONE 0.1% CREAM	7	60.00	0.05	0.09932	26%-50% Below	Yes	No
33342032915	TRIAMCINOLONE 0.1% CREAM	7	60.00	0.08	0.09932	10%-25% Below	Yes	No
33342032915	TRIAMCINOLONE 0.1% CREAM	7	60.00	0.16	0.09932	51%-75% Above	Yes	No
33342032915	TRIAMCINOLONE 0.1% CREAM	8	30.00	0.16	0.10018	51%-75% Above	Yes	No
33342032915	TRIAMCINOLONE 0.1% CREAM	8	30.00	0.17	0.10018	51%-75% Above	Yes	No
33342032915	TRIAMCINOLONE 0.1% CREAM	8	60.00	0.18	0.10018	76%-100% Above	Yes	No
33342032980	TRIAMCINOLONE 0.1% CREAM	4	80.00	0.08	0.04977	51%-75% Above	No	No
33342032980	TRIAMCINOLONE 0.1% CREAM	6	80.00	0.12	0.04841	101%-200% Above	Yes	No
33342032980	TRIAMCINOLONE 0.1% CREAM	7	80.00	0.05	0.04775	10%-25% Above	No	No
33342032980	TRIAMCINOLONE 0.1% CREAM	7	80.00	0.05	0.04775	10%-25% Above	Yes	No
33342032980	TRIAMCINOLONE 0.1% CREAM	7	80.00	0.13	0.04775	101%-200% Above	Yes	No
33342032980	TRIAMCINOLONE 0.1% CREAM	7	160.00	0.05	0.04775	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
33342032980	TRIAMCINOLONE 0.1% CREAM	8	80.00	0.05	0.04648	10%-25% Above	No	No
33342032980	TRIAMCINOLONE 0.1% CREAM	8	80.00	0.05	0.04648	10%-25% Above	Yes	No
33342032980	TRIAMCINOLONE 0.1% CREAM	8	80.00	0.10	0.04648	101%-200% Above	No	No
33342033115	TRIAMCINOLONE 0.025% OINT	4	15.00	0.09	0.25147	51%-75% Below	No	No
33342033115	TRIAMCINOLONE 0.025% OINT	7	30.00	0.06	0.24587	76%-100% Below	No	No
33342033215	TRIAMCINOLONE 0.5% OINTMENT	5	15.00	0.14	0.28591	26%-50% Below	Yes	No
33342033215	TRIAMCINOLONE 0.5% OINTMENT	5	30.00	0.13	0.28591	51%-75% Below	Yes	No
33342033215	TRIAMCINOLONE 0.5% OINTMENT	7	30.00	0.14	0.28166	26%-50% Below	Yes	No
33342033215	TRIAMCINOLONE 0.5% OINTMENT	8	30.00	0.13	0.28123	51%-75% Below	Yes	No
33342033315	TRIAMCINOLONE 0.1% OINTMENT	5	15.00	0.04	0.11513	51%-75% Below	No	No
33342033315	TRIAMCINOLONE 0.1% OINTMENT	5	30.00	0.05	0.11513	51%-75% Below	No	No
33342033611	METHIMAZOLE 10 MG TABLET	7	90.00	0.15	0.12475	10%-25% Above	No	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	0.05	0.03796	26%-50% Above	Yes	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	4	30.00	0.12	0.03796	200% Above	No	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	4	30.00	0.12	0.03796	200% Above	Yes	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	4	90.00	0.02	0.03796	26%-50% Below	Yes	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	4	90.00	0.12	0.03796	200% Above	No	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	4	90.00	0.12	0.03796	200% Above	Yes	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	4	105.00	0.12	0.03796	200% Above	Yes	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	5	10.00	0.12	0.03733	200% Above	No	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	5	30.00	0.02	0.03733	26%-50% Below	Yes	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	5	30.00	0.05	0.03733	10%-25% Above	Yes	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	5	30.00	0.12	0.03733	200% Above	No	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	5	30.00	0.12	0.03733	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
33342039344	LEVOTHYROXINE 25 MCG TABLET	5	90.00	0.12	0.03733	200% Above	No	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	5	90.00	0.12	0.03733	200% Above	Yes	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	6	10.00	0.12	0.03624	200% Above	No	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	6	30.00	0.02	0.03624	26%-50% Below	No	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	6	30.00	0.12	0.03624	200% Above	No	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	6	30.00	0.12	0.03624	200% Above	Yes	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	6	35.00	0.02	0.03624	26%-50% Below	No	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	7	10.00	0.12	0.03587	200% Above	No	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	7	30.00	0.04	0.03587	10%-25% Above	No	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	7	30.00	0.12	0.03587	200% Above	No	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	7	30.00	0.12	0.03587	200% Above	Yes	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	7	90.00	0.09	0.03587	101%-200% Above	Yes	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	8	10.00	0.12	0.03568	200% Above	No	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	8	30.00	0.12	0.03568	200% Above	No	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	8	30.00	0.12	0.03568	200% Above	Yes	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	8	90.00	0.04	0.03568	10%-25% Above	No	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	8	90.00	0.07	0.03568	76%-100% Above	No	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	2	30.00	0.15	0.04610	200% Above	Yes	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	4	90.00	0.02	0.04736	26%-50% Below	Yes	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	5	30.00	0.15	0.04623	200% Above	Yes	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	5	45.00	0.04	0.04623	10%-25% Below	Yes	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	5	90.00	0.02	0.04623	26%-50% Below	Yes	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	5	90.00	0.02	0.04623	26%-50% Below	Yes	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	5	90.00	0.03	0.04623	26%-50% Below	No	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	5	90.00	0.03	0.04623	10%-25% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	90.00	0.15	0.04623	200% Above	Yes	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	5	96.00	0.01	0.04623	76%-100% Below	No	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	6	90.00	0.02	0.04483	26%-50% Below	Yes	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	6	90.00	0.03	0.04483	26%-50% Below	No	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	6	90.00	0.03	0.04483	26%-50% Below	No	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	6	90.00	0.11	0.04483	101%-200% Above	Yes	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	6	90.00	0.15	0.04483	200% Above	No	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	6	90.00	0.15	0.04483	200% Above	Yes	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	7	25.00	0.15	0.04323	200% Above	Yes	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	7	30.00	0.05	0.04323	10%-25% Above	No	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	7	30.00	0.15	0.04323	200% Above	Yes	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	7	90.00	0.02	0.04323	26%-50% Below	Yes	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	7	90.00	0.03	0.04323	10%-25% Below	Yes	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	7	90.00	0.11	0.04323	101%-200% Above	Yes	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	7	90.00	0.15	0.04323	200% Above	No	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	7	90.00	0.15	0.04323	200% Above	Yes	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	8	30.00	0.05	0.04062	10%-25% Above	No	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	8	30.00	0.15	0.04062	200% Above	No	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	8	90.00	0.02	0.04062	26%-50% Below	Yes	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	8	90.00	0.15	0.04062	200% Above	Yes	No
33342039544	LEVOTHYROXINE 75 MCG TABLET	4	72.00	0.38	0.04924	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	0.04	0.04924	26%-50% Below	Yes	No
33342039544	LEVOTHYROXINE 75 MCG TABLET	4	90.00	0.31	0.04924	200% Above	Yes	No
33342039544	LEVOTHYROXINE 75 MCG TABLET	4	90.00	0.38	0.04924	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
33342039544	LEVOTHYROXINE 75 MCG TABLET	5	78.00	0.38	0.04892	200% Above	Yes	No
33342039544	LEVOTHYROXINE 75 MCG TABLET	5	90.00	0.03	0.04892	26%-50% Below	Yes	No
33342039544	LEVOTHYROXINE 75 MCG TABLET	5	90.00	0.03	0.04892	26%-50% Below	Yes	No
33342039544	LEVOTHYROXINE 75 MCG TABLET	5	90.00	0.04	0.04892	10%-25% Below	Yes	No
33342039544	LEVOTHYROXINE 75 MCG TABLET	5	90.00	0.26	0.04892	200% Above	Yes	No
33342039544	LEVOTHYROXINE 75 MCG TABLET	5	90.00	0.31	0.04892	200% Above	Yes	No
33342039544	LEVOTHYROXINE 75 MCG TABLET	6	60.00	0.03	0.04882	26%-50% Below	No	No
33342039544	LEVOTHYROXINE 75 MCG TABLET	6	90.00	0.02	0.04882	51%-75% Below	No	No
33342039544	LEVOTHYROXINE 75 MCG TABLET	6	90.00	0.03	0.04882	26%-50% Below	Yes	No
33342039544	LEVOTHYROXINE 75 MCG TABLET	6	90.00	0.03	0.04882	26%-50% Below	No	No
33342039544	LEVOTHYROXINE 75 MCG TABLET	6	90.00	0.26	0.04882	200% Above	Yes	No
33342039544	LEVOTHYROXINE 75 MCG TABLET	6	90.00	0.29	0.04882	200% Above	Yes	No
33342039544	LEVOTHYROXINE 75 MCG TABLET	6	90.00	0.38	0.04882	200% Above	No	No
33342039544	LEVOTHYROXINE 75 MCG TABLET	6	90.00	0.38	0.04882	200% Above	Yes	No
33342039544	LEVOTHYROXINE 75 MCG TABLET	7	30.00	0.31	0.04763	200% Above	No	No
33342039544	LEVOTHYROXINE 75 MCG TABLET	7	72.00	0.29	0.04763	200% Above	Yes	No
33342039544	LEVOTHYROXINE 75 MCG TABLET	7	90.00	0.03	0.04763	26%-50% Below	No	No
33342039544	LEVOTHYROXINE 75 MCG TABLET	7	90.00	0.26	0.04763	200% Above	Yes	No
33342039544	LEVOTHYROXINE 75 MCG TABLET	7	90.00	0.29	0.04763	200% Above	Yes	No
33342039544	LEVOTHYROXINE 75 MCG TABLET	8	30.00	0.31	0.04633	200% Above	No	No
33342039544	LEVOTHYROXINE 75 MCG TABLET	8	30.00	0.31	0.04633	200% Above	Yes	No
33342039544	LEVOTHYROXINE 75 MCG TABLET	8	90.00	0.03	0.04633	26%-50% Below	Yes	No
33342039544	LEVOTHYROXINE 75 MCG TABLET	8	90.00	0.26	0.04633	200% Above	Yes	No
33342039644	LEVOTHYROXINE 88 MCG TABLET	4	90.00	0.05	0.05416	10%-25% Below	Yes	No
33342039644	LEVOTHYROXINE 88 MCG TABLET	4	90.00	0.17	0.05416	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	30.00	0.05	0.05353	10%-25% Below	Yes	No
33342039644	LEVOTHYROXINE 88 MCG TABLET	5	90.00	0.01	0.05353	76%-100% Below	No	No
33342039644	LEVOTHYROXINE 88 MCG TABLET	5	90.00	0.04	0.05353	26%-50% Below	Yes	No
33342039644	LEVOTHYROXINE 88 MCG TABLET	5	90.00	0.04	0.05353	26%-50% Below	Yes	No
33342039644	LEVOTHYROXINE 88 MCG TABLET	5	90.00	0.17	0.05353	200% Above	No	No
33342039644	LEVOTHYROXINE 88 MCG TABLET	5	90.00	0.17	0.05353	200% Above	Yes	No
33342039644	LEVOTHYROXINE 88 MCG TABLET	6	90.00	0.04	0.05219	26%-50% Below	No	No
33342039644	LEVOTHYROXINE 88 MCG TABLET	6	90.00	0.17	0.05219	200% Above	Yes	No
33342039644	LEVOTHYROXINE 88 MCG TABLET	7	90.00	0.04	0.05247	10%-25% Below	Yes	No
33342039644	LEVOTHYROXINE 88 MCG TABLET	7	90.00	0.13	0.05247	101%-200% Above	Yes	No
33342039644	LEVOTHYROXINE 88 MCG TABLET	7	90.00	0.17	0.05247	200% Above	No	No
33342039644	LEVOTHYROXINE 88 MCG TABLET	7	90.00	0.17	0.05247	200% Above	Yes	No
33342039644	LEVOTHYROXINE 88 MCG TABLET	8	90.00	0.03	0.05015	26%-50% Below	No	No
33342039644	LEVOTHYROXINE 88 MCG TABLET	8	90.00	0.04	0.05015	26%-50% Below	Yes	No
33342039644	LEVOTHYROXINE 88 MCG TABLET	8	90.00	0.17	0.05015	200% Above	No	No
33342039644	LEVOTHYROXINE 88 MCG TABLET	8	90.00	0.17	0.05015	200% Above	Yes	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	4	30.00	0.31	0.05322	200% Above	No	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	4	30.00	0.31	0.05322	200% Above	Yes	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	4	90.00	0.03	0.05322	26%-50% Below	No	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	4	90.00	0.31	0.05322	200% Above	Yes	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	5	30.00	0.31	0.05205	200% Above	No	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	5	30.00	0.31	0.05205	200% Above	Yes	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	5	90.00	0.03	0.05205	26%-50% Below	Yes	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	5	90.00	0.04	0.05205	26%-50% Below	Yes	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	5	90.00	0.04	0.05205	10%-25% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	90.00	0.27	0.05205	200% Above	Yes	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	5	90.00	0.31	0.05205	200% Above	No	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	5	90.00	0.31	0.05205	200% Above	Yes	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	6	24.00	0.31	0.05092	200% Above	Yes	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	6	30.00	0.31	0.05092	200% Above	No	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	6	90.00	0.10	0.05092	76%-100% Above	No	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	6	90.00	0.27	0.05092	200% Above	Yes	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	6	90.00	0.31	0.05092	200% Above	No	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	7	24.00	0.31	0.05161	200% Above	Yes	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	7	30.00	0.03	0.05161	26%-50% Below	Yes	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	7	30.00	0.31	0.05161	200% Above	No	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	7	30.00	0.31	0.05161	200% Above	Yes	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	7	90.00	0.03	0.05161	26%-50% Below	Yes	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	7	90.00	0.03	0.05161	26%-50% Below	Yes	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	7	90.00	0.28	0.05161	200% Above	Yes	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	7	90.00	0.31	0.05161	200% Above	No	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	8	24.00	0.31	0.05073	200% Above	Yes	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	8	30.00	0.04	0.05073	10%-25% Below	No	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	8	90.00	0.03	0.05073	26%-50% Below	Yes	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	8	90.00	0.03	0.05073	26%-50% Below	Yes	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	8	90.00	0.04	0.05073	10%-25% Below	Yes	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	8	90.00	0.17	0.05073	200% Above	Yes	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	8	90.00	0.28	0.05073	200% Above	Yes	No
33342039844	LEVOTHYROXINE 112 MCG TABLET	4	90.00	0.29	0.06363	200% Above	No	No
33342039844	LEVOTHYROXINE 112 MCG TABLET	4	90.00	0.29	0.06363	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
33342039844	LEVOTHYROXINE 112 MCG TABLET	5	90.00	0.04	0.06343	26%-50% Below	Yes	No
33342039844	LEVOTHYROXINE 112 MCG TABLET	5	90.00	0.29	0.06343	200% Above	No	No
33342039844	LEVOTHYROXINE 112 MCG TABLET	5	90.00	0.29	0.06343	200% Above	Yes	No
33342039844	LEVOTHYROXINE 112 MCG TABLET	6	90.00	0.03	0.06164	26%-50% Below	Yes	No
33342039844	LEVOTHYROXINE 112 MCG TABLET	6	90.00	0.04	0.06164	26%-50% Below	No	No
33342039844	LEVOTHYROXINE 112 MCG TABLET	7	90.00	0.22	0.06035	200% Above	Yes	No
33342039844	LEVOTHYROXINE 112 MCG TABLET	8	90.00	0.04	0.05894	26%-50% Below	Yes	No
33342039910	LEVOTHYROXINE 125 MCG TABLET	4	30.00	0.17	0.06176	101%-200% Above	Yes	No
33342039910	LEVOTHYROXINE 125 MCG TABLET	4	90.00	0.04	0.06176	26%-50% Below	Yes	No
33342039910	LEVOTHYROXINE 125 MCG TABLET	4	90.00	0.17	0.06176	101%-200% Above	Yes	No
33342039910	LEVOTHYROXINE 125 MCG TABLET	5	30.00	0.17	0.06056	101%-200% Above	Yes	No
33342039910	LEVOTHYROXINE 125 MCG TABLET	5	45.00	0.17	0.06056	101%-200% Above	Yes	No
33342039910	LEVOTHYROXINE 125 MCG TABLET	5	90.00	0.17	0.06056	101%-200% Above	Yes	No
33342039910	LEVOTHYROXINE 125 MCG TABLET	6	30.00	0.17	0.05838	101%-200% Above	Yes	No
33342039910	LEVOTHYROXINE 125 MCG TABLET	6	90.00	0.04	0.05838	26%-50% Below	Yes	No
33342039910	LEVOTHYROXINE 125 MCG TABLET	6	90.00	0.17	0.05838	101%-200% Above	Yes	No
33342039910	LEVOTHYROXINE 125 MCG TABLET	7	30.00	0.17	0.05694	101%-200% Above	Yes	No
33342039910	LEVOTHYROXINE 125 MCG TABLET	7	90.00	0.04	0.05694	26%-50% Below	Yes	No
33342039910	LEVOTHYROXINE 125 MCG TABLET	7	90.00	0.17	0.05694	101%-200% Above	Yes	No
33342039910	LEVOTHYROXINE 125 MCG TABLET	8	45.00	0.17	0.05705	101%-200% Above	Yes	No
33342039910	LEVOTHYROXINE 125 MCG TABLET	8	90.00	0.17	0.05705	101%-200% Above	Yes	No
33342039944	LEVOTHYROXINE 125 MCG TABLET	4	30.00	0.17	0.06176	101%-200% Above	No	No
33342039944	LEVOTHYROXINE 125 MCG TABLET	4	90.00	0.17	0.06176	101%-200% Above	No	No
33342039944	LEVOTHYROXINE 125 MCG TABLET	5	90.00	0.05	0.06056	10%-25% Below	No	No
33342039944	LEVOTHYROXINE 125 MCG TABLET	5	90.00	0.17	0.06056	101%-200% Above	No	No

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33342039944	LEVOTHYROXINE 125 MCG TABLET	6	30.00	0.17	0.05838	101%-200% Above	No	No
33342039944	LEVOTHYROXINE 125 MCG TABLET	6	90.00	0.17	0.05838	101%-200% Above	No	No
33342039944	LEVOTHYROXINE 125 MCG TABLET	7	30.00	0.17	0.05694	101%-200% Above	No	No
33342039944	LEVOTHYROXINE 125 MCG TABLET	7	90.00	0.13	0.05694	101%-200% Above	No	No
33342039944	LEVOTHYROXINE 125 MCG TABLET	8	30.00	0.17	0.05705	101%-200% Above	No	No
33342040010	LEVOTHYROXINE 137 MCG TABLET	4	90.00	0.19	0.06499	101%-200% Above	Yes	No
33342040010	LEVOTHYROXINE 137 MCG TABLET	6	45.00	0.15	0.06295	101%-200% Above	Yes	No
33342040010	LEVOTHYROXINE 137 MCG TABLET	6	90.00	0.05	0.06295	10%-25% Below	Yes	No
33342040010	LEVOTHYROXINE 137 MCG TABLET	6	90.00	0.15	0.06295	101%-200% Above	Yes	No
33342040010	LEVOTHYROXINE 137 MCG TABLET	6	90.00	0.19	0.06295	200% Above	Yes	No
33342040010	LEVOTHYROXINE 137 MCG TABLET	8	90.00	0.19	0.06273	200% Above	Yes	No
33342040044	LEVOTHYROXINE 137 MCG TABLET	5	90.00	0.04	0.06426	26%-50% Below	No	No
33342040044	LEVOTHYROXINE 137 MCG TABLET	5	90.00	0.19	0.06426	200% Above	No	No
33342040044	LEVOTHYROXINE 137 MCG TABLET	8	90.00	0.04	0.06273	26%-50% Below	No	No
33342040110	LEVOTHYROXINE 150 MCG TABLET	8	90.00	0.04	0.05968	26%-50% Below	No	No
33342040144	LEVOTHYROXINE 150 MCG TABLET	4	90.00	0.04	0.06736	26%-50% Below	Yes	No
33342040144	LEVOTHYROXINE 150 MCG TABLET	4	90.00	0.29	0.06736	200% Above	Yes	No
33342040144	LEVOTHYROXINE 150 MCG TABLET	5	90.00	0.27	0.06547	200% Above	Yes	No
33342040144	LEVOTHYROXINE 150 MCG TABLET	5	90.00	0.29	0.06547	200% Above	Yes	No
33342040144	LEVOTHYROXINE 150 MCG TABLET	6	4.00	0.29	0.06350	200% Above	Yes	No
33342040144	LEVOTHYROXINE 150 MCG TABLET	6	90.00	0.04	0.06350	26%-50% Below	No	No
33342040144	LEVOTHYROXINE 150 MCG TABLET	6	90.00	0.04	0.06350	26%-50% Below	Yes	No
33342040144	LEVOTHYROXINE 150 MCG TABLET	6	90.00	0.05	0.06350	10%-25% Below	Yes	No
33342040144	LEVOTHYROXINE 150 MCG TABLET	6	90.00	0.27	0.06350	200% Above	Yes	No
33342040144	LEVOTHYROXINE 150 MCG TABLET	6	90.00	0.29	0.06350	200% Above	No	No

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33342040144	LEVOTHYROXINE 150 MCG TABLET	7	4.00	0.29	0.06251	200% Above	Yes	No
33342040144	LEVOTHYROXINE 150 MCG TABLET	7	30.00	0.05	0.06251	10%-25% Below	Yes	No
33342040144	LEVOTHYROXINE 150 MCG TABLET	7	30.00	0.29	0.06251	200% Above	No	No
33342040144	LEVOTHYROXINE 150 MCG TABLET	7	90.00	0.29	0.06251	200% Above	No	No
33342040144	LEVOTHYROXINE 150 MCG TABLET	7	90.00	0.29	0.06251	200% Above	Yes	No
33342040144	LEVOTHYROXINE 150 MCG TABLET	8	4.00	0.29	0.05968	200% Above	Yes	No
33342040144	LEVOTHYROXINE 150 MCG TABLET	8	30.00	0.05	0.05968	10%-25% Below	Yes	No
33342040144	LEVOTHYROXINE 150 MCG TABLET	8	90.00	0.29	0.05968	200% Above	Yes	No
33342040244	LEVOTHYROXINE 175 MCG TABLET	5	90.00	0.05	0.07988	26%-50% Below	No	No
33342040244	LEVOTHYROXINE 175 MCG TABLET	5	90.00	0.32	0.07988	200% Above	Yes	No
33342040244	LEVOTHYROXINE 175 MCG TABLET	6	90.00	0.06	0.07998	26%-50% Below	Yes	No
33342040244	LEVOTHYROXINE 175 MCG TABLET	8	90.00	0.05	0.07654	26%-50% Below	Yes	No
33342040244	LEVOTHYROXINE 175 MCG TABLET	8	90.00	0.24	0.07654	200% Above	Yes	No
33342040310	LEVOTHYROXINE 200 MCG TABLET	7	90.00	0.26	0.07831	200% Above	Yes	No
33342040310	LEVOTHYROXINE 200 MCG TABLET	8	90.00	0.05	0.08017	26%-50% Below	Yes	No
33342040344	LEVOTHYROXINE 200 MCG TABLET	4	10.00	0.35	0.08116	200% Above	No	No
33342040344	LEVOTHYROXINE 200 MCG TABLET	5	10.00	0.35	0.08002	200% Above	No	No
33342040344	LEVOTHYROXINE 200 MCG TABLET	6	10.00	0.35	0.08056	200% Above	No	No
33342040344	LEVOTHYROXINE 200 MCG TABLET	7	10.00	0.35	0.07831	200% Above	No	No
33342040344	LEVOTHYROXINE 200 MCG TABLET	8	10.00	0.35	0.08017	200% Above	No	No
33342040410	LEVOTHYROXINE 300 MCG TABLET	8	30.00	0.16	0.09986	51%-75% Above	No	No
33342040535	LIDOCAINE 5% OINTMENT	8	35.44	0.11	0.16147	26%-50% Below	No	No
33342040809	DAPAGLIFLOZIN-METFORMIN ER 5-1,000 MG TABLET	7	30.00	0.37	0.47546	10%-25% Below	No	No
33342042107	LURASIDONE HCL 60 MG TABLET	4	90.00	0.50	0.31406	51%-75% Above	No	No
33342046915	NYSTATIN 100,000 UNIT/GM CREAM	7	15.00	0.33	0.19524	51%-75% Above	No	No

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33342046930	NYSTATIN 100,000 UNIT/GM CREAM	5	30.00	0.33	0.15867	101%-200% Above	No	No
33342048130	NYSTATIN 100,000 UNIT/GM OINT	6	30.00	0.40	0.24349	51%-75% Above	Yes	No
33342048215	NYSTATIN-TRIAMCINOLONE CREAM	6	15.00	0.89	0.27620	200% Above	Yes	No
33342048230	NYSTATIN-TRIAMCINOLONE CREAM	6	30.00	0.89	0.23527	200% Above	Yes	No
33342048230	NYSTATIN-TRIAMCINOLONE CREAM	8	30.00	0.50	0.22331	101%-200% Above	Yes	No
33342048260	NYSTATIN-TRIAMCINOLONE CREAM	6	60.00	0.89	0.20775	200% Above	Yes	No
33342050615	CLOBETASOL 0.05% OINTMENT	5	30.00	1.19	0.11872	200% Above	No	No
33342050615	CLOBETASOL 0.05% OINTMENT	6	30.00	0.00	0.12239	76%-100% Below	No	No
33342050645	CLOBETASOL 0.05% OINTMENT	6	45.00	0.06	0.10596	26%-50% Below	No	No
33342050660	CLOBETASOL 0.05% OINTMENT	4	60.00	0.08	0.11242	10%-25% Below	No	No
33342053208	LEVOFLOXACIN 500 MG TABLET	5	14.00	0.09	0.14220	26%-50% Below	No	No
33342053208	LEVOFLOXACIN 500 MG TABLET	6	10.00	0.11	0.13976	10%-25% Below	Yes	No
33342053208	LEVOFLOXACIN 500 MG TABLET	6	90.00	0.07	0.13976	26%-50% Below	Yes	No
33342053208	LEVOFLOXACIN 500 MG TABLET	7	4.00	0.23	0.13563	51%-75% Above	Yes	No
33342053208	LEVOFLOXACIN 500 MG TABLET	7	7.00	0.15	0.13563	10%-25% Above	Yes	No
33342053208	LEVOFLOXACIN 500 MG TABLET	8	3.00	0.07	0.13392	26%-50% Below	Yes	No
33342053208	LEVOFLOXACIN 500 MG TABLET	8	7.00	0.41	0.13392	200% Above	Yes	No
33342053208	LEVOFLOXACIN 500 MG TABLET	8	10.00	0.10	0.13392	10%-25% Below	Yes	No
33342053208	LEVOFLOXACIN 500 MG TABLET	8	10.00	0.41	0.13392	200% Above	Yes	No
33342053332	LEVOFLOXACIN 750 MG TABLET	4	3.00	0.14	0.28017	51%-75% Below	Yes	No
33342053332	LEVOFLOXACIN 750 MG TABLET	4	5.00	0.48	0.28017	51%-75% Above	Yes	No
33342053332	LEVOFLOXACIN 750 MG TABLET	6	10.00	0.48	0.28106	51%-75% Above	Yes	No
33342053332	LEVOFLOXACIN 750 MG TABLET	8	7.00	0.48	0.26738	76%-100% Above	Yes	No
33342057009	SACUBITRIL-VALSARTAN 24-26 MG	4	180.00	0.65	0.57850	10%-25% Above	No	No
33342057109	SACUBITRIL-VALSARTAN 49-51 MG	4	180.00	0.18	0.57172	51%-75% Below	No	No

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33342057109	SACUBITRIL-VALSARTAN 49-51 MG	7	180.00	0.33	0.52647	26%-50% Below	No	No
33342057109	SACUBITRIL-VALSARTAN 49-51 MG	7	180.00	0.63	0.52647	10%-25% Above	No	No
33342057209	SACUBITRIL-VALSARTAN 97-103 MG	7	180.00	0.37	0.57961	26%-50% Below	No	No
33342058507	DAPAGLIFLOZIN 5 MG TABLET	6	90.00	0.08	0.18453	51%-75% Below	No	No
33342058607	DAPAGLIFLOZI TAB 10MG	4	60.00	7.18	.		No	No
33342058607	DAPAGLIFLOZIN 10 MG TABLET	5	90.00	7.18	11.36782	26%-50% Below	No	No
33342058607	DAPAGLIFLOZIN 10 MG TABLET	6	30.00	0.17	0.20494	10%-25% Below	No	No
33342058607	DAPAGLIFLOZIN 10 MG TABLET	6	90.00	1.68	0.20494	200% Above	Yes	No
33342058610	DAPAGLIFLOZI TAB 10MG	4	90.00	7.18	.		No	No
33342058610	DAPAGLIFLOZIN 10 MG TABLET	5	30.00	1.68	11.36782	76%-100% Below	No	No
33342058610	DAPAGLIFLOZIN 10 MG TABLET	5	90.00	1.68	11.36782	76%-100% Below	No	No
33342058610	DAPAGLIFLOZIN 10 MG TABLET	6	30.00	1.63	0.20494	200% Above	No	No
33342058610	DAPAGLIFLOZIN 10 MG TABLET	6	30.00	1.68	0.20494	200% Above	No	No
33342058610	DAPAGLIFLOZIN 10 MG TABLET	7	30.00	1.68	0.20494	200% Above	No	No
33342058610	DAPAGLIFLOZIN 10 MG TABLET	8	30.00	1.53	0.20494	200% Above	No	No
33342058610	DAPAGLIFLOZIN 10 MG TABLET	8	30.00	1.68	0.20494	200% Above	No	No
35573010749	BETAMETHASONE DP AUG 0.05% OIN	7	50.00	0.30	0.50880	26%-50% Below	Yes	No
35573045391	BENZOYL PEROXIDE 5% WASH	5	142.00	0.12	0.04930	101%-200% Above	No	No
35573045391	BENZOYL PEROXIDE 5% WASH	7	142.00	0.14	0.04981	101%-200% Above	No	No
35573046802	DEXTROAMP-AMPHET ER 25 MG CAP	8	30.00	3.50	0.49524	200% Above	No	No
37000002304	METAMUCIL POW 4 IN 1	7	60.00	0.75	.		No	No
37000045502	PRILOSEC OTC TAB 20MG	4	14.00	0.72	.		Yes	No
39328010710	PHOSPHO-TRIN TAB 250 NEUT	5	120.00	0.28	.		No	No
41100082073	MIRALAX POW 3350 NF	5	238.00	0.01	.		Yes	No
41167432007	ALLEGRA-D TAB 24 HOUR	5	7.00	0.95	.		No	No

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41167432007	ALLEGRA-D TAB 24 HOUR	7	7.00	0.95	.		No	No
42192013316	SULFACETAMIDE-SULFUR 8-4% SUSP	8	473.00	0.03	0.06713	51%-75% Below	Yes	No
42192013606	SOD SULFACET-SULFUR 10-5% CLSR	5	170.30	0.35	0.17118	101%-200% Above	No	No
42192013606	SOD SULFACET-SULFUR 10-5% CLSR	6	170.30	0.04	0.17869	76%-100% Below	No	No
42192013606	SOD SULFACET-SULFUR 10-5% CLSR	6	170.30	0.50	0.17869	101%-200% Above	No	No
42192013606	SOD SULFACET-SULFUR 10-5% CLSR	7	170.30	0.04	0.17169	51%-75% Below	No	No
42192013606	SOD SULFACET-SULFUR 10-5% CLSR	7	170.30	0.35	0.17169	101%-200% Above	No	No
42192015101	HYDROQUINONE 4% CREAM	5	28.35	2.15	0.54609	200% Above	No	No
42192015610	SOD SULFACE-SULF 9.8-4.8% CLSR	5	285.00	1.02	0.12999	200% Above	Yes	No
42192032090	PNV-SELECT TAB	4	30.00	1.65	.		No	No
42192032130	PNV-DHA SOFTGEL	7	30.00	1.43	0.98029	26%-50% Above	Yes	No
42192032801	NP THYROID 120 MG TABLET	6	90.00	1.75	1.20993	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	5	90.00	0.86	0.58737	26%-50% Above	No	No
42192033101	NP THYROID 90 MG TABLET	6	90.00	1.37	1.04668	26%-50% Above	No	No
42192033801	HYOSCYAMINE 0.125 MG ODT	6	60.00	0.48	0.17716	101%-200% Above	No	No
42192033801	HYOSCYAMINE 0.125 MG ODT	8	90.00	0.48	0.16097	200% Above	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	4	30.00	0.16	0.20451	10%-25% Below	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	4	40.00	0.53	0.20451	101%-200% Above	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	4	90.00	0.17	0.20451	10%-25% Below	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	4	300.00	0.05	0.20451	51%-75% Below	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	5	25.00	0.48	0.20161	101%-200% Above	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	5	28.00	0.48	0.20161	101%-200% Above	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	5	40.00	0.48	0.20161	101%-200% Above	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	6	30.00	0.01	0.19676	76%-100% Below	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	7	15.00	0.33	0.19620	51%-75% Above	No	No

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42192033901	HYOSCYAMINE 0.125 MG TAB SL	7	30.00	0.48	0.19620	101%-200% Above	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	7	60.00	0.33	0.19620	51%-75% Above	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	8	30.00	0.69	0.18276	200% Above	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	8	120.00	0.48	0.18276	101%-200% Above	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	8	270.00	0.48	0.18276	101%-200% Above	No	No
42192034001	HYOSCYAMINE SULF 0.125 MG TAB	4	12.00	0.48	0.17140	101%-200% Above	No	No
42192034001	HYOSCYAMINE SULF 0.125 MG TAB	4	40.00	0.01	0.17140	76%-100% Below	No	No
42192034001	HYOSCYAMINE SULF 0.125 MG TAB	4	270.00	0.15	0.17140	10%-25% Below	No	No
42192034001	HYOSCYAMINE SULF 0.125 MG TAB	5	14.00	0.71	0.17536	200% Above	No	No
42192034001	HYOSCYAMINE SULF 0.125 MG TAB	5	20.00	0.48	0.17536	101%-200% Above	No	No
42192034001	HYOSCYAMINE SULF 0.125 MG TAB	6	12.00	0.48	0.16966	101%-200% Above	No	No
42192034001	HYOSCYAMINE SULF 0.125 MG TAB	6	40.00	0.48	0.16966	101%-200% Above	No	No
42192034001	HYOSCYAMINE SULF 0.125 MG TAB	6	60.00	0.25	0.16966	26%-50% Above	No	No
42192034001	HYOSCYAMINE SULF 0.125 MG TAB	7	15.00	0.73	0.16566	200% Above	No	No
42192034001	HYOSCYAMINE SULF 0.125 MG TAB	7	30.00	0.48	0.16566	101%-200% Above	No	No
42192034001	HYOSCYAMINE SULF 0.125 MG TAB	7	40.00	0.48	0.16566	101%-200% Above	No	No
42192034001	HYOSCYAMINE SULF 0.125 MG TAB	7	120.00	0.69	0.16566	200% Above	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	4	473.00	0.04	0.07091	26%-50% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	8	240.00	0.04	0.07144	26%-50% Below	No	No
42192060816	GABAPENTIN 250 MG/5 ML SOLN	4	1080.00	0.04	0.08624	51%-75% Below	Yes	No
42192060816	GABAPENTIN 250 MG/5 ML SOLN	6	1080.00	0.04	0.08255	26%-50% Below	Yes	No
42192063004	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	4	118.00	0.04	0.07795	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	4	75.00	0.04	0.07091	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	4	100.00	0.04	0.07091	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	4	120.00	0.04	0.07091	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	150.00	0.04	0.07091	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	60.00	0.04	0.07201	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	70.00	0.04	0.07201	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	118.00	0.04	0.07201	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	118.00	0.04	0.07201	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	120.00	0.04	0.07201	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	140.00	0.04	0.07201	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	180.00	0.03	0.07201	51%-75% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	180.00	0.04	0.07201	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	280.00	0.04	0.07201	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	280.00	0.04	0.07201	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	6	90.00	0.04	0.07216	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	6	118.00	0.04	0.07216	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	6	120.00	0.04	0.07216	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	6	120.00	0.04	0.07216	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	6	140.00	0.04	0.07216	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	6	180.00	0.04	0.07216	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	6	280.00	0.03	0.07216	51%-75% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	6	300.00	0.04	0.07216	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	7	280.00	0.04	0.07270	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	7	300.00	0.04	0.07270	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	8	60.00	0.04	0.07144	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	8	120.00	0.04	0.07144	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	8	240.00	0.03	0.07144	51%-75% Below	No	No
42192071506	CICLOPIROX 8% SOLUTION	7	6.60	2.27	1.24059	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42192071506	CICLOPIROX 8% SOLUTION	8	6.60	1.37	1.17178	10%-25% Above	No	No
42291075850	SMZ-TMP TAB 400-80MG	5	40.00	0.13	.		No	No
42291089750	VENLAFAXINE CAP 37.5 ER	4	110.00	0.09	.		No	No
42291089890	VENLAFAXINE CAP 75MG ER	5	90.00	0.11	.		No	No
42291090590	PITAVASTATIN TAB 1MG	4	90.00	0.72	.		No	No
42385094205	ATORVASTATIN 40 MG TABLET	4	90.00	0.01	0.03828	51%-75% Below	No	No
42385094205	ATORVASTATIN 40 MG TABLET	4	90.00	0.12	0.03828	200% Above	No	No
42385094205	ATORVASTATIN 40 MG TABLET	5	30.00	0.12	0.03824	200% Above	No	No
42385094205	ATORVASTATIN 40 MG TABLET	5	30.00	0.14	0.03824	200% Above	No	No
42385094205	ATORVASTATIN 40 MG TABLET	5	90.00	0.15	0.03824	200% Above	No	No
42385094311	ATORVASTATIN 80 MG TABLET	5	30.00	0.15	0.07062	101%-200% Above	No	No
42385094311	ATORVASTATIN 80 MG TABLET	7	90.00	0.08	0.06918	10%-25% Above	No	No
42385094711	METFORMIN HCL 500 MG TABLET	4	60.00	0.06	0.01394	200% Above	No	No
42385094711	METFORMIN HCL 500 MG TABLET	4	90.00	0.06	0.01394	200% Above	No	No
42385094711	METFORMIN HCL 500 MG TABLET	5	60.00	0.06	0.01397	200% Above	No	No
42385094711	METFORMIN HCL 500 MG TABLET	5	180.00	0.06	0.01397	200% Above	No	No
42385094711	METFORMIN HCL 500 MG TABLET	6	180.00	0.06	0.01398	200% Above	No	No
42385094711	METFORMIN HCL 500 MG TABLET	6	180.00	0.06	0.01398	200% Above	Yes	No
42385094711	METFORMIN HCL 500 MG TABLET	7	60.00	0.06	0.01407	200% Above	No	No
42385094711	METFORMIN HCL 500 MG TABLET	8	30.00	0.03	0.01419	76%-100% Above	No	No
42385094711	METFORMIN HCL 500 MG TABLET	8	180.00	0.06	0.01419	200% Above	Yes	No
42385094905	METFORMIN HCL 1,000 MG TABLET	5	180.00	0.05	0.02457	101%-200% Above	Yes	No
42385094905	METFORMIN HCL 1,000 MG TABLET	6	90.00	0.05	0.02366	101%-200% Above	Yes	No
42385094905	METFORMIN HCL 1,000 MG TABLET	6	180.00	0.04	0.02366	51%-75% Above	Yes	No
42385094905	METFORMIN HCL 1,000 MG TABLET	6	180.00	0.05	0.02366	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	180.00	0.03	0.02313	26%-50% Above	Yes	No
42385094911	METFORMIN HCL 1,000 MG TABLET	4	180.00	0.05	0.02487	101%-200% Above	No	No
42385094911	METFORMIN HCL 1,000 MG TABLET	6	60.00	0.03	0.02366	26%-50% Above	No	No
42385094911	METFORMIN HCL 1,000 MG TABLET	6	180.00	0.05	0.02366	101%-200% Above	No	No
42385095330	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 200-300 MG TAB	4	30.00	25.91	0.45329	200% Above	No	No
42385095330	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 200-300 MG TAB	6	30.00	23.11	0.45662	200% Above	No	No
42385095330	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 200-300 MG TAB	6	30.00	25.91	0.45662	200% Above	No	No
42385095330	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 200-300 MG TAB	7	30.00	23.11	0.47648	200% Above	No	No
42385097305	GABAPENTIN 300 MG CAPSULE	5	100.00	0.06	0.03246	76%-100% Above	No	No
42385097701	METFORMIN HCL ER 500 MG TABLET	4	30.00	0.04	0.02933	26%-50% Above	No	No
42385097701	METFORMIN HCL ER 500 MG TABLET	6	30.00	0.04	0.02979	26%-50% Above	No	No
42385097701	METFORMIN HCL ER 500 MG TABLET	8	30.00	0.01	0.02879	51%-75% Below	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	4	90.00	0.03	0.02933	10%-25% Above	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	5	30.00	0.02	0.02990	26%-50% Below	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	5	180.00	0.01	0.02990	51%-75% Below	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	5	360.00	0.03	0.02990	10%-25% Above	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	5	360.00	0.05	0.02990	76%-100% Above	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	6	90.00	0.01	0.02979	51%-75% Below	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	6	180.00	0.03	0.02979	10%-25% Below	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	6	180.00	0.05	0.02979	76%-100% Above	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	6	270.00	0.01	0.02979	51%-75% Below	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	6	360.00	0.01	0.02979	51%-75% Below	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	6	360.00	0.03	0.02979	10%-25% Below	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	7	30.00	0.05	0.02932	76%-100% Above	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	7	60.00	0.05	0.02932	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	90.00	0.03	0.02932	10%-25% Above	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	7	180.00	0.04	0.02932	26%-50% Above	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	8	30.00	0.05	0.02879	76%-100% Above	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	8	60.00	0.05	0.02879	76%-100% Above	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	8	90.00	0.05	0.02879	76%-100% Above	No	No
42385097711	METFORMIN HCL ER 500 MG TABLET	4	30.00	0.05	0.02933	51%-75% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	4	90.00	0.01	0.02933	51%-75% Below	Yes	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	120.00	0.03	0.02933	10%-25% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	4	180.00	0.01	0.02933	51%-75% Below	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	4	180.00	0.03	0.02933	10%-25% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	4	360.00	0.03	0.02933	10%-25% Below	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	5	30.00	0.05	0.02990	76%-100% Above	No	No
42385097711	METFORMIN HCL ER 500 MG TABLET	5	30.00	0.05	0.02990	76%-100% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	5	60.00	0.01	0.02990	51%-75% Below	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	5	60.00	0.04	0.02990	10%-25% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	5	60.00	0.05	0.02990	76%-100% Above	No	No
42385097711	METFORMIN HCL ER 500 MG TABLET	5	67.00	0.03	0.02990	10%-25% Below	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	5	90.00	0.03	0.02990	10%-25% Below	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	5	90.00	0.05	0.02990	76%-100% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	5	120.00	0.03	0.02990	10%-25% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	5	120.00	0.05	0.02990	76%-100% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	5	173.00	0.05	0.02990	76%-100% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	5	180.00	0.01	0.02990	51%-75% Below	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	5	180.00	0.02	0.02990	10%-25% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	180.00	0.05	0.02990	76%-100% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	5	360.00	0.05	0.02990	76%-100% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	6	30.00	0.05	0.02979	76%-100% Above	No	No
42385097711	METFORMIN HCL ER 500 MG TABLET	6	30.00	0.05	0.02979	76%-100% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	6	60.00	0.01	0.02979	51%-75% Below	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	6	60.00	0.04	0.02979	10%-25% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	6	60.00	0.05	0.02979	76%-100% Above	No	No
42385097711	METFORMIN HCL ER 500 MG TABLET	6	90.00	0.03	0.02979	10%-25% Below	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	6	90.00	0.04	0.02979	26%-50% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	6	90.00	0.05	0.02979	76%-100% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	6	180.00	0.03	0.02979	10%-25% Below	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	6	180.00	0.03	0.02979	10%-25% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	6	180.00	0.05	0.02979	76%-100% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	6	360.00	0.02	0.02979	10%-25% Below	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	6	360.00	0.04	0.02979	26%-50% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	6	360.00	0.05	0.02979	76%-100% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	7	30.00	0.05	0.02932	76%-100% Above	No	No
42385097711	METFORMIN HCL ER 500 MG TABLET	7	30.00	0.05	0.02932	76%-100% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	7	30.00	0.06	0.02932	76%-100% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	7	60.00	0.01	0.02932	51%-75% Below	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	7	60.00	0.04	0.02932	26%-50% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	7	60.00	0.04	0.02932	26%-50% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	7	60.00	0.05	0.02932	76%-100% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	7	90.00	0.01	0.02932	51%-75% Below	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	7	90.00	0.04	0.02932	26%-50% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	90.00	0.05	0.02932	76%-100% Above	No	No
42385097711	METFORMIN HCL ER 500 MG TABLET	7	120.00	0.03	0.02932	10%-25% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	7	120.00	0.05	0.02932	76%-100% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	7	180.00	0.01	0.02932	51%-75% Below	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	7	180.00	0.03	0.02932	10%-25% Below	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	7	180.00	0.04	0.02932	26%-50% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	8	30.00	0.06	0.02879	76%-100% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	8	60.00	0.01	0.02879	51%-75% Below	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	8	60.00	0.03	0.02879	10%-25% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	8	60.00	0.04	0.02879	26%-50% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	8	180.00	0.04	0.02879	26%-50% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	8	180.00	0.05	0.02879	76%-100% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	8	360.00	0.05	0.02879	76%-100% 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	5	60.00	0.08	0.05528	26%-50% Above	Yes	No
42385097801	METFORMIN HCL ER 750 MG TABLET	5	90.00	0.08	0.05528	26%-50% Above	Yes	No
42385097801	METFORMIN HCL ER 750 MG TABLET	5	90.00	0.08	0.05528	26%-50% Above	Yes	No
42385097801	METFORMIN HCL ER 750 MG TABLET	5	180.00	0.08	0.05528	26%-50% Above	Yes	No
42385097801	METFORMIN HCL ER 750 MG TABLET	6	60.00	0.08	0.05484	26%-50% Above	Yes	No
42385097801	METFORMIN HCL ER 750 MG TABLET	6	180.00	0.06	0.05484	10%-25% Above	Yes	No
42385097801	METFORMIN HCL ER 750 MG TABLET	6	180.00	0.08	0.05484	26%-50% Above	Yes	No
42385097801	METFORMIN HCL ER 750 MG TABLET	6	180.00	0.08	0.05484	26%-50% Above	Yes	No
42385097801	METFORMIN HCL ER 750 MG TABLET	6	270.00	0.08	0.05484	26%-50% Above	Yes	No
42385097801	METFORMIN HCL ER 750 MG TABLET	7	90.00	0.08	0.05481	26%-50% Above	Yes	No
42543049701	AMANTADINE 100 MG TABLET	7	60.00	0.17	0.29494	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42543049701	AMANTADINE 100 MG TABLET	8	60.00	0.17	0.31147	26%-50% Below	No	No
42543074107	BUSPIRONE HCL 5 MG TABLET	4	60.00	0.05	0.02199	101%-200% Above	No	No
42543074207	BUSPIRONE HCL 10 MG TABLET	4	60.00	0.05	0.02946	51%-75% Above	No	No
42543074207	BUSPIRONE HCL 10 MG TABLET	6	30.00	0.05	0.02917	51%-75% Above	No	No
42543074207	BUSPIRONE HCL 10 MG TABLET	6	60.00	0.05	0.02917	51%-75% Above	No	No
42543074207	BUSPIRONE HCL 10 MG TABLET	7	60.00	0.05	0.02861	51%-75% Above	No	No
42543074207	BUSPIRONE HCL 10 MG TABLET	8	30.00	0.05	0.02795	76%-100% Above	No	No
42543074207	BUSPIRONE HCL 10 MG TABLET	8	60.00	0.05	0.02795	76%-100% 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	90.00	0.08	0.05470	26%-50% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	5	30.00	0.08	0.05427	26%-50% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	5	30.00	0.25	0.05427	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	5	30.00	0.27	0.05427	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	5	30.00	0.31	0.05427	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	5	90.00	0.08	0.05427	26%-50% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	5	90.00	0.23	0.05427	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	6	30.00	0.08	0.05338	26%-50% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	6	30.00	0.25	0.05338	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	6	90.00	0.08	0.05338	26%-50% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	6	90.00	0.28	0.05338	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	7	30.00	0.08	0.05181	26%-50% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	7	30.00	0.23	0.05181	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	7	30.00	0.25	0.05181	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	7	90.00	0.08	0.05181	26%-50% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	7	90.00	0.22	0.05181	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	30.00	0.08	0.05170	26%-50% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	8	30.00	0.25	0.05170	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	8	90.00	0.08	0.05170	26%-50% Above	No	No
42571013021	TRAVOPROST 0.004% EYE DROP	4	5.00	8.00	10.27347	10%-25% Below	No	No
42571013021	TRAVOPROST 0.004% EYE DROP	8	5.00	8.00	9.33186	10%-25% Below	No	No
42571013027	TRAVOPROST 0.004% EYE DROP	5	2.50	12.20	8.54510	26%-50% Above	No	No
42571013460	DICLOFENAC-MISOPROSTOL DR 75-0.2 MG TABLET	5	60.00	0.33	1.02994	51%-75% Below	No	No
42571013725	KETOROLAC 0.5% OPHTH SOLUTION	5	5.00	3.63	1.39907	101%-200% Above	No	No
42571013725	KETOROLAC 0.5% OPHTH SOLUTION	7	5.00	0.98	1.44736	26%-50% Below	No	No
42571014726	DORZOLAMIDE-TIMOLOL EYE DROPS	4	10.00	0.50	0.93397	26%-50% Below	No	No
42571014726	DORZOLAMIDE-TIMOLOL EYE DROPS	5	10.00	1.15	0.92983	10%-25% Above	No	No
42571014726	DORZOLAMIDE-TIMOLOL EYE DROPS	6	10.00	0.50	0.91638	26%-50% Below	No	No
42571014726	DORZOLAMIDE-TIMOLOL EYE DROPS	6	10.00	1.15	0.91638	10%-25% Above	No	No
42571014726	DORZOLAMIDE-TIMOLOL EYE DROPS	7	10.00	1.15	0.88527	26%-50% Above	No	No
42571016142	AMOX-CLAV 500-125 MG TABLET	5	21.00	0.24	0.30144	10%-25% Below	No	No
42571016142	AMOX-CLAV 500-125 MG TABLET	8	10.00	0.24	0.27011	10%-25% Below	No	No
42571016142	AMOX-CLAV 500-125 MG TABLET	8	21.00	0.24	0.27011	10%-25% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	4	14.00	0.24	0.28438	10%-25% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	4	14.00	0.38	0.28438	26%-50% 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	5	20.00	0.24	0.28188	10%-25% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	5	20.00	0.37	0.28188	26%-50% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	5	28.00	0.24	0.28188	10%-25% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	6	10.00	0.24	0.27470	10%-25% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	6	14.00	0.24	0.27470	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	20.00	0.24	0.27470	10%-25% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	7	14.00	0.24	0.27809	10%-25% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	7	14.00	0.35	0.27809	26%-50% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	7	14.00	0.38	0.27809	26%-50% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	7	20.00	0.24	0.27809	10%-25% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	7	20.00	0.34	0.27809	10%-25% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	7	20.00	0.36	0.27809	26%-50% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	7	20.00	0.37	0.27809	26%-50% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	8	14.00	0.24	0.28558	10%-25% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	8	20.00	0.24	0.28558	10%-25% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	8	20.00	0.37	0.28558	26%-50% 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	0.24	0.28438	10%-25% Below	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	4	20.00	0.40	0.28438	26%-50% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	5	14.00	0.24	0.28188	10%-25% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	5	20.00	0.24	0.28188	10%-25% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	5	20.00	0.25	0.28188	10%-25% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	5	20.00	0.44	0.28188	51%-75% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	5	60.00	0.24	0.28188	10%-25% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	6	14.00	0.41	0.27470	26%-50% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	6	20.00	0.24	0.27470	10%-25% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	6	20.00	0.34	0.27470	10%-25% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	6	20.00	0.40	0.27470	26%-50% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	7	14.00	0.24	0.27809	10%-25% Below	No	No

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42571016242	AMOX-CLAV 875-125 MG TABLET	7	14.00	0.31	0.27809	10%-25% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	7	20.00	0.24	0.27809	10%-25% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	8	10.00	0.24	0.28558	10%-25% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	8	14.00	0.24	0.28558	10%-25% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	8	20.00	0.24	0.28558	10%-25% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	8	28.00	0.24	0.28558	10%-25% Below	No	No
42571022730	TELMISARTAN 40 MG TABLET	5	30.00	0.15	0.17330	10%-25% Below	Yes	No
42571023405	AMOXICILLIN 500 MG CAPSULE	4	21.00	0.07	0.08321	10%-25% Below	No	No
42571023405	AMOXICILLIN 500 MG CAPSULE	8	4.00	0.22	0.07828	101%-200% Above	No	No
42571023830	AMLODIPINE-OLMESARTAN 10-40 MG	4	30.00	1.06	0.35328	101%-200% Above	No	No
42571023830	AMLODIPINE-OLMESARTAN 10-40 MG	5	90.00	1.06	0.34098	200% Above	No	No
42571025101	CLINDAMYCIN HCL 150 MG CAPSULE	7	21.00	0.08	0.10543	26%-50% Below	Yes	No
42571025101	CLINDAMYCIN HCL 150 MG CAPSULE	7	30.00	0.07	0.10543	26%-50% Below	Yes	No
42571025101	CLINDAMYCIN HCL 150 MG CAPSULE	7	90.00	0.07	0.10543	26%-50% Below	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	5	15.00	0.29	0.17586	51%-75% Above	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	5	30.00	0.20	0.17586	10%-25% Above	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	6	40.00	0.27	0.17244	51%-75% Above	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	7	14.00	0.29	0.16804	51%-75% Above	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	7	21.00	0.26	0.16804	51%-75% Above	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	7	22.00	0.23	0.16804	26%-50% Above	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	7	28.00	0.09	0.16804	26%-50% Below	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	7	28.00	0.25	0.16804	26%-50% Above	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	7	28.00	0.31	0.16804	76%-100% Above	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	8	21.00	0.23	0.16843	26%-50% Above	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	8	40.00	0.28	0.16843	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42571025830	MEFENAMIC ACID 250 MG CAPSULE	4	30.00	0.71	0.97026	26%-50% Below	No	No
42571033201	METHENAMINE HIPP 1 GM TABLET	7	180.00	0.23	0.31227	26%-50% Below	No	No
42571036281	CLOBETASOL 0.05% SOLUTION	6	50.00	0.46	0.25035	76%-100% Above	No	No
42571036281	CLOBETASOL 0.05% SOLUTION	8	50.00	0.46	0.24371	76%-100% Above	No	No
42571036299	CLOBETASOL 0.05% SOLUTION	4	50.00	0.40	0.11575	200% Above	Yes	No
42571036299	CLOBETASOL 0.05% SOLUTION	4	50.00	0.46	0.11575	200% Above	No	No
42571036299	CLOBETASOL 0.05% SOLUTION	4	50.00	0.46	0.11575	200% Above	Yes	No
42571036299	CLOBETASOL 0.05% SOLUTION	5	50.00	0.05	0.11487	51%-75% Below	Yes	No
42571036299	CLOBETASOL 0.05% SOLUTION	5	50.00	0.10	0.11487	10%-25% Below	Yes	No
42571036299	CLOBETASOL 0.05% SOLUTION	5	50.00	0.30	0.11487	101%-200% Above	Yes	No
42571036299	CLOBETASOL 0.05% SOLUTION	5	50.00	0.46	0.11487	200% Above	No	No
42571036299	CLOBETASOL 0.05% SOLUTION	5	50.00	0.46	0.11487	200% Above	Yes	No
42571036299	CLOBETASOL 0.05% SOLUTION	6	50.00	0.40	0.11723	200% Above	Yes	No
42571036299	CLOBETASOL 0.05% SOLUTION	6	50.00	0.46	0.11723	200% Above	Yes	No
42571036299	CLOBETASOL 0.05% SOLUTION	6	150.00	0.07	0.11723	26%-50% Below	No	No
42571036299	CLOBETASOL 0.05% SOLUTION	7	50.00	0.46	0.11514	200% Above	Yes	No
42571036299	CLOBETASOL 0.05% SOLUTION	7	150.00	0.07	0.11514	26%-50% Below	No	No
42571036299	CLOBETASOL 0.05% SOLUTION	8	50.00	0.46	0.13451	200% Above	Yes	No
42571040421	TIMOLOL MALEATE 0.5% EYE DROPS	5	5.00	0.81	1.05042	10%-25% Below	No	No
42571040421	TIMOLOL MALEATE 0.5% EYE DROPS	8	5.00	0.81	1.05919	10%-25% Below	No	No
42571043345	FAMOTIDINE 40 MG/5 ML SUSP	6	50.00	0.20	0.14400	26%-50% Above	No	No
42794001208	GRISEOFULVIN MICRO 500 MG TAB	6	10.00	4.57	5.77554	10%-25% Below	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	4	7.00	0.14	0.21610	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	5	30.00	0.41	0.21877	76%-100% Above	No	No

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42794001812	LIOTHYRONINE SOD 5 MCG TAB	6	30.00	0.01	0.22831	76%-100% Below	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	6	30.00	0.14	0.22831	26%-50% Below	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	6	180.00	0.14	0.22831	26%-50% Below	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	7	30.00	0.01	0.22087	76%-100% Below	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	7	60.00	0.14	0.22087	26%-50% Below	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	8	30.00	0.14	0.22006	26%-50% Below	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	8	270.00	0.07	0.22006	51%-75% Below	No	No
42799011501	COLESTIPOL HCL 1 GM TABLET	7	180.00	0.36	0.66960	26%-50% Below	No	No
42799020801	TINIDAZOLE 500 MG TABLET	4	10.00	1.50	2.25746	26%-50% Below	No	No
42799020801	TINIDAZOLE 500 MG TABLET	6	8.00	0.63	2.12112	51%-75% Below	No	No
42799020801	TINIDAZOLE 500 MG TABLET	7	4.00	1.25	2.12112	26%-50% Below	No	No
42799020801	TINIDAZOLE 500 MG TABLET	8	8.00	2.99	2.19872	26%-50% Above	No	No
42799060501	LOPERAMIDE 2 MG CAPSULE	6	8.00	0.18	0.05408	200% Above	No	No
42799060501	LOPERAMIDE 2 MG CAPSULE	6	14.00	0.18	0.05408	200% Above	No	No
42799080601	IVERMECTIN 3 MG TABLET	4	15.00	1.68	2.29261	26%-50% Below	No	No
42799080601	IVERMECTIN 3 MG TABLET	4	16.00	1.68	2.29261	26%-50% Below	No	No
42799080601	IVERMECTIN 3 MG TABLET	4	20.00	0.50	2.29261	76%-100% Below	No	No
42799080601	IVERMECTIN 3 MG TABLET	5	5.00	1.68	2.18217	10%-25% Below	No	No
42799080601	IVERMECTIN 3 MG TABLET	5	25.00	1.36	2.18217	26%-50% Below	No	No
42799080601	IVERMECTIN 3 MG TABLET	6	3.00	1.68	2.17366	10%-25% Below	No	No
42799080601	IVERMECTIN 3 MG TABLET	7	8.00	1.68	2.06234	10%-25% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	4	6.00	0.07	0.10526	26%-50% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	4	21.00	0.07	0.10526	26%-50% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	5	15.00	0.07	0.10570	26%-50% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	5	18.00	0.07	0.10570	26%-50% Below	No	No

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42799081501	PREDNISOLONE 15 MG/5 ML SOLN	5	25.00	0.07	0.10570	26%-50% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	5	30.00	0.07	0.10570	26%-50% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	5	35.00	0.07	0.10570	26%-50% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	5	45.00	0.07	0.10570	26%-50% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	5	50.00	0.07	0.10570	26%-50% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	5	90.00	0.07	0.10570	26%-50% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	6	30.00	0.07	0.10643	26%-50% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	6	70.00	0.07	0.10643	26%-50% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	6	100.00	0.09	0.10643	10%-25% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	7	9.00	0.07	0.10500	26%-50% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	7	48.00	0.07	0.10500	26%-50% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	7	55.00	0.07	0.10500	26%-50% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	7	62.00	0.08	0.10500	26%-50% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	8	30.00	0.07	0.10470	26%-50% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	8	50.00	0.07	0.10470	26%-50% Below	No	No
42799095301	DICLOFENAC SOD ER 100 MG TAB	5	30.00	0.36	0.73145	26%-50% Below	No	No
42799095301	DICLOFENAC SOD ER 100 MG TAB	5	30.00	0.42	0.73145	26%-50% Below	No	No
42799095301	DICLOFENAC SOD ER 100 MG TAB	6	30.00	0.40	0.71035	26%-50% Below	No	No
42799095301	DICLOFENAC SOD ER 100 MG TAB	7	30.00	0.40	0.68303	26%-50% Below	No	No
42799095301	DICLOFENAC SOD ER 100 MG TAB	8	30.00	0.40	0.69298	26%-50% Below	No	No
42799095801	ISOSORBIDE MONONIT ER 30 MG TB	6	90.00	0.12	0.07505	51%-75% Above	No	No
42799095802	ISOSORBIDE MONONIT ER 30 MG TB	7	90.00	0.17	0.07134	101%-200% Above	No	No
42806005801	FLAVOXATE HCL 100 MG TABLET	7	30.00	0.22	0.39953	26%-50% Below	No	No
42806005801	FLAVOXATE HCL 100 MG TABLET	8	9.00	0.22	0.39821	26%-50% Below	No	No
42806005801	FLAVOXATE HCL 100 MG TABLET	8	30.00	0.22	0.39821	26%-50% Below	No	No

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42806008301	BUSPIRONE HCL 7.5 MG TABLET	5	180.00	0.14	0.11083	10%-25% Above	No	No
42806008701	ESTRADIOL 0.5 MG TABLET	6	12.00	0.11	0.05916	76%-100% Above	No	No
42806008701	ESTRADIOL 0.5 MG TABLET	7	90.00	0.11	0.05971	76%-100% Above	No	No
42806008701	ESTRADIOL 0.5 MG TABLET	8	90.00	0.11	0.06080	76%-100% Above	No	No
42806008805	ESTRADIOL 1 MG TABLET	8	30.00	0.10	0.06361	51%-75% Above	No	No
42806008901	ESTRADIOL 2 MG TABLET	7	30.00	0.05	0.08128	26%-50% Below	No	No
42806014731	AZITHROMYCIN 100 MG/5 ML SUSP	5	30.00	0.31	0.38946	10%-25% Below	No	No
42806014932	AZITHROMYCIN 200 MG/5 ML SUSP	3	15.00	0.22	0.31287	26%-50% Below	No	No
42806014932	AZITHROMYCIN 200 MG/5 ML SUSP	5	15.00	0.22	0.32473	26%-50% Below	No	No
42806014932	AZITHROMYCIN 200 MG/5 ML SUSP	7	15.00	0.13	0.31638	51%-75% Below	No	No
42806015033	AZITHROMYCIN 200 MG/5 ML SUSP	4	22.50	0.58	0.22794	101%-200% Above	No	No
42806015134	AZITHROMYCIN 200 MG/5 ML SUSP	8	30.00	0.76	0.20952	200% Above	No	No
42806016010	HYDROXYZINE HCL 25 MG TABLET	4	90.00	0.08	0.03456	101%-200% Above	No	No
42806016010	HYDROXYZINE HCL 25 MG TABLET	7	90.00	0.08	0.03501	101%-200% Above	No	No
42806026695	CHOLESTYRAM POW 4GM PKT	4	60.00	0.45	.		No	No
42806026695	CHOLESTYRAMINE PACKET	6	60.00	0.45	0.69778	26%-50% Below	No	No
42806026695	CHOLESTYRAMINE PACKET	6	90.00	0.45	0.69778	26%-50% Below	No	No
42806026695	CHOLESTYRAMINE PACKET	7	30.00	0.45	0.67206	26%-50% Below	No	No
42806026695	CHOLESTYRAMINE PACKET	7	60.00	0.45	0.67206	26%-50% Below	No	No
42806026793	CHOLESTYRAMINE POWDER	8	756.00	0.05	0.09460	26%-50% Below	No	No
42806027095	CHOLESTYRAMINE LIGHT PACKET	5	60.00	0.47	0.81465	26%-50% Below	No	No
42806031050	DOXYCYCLINE HYCLATE 100 MG TAB	4	14.00	0.71	0.12409	200% Above	No	No
42806031050	DOXYCYCLINE HYCLATE 100 MG TAB	4	14.00	1.07	0.12409	200% Above	No	No
42806031050	DOXYCYCLINE HYCLATE 100 MG TAB	4	20.00	0.75	0.12409	200% Above	No	No
42806031050	DOXYCYCLINE HYCLATE 100 MG TAB	4	20.00	1.22	0.12409	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	14.00	0.32	0.12382	101%-200% Above	No	No
42806031050	DOXYCYCLINE HYCLATE 100 MG TAB	5	14.00	1.01	0.12382	200% Above	No	No
42806031050	DOXYCYCLINE HYCLATE 100 MG TAB	5	20.00	0.32	0.12382	101%-200% Above	No	No
42806031050	DOXYCYCLINE HYCLATE 100 MG TAB	5	60.00	0.32	0.12382	101%-200% Above	No	No
42806031050	DOXYCYCLINE HYCLATE 100 MG TAB	6	14.00	0.32	0.11755	101%-200% Above	No	No
42806031050	DOXYCYCLINE HYCLATE 100 MG TAB	6	14.00	1.01	0.11755	200% Above	No	No
42806031050	DOXYCYCLINE HYCLATE 100 MG TAB	6	20.00	0.32	0.11755	101%-200% Above	No	No
42806031050	DOXYCYCLINE HYCLATE 100 MG TAB	6	20.00	0.75	0.11755	200% Above	No	No
42806031050	DOXYCYCLINE HYCLATE 100 MG TAB	7	10.00	0.32	0.11440	101%-200% Above	No	No
42806031050	DOXYCYCLINE HYCLATE 100 MG TAB	7	14.00	0.32	0.11440	101%-200% Above	No	No
42806031050	DOXYCYCLINE HYCLATE 100 MG TAB	7	14.00	1.07	0.11440	200% Above	No	No
42806031050	DOXYCYCLINE HYCLATE 100 MG TAB	7	20.00	0.32	0.11440	101%-200% Above	No	No
42806031050	DOXYCYCLINE HYCLATE 100 MG TAB	7	20.00	0.75	0.11440	200% Above	No	No
42806031050	DOXYCYCLINE HYCLATE 100 MG TAB	8	10.00	0.32	0.11291	101%-200% Above	No	No
42806031050	DOXYCYCLINE HYCLATE 100 MG TAB	8	14.00	1.07	0.11291	200% Above	No	No
42806031050	DOXYCYCLINE HYCLATE 100 MG TAB	8	20.00	0.04	0.11291	51%-75% Below	No	No
42806031205	DOXYCYCLINE HYCLATE 100 MG TAB	4	20.00	0.32	0.12409	101%-200% Above	No	No
42806033901	DEXTROAMP-AMPHETAMINE 5 MG TAB	4	60.00	0.19	0.23910	10%-25% Below	No	No
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	30.00	0.21	0.23643	10%-25% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	60.00	0.11	0.23643	51%-75% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	30.00	0.07	0.23662	51%-75% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	30.00	0.11	0.23662	51%-75% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	30.00	0.17	0.23662	26%-50% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	30.00	0.20	0.23662	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	60.00	0.11	0.23662	51%-75% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	30.00	0.11	0.23620	51%-75% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	30.00	0.17	0.23620	26%-50% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	60.00	0.11	0.23620	51%-75% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	60.00	0.19	0.23620	10%-25% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	30.00	0.07	0.23293	51%-75% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	30.00	0.11	0.23293	51%-75% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	30.00	0.17	0.23293	26%-50% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	60.00	0.11	0.23293	51%-75% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	60.00	0.12	0.23293	26%-50% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	60.00	0.18	0.23293	10%-25% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	60.00	0.11	0.23907	51%-75% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	12	28.00	0.18	0.24917	26%-50% Below	No	No
42806034301	DEXTROAMP-AMPHETAMIN 15 MG TAB	5	30.00	0.11	0.25021	51%-75% Below	No	No
42806034301	DEXTROAMP-AMPHETAMIN 15 MG TAB	5	30.00	0.17	0.25021	26%-50% Below	No	No
42806034301	DEXTROAMP-AMPHETAMIN 15 MG TAB	6	30.00	0.11	0.24231	51%-75% Below	No	No
42806034301	DEXTROAMP-AMPHETAMIN 15 MG TAB	6	30.00	0.17	0.24231	26%-50% Below	No	No
42806034301	DEXTROAMP-AMPHETAMIN 15 MG TAB	7	30.00	0.11	0.23957	51%-75% Below	No	No
42806034301	DEXTROAMP-AMPHETAMIN 15 MG TAB	7	30.00	0.17	0.23957	26%-50% Below	No	No
42806034301	DEXTROAMP-AMPHETAMIN 15 MG TAB	8	30.00	0.13	0.23696	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	30.00	0.11	0.30747	51%-75% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	30.00	0.23	0.30747	10%-25% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	30.00	0.24	0.30747	10%-25% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	60.00	0.08	0.30747	51%-75% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	60.00	0.11	0.30747	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	15.00	0.11	0.30698	51%-75% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	30.00	0.11	0.30698	51%-75% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	30.00	0.24	0.30698	10%-25% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.00	0.08	0.30698	51%-75% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	15.00	0.11	0.30391	51%-75% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	30.00	0.11	0.30391	51%-75% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	30.00	0.23	0.30391	10%-25% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	30.00	0.24	0.30391	10%-25% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.00	0.08	0.30391	51%-75% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.00	0.11	0.30391	51%-75% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	15.00	0.11	0.29745	51%-75% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	30.00	0.11	0.29745	51%-75% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	30.00	0.24	0.29745	10%-25% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.00	0.11	0.29745	51%-75% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.00	0.12	0.29745	51%-75% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.00	0.20	0.29745	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	180.00	0.16	0.29745	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	30.00	0.11	0.29462	51%-75% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	30.00	0.18	0.29462	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	30.00	0.24	0.29462	10%-25% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.00	0.11	0.29462	51%-75% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.00	0.12	0.29462	51%-75% Below	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	4	30.00	0.16	0.31158	26%-50% Below	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	4	30.00	0.35	0.31158	10%-25% Above	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	5	30.00	0.35	0.30571	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	5	60.00	0.16	0.30571	26%-50% Below	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	6	30.00	0.16	0.30483	26%-50% Below	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	6	30.00	0.35	0.30483	10%-25% Above	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	6	45.00	0.18	0.30483	26%-50% Below	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	6	60.00	0.16	0.30483	26%-50% Below	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	7	30.00	0.16	0.29922	26%-50% Below	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	7	30.00	0.35	0.29922	10%-25% Above	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	7	60.00	0.17	0.29922	26%-50% Below	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	7	60.00	0.18	0.29922	26%-50% Below	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	30.00	0.16	0.30315	26%-50% Below	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	30.00	0.35	0.30315	10%-25% Above	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	45.00	0.18	0.30315	26%-50% Below	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	0.06	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	0.23	0.11381	101%-200% 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	0.42	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	0.45	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	0.48	0.11381	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	0.53	0.11381	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.55	0.11381	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	0.58	0.11381	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	0.62	0.11381	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	0.63	0.11381	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.00	0.01	0.11333	76%-100% Below	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.00	0.04	0.11333	51%-75% Below	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.00	0.06	0.11333	26%-50% Below	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.00	0.06	0.11333	26%-50% Below	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.00	0.06	0.11333	26%-50% Below	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.00	0.08	0.11333	26%-50% Below	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.00	0.19	0.11333	51%-75% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.00	0.19	0.11333	51%-75% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.00	0.23	0.11333	101%-200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.00	0.24	0.11333	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.00	0.42	0.11333	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.00	0.45	0.11333	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.00	0.47	0.11333	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.00	0.53	0.11333	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.00	0.53	0.11333	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.00	0.54	0.11333	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.00	0.55	0.11333	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.00	0.55	0.11333	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.00	0.55	0.11333	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.00	0.63	0.11333	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	0.04	0.11242	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	21.00	0.05	0.11242	51%-75% Below	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	0.06	0.11242	26%-50% Below	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	0.06	0.11242	26%-50% Below	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	0.08	0.11242	10%-25% Below	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	0.19	0.11242	51%-75% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	0.19	0.11242	51%-75% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	0.23	0.11242	101%-200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	0.24	0.11242	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	0.40	0.11242	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	0.42	0.11242	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	0.45	0.11242	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	0.45	0.11242	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	0.45	0.11242	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	0.47	0.11242	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	0.47	0.11242	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	0.48	0.11242	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	0.51	0.11242	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	0.53	0.11242	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	0.54	0.11242	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	0.55	0.11242	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	0.55	0.11242	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	0.58	0.11242	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	0.58	0.11242	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	0.58	0.11242	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	0.62	0.11242	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	21.00	0.01	0.11599	76%-100% Below	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.00	0.05	0.11599	51%-75% Below	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.00	0.06	0.11599	51%-75% Below	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.00	0.19	0.11599	51%-75% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.00	0.19	0.11599	51%-75% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.00	0.23	0.11599	101%-200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.00	0.24	0.11599	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.00	0.33	0.11599	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.00	0.33	0.11599	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.00	0.40	0.11599	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.00	0.42	0.11599	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.00	0.45	0.11599	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.00	0.45	0.11599	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.00	0.47	0.11599	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.00	0.47	0.11599	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.00	0.48	0.11599	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.00	0.50	0.11599	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.00	0.52	0.11599	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.00	0.52	0.11599	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.00	0.53	0.11599	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.00	0.54	0.11599	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.00	0.55	0.11599	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.00	0.56	0.11599	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.00	0.57	0.11599	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.00	0.59	0.11599	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	21.00	0.66	0.11599	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.00	0.03	0.12579	51%-75% Below	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.00	0.04	0.12579	51%-75% Below	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.00	0.19	0.12579	51%-75% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.00	0.19	0.12579	51%-75% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.00	0.23	0.12579	76%-100% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.00	0.24	0.12579	76%-100% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.00	0.42	0.12579	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.00	0.45	0.12579	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.00	0.45	0.12579	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.00	0.45	0.12579	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.00	0.47	0.12579	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.00	0.48	0.12579	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.00	0.52	0.12579	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.00	0.52	0.12579	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.00	0.52	0.12579	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.00	0.53	0.12579	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.00	0.54	0.12579	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.00	0.55	0.12579	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.00	0.57	0.12579	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.00	0.58	0.12579	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.00	0.58	0.12579	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.00	0.58	0.12579	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.00	0.62	0.12579	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	10	21.00	0.56	0.14027	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42806041405	BUPROPION HCL XL 150 MG TABLET	7	90.00	0.43	0.07775	200% Above	No	No
42806041605	BUPROPION HCL XL 300 MG TABLET	5	30.00	0.39	0.11542	200% Above	No	No
42806041605	BUPROPION HCL XL 300 MG TABLET	5	90.00	0.01	0.11542	76%-100% Below	No	No
42806041605	BUPROPION HCL XL 300 MG TABLET	6	30.00	0.39	0.11150	200% Above	No	No
42806041605	BUPROPION HCL XL 300 MG TABLET	6	90.00	0.50	0.11150	200% Above	No	No
42806041605	BUPROPION HCL XL 300 MG TABLET	7	30.00	0.39	0.10412	200% Above	No	No
42806041630	BUPROPION HCL XL 300 MG TABLET	4	30.00	0.39	0.11025	200% Above	No	No
42806041630	BUPROPION HCL XL 300 MG TABLET	6	30.00	0.39	0.11150	200% Above	No	No
42806041630	BUPROPION HCL XL 300 MG TABLET	7	30.00	0.39	0.10412	200% Above	No	No
42806042201	POTASSIUM CL ER 8 MEQ TABLET	5	90.00	0.05	0.12292	51%-75% Below	No	No
42806042301	POTASSIUM CL ER 10 MEQ TABLET	5	90.00	0.05	0.08823	26%-50% Below	No	No
42806042301	POTASSIUM CL ER 10 MEQ TABLET	7	135.00	0.05	0.08496	26%-50% Below	No	No
42806042305	POTASSIUM CL ER 10 MEQ TABLET	4	4.00	0.19	0.08864	101%-200% Above	Yes	No
42806042305	POTASSIUM CL ER 10 MEQ TABLET	7	90.00	0.09	0.08496	10%-25% Above	No	No
42806042310	POTASSIUM CL ER 10 MEQ TABLET	7	30.00	0.09	0.08496	10%-25% Above	No	No
42806042310	POTASSIUM CL ER 10 MEQ TABLET	7	60.00	0.09	0.08496	10%-25% Above	No	No
42806050301	URSODIOL 300 MG CAPSULE	4	120.00	0.75	0.46719	51%-75% Above	Yes	No
42806050301	URSODIOL 300 MG CAPSULE	5	120.00	0.24	0.44924	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	2.00	0.29	0.11845	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	2.00	0.43	0.11845	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	3.00	0.29	0.11845	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	0.04	0.11845	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	0.14	0.11845	10%-25% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	0.14	0.11845	10%-25% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	0.15	0.11845	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	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	Yes	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	0.23	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	5.00	0.29	0.11845	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	6.00	0.29	0.11845	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	8.00	0.05	0.11845	51%-75% 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	Yes	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	0.08	0.11845	26%-50% Below	Yes	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	12.00	0.08	0.11845	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	12.00	0.08	0.11845	26%-50% Below	Yes	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	12.00	0.09	0.11845	26%-50% 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	0.29	0.11845	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	13.00	0.29	0.11845	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	24.00	0.29	0.11845	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	5	2.00	0.43	0.11663	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.00	0.05	0.11663	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.00	0.15	0.11663	10%-25% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.00	0.15	0.11663	26%-50% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.00	0.16	0.11663	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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)	5	4.00	0.17	0.11663	26%-50% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.00	0.21	0.11663	76%-100% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.00	0.23	0.11663	76%-100% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.00	0.24	0.11663	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.00	0.29	0.11663	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	5	6.00	0.05	0.11663	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	5	8.00	0.05	0.11663	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	5	8.00	0.29	0.11663	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.00	0.01	0.11663	76%-100% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.00	0.01	0.11663	76%-100% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.00	0.04	0.11663	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.00	0.05	0.11663	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.00	0.05	0.11663	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.00	0.06	0.11663	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.00	0.06	0.11663	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.00	0.09	0.11663	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.00	0.09	0.11663	10%-25% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.00	0.29	0.11663	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	5	13.00	0.29	0.11663	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	5	24.00	0.05	0.11663	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	6	2.00	0.29	0.11640	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	6	2.00	0.43	0.11640	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.00	0.14	0.11640	10%-25% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.00	0.15	0.11640	10%-25% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.00	0.15	0.11640	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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)	6	4.00	0.16	0.11640	26%-50% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.00	0.17	0.11640	26%-50% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.00	0.21	0.11640	76%-100% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.00	0.23	0.11640	76%-100% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.00	0.24	0.11640	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.00	0.29	0.11640	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	6	6.00	0.29	0.11640	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.00	0.02	0.11640	76%-100% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.00	0.05	0.11640	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.00	0.05	0.11640	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.00	0.05	0.11640	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.00	0.06	0.11640	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.00	0.08	0.11640	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.00	0.09	0.11640	10%-25% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.00	0.22	0.11640	76%-100% Above	Yes	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.00	0.29	0.11640	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.00	0.29	0.11640	101%-200% Above	Yes	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	6	13.00	0.29	0.11640	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	6	24.00	0.07	0.11640	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	1.00	0.05	0.11554	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	2.00	0.43	0.11554	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.00	0.04	0.11554	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.00	0.05	0.11554	51%-75% Below	Yes	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.00	0.14	0.11554	10%-25% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.00	0.16	0.11554	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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)	7	4.00	0.17	0.11554	26%-50% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.00	0.21	0.11554	76%-100% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.00	0.21	0.11554	76%-100% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.00	0.23	0.11554	76%-100% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.00	0.24	0.11554	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.00	0.29	0.11554	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	5.00	0.29	0.11554	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	8.00	0.04	0.11554	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	8.00	0.04	0.11554	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	8.00	0.29	0.11554	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.00	0.04	0.11554	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.00	0.05	0.11554	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.00	0.05	0.11554	51%-75% Below	Yes	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.00	0.05	0.11554	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.00	0.06	0.11554	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.00	0.08	0.11554	26%-50% Below	Yes	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.00	0.08	0.11554	26%-50% Below	Yes	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.00	0.09	0.11554	10%-25% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.00	0.09	0.11554	10%-25% Below	Yes	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.00	0.09	0.11554	10%-25% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.00	0.10	0.11554	10%-25% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.00	0.22	0.11554	76%-100% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.00	0.29	0.11554	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.00	0.29	0.11554	101%-200% Above	Yes	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	13.00	0.09	0.11554	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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)	7	24.00	0.29	0.11554	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	2.00	0.38	0.11363	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	3.00	0.29	0.11363	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.00	0.14	0.11363	10%-25% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.00	0.14	0.11363	10%-25% Above	Yes	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.00	0.15	0.11363	26%-50% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.00	0.16	0.11363	26%-50% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.00	0.20	0.11363	76%-100% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.00	0.21	0.11363	76%-100% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.00	0.21	0.11363	76%-100% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.00	0.23	0.11363	76%-100% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.00	0.29	0.11363	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.00	0.29	0.11363	101%-200% Above	Yes	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	5.00	0.29	0.11363	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	6.00	0.06	0.11363	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	6.00	0.29	0.11363	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	8.00	0.05	0.11363	51%-75% Below	Yes	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	8.00	0.29	0.11363	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.00	0.04	0.11363	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.00	0.05	0.11363	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.00	0.05	0.11363	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.00	0.05	0.11363	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.00	0.06	0.11363	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.00	0.06	0.11363	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.00	0.09	0.11363	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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)	8	12.00	0.09	0.11363	10%-25% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.00	0.09	0.11363	10%-25% Below	Yes	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.00	0.29	0.11363	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.00	0.29	0.11363	101%-200% Above	Yes	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	13.00	0.29	0.11363	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	16.00	0.08	0.11363	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	24.00	0.29	0.11363	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	10	4.00	0.24	0.12245	76%-100% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	11	4.00	0.17	0.09043	76%-100% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	12	4.00	0.17	0.10563	51%-75% Above	No	No
42806054705	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.00	0.24	0.11554	101%-200% Above	No	No
42806054705	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.00	0.16	0.11363	26%-50% Above	No	No
42806054705	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.00	0.24	0.11363	101%-200% Above	No	No
42806054705	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.00	0.29	0.11363	101%-200% 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	5	60.00	0.24	0.17259	26%-50% Above	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	5	120.00	0.24	0.17259	26%-50% Above	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	6	60.00	0.24	0.17251	26%-50% Above	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	6	120.00	0.24	0.17251	26%-50% Above	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	7	60.00	0.24	0.17188	26%-50% Above	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	7	120.00	0.24	0.17188	26%-50% Above	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	8	30.00	0.33	0.17259	76%-100% Above	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	8	60.00	0.24	0.17259	26%-50% Above	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	8	120.00	0.24	0.17259	26%-50% Above	No	No
42806060109	VENLAFAXINE HCL ER 37.5 MG CAP	4	30.00	0.13	0.08586	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	30.00	0.13	0.08500	51%-75% Above	No	No
42806060109	VENLAFAXINE HCL ER 37.5 MG CAP	6	90.00	0.11	0.08500	10%-25% Above	No	No
42806060109	VENLAFAXINE HCL ER 37.5 MG CAP	6	90.00	0.13	0.08500	51%-75% Above	No	No
42806060109	VENLAFAXINE HCL ER 37.5 MG CAP	7	30.00	0.13	0.08174	51%-75% Above	No	No
42806060109	VENLAFAXINE HCL ER 37.5 MG CAP	7	90.00	0.11	0.08174	26%-50% Above	No	No
42806060109	VENLAFAXINE HCL ER 37.5 MG CAP	8	30.00	0.13	0.07948	51%-75% Above	No	No
42806060209	VENLAFAXINE HCL ER 75 MG CAP	4	90.00	0.11	0.08791	10%-25% Above	No	No
42806060209	VENLAFAXINE HCL ER 75 MG CAP	6	90.00	0.11	0.08217	26%-50% Above	No	No
42806060209	VENLAFAXINE HCL ER 75 MG CAP	7	90.00	0.11	0.08077	26%-50% Above	No	No
42806060210	VENLAFAXINE HCL ER 75 MG CAP	5	60.00	0.11	0.08503	26%-50% Above	No	No
42806060210	VENLAFAXINE HCL ER 75 MG CAP	6	60.00	0.11	0.08217	26%-50% Above	No	No
42806060210	VENLAFAXINE HCL ER 75 MG CAP	7	60.00	0.11	0.08077	26%-50% Above	No	No
42806060210	VENLAFAXINE HCL ER 75 MG CAP	7	90.00	0.11	0.08077	26%-50% Above	No	No
42806060210	VENLAFAXINE HCL ER 75 MG CAP	8	60.00	0.11	0.07939	26%-50% Above	No	No
42806060305	VENLAFAXINE HCL ER 150 MG CAP	8	90.00	0.21	0.11623	76%-100% Above	No	No
42806060309	VENLAFAXINE HCL ER 150 MG CAP	4	30.00	0.21	0.12253	51%-75% Above	No	No
42806060309	VENLAFAXINE HCL ER 150 MG CAP	5	30.00	0.21	0.11964	51%-75% Above	No	No
42806060309	VENLAFAXINE HCL ER 150 MG CAP	6	30.00	0.21	0.11695	76%-100% Above	No	No
42806060309	VENLAFAXINE HCL ER 150 MG CAP	6	90.00	0.21	0.11695	76%-100% Above	No	No
42806060309	VENLAFAXINE HCL ER 150 MG CAP	7	30.00	0.21	0.11520	76%-100% Above	No	No
42806060309	VENLAFAXINE HCL ER 150 MG CAP	8	30.00	0.21	0.11623	76%-100% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	4	20.00	0.15	0.07006	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	4	21.00	0.24	0.07006	200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	5	21.00	0.12	0.07124	51%-75% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	5	25.00	0.15	0.07124	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	30.00	0.02	0.07124	76%-100% Below	No	No
42806071401	BENZONATATE 100 MG CAPSULE	5	30.00	0.15	0.07124	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	5	60.00	0.15	0.07124	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	6	20.00	0.15	0.07078	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	6	42.00	0.15	0.07078	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	6	42.00	0.17	0.07078	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	4	42.00	0.14	0.07006	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	5	21.00	0.19	0.07124	101%-200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	4	30.00	0.17	0.10646	51%-75% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	4	30.00	0.17	0.10646	51%-75% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	4	30.00	0.23	0.10646	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	30.00	0.28	0.10646	101%-200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	5	15.00	0.26	0.10609	101%-200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	5	30.00	0.17	0.10609	51%-75% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	5	30.00	0.17	0.10609	51%-75% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	5	30.00	0.23	0.10609	101%-200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	5	30.00	0.23	0.10609	101%-200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	5	30.00	0.27	0.10609	101%-200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	5	30.00	0.33	0.10609	200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	5	42.00	0.31	0.10609	101%-200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	6	21.00	0.30	0.10459	101%-200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	8	20.00	0.32	0.10208	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	21.00	0.17	0.10646	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	14.00	0.17	0.10609	51%-75% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	5	30.00	0.17	0.10609	51%-75% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	6	30.00	0.17	0.10459	51%-75% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	6	30.00	0.23	0.10459	101%-200% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	7	21.00	0.17	0.10306	51%-75% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	7	30.00	0.02	0.10306	76%-100% Below	No	No
42806071505	BENZONATATE 200 MG CAPSULE	7	40.00	0.17	0.10306	51%-75% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	7	90.00	0.09	0.10306	10%-25% Below	No	No
42806071505	BENZONATATE 200 MG CAPSULE	8	21.00	0.17	0.10208	51%-75% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	8	75.00	0.17	0.10208	51%-75% Above	No	No
42806072410	METOPROLOL SUCC ER 25 MG TAB	4	60.00	0.11	0.05863	76%-100% Above	No	No
42806072410	METOPROLOL SUCC ER 25 MG TAB	5	45.00	0.11	0.05865	76%-100% Above	No	No
42806072410	METOPROLOL SUCC ER 25 MG TAB	5	90.00	0.11	0.05865	76%-100% Above	No	No
42806072410	METOPROLOL SUCC ER 25 MG TAB	5	180.00	0.11	0.05865	76%-100% Above	No	No
42806072410	METOPROLOL SUCC ER 25 MG TAB	6	30.00	0.01	0.05549	76%-100% Below	No	No
42806072410	METOPROLOL SUCC ER 25 MG TAB	6	90.00	0.11	0.05549	101%-200% Above	No	No
42806072510	METOPROLOL SUCC ER 50 MG TAB	7	90.00	0.11	0.05874	76%-100% Above	No	No
42806072510	METOPROLOL SUCC ER 50 MG TAB	8	90.00	0.17	0.05705	101%-200% Above	No	No
42806072610	METOPROLOL SUCC ER 100 MG TAB	5	90.00	0.15	0.08603	76%-100% Above	No	No
42806072610	METOPROLOL SUCC ER 100 MG TAB	8	90.00	0.15	0.09145	51%-75% Above	No	No
42806081701	FLECAINIDE ACETATE 50 MG TAB	4	90.00	0.05	0.11274	51%-75% Below	No	No
42806081701	FLECAINIDE ACETATE 50 MG TAB	6	30.00	0.05	0.11265	51%-75% Below	Yes	No
42806081701	FLECAINIDE ACETATE 50 MG TAB	7	30.00	0.05	0.11252	51%-75% Below	Yes	No
42806081701	FLECAINIDE ACETATE 50 MG TAB	7	90.00	0.05	0.11252	51%-75% Below	No	No
42806081801	FLECAINIDE ACETATE 100 MG TAB	4	180.00	0.17	0.18626	10%-25% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42806081801	FLECAINIDE ACETATE 100 MG TAB	5	180.00	0.23	0.18665	10%-25% Above	Yes	No
42806081801	FLECAINIDE ACETATE 100 MG TAB	6	180.00	0.23	0.18661	10%-25% Above	Yes	No
42806081801	FLECAINIDE ACETATE 100 MG TAB	8	14.00	0.44	0.17375	101%-200% Above	Yes	No
42806081801	FLECAINIDE ACETATE 100 MG TAB	8	180.00	0.11	0.17375	26%-50% Below	Yes	No
42808010306	SODIUM SULFA LIQ 10% WASH	4	177.00	0.08	.		No	No
42858000101	OXYCODONE TAB 5MG	5	30.00	0.09	.		No	No
42858000101	OXYCODONE TAB 5MG	7	12.00	0.04	.		Yes	No
42858000201	OXYCODONE HCL (IR) 10 MG TAB	4	120.00	0.08	0.16429	26%-50% Below	No	No
42858000201	OXYCODONE HCL (IR) 10 MG TAB	5	10.00	0.12	0.16435	26%-50% Below	No	No
42858000201	OXYCODONE HCL (IR) 10 MG TAB	5	90.00	0.08	0.16435	26%-50% Below	No	No
42858000201	OXYCODONE HCL (IR) 10 MG TAB	5	120.00	0.08	0.16435	26%-50% Below	No	No
42858000201	OXYCODONE HCL (IR) 10 MG TAB	7	56.00	0.08	0.16774	26%-50% Below	No	No
42858000201	OXYCODONE HCL (IR) 10 MG TAB	7	120.00	0.08	0.16774	26%-50% 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	6	90.00	0.28	0.35699	10%-25% Below	No	No
42858007645	METHYLPHENID CAP 15MG XR	6	14.00	1.32	.		Yes	No
42858010350	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	20.00	0.13	0.17381	10%-25% Below	No	No
42858010350	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	28.00	0.13	0.17381	10%-25% Below	No	No
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	5	14.00	0.11	0.22917	51%-75% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	4	70.00	0.13	0.23315	26%-50% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	4	112.00	0.11	0.23315	51%-75% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	4	120.00	0.11	0.23315	51%-75% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	5	112.00	0.11	0.22917	51%-75% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	7	70.00	0.16	0.22993	26%-50% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	7	120.00	0.11	0.22993	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	112.00	0.11	0.23602	51%-75% Below	No	No
42858016101	LISDEXAMFETAMINE 10 MG CAPSULE	6	30.00	1.15	2.87323	51%-75% Below	No	No
42858016201	LISDEXAMFETAMINE 20 MG CAPSULE	4	30.00	6.32	2.55885	101%-200% Above	Yes	No
42858016201	LISDEXAMFETAMINE 20 MG CAPSULE	5	30.00	1.21	2.73182	51%-75% Below	No	No
42858016201	LISDEXAMFETAMINE 20 MG CAPSULE	5	30.00	1.46	2.73182	26%-50% Below	No	No
42858016201	LISDEXAMFETAMINE 20 MG CAPSULE	6	30.00	1.46	2.81237	26%-50% Below	Yes	No
42858016201	LISDEXAMFETAMINE 20 MG CAPSULE	7	28.00	0.77	2.74547	51%-75% Below	No	No
42858016201	LISDEXAMFETAMINE 20 MG CAPSULE	8	30.00	1.21	2.59686	51%-75% Below	No	No
42858016301	LISDEXAMFETAMINE 30 MG CAPSULE	7	30.00	0.86	2.76686	51%-75% Below	No	No
42858016301	LISDEXAMFETAMINE 30 MG CAPSULE	7	90.00	0.86	2.76686	51%-75% Below	No	No
42858016401	LISDEXAMFETAMINE 40 MG CAPSULE	5	30.00	0.50	2.92284	76%-100% Below	No	No
42858016401	LISDEXAMFETAMINE 40 MG CAPSULE	5	30.00	1.23	2.92284	51%-75% Below	No	No
42858016401	LISDEXAMFETAMINE 40 MG CAPSULE	7	30.00	0.80	2.72415	51%-75% Below	No	No
42858016401	LISDEXAMFETAMINE 40 MG CAPSULE	8	30.00	0.80	2.62982	51%-75% Below	No	No
42858016501	LISDEXAMFETAMINE 50 MG CAPSULE	7	30.00	1.59	2.76500	26%-50% Below	Yes	No
42858021501	DEXTROAMP-AMPHET ER 15 MG CAP	7	60.00	0.25	0.53715	51%-75% Below	No	No
42858021501	DEXTROAMP-AMPHET ER 15 MG CAP	8	60.00	0.25	0.55698	51%-75% Below	No	No
42858030101	HYDROMORPHONE 2 MG TABLET	7	60.00	0.07	0.16585	51%-75% Below	Yes	No
42858030201	HYDROMORPHONE 4 MG TABLET	4	56.00	0.10	0.20873	51%-75% Below	No	No
42858030201	HYDROMORPHONE 4 MG TABLET	5	56.00	0.10	0.21765	51%-75% Below	No	No
42858030201	HYDROMORPHONE 4 MG TABLET	6	56.00	0.10	0.21682	51%-75% Below	No	No
42858030201	HYDROMORPHONE 4 MG TABLET	7	56.00	0.10	0.21942	51%-75% Below	No	No
42858030201	HYDROMORPHONE 4 MG TABLET	8	56.00	0.10	0.21677	51%-75% Below	No	No
42858032501	DEXTROAMP-AMPHET ER 25 MG CAP	8	30.00	0.41	0.49524	10%-25% Below	No	No
42858058640	BUPRENORPHINE 15 MCG/HR PATCH	4	4.00	18.75	44.15102	51%-75% Below	No	No

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42858058640	BUPRENORPHINE 15 MCG/HR PATCH	5	4.00	23.79	44.86244	26%-50% Below	No	No
42858060203	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	6	60.00	0.07	0.66955	76%-100% Below	No	No
42858060203	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	8	45.00	0.33	0.63786	26%-50% Below	No	No
42858061001	DEXTROAMP-AMPHET ER 10 MG CAP	4	28.00	0.41	0.51724	10%-25% Below	No	No
42858061001	DEXTROAMP-AMPHET ER 10 MG CAP	5	30.00	0.17	0.51419	51%-75% Below	No	No
42858061001	DEXTROAMP-AMPHET ER 10 MG CAP	7	30.00	0.41	0.51966	10%-25% Below	No	No
42858072001	DEXTROAMP-AMPHET ER 20 MG CAP	4	30.00	0.41	0.61069	26%-50% Below	No	No
42858072001	DEXTROAMP-AMPHET ER 20 MG CAP	7	30.00	0.41	0.57228	26%-50% Below	No	No
42858080101	MORPHINE SULF ER 15 MG TABLET	7	60.00	0.15	0.31815	51%-75% Below	No	No
42858080201	MORPHINE SULF ER 30 MG TABLET	4	60.00	0.13	0.38319	51%-75% Below	No	No
42858080201	MORPHINE SULF ER 30 MG TABLET	5	60.00	0.13	0.40393	51%-75% Below	No	No
42858080201	MORPHINE SULF ER 30 MG TABLET	6	60.00	0.13	0.43364	51%-75% Below	No	No
42858080201	MORPHINE SULF ER 30 MG TABLET	7	60.00	0.13	0.43337	51%-75% Below	No	No
42858080201	MORPHINE SULF ER 30 MG TABLET	8	60.00	0.14	0.45546	51%-75% Below	No	No
42858093001	DEXTROAMP-AMPHET ER 30 MG CAP	5	90.00	0.41	0.54992	10%-25% Below	No	No
43353023813	ERGOCALCIFER CAP 50000UNT	6	13.00	0.29	.		No	No
43353098780	METFORMIN TAB 1000MG	6	180.00	0.04	.		No	No
43353098780	METFORMIN TAB 1000MG	8	180.00	0.02	.		No	No
43353098780	METFORMIN TAB 1000MG	8	180.00	0.02	.		No	No
43386005019	GAVILYTE-N SOLUTION	8	4000.00	0.00	0.00503	26%-50% Below	No	No
43386006019	GAVILYTE-C SOLUTION	5	4000.00	0.00	0.00373	10%-25% Above	No	No
43386006019	GAVILYTE-C SOLUTION	6	4000.00	0.00	0.00375	10%-25% Above	No	No
43386006019	GAVILYTE-C SOLUTION	6	4000.00	0.00	0.00375	10%-25% Above	Yes	No
43386009019	GAVILYTE-G SOLUTION	4	4000.00	0.00	0.00465	26%-50% Below	No	No
43386009019	GAVILYTE-G SOLUTION	4	4000.00	0.00	0.00465	26%-50% Below	Yes	No

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43386009019	GAVILYTE-G SOLUTION	4	4000.00	0.00	0.00465	26%-50% Below	No	No
43386009019	GAVILYTE-G SOLUTION	5	4000.00	0.00	0.00465	26%-50% Below	Yes	No
43386009019	GAVILYTE-G SOLUTION	5	4000.00	0.00	0.00465	26%-50% Below	Yes	No
43386009019	GAVILYTE-G SOLUTION	5	4000.00	0.00	0.00465	26%-50% Below	Yes	No
43386009019	GAVILYTE-G SOLUTION	6	4000.00	0.00	0.00464	26%-50% Below	Yes	No
43386009019	GAVILYTE-G SOLUTION	6	4000.00	0.00	0.00464	26%-50% Below	No	No
43386009019	GAVILYTE-G SOLUTION	6	4000.00	0.00	0.00464	26%-50% Below	No	No
43386009019	GAVILYTE-G SOLUTION	6	4000.00	0.00	0.00464	26%-50% Below	Yes	No
43386009019	GAVILYTE-G SOLUTION	7	4000.00	0.00	0.00461	26%-50% Below	Yes	No
43386009019	GAVILYTE-G SOLUTION	7	4000.00	0.00	0.00461	26%-50% Below	No	No
43386009019	GAVILYTE-G SOLUTION	7	4000.00	0.00	0.00461	26%-50% Below	Yes	No
43386009019	GAVILYTE-G SOLUTION	7	4000.00	0.00	0.00461	26%-50% Below	No	No
43386009019	GAVILYTE-G SOLUTION	7	4000.00	0.00	0.00461	26%-50% Below	No	No
43386009019	GAVILYTE-G SOLUTION	8	4000.00	0.00	0.00463	26%-50% Below	Yes	No
43386009019	GAVILYTE-G SOLUTION	8	4000.00	0.00	0.00463	26%-50% Below	No	No
43386009019	GAVILYTE-G SOLUTION	8	4000.00	0.00	0.00463	26%-50% Below	Yes	No
43386009019	GAVILYTE-G SOLUTION	8	4000.00	0.00	0.00463	26%-50% Below	Yes	No
43386009019	GAVILYTE-G SOLUTION	8	4000.00	0.00	0.00463	26%-50% Below	No	No
43386028001	DIAZEPAM 10 MG RECTAL GEL (2PK)	7	2.00	0.01	264.92186	76%-100% Below	No	No
43386048024	ORPHENADRINE ER 100 MG TABLET	6	20.00	0.27	0.47503	26%-50% Below	No	No
43386070083	SOD SUL-POTASS SUL-MAG SUL SOL	4	354.00	0.07	0.10976	26%-50% Below	No	No
43386070083	SOD SUL-POTASS SUL-MAG SUL SOL	5	354.00	0.07	0.10899	26%-50% Below	Yes	No
43528000305	HEPLISAV-B INJ 20/0.5ML	4	0.50	313.22	.		Yes	No
43528000305	HEPLISAV-B INJ 20/0.5ML	4	0.50	317.00	.		No	No
43528000305	HEPLISAV-B INJ 20/0.5ML	4	0.50	325.66	.		Yes	No

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43528000305	HEPLISAV-B INJ 20/0.5ML	5	0.50	299.16	.		No	No
43528000305	HEPLISAV-B INJ 20/0.5ML	5	0.50	313.22	.		Yes	No
43528000305	HEPLISAV-B INJ 20/0.5ML	6	0.50	313.22	.		Yes	No
43528000305	HEPLISAV-B INJ 20/0.5ML	6	0.50	325.66	.		Yes	No
43528000305	HEPLISAV-B INJ 20/0.5ML	7	0.50	299.16	.		No	No
43528000305	HEPLISAV-B INJ 20/0.5ML	7	0.50	313.22	.		Yes	No
43528000305	HEPLISAV-B INJ 20/0.5ML	7	0.50	325.66	.		No	No
43528000305	HEPLISAV-B INJ 20/0.5ML	7	0.50	325.66	.		Yes	No
43528000305	HEPLISAV-B INJ 20/0.5ML	8	0.50	299.16	.		No	No
43528000305	HEPLISAV-B INJ 20/0.5ML	8	0.50	313.22	.		Yes	No
43528000305	HEPLISAV-B INJ 20/0.5ML	8	0.50	314.42	.		No	No
43528000305	HEPLISAV-B INJ 20/0.5ML	8	0.50	325.66	.		No	No
43528000305	HEPLISAV-B INJ 20/0.5ML	8	0.50	325.66	.		Yes	No
43538017069	CLINDACIN-P PAD 1%	4	69.00	5.56	.		No	No
43538017069	CLINDACIN-P PAD 1%	5	69.00	5.56	.		No	No
43538017069	CLINDACIN-P PAD 1%	6	69.00	5.56	.		No	No
43538017069	CLINDACIN-P PAD 1%	7	69.00	5.56	.		No	No
43547004903	TADALAFIL 5 MG TABLET	4	30.00	0.69	0.10765	200% Above	Yes	No
43547004903	TADALAFIL 5 MG TABLET	5	30.00	0.69	0.10525	200% Above	Yes	No
43547004903	TADALAFIL 5 MG TABLET	6	30.00	0.69	0.10307	200% Above	Yes	No
43547004903	TADALAFIL 5 MG TABLET	6	90.00	0.52	0.10307	200% Above	Yes	No
43547004903	TADALAFIL 5 MG TABLET	7	30.00	0.69	0.10144	200% Above	Yes	No
43547004903	TADALAFIL 5 MG TABLET	8	30.00	0.69	0.10216	200% Above	Yes	No
43547004903	TADALAFIL 5 MG TABLET	8	90.00	0.43	0.10216	200% Above	Yes	No
43547004950	TADALAFIL 5 MG TABLET	5	30.00	0.67	0.10525	200% Above	No	No

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43547004950	TADALAFIL 5 MG TABLET	6	30.00	0.67	0.10307	200% Above	No	No
43547004950	TADALAFIL 5 MG TABLET	6	90.00	0.15	0.10307	26%-50% Above	No	No
43547005003	TADALAFIL 10 MG TABLET	4	30.00	3.46	0.16934	200% Above	Yes	No
43547005003	TADALAFIL 10 MG TABLET	5	10.00	6.80	0.16705	200% Above	Yes	No
43547005003	TADALAFIL 10 MG TABLET	8	10.00	3.30	0.15748	200% Above	Yes	No
43547005103	TADALAFIL 20 MG TABLET	5	6.00	3.47	0.17959	200% Above	Yes	No
43547005103	TADALAFIL 20 MG TABLET	5	9.00	6.89	0.17959	200% Above	Yes	No
43547005103	TADALAFIL 20 MG TABLET	5	10.00	3.47	0.17959	200% Above	Yes	No
43547005103	TADALAFIL 20 MG TABLET	7	8.00	3.47	0.16256	200% Above	Yes	No
43547005103	TADALAFIL 20 MG TABLET	7	30.00	1.18	0.16256	200% Above	Yes	No
43547005103	TADALAFIL 20 MG TABLET	8	30.00	1.18	0.15815	200% Above	Yes	No
43547022215	LEVETIRACETAM 500 MG TABLET	8	60.00	0.01	0.07391	76%-100% Below	No	No
43547022250	LEVETIRACETAM 500 MG TABLET	4	60.00	0.07	0.07798	10%-25% Below	No	No
43547022250	LEVETIRACETAM 500 MG TABLET	8	60.00	0.12	0.07391	51%-75% Above	No	No
43547022650	METHOCARBAMOL 750 MG TABLET	4	21.00	0.09	0.04232	101%-200% Above	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	4	30.00	0.09	0.04232	101%-200% Above	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	4	60.00	0.03	0.04232	26%-50% Below	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	4	60.00	0.03	0.04232	26%-50% Below	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	5	12.00	0.09	0.04244	101%-200% Above	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	5	25.00	0.03	0.04244	10%-25% Below	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	5	40.00	0.09	0.04244	101%-200% Above	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	5	42.00	0.09	0.04244	101%-200% Above	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	5	60.00	0.02	0.04244	51%-75% Below	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	5	60.00	0.03	0.04244	26%-50% Below	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	5	84.00	0.02	0.04244	51%-75% Below	Yes	No

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43547022650	METHOCARBAMOL 750 MG TABLET	5	90.00	0.02	0.04244	51%-75% Below	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	6	20.00	0.04	0.04286	10%-25% Below	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	6	25.00	0.03	0.04286	10%-25% Below	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	6	30.00	0.02	0.04286	51%-75% Below	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	6	30.00	0.03	0.04286	10%-25% Below	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	6	30.00	0.09	0.04286	76%-100% Above	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	6	40.00	0.09	0.04286	76%-100% Above	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	6	90.00	0.02	0.04286	51%-75% Below	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	6	180.00	0.09	0.04286	76%-100% Above	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	7	20.00	0.05	0.04291	10%-25% Above	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	7	25.00	0.02	0.04291	51%-75% Below	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	7	30.00	0.03	0.04291	26%-50% Below	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	7	90.00	0.09	0.04291	76%-100% Above	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	8	15.00	0.09	0.04237	101%-200% Above	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	8	25.00	0.02	0.04237	51%-75% Below	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	8	30.00	0.09	0.04237	101%-200% Above	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	8	60.00	0.02	0.04237	26%-50% Below	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	8	90.00	0.03	0.04237	26%-50% Below	Yes	No
43547026810	ROPINIROLE HCL 0.25 MG TABLET	5	60.00	0.11	0.04749	101%-200% Above	No	No
43547026810	ROPINIROLE HCL 0.25 MG TABLET	5	90.00	0.11	0.04749	101%-200% Above	Yes	No
43547026810	ROPINIROLE HCL 0.25 MG TABLET	6	60.00	0.11	0.04625	101%-200% Above	No	No
43547026810	ROPINIROLE HCL 0.25 MG TABLET	7	30.00	0.11	0.04533	101%-200% Above	No	No
43547026810	ROPINIROLE HCL 0.25 MG TABLET	7	60.00	0.11	0.04533	101%-200% Above	No	No
43547026910	ROPINIROLE HCL 0.5 MG TABLET	6	30.00	0.03	0.04345	26%-50% Below	Yes	No
43547026910	ROPINIROLE HCL 0.5 MG TABLET	6	90.00	0.10	0.04345	101%-200% Above	Yes	No

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43547026910	ROPINIROLE HCL 0.5 MG TABLET	7	30.00	0.03	0.04305	26%-50% Below	Yes	No
43547026910	ROPINIROLE HCL 0.5 MG TABLET	7	90.00	0.08	0.04305	76%-100% Above	Yes	No
43547026910	ROPINIROLE HCL 0.5 MG TABLET	8	30.00	0.03	0.04302	26%-50% Below	Yes	No
43547026950	ROPINIROLE HCL 0.5 MG TABLET	4	30.00	0.10	0.04330	101%-200% Above	No	No
43547026950	ROPINIROLE HCL 0.5 MG TABLET	5	30.00	0.10	0.04347	101%-200% Above	No	No
43547026950	ROPINIROLE HCL 0.5 MG TABLET	6	30.00	0.10	0.04345	101%-200% Above	No	No
43547026950	ROPINIROLE HCL 0.5 MG TABLET	7	90.00	0.10	0.04305	101%-200% Above	No	No
43547027010	ROPINIROLE HCL 1 MG TABLET	4	90.00	0.02	0.05227	51%-75% Below	Yes	No
43547027010	ROPINIROLE HCL 1 MG TABLET	5	90.00	0.02	0.05278	51%-75% Below	Yes	No
43547027010	ROPINIROLE HCL 1 MG TABLET	5	90.00	0.11	0.05278	76%-100% Above	Yes	No
43547027010	ROPINIROLE HCL 1 MG TABLET	6	90.00	0.02	0.05199	51%-75% Below	No	No
43547027010	ROPINIROLE HCL 1 MG TABLET	6	180.00	0.02	0.05199	51%-75% Below	Yes	No
43547027010	ROPINIROLE HCL 1 MG TABLET	8	90.00	0.02	0.04885	51%-75% Below	Yes	No
43547027050	ROPINIROLE HCL 1 MG TABLET	4	30.00	0.11	0.05227	101%-200% Above	No	No
43547027050	ROPINIROLE HCL 1 MG TABLET	5	60.00	0.11	0.05278	76%-100% Above	No	No
43547027050	ROPINIROLE HCL 1 MG TABLET	6	30.00	0.11	0.05199	101%-200% Above	No	No
43547027050	ROPINIROLE HCL 1 MG TABLET	6	60.00	0.11	0.05199	101%-200% Above	No	No
43547027050	ROPINIROLE HCL 1 MG TABLET	7	30.00	0.11	0.05102	101%-200% Above	No	No
43547027050	ROPINIROLE HCL 1 MG TABLET	8	30.00	0.11	0.04885	101%-200% Above	No	No
43547027110	ROPINIROLE HCL 2 MG TABLET	4	30.00	0.04	0.06677	26%-50% Below	No	No
43547027110	ROPINIROLE HCL 2 MG TABLET	5	180.00	0.13	0.06622	76%-100% Above	Yes	No
43547027110	ROPINIROLE HCL 2 MG TABLET	6	30.00	0.04	0.06513	26%-50% Below	No	No
43547027110	ROPINIROLE HCL 2 MG TABLET	6	90.00	0.13	0.06513	76%-100% Above	No	No
43547027110	ROPINIROLE HCL 2 MG TABLET	7	30.00	0.04	0.06709	26%-50% Below	No	No
43547027110	ROPINIROLE HCL 2 MG TABLET	8	30.00	0.04	0.06635	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547027310	ROPINIROLE HCL 4 MG TABLET	4	90.00	0.15	0.08212	76%-100% Above	No	No
43547027310	ROPINIROLE HCL 4 MG TABLET	7	90.00	0.15	0.08253	76%-100% Above	No	No
43547027509	DONEPEZIL HCL 5 MG TABLET	5	30.00	0.07	0.04381	51%-75% Above	No	No
43547027509	DONEPEZIL HCL 5 MG TABLET	6	30.00	0.07	0.04271	51%-75% Above	No	No
43547027509	DONEPEZIL HCL 5 MG TABLET	7	30.00	0.07	0.04322	51%-75% Above	No	No
43547027509	DONEPEZIL HCL 5 MG TABLET	8	30.00	0.07	0.04349	51%-75% Above	No	No
43547027509	DONEPEZIL HCL 5 MG TABLET	8	30.00	0.15	0.04349	200% Above	No	No
43547027511	DONEPEZIL HCL 5 MG TABLET	7	90.00	0.15	0.04322	200% Above	No	No
43547027609	DONEPEZIL HCL 10 MG TABLET	5	90.00	0.01	0.04761	76%-100% Below	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	4	30.00	0.12	0.04127	101%-200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	5	30.00	0.12	0.04188	101%-200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	5	60.00	0.12	0.04188	101%-200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	5	90.00	0.12	0.04188	101%-200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	5	135.00	0.12	0.04188	101%-200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	6	14.00	0.12	0.04215	101%-200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	6	30.00	0.01	0.04215	76%-100% Below	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	6	30.00	0.12	0.04215	101%-200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	6	90.00	0.08	0.04215	76%-100% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	7	7.00	0.20	0.04234	200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	7	60.00	0.10	0.04234	101%-200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	7	90.00	0.12	0.04234	101%-200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	7	180.00	0.08	0.04234	76%-100% Above	No	No
43547028011	ESCITALOPRAM 5 MG TABLET	7	30.00	0.12	0.04234	101%-200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	4	30.00	0.13	0.04013	200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	4	90.00	0.01	0.04013	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	90.00	0.13	0.04013	200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	4	135.00	0.13	0.04013	200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	5	30.00	0.12	0.03977	101%-200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	5	30.00	0.13	0.03977	200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	5	90.00	0.13	0.03977	200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	6	30.00	0.12	0.03941	101%-200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	6	30.00	0.13	0.03941	200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	6	45.00	0.13	0.03941	200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	6	90.00	0.11	0.03941	101%-200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	6	90.00	0.13	0.03941	200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	6	135.00	0.01	0.03941	51%-75% Below	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	7	30.00	0.11	0.03914	101%-200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	7	30.00	0.13	0.03914	200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	7	90.00	0.08	0.03914	76%-100% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	7	90.00	0.13	0.03914	200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	7	135.00	0.13	0.03914	200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	8	30.00	0.13	0.03940	200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	8	90.00	0.13	0.03940	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	30.00	0.13	0.04013	200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	4	90.00	0.11	0.04013	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	5	30.00	0.11	0.03977	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	5	30.00	0.13	0.03977	200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	6	30.00	0.11	0.03941	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	6	30.00	0.11	0.03941	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547028111	ESCITALOPRAM 10 MG TABLET	6	30.00	0.13	0.03941	200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	6	90.00	0.13	0.03941	200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	6	135.00	0.13	0.03941	200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	7	30.00	0.10	0.03914	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	7	30.00	0.13	0.03914	200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	7	90.00	0.08	0.03914	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	7	90.00	0.09	0.03914	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	7	90.00	0.11	0.03914	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	7	90.00	0.13	0.03914	200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	8	30.00	0.03	0.05091	26%-50% Below	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	8	30.00	0.13	0.03940	200% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	4	30.00	0.11	0.06129	76%-100% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	4	60.00	0.11	0.06129	76%-100% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	4	90.00	0.11	0.06129	76%-100% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	5	30.00	0.12	0.06332	76%-100% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	5	60.00	0.11	0.06332	76%-100% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	5	90.00	0.08	0.06332	10%-25% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	5	90.00	0.11	0.06332	76%-100% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	5	90.00	0.13	0.06332	101%-200% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	6	30.00	0.11	0.06389	76%-100% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	6	30.00	0.12	0.06389	76%-100% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	6	30.00	0.14	0.06389	101%-200% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	6	60.00	0.11	0.06389	76%-100% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	6	90.00	0.11	0.06389	76%-100% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	7	30.00	0.13	0.06372	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	60.00	0.11	0.06372	76%-100% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	7	90.00	0.03	0.06372	51%-75% Below	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	7	90.00	0.08	0.06372	10%-25% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	7	90.00	0.11	0.06372	76%-100% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	8	30.00	0.11	0.06278	76%-100% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	8	30.00	0.11	0.06278	76%-100% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	8	90.00	0.11	0.06278	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	4	90.00	0.11	0.06129	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	5	30.00	0.03	0.06332	26%-50% Below	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	5	30.00	0.11	0.06332	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	5	30.00	0.12	0.06332	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	6	30.00	0.03	0.06389	26%-50% Below	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	6	30.00	0.11	0.06389	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	6	90.00	0.11	0.06389	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	7	30.00	0.03	0.06372	26%-50% Below	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	7	30.00	0.11	0.06372	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	8	30.00	0.11	0.06278	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	8	90.00	0.11	0.06278	76%-100% Above	No	No
43547028303	TELMISARTAN 20 MG TABLET	6	90.00	0.22	0.10702	101%-200% Above	No	No
43547028403	TELMISARTAN 40 MG TABLET	4	90.00	0.15	0.18076	10%-25% Below	No	No
43547028403	TELMISARTAN 40 MG TABLET	7	90.00	0.32	0.15193	101%-200% Above	Yes	No
43547028503	TELMISARTAN 80 MG TABLET	4	30.00	0.50	0.15119	200% Above	No	No
43547028503	TELMISARTAN 80 MG TABLET	5	30.00	0.23	0.15165	51%-75% Above	No	No
43547028503	TELMISARTAN 80 MG TABLET	5	30.00	0.50	0.15165	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547028503	TELMISARTAN 80 MG TABLET	5	90.00	0.09	0.15165	26%-50% Below	No	No
43547028503	TELMISARTAN 80 MG TABLET	5	90.00	0.32	0.15165	101%-200% Above	Yes	No
43547028503	TELMISARTAN 80 MG TABLET	6	30.00	0.50	0.14853	200% Above	No	No
43547028503	TELMISARTAN 80 MG TABLET	7	30.00	0.50	0.14734	200% Above	No	No
43547028503	TELMISARTAN 80 MG TABLET	8	30.00	0.50	0.15626	200% Above	No	No
43547028950	BUPROPION HCL SR 150 MG TABLET	7	90.00	0.13	0.08288	51%-75% Above	Yes	No
43547030009	OLMESARTAN MEDOXOMIL 20 MG TAB	5	30.00	0.21	0.07796	101%-200% Above	No	No
43547030009	OLMESARTAN MEDOXOMIL 20 MG TAB	5	30.00	0.23	0.07796	101%-200% Above	No	No
43547030009	OLMESARTAN MEDOXOMIL 20 MG TAB	6	30.00	0.21	0.07963	101%-200% Above	No	No
43547030009	OLMESARTAN MEDOXOMIL 20 MG TAB	6	30.00	0.23	0.07963	101%-200% Above	No	No
43547030009	OLMESARTAN MEDOXOMIL 20 MG TAB	7	30.00	0.21	0.08133	101%-200% Above	No	No
43547030009	OLMESARTAN MEDOXOMIL 20 MG TAB	7	30.00	0.23	0.08133	101%-200% Above	No	No
43547030009	OLMESARTAN MEDOXOMIL 20 MG TAB	7	90.00	0.01	0.08133	76%-100% Below	No	No
43547030009	OLMESARTAN MEDOXOMIL 20 MG TAB	8	30.00	0.21	0.08105	101%-200% Above	No	No
43547030009	OLMESARTAN MEDOXOMIL 20 MG TAB	8	30.00	0.23	0.08105	101%-200% Above	No	No
43547030109	OLMESARTAN MEDOXOMIL 40 MG TAB	4	90.00	0.50	0.11752	200% Above	No	No
43547030109	OLMESARTAN MEDOXOMIL 40 MG TAB	7	90.00	0.50	0.10938	200% Above	No	No
43547030109	OLMESARTAN MEDOXOMIL 40 MG TAB	8	90.00	0.01	0.10828	76%-100% Below	No	No
43547030109	OLMESARTAN MEDOXOMIL 40 MG TAB	8	90.00	0.33	0.10828	200% Above	No	No
43547030203	ARIPIPRAZOLE 2 MG TABLET	4	30.00	0.47	0.11223	200% Above	Yes	No
43547030203	ARIPIPRAZOLE 2 MG TABLET	5	30.00	0.47	0.11262	200% Above	Yes	No
43547030203	ARIPIPRAZOLE 2 MG TABLET	6	30.00	0.47	0.10453	200% Above	Yes	No
43547030303	ARIPIPRAZOLE 5 MG TABLET	4	30.00	0.50	0.09968	200% Above	Yes	No
43547030303	ARIPIPRAZOLE 5 MG TABLET	4	30.00	0.56	0.09968	200% Above	Yes	No
43547030303	ARIPIPRAZOLE 5 MG TABLET	5	30.00	0.01	0.10587	76%-100% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	ARIPIPRAZOLE 5 MG TABLET	5	30.00	0.16	0.10587	51%-75% Above	Yes	No
43547030303	ARIPIPRAZOLE 5 MG TABLET	5	30.00	0.56	0.10587	200% Above	Yes	No
43547030303	ARIPIPRAZOLE 5 MG TABLET	5	90.00	0.56	0.10587	200% Above	Yes	No
43547030303	ARIPIPRAZOLE 5 MG TABLET	6	30.00	0.16	0.10736	51%-75% Above	Yes	No
43547030303	ARIPIPRAZOLE 5 MG TABLET	6	45.00	0.33	0.10736	200% Above	Yes	No
43547030303	ARIPIPRAZOLE 5 MG TABLET	7	30.00	0.33	0.10702	200% Above	Yes	No
43547030303	ARIPIPRAZOLE 5 MG TABLET	7	30.00	0.56	0.10702	200% Above	Yes	No
43547030303	ARIPIPRAZOLE 5 MG TABLET	7	90.00	0.42	0.10702	200% Above	Yes	No
43547030403	ARIPIPRAZOLE 10 MG TABLET	4	30.00	0.52	0.10076	200% Above	Yes	No
43547030403	ARIPIPRAZOLE 10 MG TABLET	5	30.00	0.52	0.09965	200% Above	Yes	No
43547030403	ARIPIPRAZOLE 10 MG TABLET	5	90.00	0.52	0.09965	200% Above	Yes	No
43547030403	ARIPIPRAZOLE 10 MG TABLET	6	30.00	0.52	0.09796	200% Above	Yes	No
43547030403	ARIPIPRAZOLE 10 MG TABLET	8	90.00	0.52	0.10488	200% Above	Yes	No
43547030503	ARIPIPRAZOLE 15 MG TABLET	6	30.00	0.50	0.12894	200% Above	Yes	No
43547030503	ARIPIPRAZOLE 15 MG TABLET	8	30.00	0.50	0.12506	200% Above	Yes	No
43547030603	ARIPIPRAZOLE 20 MG TABLET	6	90.00	0.42	0.17108	101%-200% Above	Yes	No
43547031109	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	5	30.00	0.05	0.14221	51%-75% Below	Yes	No
43547031109	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	5	90.00	0.32	0.14221	101%-200% Above	Yes	No
43547031109	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	6	90.00	0.06	0.13249	51%-75% Below	No	No
43547031109	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	6	90.00	0.16	0.13249	10%-25% Above	No	No
43547031109	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	7	90.00	0.22	0.11599	76%-100% Above	Yes	No
43547031109	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	8	90.00	0.32	0.10023	200% Above	Yes	No
43547031209	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	4	30.00	0.01	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	5	30.00	0.01	0.12079	76%-100% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	30.00	0.01	0.11362	76%-100% Below	No	No
43547031209	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	6	90.00	0.14	0.11362	10%-25% Above	No	No
43547031209	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	6	90.00	0.14	0.11362	10%-25% Above	Yes	No
43547031209	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	7	90.00	0.14	0.10319	26%-50% Above	No	No
43547031209	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	7	90.00	0.14	0.10319	26%-50% Above	Yes	No
43547031309	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	4	90.00	0.30	0.13876	101%-200% Above	Yes	No
43547031309	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	5	90.00	0.18	0.14214	26%-50% Above	No	No
43547031309	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	5	90.00	0.25	0.14214	76%-100% Above	Yes	No
43547031309	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	6	90.00	0.01	0.13762	76%-100% Below	No	No
43547031309	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	6	90.00	0.18	0.13762	26%-50% Above	Yes	No
43547031309	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	6	90.00	0.30	0.13762	101%-200% Above	No	No
43547031309	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	7	90.00	0.32	0.12895	101%-200% Above	No	No
43547031309	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	8	90.00	0.25	0.12454	76%-100% Above	Yes	No
43547031309	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	8	90.00	0.25	0.12454	101%-200% Above	Yes	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	5	90.00	0.15	0.19807	10%-25% Below	Yes	No
43547031409	VALSARTAN-HYDROCHLOROTHIAZIDE 320-12.5 MG TAB	6	90.00	0.15	0.19337	10%-25% Below	No	No
43547031409	VALSARTAN-HYDROCHLOROTHIAZIDE 320-12.5 MG TAB	6	90.00	0.29	0.19337	26%-50% Above	No	No
43547031409	VALSARTAN-HYDROCHLOROTHIAZIDE 320-12.5 MG TAB	7	90.00	0.15	0.18785	10%-25% Below	No	No
43547031409	VALSARTAN-HYDROCHLOROTHIAZIDE 320-12.5 MG TAB	8	90.00	0.15	0.19115	10%-25% Below	Yes	No
43547031509	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	4	90.00	0.08	0.21957	51%-75% Below	Yes	No
43547031509	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	5	90.00	0.14	0.22028	26%-50% Below	No	No
43547031509	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	5	90.00	0.65	0.22028	101%-200% Above	Yes	No
43547031509	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	6	29.00	0.14	0.21434	26%-50% Below	No	No
43547031509	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	6	90.00	0.11	0.21434	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	90.00	0.14	0.21434	26%-50% Below	No	No
43547031509	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	6	90.00	0.14	0.21434	26%-50% Below	Yes	No
43547031509	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	7	90.00	0.14	0.21037	26%-50% Below	No	No
43547031509	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	7	90.00	0.14	0.21037	26%-50% Below	Yes	No
43547031509	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	8	90.00	0.08	0.20067	51%-75% Below	Yes	No
43547033103	IRBESARTAN-HYDROCHLOROTHIAZIDE 300-12.5 MG TB	4	90.00	0.01	0.19474	76%-100% Below	No	No
43547033103	IRBESARTAN-HYDROCHLOROTHIAZIDE 300-12.5 MG TB	7	90.00	0.01	0.19336	76%-100% Below	No	No
43547033109	IRBESARTAN-HYDROCHLOROTHIAZIDE 300-12.5 MG TB	5	30.00	0.16	0.19498	10%-25% Below	No	No
43547033109	IRBESARTAN-HYDROCHLOROTHIAZIDE 300-12.5 MG TB	5	90.00	0.16	0.19498	10%-25% Below	No	No
43547033109	IRBESARTAN-HYDROCHLOROTHIAZIDE 300-12.5 MG TB	6	30.00	0.16	0.19279	10%-25% Below	No	No
43547033109	IRBESARTAN-HYDROCHLOROTHIAZIDE 300-12.5 MG TB	6	90.00	0.29	0.19279	26%-50% Above	No	No
43547033109	IRBESARTAN-HYDROCHLOROTHIAZIDE 300-12.5 MG TB	7	30.00	0.16	0.19336	10%-25% Below	No	No
43547033109	IRBESARTAN-HYDROCHLOROTHIAZIDE 300-12.5 MG TB	8	90.00	0.16	0.19044	10%-25% Below	No	No
43547033610	BENAZEPRIL HCL 10 MG TABLET	4	180.00	0.11	0.06622	51%-75% Above	No	No
43547033610	BENAZEPRIL HCL 10 MG TABLET	5	90.00	0.05	0.06691	26%-50% Below	No	No
43547033610	BENAZEPRIL HCL 10 MG TABLET	7	180.00	0.11	0.06577	51%-75% Above	No	No
43547033610	BENAZEPRIL HCL 10 MG TABLET	8	90.00	0.04	0.06500	26%-50% Below	No	No
43547033703	BENAZEPRIL HCL 20 MG TABLET	4	90.00	0.11	0.07576	26%-50% Above	No	No
43547033703	BENAZEPRIL HCL 20 MG TABLET	5	90.00	0.11	0.07660	26%-50% Above	No	No
43547033703	BENAZEPRIL HCL 20 MG TABLET	7	90.00	0.11	0.07854	26%-50% Above	No	No
43547033703	BENAZEPRIL HCL 20 MG TABLET	7	180.00	0.11	0.07854	26%-50% Above	No	No
43547033703	BENAZEPRIL HCL 20 MG TABLET	8	90.00	0.11	0.07844	26%-50% Above	No	No
43547033710	BENAZEPRIL HCL 20 MG TABLET	5	90.00	0.11	0.07660	26%-50% Above	No	No
43547033710	BENAZEPRIL HCL 20 MG TABLET	6	90.00	0.05	0.07648	26%-50% Below	Yes	No
43547033710	BENAZEPRIL HCL 20 MG TABLET	8	90.00	0.11	0.07844	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547033750	BENAZEPRIL HCL 20 MG TABLET	5	90.00	0.11	0.07660	26%-50% Above	No	No
43547033750	BENAZEPRIL HCL 20 MG TABLET	8	90.00	0.11	0.07844	26%-50% Above	No	No
43547033803	BENAZEPRIL HCL 40 MG TABLET	4	90.00	0.07	0.09936	26%-50% Below	No	No
43547033803	BENAZEPRIL HCL 40 MG TABLET	8	90.00	0.07	0.10043	26%-50% Below	No	No
43547033810	BENAZEPRIL HCL 40 MG TABLET	5	90.00	0.12	0.09915	10%-25% Above	No	No
43547033810	BENAZEPRIL HCL 40 MG TABLET	6	90.00	0.12	0.09671	10%-25% Above	No	No
43547033810	BENAZEPRIL HCL 40 MG TABLET	7	90.00	0.12	0.09817	10%-25% Above	No	No
43547033850	BENAZEPRIL HCL 40 MG TABLET	6	90.00	0.12	0.09671	10%-25% Above	No	No
43547033850	BENAZEPRIL HCL 40 MG TABLET	7	90.00	0.12	0.09817	10%-25% Above	No	No
43547033850	BENAZEPRIL HCL 40 MG TABLET	8	90.00	0.12	0.10043	10%-25% Above	No	No
43547033906	RISPERIDONE 0.25 MG TABLET	4	30.00	0.09	0.03670	101%-200% Above	No	No
43547033906	RISPERIDONE 0.25 MG TABLET	5	30.00	0.09	0.03685	101%-200% Above	No	No
43547033906	RISPERIDONE 0.25 MG TABLET	7	30.00	0.09	0.03450	101%-200% Above	No	No
43547034006	RISPERIDONE 0.5 MG TABLET	4	30.00	0.11	0.03955	101%-200% Above	No	No
43547034006	RISPERIDONE 0.5 MG TABLET	4	90.00	0.11	0.03955	101%-200% Above	No	No
43547034006	RISPERIDONE 0.5 MG TABLET	5	30.00	0.11	0.03780	101%-200% Above	No	No
43547034006	RISPERIDONE 0.5 MG TABLET	5	75.00	0.02	0.03780	26%-50% Below	Yes	No
43547034006	RISPERIDONE 0.5 MG TABLET	6	75.00	0.02	0.03554	26%-50% Below	Yes	No
43547034006	RISPERIDONE 0.5 MG TABLET	7	30.00	0.11	0.03399	200% Above	No	No
43547034006	RISPERIDONE 0.5 MG TABLET	7	75.00	0.02	0.03399	26%-50% Below	Yes	No
43547034006	RISPERIDONE 0.5 MG TABLET	8	75.00	0.02	0.03329	26%-50% Below	Yes	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	5	30.00	0.11	0.03780	101%-200% Above	No	No
43547034050	RISPERIDONE 0.5 MG TABLET	5	60.00	0.11	0.03780	101%-200% Above	No	No
43547034050	RISPERIDONE 0.5 MG TABLET	5	90.00	0.11	0.03780	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547034050	RISPERIDONE 0.5 MG TABLET	6	30.00	0.11	0.03554	200% Above	No	No
43547034050	RISPERIDONE 0.5 MG TABLET	6	90.00	0.11	0.03554	200% Above	No	No
43547034050	RISPERIDONE 0.5 MG TABLET	7	30.00	0.11	0.03399	200% Above	No	No
43547034050	RISPERIDONE 0.5 MG TABLET	7	60.00	0.11	0.03399	200% Above	No	No
43547034050	RISPERIDONE 0.5 MG TABLET	7	90.00	0.11	0.03399	200% Above	No	No
43547034050	RISPERIDONE 0.5 MG TABLET	8	30.00	0.11	0.03329	200% Above	No	No
43547034050	RISPERIDONE 0.5 MG TABLET	8	60.00	0.11	0.03329	200% Above	No	No
43547034106	RISPERIDONE 1 MG TABLET	4	60.00	0.09	0.04073	101%-200% Above	No	No
43547034106	RISPERIDONE 1 MG TABLET	5	60.00	0.09	0.04067	101%-200% Above	No	No
43547034106	RISPERIDONE 1 MG TABLET	6	60.00	0.09	0.03848	101%-200% Above	No	No
43547034106	RISPERIDONE 1 MG TABLET	7	60.00	0.08	0.03738	101%-200% Above	No	No
43547034106	RISPERIDONE 1 MG TABLET	7	60.00	0.09	0.03738	101%-200% Above	No	No
43547034106	RISPERIDONE 1 MG TABLET	8	60.00	0.09	0.03577	101%-200% Above	No	No
43547034150	RISPERIDONE 1 MG TABLET	6	30.00	0.09	0.03848	101%-200% Above	No	No
43547034150	RISPERIDONE 1 MG TABLET	6	180.00	0.09	0.03848	101%-200% Above	No	No
43547034150	RISPERIDONE 1 MG TABLET	7	30.00	0.02	0.03738	26%-50% Below	No	No
43547034150	RISPERIDONE 1 MG TABLET	7	60.00	0.09	0.03738	101%-200% Above	No	No
43547034150	RISPERIDONE 1 MG TABLET	7	90.00	0.02	0.03738	26%-50% Below	No	No
43547034150	RISPERIDONE 1 MG TABLET	7	90.00	0.09	0.03738	101%-200% Above	No	No
43547034150	RISPERIDONE 1 MG TABLET	8	30.00	0.02	0.03577	26%-50% Below	No	No
43547034206	RISPERIDONE 2 MG TABLET	4	30.00	0.07	0.05110	26%-50% Above	No	No
43547034206	RISPERIDONE 2 MG TABLET	5	30.00	0.07	0.05224	26%-50% Above	No	No
43547034206	RISPERIDONE 2 MG TABLET	7	60.00	0.07	0.05135	26%-50% Above	No	No
43547034306	RISPERIDONE 3 MG TABLET	4	180.00	0.18	0.07104	101%-200% Above	No	No
43547034306	RISPERIDONE 3 MG TABLET	7	60.00	0.18	0.06448	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547034406	RISPERIDONE 4 MG TABLET	4	45.00	0.04	0.09013	51%-75% Below	Yes	No
43547034406	RISPERIDONE 4 MG TABLET	5	45.00	0.04	0.08919	51%-75% Below	Yes	No
43547034606	LEVETIRACETAM ER 750 MG TABLET	4	360.00	0.14	0.24315	26%-50% Below	No	No
43547034606	LEVETIRACETAM ER 750 MG TABLET	7	360.00	0.14	0.22168	26%-50% Below	No	No
43547034809	PAROXETINE HCL 20 MG TABLET	5	90.00	0.09	0.06891	26%-50% Above	No	No
43547034903	PAROXETINE HCL 30 MG TABLET	4	30.00	0.20	0.09569	101%-200% Above	No	No
43547034903	PAROXETINE HCL 30 MG TABLET	6	30.00	0.20	0.09469	101%-200% Above	No	No
43547034903	PAROXETINE HCL 30 MG TABLET	8	30.00	0.20	0.09395	101%-200% Above	No	No
43547035110	LISINOPRIL 2.5 MG TABLET	4	90.00	0.01	0.01437	26%-50% Below	Yes	No
43547035110	LISINOPRIL 2.5 MG TABLET	6	30.00	0.02	0.01443	51%-75% Above	Yes	No
43547035110	LISINOPRIL 2.5 MG TABLET	6	90.00	0.05	0.01443	200% Above	Yes	No
43547035110	LISINOPRIL 2.5 MG TABLET	8	30.00	0.02	0.01424	51%-75% Above	Yes	No
43547035211	LISINOPRIL 5 MG TABLET	4	30.00	0.09	0.01475	200% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	4	90.00	0.01	0.01475	26%-50% Below	Yes	No
43547035211	LISINOPRIL 5 MG TABLET	4	90.00	0.09	0.01475	200% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	4	90.00	0.09	0.01475	200% Above	Yes	No
43547035211	LISINOPRIL 5 MG TABLET	5	30.00	0.09	0.01481	200% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	5	30.00	0.09	0.01481	200% Above	Yes	No
43547035211	LISINOPRIL 5 MG TABLET	5	90.00	0.01	0.01481	26%-50% Below	No	No
43547035211	LISINOPRIL 5 MG TABLET	5	90.00	0.09	0.01481	200% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	5	90.00	0.09	0.01481	200% Above	Yes	No
43547035211	LISINOPRIL 5 MG TABLET	6	30.00	0.09	0.01479	200% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	6	30.00	0.09	0.01479	200% Above	Yes	No
43547035211	LISINOPRIL 5 MG TABLET	6	60.00	0.09	0.01479	200% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	6	90.00	0.00	0.01479	51%-75% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	90.00	0.02	0.01479	10%-25% Above	Yes	No
43547035211	LISINOPRIL 5 MG TABLET	6	90.00	0.07	0.01479	200% Above	Yes	No
43547035211	LISINOPRIL 5 MG TABLET	6	90.00	0.09	0.01479	200% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	6	90.00	0.09	0.01479	200% Above	Yes	No
43547035211	LISINOPRIL 5 MG TABLET	6	180.00	0.09	0.01479	200% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	7	90.00	0.07	0.01467	200% Above	Yes	No
43547035211	LISINOPRIL 5 MG TABLET	7	90.00	0.09	0.01467	200% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	7	90.00	0.09	0.01467	200% Above	Yes	No
43547035211	LISINOPRIL 5 MG TABLET	7	180.00	0.09	0.01467	200% Above	Yes	No
43547035211	LISINOPRIL 5 MG TABLET	8	30.00	0.09	0.01480	200% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	8	90.00	0.01	0.01480	10%-25% Below	Yes	No
43547035211	LISINOPRIL 5 MG TABLET	8	90.00	0.09	0.01480	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	0.01	0.01873	26%-50% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	4	30.00	0.09	0.01873	200% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	4	30.00	0.09	0.01873	200% Above	Yes	No
43547035311	LISINOPRIL 10 MG TABLET	4	90.00	0.01	0.01873	26%-50% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	4	90.00	0.01	0.01873	10%-25% Below	Yes	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	No	No
43547035311	LISINOPRIL 10 MG TABLET	4	90.00	0.09	0.01873	200% Above	Yes	No
43547035311	LISINOPRIL 10 MG TABLET	5	30.00	0.01	0.01897	26%-50% Below	Yes	No
43547035311	LISINOPRIL 10 MG TABLET	5	30.00	0.03	0.01897	51%-75% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	5	30.00	0.09	0.01897	200% Above	Yes	No
43547035311	LISINOPRIL 10 MG TABLET	5	90.00	0.01	0.01897	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	90.00	0.01	0.01897	26%-50% Below	Yes	No
43547035311	LISINOPRIL 10 MG TABLET	5	90.00	0.01	0.01897	10%-25% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	5	90.00	0.09	0.01897	200% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	5	90.00	0.09	0.01897	200% Above	Yes	No
43547035311	LISINOPRIL 10 MG TABLET	6	30.00	0.01	0.01880	26%-50% Below	Yes	No
43547035311	LISINOPRIL 10 MG TABLET	6	30.00	0.03	0.01880	76%-100% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	6	30.00	0.09	0.01880	200% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	6	30.00	0.09	0.01880	200% Above	Yes	No
43547035311	LISINOPRIL 10 MG TABLET	6	60.00	0.01	0.01880	26%-50% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	6	90.00	0.01	0.01880	26%-50% Below	Yes	No
43547035311	LISINOPRIL 10 MG TABLET	6	90.00	0.01	0.01880	26%-50% Below	Yes	No
43547035311	LISINOPRIL 10 MG TABLET	6	90.00	0.01	0.01880	10%-25% Below	Yes	No
43547035311	LISINOPRIL 10 MG TABLET	6	90.00	0.02	0.01880	10%-25% Above	Yes	No
43547035311	LISINOPRIL 10 MG TABLET	6	90.00	0.02	0.01880	26%-50% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	6	90.00	0.07	0.01880	200% Above	Yes	No
43547035311	LISINOPRIL 10 MG TABLET	6	90.00	0.09	0.01880	200% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	6	90.00	0.09	0.01880	200% Above	Yes	No
43547035311	LISINOPRIL 10 MG TABLET	7	30.00	0.01	0.01865	26%-50% Below	Yes	No
43547035311	LISINOPRIL 10 MG TABLET	7	30.00	0.03	0.01865	76%-100% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	7	30.00	0.09	0.01865	200% Above	Yes	No
43547035311	LISINOPRIL 10 MG TABLET	7	90.00	0.01	0.01865	10%-25% Below	Yes	No
43547035311	LISINOPRIL 10 MG TABLET	7	90.00	0.01	0.01865	10%-25% Below	Yes	No
43547035311	LISINOPRIL 10 MG TABLET	7	90.00	0.02	0.01865	10%-25% Above	Yes	No
43547035311	LISINOPRIL 10 MG TABLET	7	90.00	0.02	0.01865	10%-25% Above	Yes	No
43547035311	LISINOPRIL 10 MG TABLET	7	90.00	0.07	0.01865	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	90.00	0.09	0.01865	200% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	7	90.00	0.09	0.01865	200% Above	Yes	No
43547035311	LISINOPRIL 10 MG TABLET	8	30.00	0.03	0.01832	26%-50% Above	Yes	No
43547035311	LISINOPRIL 10 MG TABLET	8	30.00	0.03	0.01832	76%-100% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	8	30.00	0.09	0.01832	200% Above	Yes	No
43547035311	LISINOPRIL 10 MG TABLET	8	90.00	0.01	0.01832	26%-50% Below	Yes	No
43547035311	LISINOPRIL 10 MG TABLET	8	90.00	0.01	0.01832	10%-25% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	8	90.00	0.01	0.01832	10%-25% Below	Yes	No
43547035311	LISINOPRIL 10 MG TABLET	8	90.00	0.03	0.01832	51%-75% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	8	90.00	0.09	0.01832	200% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	8	90.00	0.09	0.01832	200% Above	Yes	No
43547035411	LISINOPRIL 20 MG TABLET	1	90.00	0.05	0.02643	76%-100% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	4	30.00	0.01	0.02587	51%-75% Below	Yes	No
43547035411	LISINOPRIL 20 MG TABLET	4	90.00	0.01	0.02587	51%-75% Below	Yes	No
43547035411	LISINOPRIL 20 MG TABLET	4	90.00	0.02	0.02587	10%-25% Below	Yes	No
43547035411	LISINOPRIL 20 MG TABLET	4	90.00	0.03	0.02587	10%-25% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	4	90.00	0.03	0.02348	10%-25% Above	No	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	5	30.00	0.01	0.02585	51%-75% Below	Yes	No
43547035411	LISINOPRIL 20 MG TABLET	5	30.00	0.09	0.02585	200% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	5	30.00	0.09	0.02585	200% Above	Yes	No
43547035411	LISINOPRIL 20 MG TABLET	5	45.00	0.09	0.02585	200% Above	Yes	No
43547035411	LISINOPRIL 20 MG TABLET	5	90.00	0.02	0.02585	10%-25% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	5	90.00	0.02	0.02585	10%-25% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	90.00	0.09	0.02585	200% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	5	90.00	0.09	0.02585	200% Above	Yes	No
43547035411	LISINOPRIL 20 MG TABLET	5	180.00	0.09	0.02585	200% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	6	1.00	0.09	0.02575	200% Above	Yes	No
43547035411	LISINOPRIL 20 MG TABLET	6	30.00	0.01	0.02575	51%-75% Below	Yes	No
43547035411	LISINOPRIL 20 MG TABLET	6	30.00	0.09	0.02575	200% Above	Yes	No
43547035411	LISINOPRIL 20 MG TABLET	6	90.00	0.01	0.02575	51%-75% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	6	90.00	0.01	0.02575	51%-75% Below	Yes	No
43547035411	LISINOPRIL 20 MG TABLET	6	90.00	0.02	0.02575	10%-25% Below	Yes	No
43547035411	LISINOPRIL 20 MG TABLET	6	90.00	0.03	0.02575	10%-25% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	6	90.00	0.07	0.02575	101%-200% Above	Yes	No
43547035411	LISINOPRIL 20 MG TABLET	6	90.00	0.09	0.02575	200% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	6	90.00	0.09	0.02575	200% Above	Yes	No
43547035411	LISINOPRIL 20 MG TABLET	6	120.00	0.02	0.02575	26%-50% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	7	30.00	0.01	0.02578	51%-75% Below	Yes	No
43547035411	LISINOPRIL 20 MG TABLET	7	30.00	0.04	0.02578	51%-75% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	7	30.00	0.09	0.02578	200% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	7	30.00	0.09	0.02578	200% Above	Yes	No
43547035411	LISINOPRIL 20 MG TABLET	7	90.00	0.01	0.02578	51%-75% Below	Yes	No
43547035411	LISINOPRIL 20 MG TABLET	7	90.00	0.02	0.02578	10%-25% Below	Yes	No
43547035411	LISINOPRIL 20 MG TABLET	7	90.00	0.07	0.02578	101%-200% Above	Yes	No
43547035411	LISINOPRIL 20 MG TABLET	7	90.00	0.09	0.02578	200% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	7	90.00	0.09	0.02578	200% Above	Yes	No
43547035411	LISINOPRIL 20 MG TABLET	8	30.00	0.05	0.02572	76%-100% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	8	30.00	0.09	0.02572	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	45.00	0.09	0.02572	200% Above	Yes	No
43547035411	LISINOPRIL 20 MG TABLET	8	90.00	0.00	0.02566	76%-100% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	8	90.00	0.01	0.02572	51%-75% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	8	90.00	0.09	0.02572	200% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	8	90.00	0.09	0.02572	200% Above	Yes	No
43547035411	LISINOPRIL 20 MG TABLET	10	90.00	0.02	0.02623	26%-50% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	11	90.00	0.00	0.02222	76%-100% Below	No	No
43547035510	LISINOPRIL 30 MG TABLET	7	90.00	0.02	0.05417	51%-75% Below	Yes	No
43547035550	LISINOPRIL 30 MG TABLET	7	90.00	0.10	0.05417	76%-100% Above	No	No
43547035610	LISINOPRIL 40 MG TABLET	4	30.00	0.10	0.04738	101%-200% Above	No	No
43547035610	LISINOPRIL 40 MG TABLET	5	30.00	0.10	0.04718	101%-200% Above	No	No
43547035610	LISINOPRIL 40 MG TABLET	6	30.00	0.10	0.04591	101%-200% Above	No	No
43547035610	LISINOPRIL 40 MG TABLET	7	30.00	0.10	0.04593	101%-200% Above	No	No
43547035610	LISINOPRIL 40 MG TABLET	8	30.00	0.10	0.04594	101%-200% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	4	30.00	0.03	0.04738	26%-50% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	4	30.00	0.05	0.04738	10%-25% Above	Yes	No
43547035611	LISINOPRIL 40 MG TABLET	4	30.00	0.10	0.04738	101%-200% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	4	30.00	0.10	0.04738	101%-200% Above	Yes	No
43547035611	LISINOPRIL 40 MG TABLET	4	45.00	0.10	0.04738	101%-200% Above	Yes	No
43547035611	LISINOPRIL 40 MG TABLET	4	90.00	0.04	0.04738	10%-25% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	4	90.00	0.10	0.04738	101%-200% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	4	90.00	0.10	0.04738	101%-200% Above	Yes	No
43547035611	LISINOPRIL 40 MG TABLET	5	30.00	0.01	0.04718	76%-100% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	5	30.00	0.01	0.04718	51%-75% Below	Yes	No
43547035611	LISINOPRIL 40 MG TABLET	5	30.00	0.05	0.04718	10%-25% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	30.00	0.10	0.04718	101%-200% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	5	30.00	0.10	0.04718	101%-200% Above	Yes	No
43547035611	LISINOPRIL 40 MG TABLET	5	90.00	0.01	0.04718	76%-100% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	5	90.00	0.10	0.04718	101%-200% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	5	90.00	0.10	0.04718	101%-200% Above	Yes	No
43547035611	LISINOPRIL 40 MG TABLET	6	30.00	0.01	0.04591	51%-75% Below	Yes	No
43547035611	LISINOPRIL 40 MG TABLET	6	30.00	0.03	0.04591	26%-50% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	6	30.00	0.05	0.04591	10%-25% Above	Yes	No
43547035611	LISINOPRIL 40 MG TABLET	6	30.00	0.10	0.04591	101%-200% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	6	30.00	0.10	0.04591	101%-200% Above	Yes	No
43547035611	LISINOPRIL 40 MG TABLET	6	60.00	0.10	0.04591	101%-200% Above	Yes	No
43547035611	LISINOPRIL 40 MG TABLET	6	90.00	0.01	0.04591	51%-75% Below	Yes	No
43547035611	LISINOPRIL 40 MG TABLET	6	90.00	0.04	0.04591	10%-25% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	6	90.00	0.04	0.04591	10%-25% Below	Yes	No
43547035611	LISINOPRIL 40 MG TABLET	6	90.00	0.04	0.04591	10%-25% Below	Yes	No
43547035611	LISINOPRIL 40 MG TABLET	6	90.00	0.05	0.04591	10%-25% Above	Yes	No
43547035611	LISINOPRIL 40 MG TABLET	6	90.00	0.05	0.04591	10%-25% Above	Yes	No
43547035611	LISINOPRIL 40 MG TABLET	6	90.00	0.10	0.04591	101%-200% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	6	90.00	0.10	0.04591	101%-200% Above	Yes	No
43547035611	LISINOPRIL 40 MG TABLET	7	30.00	0.01	0.04593	76%-100% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	7	30.00	0.01	0.04593	51%-75% Below	Yes	No
43547035611	LISINOPRIL 40 MG TABLET	7	30.00	0.03	0.04593	26%-50% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	7	30.00	0.05	0.04593	10%-25% Above	Yes	No
43547035611	LISINOPRIL 40 MG TABLET	7	30.00	0.10	0.04593	101%-200% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	7	90.00	0.01	0.04593	76%-100% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	90.00	0.04	0.04593	10%-25% Below	Yes	No
43547035611	LISINOPRIL 40 MG TABLET	7	90.00	0.04	0.04593	10%-25% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	7	90.00	0.05	0.04593	10%-25% Above	Yes	No
43547035611	LISINOPRIL 40 MG TABLET	7	90.00	0.08	0.04593	51%-75% Above	Yes	No
43547035611	LISINOPRIL 40 MG TABLET	7	90.00	0.10	0.04593	101%-200% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	7	90.00	0.10	0.04593	101%-200% Above	Yes	No
43547035611	LISINOPRIL 40 MG TABLET	8	30.00	0.01	0.04594	76%-100% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	8	30.00	0.01	0.04594	51%-75% Below	Yes	No
43547035611	LISINOPRIL 40 MG TABLET	8	30.00	0.05	0.04594	10%-25% Above	Yes	No
43547035611	LISINOPRIL 40 MG TABLET	8	30.00	0.10	0.04594	101%-200% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	8	90.00	0.04	0.04594	10%-25% Below	Yes	No
43547035611	LISINOPRIL 40 MG TABLET	8	90.00	0.08	0.04594	51%-75% Above	Yes	No
43547035611	LISINOPRIL 40 MG TABLET	8	90.00	0.10	0.04594	101%-200% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	8	90.00	0.10	0.04594	101%-200% Above	Yes	No
43547036009	LOSARTAN POTASSIUM 25 MG TAB	4	60.00	0.06	0.02106	101%-200% Above	No	No
43547036009	LOSARTAN POTASSIUM 25 MG TAB	4	90.00	0.12	0.02106	200% Above	No	No
43547036009	LOSARTAN POTASSIUM 25 MG TAB	5	30.00	0.01	0.02120	51%-75% Below	No	No
43547036009	LOSARTAN POTASSIUM 25 MG TAB	5	60.00	0.06	0.02120	101%-200% Above	No	No
43547036009	LOSARTAN POTASSIUM 25 MG TAB	5	90.00	0.12	0.02120	200% Above	No	No
43547036009	LOSARTAN POTASSIUM 25 MG TAB	6	30.00	0.01	0.02154	51%-75% Below	No	No
43547036009	LOSARTAN POTASSIUM 25 MG TAB	6	60.00	0.06	0.02154	101%-200% Above	No	No
43547036009	LOSARTAN POTASSIUM 25 MG TAB	6	90.00	0.12	0.02154	200% Above	No	No
43547036009	LOSARTAN POTASSIUM 25 MG TAB	6	90.00	0.12	0.02154	200% Above	Yes	No
43547036009	LOSARTAN POTASSIUM 25 MG TAB	7	30.00	0.12	0.02158	200% Above	No	No
43547036009	LOSARTAN POTASSIUM 25 MG TAB	8	90.00	0.12	0.02206	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	30.00	0.08	0.02106	200% Above	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	90.00	0.05	0.02106	101%-200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	4	90.00	0.08	0.02106	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	5	30.00	0.01	0.02120	51%-75% Below	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	5	30.00	0.07	0.02120	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	5	30.00	0.08	0.02120	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	5	30.00	0.12	0.02120	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	5	30.00	0.19	0.02120	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	5	60.00	0.12	0.02120	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	5	90.00	0.04	0.02120	101%-200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	5	90.00	0.08	0.02120	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	5	90.00	0.12	0.02120	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	6	30.00	0.01	0.02154	51%-75% Below	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	6	30.00	0.08	0.02154	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	6	30.00	0.12	0.02154	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	6	30.00	0.19	0.02154	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	6	60.00	0.12	0.02154	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	6	90.00	0.04	0.02154	101%-200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	6	90.00	0.05	0.02154	101%-200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	6	90.00	0.07	0.02154	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	6	90.00	0.12	0.02154	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	7	30.00	0.01	0.02158	51%-75% Below	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	7	30.00	0.01	0.02158	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	30.00	0.02	0.02158	10%-25% Below	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	7	30.00	0.08	0.02158	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	7	30.00	0.12	0.02158	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	7	30.00	0.19	0.02158	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	7	45.00	0.06	0.02158	101%-200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	7	60.00	0.12	0.02158	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	7	90.00	0.06	0.02158	101%-200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	7	90.00	0.08	0.02158	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	7	90.00	0.12	0.02158	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	8	30.00	0.02	0.02206	10%-25% Below	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	8	30.00	0.08	0.02206	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	8	30.00	0.12	0.02206	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	8	30.00	0.19	0.02206	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	8	60.00	0.12	0.02206	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	8	90.00	0.08	0.02206	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	8	90.00	0.12	0.02206	200% Above	No	No
43547036109	LOSARTAN POTASSIUM 50 MG TAB	5	180.00	0.11	0.03432	200% Above	Yes	No
43547036109	LOSARTAN POTASSIUM 50 MG TAB	6	90.00	0.07	0.03367	76%-100% Above	No	No
43547036109	LOSARTAN POTASSIUM 50 MG TAB	7	180.00	0.08	0.03327	101%-200% Above	Yes	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	4	30.00	0.01	0.03343	51%-75% Below	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	4	30.00	0.04	0.03343	10%-25% Above	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	60.00	0.11	0.03343	200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	4	90.00	0.01	0.03343	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547036111	LOSARTAN POTASSIUM 50 MG TAB	4	90.00	0.05	0.03343	51%-75% 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	0.08	0.03343	101%-200% 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	4	180.00	0.08	0.03343	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	5	30.00	0.01	0.03432	51%-75% Below	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	5	30.00	0.02	0.03432	26%-50% Below	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	5	30.00	0.08	0.03432	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	5	30.00	0.09	0.03432	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	5	30.00	0.11	0.03432	200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	5	60.00	0.11	0.03432	200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	5	90.00	0.01	0.03432	51%-75% Below	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	5	90.00	0.06	0.03432	76%-100% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	5	90.00	0.07	0.03432	76%-100% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	5	90.00	0.11	0.03432	200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	5	135.00	0.11	0.03432	200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	5	180.00	0.11	0.03432	200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	6	30.00	0.01	0.03367	51%-75% Below	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	6	30.00	0.02	0.03367	26%-50% Below	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	6	30.00	0.04	0.03367	10%-25% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	6	30.00	0.08	0.03367	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	6	30.00	0.08	0.03367	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	6	30.00	0.09	0.03367	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	6	30.00	0.11	0.03367	200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	6	60.00	0.11	0.03367	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	90.00	0.01	0.03367	51%-75% Below	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	6	90.00	0.05	0.03367	51%-75% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	6	90.00	0.07	0.03367	76%-100% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	6	90.00	0.11	0.03367	200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	6	135.00	0.07	0.03367	76%-100% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	6	180.00	0.07	0.03367	76%-100% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	6	180.00	0.11	0.03367	200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	7	30.00	0.01	0.03327	51%-75% Below	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	7	30.00	0.02	0.03327	26%-50% Below	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	7	30.00	0.03	0.03327	10%-25% Below	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	7	30.00	0.06	0.04532	26%-50% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	7	30.00	0.11	0.03327	200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	7	60.00	0.11	0.03327	200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	7	90.00	0.06	0.03327	76%-100% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	7	90.00	0.06	0.03327	76%-100% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	7	90.00	0.07	0.03327	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	7	90.00	0.08	0.03327	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	7	90.00	0.08	0.03327	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	7	90.00	0.11	0.03327	200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	7	135.00	0.11	0.03327	200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	7	180.00	0.11	0.03327	200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	8	30.00	0.04	0.03244	10%-25% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	8	30.00	0.06	0.04928	26%-50% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	8	30.00	0.11	0.03244	200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	8	90.00	0.10	0.03244	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	90.00	0.11	0.03244	200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	8	180.00	0.11	0.03244	200% Above	No	No
43547036209	LOSARTAN POTASSIUM 100 MG TAB	4	90.00	0.13	0.04315	101%-200% Above	Yes	No
43547036209	LOSARTAN POTASSIUM 100 MG TAB	6	90.00	0.13	0.04353	101%-200% Above	Yes	No
43547036209	LOSARTAN POTASSIUM 100 MG TAB	7	90.00	0.10	0.04370	101%-200% Above	Yes	No
43547036209	LOSARTAN POTASSIUM 100 MG TAB	7	90.00	0.13	0.04370	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	4	30.00	0.07	0.04315	51%-75% 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	0.11	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	0.13	0.04315	200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	5	30.00	0.07	0.04415	51%-75% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	5	30.00	0.12	0.04415	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	5	30.00	0.12	0.04415	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	5	30.00	0.13	0.04415	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	5	90.00	0.01	0.04415	76%-100% Below	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	5	90.00	0.11	0.04415	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	5	90.00	0.13	0.04415	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	6	30.00	0.07	0.04353	51%-75% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	6	30.00	0.12	0.04353	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	6	30.00	0.12	0.04353	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	6	30.00	0.13	0.04353	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	6	80.00	0.11	0.04353	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	6	90.00	0.01	0.04353	76%-100% Below	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	6	90.00	0.10	0.04353	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	90.00	0.11	0.04353	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	6	90.00	0.11	0.04353	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	6	90.00	0.12	0.04353	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	6	90.00	0.13	0.04353	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	6	90.00	0.13	0.04353	200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	6	90.00	0.14	0.04353	200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	6	90.00	0.15	0.04353	200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	6	135.00	0.13	0.04353	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	7	30.00	0.12	0.04370	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	7	30.00	0.13	0.04370	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	7	90.00	0.01	0.04370	76%-100% Below	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	7	90.00	0.02	0.04370	26%-50% Below	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	7	90.00	0.10	0.04370	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	7	90.00	0.11	0.04370	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	7	90.00	0.11	0.04370	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	7	90.00	0.11	0.04370	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	7	90.00	0.13	0.04370	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	7	90.00	0.13	0.04370	200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	7	90.00	0.15	0.04370	200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	8	30.00	0.12	0.04396	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	8	30.00	0.13	0.04396	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	8	90.00	0.13	0.04396	101%-200% Above	No	No
43547036703	VALSARTAN 40 MG TABLET	5	30.00	0.16	0.09907	51%-75% Above	No	No
43547036703	VALSARTAN 40 MG TABLET	6	30.00	0.16	0.10005	51%-75% Above	No	No
43547036703	VALSARTAN 40 MG TABLET	7	30.00	0.16	0.09597	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547036703	VALSARTAN 40 MG TABLET	7	90.00	0.16	0.09597	51%-75% Above	No	No
43547036703	VALSARTAN 40 MG TABLET	8	30.00	0.16	0.09729	51%-75% Above	No	No
43547036709	VALSARTAN 40 MG TABLET	4	30.00	0.01	0.09970	76%-100% Below	No	No
43547036709	VALSARTAN 40 MG TABLET	5	30.00	0.01	0.09907	76%-100% Below	No	No
43547036709	VALSARTAN 40 MG TABLET	6	30.00	0.01	0.10005	76%-100% Below	No	No
43547036709	VALSARTAN 40 MG TABLET	7	30.00	0.01	0.09597	76%-100% Below	No	No
43547036809	VALSARTAN 80 MG TABLET	4	30.00	0.34	0.11383	101%-200% Above	No	No
43547036809	VALSARTAN 80 MG TABLET	4	60.00	0.25	0.11383	101%-200% Above	No	No
43547036809	VALSARTAN 80 MG TABLET	4	90.00	0.18	0.11383	51%-75% Above	No	No
43547036809	VALSARTAN 80 MG TABLET	4	180.00	0.25	0.11383	101%-200% Above	No	No
43547036809	VALSARTAN 80 MG TABLET	5	30.00	0.18	0.11141	51%-75% Above	No	No
43547036809	VALSARTAN 80 MG TABLET	5	30.00	0.34	0.11141	200% Above	No	No
43547036809	VALSARTAN 80 MG TABLET	5	60.00	0.25	0.11141	101%-200% Above	No	No
43547036809	VALSARTAN 80 MG TABLET	5	90.00	0.18	0.11141	51%-75% Above	No	No
43547036809	VALSARTAN 80 MG TABLET	6	30.00	0.18	0.10538	51%-75% Above	No	No
43547036809	VALSARTAN 80 MG TABLET	6	30.00	0.34	0.10538	200% Above	No	No
43547036809	VALSARTAN 80 MG TABLET	6	60.00	0.25	0.10538	101%-200% Above	No	No
43547036809	VALSARTAN 80 MG TABLET	6	90.00	0.18	0.10538	51%-75% Above	No	No
43547036809	VALSARTAN 80 MG TABLET	7	30.00	0.18	0.09700	76%-100% Above	No	No
43547036809	VALSARTAN 80 MG TABLET	7	90.00	0.18	0.09700	76%-100% Above	No	No
43547036809	VALSARTAN 80 MG TABLET	8	30.00	0.18	0.08915	101%-200% Above	No	No
43547036809	VALSARTAN 80 MG TABLET	8	30.00	0.34	0.08915	200% Above	No	No
43547036809	VALSARTAN 80 MG TABLET	8	90.00	0.18	0.08915	101%-200% Above	No	No
43547036909	VALSARTAN 160 MG TABLET	4	30.00	0.01	0.14016	76%-100% Below	No	No
43547036909	VALSARTAN 160 MG TABLET	4	30.00	0.28	0.14016	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	90.00	0.17	0.14016	10%-25% Above	No	No
43547036909	VALSARTAN 160 MG TABLET	5	30.00	0.01	0.13535	76%-100% Below	No	No
43547036909	VALSARTAN 160 MG TABLET	5	30.00	0.28	0.13535	101%-200% Above	No	No
43547036909	VALSARTAN 160 MG TABLET	5	30.00	0.36	0.13535	101%-200% Above	No	No
43547036909	VALSARTAN 160 MG TABLET	5	90.00	0.22	0.13535	51%-75% Above	No	No
43547036909	VALSARTAN 160 MG TABLET	6	30.00	0.01	0.12973	76%-100% Below	No	No
43547036909	VALSARTAN 160 MG TABLET	6	30.00	0.28	0.12973	101%-200% Above	No	No
43547036909	VALSARTAN 160 MG TABLET	6	30.00	0.36	0.12973	101%-200% Above	No	No
43547036909	VALSARTAN 160 MG TABLET	6	90.00	0.28	0.12973	101%-200% Above	No	No
43547036909	VALSARTAN 160 MG TABLET	6	180.00	0.28	0.12973	101%-200% Above	No	No
43547036909	VALSARTAN 160 MG TABLET	7	30.00	0.28	0.11926	101%-200% Above	No	No
43547036909	VALSARTAN 160 MG TABLET	7	90.00	0.17	0.11926	26%-50% Above	No	No
43547036909	VALSARTAN 160 MG TABLET	8	30.00	0.28	0.11232	101%-200% Above	No	No
43547036909	VALSARTAN 160 MG TABLET	8	30.00	0.37	0.11232	200% Above	No	No
43547037009	VALSARTAN 320 MG TABLET	4	90.00	0.33	0.18206	76%-100% Above	No	No
43547037009	VALSARTAN 320 MG TABLET	5	30.00	0.25	0.18322	26%-50% Above	No	No
43547037009	VALSARTAN 320 MG TABLET	5	90.00	0.25	0.18322	26%-50% Above	No	No
43547037009	VALSARTAN 320 MG TABLET	6	30.00	0.25	0.18053	26%-50% Above	No	No
43547037009	VALSARTAN 320 MG TABLET	6	30.00	0.45	0.18053	101%-200% Above	No	No
43547037009	VALSARTAN 320 MG TABLET	6	90.00	0.25	0.18053	26%-50% Above	No	No
43547037009	VALSARTAN 320 MG TABLET	7	30.00	0.25	0.16897	26%-50% Above	No	No
43547037009	VALSARTAN 320 MG TABLET	7	30.00	0.45	0.16897	101%-200% Above	No	No
43547037009	VALSARTAN 320 MG TABLET	7	90.00	0.25	0.16897	26%-50% Above	No	No
43547037009	VALSARTAN 320 MG TABLET	7	90.00	0.33	0.16897	76%-100% Above	No	No
43547037009	VALSARTAN 320 MG TABLET	8	90.00	0.25	0.16484	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547039103	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	4	30.00	0.33	0.16747	76%-100% Above	No	No
43547039103	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	90.00	0.35	0.18053	76%-100% Above	No	No
43547039109	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	30.00	0.35	0.17506	76%-100% Above	Yes	No
43547039109	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	90.00	0.35	0.17506	76%-100% Above	Yes	No
43547039109	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	90.00	0.35	0.18174	76%-100% Above	Yes	No
43547039109	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	90.00	0.27	0.18416	26%-50% Above	No	No
43547039109	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	90.00	0.35	0.18053	76%-100% Above	Yes	No
43547039203	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	4	90.00	0.45	0.23356	76%-100% Above	Yes	No
43547039203	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	5	30.00	0.45	0.23307	76%-100% Above	Yes	No
43547039203	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	6	30.00	0.45	0.23792	76%-100% Above	No	No
43547039203	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	7	90.00	0.45	0.23436	76%-100% Above	Yes	No
43547039209	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	5	90.00	0.45	0.23307	76%-100% Above	Yes	No
43547039209	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	6	90.00	0.33	0.23792	26%-50% Above	Yes	No
43547039209	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	6	90.00	0.34	0.23792	26%-50% Above	Yes	No
43547039209	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	6	90.00	0.45	0.23792	76%-100% Above	Yes	No
43547039209	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	7	90.00	0.45	0.23436	76%-100% Above	Yes	No
43547039303	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	5	90.00	0.33	0.23432	26%-50% Above	No	No
43547039303	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	5	90.00	0.43	0.23432	76%-100% Above	No	No
43547039303	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	7	90.00	0.33	0.22399	26%-50% Above	No	No
43547039303	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	7	90.00	0.43	0.22399	76%-100% Above	No	No
43547039303	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	8	90.00	0.43	0.22137	76%-100% Above	No	No
43547039309	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	4	30.00	0.43	0.22311	76%-100% Above	No	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	5	30.00	0.43	0.23432	76%-100% Above	No	No
43547039309	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	5	90.00	0.43	0.23432	76%-100% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547039309	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	6	30.00	0.43	0.23170	76%-100% Above	No	No
43547039309	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	7	30.00	0.43	0.22399	76%-100% Above	No	No
43547039309	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	7	90.00	0.33	0.22399	26%-50% Above	Yes	No
43547039309	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	7	90.00	0.33	0.22399	26%-50% Above	Yes	No
43547039309	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	7	90.00	0.42	0.22399	76%-100% Above	Yes	No
43547039309	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	7	90.00	0.43	0.22399	76%-100% Above	Yes	No
43547039309	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	8	30.00	0.43	0.22137	76%-100% Above	No	No
43547040011	CYCLOBENZAPRINE 10 MG TABLET	7	60.00	0.09	0.01731	200% Above	No	No
43547040011	CYCLOBENZAPRINE 10 MG TABLET	8	30.00	0.09	0.01695	200% Above	No	No
43547040110	FUROSEMIDE 20 MG TABLET	5	30.00	0.03	0.02749	10%-25% Above	No	No
43547040110	FUROSEMIDE 20 MG TABLET	8	30.00	0.03	0.02676	10%-25% Above	No	No
43547040111	FUROSEMIDE 20 MG TABLET	7	10.00	0.03	0.02711	10%-25% Above	No	No
43547040210	FUROSEMIDE 40 MG TABLET	4	30.00	0.04	0.03167	10%-25% Above	No	No
43547040211	FUROSEMIDE 40 MG TABLET	5	90.00	0.03	0.03173	10%-25% Below	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	4	6.00	0.13	0.03758	200% Above	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	4	14.00	0.08	0.03758	101%-200% Above	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	4	21.00	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	40.00	0.08	0.03758	101%-200% Above	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	4	60.00	0.02	0.03758	26%-50% Below	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	5	20.00	0.05	0.03809	10%-25% Above	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	5	20.00	0.08	0.03809	76%-100% Above	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	5	24.00	0.03	0.03809	10%-25% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	40.00	0.02	0.03809	51%-75% Below	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	5	40.00	0.02	0.03809	26%-50% Below	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	5	40.00	0.03	0.03809	10%-25% Below	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	5	40.00	0.08	0.03809	76%-100% Above	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	5	56.00	0.02	0.03809	26%-50% Below	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	5	60.00	0.02	0.03809	26%-50% Below	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	5	60.00	0.08	0.03809	76%-100% Above	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	5	180.00	0.08	0.03809	76%-100% Above	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	6	21.00	0.08	0.03897	76%-100% Above	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	6	21.00	0.11	0.03897	101%-200% Above	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	6	30.00	0.03	0.03897	10%-25% Below	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	6	30.00	0.08	0.03897	76%-100% Above	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	6	40.00	0.02	0.03897	26%-50% Below	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	6	40.00	0.10	0.03897	101%-200% Above	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	6	60.00	0.02	0.03897	26%-50% Below	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	6	90.00	0.02	0.03897	26%-50% Below	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	7	21.00	0.01	0.03958	51%-75% Below	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	7	30.00	0.03	0.03958	10%-25% Below	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	7	30.00	0.08	0.03958	76%-100% Above	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	7	40.00	0.03	0.03958	26%-50% Below	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	7	56.00	0.08	0.03958	76%-100% Above	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	7	90.00	0.06	0.03958	26%-50% Above	No	No
43547040550	METHOCARBAMOL 500 MG TABLET	7	90.00	0.07	0.03958	76%-100% Above	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	7	90.00	0.08	0.03958	76%-100% Above	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	8	20.00	0.08	0.03970	76%-100% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	30.00	0.03	0.03970	26%-50% Below	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	8	60.00	0.08	0.03970	76%-100% Above	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	8	90.00	0.08	0.03970	76%-100% Above	Yes	No
43547040650	CLONAZEPAM 0.5 MG TABLET	4	15.00	0.03	0.02003	51%-75% Above	Yes	No
43547040650	CLONAZEPAM 0.5 MG TABLET	5	30.00	0.05	0.01975	101%-200% Above	Yes	No
43547040650	CLONAZEPAM 0.5 MG TABLET	6	10.00	0.05	0.01988	101%-200% Above	Yes	No
43547040650	CLONAZEPAM 0.5 MG TABLET	7	1.00	0.05	0.01972	101%-200% Above	No	No
43547040650	CLONAZEPAM 0.5 MG TABLET	8	9.00	0.05	0.01973	101%-200% Above	Yes	No
43547040711	CLONAZEPAM 1 MG TABLET	4	60.00	0.08	0.02488	200% Above	No	No
43547040711	CLONAZEPAM 1 MG TABLET	6	90.00	0.08	0.02497	200% Above	No	No
43547040750	CLONAZEPAM 1 MG TABLET	5	30.00	0.08	0.02503	200% Above	No	No
43547040750	CLONAZEPAM 1 MG TABLET	6	30.00	0.08	0.02497	200% Above	No	No
43547040750	CLONAZEPAM 1 MG TABLET	7	30.00	0.08	0.02440	200% Above	No	No
43547041450	LISINOPRIL 2.5 MG TABLET	5	90.00	0.05	0.01449	200% Above	No	No
43547041450	LISINOPRIL 2.5 MG TABLET	6	90.00	0.01	0.01443	51%-75% Below	No	No
43547041450	LISINOPRIL 2.5 MG TABLET	7	90.00	0.05	0.01444	200% Above	No	No
43547041511	LISINOPRIL 5 MG TABLET	5	90.00	0.01	0.01481	10%-25% Below	No	No
43547041511	LISINOPRIL 5 MG TABLET	5	90.00	0.09	0.01481	200% Above	No	No
43547041511	LISINOPRIL 5 MG TABLET	6	90.00	0.01	0.01479	10%-25% Below	No	No
43547041511	LISINOPRIL 5 MG TABLET	7	30.00	0.09	0.01467	200% Above	No	No
43547041511	LISINOPRIL 5 MG TABLET	8	90.00	0.01	0.01480	10%-25% Below	No	No
43547041511	LISINOPRIL 5 MG TABLET	8	90.00	0.09	0.01480	200% Above	No	No
43547041611	LISINOPRIL 10 MG TABLET	5	30.00	0.01	0.01897	26%-50% Below	No	No
43547041611	LISINOPRIL 10 MG TABLET	5	30.00	0.04	0.01897	101%-200% Above	No	No
43547041611	LISINOPRIL 10 MG TABLET	5	90.00	0.01	0.01897	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547041611	LISINOPRIL 10 MG TABLET	5	90.00	0.01	0.01897	10%-25% Below	No	No
43547041611	LISINOPRIL 10 MG TABLET	5	90.00	0.09	0.01897	200% Above	No	No
43547041611	LISINOPRIL 10 MG TABLET	6	30.00	0.01	0.01880	26%-50% Below	No	No
43547041611	LISINOPRIL 10 MG TABLET	6	30.00	0.04	0.01880	101%-200% Above	No	No
43547041611	LISINOPRIL 10 MG TABLET	6	90.00	0.01	0.01880	26%-50% Below	No	No
43547041611	LISINOPRIL 10 MG TABLET	6	90.00	0.02	0.01880	10%-25% Above	No	No
43547041611	LISINOPRIL 10 MG TABLET	6	90.00	0.09	0.01880	200% Above	No	No
43547041611	LISINOPRIL 10 MG TABLET	7	30.00	0.01	0.01865	26%-50% Below	No	No
43547041611	LISINOPRIL 10 MG TABLET	7	30.00	0.04	0.01865	101%-200% Above	No	No
43547041611	LISINOPRIL 10 MG TABLET	7	30.00	0.09	0.01865	200% Above	No	No
43547041611	LISINOPRIL 10 MG TABLET	7	60.00	0.01	0.01865	26%-50% Below	No	No
43547041611	LISINOPRIL 10 MG TABLET	7	90.00	0.01	0.01865	26%-50% Below	No	No
43547041611	LISINOPRIL 10 MG TABLET	7	90.00	0.09	0.01865	200% Above	No	No
43547041611	LISINOPRIL 10 MG TABLET	7	135.00	0.01	0.01865	10%-25% Below	No	No
43547041611	LISINOPRIL 10 MG TABLET	8	30.00	0.01	0.01832	26%-50% Below	No	No
43547041611	LISINOPRIL 10 MG TABLET	8	60.00	0.01	0.01832	26%-50% Below	No	No
43547041611	LISINOPRIL 10 MG TABLET	8	90.00	0.01	0.01832	10%-25% Below	No	No
43547041611	LISINOPRIL 10 MG TABLET	8	90.00	0.02	0.01832	10%-25% Above	No	No
43547041611	LISINOPRIL 10 MG TABLET	8	90.00	0.09	0.01832	200% Above	No	No
43547041711	LISINOPRIL 20 MG TABLET	5	30.00	0.05	0.02585	76%-100% Above	No	No
43547041711	LISINOPRIL 20 MG TABLET	5	90.00	0.01	0.02585	51%-75% Below	No	No
43547041711	LISINOPRIL 20 MG TABLET	5	90.00	0.02	0.02585	10%-25% Below	No	No
43547041711	LISINOPRIL 20 MG TABLET	5	90.00	0.03	0.02585	10%-25% Above	No	No
43547041711	LISINOPRIL 20 MG TABLET	5	90.00	0.03	0.02585	10%-25% Above	No	No
43547041711	LISINOPRIL 20 MG TABLET	5	90.00	0.09	0.02585	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547041711	LISINOPRIL 20 MG TABLET	6	30.00	0.05	0.02575	76%-100% Above	No	No
43547041711	LISINOPRIL 20 MG TABLET	6	30.00	0.09	0.02575	200% Above	No	No
43547041711	LISINOPRIL 20 MG TABLET	6	90.00	0.02	0.02575	10%-25% Below	No	No
43547041711	LISINOPRIL 20 MG TABLET	6	90.00	0.09	0.02575	200% Above	No	No
43547041711	LISINOPRIL 20 MG TABLET	7	30.00	0.05	0.02578	76%-100% Above	No	No
43547041711	LISINOPRIL 20 MG TABLET	7	90.00	0.03	0.02578	10%-25% Above	No	No
43547041711	LISINOPRIL 20 MG TABLET	7	90.00	0.09	0.02578	200% Above	No	No
43547041711	LISINOPRIL 20 MG TABLET	7	180.00	0.09	0.02578	200% Above	No	No
43547041711	LISINOPRIL 20 MG TABLET	8	30.00	0.04	0.02572	51%-75% Above	No	No
43547041711	LISINOPRIL 20 MG TABLET	8	30.00	0.05	0.02572	76%-100% Above	No	No
43547041711	LISINOPRIL 20 MG TABLET	8	90.00	0.02	0.02572	10%-25% Below	No	No
43547041850	LISINOPRIL 30 MG TABLET	7	90.00	0.10	0.05417	76%-100% Above	No	No
43547041911	LISINOPRIL 40 MG TABLET	4	90.00	0.04	0.04738	10%-25% Below	No	No
43547041911	LISINOPRIL 40 MG TABLET	4	90.00	0.10	0.04738	101%-200% Above	No	No
43547041911	LISINOPRIL 40 MG TABLET	5	30.00	0.01	0.04718	76%-100% Below	No	No
43547041911	LISINOPRIL 40 MG TABLET	5	90.00	0.04	0.04718	10%-25% Below	No	No
43547041911	LISINOPRIL 40 MG TABLET	6	30.00	0.01	0.04591	76%-100% Below	No	No
43547041911	LISINOPRIL 40 MG TABLET	6	90.00	0.01	0.04591	76%-100% Below	No	No
43547041911	LISINOPRIL 40 MG TABLET	6	90.00	0.10	0.04591	101%-200% Above	No	No
43547041911	LISINOPRIL 40 MG TABLET	7	30.00	0.10	0.04593	101%-200% Above	No	No
43547041911	LISINOPRIL 40 MG TABLET	7	90.00	0.01	0.04593	76%-100% Below	No	No
43547041911	LISINOPRIL 40 MG TABLET	7	90.00	0.04	0.04593	10%-25% Below	No	No
43547041911	LISINOPRIL 40 MG TABLET	7	90.00	0.10	0.04593	101%-200% Above	No	No
43547041911	LISINOPRIL 40 MG TABLET	8	30.00	0.01	0.04594	76%-100% Below	No	No
43547041911	LISINOPRIL 40 MG TABLET	8	90.00	0.10	0.04594	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	4	30.00	0.05	0.02844	51%-75% Above	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	4	45.00	0.05	0.02844	51%-75% Above	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	5	45.00	0.05	0.02869	51%-75% Above	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	5	90.00	0.05	0.02869	51%-75% Above	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	6	30.00	0.05	0.02853	51%-75% Above	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	6	90.00	0.05	0.02853	51%-75% Above	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	7	30.00	0.05	0.02873	51%-75% Above	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	7	90.00	0.03	0.02873	10%-25% Below	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	7	90.00	0.05	0.02873	51%-75% Above	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	7	180.00	0.05	0.02873	51%-75% Above	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	4	56.00	0.07	0.03677	76%-100% Above	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	30.00	0.07	0.03703	76%-100% Above	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	60.00	0.07	0.03703	76%-100% Above	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	90.00	0.01	0.03703	51%-75% Below	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	180.00	0.07	0.03703	76%-100% Above	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	56.00	0.07	0.03701	76%-100% Above	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	60.00	0.07	0.03701	76%-100% Above	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	90.00	0.07	0.03701	76%-100% Above	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	30.00	0.01	0.03713	51%-75% Below	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	60.00	0.07	0.03713	76%-100% Above	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	180.00	0.02	0.03713	26%-50% Below	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	56.00	0.07	0.03660	76%-100% Above	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	60.00	0.07	0.03660	76%-100% Above	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	90.00	0.05	0.03660	26%-50% Above	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	180.00	0.07	0.03660	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547042250	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	4	30.00	0.07	0.04012	51%-75% Above	No	No
43547042250	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	4	90.00	0.01	0.04012	51%-75% Below	No	No
43547042250	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	5	30.00	0.05	0.04037	10%-25% Above	No	No
43547042250	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	5	30.00	0.07	0.04037	51%-75% Above	No	No
43547042250	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	5	90.00	0.03	0.04037	26%-50% Below	No	No
43547042250	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	5	90.00	0.07	0.04037	51%-75% Above	No	No
43547042250	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	6	30.00	0.05	0.03989	10%-25% Above	No	No
43547042250	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	6	90.00	0.02	0.03989	26%-50% Below	No	No
43547042250	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	7	30.00	0.05	0.04004	10%-25% Above	No	No
43547042250	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	7	30.00	0.07	0.04004	51%-75% Above	No	No
43547042250	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	7	90.00	0.07	0.04004	51%-75% Above	No	No
43547042250	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	8	30.00	0.05	0.04048	10%-25% Above	No	No
43547042250	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	8	90.00	0.01	0.04048	51%-75% Below	No	No
43547042250	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	8	90.00	0.02	0.04048	26%-50% Below	No	No
43547042303	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	4	90.00	0.13	0.05925	101%-200% Above	No	No
43547042303	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	7	90.00	0.13	0.06015	101%-200% Above	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	4	14.00	0.13	0.05925	101%-200% Above	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	4	30.00	0.03	0.05925	51%-75% Below	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	4	30.00	0.13	0.05925	101%-200% Above	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	4	90.00	0.03	0.05925	51%-75% Below	Yes	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	4	90.00	0.29	0.05925	200% Above	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	4	180.00	0.17	0.05925	101%-200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	5	30.00	0.13	0.06184	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	90.00	0.13	0.06184	101%-200% Above	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	5	90.00	0.13	0.06184	101%-200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	5	90.00	0.33	0.06184	200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	6	10.00	0.13	0.06214	101%-200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	6	30.00	0.13	0.06214	101%-200% Above	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	6	30.00	0.17	0.06214	101%-200% Above	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	6	30.00	0.38	0.06214	200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	6	90.00	0.01	0.06214	76%-100% Below	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	6	90.00	0.08	0.06214	10%-25% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	6	90.00	0.10	0.06214	51%-75% Above	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	6	90.00	0.10	0.06214	51%-75% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	6	90.00	0.13	0.06214	101%-200% Above	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	6	90.00	0.13	0.06214	101%-200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	6	90.00	0.17	0.06214	101%-200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	6	90.00	0.33	0.06214	200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	7	30.00	0.13	0.06015	101%-200% Above	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	7	30.00	0.33	0.06015	200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	7	90.00	0.10	0.06015	51%-75% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	7	90.00	0.13	0.06015	101%-200% Above	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	7	90.00	0.13	0.06015	101%-200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	8	30.00	0.13	0.05732	101%-200% Above	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	8	30.00	0.13	0.05732	101%-200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	8	30.00	0.36	0.05732	200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	8	60.00	0.17	0.05732	101%-200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	8	90.00	0.07	0.05732	26%-50% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	90.00	0.13	0.05732	101%-200% Above	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	8	90.00	0.13	0.05732	101%-200% Above	Yes	No
43547042311	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	2	30.00	0.11	0.07049	26%-50% Above	No	No
43547042311	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	3	30.00	0.11	0.06467	51%-75% 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	4	60.00	0.13	0.05925	101%-200% Above	No	No
43547042311	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	4	90.00	0.17	0.05925	101%-200% Above	No	No
43547042311	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	5	30.00	0.13	0.06184	101%-200% Above	No	No
43547042311	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	5	60.00	0.13	0.06184	101%-200% Above	No	No
43547042311	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	6	60.00	0.13	0.06214	101%-200% Above	No	No
43547042311	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	6	90.00	0.03	0.06214	51%-75% Below	No	No
43547042311	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	6	90.00	0.13	0.06214	101%-200% Above	No	No
43547042311	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	7	60.00	0.13	0.06015	101%-200% Above	No	No
43547042311	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	7	90.00	0.13	0.06015	101%-200% Above	No	No
43547042311	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	8	30.00	0.13	0.05732	101%-200% Above	No	No
43547042311	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	8	60.00	0.13	0.05732	101%-200% Above	No	No
43547042311	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	8	90.00	0.17	0.05732	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	30.00	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	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	4	90.00	0.33	0.08092	200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	4	90.00	0.54	0.08092	200% Above	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	30.00	0.04	0.08110	51%-75% Below	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	30.00	0.33	0.08110	200% Above	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	90.00	0.01	0.08110	76%-100% Below	No	No

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43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	90.00	0.03	0.08110	51%-75% Below	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	90.00	0.15	0.08110	76%-100% Above	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	90.00	0.15	0.08110	76%-100% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	90.00	0.17	0.08110	101%-200% Above	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	90.00	0.22	0.08110	101%-200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	90.00	0.32	0.08110	200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	90.00	0.33	0.08110	200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	15.00	0.44	0.07979	200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	30.00	0.04	0.07979	51%-75% Below	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	30.00	0.15	0.07979	76%-100% Above	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	30.00	0.54	0.07979	200% Above	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	90.00	0.15	0.07979	76%-100% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	30.00	0.04	0.07712	26%-50% Below	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	30.00	0.15	0.07712	76%-100% Above	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	30.00	0.15	0.07712	76%-100% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	30.00	0.33	0.07712	200% Above	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	90.00	0.11	0.07712	26%-50% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	90.00	0.15	0.07712	76%-100% Above	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	90.00	0.15	0.07712	76%-100% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	90.00	0.33	0.07712	200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	90.00	0.54	0.07712	200% Above	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	8	30.00	0.15	0.07833	76%-100% Above	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	8	30.00	0.15	0.07833	76%-100% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	8	90.00	0.03	0.07833	51%-75% Below	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	8	90.00	0.04	0.07833	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	90.00	0.15	0.07833	76%-100% Above	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	8	90.00	0.15	0.07833	76%-100% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	8	90.00	0.22	0.07833	101%-200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	8	90.00	0.32	0.07833	200% Above	Yes	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	4	30.00	0.33	0.08092	200% Above	No	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	30.00	0.15	0.08110	76%-100% Above	No	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	90.00	0.01	0.08110	76%-100% Below	No	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	90.00	0.15	0.08110	76%-100% Above	No	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	90.00	0.22	0.08110	101%-200% Above	No	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	30.00	0.15	0.07979	76%-100% Above	No	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	30.00	0.33	0.07979	200% Above	No	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	90.00	0.01	0.07979	76%-100% Below	No	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	90.00	0.15	0.07979	76%-100% Above	No	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	90.00	0.22	0.07979	101%-200% Above	No	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	30.00	0.15	0.07712	76%-100% Above	No	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	30.00	0.33	0.07712	200% Above	No	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	90.00	0.15	0.07712	76%-100% Above	No	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	90.00	0.33	0.07712	200% Above	No	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	8	30.00	0.15	0.07833	76%-100% Above	No	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	8	90.00	0.01	0.07833	76%-100% Below	No	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	8	90.00	0.15	0.07833	76%-100% Above	No	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	8	90.00	0.33	0.07833	200% Above	No	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	4	90.00	0.16	0.07510	101%-200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	5	30.00	0.04	0.07542	26%-50% Below	Yes	No

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43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	5	90.00	0.16	0.07542	101%-200% Above	No	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	5	90.00	0.16	0.07542	101%-200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	5	90.00	0.33	0.07542	200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	6	90.00	0.16	0.07551	101%-200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	6	90.00	0.40	0.07551	200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	7	30.00	0.33	0.07417	200% Above	No	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	7	90.00	0.12	0.07417	51%-75% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	7	90.00	0.16	0.07417	101%-200% Above	No	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	7	90.00	0.50	0.07417	200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	8	30.00	0.33	0.07495	200% Above	No	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	8	90.00	0.16	0.07495	101%-200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	8	90.00	0.17	0.07495	101%-200% Above	No	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	8	90.00	0.33	0.07495	200% Above	Yes	No
43547042511	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	4	30.00	0.13	0.07510	76%-100% Above	No	No
43547042511	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	5	30.00	0.16	0.07542	101%-200% Above	No	No
43547042511	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	5	90.00	0.16	0.07542	101%-200% Above	No	No
43547042511	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	6	30.00	0.16	0.07551	101%-200% Above	No	No
43547042511	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	6	90.00	0.16	0.07551	101%-200% Above	No	No
43547042511	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	7	30.00	0.16	0.07417	101%-200% Above	No	No
43547042511	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	7	90.00	0.17	0.07417	101%-200% Above	No	No
43547042511	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	7	90.00	0.44	0.07417	200% Above	No	No
43547042511	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	8	14.00	0.16	0.07495	101%-200% Above	No	No
43547042511	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	8	30.00	0.16	0.07495	101%-200% Above	No	No
43547042511	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	8	90.00	0.16	0.07495	101%-200% Above	No	No
43547043109	FENOFIBRATE 145 MG TABLET	5	90.00	0.27	0.11985	101%-200% Above	No	No

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43547043109	FENOFIBRATE 145 MG TABLET	6	90.00	0.27	0.11983	101%-200% Above	No	No
43547043109	FENOFIBRATE 145 MG TABLET	8	90.00	0.50	0.12141	200% Above	No	No
43547043506	CLONIDINE HCL ER 0.1 MG TABLET	7	30.00	0.13	0.22901	26%-50% Below	No	No
43547043506	CLONIDINE HCL ER 0.1 MG TABLET	8	180.00	0.55	0.21496	101%-200% Above	Yes	No
43547044203	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TB	5	30.00	0.59	0.34655	51%-75% Above	No	No
43547044203	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TB	6	30.00	0.59	0.34881	51%-75% Above	No	No
43547044203	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TB	7	30.00	0.59	0.33760	76%-100% Above	No	No
43547044303	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-25 MG TAB	5	30.00	0.58	0.36196	51%-75% Above	No	No
43547044303	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-25 MG TAB	6	90.00	0.58	0.35363	51%-75% Above	No	No
43547046109	CANDESARTAN-HYDROCHLOROTHIAZIDE 32-25 MG TAB	5	30.00	0.55	1.24329	51%-75% Below	No	No
43547046109	CANDESARTAN-HYDROCHLOROTHIAZIDE 32-25 MG TAB	5	30.00	0.59	1.24329	51%-75% Below	No	No
43547046109	CANDESARTAN-HYDROCHLOROTHIAZIDE 32-25 MG TAB	6	30.00	0.61	1.13526	26%-50% Below	No	No
43547048610	METHYLPHENIDATE 5 MG TABLET	5	30.00	0.06	0.13572	51%-75% Below	Yes	No
43547048710	METHYLPHENIDATE 10 MG TABLET	5	30.00	0.10	0.16210	26%-50% Below	No	No
43547052403	NEBIVOLOL 2.5 MG TABLET	4	90.00	0.17	0.11827	26%-50% Above	No	No
43547052403	NEBIVOLOL 2.5 MG TABLET	5	90.00	0.06	0.11984	26%-50% Below	No	No
43547052403	NEBIVOLOL 2.5 MG TABLET	7	90.00	0.17	0.12210	26%-50% Above	No	No
43547052403	NEBIVOLOL 2.5 MG TABLET	8	90.00	0.06	0.11894	26%-50% Below	No	No
43547052503	NEBIVOLOL 5 MG TABLET	4	30.00	0.50	0.09997	200% Above	No	No
43547052503	NEBIVOLOL 5 MG TABLET	4	90.00	0.31	0.09997	200% Above	No	No
43547052503	NEBIVOLOL 5 MG TABLET	5	30.00	0.50	0.10096	200% Above	No	No
43547052503	NEBIVOLOL 5 MG TABLET	5	90.00	0.31	0.10096	200% Above	No	No
43547052503	NEBIVOLOL 5 MG TABLET	5	90.00	0.42	0.10096	200% Above	No	No
43547052503	NEBIVOLOL 5 MG TABLET	6	30.00	0.61	0.10425	200% Above	No	No
43547052503	NEBIVOLOL 5 MG TABLET	6	90.00	0.31	0.10425	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547052503	NEBIVOLOL 5 MG TABLET	7	30.00	0.50	0.10520	200% Above	No	No
43547052503	NEBIVOLOL 5 MG TABLET	7	90.00	0.31	0.10520	101%-200% Above	No	No
43547052503	NEBIVOLOL 5 MG TABLET	8	90.00	0.31	0.11194	101%-200% Above	No	No
43547052503	NEBIVOLOL 5 MG TABLET	8	90.00	0.42	0.11194	200% Above	No	No
43547052503	NEBIVOLOL 5 MG TABLET	8	90.00	0.56	0.11194	200% Above	No	No
43547052509	NEBIVOLOL 5 MG TABLET	5	90.00	0.08	0.10096	10%-25% Below	No	No
43547052509	NEBIVOLOL 5 MG TABLET	5	90.00	0.31	0.10096	200% Above	No	No
43547052509	NEBIVOLOL 5 MG TABLET	6	90.00	0.31	0.10425	101%-200% Above	No	No
43547052509	NEBIVOLOL 5 MG TABLET	7	90.00	0.31	0.10520	101%-200% Above	No	No
43547052603	NEBIVOLOL 10 MG TABLET	4	30.00	0.22	0.13645	51%-75% Above	No	No
43547052603	NEBIVOLOL 10 MG TABLET	4	90.00	0.22	0.13645	51%-75% Above	No	No
43547052603	NEBIVOLOL 10 MG TABLET	5	30.00	0.22	0.14023	51%-75% Above	No	No
43547052603	NEBIVOLOL 10 MG TABLET	6	30.00	0.22	0.14736	26%-50% Above	No	No
43547052603	NEBIVOLOL 10 MG TABLET	6	90.00	0.22	0.14736	26%-50% Above	No	No
43547052603	NEBIVOLOL 10 MG TABLET	7	30.00	0.22	0.14505	26%-50% Above	No	No
43547052603	NEBIVOLOL 10 MG TABLET	8	30.00	0.22	0.14378	26%-50% Above	No	No
43547052603	NEBIVOLOL 10 MG TABLET	8	30.00	0.50	0.14378	200% Above	No	No
43547052603	NEBIVOLOL 10 MG TABLET	8	90.00	0.22	0.14378	26%-50% Above	No	No
43547052609	NEBIVOLOL 10 MG TABLET	5	30.00	0.22	0.14023	51%-75% Above	No	No
43547052609	NEBIVOLOL 10 MG TABLET	6	30.00	0.22	0.14736	26%-50% Above	No	No
43547052609	NEBIVOLOL 10 MG TABLET	6	90.00	0.22	0.14736	26%-50% Above	No	No
43547052609	NEBIVOLOL 10 MG TABLET	7	90.00	0.22	0.14505	26%-50% Above	No	No
43547052709	NEBIVOLOL 20 MG TABLET	4	30.00	0.50	0.18343	101%-200% Above	No	No
43547052709	NEBIVOLOL 20 MG TABLET	5	30.00	0.50	0.18414	101%-200% Above	No	No
43547052709	NEBIVOLOL 20 MG TABLET	6	30.00	0.50	0.18387	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547052709	NEBIVOLOL 20 MG TABLET	6	90.00	0.22	0.18387	10%-25% Above	No	No
43547052709	NEBIVOLOL 20 MG TABLET	7	30.00	0.50	0.18196	101%-200% Above	No	No
43547052709	NEBIVOLOL 20 MG TABLET	8	30.00	0.50	0.17833	101%-200% Above	No	No
43547054510	ENALAPRIL MALEATE 2.5 MG TAB	5	30.00	0.12	0.06897	51%-75% Above	No	No
43547054510	ENALAPRIL MALEATE 2.5 MG TAB	6	30.00	0.12	0.06469	76%-100% Above	No	No
43547054510	ENALAPRIL MALEATE 2.5 MG TAB	7	30.00	0.12	0.06039	76%-100% Above	No	No
43547054510	ENALAPRIL MALEATE 2.5 MG TAB	8	30.00	0.12	0.06068	76%-100% Above	No	No
43547054610	ENALAPRIL MALEATE 5 MG TABLET	4	60.00	0.16	0.07467	101%-200% Above	No	No
43547054610	ENALAPRIL MALEATE 5 MG TABLET	4	90.00	0.16	0.07467	101%-200% Above	No	No
43547054610	ENALAPRIL MALEATE 5 MG TABLET	5	60.00	0.16	0.07354	101%-200% Above	No	No
43547054610	ENALAPRIL MALEATE 5 MG TABLET	5	180.00	0.16	0.07354	101%-200% Above	No	No
43547054610	ENALAPRIL MALEATE 5 MG TABLET	6	60.00	0.16	0.07904	101%-200% Above	No	No
43547054610	ENALAPRIL MALEATE 5 MG TABLET	6	90.00	0.16	0.07904	101%-200% Above	No	No
43547054610	ENALAPRIL MALEATE 5 MG TABLET	7	90.00	0.16	0.07108	101%-200% Above	No	No
43547054611	ENALAPRIL MALEATE 5 MG TABLET	6	90.00	0.22	0.07904	101%-200% Above	No	No
43547054611	ENALAPRIL MALEATE 5 MG TABLET	8	30.00	0.16	0.07570	101%-200% Above	No	No
43547054710	ENALAPRIL MALEATE 10 MG TAB	8	15.00	0.13	0.06659	76%-100% 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	5	30.00	0.13	0.06642	76%-100% Above	No	No
43547054711	ENALAPRIL MALEATE 10 MG TAB	5	90.00	0.13	0.06642	76%-100% Above	Yes	No
43547054711	ENALAPRIL MALEATE 10 MG TAB	6	30.00	0.13	0.06786	76%-100% Above	No	No
43547054711	ENALAPRIL MALEATE 10 MG TAB	6	60.00	0.13	0.06786	76%-100% Above	No	No
43547054711	ENALAPRIL MALEATE 10 MG TAB	6	90.00	0.22	0.06786	200% Above	No	No
43547054711	ENALAPRIL MALEATE 10 MG TAB	7	30.00	0.13	0.06584	76%-100% Above	No	No
43547054711	ENALAPRIL MALEATE 10 MG TAB	7	60.00	0.13	0.06584	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	30.00	0.13	0.06659	76%-100% Above	No	No
43547054711	ENALAPRIL MALEATE 10 MG TAB	8	60.00	0.13	0.06659	76%-100% Above	No	No
43547054811	ENALAPRIL MALEATE 20 MG TAB	4	180.00	0.14	0.10239	26%-50% Above	Yes	No
43547054811	ENALAPRIL MALEATE 20 MG TAB	5	90.00	0.38	0.10086	200% Above	No	No
43547055403	ROPINIROLE HCL ER 2 MG TABLET	4	60.00	0.22	0.41116	26%-50% Below	No	No
43547055403	ROPINIROLE HCL ER 2 MG TABLET	5	60.00	0.22	0.43695	26%-50% Below	No	No
43547055603	ROPINIROLE HCL ER 6 MG TABLET	5	90.00	0.79	1.06259	10%-25% Below	No	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	4	15.00	0.03	0.02473	26%-50% Above	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	4	20.00	0.04	0.02473	51%-75% Above	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	4	30.00	0.01	0.02473	51%-75% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	4	60.00	0.04	0.02473	51%-75% Above	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	4	180.00	0.04	0.02473	51%-75% Above	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	5	30.00	0.02	0.02473	10%-25% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	5	30.00	0.03	0.02473	10%-25% Above	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	5	45.00	0.02	0.02473	10%-25% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	5	60.00	0.01	0.02473	51%-75% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	5	60.00	0.04	0.02473	51%-75% Above	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	5	180.00	0.04	0.02473	51%-75% Above	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	6	30.00	0.02	0.02461	10%-25% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	6	45.00	0.02	0.02461	10%-25% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	6	60.00	0.02	0.02461	26%-50% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	6	60.00	0.04	0.02461	51%-75% Above	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	6	270.00	0.03	0.02461	26%-50% Above	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	7	30.00	0.02	0.02490	10%-25% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	30.00	0.04	0.02490	51%-75% Above	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	7	60.00	0.01	0.02490	51%-75% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	7	60.00	0.04	0.02490	51%-75% Above	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	7	90.00	0.01	0.02490	26%-50% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	8	30.00	0.02	0.02451	10%-25% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	8	60.00	0.01	0.02451	51%-75% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	8	60.00	0.01	0.02451	26%-50% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	8	60.00	0.02	0.02451	10%-25% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	8	60.00	0.04	0.02451	51%-75% Above	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	8	180.00	0.04	0.02451	51%-75% 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	5	30.00	0.07	0.03337	76%-100% Above	Yes	No
43547056610	CLONIDINE HCL 0.2 MG TABLET	5	90.00	0.02	0.03337	51%-75% Below	Yes	No
43547056610	CLONIDINE HCL 0.2 MG TABLET	5	90.00	0.06	0.03337	76%-100% Above	Yes	No
43547056610	CLONIDINE HCL 0.2 MG TABLET	6	30.00	0.07	0.03250	76%-100% Above	Yes	No
43547056610	CLONIDINE HCL 0.2 MG TABLET	7	90.00	0.05	0.03183	51%-75% Above	Yes	No
43547056610	CLONIDINE HCL 0.2 MG TABLET	7	180.00	0.02	0.03183	26%-50% Below	Yes	No
43547056610	CLONIDINE HCL 0.2 MG TABLET	8	90.00	0.06	0.03191	101%-200% Above	Yes	No
43547056710	CLONIDINE HCL 0.3 MG TABLET	4	90.00	0.02	0.03911	51%-75% Below	Yes	No
43547056710	CLONIDINE HCL 0.3 MG TABLET	7	30.00	0.08	0.04119	76%-100% Above	Yes	No
43547056710	CLONIDINE HCL 0.3 MG TABLET	7	90.00	0.02	0.04119	51%-75% Below	Yes	No
43547056710	CLONIDINE HCL 0.3 MG TABLET	12	30.00	0.02	0.04060	26%-50% Below	Yes	No
43547060310	LISDEXAMFETAMINE 20 MG CAPSULE	7	30.00	0.92	2.74547	51%-75% Below	Yes	No
43547060310	LISDEXAMFETAMINE 20 MG CAPSULE	8	30.00	1.55	2.59686	26%-50% Below	No	No
43547060410	LISDEXAMFETAMINE 30 MG CAPSULE	5	30.00	1.68	3.12473	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547060410	LISDEXAMFETAMINE 30 MG CAPSULE	6	30.00	1.72	3.03663	26%-50% Below	No	No
43547060510	LISDEXAMFETAMINE 40 MG CAPSULE	5	30.00	0.50	2.92284	76%-100% Below	No	No
43547060510	LISDEXAMFETAMINE 40 MG CAPSULE	7	30.00	1.61	2.72415	26%-50% Below	No	No
43547060510	LISDEXAMFETAMINE 40 MG CAPSULE	7	30.00	3.50	2.72415	26%-50% Above	No	No
43547060510	LISDEXAMFETAMINE 40 MG CAPSULE	8	30.00	0.33	2.62982	76%-100% Below	No	No
43547060610	LISDEXAMFETAMINE 50 MG CAPSULE	5	30.00	1.56	2.84456	26%-50% Below	No	No
43547060610	LISDEXAMFETAMINE 50 MG CAPSULE	7	30.00	1.41	2.76500	26%-50% Below	Yes	No
43547068810	CIPROFLOXACIN HCL 250 MG TAB	5	10.00	0.34	0.08834	200% Above	No	No
43547068810	CIPROFLOXACIN HCL 250 MG TAB	5	28.00	0.34	0.08834	200% Above	No	No
43547068810	CIPROFLOXACIN HCL 250 MG TAB	7	10.00	0.34	0.07926	200% Above	No	No
43547068810	CIPROFLOXACIN HCL 250 MG TAB	8	10.00	0.34	0.07517	200% Above	No	No
43547068910	CIPROFLOXACIN HCL 500 MG TAB	4	10.00	0.25	0.11064	101%-200% Above	No	No
43547068910	CIPROFLOXACIN HCL 500 MG TAB	4	14.00	0.25	0.11064	101%-200% Above	No	No
43547068910	CIPROFLOXACIN HCL 500 MG TAB	4	20.00	0.25	0.11064	101%-200% Above	No	No
43547068910	CIPROFLOXACIN HCL 500 MG TAB	5	14.00	0.15	0.11799	26%-50% Above	No	No
43547068910	CIPROFLOXACIN HCL 500 MG TAB	5	14.00	0.25	0.11799	101%-200% Above	No	No
43547068910	CIPROFLOXACIN HCL 500 MG TAB	5	20.00	0.25	0.11799	101%-200% Above	No	No
43547068910	CIPROFLOXACIN HCL 500 MG TAB	5	28.00	0.25	0.11799	101%-200% Above	No	No
43547068910	CIPROFLOXACIN HCL 500 MG TAB	5	30.00	0.25	0.11799	101%-200% Above	No	No
43547068910	CIPROFLOXACIN HCL 500 MG TAB	6	6.00	0.19	0.12441	51%-75% Above	No	No
43547068910	CIPROFLOXACIN HCL 500 MG TAB	6	10.00	0.16	0.12441	10%-25% Above	No	No
43547068910	CIPROFLOXACIN HCL 500 MG TAB	6	14.00	0.18	0.12441	26%-50% Above	No	No
43547068910	CIPROFLOXACIN HCL 500 MG TAB	6	20.00	0.25	0.12441	76%-100% Above	No	No
43547068910	CIPROFLOXACIN HCL 500 MG TAB	7	10.00	0.19	0.12469	51%-75% Above	No	No
43547068910	CIPROFLOXACIN HCL 500 MG TAB	7	14.00	0.25	0.12469	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547068910	CIPROFLOXACIN HCL 500 MG TAB	7	20.00	0.25	0.12469	76%-100% Above	No	No
43547068910	CIPROFLOXACIN HCL 500 MG TAB	7	30.00	0.25	0.12469	76%-100% Above	No	No
43547068910	CIPROFLOXACIN HCL 500 MG TAB	8	14.00	0.25	0.12441	76%-100% Above	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	4	14.00	0.25	0.11064	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	5	7.00	0.25	0.11799	101%-200% Above	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	5	10.00	0.25	0.11799	101%-200% Above	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	5	12.00	0.13	0.11799	10%-25% Above	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	5	14.00	0.25	0.11799	101%-200% Above	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	5	20.00	0.25	0.11799	101%-200% Above	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	5	28.00	0.25	0.11799	101%-200% Above	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	6	6.00	0.19	0.12441	51%-75% Above	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	6	7.00	0.25	0.12441	76%-100% Above	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	6	10.00	0.14	0.12441	10%-25% Above	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	6	10.00	0.14	0.12441	10%-25% Above	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	6	14.00	0.25	0.12441	76%-100% Above	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	6	20.00	0.01	0.12441	76%-100% Below	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	6	20.00	0.25	0.12441	76%-100% Above	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	7	10.00	0.15	0.12469	10%-25% Above	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	7	10.00	0.25	0.12469	76%-100% Above	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	7	14.00	0.25	0.12469	76%-100% Above	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	7	20.00	0.25	0.12469	76%-100% Above	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	8	10.00	0.25	0.12441	76%-100% Above	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	8	14.00	0.15	0.12441	10%-25% Above	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	8	14.00	0.15	0.12441	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	14.00	0.25	0.12441	76%-100% Above	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	8	20.00	0.25	0.12441	76%-100% Above	No	No
43547088450	ARIPIPRAZOLE 2 MG TABLET	5	30.00	0.47	0.11262	200% Above	No	No
43547088450	ARIPIPRAZOLE 2 MG TABLET	6	30.00	0.47	0.10453	200% Above	No	No
43547088450	ARIPIPRAZOLE 2 MG TABLET	8	30.00	0.47	0.10341	200% Above	No	No
43598009805	ATORVASTATIN 10 MG TABLET	4	30.00	0.01	0.02483	51%-75% Below	No	No
43598009805	ATORVASTATIN 10 MG TABLET	4	90.00	0.01	0.02483	51%-75% Below	No	No
43598009805	ATORVASTATIN 10 MG TABLET	5	30.00	0.01	0.02497	51%-75% Below	No	No
43598009805	ATORVASTATIN 10 MG TABLET	5	30.00	0.18	0.02497	200% Above	No	No
43598009805	ATORVASTATIN 10 MG TABLET	5	90.00	0.18	0.02497	200% Above	No	No
43598009805	ATORVASTATIN 10 MG TABLET	6	30.00	0.01	0.02452	51%-75% Below	No	No
43598009805	ATORVASTATIN 10 MG TABLET	6	90.00	0.01	0.02452	51%-75% Below	No	No
43598009805	ATORVASTATIN 10 MG TABLET	6	90.00	0.18	0.02452	200% Above	No	No
43598009805	ATORVASTATIN 10 MG TABLET	7	90.00	0.18	0.02403	200% Above	No	No
43598009805	ATORVASTATIN 10 MG TABLET	8	90.00	0.01	0.02325	76%-100% Below	No	No
43598009890	ATORVASTATIN 10 MG TABLET	6	90.00	0.18	0.02452	200% Above	No	No
43598009905	ATORVASTATIN 20 MG TABLET	4	30.00	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	5	30.00	0.01	0.02902	51%-75% Below	No	No
43598009905	ATORVASTATIN 20 MG TABLET	5	90.00	0.27	0.02902	200% Above	No	No
43598009905	ATORVASTATIN 20 MG TABLET	6	30.00	0.01	0.02851	51%-75% Below	No	No
43598009905	ATORVASTATIN 20 MG TABLET	6	90.00	0.01	0.02851	51%-75% Below	No	No
43598009905	ATORVASTATIN 20 MG TABLET	6	90.00	0.27	0.02851	200% Above	No	No
43598009905	ATORVASTATIN 20 MG TABLET	7	30.00	0.01	0.02795	51%-75% Below	No	No
43598009905	ATORVASTATIN 20 MG TABLET	7	90.00	0.01	0.02795	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43598009905	ATORVASTATIN 20 MG TABLET	7	90.00	0.27	0.02795	200% Above	No	No
43598009990	ATORVASTATIN 20 MG TABLET	5	30.00	0.01	0.02902	51%-75% Below	No	No
43598009990	ATORVASTATIN 20 MG TABLET	5	90.00	0.01	0.02902	51%-75% Below	No	No
43598009990	ATORVASTATIN 20 MG TABLET	5	90.00	0.13	0.02902	200% Above	No	No
43598009990	ATORVASTATIN 20 MG TABLET	5	90.00	0.27	0.02902	200% Above	No	No
43598009990	ATORVASTATIN 20 MG TABLET	7	30.00	0.01	0.02795	51%-75% Below	No	No
43598009990	ATORVASTATIN 20 MG TABLET	8	90.00	0.27	0.02762	200% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	4	90.00	0.01	0.03828	51%-75% Below	No	No
43598010105	ATORVASTATIN 40 MG TABLET	4	90.00	0.12	0.03828	200% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	4	180.00	0.12	0.03828	200% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	5	90.00	0.12	0.03824	200% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	5	90.00	0.15	0.03824	200% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	6	90.00	0.11	0.03787	200% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	6	90.00	0.12	0.03787	200% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	6	90.00	0.12	0.03787	200% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	7	90.00	0.12	0.03739	200% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	7	90.00	0.13	0.03739	200% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	8	90.00	0.12	0.03704	200% Above	No	No
43598010190	ATORVASTATIN 40 MG TABLET	5	90.00	0.06	0.03824	51%-75% Above	No	No
43598010190	ATORVASTATIN 40 MG TABLET	5	90.00	0.13	0.03824	200% Above	No	No
43598010190	ATORVASTATIN 40 MG TABLET	5	90.00	0.13	0.03824	200% Above	No	No
43598010190	ATORVASTATIN 40 MG TABLET	6	90.00	0.12	0.03787	200% Above	No	No
43598010190	ATORVASTATIN 40 MG TABLET	7	90.00	0.02	0.03739	26%-50% Below	No	No
43598010190	ATORVASTATIN 40 MG TABLET	8	90.00	0.13	0.03704	200% Above	No	No
43598010305	ATORVASTATIN 80 MG TABLET	4	90.00	0.14	0.07075	76%-100% Above	No	No

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43598010305	ATORVASTATIN 80 MG TABLET	4	90.00	0.16	0.07075	101%-200% Above	No	No
43598010305	ATORVASTATIN 80 MG TABLET	5	90.00	0.13	0.07062	76%-100% Above	No	No
43598010305	ATORVASTATIN 80 MG TABLET	5	90.00	0.15	0.07062	101%-200% Above	No	No
43598010305	ATORVASTATIN 80 MG TABLET	6	90.00	0.01	0.07002	76%-100% Below	No	No
43598010305	ATORVASTATIN 80 MG TABLET	6	90.00	0.11	0.07002	51%-75% Above	No	No
43598010305	ATORVASTATIN 80 MG TABLET	6	90.00	0.12	0.07002	51%-75% Above	No	No
43598010305	ATORVASTATIN 80 MG TABLET	6	90.00	0.13	0.07002	76%-100% Above	No	No
43598010305	ATORVASTATIN 80 MG TABLET	8	90.00	0.13	0.06924	76%-100% Above	No	No
43598010305	ATORVASTATIN 80 MG TABLET	8	90.00	0.15	0.06924	101%-200% Above	No	No
43598010390	ATORVASTATIN 80 MG TABLET	6	90.00	0.13	0.07002	76%-100% Above	No	No
43598010390	ATORVASTATIN 80 MG TABLET	7	90.00	0.13	0.06918	76%-100% Above	No	No
43598012105	CLOPIDOGREL 75 MG TABLET	4	30.00	0.08	0.04802	51%-75% Above	No	No
43598012105	CLOPIDOGREL 75 MG TABLET	4	90.00	0.10	0.04802	101%-200% Above	No	No
43598012105	CLOPIDOGREL 75 MG TABLET	5	30.00	0.08	0.04832	51%-75% Above	No	No
43598012105	CLOPIDOGREL 75 MG TABLET	5	90.00	0.10	0.04832	101%-200% Above	No	No
43598012105	CLOPIDOGREL 75 MG TABLET	6	90.00	0.07	0.04768	26%-50% Above	No	No
43598012105	CLOPIDOGREL 75 MG TABLET	6	90.00	0.08	0.04768	51%-75% Above	No	No
43598012105	CLOPIDOGREL 75 MG TABLET	7	30.00	0.08	0.04688	51%-75% Above	No	No
43598012105	CLOPIDOGREL 75 MG TABLET	7	90.00	0.10	0.04688	101%-200% Above	No	No
43598012105	CLOPIDOGREL 75 MG TABLET	8	30.00	0.08	0.04704	51%-75% Above	No	No
43598012105	CLOPIDOGREL 75 MG TABLET	8	30.00	0.08	0.04704	76%-100% Above	No	No
43598012105	CLOPIDOGREL 75 MG TABLET	8	90.00	0.07	0.04704	51%-75% Above	No	No
43598012190	CLOPIDOGREL 75 MG TABLET	4	90.00	0.10	0.04802	101%-200% Above	No	No
43598012190	CLOPIDOGREL 75 MG TABLET	6	90.00	0.10	0.04768	101%-200% Above	No	No
43598013101	HYDROXYCHLOROQUINE 400 MG TAB	7	30.00	6.13	0.63154	200% Above	No	No

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43598013301	HYDROXYCHLOROQUINE 100 MG TAB	6	180.00	1.53	0.19138	200% Above	Yes	No
43598013901	KETOROLAC 10 MG TABLET	5	20.00	0.30	0.15870	76%-100% Above	No	No
43598016360	LUBIPROSTONE 8 MCG CAPSULE	6	60.00	0.33	0.60392	26%-50% Below	Yes	No
43598016360	LUBIPROSTONE 8 MCG CAPSULE	7	60.00	0.33	0.55634	26%-50% Below	Yes	No
43598016405	OLANZAPINE 5 MG TABLET	7	30.00	0.06	0.08575	26%-50% Below	No	No
43598016430	OLANZAPINE 5 MG TABLET	4	90.00	0.15	0.08769	51%-75% Above	No	No
43598016430	OLANZAPINE 5 MG TABLET	7	90.00	0.15	0.08575	51%-75% Above	No	No
43598016430	OLANZAPINE 5 MG TABLET	8	60.00	0.15	0.08673	51%-75% Above	No	No
43598016630	OLANZAPINE 10 MG TABLET	5	60.00	0.13	0.10950	10%-25% Above	No	No
43598021025	SSD 1% CREAM	6	25.00	0.11	0.31504	51%-75% Below	No	No
43598021040	SSD 1% CREAM	7	400.00	0.08	0.12689	26%-50% Below	No	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	4	7.50	13.45	7.77983	51%-75% Above	No	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	5	7.50	2.67	7.39657	51%-75% Below	No	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	5	7.50	6.33	7.39657	10%-25% Below	No	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	5	7.50	13.45	7.39657	76%-100% Above	No	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	6	7.50	1.41	7.34441	76%-100% Below	No	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	6	7.50	2.85	7.34441	51%-75% Below	No	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	6	7.50	4.07	7.34441	26%-50% Below	No	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	6	7.50	11.19	7.34441	51%-75% Above	No	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	6	7.50	13.45	7.34441	76%-100% Above	No	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	7	7.50	4.04	7.03284	26%-50% Below	No	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	7	7.50	8.04	7.03284	10%-25% Above	No	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	7	7.50	13.45	7.03284	76%-100% Above	No	No
43598035230	LURASIDONE HCL 40 MG TABLET	5	30.00	0.33	0.22595	26%-50% Above	Yes	No
43598037201	COLCHICINE 0.6 MG TABLET	4	7.00	0.90	0.12992	200% Above	No	No

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43598037201	COLCHICINE 0.6 MG TABLET	4	15.00	0.90	0.12992	200% Above	No	No
43598037201	COLCHICINE 0.6 MG TABLET	4	30.00	0.90	0.12992	200% Above	No	No
43598037201	COLCHICINE 0.6 MG TABLET	5	60.00	0.25	0.13354	76%-100% Above	No	No
43598037201	COLCHICINE 0.6 MG TABLET	5	60.00	0.90	0.13354	200% Above	No	No
43598037201	COLCHICINE 0.6 MG TABLET	6	20.00	0.90	0.12874	200% Above	No	No
43598037201	COLCHICINE 0.6 MG TABLET	6	30.00	0.90	0.12874	200% Above	No	No
43598037201	COLCHICINE 0.6 MG TABLET	6	60.00	0.90	0.12874	200% Above	No	No
43598037201	COLCHICINE 0.6 MG TABLET	7	20.00	0.50	0.12239	200% Above	No	No
43598037201	COLCHICINE 0.6 MG TABLET	7	30.00	0.90	0.12239	200% Above	No	No
43598037230	COLCHICINE 0.6 MG TABLET	5	60.00	0.90	0.13354	200% Above	No	No
43598037230	COLCHICINE 0.6 MG TABLET	5	90.00	0.90	0.13354	200% Above	No	No
43598043611	NITROGLYCERIN 0.4 MG TABLET SL	5	75.00	0.09	0.13796	26%-50% Below	Yes	No
43598043611	NITROGLYCERIN 0.4 MG TABLET SL	6	25.00	0.09	0.13827	26%-50% Below	Yes	No
43598044556	NICOTINE TRANSDERMAL SYSTEM	6	56.00	1.01	1.37843	26%-50% Below	No	No
43598044674	NICOTINE 7 MG/24HR PATCH	7	28.00	1.22	1.73285	26%-50% Below	No	No
43598044774	NICOTINE 14 MG/24HR PATCH	5	28.00	1.22	1.77241	26%-50% Below	No	No
43598044774	NICOTINE 14 MG/24HR PATCH	6	28.00	1.22	1.76517	26%-50% Below	No	No
43598044828	NICOTINE 21 MG/24HR PATCH	7	28.00	1.06	1.76790	26%-50% Below	No	No
43598044874	NICOTINE 21 MG/24HR PATCH	8	28.00	0.89	1.75585	26%-50% Below	Yes	No
43598045202	ALBENDAZOLE 200 MG TABLET	4	10.00	1.00	4.03041	51%-75% Below	No	No
43598045202	ALBENDAZOLE 200 MG TABLET	6	30.00	2.07	4.36261	51%-75% Below	Yes	No
43598049501	NAPROXEN SODIUM 550 MG TAB	6	60.00	0.41	0.22268	76%-100% Above	No	No
43598049501	NAPROXEN SODIUM 550 MG TAB	7	40.00	0.41	0.22869	76%-100% Above	No	No
43598049501	NAPROXEN SODIUM 550 MG TAB	7	60.00	0.41	0.22869	76%-100% Above	No	No
43598050930	ESOMEPRAZOLE MAG DR 20 MG CAP	4	30.00	0.01	0.16903	76%-100% Below	No	No

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43598050930	ESOMEPRAZOLE MAG DR 20 MG CAP	4	30.00	0.50	0.16903	101%-200% Above	No	No
43598050930	ESOMEPRAZOLE MAG DR 20 MG CAP	5	30.00	0.14	0.16281	10%-25% Below	No	No
43598050930	ESOMEPRAZOLE MAG DR 20 MG CAP	5	30.00	0.50	0.16281	200% Above	No	No
43598050930	ESOMEPRAZOLE MAG DR 20 MG CAP	6	14.00	0.14	0.16044	10%-25% Below	No	No
43598050930	ESOMEPRAZOLE MAG DR 20 MG CAP	6	30.00	0.14	0.16044	10%-25% Below	No	No
43598050930	ESOMEPRAZOLE MAG DR 20 MG CAP	7	30.00	0.14	0.15673	10%-25% Below	No	No
43598050930	ESOMEPRAZOLE MAG DR 20 MG CAP	8	30.00	0.14	0.15327	10%-25% Below	No	No
43598050990	ESOMEPRAZOLE MAG DR 20 MG CAP	5	90.00	0.01	0.16281	76%-100% Below	No	No
43598050990	ESOMEPRAZOLE MAG DR 20 MG CAP	5	90.00	0.14	0.16281	10%-25% Below	No	No
43598050990	ESOMEPRAZOLE MAG DR 20 MG CAP	8	90.00	0.01	0.15327	76%-100% Below	No	No
43598050990	ESOMEPRAZOLE MAG DR 20 MG CAP	8	90.00	0.14	0.15327	10%-25% Below	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	4	30.00	0.33	0.13636	101%-200% Above	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	4	30.00	0.42	0.13636	200% Above	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	5	30.00	0.33	0.13164	101%-200% Above	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	5	90.00	0.42	0.13164	200% Above	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	6	30.00	0.42	0.12657	200% Above	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	6	90.00	0.44	0.12657	200% Above	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	7	30.00	0.42	0.12037	200% Above	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	8	30.00	0.42	0.11802	200% Above	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	8	30.00	0.42	0.11802	200% Above	Yes	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	8	90.00	0.42	0.11802	200% Above	No	No
43598051030	ESOMEPRAZOLE MAG DR 40 MG CAP	4	90.00	0.42	0.13636	200% Above	No	No
43598051030	ESOMEPRAZOLE MAG DR 40 MG CAP	8	90.00	0.42	0.11802	200% Above	No	No
43598051090	ESOMEPRAZOLE MAG DR 40 MG CAP	5	30.00	0.42	0.13164	200% Above	No	No
43598051090	ESOMEPRAZOLE MAG DR 40 MG CAP	5	90.00	0.42	0.13164	200% Above	No	No

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43598051090	ESOMEPRAZOLE MAG DR 40 MG CAP	6	90.00	0.42	0.12657	200% Above	No	No
43598051090	ESOMEPRAZOLE MAG DR 40 MG CAP	7	28.00	0.35	0.12037	101%-200% Above	No	No
43598051090	ESOMEPRAZOLE MAG DR 40 MG CAP	7	90.00	0.42	0.12037	200% Above	No	No
43598056601	FLUOXETINE HCL 20 MG TABLET	5	30.00	0.51	0.08905	200% Above	No	No
43598056601	FLUOXETINE HCL 20 MG TABLET	6	14.00	0.01	0.09598	76%-100% Below	No	No
43598056601	FLUOXETINE HCL 20 MG TABLET	6	90.00	0.51	0.09598	200% Above	Yes	No
43598056601	FLUOXETINE HCL 20 MG TABLET	7	45.00	0.51	0.09172	200% Above	No	No
43598056601	FLUOXETINE HCL 20 MG TABLET	7	90.00	0.44	0.09172	200% Above	Yes	No
43598056601	FLUOXETINE HCL 20 MG TABLET	8	25.00	0.40	0.09253	200% Above	No	No
43598057930	BUPRENORPHINE-NALOXONE 2-0.5 MG SL FILM	4	30.00	0.78	1.31386	26%-50% Below	No	No
43598057930	BUPRENORPHINE-NALOXONE 2-0.5 MG SL FILM	5	30.00	0.78	1.30224	26%-50% Below	No	No
43598057930	BUPRENORPHINE-NALOXONE 2-0.5 MG SL FILM	6	30.00	0.78	1.28005	26%-50% Below	No	No
43598057930	BUPRENORPHINE-NALOXONE 2-0.5 MG SL FILM	7	30.00	0.78	1.31140	26%-50% Below	No	No
43598058030	BUPRENORPHINE-NALOXONE 4-1 MG SL FILM	4	60.00	2.97	2.28237	26%-50% Above	No	No
43598058030	BUPRENORPHINE-NALOXONE 4-1 MG SL FILM	5	60.00	2.97	2.25815	26%-50% Above	No	No
43598058030	BUPRENORPHINE-NALOXONE 4-1 MG SL FILM	6	30.00	2.97	2.26659	26%-50% Above	No	No
43598058030	BUPRENORPHINE-NALOXONE 4-1 MG SL FILM	7	30.00	2.97	2.34926	26%-50% Above	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	4	90.00	1.67	2.06752	10%-25% Below	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	5	14.00	1.67	2.05447	10%-25% Below	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	5	28.00	1.67	2.05447	10%-25% Below	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	5	60.00	0.33	2.05447	76%-100% Below	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	5	60.00	1.67	2.05447	10%-25% Below	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	5	75.00	1.67	2.05447	10%-25% Below	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	5	90.00	1.67	2.05447	10%-25% Below	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	6	28.00	1.67	2.05630	10%-25% Below	No	No

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43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	6	60.00	0.33	2.05630	76%-100% Below	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	6	60.00	1.67	2.05630	10%-25% Below	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	6	75.00	1.67	2.05630	10%-25% Below	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	7	28.00	1.67	2.04630	10%-25% Below	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	7	60.00	0.83	2.04630	51%-75% Below	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	7	60.00	1.67	2.04630	10%-25% Below	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	7	90.00	1.67	2.04630	10%-25% Below	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	8	90.00	1.67	2.07434	10%-25% Below	No	No
43598058811	DIFLUPREDNATE 0.05% EYE DROP	7	5.00	6.38	7.40566	10%-25% Below	No	No
43598058811	DIFLUPREDNATE 0.05% EYE DROP	8	5.00	1.00	8.91843	76%-100% Below	No	No
43598061930	SAXAGLIPTIN-METFORMIN ER 5-1,000 MG TABLET	6	30.00	4.74	10.38691	51%-75% Below	Yes	No
43598061930	SAXAGLIPTIN-METFORMIN ER 5-1,000 MG TABLET	7	30.00	4.74	10.30802	51%-75% Below	Yes	No
43598062030	SAXA/METFOR TAB 5-500MG	6	180.00	9.95	.		Yes	No
43598062430	PHENTERMINE-TOPIRAMATE ER 3.75-23 MG CAPSULE	8	30.00	1.87	3.23226	26%-50% Below	No	No
43598062960	TICAGRELOR 60 MG TABLET	5	60.00	1.59	0.31974	200% Above	Yes	No
43598062960	TICAGRELOR 60 MG TABLET	6	60.00	1.20	0.32402	200% Above	Yes	No
43598062960	TICAGRELOR 60 MG TABLET	6	180.00	1.20	0.32402	200% Above	Yes	No
43598062960	TICAGRELOR 60 MG TABLET	7	180.00	1.20	0.30955	200% Above	Yes	No
43598064460	SACUBITRIL-VALSARTAN 49-51 MG	5	60.00	0.63	0.54985	10%-25% Above	No	No
43598064460	SACUBITRIL-VALSARTAN 49-51 MG	7	60.00	0.63	0.52647	10%-25% Above	No	No
43598070530	DARUNAVIR 800 MG TABLET	6	30.00	9.01	2.26633	200% Above	No	No
43598071901	CHLORTHALIDONE 25 MG TABLET	5	90.00	0.01	0.08885	76%-100% Below	No	No
43598071901	CHLORTHALIDONE 25 MG TABLET	7	90.00	0.01	0.08478	76%-100% Below	No	No
43598071910	CHLORTHALIDONE 25 MG TABLET	5	90.00	0.16	0.08885	76%-100% Above	No	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	6	180.00	0.45	0.15450	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43598072105	HYDROXYCHLOROQUINE 200 MG TAB	6	180.00	0.21	0.15450	26%-50% Above	No	No
43598072105	HYDROXYCHLOROQUINE 200 MG TAB	8	180.00	0.21	0.14854	26%-50% Above	No	No
43598076823	SUMATRIPTAN 6 MG/0.5 ML AUTOINJ	5	6.00	41.50	69.53753	26%-50% 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	0.04	0.06308	26%-50% 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	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	4	120.00	0.02	0.06308	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	5	30.00	0.02	0.06400	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	5	30.00	0.04	0.06400	26%-50% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	5	60.00	0.02	0.06400	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	5	90.00	0.02	0.06400	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	5	90.00	0.02	0.06400	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	5	90.00	0.03	0.06400	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	5	120.00	0.02	0.06400	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	6	7.00	0.01	0.06398	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	6	10.00	0.02	0.06398	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	6	30.00	0.01	0.06398	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	6	30.00	0.02	0.06398	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	6	30.00	0.04	0.06398	26%-50% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	6	30.00	0.04	0.06398	26%-50% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	6	30.00	0.05	0.06398	26%-50% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	6	60.00	0.02	0.06398	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	6	90.00	0.02	0.06398	76%-100% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	90.00	0.02	0.06398	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	6	90.00	0.02	0.06398	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	7	30.00	0.02	0.06534	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	7	30.00	0.03	0.06534	26%-50% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	7	30.00	0.05	0.06534	26%-50% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	7	60.00	0.03	0.06534	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	7	90.00	0.02	0.06534	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	7	90.00	0.02	0.06534	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	8	10.00	0.09	0.06293	26%-50% Above	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	8	30.00	0.02	0.06293	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	8	30.00	0.04	0.06293	26%-50% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	8	30.00	0.05	0.06293	26%-50% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	8	60.00	0.02	0.06293	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	8	60.00	0.02	0.06293	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	8	90.00	0.02	0.06293	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	8	90.00	0.02	0.06293	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	8	90.00	0.03	0.06293	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	8	180.00	0.02	0.06293	76%-100% Below	No	No
43598094130	TOPIRAMATE ER 100 MG CAPSULE	5	60.00	0.69	11.59353	76%-100% Below	No	No
43598094130	TOPIRAMATE ER 100 MG CAPSULE	7	60.00	0.69	10.50267	76%-100% Below	No	No
43598096530	ARIPIPRAZOLE 2 MG TABLET	6	180.00	0.47	0.10453	200% Above	Yes	No
43598096530	ARIPIPRAZOLE 2 MG TABLET	7	90.00	0.40	0.10263	200% Above	Yes	No
43598096630	ARIPIPRAZOLE 5 MG TABLET	6	45.00	0.56	0.10736	200% Above	Yes	No
43598096630	ARIPIPRAZOLE 5 MG TABLET	7	45.00	0.56	0.10702	200% Above	Yes	No
43598096630	ARIPIPRAZOLE 5 MG TABLET	7	90.00	0.42	0.10702	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43598096630	ARIPIPRAZOLE 5 MG TABLET	8	45.00	0.56	0.10406	200% Above	Yes	No
43975027810	DEXTROAMP-AMPHET ER 10 MG CAP	6	10.00	1.38	0.53147	101%-200% Above	Yes	No
43975027810	DEXTROAMP-AMPHET ER 10 MG CAP	6	30.00	1.36	0.53147	101%-200% Above	Yes	No
43975027810	DEXTROAMP-AMPHET ER 10 MG CAP	7	30.00	0.21	0.51966	51%-75% Below	Yes	No
43975027910	DEXTROAMP-AMPHET ER 15 MG CAP	4	30.00	0.95	0.53855	76%-100% Above	Yes	No
43975027910	DEXTROAMP-AMPHET ER 15 MG CAP	5	30.00	0.33	0.55224	26%-50% Below	Yes	No
43975027910	DEXTROAMP-AMPHET ER 15 MG CAP	6	30.00	0.95	0.55462	51%-75% Above	No	No
43975027910	DEXTROAMP-AMPHET ER 15 MG CAP	7	30.00	0.33	0.53715	26%-50% Below	Yes	No
43975027910	DEXTROAMP-AMPHET ER 15 MG CAP	7	30.00	0.95	0.53715	76%-100% Above	No	No
43975028010	DEXTROAMP-AMPHET ER 20 MG CAP	4	30.00	0.50	0.61069	10%-25% Below	No	No
43975028010	DEXTROAMP-AMPHET ER 20 MG CAP	7	30.00	0.95	0.57228	51%-75% Above	No	No
43975028010	DEXTROAMP-AMPHET ER 20 MG CAP	7	30.00	0.95	0.57228	51%-75% Above	Yes	No
43975028010	DEXTROAMP-AMPHET ER 20 MG CAP	8	30.00	0.95	0.59100	51%-75% Above	Yes	No
43975028110	DEXTROAMP-AMPHET ER 25 MG CAP	6	20.00	0.95	0.54704	51%-75% Above	No	No
43975028210	DEXTROAMP-AMPHET ER 30 MG CAP	4	30.00	0.95	0.55958	51%-75% Above	No	No
43975028210	DEXTROAMP-AMPHET ER 30 MG CAP	5	30.00	0.95	0.54992	51%-75% Above	Yes	No
43975028210	DEXTROAMP-AMPHET ER 30 MG CAP	5	30.00	1.36	0.54992	101%-200% Above	Yes	No
43975028210	DEXTROAMP-AMPHET ER 30 MG CAP	7	30.00	0.21	0.47364	51%-75% Below	Yes	No
43975028210	DEXTROAMP-AMPHET ER 30 MG CAP	7	30.00	0.95	0.47364	76%-100% Above	No	No
43975028210	DEXTROAMP-AMPHET ER 30 MG CAP	8	30.00	0.95	0.46891	101%-200% Above	Yes	No
43975028210	DEXTROAMP-AMPHET ER 30 MG CAP	8	30.00	1.36	0.46891	101%-200% Above	Yes	No
43975030610	FENOFIBRATE 200 MG CAPSULE	4	30.00	0.01	0.16785	76%-100% Below	No	No
43975030610	FENOFIBRATE 200 MG CAPSULE	5	30.00	0.01	0.16790	76%-100% Below	No	No
43975030610	FENOFIBRATE 200 MG CAPSULE	6	30.00	0.01	0.17665	76%-100% Below	No	No
43975030610	FENOFIBRATE 200 MG CAPSULE	7	30.00	0.01	0.18033	76%-100% Below	No	No

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43975032303	TOLTERODINE TART ER 4 MG CAP	6	90.00	1.01	0.25429	200% Above	Yes	No
43975032303	TOLTERODINE TART ER 4 MG CAP	8	90.00	1.01	0.25330	200% Above	Yes	No
43975032309	TOLTERODINE TART ER 4 MG CAP	5	90.00	1.01	0.23037	200% Above	No	No
43975032309	TOLTERODINE TART ER 4 MG CAP	8	90.00	1.01	0.25330	200% Above	No	No
44523041501	POTASSIUM CITRATE ER 15 MEQ TB	4	60.00	0.15	0.18894	10%-25% Below	Yes	No
44523041501	POTASSIUM CITRATE ER 15 MEQ TB	5	180.00	0.08	0.18041	51%-75% Below	Yes	No
44523056006	SOD SUL/SULF LIQ 10-5%	4	170.00	0.07	.		No	No
44523056008	SOD SUL/SULF EMU 10-5%WSH	4	454.00	0.06	.		Yes	No
44523061306	SODIUM SULFA LIQ 10% WASH	5	177.00	0.08	.		No	No
44523062416	SOD SUL/SULF SUS 8-4%	6	473.00	0.03	.		No	No
45802000402	HYDROCORTISONE 2.5% CREAM	4	20.00	0.09	0.12539	26%-50% Below	No	No
45802000402	HYDROCORTISONE 2.5% CREAM	5	20.00	0.09	0.12549	26%-50% Below	No	No
45802000402	HYDROCORTISONE 2.5% CREAM	5	20.00	0.11	0.12549	10%-25% Below	No	No
45802000402	HYDROCORTISONE 2.5% CREAM	7	20.00	0.09	0.12522	26%-50% 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	5	28.00	0.09	0.10178	10%-25% Below	No	No
45802000403	HYDROCORTISONE 2.5% CREAM	5	28.00	0.09	0.10178	10%-25% Below	Yes	No
45802000403	HYDROCORTISONE 2.5% CREAM	5	28.00	0.09	0.10178	10%-25% Below	No	No
45802000403	HYDROCORTISONE 2.5% CREAM	6	28.00	0.09	0.09954	10%-25% Below	Yes	No
45802000403	HYDROCORTISONE 2.5% CREAM	6	56.00	0.09	0.09954	10%-25% Below	No	No
45802000403	HYDROCORTISONE 2.5% CREAM	7	28.00	0.09	0.09896	10%-25% Below	No	No
45802000403	HYDROCORTISONE 2.5% CREAM	7	28.00	0.09	0.09896	10%-25% Below	Yes	No
45802000403	HYDROCORTISONE 2.5% CREAM	8	28.00	0.09	0.09582	10%-25% Below	Yes	No
45802000403	HYDROCORTISONE 2.5% CREAM	8	56.00	0.09	0.09582	10%-25% Below	Yes	No
45802001402	HYDROCORTISONE 2.5% OINTMENT	5	40.00	0.07	0.12286	26%-50% Below	Yes	No

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45802001402	HYDROCORTISONE 2.5% OINTMENT	5	100.00	0.07	0.12286	26%-50% Below	Yes	No
45802001402	HYDROCORTISONE 2.5% OINTMENT	6	20.00	0.07	0.12344	26%-50% Below	Yes	No
45802001402	HYDROCORTISONE 2.5% OINTMENT	7	20.00	0.07	0.12334	26%-50% Below	Yes	No
45802001402	HYDROCORTISONE 2.5% OINTMENT	8	20.00	0.07	0.12295	26%-50% Below	Yes	No
45802002146	BETAMETHASONE DP 0.05% LOT	4	60.00	0.16	0.30031	26%-50% Below	Yes	No
45802002146	BETAMETHASONE DP 0.05% LOT	6	60.00	0.36	0.30134	10%-25% Above	Yes	No
45802004635	GENTAMICIN 0.1% OINTMENT	5	15.00	0.50	1.03635	51%-75% Below	Yes	No
45802004811	NYSTATIN 100,000 UNIT/GM OINT	5	30.00	0.17	0.24238	26%-50% Below	No	No
45802004811	NYSTATIN 100,000 UNIT/GM OINT	6	30.00	0.17	0.24349	26%-50% Below	No	No
45802004935	TRIAMCINOLONE 0.5% OINTMENT	4	15.00	0.14	0.28652	26%-50% Below	No	No
45802004935	TRIAMCINOLONE 0.5% OINTMENT	4	120.00	0.12	0.28652	51%-75% Below	No	No
45802004935	TRIAMCINOLONE 0.5% OINTMENT	5	15.00	0.14	0.28591	26%-50% Below	No	No
45802004935	TRIAMCINOLONE 0.5% OINTMENT	6	15.00	0.15	0.28815	26%-50% Below	No	No
45802004935	TRIAMCINOLONE 0.5% OINTMENT	7	45.00	0.14	0.28166	26%-50% Below	No	No
45802004935	TRIAMCINOLONE 0.5% OINTMENT	7	60.00	0.14	0.28166	26%-50% Below	No	No
45802005435	TRIAMCINOLONE 0.025% OINT	4	15.00	0.08	0.25147	51%-75% Below	No	No
45802005435	TRIAMCINOLONE 0.025% OINT	4	30.00	0.05	0.25147	76%-100% Below	Yes	No
45802005435	TRIAMCINOLONE 0.025% OINT	4	60.00	0.05	0.25147	76%-100% Below	Yes	No
45802005435	TRIAMCINOLONE 0.025% OINT	4	75.00	0.05	0.25147	76%-100% Below	Yes	No
45802005435	TRIAMCINOLONE 0.025% OINT	8	15.00	0.07	0.24397	51%-75% Below	No	No
45802005435	TRIAMCINOLONE 0.025% OINT	8	120.00	0.07	0.24397	51%-75% Below	Yes	No
45802005436	TRIAMCINOLONE 0.025% OINT	6	80.00	0.04	0.07283	26%-50% Below	No	No
45802005505	TRIAMCINOLONE 0.1% OINTMENT	4	454.00	0.01	0.03454	51%-75% Below	No	No
45802005535	TRIAMCINOLONE 0.1% OINTMENT	6	15.00	0.05	0.11760	51%-75% Below	Yes	No
45802005535	TRIAMCINOLONE 0.1% OINTMENT	7	30.00	0.04	0.11837	51%-75% Below	Yes	No

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45802005535	TRIAMCINOLONE 0.1% OINTMENT	8	120.00	0.06	0.11902	26%-50% Below	Yes	No
45802005536	TRIAMCINOLONE 0.1% OINTMENT	5	80.00	0.03	0.06514	26%-50% Below	No	No
45802005536	TRIAMCINOLONE 0.1% OINTMENT	7	80.00	0.03	0.06499	26%-50% Below	No	No
45802005635	GENTAMICIN 0.1% CREAM	8	15.00	0.48	0.80864	26%-50% Below	Yes	No
45802005911	NYSTATIN 100,000 UNIT/GM CREAM	4	30.00	0.19	0.15694	10%-25% Above	No	No
45802005911	NYSTATIN 100,000 UNIT/GM CREAM	7	30.00	0.19	0.15752	10%-25% Above	No	No
45802006335	TRIAMCINOLONE 0.025% CREAM	8	30.00	0.05	0.11593	51%-75% Below	No	No
45802006335	TRIAMCINOLONE 0.025% CREAM	8	60.00	0.05	0.11593	51%-75% Below	No	No
45802006435	TRIAMCINOLONE 0.1% CREAM	8	15.00	0.28	0.10018	101%-200% Above	No	No
45802006436	TRIAMCINOLONE 0.1% CREAM	4	80.00	0.06	0.04977	26%-50% Above	No	No
45802006436	TRIAMCINOLONE 0.1% CREAM	8	80.00	0.05	0.04648	10%-25% Above	No	No
45802006535	TRIAMCINOLONE 0.5% CREAM	4	30.00	0.26	0.19466	26%-50% Above	No	No
45802006535	TRIAMCINOLONE 0.5% CREAM	7	15.00	0.14	0.18879	10%-25% Below	No	No
45802006535	TRIAMCINOLONE 0.5% CREAM	8	15.00	0.14	0.18887	10%-25% Below	No	No
45802006535	TRIAMCINOLONE 0.5% CREAM	8	30.00	0.14	0.18887	10%-25% Below	No	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	4	23.00	0.65	2.20148	51%-75% Below	No	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	4	23.00	0.87	2.20148	51%-75% Below	No	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	4	23.00	1.65	2.20148	10%-25% Below	Yes	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	5	23.00	1.13	2.23366	26%-50% Below	Yes	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	5	23.00	1.65	2.23366	10%-25% Below	No	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	5	23.00	1.65	2.23366	10%-25% Below	Yes	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	6	23.00	0.65	2.32481	51%-75% Below	No	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	6	23.00	1.12	2.32481	51%-75% Below	Yes	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	6	23.00	1.65	2.32481	26%-50% Below	No	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	7	23.00	0.27	2.24581	76%-100% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	23.00	1.28	2.24581	26%-50% Below	No	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	8	23.00	0.65	2.18679	51%-75% Below	No	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	8	23.00	0.87	2.18679	51%-75% Below	No	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	8	23.00	1.30	2.18679	26%-50% Below	Yes	No
45802009735	ESTRADIOL 0.01% CREAM	4	42.50	0.12	0.40019	51%-75% Below	No	No
45802009735	ESTRADIOL 0.01% CREAM	4	42.50	0.82	0.40019	101%-200% Above	No	No
45802009735	ESTRADIOL 0.01% CREAM	4	42.50	1.01	0.40019	101%-200% Above	No	No
45802009735	ESTRADIOL 0.01% CREAM	5	42.50	0.03	0.38605	76%-100% Below	No	No
45802009735	ESTRADIOL 0.01% CREAM	5	42.50	0.47	0.38605	10%-25% Above	No	No
45802009735	ESTRADIOL 0.01% CREAM	5	42.50	0.82	0.38605	101%-200% Above	No	No
45802009735	ESTRADIOL 0.01% CREAM	5	42.50	2.27	0.38605	200% Above	No	No
45802009735	ESTRADIOL 0.01% CREAM	6	42.50	0.82	0.38876	101%-200% Above	No	No
45802009735	ESTRADIOL 0.01% CREAM	6	42.50	0.90	0.38876	101%-200% Above	No	No
45802009735	ESTRADIOL 0.01% CREAM	6	42.50	2.24	0.38876	200% Above	No	No
45802009735	ESTRADIOL 0.01% CREAM	7	42.50	0.03	0.38016	76%-100% Below	No	No
45802009735	ESTRADIOL 0.01% CREAM	7	42.50	0.10	0.38016	51%-75% Below	No	No
45802009735	ESTRADIOL 0.01% CREAM	7	42.50	0.24	0.38016	26%-50% Below	No	No
45802009735	ESTRADIOL 0.01% CREAM	7	42.50	0.70	0.38016	76%-100% Above	No	No
45802009735	ESTRADIOL 0.01% CREAM	7	42.50	0.82	0.38016	101%-200% Above	No	No
45802009735	ESTRADIOL 0.01% CREAM	8	42.50	0.24	0.42567	26%-50% Below	No	No
45802009735	ESTRADIOL 0.01% CREAM	8	42.50	0.35	0.42567	10%-25% Below	No	No
45802009735	ESTRADIOL 0.01% CREAM	8	42.50	0.82	0.42567	76%-100% Above	No	No
45802009735	ESTRADIOL 0.01% CREAM	8	42.50	2.28	0.42567	200% Above	No	No
45802009851	MESALAMINE 4 GM/60 ML ENEMA	5	1680.00	0.04	0.10795	51%-75% Below	Yes	No
45802009851	MESALAMINE 4 GM/60 ML ENEMA	6	1680.00	0.04	0.10554	51%-75% Below	Yes	No

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45802010284	IVERMECTIN 1% CREAM	6	45.00	4.31	3.08029	26%-50% Above	No	No
45802010401	OLOPATADINE 665 MCG NASAL SPRY	5	30.50	0.49	0.93959	26%-50% Below	No	No
45802010401	OLOPATADINE 665 MCG NASAL SPRY	6	30.50	0.49	0.89909	26%-50% Below	No	No
45802010901	TRIAMCINOLONE 55 MCG NASAL SPR	5	16.90	1.35	0.74946	76%-100% Above	Yes	No
45802010901	TRIAMCINOLONE 55 MCG NASAL SPR	7	16.90	1.53	0.72973	101%-200% Above	No	No
45802011214	MUPIROCIN 2% OINTMENT	5	15.00	0.22	0.28915	10%-25% Below	No	No
45802011214	MUPIROCIN 2% OINTMENT	7	15.00	0.22	0.29599	26%-50% Below	No	No
45802011222	MUPIROCIN 2% OINTMENT	4	22.00	0.17	0.13303	26%-50% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	4	22.00	0.22	0.13303	51%-75% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	4	22.00	0.23	0.13303	51%-75% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	4	22.00	0.25	0.13303	76%-100% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	4	22.00	0.25	0.13303	76%-100% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	4	22.00	0.29	0.13303	101%-200% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	5	22.00	0.00	0.13461	76%-100% Below	No	No
45802011222	MUPIROCIN 2% OINTMENT	5	22.00	0.17	0.13461	10%-25% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	5	22.00	0.21	0.13461	51%-75% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	5	22.00	0.25	0.13461	76%-100% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	5	22.00	0.27	0.13461	76%-100% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	5	22.00	0.32	0.13461	101%-200% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	6	22.00	0.00	0.13623	76%-100% Below	No	No
45802011222	MUPIROCIN 2% OINTMENT	6	22.00	0.17	0.13623	10%-25% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	6	22.00	0.25	0.13623	76%-100% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	6	22.00	0.25	0.13623	76%-100% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	6	22.00	0.26	0.13623	76%-100% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	6	22.00	0.30	0.13623	101%-200% Above	No	No

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45802011222	MUPIROCIN 2% OINTMENT	6	22.00	0.32	0.13623	101%-200% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	7	22.00	0.00	0.13771	76%-100% Below	No	No
45802011222	MUPIROCIN 2% OINTMENT	7	22.00	0.17	0.13771	10%-25% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	7	22.00	0.22	0.13771	51%-75% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	7	22.00	0.24	0.13771	76%-100% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	7	22.00	0.27	0.13771	76%-100% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	7	22.00	0.28	0.13771	76%-100% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	7	66.00	0.17	0.13771	10%-25% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	8	22.00	0.17	0.14537	10%-25% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	8	22.00	0.22	0.14537	51%-75% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	8	22.00	0.22	0.14537	51%-75% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	8	22.00	0.23	0.14537	51%-75% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	8	22.00	0.24	0.14537	51%-75% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	8	22.00	0.25	0.14537	51%-75% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	8	22.00	0.27	0.14537	76%-100% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	8	44.00	0.11	0.14537	10%-25% Below	No	No
45802011222	MUPIROCIN 2% OINTMENT	8	66.00	0.17	0.14537	10%-25% Above	No	No
45802011937	MOMETASONE FUROATE 0.1% OINT	4	45.00	0.59	0.32260	76%-100% Above	No	No
45802011937	MOMETASONE FUROATE 0.1% OINT	6	15.00	0.58	0.30678	76%-100% Above	Yes	No
45802011937	MOMETASONE FUROATE 0.1% OINT	8	45.00	0.33	0.29256	10%-25% Above	No	No
45802011942	MOMETASONE FUROATE 0.1% OINT	4	45.00	0.16	0.22199	26%-50% Below	Yes	No
45802011942	MOMETASONE FUROATE 0.1% OINT	6	45.00	0.54	0.21695	101%-200% Above	Yes	No
45802011942	MOMETASONE FUROATE 0.1% OINT	7	45.00	0.11	0.21007	26%-50% Below	Yes	No
45802011942	MOMETASONE FUROATE 0.1% OINT	7	45.00	0.62	0.21007	101%-200% Above	No	No
45802011942	MOMETASONE FUROATE 0.1% OINT	8	45.00	0.16	0.20290	10%-25% Below	No	No

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45802011942	MOMETASONE FUROATE 0.1% OINT	8	45.00	0.16	0.20290	10%-25% Below	Yes	No
45802012464	HC PRAMOXINE CRE 2.5-1%	5	28.40	1.05	.		Yes	No
45802012801	CLINDAMYCIN PHOSP 1% LOTION	4	60.00	0.25	0.29057	10%-25% Below	No	No
45802012801	CLINDAMYCIN PHOSP 1% LOTION	6	60.00	0.17	0.27371	26%-50% Below	No	No
45802012801	CLINDAMYCIN PHOSP 1% LOTION	6	60.00	0.83	0.33023	101%-200% Above	No	No
45802012801	CLINDAMYCIN PHOSP 1% LOTION	7	60.00	0.33	0.26178	26%-50% Above	No	No
45802013135	HALOBETASOL PROP 0.05% OINTMNT	8	45.00	0.30	0.83911	51%-75% Below	Yes	No
45802013970	METRONIDAZOLE VAGINAL 0.75% GL	5	70.00	0.25	0.14703	51%-75% Above	No	No
45802022137	FLUTICASONE PROP 0.005% OINT	7	60.00	0.51	0.35910	26%-50% Above	Yes	No
45802022237	FLUTICASONE PROP 0.05% CREAM	8	60.00	0.33	0.23796	26%-50% Above	No	No
45802025735	MOMETASONE FUROATE 0.1% CREAM	7	30.00	0.17	0.42094	51%-75% Below	No	No
45802025735	MOMETASONE FUROATE 0.1% CREAM	8	45.00	0.19	0.42931	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	5	60.00	0.14	0.29380	51%-75% Below	Yes	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	6	60.00	0.12	0.28810	51%-75% Below	No	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	6	60.00	0.14	0.28810	51%-75% Below	Yes	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	6	60.00	0.17	0.28810	26%-50% Below	Yes	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	7	60.00	0.14	0.28146	26%-50% Below	Yes	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	8	60.00	0.12	0.28403	51%-75% Below	No	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	8	60.00	0.14	0.28403	51%-75% Below	Yes	No
45802028139	TESTOSTERONE 1.62%(1.25 G) PKT	7	37.50	0.98	2.88422	51%-75% Below	No	No
45802036862	IMIQUIMOD 5% CREAM PACKET	5	12.00	0.51	0.69561	26%-50% Below	Yes	No
45802036862	IMIQUIMOD 5% CREAM PACKET	5	15.00	1.00	0.69561	26%-50% Above	No	No
45802036862	IMIQUIMOD 5% CREAM PACKET	5	24.00	2.03	0.69561	101%-200% Above	No	No
45802036862	IMIQUIMOD 5% CREAM PACKET	7	12.00	0.31	0.69836	51%-75% Below	Yes	No

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45802038301	CLINDAMYC-BNZ PEROX 1.2-3.75%	5	50.00	1.68	2.44864	26%-50% Below	Yes	No
45802038301	CLINDAMYC-BNZ PEROX 1.2-3.75%	7	50.00	1.19	2.46771	51%-75% Below	Yes	No
45802040049	CICLOPIROX 0.77% TOPICAL SUSP	6	30.00	0.41	0.59528	26%-50% Below	Yes	No
45802040109	CICLOPIROX 1% SHAMPOO	5	120.00	0.08	0.26404	51%-75% Below	No	No
45802040109	CICLOPIROX 1% SHAMPOO	5	120.00	0.13	0.26404	26%-50% Below	Yes	No
45802040109	CICLOPIROX 1% SHAMPOO	8	120.00	0.08	0.22759	51%-75% Below	No	No
45802041926	AMMONIUM LACTATE 12% LOTION	8	400.00	0.03	0.07189	51%-75% Below	No	No
45802041954	AMMONIUM LACTATE 12% LOTION	4	225.00	0.03	0.06899	51%-75% Below	Yes	No
45802041954	AMMONIUM LACTATE 12% LOTION	5	225.00	0.03	0.06812	51%-75% Below	Yes	No
45802043732	CLOBETASOL PROP 0.05% FOAM	5	50.00	0.76	0.30554	101%-200% Above	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	1	120.00	0.05	0.09631	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	4	120.00	0.05	0.07977	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	4	120.00	0.05	0.07977	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	5	120.00	0.05	0.08087	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	5	120.00	0.05	0.08087	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	5	120.00	0.06	0.08087	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	5	360.00	0.04	0.08087	51%-75% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	6	120.00	0.05	0.07973	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	7	120.00	0.05	0.07745	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	8	120.00	0.05	0.07606	26%-50% Below	No	No
45802047264	HC PRAMOXINE CRE 2.5-1%	8	30.00	2.99	.		No	No
45802057884	NALOXONE HCL 4 MG NASAL SPRAY	5	2.00	7.50	15.22478	26%-50% Below	No	No
45802057884	NALOXONE HCL 4 MG NASAL SPRAY	6	2.00	3.86	15.45992	51%-75% Below	No	No
45802057884	NALOXONE HCL 4 MG NASAL SPRAY	7	2.00	19.98	15.87764	10%-25% Above	No	No
45802059701	CLIND PH-BENZOYL PERO 1.2-2.5%	6	50.00	0.43	0.76678	26%-50% Below	Yes	No

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45802062626	CETIRIZINE HCL 1 MG/ML SOLN	4	120.00	0.04	0.02137	101%-200% Above	No	No
45802062626	CETIRIZINE HCL 1 MG/ML SOLN	5	120.00	0.04	0.02152	101%-200% Above	No	No
45802065078	LORATADINE 10 MG TABLET	4	90.00	0.03	0.05319	26%-50% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	5	30.00	0.03	0.05293	26%-50% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	5	30.00	0.04	0.05293	10%-25% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	5	90.00	0.03	0.05293	26%-50% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	6	90.00	0.03	0.05248	26%-50% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	6	90.00	0.04	0.05248	10%-25% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	7	30.00	0.04	0.05231	26%-50% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	7	90.00	0.03	0.05231	26%-50% Below	Yes	No
45802065087	LORATADINE 10 MG TABLET	6	90.00	0.11	0.05248	101%-200% Above	No	No
45802068028	LEVOCETIRIZINE 2.5 MG/5 ML SOL	4	75.00	0.20	0.14091	26%-50% Above	No	No
45802068028	LEVOCETIRIZINE 2.5 MG/5 ML SOL	6	75.00	0.20	0.15555	26%-50% Above	No	No
45802068028	LEVOCETIRIZINE 2.5 MG/5 ML SOL	7	75.00	0.20	0.15810	26%-50% Above	No	No
45802068028	LEVOCETIRIZINE 2.5 MG/5 ML SOL	8	75.00	0.20	0.16587	10%-25% Above	No	No
45802070000	TACROLIMUS 0.1% OINTMENT	4	60.00	1.16	0.96975	10%-25% Above	No	No
45802070000	TACROLIMUS 0.1% OINTMENT	8	60.00	0.25	0.95597	51%-75% Below	No	No
45802070001	TACROLIMUS 0.1% OINTMENT	7	60.00	0.44	0.89873	51%-75% Below	Yes	No
45802071191	ZOLMITRIPTAN 5 MG NASAL SPRAY	4	6.00	30.27	42.12533	26%-50% Below	Yes	No
45802073684	CLIND PH-BENZOYL PEROX 1.2-5%	4	45.00	0.21	0.42282	26%-50% Below	Yes	No
45802075401	TESTOSTERONE 1.62% GEL PUMP	4	75.00	0.22	0.44588	26%-50% Below	No	No
45802075930	PROMETHAZINE 25 MG SUPPOSITORY	5	3.00	1.54	1.93011	10%-25% Below	No	No
45802075930	PROMETHAZINE 25 MG SUPPOSITORY	7	12.00	1.54	2.05484	10%-25% Below	No	No
45802076160	FLUOCINONIDE 0.05% GEL	5	60.00	0.38	0.65618	26%-50% Below	Yes	No
45802086803	POLYETHYLENE GLYCOL 3350 POWD	5	510.00	0.05	0.02086	101%-200% Above	No	No

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45802088014	NYSTATIN-TRIAMCINOLONE CREAM	7	45.00	0.89	0.26838	200% Above	No	No
45802088094	NYSTATIN-TRIAMCINOLONE CREAM	7	60.00	0.12	0.22243	26%-50% Below	No	No
45802090094	CLINDAMYCIN PH 1% GEL	7	30.00	0.50	0.13723	200% Above	No	No
45802093716	HYDROCORTISONE 2.5% LOTION	5	59.00	0.10	0.20595	26%-50% Below	No	No
45802093716	HYDROCORTISONE 2.5% LOTION	5	59.00	0.13	0.20595	26%-50% Below	No	No
45802093716	HYDROCORTISONE 2.5% LOTION	7	59.00	0.09	0.21055	51%-75% Below	Yes	No
45802095226	IBUPROFEN 100 MG/5 ML SUSP	6	400.00	0.01	0.04378	51%-75% Below	Yes	No
45802095243	IBUPROFEN 100 MG/5 ML SUSP	6	240.00	0.01	0.02445	26%-50% Below	No	No
45802095243	IBUPROFEN 100 MG/5 ML SUSP	7	300.00	0.02	0.02603	26%-50% Below	No	No
45802095243	IBUPROFEN 100 MG/5 ML SUSP	7	473.00	0.01	0.02443	26%-50% Below	Yes	No
45802096126	CLOBETASOL 0.05% SHAMPOO	5	118.00	0.01	0.24543	76%-100% Below	No	No
45802096126	CLOBETASOL 0.05% SHAMPOO	5	118.00	0.38	0.24543	51%-75% Above	No	No
45802096126	CLOBETASOL 0.05% SHAMPOO	7	118.00	0.38	0.23131	51%-75% Above	No	No
45802097426	CETIRIZINE HCL 1 MG/ML SOLN	5	75.00	0.05	0.03547	26%-50% Above	No	No
45963014205	BUPROPION HCL XL 300 MG TABLET	4	90.00	0.39	0.11025	200% Above	No	No
45963014205	BUPROPION HCL XL 300 MG TABLET	5	90.00	0.39	0.11542	200% Above	No	No
45963014205	BUPROPION HCL XL 300 MG TABLET	6	90.00	0.39	0.11150	200% Above	No	No
45963030509	DEXTROAMPHETAMINE ER 15 MG CAP	4	30.00	0.69	1.36151	26%-50% Below	Yes	No
45963043965	CONSTULOSE 10 GM/15 ML SOLN	5	450.00	0.01	0.01892	26%-50% Below	No	No
45963043965	CONSTULOSE 10 GM/15 ML SOLN	6	450.00	0.01	0.01952	26%-50% Below	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	4	60.00	0.06	0.03246	76%-100% Above	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	4	270.00	0.06	0.03246	76%-100% Above	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	6	60.00	0.06	0.03245	76%-100% Above	No	No
45963067611	METOPROLOL SUCC ER 50 MG TAB	4	5.00	0.11	0.05251	101%-200% Above	No	No
45963067711	METOPROLOL SUCC ER 100 MG TAB	6	90.00	0.33	0.09059	200% Above	No	No

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45963070911	METOPROLOL SUCC ER 25 MG TAB	5	15.00	0.11	0.05865	76%-100% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	5	30.00	0.11	0.05865	76%-100% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	5	90.00	0.11	0.05865	76%-100% Above	No	No
46122035374	NICOTINE 21 MG/24HR PATCH	7	28.00	1.34	1.76790	10%-25% Below	No	No
46122054426	LOPERAMIDE 1 MG/7.5 ML SOLN	4	120.00	0.22	0.02677	200% Above	No	No
46122081271	GNP NALOXONE HCL 4 MG NASAL SP	4	2.00	9.97	15.69879	26%-50% Below	No	No
47335030788	ZOLPIDEM TART ER 6.25 MG TAB	4	30.00	0.33	0.11709	101%-200% Above	No	No
47335030788	ZOLPIDEM TART ER 6.25 MG TAB	6	30.00	0.33	0.11869	101%-200% Above	No	No
47335030888	ZOLPIDEM TART ER 12.5 MG TAB	4	30.00	0.17	0.11086	26%-50% Above	No	No
47335030888	ZOLPIDEM TART ER 12.5 MG TAB	4	90.00	0.22	0.11086	76%-100% Above	No	No
47335030888	ZOLPIDEM TART ER 12.5 MG TAB	5	30.00	0.17	0.11303	26%-50% Above	No	No
47335030888	ZOLPIDEM TART ER 12.5 MG TAB	6	30.00	0.17	0.11237	26%-50% Above	No	No
47335030888	ZOLPIDEM TART ER 12.5 MG TAB	7	30.00	0.17	0.10623	51%-75% Above	No	No
47335030888	ZOLPIDEM TART ER 12.5 MG TAB	7	90.00	0.22	0.10623	101%-200% Above	No	No
47335030888	ZOLPIDEM TART ER 12.5 MG TAB	8	30.00	0.17	0.10595	51%-75% Above	No	No
47335030888	ZOLPIDEM TART ER 12.5 MG TAB	8	30.00	0.17	0.10595	51%-75% Above	No	No
47335032683	NALTREXONE 50 MG TABLET	4	30.00	0.63	1.20952	26%-50% Below	No	No
47335032683	NALTREXONE 50 MG TABLET	5	30.00	0.63	1.21176	26%-50% Below	No	No
47335032683	NALTREXONE 50 MG TABLET	7	15.00	0.32	1.16038	51%-75% Below	No	No
47335032683	NALTREXONE 50 MG TABLET	7	90.00	0.33	1.16038	51%-75% Below	No	No
47335032688	NALTREXONE 50 MG TABLET	4	90.00	0.63	1.20952	26%-50% Below	No	No
47335032688	NALTREXONE 50 MG TABLET	4	90.00	0.63	1.20952	26%-50% Below	Yes	No
47335032688	NALTREXONE 50 MG TABLET	5	30.00	0.63	1.21176	26%-50% Below	No	No
47335032688	NALTREXONE 50 MG TABLET	5	45.00	0.63	1.21176	26%-50% Below	Yes	No
47335032688	NALTREXONE 50 MG TABLET	5	90.00	0.58	1.21176	51%-75% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
47335032688	NALTREXONE 50 MG TABLET	5	90.00	0.63	1.21176	26%-50% Below	No	No
47335032688	NALTREXONE 50 MG TABLET	6	30.00	0.58	1.19104	51%-75% Below	Yes	No
47335032688	NALTREXONE 50 MG TABLET	6	60.00	0.63	1.19104	26%-50% Below	No	No
47335032688	NALTREXONE 50 MG TABLET	7	30.00	0.50	1.16038	51%-75% Below	No	No
47335032688	NALTREXONE 50 MG TABLET	7	90.00	0.63	1.16038	26%-50% Below	Yes	No
47335032688	NALTREXONE 50 MG TABLET	8	30.00	0.63	1.13919	26%-50% Below	No	No
47335032688	NALTREXONE 50 MG TABLET	8	45.00	0.59	1.13919	26%-50% Below	Yes	No
47335032688	NALTREXONE 50 MG TABLET	8	90.00	0.63	1.13919	26%-50% Below	No	No
47335048583	BICALUTAMIDE 50 MG TABLET	6	90.00	0.22	0.41754	26%-50% Below	Yes	No
47335048583	BICALUTAMIDE 50 MG TABLET	7	90.00	0.30	0.42365	26%-50% Below	Yes	No
47335053981	NIACIN ER 500 MG TABLET	5	90.00	0.22	0.15504	26%-50% Above	Yes	No
47335063149	BUDESONIDE 0.25 MG/2 ML SUSP	8	60.00	0.49	0.71975	26%-50% Below	No	No
47335063249	BUDESONIDE 0.5 MG/2 ML SUSP	4	60.00	0.55	0.70680	10%-25% Below	No	No
47335063249	BUDESONIDE 0.5 MG/2 ML SUSP	4	120.00	0.13	0.70680	76%-100% Below	No	No
47335063249	BUDESONIDE 0.5 MG/2 ML SUSP	8	60.00	0.24	0.70346	51%-75% Below	No	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	4	75.00	0.03	0.06064	51%-75% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	4	150.00	0.03	0.06064	51%-75% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	4	150.00	0.03	0.06064	26%-50% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	4	450.00	0.03	0.06064	51%-75% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	5	75.00	0.03	0.05959	51%-75% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	5	75.00	0.04	0.05959	26%-50% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	5	150.00	0.03	0.05959	51%-75% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	7	150.00	0.03	0.05798	51%-75% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	7	225.00	0.03	0.05798	51%-75% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	7	300.00	0.03	0.05798	51%-75% Below	Yes	No

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47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	8	75.00	0.03	0.05943	51%-75% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	8	75.00	0.03	0.05943	26%-50% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	8	75.00	0.04	0.05943	26%-50% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	8	375.00	0.03	0.05943	26%-50% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	10	75.00	0.02	0.06618	51%-75% Below	Yes	No
47335070352	ALBUTEROL SUL 2.5 MG/3 ML SOLN	4	90.00	0.03	0.06584	26%-50% Below	No	No
47335070352	ALBUTEROL SUL 2.5 MG/3 ML SOLN	5	90.00	0.03	0.06535	26%-50% Below	No	No
47335070352	ALBUTEROL SUL 2.5 MG/3 ML SOLN	5	270.00	0.03	0.06535	51%-75% Below	No	No
47335070352	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	270.00	0.03	0.06342	26%-50% Below	No	No
47335070352	ALBUTEROL SUL 2.5 MG/3 ML SOLN	7	90.00	0.02	0.06155	51%-75% Below	No	No
47335070352	ALBUTEROL SUL 2.5 MG/3 ML SOLN	8	270.00	0.10	0.06053	51%-75% Above	No	No
47335070354	ALBUTEROL SUL 2.5 MG/3 ML SOLN	4	180.00	0.03	0.06578	26%-50% Below	No	No
47335070354	ALBUTEROL SUL 2.5 MG/3 ML SOLN	5	360.00	0.03	0.06735	26%-50% Below	No	No
47335075649	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	4	360.00	0.05	0.08768	26%-50% Below	Yes	No
47335075649	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	5	540.00	0.04	0.08739	26%-50% Below	Yes	No
47335092867	RISEDRONATE SODIUM 150 MG TAB	5	3.00	26.36	16.04964	51%-75% Above	Yes	No
47335092867	RISEDRONATE SODIUM 150 MG TAB	8	3.00	26.36	12.81755	101%-200% Above	Yes	No
47781017401	DEXTROAMP-AMPHETAMINE 5 MG TAB	4	30.00	0.16	0.23910	26%-50% Below	No	No
47781017401	DEXTROAMP-AMPHETAMINE 5 MG TAB	5	30.00	0.16	0.25619	26%-50% Below	No	No
47781017401	DEXTROAMP-AMPHETAMINE 5 MG TAB	5	30.00	0.18	0.25619	26%-50% Below	Yes	No
47781017601	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	30.00	0.11	0.23643	51%-75% Below	No	No
47781017601	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	30.00	0.11	0.23643	51%-75% Below	Yes	No
47781017601	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	30.00	0.16	0.23643	26%-50% Below	Yes	No
47781017601	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	60.00	0.15	0.23643	26%-50% Below	Yes	No
47781017601	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	30.00	0.11	0.23662	51%-75% Below	No	No

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47781017601	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	90.00	0.17	0.23662	26%-50% Below	Yes	No
47781017601	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	30.00	0.11	0.23620	51%-75% Below	No	No
47781017601	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	30.00	0.11	0.23293	51%-75% Below	No	No
47781017601	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	30.00	0.11	0.23907	51%-75% Below	No	No
47781017801	DEXTROAMP-AMPHETAMIN 15 MG TAB	4	30.00	0.11	0.24786	51%-75% Below	Yes	No
47781017801	DEXTROAMP-AMPHETAMIN 15 MG TAB	5	60.00	0.17	0.25021	26%-50% Below	Yes	No
47781017801	DEXTROAMP-AMPHETAMIN 15 MG TAB	5	60.00	0.17	0.25021	26%-50% Below	No	No
47781017801	DEXTROAMP-AMPHETAMIN 15 MG TAB	6	30.00	0.11	0.24231	51%-75% Below	Yes	No
47781017801	DEXTROAMP-AMPHETAMIN 15 MG TAB	6	60.00	0.17	0.24231	26%-50% Below	Yes	No
47781017801	DEXTROAMP-AMPHETAMIN 15 MG TAB	7	60.00	0.17	0.23957	26%-50% Below	Yes	No
47781017801	DEXTROAMP-AMPHETAMIN 15 MG TAB	8	30.00	0.11	0.23696	51%-75% Below	Yes	No
47781017901	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	60.00	0.11	0.30747	51%-75% Below	Yes	No
47781017901	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	30.00	0.11	0.30698	51%-75% Below	Yes	No
47781017901	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.00	0.17	0.30698	26%-50% Below	Yes	No
47781017901	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.00	0.11	0.30391	51%-75% Below	No	No
47781017901	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.00	0.17	0.30391	26%-50% Below	Yes	No
47781017901	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	90.00	0.11	0.30391	51%-75% Below	No	No
47781017901	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.00	0.18	0.29462	26%-50% Below	Yes	No
47781018001	DEXTROAMP-AMPHETAMIN 30 MG TAB	5	30.00	0.20	0.30571	26%-50% Below	Yes	No
47781018001	DEXTROAMP-AMPHETAMIN 30 MG TAB	5	60.00	0.14	0.30571	51%-75% Below	Yes	No
47781018001	DEXTROAMP-AMPHETAMIN 30 MG TAB	7	60.00	0.20	0.29922	26%-50% Below	Yes	No
47781019601	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	4	12.00	0.17	0.11777	26%-50% Above	Yes	No
47781019601	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	6	20.00	0.17	0.11929	26%-50% Above	No	No
47781019601	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	7	15.00	0.17	0.11940	26%-50% Above	No	No
47781019605	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	7	42.00	0.17	0.11940	26%-50% Above	No	No

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47781019605	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	7	60.00	0.17	0.11940	26%-50% Above	No	No
47781022901	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	90.00	0.13	0.17695	10%-25% Below	Yes	No
47781023001	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	4	100.00	0.11	0.23315	51%-75% Below	No	No
47781023001	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	5	105.00	0.11	0.22917	51%-75% Below	No	No
47781023063	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	5	70.00	0.13	0.22917	26%-50% Below	No	No
47781023063	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	6	70.00	0.13	0.23066	26%-50% Below	No	No
47781026301	OXYCODONE HCL (IR) 5 MG TABLET	4	30.00	0.05	0.08756	26%-50% Below	No	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	6	10.00	0.34	0.30785	10%-25% Above	No	No
47781035703	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	4	60.00	1.67	2.06752	10%-25% Below	No	No
47781035703	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	4	90.00	0.33	2.06752	76%-100% Below	No	No
47781035703	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	5	45.00	1.67	2.05447	10%-25% Below	No	No
47781035703	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	5	60.00	1.67	2.05447	10%-25% Below	No	No
47781035703	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	5	84.00	0.33	2.05447	76%-100% Below	No	No
47781035703	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	6	60.00	1.67	2.05630	10%-25% Below	No	No
47781035703	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	6	84.00	0.33	2.05630	76%-100% Below	No	No
47781035703	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	7	45.00	1.67	2.04630	10%-25% Below	No	No
47781035703	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	7	84.00	0.33	2.04630	76%-100% Below	No	No
47781056301	LISDEXAMFETAMINE 20 MG CAPSULE	4	30.00	0.67	2.55885	51%-75% Below	No	No
47781056301	LISDEXAMFETAMINE 20 MG CAPSULE	5	30.00	0.67	2.73182	51%-75% Below	No	No
47781056301	LISDEXAMFETAMINE 20 MG CAPSULE	6	30.00	1.65	2.81237	26%-50% Below	No	No
47781056301	LISDEXAMFETAMINE 20 MG CAPSULE	7	30.00	1.55	2.74547	26%-50% Below	No	No
47781056301	LISDEXAMFETAMINE 20 MG CAPSULE	7	30.00	1.65	2.74547	26%-50% Below	No	No
47781056501	LISDEXAMFETAMINE 40 MG CAPSULE	4	30.00	0.39	2.93842	76%-100% Below	No	No
47781056501	LISDEXAMFETAMINE 40 MG CAPSULE	4	30.00	0.50	2.93842	76%-100% Below	No	No
47781056501	LISDEXAMFETAMINE 40 MG CAPSULE	4	30.00	5.91	2.93842	101%-200% Above	No	No

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47781056501	LISDEXAMFETAMINE 40 MG CAPSULE	5	30.00	0.23	2.92284	76%-100% Below	No	No
47781056501	LISDEXAMFETAMINE 40 MG CAPSULE	5	30.00	0.50	2.92284	76%-100% Below	No	No
47781056501	LISDEXAMFETAMINE 40 MG CAPSULE	6	30.00	1.23	2.81679	51%-75% Below	No	No
47781056501	LISDEXAMFETAMINE 40 MG CAPSULE	6	30.00	1.61	2.81679	26%-50% Below	No	No
47781056501	LISDEXAMFETAMINE 40 MG CAPSULE	6	30.00	1.65	2.81679	26%-50% Below	No	No
47781056501	LISDEXAMFETAMINE 40 MG CAPSULE	6	90.00	1.65	2.81679	26%-50% Below	No	No
47781056501	LISDEXAMFETAMINE 40 MG CAPSULE	7	30.00	1.61	2.72415	26%-50% Below	No	No
47781056501	LISDEXAMFETAMINE 40 MG CAPSULE	7	30.00	1.65	2.72415	26%-50% Below	No	No
47781056501	LISDEXAMFETAMINE 40 MG CAPSULE	8	28.00	1.61	2.62982	26%-50% Below	No	No
47781056501	LISDEXAMFETAMINE 40 MG CAPSULE	8	30.00	1.61	2.62982	26%-50% Below	No	No
47781056701	LISDEXAMFETAMINE 60 MG CAPSULE	4	30.00	0.36	2.94866	76%-100% Below	No	No
47781056701	LISDEXAMFETAMINE 60 MG CAPSULE	4	30.00	5.91	2.94866	76%-100% Above	No	No
47781056701	LISDEXAMFETAMINE 60 MG CAPSULE	5	30.00	0.33	2.97003	76%-100% Below	No	No
47781056701	LISDEXAMFETAMINE 60 MG CAPSULE	5	30.00	1.62	2.97003	26%-50% Below	No	No
47781056701	LISDEXAMFETAMINE 60 MG CAPSULE	6	30.00	1.63	2.97451	26%-50% Below	No	No
47781056701	LISDEXAMFETAMINE 60 MG CAPSULE	6	30.00	1.80	2.97451	26%-50% Below	No	No
47781056701	LISDEXAMFETAMINE 60 MG CAPSULE	7	30.00	1.64	2.86472	26%-50% Below	No	No
47781056701	LISDEXAMFETAMINE 60 MG CAPSULE	7	30.00	1.80	2.86472	26%-50% Below	No	No
47781056801	LISDEXAMFETAMINE 70 MG CAPSULE	4	30.00	0.35	2.93212	76%-100% Below	No	No
47781056801	LISDEXAMFETAMINE 70 MG CAPSULE	5	30.00	0.33	2.97495	76%-100% Below	No	No
47781056801	LISDEXAMFETAMINE 70 MG CAPSULE	6	30.00	1.80	2.92336	26%-50% Below	No	No
47781060730	DISULFIRAM 250 MG TABLET	4	28.00	0.95	1.62320	26%-50% Below	No	No
47781064010	LEVOTHYROXINE 25 MCG TABLET	4	30.00	0.04	0.03796	10%-25% Above	No	No
47781064010	LEVOTHYROXINE 25 MCG TABLET	5	30.00	0.01	0.03733	51%-75% Below	No	No
47781064010	LEVOTHYROXINE 25 MCG TABLET	5	30.00	0.05	0.03733	26%-50% Above	No	No

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47781064010	LEVOTHYROXINE 25 MCG TABLET	5	60.00	0.04	0.03733	10%-25% Above	No	No
47781064010	LEVOTHYROXINE 25 MCG TABLET	5	90.00	0.12	0.03733	200% Above	No	No
47781064010	LEVOTHYROXINE 25 MCG TABLET	6	60.00	0.12	0.03624	200% Above	No	No
47781064010	LEVOTHYROXINE 25 MCG TABLET	7	30.00	0.01	0.03587	51%-75% Below	No	No
47781064010	LEVOTHYROXINE 25 MCG TABLET	7	60.00	0.04	0.03587	10%-25% Above	No	No
47781064010	LEVOTHYROXINE 25 MCG TABLET	7	75.00	0.12	0.03587	200% Above	No	No
47781064010	LEVOTHYROXINE 25 MCG TABLET	7	90.00	0.12	0.03587	200% Above	No	No
47781064010	LEVOTHYROXINE 25 MCG TABLET	8	30.00	0.01	0.03568	51%-75% Below	No	No
47781064010	LEVOTHYROXINE 25 MCG TABLET	8	30.00	0.12	0.03568	200% Above	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	4	30.00	0.12	0.03796	200% Above	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	4	75.00	0.12	0.03796	200% Above	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	5	30.00	0.12	0.03733	200% Above	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	5	90.00	0.11	0.03733	101%-200% Above	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	6	30.00	0.01	0.03624	51%-75% Below	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	6	30.00	0.12	0.03624	200% Above	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	6	75.00	0.12	0.03624	200% Above	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	6	90.00	0.04	0.03624	10%-25% Above	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	6	90.00	0.12	0.03624	200% Above	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	7	15.00	0.06	0.03587	51%-75% Above	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	7	30.00	0.04	0.03587	10%-25% Above	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	7	30.00	0.05	0.03587	26%-50% Above	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	7	30.00	0.12	0.03587	200% Above	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	7	90.00	0.11	0.03587	200% Above	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	8	15.00	0.06	0.03568	51%-75% Above	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	8	30.00	0.05	0.03568	26%-50% Above	No	No

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47781064090	LEVOTHYROXINE 25 MCG TABLET	8	30.00	0.12	0.03568	200% Above	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	8	90.00	0.11	0.03568	200% Above	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	4	90.00	0.15	0.04736	200% Above	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	5	90.00	0.03	0.04623	26%-50% Below	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	5	90.00	0.15	0.04623	200% Above	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	6	90.00	0.15	0.04483	200% Above	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	7	90.00	0.15	0.04323	200% Above	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	8	30.00	0.15	0.04062	200% Above	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	8	90.00	0.15	0.04062	200% Above	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	4	30.00	0.13	0.04736	101%-200% Above	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	4	90.00	0.02	0.04736	26%-50% Below	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	5	30.00	0.13	0.04623	101%-200% Above	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	5	45.00	0.04	0.04623	10%-25% Below	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	5	90.00	0.02	0.04623	51%-75% Below	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	5	90.00	0.03	0.04623	26%-50% Below	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	5	90.00	0.11	0.04623	101%-200% Above	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	6	30.00	0.13	0.04483	101%-200% Above	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	6	90.00	0.02	0.04483	51%-75% Below	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	6	90.00	0.02	0.04483	26%-50% Below	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	6	90.00	0.03	0.04483	26%-50% Below	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	7	30.00	0.13	0.04323	200% Above	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	7	90.00	0.03	0.04323	26%-50% Below	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	7	90.00	0.11	0.04323	101%-200% Above	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	8	30.00	0.13	0.04062	200% Above	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	8	90.00	0.11	0.04062	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
47781064610	LEVOTHYROXINE 75 MCG TABLET	4	30.00	0.04	0.04924	10%-25% Below	No	No
47781064610	LEVOTHYROXINE 75 MCG TABLET	4	31.00	0.31	0.04924	200% Above	No	No
47781064610	LEVOTHYROXINE 75 MCG TABLET	5	31.00	0.31	0.04892	200% Above	No	No
47781064610	LEVOTHYROXINE 75 MCG TABLET	5	32.00	0.04	0.04892	10%-25% Below	No	No
47781064610	LEVOTHYROXINE 75 MCG TABLET	6	31.00	0.31	0.04882	200% Above	No	No
47781064610	LEVOTHYROXINE 75 MCG TABLET	6	32.00	0.04	0.04882	10%-25% Below	No	No
47781064610	LEVOTHYROXINE 75 MCG TABLET	6	90.00	0.11	0.04882	101%-200% Above	No	No
47781064610	LEVOTHYROXINE 75 MCG TABLET	6	90.00	0.31	0.04882	200% Above	No	No
47781064610	LEVOTHYROXINE 75 MCG TABLET	7	30.00	0.04	0.04763	10%-25% Below	No	No
47781064610	LEVOTHYROXINE 75 MCG TABLET	7	31.00	0.31	0.04763	200% Above	No	No
47781064610	LEVOTHYROXINE 75 MCG TABLET	8	32.00	0.04	0.04633	10%-25% Below	No	No
47781064610	LEVOTHYROXINE 75 MCG TABLET	8	90.00	0.03	0.04633	26%-50% Below	No	No
47781064610	LEVOTHYROXINE 75 MCG TABLET	8	90.00	0.04	0.04633	10%-25% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	2	30.00	0.03	0.05432	26%-50% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	3	30.00	0.10	0.05769	51%-75% Above	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	4	4.00	0.31	0.04924	200% Above	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	4	30.00	0.13	0.04924	101%-200% Above	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	4	90.00	0.03	0.04924	26%-50% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	4	90.00	0.11	0.04924	101%-200% Above	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	5	4.00	0.31	0.04892	200% Above	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	5	30.00	0.13	0.04892	101%-200% Above	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	5	90.00	0.03	0.04892	26%-50% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	5	90.00	0.03	0.04892	26%-50% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	5	90.00	0.11	0.04892	101%-200% Above	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	6	4.00	0.31	0.04882	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	30.00	0.13	0.04882	101%-200% Above	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	6	90.00	0.11	0.04882	101%-200% Above	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	7	4.00	0.31	0.04763	200% Above	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	7	30.00	0.13	0.04763	101%-200% Above	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	7	90.00	0.03	0.04763	26%-50% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	7	90.00	0.11	0.04763	101%-200% Above	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	7	90.00	0.31	0.04763	200% Above	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	8	4.00	0.31	0.04633	200% Above	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	8	15.00	0.06	0.04633	10%-25% Above	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	8	30.00	0.13	0.04633	101%-200% Above	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	8	90.00	0.11	0.04633	101%-200% Above	No	No
47781064910	LEVOTHYROXINE 88 MCG TABLET	6	90.00	0.17	0.05219	200% Above	No	No
47781064910	LEVOTHYROXINE 88 MCG TABLET	7	90.00	0.04	0.05247	26%-50% Below	No	No
47781064910	LEVOTHYROXINE 88 MCG TABLET	8	90.00	0.04	0.05015	10%-25% Below	No	No
47781064990	LEVOTHYROXINE 88 MCG TABLET	4	30.00	0.13	0.05416	101%-200% Above	No	No
47781064990	LEVOTHYROXINE 88 MCG TABLET	5	30.00	0.13	0.05353	101%-200% Above	No	No
47781064990	LEVOTHYROXINE 88 MCG TABLET	5	90.00	0.04	0.05353	10%-25% Below	No	No
47781064990	LEVOTHYROXINE 88 MCG TABLET	5	90.00	0.11	0.05353	101%-200% Above	No	No
47781064990	LEVOTHYROXINE 88 MCG TABLET	6	30.00	0.13	0.05219	101%-200% Above	No	No
47781064990	LEVOTHYROXINE 88 MCG TABLET	6	90.00	0.11	0.05219	101%-200% Above	No	No
47781064990	LEVOTHYROXINE 88 MCG TABLET	7	30.00	0.13	0.05247	101%-200% Above	No	No
47781065110	LEVOTHYROXINE 100 MCG TABLET	4	90.00	0.03	0.05322	26%-50% Below	No	No
47781065110	LEVOTHYROXINE 100 MCG TABLET	5	78.00	0.03	0.05205	26%-50% Below	No	No
47781065110	LEVOTHYROXINE 100 MCG TABLET	5	90.00	0.03	0.05205	26%-50% Below	No	No
47781065110	LEVOTHYROXINE 100 MCG TABLET	5	90.00	0.04	0.05205	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
47781065110	LEVOTHYROXINE 100 MCG TABLET	5	90.00	0.04	0.05205	10%-25% Below	No	No
47781065110	LEVOTHYROXINE 100 MCG TABLET	6	90.00	0.03	0.05092	26%-50% Below	No	No
47781065110	LEVOTHYROXINE 100 MCG TABLET	6	90.00	0.11	0.05092	101%-200% Above	No	No
47781065110	LEVOTHYROXINE 100 MCG TABLET	7	30.00	0.31	0.05161	200% Above	No	No
47781065110	LEVOTHYROXINE 100 MCG TABLET	7	84.00	0.03	0.05161	26%-50% Below	No	No
47781065110	LEVOTHYROXINE 100 MCG TABLET	7	90.00	0.04	0.05161	10%-25% Below	No	No
47781065110	LEVOTHYROXINE 100 MCG TABLET	7	90.00	0.04	0.05161	10%-25% Below	No	No
47781065110	LEVOTHYROXINE 100 MCG TABLET	7	90.00	0.31	0.05161	200% Above	No	No
47781065110	LEVOTHYROXINE 100 MCG TABLET	8	90.00	0.03	0.05073	26%-50% Below	No	No
47781065110	LEVOTHYROXINE 100 MCG TABLET	8	90.00	0.04	0.05073	10%-25% Below	No	No
47781065190	LEVOTHYROXINE 100 MCG TABLET	4	30.00	0.13	0.05322	101%-200% Above	No	No
47781065190	LEVOTHYROXINE 100 MCG TABLET	5	30.00	0.13	0.05205	101%-200% Above	No	No
47781065190	LEVOTHYROXINE 100 MCG TABLET	5	90.00	0.11	0.05205	101%-200% Above	No	No
47781065190	LEVOTHYROXINE 100 MCG TABLET	6	30.00	0.13	0.05092	101%-200% Above	No	No
47781065190	LEVOTHYROXINE 100 MCG TABLET	6	90.00	0.03	0.05092	26%-50% Below	No	No
47781065190	LEVOTHYROXINE 100 MCG TABLET	7	30.00	0.13	0.05161	101%-200% Above	No	No
47781065190	LEVOTHYROXINE 100 MCG TABLET	8	30.00	0.13	0.05073	101%-200% Above	No	No
47781065190	LEVOTHYROXINE 100 MCG TABLET	8	90.00	0.11	0.05073	101%-200% Above	No	No
47781065410	LEVOTHYROXINE 112 MCG TABLET	4	30.00	0.29	0.06363	200% Above	No	No
47781065410	LEVOTHYROXINE 112 MCG TABLET	5	30.00	0.29	0.06343	200% Above	No	No
47781065410	LEVOTHYROXINE 112 MCG TABLET	5	90.00	0.05	0.06343	10%-25% Below	No	No
47781065410	LEVOTHYROXINE 112 MCG TABLET	5	90.00	0.29	0.06343	200% Above	No	No
47781065410	LEVOTHYROXINE 112 MCG TABLET	6	90.00	0.04	0.06164	26%-50% Below	No	No
47781065410	LEVOTHYROXINE 112 MCG TABLET	6	90.00	0.29	0.06164	200% Above	No	No
47781065410	LEVOTHYROXINE 112 MCG TABLET	7	90.00	0.04	0.06035	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
47781065410	LEVOTHYROXINE 112 MCG TABLET	7	90.00	0.29	0.06035	200% Above	No	No
47781065490	LEVOTHYROXINE 112 MCG TABLET	4	30.00	0.13	0.06363	101%-200% Above	No	No
47781065490	LEVOTHYROXINE 112 MCG TABLET	5	88.00	0.11	0.06343	51%-75% Above	No	No
47781065490	LEVOTHYROXINE 112 MCG TABLET	5	90.00	0.04	0.06343	26%-50% Below	No	No
47781065490	LEVOTHYROXINE 112 MCG TABLET	6	90.00	0.04	0.06164	26%-50% Below	No	No
47781065490	LEVOTHYROXINE 112 MCG TABLET	6	90.00	0.29	0.06164	200% Above	No	No
47781065490	LEVOTHYROXINE 112 MCG TABLET	7	90.00	0.04	0.06035	26%-50% Below	No	No
47781065490	LEVOTHYROXINE 112 MCG TABLET	8	30.00	0.13	0.05894	101%-200% Above	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	4	90.00	0.04	0.06176	26%-50% Below	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	5	30.00	0.08	0.06056	26%-50% Above	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	5	90.00	0.04	0.06056	26%-50% Below	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	5	90.00	0.17	0.06056	101%-200% Above	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	6	30.00	0.08	0.05838	26%-50% Above	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	6	45.00	0.04	0.05838	26%-50% Below	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	6	90.00	0.17	0.05838	101%-200% Above	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	7	30.00	0.08	0.05694	26%-50% Above	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	7	30.00	0.17	0.05694	101%-200% Above	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	7	90.00	0.04	0.05694	26%-50% Below	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	8	30.00	0.08	0.05705	26%-50% Above	No	No
47781065790	LEVOTHYROXINE 125 MCG TABLET	3	30.00	0.04	0.07712	26%-50% Below	No	No
47781065790	LEVOTHYROXINE 125 MCG TABLET	4	90.00	0.11	0.06176	76%-100% Above	No	No
47781065790	LEVOTHYROXINE 125 MCG TABLET	5	30.00	0.13	0.06056	101%-200% Above	No	No
47781065790	LEVOTHYROXINE 125 MCG TABLET	5	90.00	0.11	0.06056	76%-100% Above	No	No
47781065790	LEVOTHYROXINE 125 MCG TABLET	6	30.00	0.13	0.05838	101%-200% Above	No	No
47781065790	LEVOTHYROXINE 125 MCG TABLET	7	30.00	0.13	0.05694	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
47781065790	LEVOTHYROXINE 125 MCG TABLET	7	90.00	0.11	0.05694	76%-100% Above	No	No
47781065790	LEVOTHYROXINE 125 MCG TABLET	8	30.00	0.13	0.05705	101%-200% Above	No	No
47781065790	LEVOTHYROXINE 125 MCG TABLET	8	90.00	0.11	0.05705	76%-100% Above	No	No
47781065910	LEVOTHYROXINE 137 MCG TABLET	4	90.00	0.05	0.06499	10%-25% Below	No	No
47781065910	LEVOTHYROXINE 137 MCG TABLET	5	90.00	0.04	0.06426	26%-50% Below	No	No
47781065910	LEVOTHYROXINE 137 MCG TABLET	8	90.00	0.04	0.06273	26%-50% Below	No	No
47781065990	LEVOTHYROXINE 137 MCG TABLET	4	30.00	0.13	0.06499	101%-200% Above	No	No
47781065990	LEVOTHYROXINE 137 MCG TABLET	4	90.00	0.11	0.06499	51%-75% Above	No	No
47781065990	LEVOTHYROXINE 137 MCG TABLET	5	30.00	0.13	0.06426	101%-200% Above	No	No
47781065990	LEVOTHYROXINE 137 MCG TABLET	5	90.00	0.05	0.06426	26%-50% Below	No	No
47781065990	LEVOTHYROXINE 137 MCG TABLET	6	90.00	0.04	0.06295	26%-50% Below	No	No
47781065990	LEVOTHYROXINE 137 MCG TABLET	6	90.00	0.11	0.06295	76%-100% Above	No	No
47781065990	LEVOTHYROXINE 137 MCG TABLET	7	30.00	0.13	0.06235	101%-200% Above	No	No
47781065990	LEVOTHYROXINE 137 MCG TABLET	7	90.00	0.11	0.06235	76%-100% Above	No	No
47781065990	LEVOTHYROXINE 137 MCG TABLET	8	30.00	0.13	0.06273	101%-200% Above	No	No
47781065990	LEVOTHYROXINE 137 MCG TABLET	8	90.00	0.05	0.06273	10%-25% Below	No	No
47781066290	LEVOTHYROXINE 150 MCG TABLET	4	90.00	0.03	0.06736	51%-75% Below	No	No
47781066290	LEVOTHYROXINE 150 MCG TABLET	5	30.00	0.05	0.06547	10%-25% Below	No	No
47781066290	LEVOTHYROXINE 150 MCG TABLET	6	30.00	0.13	0.06350	101%-200% Above	No	No
47781066290	LEVOTHYROXINE 150 MCG TABLET	6	50.00	0.04	0.06350	26%-50% Below	No	No
47781066290	LEVOTHYROXINE 150 MCG TABLET	6	60.00	0.04	0.06350	26%-50% Below	No	No
47781066290	LEVOTHYROXINE 150 MCG TABLET	6	90.00	0.05	0.06350	26%-50% Below	No	No
47781066290	LEVOTHYROXINE 150 MCG TABLET	7	30.00	0.05	0.06251	10%-25% Below	No	No
47781066290	LEVOTHYROXINE 150 MCG TABLET	7	30.00	0.13	0.06251	101%-200% Above	No	No
47781066590	LEVOTHYROXINE 175 MCG TABLET	4	90.00	0.05	0.08105	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
47781066590	LEVOTHYROXINE 175 MCG TABLET	5	30.00	0.13	0.07988	51%-75% Above	No	No
47781066590	LEVOTHYROXINE 175 MCG TABLET	7	30.00	0.13	0.08048	51%-75% Above	No	No
47781066590	LEVOTHYROXINE 175 MCG TABLET	7	90.00	0.11	0.08048	26%-50% Above	No	No
47781066810	LEVOTHYROXINE 200 MCG TABLET	7	97.00	0.06	0.07831	10%-25% Below	No	No
47781066890	LEVOTHYROXINE 200 MCG TABLET	4	90.00	0.06	0.08116	10%-25% Below	No	No
47781066890	LEVOTHYROXINE 200 MCG TABLET	5	30.00	0.07	0.08002	10%-25% Below	No	No
47781066890	LEVOTHYROXINE 200 MCG TABLET	5	90.00	0.04	0.08002	26%-50% Below	No	No
47781066890	LEVOTHYROXINE 200 MCG TABLET	5	90.00	0.11	0.08002	26%-50% Above	No	No
47781066890	LEVOTHYROXINE 200 MCG TABLET	6	30.00	0.07	0.08056	10%-25% Below	No	No
47781066890	LEVOTHYROXINE 200 MCG TABLET	6	90.00	0.06	0.08056	10%-25% Below	No	No
47781066890	LEVOTHYROXINE 200 MCG TABLET	6	90.00	0.11	0.08056	26%-50% Above	No	No
47781066890	LEVOTHYROXINE 200 MCG TABLET	7	90.00	0.05	0.07831	26%-50% Below	No	No
47781066890	LEVOTHYROXINE 200 MCG TABLET	8	90.00	0.11	0.08017	26%-50% Above	No	No
47781091091	TESTOSTERONE CYP 2,000 MG/10 ML	4	10.00	2.89	1.87018	51%-75% Above	No	No
47781091091	TESTOSTERONE CYP 2,000 MG/10 ML	7	10.00	2.89	2.12880	26%-50% Above	No	No
47781091193	TESTOSTERONE CYP 200 MG/ML	7	2.00	6.39	11.20368	26%-50% Below	No	No
47781091193	TESTOSTERONE CYP 200 MG/ML	8	2.00	6.39	11.54640	26%-50% Below	No	No
48878062001	PERIDEX SOL 0.12%	6	473.00	0.00	.		No	No
48878062001	PERIDEX SOL 0.12%	7	473.00	0.00	.		No	No
49035019502	EQ NICOTINE DIS 14MG/24H	7	28.00	1.57	.		No	No
49035046708	ASPIRIN LOW CHW 81MG	6	90.00	0.02	.		No	No
49035046708	ASPIRIN LOW CHW 81MG	7	90.00	0.02	.		No	No
49035056317	ASPIRIN LOW TAB 81MG EC	4	90.00	0.01	.		No	No
49281012665	FLUZONE HD INJ 2026-27	8	0.50	203.90	.		Yes	No
49281040020	ADACEL INJ	5	0.50	81.68	.		No	No

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49281040020	ADACEL INJ	5	0.50	96.00	.		No	No
49281040020	ADACEL INJ	5	0.50	96.74	.		No	No
49281040020	ADACEL INJ	6	0.50	81.68	.		No	No
49281040020	ADACEL INJ	7	0.50	81.68	.		No	No
49281040020	ADACEL INJ	7	0.50	96.74	.		No	No
49281059010	MENQUADFI INJ	6	0.50	335.98	.		Yes	No
49281059010	MENQUADFI INJ	7	0.50	339.80	.		No	No
49281059010	MENQUADFI INJ	8	0.50	320.70	.		No	No
49281072610	FLUBLOK INJ 2026-27	8	0.50	194.74	.		No	No
49281086010	IPOL INJ INACTIVE	4	0.50	94.06	.		Yes	No
49281086010	IPOL INJ INACTIVE	6	0.50	90.46	.		Yes	No
49483034010	ACETAMINOPHEN 325 MG TABLET	4	120.00	0.02	0.02600	26%-50% Below	Yes	No
49483048110	ASPIRIN EC 81 MG TABLET	4	90.00	0.01	0.01466	51%-75% Below	No	No
49483048110	ASPIRIN EC 81 MG TABLET	5	90.00	0.00	0.01438	76%-100% Below	No	No
49483048110	ASPIRIN EC 81 MG TABLET	5	90.00	0.01	0.01438	51%-75% Below	No	No
49483048110	ASPIRIN EC 81 MG TABLET	6	30.00	0.00	0.01453	76%-100% Below	No	No
49483048110	ASPIRIN EC 81 MG TABLET	6	90.00	0.00	0.01453	76%-100% Below	No	No
49483048110	ASPIRIN EC 81 MG TABLET	6	90.00	0.01	0.01453	51%-75% Below	No	No
49483048110	ASPIRIN EC 81 MG TABLET	7	30.00	0.00	0.01440	76%-100% Below	No	No
49483048110	ASPIRIN EC 81 MG TABLET	8	90.00	0.00	0.01455	76%-100% Below	No	No
49483048112	ASPIRIN EC 81 MG TABLET	4	90.00	0.01	0.01466	10%-25% Below	No	No
49483048112	ASPIRIN EC 81 MG TABLET	5	30.00	0.01	0.01438	51%-75% Below	No	No
49483048112	ASPIRIN EC 81 MG TABLET	5	90.00	0.01	0.01438	51%-75% Below	Yes	No
49483048112	ASPIRIN EC 81 MG TABLET	6	90.00	0.01	0.01453	10%-25% Below	No	No
49483060250	IBUPROFEN 400 MG TABLET	7	20.00	0.07	0.03887	76%-100% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
49483060350	IBUPROFEN 600 MG TABLET	6	30.00	0.09	0.04430	101%-200% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	4	30.00	0.03	0.05689	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	5	15.00	0.07	0.05674	10%-25% Above	No	No
49483060450	IBUPROFEN 800 MG TABLET	6	20.00	0.07	0.05605	10%-25% Above	No	No
49483060450	IBUPROFEN 800 MG TABLET	7	30.00	0.07	0.05567	10%-25% Above	No	No
49483060450	IBUPROFEN 800 MG TABLET	7	90.00	0.07	0.05567	10%-25% Above	No	No
49483060450	IBUPROFEN 800 MG TABLET	8	21.00	0.04	0.05850	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	8	21.00	0.07	0.05850	10%-25% Above	No	No
49483060450	IBUPROFEN 800 MG TABLET	8	30.00	0.07	0.05850	10%-25% Above	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	4	30.00	0.03	0.02107	51%-75% Above	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	4	60.00	0.02	0.02107	10%-25% Below	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	4	90.00	0.01	0.02107	51%-75% Below	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	4	90.00	0.05	0.02107	101%-200% Above	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	5	30.00	0.03	0.02117	51%-75% Above	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	5	60.00	0.05	0.02117	101%-200% Above	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	6	10.00	0.09	0.02098	200% Above	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	6	30.00	0.03	0.02098	51%-75% Above	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	6	30.00	0.06	0.02098	101%-200% Above	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	6	60.00	0.02	0.02098	10%-25% Below	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	6	90.00	0.05	0.02098	101%-200% Above	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	7	90.00	0.05	0.02075	101%-200% Above	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	7	180.00	0.05	0.02075	101%-200% Above	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	7	270.00	0.05	0.02075	101%-200% Above	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	8	30.00	0.02	0.02095	10%-25% Above	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	8	30.00	0.03	0.02095	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	30.00	0.05	0.02095	101%-200% Above	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	8	60.00	0.02	0.02095	10%-25% Below	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	8	90.00	0.02	0.02095	10%-25% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	4	30.00	0.06	0.03246	76%-100% 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	5	30.00	0.04	0.03246	10%-25% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	5	90.00	0.02	0.03246	26%-50% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	5	90.00	0.03	0.03246	10%-25% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	5	90.00	0.03	0.03246	10%-25% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	5	90.00	0.06	0.03246	76%-100% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	5	270.00	0.06	0.03246	76%-100% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	6	20.00	0.05	0.03245	26%-50% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	6	30.00	0.06	0.03245	76%-100% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	6	60.00	0.06	0.03245	76%-100% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	6	90.00	0.02	0.03245	26%-50% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	6	90.00	0.03	0.03245	10%-25% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	6	90.00	0.06	0.03245	76%-100% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	6	180.00	0.02	0.03245	26%-50% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	6	180.00	0.06	0.03245	76%-100% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	6	270.00	0.06	0.03245	76%-100% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	7	30.00	0.05	0.03078	51%-75% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	7	90.00	0.01	0.03078	51%-75% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	7	90.00	0.03	0.03078	10%-25% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	7	90.00	0.03	0.03078	10%-25% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	7	120.00	0.06	0.03078	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	180.00	0.03	0.03078	10%-25% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	8	30.00	0.05	0.03015	51%-75% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	8	30.00	0.05	0.03015	51%-75% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	8	90.00	0.03	0.03015	10%-25% Below	No	No
49483060701	GABAPENTIN 400 MG CAPSULE	4	150.00	0.07	0.03959	51%-75% Above	No	No
49483060701	GABAPENTIN 400 MG CAPSULE	4	360.00	0.07	0.03959	51%-75% Above	No	No
49483060701	GABAPENTIN 400 MG CAPSULE	7	360.00	0.07	0.04063	51%-75% Above	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	4	60.00	0.02	0.02487	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	4	90.00	0.02	0.02487	10%-25% Below	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	4	180.00	0.02	0.02487	10%-25% Below	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	5	60.00	0.04	0.02457	26%-50% Above	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	6	60.00	0.04	0.02366	26%-50% Above	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	6	180.00	0.01	0.02366	51%-75% Below	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	6	180.00	0.02	0.02366	10%-25% Below	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	6	180.00	0.03	0.02366	10%-25% Above	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	7	60.00	0.04	0.02338	26%-50% Above	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	7	180.00	0.02	0.02338	10%-25% Below	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	8	60.00	0.04	0.02313	51%-75% Above	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	8	180.00	0.02	0.02313	10%-25% Below	No	No
49483062110	METFORMIN HCL 850 MG TABLET	6	270.00	0.01	0.02466	51%-75% Below	No	No
49483062210	METFORMIN HCL 500 MG TABLET	4	60.00	0.02	0.01394	26%-50% Above	No	No
49483062210	METFORMIN HCL 500 MG TABLET	4	180.00	0.01	0.01394	10%-25% Below	No	No
49483062210	METFORMIN HCL 500 MG TABLET	5	120.00	0.01	0.01397	51%-75% Below	No	No
49483062210	METFORMIN HCL 500 MG TABLET	5	120.00	0.02	0.01397	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
49483062210	METFORMIN HCL 500 MG TABLET	6	90.00	0.01	0.01398	10%-25% Below	No	No
49483062210	METFORMIN HCL 500 MG TABLET	6	90.00	0.02	0.01398	26%-50% Above	No	No
49483062210	METFORMIN HCL 500 MG TABLET	6	90.00	0.06	0.01398	200% Above	No	No
49483062210	METFORMIN HCL 500 MG TABLET	6	120.00	0.02	0.01398	26%-50% Above	No	No
49483062210	METFORMIN HCL 500 MG TABLET	6	180.00	0.02	0.01398	10%-25% Above	No	No
49483062210	METFORMIN HCL 500 MG TABLET	6	180.00	0.06	0.01398	200% Above	No	No
49483062210	METFORMIN HCL 500 MG TABLET	7	90.00	0.02	0.01407	26%-50% Above	No	No
49483062210	METFORMIN HCL 500 MG TABLET	7	90.00	0.02	0.01407	26%-50% Above	No	No
49483062210	METFORMIN HCL 500 MG TABLET	7	120.00	0.01	0.01407	51%-75% Below	No	No
49483062210	METFORMIN HCL 500 MG TABLET	7	120.00	0.02	0.01407	26%-50% Above	No	No
49483062210	METFORMIN HCL 500 MG TABLET	7	180.00	0.01	0.01407	10%-25% Below	No	No
49483062210	METFORMIN HCL 500 MG TABLET	8	60.00	0.02	0.01419	51%-75% Above	No	No
49483062210	METFORMIN HCL 500 MG TABLET	8	120.00	0.01	0.01419	51%-75% Below	No	No
49483062281	METFORMIN HCL 500 MG TABLET	4	90.00	0.02	0.01394	26%-50% Above	No	No
49483062281	METFORMIN HCL 500 MG TABLET	4	180.00	0.01	0.01394	10%-25% Below	No	No
49483062281	METFORMIN HCL 500 MG TABLET	5	90.00	0.02	0.01397	26%-50% Above	No	No
49483062281	METFORMIN HCL 500 MG TABLET	6	90.00	0.02	0.01398	26%-50% Above	No	No
49483062281	METFORMIN HCL 500 MG TABLET	6	180.00	0.01	0.01398	10%-25% Below	No	No
49483062281	METFORMIN HCL 500 MG TABLET	7	90.00	0.01	0.01407	10%-25% Below	No	No
49483062281	METFORMIN HCL 500 MG TABLET	8	90.00	0.02	0.01419	26%-50% Above	No	No
49483062310	METFORMIN HCL ER 500 MG TABLET	7	60.00	0.05	0.02932	76%-100% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	4	90.00	0.01	0.02933	51%-75% Below	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	4	120.00	0.05	0.02933	76%-100% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	4	180.00	0.03	0.02933	10%-25% Below	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	4	180.00	0.03	0.02933	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	180.00	0.05	0.02933	76%-100% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	5	30.00	0.04	0.02990	26%-50% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	5	30.00	0.05	0.02990	76%-100% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	5	60.00	0.01	0.02990	51%-75% Below	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	5	60.00	0.05	0.02990	76%-100% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	5	90.00	0.03	0.02990	10%-25% Below	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	5	120.00	0.05	0.02990	76%-100% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	5	180.00	0.01	0.02990	51%-75% Below	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	5	180.00	0.05	0.02990	76%-100% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	5	270.00	0.05	0.02990	76%-100% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	5	360.00	0.01	0.02990	51%-75% Below	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	5	360.00	0.03	0.02990	10%-25% Below	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	6	30.00	0.04	0.02979	26%-50% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	6	30.00	0.05	0.02979	76%-100% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	6	30.00	0.06	0.02979	76%-100% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	6	60.00	0.05	0.02979	76%-100% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	6	90.00	0.01	0.02979	51%-75% Below	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	6	120.00	0.05	0.02979	76%-100% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	6	180.00	0.02	0.02979	26%-50% Below	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	6	180.00	0.05	0.02979	76%-100% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	6	360.00	0.03	0.02979	10%-25% Below	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	7	30.00	0.04	0.02932	26%-50% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	7	60.00	0.05	0.02932	76%-100% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	7	90.00	0.03	0.02932	10%-25% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	7	120.00	0.05	0.02932	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	180.00	0.01	0.02932	51%-75% Below	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	7	270.00	0.03	0.02932	10%-25% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	7	360.00	0.03	0.02932	10%-25% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	8	30.00	0.04	0.02879	26%-50% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	8	60.00	0.05	0.02879	76%-100% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	8	90.00	0.03	0.02879	10%-25% Below	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	8	120.00	0.01	0.02879	51%-75% Below	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	8	120.00	0.05	0.02879	76%-100% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	8	180.00	0.01	0.02879	51%-75% Below	No	No
49483062401	METFORMIN HCL ER 750 MG TABLET	4	90.00	0.08	0.05565	26%-50% Above	No	No
49483062401	METFORMIN HCL ER 750 MG TABLET	4	90.00	0.10	0.05565	51%-75% Above	No	No
49483062401	METFORMIN HCL ER 750 MG TABLET	6	90.00	0.08	0.05484	26%-50% Above	No	No
49483062401	METFORMIN HCL ER 750 MG TABLET	6	90.00	0.10	0.05484	51%-75% Above	No	No
49483062401	METFORMIN HCL ER 750 MG TABLET	7	90.00	0.08	0.05481	26%-50% Above	No	No
49483062401	METFORMIN HCL ER 750 MG TABLET	8	90.00	0.10	0.05417	51%-75% Above	No	No
49483069250	ALLERGY RLF (CETRZN) 10 MG TAB	5	30.00	0.09	0.06400	26%-50% Above	No	No
49483069250	ALLERGY RLF (CETRZN) 10 MG TAB	6	30.00	0.09	0.06398	26%-50% Above	No	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	4	30.00	0.04	0.03706	10%-25% Above	Yes	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	5	30.00	0.01	0.03640	51%-75% Below	No	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	5	90.00	0.03	0.03640	10%-25% Below	Yes	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	6	30.00	0.01	0.03543	51%-75% Below	No	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	8	30.00	0.01	0.03625	51%-75% Below	No	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	8	90.00	0.02	0.03625	26%-50% Below	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	4	30.00	0.04	0.02973	26%-50% Above	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	4	30.00	0.04	0.02973	26%-50% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
49483070210	FLUOXETINE HCL 20 MG CAPSULE	4	90.00	0.03	0.02973	10%-25% Below	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	4	90.00	0.04	0.02973	26%-50% Above	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	5	30.00	0.03	0.02999	10%-25% Above	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	5	30.00	0.04	0.02999	26%-50% Above	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	5	30.00	0.04	0.02999	26%-50% Above	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	5	90.00	0.04	0.02999	26%-50% Above	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	5	90.00	0.04	0.02999	26%-50% Above	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	6	30.00	0.01	0.02918	51%-75% Below	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	6	30.00	0.03	0.02918	10%-25% Above	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	6	30.00	0.04	0.02918	26%-50% Above	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	6	60.00	0.03	0.02918	10%-25% Below	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	6	90.00	0.01	0.02918	51%-75% Below	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	6	90.00	0.02	0.02918	26%-50% Below	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	6	90.00	0.04	0.02918	26%-50% Above	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	7	30.00	0.03	0.02903	10%-25% Above	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	7	30.00	0.04	0.02903	26%-50% Above	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	7	90.00	0.02	0.02903	26%-50% Below	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	7	90.00	0.02	0.02903	10%-25% Below	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	7	90.00	0.03	0.02903	10%-25% Below	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	7	90.00	0.04	0.02903	26%-50% Above	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	7	270.00	0.02	0.02903	26%-50% Below	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	8	30.00	0.04	0.02885	26%-50% Above	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	8	90.00	0.02	0.02885	26%-50% Below	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	8	90.00	0.02	0.02885	26%-50% Below	No	No
49483070350	FLUOXETINE HCL 40 MG CAPSULE	8	90.00	0.11	0.04990	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
49502010202	EPINEPHRINE 0.3 MG AUTO-INJECT	6	2.00	82.76	141.53029	26%-50% Below	No	No
49884006601	GLYCOPYRROLATE 2 MG TABLET	7	60.00	0.25	0.14751	51%-75% Above	No	No
49884011174	ALPRAZOLAM ODT 0.5 MG TAB	5	60.00	0.70	1.16520	26%-50% Below	Yes	No
49884011174	ALPRAZOLAM ODT 0.5 MG TAB	6	60.00	0.70	1.17231	26%-50% Below	Yes	No
49884011174	ALPRAZOLAM ODT 0.5 MG TAB	7	60.00	0.64	1.18813	26%-50% Below	Yes	No
49884011174	ALPRAZOLAM ODT 0.5 MG TAB	8	60.00	0.64	1.20139	26%-50% Below	Yes	No
49884014811	DEXLANSOPRAZOLE DR 60 MG CAP	7	90.00	2.22	3.68276	26%-50% Below	Yes	No
49884015154	BISMUTH-METRONIDAZOLE-TETRACYCLINE 140-125-125 MG CAPSULE	6	168.00	1.43	2.39076	26%-50% Below	Yes	No
49884015676	VARENICLINE 1 MG TABLET	5	56.00	0.23	0.40263	26%-50% Below	No	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	30.00	0.90	0.12992	200% Above	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	4	90.00	0.90	0.12992	200% Above	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	5	9.00	1.10	0.13354	200% Above	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	5	90.00	0.90	0.13354	200% Above	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	5	180.00	0.08	0.13354	26%-50% Below	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	6	28.00	0.90	0.12874	200% Above	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	6	60.00	0.90	0.12874	200% Above	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	6	90.00	0.90	0.12874	200% Above	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	7	8.00	1.86	0.12239	200% Above	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	7	60.00	0.90	0.12239	200% Above	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	8	15.00	0.90	0.11823	200% Above	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	8	60.00	0.25	0.11823	101%-200% Above	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	8	90.00	0.68	0.11823	200% Above	Yes	No
49884018601	DOXYLAMINE-PYRIDOXINE 10-10 MG	4	60.00	0.58	1.23769	51%-75% Below	Yes	No
49884025011	OLANZAPINE-FLUOXETINE 6-25 MG	5	90.00	2.43	4.04917	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	45.00	0.12	0.09483	10%-25% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	4	60.00	0.16	0.09483	51%-75% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	5	30.00	0.16	0.09755	51%-75% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	5	45.00	0.16	0.09755	51%-75% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	5	45.00	0.16	0.09755	51%-75% Above	Yes	No
49884025601	MINOXIDIL 2.5 MG TABLET	5	60.00	0.16	0.09755	51%-75% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	5	90.00	0.01	0.09755	76%-100% Below	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	5	90.00	0.16	0.09755	51%-75% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	6	30.00	0.16	0.09996	51%-75% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	6	60.00	0.16	0.09996	51%-75% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	7	30.00	0.16	0.10236	51%-75% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	7	45.00	0.12	0.10236	10%-25% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	7	45.00	0.16	0.10236	51%-75% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	7	60.00	0.16	0.10236	51%-75% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	7	90.00	0.09	0.10236	10%-25% Below	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	7	90.00	0.12	0.10236	10%-25% Above	Yes	No
49884025601	MINOXIDIL 2.5 MG TABLET	7	180.00	0.16	0.10236	51%-75% Above	Yes	No
49884025601	MINOXIDIL 2.5 MG TABLET	8	30.00	0.16	0.10124	51%-75% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	8	30.00	0.20	0.10124	76%-100% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	8	45.00	0.09	0.10124	10%-25% Below	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	8	45.00	0.16	0.10124	51%-75% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	8	60.00	0.16	0.10124	51%-75% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	8	90.00	0.12	0.10124	10%-25% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	8	180.00	0.09	0.10124	10%-25% Below	Yes	No
49884025601	MINOXIDIL 2.5 MG TABLET	8	180.00	0.16	0.10124	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
49884025701	MINOXIDIL 10 MG TABLET	8	15.00	0.08	0.16578	26%-50% Below	No	No
49884025701	MINOXIDIL 10 MG TABLET	8	60.00	0.09	0.19076	51%-75% Below	No	No
49884031155	RISPERIDONE 0.5 MG ODT	7	60.00	0.52	0.92024	26%-50% Below	No	No
49884033501	FLUOXETINE HCL 10 MG TABLET	7	90.00	0.44	0.06954	200% Above	No	No
49884033601	FLUOXETINE HCL 20 MG TABLET	4	30.00	0.51	0.09826	200% Above	No	No
49884033601	FLUOXETINE HCL 20 MG TABLET	5	30.00	0.51	0.08905	200% Above	No	No
49884033601	FLUOXETINE HCL 20 MG TABLET	5	90.00	0.51	0.08905	200% Above	No	No
49884033601	FLUOXETINE HCL 20 MG TABLET	6	30.00	0.51	0.09598	200% Above	No	No
49884033601	FLUOXETINE HCL 20 MG TABLET	7	30.00	0.51	0.09172	200% Above	No	No
49884033601	FLUOXETINE HCL 20 MG TABLET	7	90.00	0.51	0.09172	200% Above	No	No
49884041301	URSODIOL 500 MG TABLET	7	180.00	0.57	0.65835	10%-25% Below	No	No
49884072401	HYDROXYUREA 500 MG CAPSULE	3	60.00	0.17	0.19927	10%-25% Below	Yes	No
49884078711	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-5-12.5	4	90.00	0.50	1.15081	51%-75% Below	No	No
49884078711	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-5-12.5	8	90.00	0.50	1.10816	51%-75% Below	No	No
49884078811	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-5-25 MG	4	90.00	0.99	1.26840	10%-25% Below	Yes	No
49884079009	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-10-25 MG	5	90.00	1.01	1.16017	10%-25% Below	No	No
49884079009	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-10-25 MG	7	90.00	1.01	1.14118	10%-25% Below	No	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	4	53.00	0.24	0.52289	51%-75% Below	Yes	No
49884094499	VARENICLINE STARTING MONTH BOX	7	53.00	0.24	0.47257	26%-50% Below	Yes	No
49884094499	VARENICLINE STARTING MONTH BOX	7	53.00	1.19	0.47257	101%-200% Above	Yes	No
50111032703	HYDRALAZINE 25 MG TABLET	4	60.00	0.05	0.03522	26%-50% Above	No	No
50111032703	HYDRALAZINE 25 MG TABLET	7	90.00	0.05	0.03537	26%-50% Above	No	No
50111032803	HYDRALAZINE 50 MG TABLET	5	180.00	0.04	0.04551	10%-25% Below	No	No
50111032803	HYDRALAZINE 50 MG TABLET	6	270.00	0.06	0.04564	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50111032803	HYDRALAZINE 50 MG TABLET	8	180.00	0.04	0.04551	10%-25% Below	No	No
50111033301	METRONIDAZOLE 250 MG TABLET	4	56.00	0.03	0.07914	51%-75% Below	Yes	No
50111033301	METRONIDAZOLE 250 MG TABLET	6	42.00	0.20	0.10066	76%-100% Above	Yes	No
50111033301	METRONIDAZOLE 250 MG TABLET	6	56.00	0.14	0.10066	26%-50% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	4	14.00	0.04	0.10224	51%-75% Below	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	4	14.00	0.16	0.10224	51%-75% 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	0.33	0.10224	200% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	4	14.00	0.34	0.10224	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	4	15.00	0.37	0.10224	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	4	24.00	0.31	0.10224	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	4	30.00	0.31	0.10224	200% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	4	56.00	0.30	0.10224	101%-200% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	5	3.00	0.04	0.10077	51%-75% Below	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	5	14.00	0.16	0.10077	51%-75% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	5	14.00	0.16	0.10077	51%-75% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	5	14.00	0.32	0.10077	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	5	14.00	0.37	0.10077	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	5	14.00	0.38	0.10077	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	5	28.00	0.16	0.10077	51%-75% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	6	2.00	0.50	0.10048	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	6	3.00	0.16	0.10048	51%-75% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	6	4.00	0.16	0.10048	51%-75% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	6	14.00	0.32	0.10048	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	14.00	0.33	0.10048	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	6	14.00	0.35	0.10048	200% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	6	15.00	0.16	0.10048	51%-75% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	6	21.00	0.31	0.10048	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	6	28.00	0.39	0.10048	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	7	4.00	0.16	0.10025	51%-75% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	7	6.00	0.35	0.10025	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	7	8.00	0.38	0.10025	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	7	14.00	0.16	0.10025	51%-75% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	7	14.00	0.31	0.10025	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	7	14.00	0.32	0.10025	200% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	7	14.00	0.32	0.10025	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	7	14.00	0.33	0.10025	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	7	21.00	0.04	0.10025	51%-75% Below	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	7	21.00	0.23	0.10025	101%-200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	7	28.00	0.16	0.10025	51%-75% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	8	14.00	0.16	0.10116	51%-75% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	8	14.00	0.28	0.10116	101%-200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	8	14.00	0.31	0.10116	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	8	14.00	0.32	0.10116	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	8	14.00	0.34	0.10116	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	8	14.00	0.34	0.10116	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	8	14.00	0.35	0.10116	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	8	14.00	0.37	0.10116	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	8	21.00	0.04	0.10116	51%-75% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	21.00	0.16	0.10116	51%-75% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	8	21.00	0.31	0.10116	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	8	28.00	0.32	0.10116	200% Above	Yes	No
50111033402	METRONIDAZOLE 500 MG TABLET	3	14.00	0.06	0.10236	26%-50% Below	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	5	14.00	0.16	0.10077	51%-75% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	5	14.00	0.38	0.10077	200% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	6	14.00	0.24	0.10048	101%-200% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	6	33.00	0.25	0.10048	101%-200% Above	No	No
50111045001	TRAZODONE 150 MG TABLET	4	90.00	0.12	0.08780	26%-50% Above	Yes	No
50111045001	TRAZODONE 150 MG TABLET	4	90.00	0.22	0.08780	101%-200% Above	Yes	No
50111045001	TRAZODONE 150 MG TABLET	5	90.00	0.19	0.09073	101%-200% Above	Yes	No
50111045001	TRAZODONE 150 MG TABLET	6	90.00	0.12	0.09003	26%-50% Above	Yes	No
50111045001	TRAZODONE 150 MG TABLET	7	90.00	0.12	0.09059	26%-50% Above	Yes	No
50111045001	TRAZODONE 150 MG TABLET	7	90.00	0.22	0.09059	101%-200% Above	Yes	No
50111045001	TRAZODONE 150 MG TABLET	8	90.00	0.07	0.08816	10%-25% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	3	30.00	0.02	0.03571	26%-50% Below	No	No
50111056001	TRAZODONE 50 MG TABLET	4	14.00	0.08	0.03309	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	4	30.00	0.02	0.03309	51%-75% Below	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	No	No
50111056001	TRAZODONE 50 MG TABLET	4	30.00	0.08	0.03309	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	4	90.00	0.05	0.03309	26%-50% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	4	90.00	0.08	0.03309	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	4	90.00	0.08	0.03309	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	5	30.00	0.02	0.03300	51%-75% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	30.00	0.06	0.03300	76%-100% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	5	30.00	0.07	0.03300	76%-100% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	5	30.00	0.07	0.03300	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	5	30.00	0.07	0.03300	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	5	30.00	0.08	0.03300	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	5	30.00	0.08	0.03300	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	5	60.00	0.05	0.03300	51%-75% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	5	60.00	0.06	0.03300	51%-75% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	5	90.00	0.08	0.03300	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	5	180.00	0.06	0.03300	51%-75% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	5	180.00	0.08	0.03300	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	6	14.00	0.08	0.03247	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	6	15.00	0.08	0.03247	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	6	30.00	0.02	0.03247	26%-50% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	6	30.00	0.06	0.03247	76%-100% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	6	30.00	0.07	0.03247	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	6	30.00	0.08	0.03247	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	6	30.00	0.08	0.03247	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	6	90.00	0.01	0.03247	51%-75% Below	No	No
50111056001	TRAZODONE 50 MG TABLET	6	90.00	0.02	0.03247	26%-50% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	6	90.00	0.04	0.03247	10%-25% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	6	90.00	0.05	0.03247	51%-75% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	6	90.00	0.06	0.03247	51%-75% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	6	90.00	0.06	0.03247	76%-100% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	6	90.00	0.06	0.03247	76%-100% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	90.00	0.08	0.03247	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	6	90.00	0.08	0.03247	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	6	180.00	0.05	0.03247	51%-75% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	6	180.00	0.06	0.03247	76%-100% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	6	180.00	0.08	0.03247	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	7	14.00	0.08	0.03186	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	7	14.00	0.08	0.03186	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	7	30.00	0.02	0.03186	26%-50% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	7	30.00	0.06	0.03186	76%-100% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	7	30.00	0.07	0.03186	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	7	30.00	0.08	0.03186	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	7	30.00	0.08	0.03186	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	7	60.00	0.08	0.03186	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	7	90.00	0.03	0.03186	10%-25% Below	No	No
50111056001	TRAZODONE 50 MG TABLET	7	90.00	0.05	0.03186	51%-75% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	7	90.00	0.06	0.03186	76%-100% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	7	90.00	0.08	0.03186	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	7	90.00	0.08	0.03186	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	8	14.00	0.08	0.03124	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	8	30.00	0.06	0.03124	76%-100% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	8	30.00	0.08	0.03124	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	8	60.00	0.05	0.03124	51%-75% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	8	60.00	0.08	0.03124	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	8	90.00	0.06	0.03124	76%-100% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	8	90.00	0.08	0.03124	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	180.00	0.06	0.03124	76%-100% Above	Yes	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	5	30.00	0.08	0.03300	101%-200% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	5	90.00	0.05	0.03300	51%-75% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	6	30.00	0.05	0.03247	51%-75% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	6	30.00	0.08	0.03247	101%-200% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	7	30.00	0.08	0.03186	101%-200% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	8	30.00	0.08	0.03124	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	4	15.00	0.09	0.03309	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	5	30.00	0.06	0.03300	76%-100% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	5	60.00	0.08	0.03300	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	5	90.00	0.08	0.03300	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	6	60.00	0.08	0.03247	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	7	30.00	0.08	0.03186	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	7	60.00	0.08	0.03186	101%-200% Above	No	No
50111056101	TRAZODONE 100 MG TABLET	4	30.00	0.08	0.05004	51%-75% Above	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	60.00	0.09	0.05004	76%-100% Above	No	No
50111056101	TRAZODONE 100 MG TABLET	4	90.00	0.07	0.05004	26%-50% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	4	90.00	0.09	0.05004	76%-100% Above	No	No
50111056101	TRAZODONE 100 MG TABLET	4	90.00	0.09	0.05004	76%-100% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	4	180.00	0.09	0.05004	76%-100% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	5	20.00	0.03	0.05035	26%-50% Below	Yes	No
50111056101	TRAZODONE 100 MG TABLET	5	90.00	0.07	0.05035	26%-50% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	90.00	0.09	0.05035	76%-100% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	5	180.00	0.09	0.05035	76%-100% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	6	90.00	0.07	0.04949	26%-50% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	6	90.00	0.08	0.04949	51%-75% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	6	90.00	0.09	0.04949	76%-100% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	6	180.00	0.02	0.04949	26%-50% Below	Yes	No
50111056101	TRAZODONE 100 MG TABLET	6	180.00	0.07	0.04949	26%-50% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	6	180.00	0.09	0.04949	76%-100% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	7	45.00	0.09	0.04993	76%-100% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	7	90.00	0.07	0.04993	26%-50% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	7	90.00	0.08	0.04993	51%-75% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	7	90.00	0.09	0.04993	51%-75% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	7	90.00	0.09	0.04993	76%-100% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	7	180.00	0.09	0.04993	76%-100% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	8	30.00	0.09	0.05057	76%-100% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	8	45.00	0.09	0.05057	76%-100% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	8	60.00	0.08	0.05057	51%-75% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	8	90.00	0.09	0.05057	76%-100% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	8	180.00	0.09	0.05057	76%-100% Above	Yes	No
50111056102	TRAZODONE 100 MG TABLET	4	30.00	0.01	0.05004	51%-75% Below	No	No
50111056102	TRAZODONE 100 MG TABLET	4	30.00	0.09	0.05004	76%-100% Above	No	No
50111056102	TRAZODONE 100 MG TABLET	5	30.00	0.01	0.05035	51%-75% Below	No	No
50111056102	TRAZODONE 100 MG TABLET	5	30.00	0.09	0.05035	76%-100% Above	No	No
50111056102	TRAZODONE 100 MG TABLET	6	30.00	0.01	0.04949	51%-75% Below	No	No
50111056102	TRAZODONE 100 MG TABLET	7	30.00	0.01	0.04993	76%-100% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50111056102	TRAZODONE 100 MG TABLET	7	30.00	0.08	0.04993	51%-75% Above	No	No
50111056102	TRAZODONE 100 MG TABLET	7	30.00	0.09	0.04993	76%-100% Above	No	No
50111056102	TRAZODONE 100 MG TABLET	8	30.00	0.01	0.05057	76%-100% Below	No	No
50111056103	TRAZODONE 100 MG TABLET	4	30.00	0.09	0.05004	76%-100% Above	No	No
50111056103	TRAZODONE 100 MG TABLET	5	30.00	0.09	0.05035	76%-100% Above	No	No
50111056103	TRAZODONE 100 MG TABLET	5	90.00	0.08	0.05035	26%-50% Above	No	No
50111056103	TRAZODONE 100 MG TABLET	6	30.00	0.09	0.04949	76%-100% Above	No	No
50111056103	TRAZODONE 100 MG TABLET	6	90.00	0.11	0.04949	101%-200% Above	No	No
50111056103	TRAZODONE 100 MG TABLET	7	30.00	0.09	0.04993	76%-100% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	4	7.00	0.11	0.03706	101%-200% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	4	30.00	0.01	0.03706	51%-75% Below	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	4	30.00	0.05	0.03706	10%-25% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	4	90.00	0.02	0.03706	26%-50% Below	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	4	90.00	0.11	0.03706	101%-200% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	5	30.00	0.01	0.03640	51%-75% Below	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	5	30.00	0.05	0.03640	26%-50% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	5	90.00	0.11	0.03640	101%-200% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	6	30.00	0.05	0.03543	26%-50% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	6	90.00	0.01	0.03543	51%-75% Below	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	6	90.00	0.11	0.03543	200% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	7	30.00	0.05	0.03579	26%-50% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	7	90.00	0.02	0.03579	26%-50% Below	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	7	90.00	0.11	0.03579	200% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	8	30.00	0.03	0.03625	10%-25% Below	Yes	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	8	30.00	0.04	0.03625	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50111064701	FLUOXETINE HCL 10 MG CAPSULE	8	90.00	0.02	0.03625	26%-50% Below	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	8	90.00	0.11	0.03625	101%-200% Above	No	No
50111064702	FLUOXETINE HCL 10 MG CAPSULE	4	90.00	0.11	0.03706	101%-200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	4	30.00	0.08	0.02973	101%-200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	4	30.00	0.08	0.02973	101%-200% Above	Yes	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	4	30.00	0.13	0.02973	200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	4	90.00	0.02	0.02973	26%-50% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	4	90.00	0.02	0.02973	26%-50% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	5	30.00	0.08	0.02999	101%-200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	5	30.00	0.08	0.02999	101%-200% Above	Yes	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	5	90.00	0.02	0.02999	26%-50% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	5	90.00	0.02	0.02999	26%-50% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	5	90.00	0.02	0.02999	10%-25% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	5	90.00	0.08	0.02999	101%-200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	6	30.00	0.02	0.02918	26%-50% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	6	30.00	0.08	0.02918	101%-200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	6	30.00	0.13	0.02918	200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	6	90.00	0.01	0.02918	51%-75% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	6	90.00	0.08	0.02918	101%-200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	7	30.00	0.02	0.02903	26%-50% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	7	30.00	0.08	0.02903	101%-200% Above	Yes	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	7	30.00	0.13	0.02903	200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	7	90.00	0.02	0.02903	26%-50% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	7	90.00	0.08	0.02903	101%-200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	8	30.00	0.02	0.02885	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	30.00	0.04	0.02885	51%-75% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	8	30.00	0.13	0.02885	200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	8	90.00	0.08	0.02885	101%-200% Above	No	No
50111064802	FLUOXETINE HCL 20 MG CAPSULE	5	30.00	0.08	0.02999	101%-200% Above	No	No
50111064802	FLUOXETINE HCL 20 MG CAPSULE	5	90.00	0.08	0.02999	101%-200% Above	No	No
50111064802	FLUOXETINE HCL 20 MG CAPSULE	6	30.00	0.08	0.02918	101%-200% Above	No	No
50111064802	FLUOXETINE HCL 20 MG CAPSULE	7	80.00	0.08	0.02903	101%-200% Above	No	No
50111064802	FLUOXETINE HCL 20 MG CAPSULE	8	30.00	0.08	0.02885	101%-200% Above	No	No
50111064844	FLUOXETINE HCL 20 MG CAPSULE	4	90.00	0.08	0.02973	101%-200% Above	No	No
50111064844	FLUOXETINE HCL 20 MG CAPSULE	5	30.00	0.08	0.02999	101%-200% Above	No	No
50111064844	FLUOXETINE HCL 20 MG CAPSULE	5	90.00	0.08	0.02999	101%-200% Above	No	No
50111064844	FLUOXETINE HCL 20 MG CAPSULE	5	180.00	0.08	0.02999	101%-200% Above	No	No
50111064844	FLUOXETINE HCL 20 MG CAPSULE	6	270.00	0.08	0.02918	101%-200% Above	No	No
50111064844	FLUOXETINE HCL 20 MG CAPSULE	6	360.00	0.08	0.02918	101%-200% Above	No	No
50111064844	FLUOXETINE HCL 20 MG CAPSULE	7	30.00	0.08	0.02903	101%-200% Above	No	No
50111064844	FLUOXETINE HCL 20 MG CAPSULE	7	90.00	0.08	0.02903	101%-200% Above	No	No
50111064844	FLUOXETINE HCL 20 MG CAPSULE	8	30.00	0.08	0.02885	101%-200% Above	No	No
50111064844	FLUOXETINE HCL 20 MG CAPSULE	8	90.00	0.08	0.02885	101%-200% Above	No	No
50111064844	FLUOXETINE HCL 20 MG CAPSULE	8	180.00	0.08	0.02885	101%-200% Above	No	No
50111078710	AZITHROMYCIN 250 MG TABLET	4	6.00	0.65	0.28349	101%-200% Above	No	No
50111078710	AZITHROMYCIN 250 MG TABLET	5	6.00	0.65	0.28000	101%-200% Above	No	No
50111078710	AZITHROMYCIN 250 MG TABLET	6	6.00	0.65	0.27765	101%-200% Above	No	No
50111078710	AZITHROMYCIN 250 MG TABLET	7	6.00	0.65	0.26796	101%-200% Above	No	No
50111078710	AZITHROMYCIN 250 MG TABLET	8	6.00	0.47	0.26759	51%-75% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	4	6.00	0.44	0.28349	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	6.00	0.49	0.28349	51%-75% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	4	6.00	0.50	0.28349	51%-75% 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	5	6.00	0.44	0.28000	51%-75% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	5	6.00	0.47	0.28000	51%-75% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	5	6.00	0.50	0.28000	76%-100% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	5	6.00	0.65	0.28000	101%-200% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	6	6.00	0.41	0.27765	26%-50% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	6	6.00	0.44	0.27765	51%-75% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	6	6.00	0.47	0.27765	51%-75% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	6	6.00	0.65	0.27765	101%-200% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	7	6.00	0.47	0.26796	51%-75% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	7	6.00	0.65	0.26796	101%-200% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	8	6.00	0.50	0.26759	76%-100% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	8	6.00	0.53	0.26759	76%-100% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	8	6.00	0.65	0.26759	101%-200% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	4	2.00	0.95	0.59082	51%-75% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	4	3.00	1.15	0.59082	76%-100% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	5	5.00	0.81	0.59739	26%-50% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	5	5.00	1.15	0.59739	76%-100% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	6	3.00	1.15	0.60470	76%-100% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	7	2.00	1.15	0.58506	76%-100% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	7	3.00	1.15	0.58506	76%-100% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	7	5.00	0.79	0.58506	26%-50% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	8	5.00	0.87	0.56045	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50111078810	AZITHROMYCIN 500 MG TABLET	8	5.00	1.15	0.56045	101%-200% Above	No	No
50111091601	TORSEMIDE 10 MG TABLET	5	90.00	0.10	0.07099	26%-50% Above	Yes	No
50111091701	TORSEMIDE 20 MG TABLET	4	30.00	0.12	0.07330	51%-75% Above	No	No
50111091701	TORSEMIDE 20 MG TABLET	4	180.00	0.10	0.07330	26%-50% Above	No	No
50111091701	TORSEMIDE 20 MG TABLET	5	30.00	0.10	0.07294	26%-50% Above	No	No
50111091701	TORSEMIDE 20 MG TABLET	6	30.00	0.10	0.07074	26%-50% Above	No	No
50111091701	TORSEMIDE 20 MG TABLET	7	30.00	0.10	0.06828	26%-50% Above	No	No
50111091701	TORSEMIDE 20 MG TABLET	8	30.00	0.10	0.06502	26%-50% Above	No	No
50111091703	TORSEMIDE 20 MG TABLET	7	45.00	0.15	0.06828	101%-200% Above	No	No
50111091801	TORSEMIDE 100 MG TABLET	7	30.00	0.17	0.19267	10%-25% Below	No	No
50222028030	ANZUPGO CRE 2%	4	30.00	64.15	.		No	No
50222028030	ANZUPGO CRE 2%	7	30.00	62.68	.		No	No
50222028030	ANZUPGO CRE 2%	8	30.00	62.68	.		No	No
50228010901	CARISOPRODOL 350 MG TABLET	4	6.00	0.08	0.06604	10%-25% Above	No	No
50228010901	CARISOPRODOL 350 MG TABLET	4	90.00	0.08	0.06604	10%-25% Above	No	No
50228010901	CARISOPRODOL 350 MG TABLET	5	60.00	0.08	0.06572	10%-25% Above	No	No
50228010901	CARISOPRODOL 350 MG TABLET	5	90.00	0.08	0.06572	10%-25% Above	No	No
50228010901	CARISOPRODOL 350 MG TABLET	6	90.00	0.08	0.06600	10%-25% Above	No	No
50228010901	CARISOPRODOL 350 MG TABLET	7	90.00	0.08	0.06656	10%-25% Above	No	No
50228010910	CARISOPRODOL 350 MG TABLET	8	90.00	0.08	0.06692	10%-25% Above	No	No
50228011301	FLUOXETINE HCL 10 MG CAPSULE	7	30.00	0.11	0.03579	200% Above	No	No
50228011301	FLUOXETINE HCL 10 MG CAPSULE	8	30.00	0.11	0.03625	101%-200% Above	No	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
50228011310	FLUOXETINE HCL 10 MG CAPSULE	4	90.00	0.11	0.03706	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	30.00	0.11	0.03640	101%-200% Above	No	No
50228011310	FLUOXETINE HCL 10 MG CAPSULE	5	30.00	0.11	0.03640	101%-200% Above	Yes	No
50228011310	FLUOXETINE HCL 10 MG CAPSULE	5	90.00	0.02	0.03640	26%-50% Below	Yes	No
50228011310	FLUOXETINE HCL 10 MG CAPSULE	5	90.00	0.03	0.03640	26%-50% Below	Yes	No
50228011310	FLUOXETINE HCL 10 MG CAPSULE	5	90.00	0.11	0.03640	101%-200% Above	Yes	No
50228011310	FLUOXETINE HCL 10 MG CAPSULE	6	30.00	0.01	0.03543	51%-75% Below	Yes	No
50228011310	FLUOXETINE HCL 10 MG CAPSULE	6	30.00	0.11	0.03543	200% Above	No	No
50228011310	FLUOXETINE HCL 10 MG CAPSULE	6	30.00	0.11	0.03543	200% Above	Yes	No
50228011310	FLUOXETINE HCL 10 MG CAPSULE	6	90.00	0.08	0.03543	101%-200% Above	Yes	No
50228011310	FLUOXETINE HCL 10 MG CAPSULE	6	90.00	0.11	0.03543	200% Above	Yes	No
50228011310	FLUOXETINE HCL 10 MG CAPSULE	7	30.00	0.11	0.03579	200% Above	No	No
50228011310	FLUOXETINE HCL 10 MG CAPSULE	7	30.00	0.11	0.03579	200% Above	Yes	No
50228011310	FLUOXETINE HCL 10 MG CAPSULE	7	49.00	0.11	0.03579	200% Above	Yes	No
50228011310	FLUOXETINE HCL 10 MG CAPSULE	7	90.00	0.02	0.03579	26%-50% Below	Yes	No
50228011310	FLUOXETINE HCL 10 MG CAPSULE	8	7.00	0.11	0.03625	200% Above	Yes	No
50228011310	FLUOXETINE HCL 10 MG CAPSULE	8	30.00	0.11	0.03625	101%-200% Above	Yes	No
50228011310	FLUOXETINE HCL 10 MG CAPSULE	8	90.00	0.02	0.03625	26%-50% Below	Yes	No
50228011310	FLUOXETINE HCL 10 MG CAPSULE	8	90.00	0.11	0.03625	101%-200% Above	Yes	No
50228011401	FLUOXETINE HCL 20 MG CAPSULE	5	30.00	0.08	0.02999	101%-200% Above	No	No
50228011401	FLUOXETINE HCL 20 MG CAPSULE	6	30.00	0.08	0.02918	101%-200% Above	No	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	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	No	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	4	30.00	0.08	0.02973	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	90.00	0.01	0.02973	51%-75% Below	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	4	90.00	0.02	0.02973	26%-50% Below	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	4	90.00	0.02	0.02973	26%-50% Below	No	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	5	30.00	0.01	0.02999	51%-75% Below	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	5	30.00	0.08	0.02999	101%-200% Above	No	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	5	30.00	0.08	0.02999	101%-200% Above	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	5	90.00	0.02	0.02999	26%-50% Below	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	5	90.00	0.02	0.02999	10%-25% Below	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	5	90.00	0.08	0.02999	101%-200% Above	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	6	30.00	0.01	0.02918	51%-75% Below	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	6	30.00	0.04	0.02918	10%-25% Above	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	6	30.00	0.08	0.02918	101%-200% Above	No	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	6	30.00	0.08	0.02918	101%-200% Above	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	6	90.00	0.02	0.02918	26%-50% Below	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	6	90.00	0.03	0.02918	10%-25% Below	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	6	90.00	0.08	0.02918	101%-200% Above	No	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	6	90.00	0.08	0.02918	101%-200% Above	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	7	30.00	0.01	0.02903	51%-75% Below	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	7	30.00	0.08	0.02903	101%-200% Above	No	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	7	30.00	0.08	0.02903	101%-200% Above	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	7	90.00	0.01	0.02903	51%-75% Below	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	7	90.00	0.02	0.02903	26%-50% Below	No	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	7	90.00	0.02	0.02903	10%-25% Below	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	7	90.00	0.06	0.02903	76%-100% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	90.00	0.08	0.02903	101%-200% Above	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	8	30.00	0.03	0.02885	10%-25% Above	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	8	30.00	0.04	0.02885	26%-50% Above	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	8	30.00	0.08	0.02885	101%-200% Above	No	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	8	30.00	0.08	0.02885	101%-200% Above	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	8	90.00	0.02	0.02885	26%-50% Below	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	8	90.00	0.02	0.02885	26%-50% Below	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	8	90.00	0.02	0.02885	10%-25% Below	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	8	90.00	0.08	0.02885	101%-200% Above	Yes	No
50228011501	FLUOXETINE HCL 40 MG CAPSULE	4	90.00	0.12	0.05279	101%-200% Above	No	No
50228011501	FLUOXETINE HCL 40 MG CAPSULE	6	30.00	0.16	0.05135	200% Above	No	No
50228011501	FLUOXETINE HCL 40 MG CAPSULE	7	30.00	0.11	0.05015	101%-200% Above	No	No
50228011501	FLUOXETINE HCL 40 MG CAPSULE	7	30.00	0.18	0.05015	200% Above	No	No
50228011501	FLUOXETINE HCL 40 MG CAPSULE	7	90.00	0.11	0.05015	101%-200% Above	No	No
50228011501	FLUOXETINE HCL 40 MG CAPSULE	8	90.00	0.11	0.04990	101%-200% Above	No	No
50228011501	FLUOXETINE HCL 40 MG CAPSULE	8	90.00	0.16	0.04990	200% Above	No	No
50228011505	FLUOXETINE HCL 40 MG CAPSULE	4	30.00	0.14	0.05279	101%-200% Above	No	No
50228011505	FLUOXETINE HCL 40 MG CAPSULE	4	30.00	0.17	0.05279	200% Above	No	No
50228011505	FLUOXETINE HCL 40 MG CAPSULE	5	30.00	0.11	0.05206	101%-200% Above	No	No
50228011505	FLUOXETINE HCL 40 MG CAPSULE	5	30.00	0.14	0.05206	101%-200% Above	No	No
50228011505	FLUOXETINE HCL 40 MG CAPSULE	5	90.00	0.11	0.05206	101%-200% Above	No	No
50228011505	FLUOXETINE HCL 40 MG CAPSULE	5	90.00	0.16	0.05206	101%-200% Above	No	No
50228011505	FLUOXETINE HCL 40 MG CAPSULE	6	30.00	0.11	0.05135	101%-200% Above	No	No
50228011505	FLUOXETINE HCL 40 MG CAPSULE	6	90.00	0.13	0.05135	101%-200% Above	No	No
50228011505	FLUOXETINE HCL 40 MG CAPSULE	6	180.00	0.11	0.05135	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	30.00	0.11	0.05015	101%-200% Above	No	No
50228011505	FLUOXETINE HCL 40 MG CAPSULE	8	30.00	0.11	0.04990	101%-200% Above	No	No
50228011505	FLUOXETINE HCL 40 MG CAPSULE	8	90.00	0.11	0.04990	101%-200% Above	No	No
50228011605	ROSUVASTATIN CALCIUM 5 MG TAB	4	30.00	0.01	0.03453	51%-75% Below	No	No
50228011605	ROSUVASTATIN CALCIUM 5 MG TAB	4	30.00	0.02	0.03453	26%-50% Below	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	4	90.00	0.02	0.03453	26%-50% Below	No	No
50228011605	ROSUVASTATIN CALCIUM 5 MG TAB	4	90.00	0.25	0.03453	200% Above	No	No
50228011605	ROSUVASTATIN CALCIUM 5 MG TAB	5	30.00	0.01	0.03496	51%-75% Below	No	No
50228011605	ROSUVASTATIN CALCIUM 5 MG TAB	5	30.00	0.02	0.03496	26%-50% Below	No	No
50228011605	ROSUVASTATIN CALCIUM 5 MG TAB	5	90.00	0.02	0.03496	26%-50% Below	No	No
50228011605	ROSUVASTATIN CALCIUM 5 MG TAB	6	30.00	0.01	0.03479	51%-75% Below	No	No
50228011605	ROSUVASTATIN CALCIUM 5 MG TAB	6	30.00	0.02	0.03479	26%-50% Below	No	No
50228011605	ROSUVASTATIN CALCIUM 5 MG TAB	6	30.00	0.25	0.03479	200% Above	No	No
50228011605	ROSUVASTATIN CALCIUM 5 MG TAB	6	90.00	0.02	0.03479	26%-50% Below	No	No
50228011605	ROSUVASTATIN CALCIUM 5 MG TAB	6	90.00	0.03	0.03479	10%-25% Below	No	No
50228011605	ROSUVASTATIN CALCIUM 5 MG TAB	6	90.00	0.25	0.03479	200% Above	No	No
50228011605	ROSUVASTATIN CALCIUM 5 MG TAB	7	30.00	0.01	0.03397	51%-75% Below	No	No
50228011605	ROSUVASTATIN CALCIUM 5 MG TAB	7	30.00	0.02	0.03397	26%-50% Below	No	No
50228011605	ROSUVASTATIN CALCIUM 5 MG TAB	7	30.00	0.25	0.03397	200% Above	No	No
50228011605	ROSUVASTATIN CALCIUM 5 MG TAB	7	90.00	0.25	0.03397	200% Above	No	No
50228011610	ROSUVASTATIN CALCIUM 5 MG TAB	5	30.00	0.25	0.03496	200% Above	No	No
50228011610	ROSUVASTATIN CALCIUM 5 MG TAB	6	30.00	0.25	0.03479	200% Above	No	No
50228011610	ROSUVASTATIN CALCIUM 5 MG TAB	7	30.00	0.25	0.03397	200% Above	No	No
50228011610	ROSUVASTATIN CALCIUM 5 MG TAB	8	30.00	0.25	0.03330	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228011690	ROSUVASTATIN CALCIUM 5 MG TAB	4	30.00	0.25	0.03453	200% Above	No	No
50228011690	ROSUVASTATIN CALCIUM 5 MG TAB	4	90.00	0.25	0.03453	200% Above	No	No
50228011690	ROSUVASTATIN CALCIUM 5 MG TAB	5	90.00	0.01	0.03496	51%-75% Below	No	No
50228011690	ROSUVASTATIN CALCIUM 5 MG TAB	5	90.00	0.25	0.03496	200% Above	No	No
50228011690	ROSUVASTATIN CALCIUM 5 MG TAB	6	30.00	0.25	0.03479	200% Above	No	No
50228011690	ROSUVASTATIN CALCIUM 5 MG TAB	7	30.00	0.25	0.03397	200% Above	No	No
50228011690	ROSUVASTATIN CALCIUM 5 MG TAB	7	90.00	0.25	0.03397	200% Above	No	No
50228011690	ROSUVASTATIN CALCIUM 5 MG TAB	8	90.00	0.25	0.03330	200% Above	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	4	12.00	0.02	0.03787	26%-50% Below	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	5	30.00	0.22	0.03840	200% Above	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.00	0.02	0.03840	51%-75% Below	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.00	0.02	0.03840	26%-50% Below	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.00	0.22	0.03840	200% Above	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.00	0.22	0.03834	200% Above	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	6	36.00	0.22	0.03834	200% Above	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.00	0.02	0.03834	51%-75% Below	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.00	0.02	0.03834	26%-50% Below	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.00	0.03	0.03834	26%-50% Below	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.00	0.18	0.03834	200% Above	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.00	0.22	0.03834	200% Above	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	7	30.00	0.22	0.03797	200% Above	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	7	90.00	0.22	0.03797	200% Above	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.00	0.22	0.03699	200% Above	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.00	0.22	0.03699	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228011710	ROSUVASTATIN CALCIUM 10 MG TAB	4	30.00	0.22	0.03787	200% Above	No	No
50228011710	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.00	0.02	0.03840	26%-50% Below	No	No
50228011710	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.00	0.22	0.03840	200% Above	No	No
50228011710	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.00	0.22	0.03840	200% Above	No	No
50228011710	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.00	0.22	0.03834	200% Above	No	No
50228011710	ROSUVASTATIN CALCIUM 10 MG TAB	7	30.00	0.22	0.03797	200% Above	No	No
50228011790	ROSUVASTATIN CALCIUM 10 MG TAB	4	90.00	0.22	0.03787	200% Above	No	No
50228011790	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.00	0.22	0.03840	200% Above	No	No
50228011790	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.00	0.22	0.03840	200% Above	No	No
50228011790	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.00	0.22	0.03834	200% Above	No	No
50228011790	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.00	0.22	0.03834	200% Above	No	No
50228011790	ROSUVASTATIN CALCIUM 10 MG TAB	7	30.00	0.22	0.03797	200% Above	No	No
50228011790	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.00	0.22	0.03699	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	0.22	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	5	30.00	0.22	0.04763	200% Above	No	No
50228011805	ROSUVASTATIN CALCIUM 20 MG TAB	5	90.00	0.08	0.04763	51%-75% Above	No	No
50228011805	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.00	0.22	0.04702	200% Above	No	No
50228011805	ROSUVASTATIN CALCIUM 20 MG TAB	6	90.00	0.22	0.04702	200% Above	No	No
50228011805	ROSUVASTATIN CALCIUM 20 MG TAB	6	90.00	0.22	0.04702	200% Above	No	No
50228011805	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.00	0.22	0.04551	200% Above	No	No
50228011805	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.00	0.17	0.04551	200% Above	No	No
50228011805	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.00	0.20	0.04551	200% Above	No	No
50228011805	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.00	0.22	0.04551	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228011805	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.00	0.04	0.04489	10%-25% Below	No	No
50228011805	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.00	0.22	0.04489	200% Above	No	No
50228011805	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.00	0.23	0.04489	200% Above	No	No
50228011805	ROSUVASTATIN CALCIUM 20 MG TAB	8	90.00	0.22	0.04489	200% Above	No	No
50228011810	ROSUVASTATIN CALCIUM 20 MG TAB	4	30.00	0.02	0.04807	51%-75% Below	No	No
50228011810	ROSUVASTATIN CALCIUM 20 MG TAB	4	30.00	0.16	0.04807	200% Above	No	No
50228011810	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.00	0.16	0.04702	200% Above	No	No
50228011890	ROSUVASTATIN CALCIUM 20 MG TAB	4	90.00	0.22	0.04807	200% Above	No	No
50228011890	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.00	0.50	0.04763	200% Above	No	No
50228011890	ROSUVASTATIN CALCIUM 20 MG TAB	5	90.00	0.22	0.04763	200% Above	No	No
50228011890	ROSUVASTATIN CALCIUM 20 MG TAB	5	90.00	0.44	0.04763	200% Above	No	No
50228011890	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.00	0.50	0.04702	200% Above	No	No
50228011890	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.00	0.50	0.04551	200% Above	No	No
50228011890	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.00	0.22	0.04551	200% Above	No	No
50228011890	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.00	0.44	0.04551	200% Above	No	No
50228011890	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.00	0.50	0.04489	200% Above	No	No
50228011890	ROSUVASTATIN CALCIUM 20 MG TAB	8	90.00	0.22	0.04489	200% Above	No	No
50228011905	ROSUVASTATIN CALCIUM 40 MG TAB	4	15.00	0.35	0.05907	200% Above	No	No
50228011905	ROSUVASTATIN CALCIUM 40 MG TAB	4	30.00	0.33	0.05907	200% Above	No	No
50228011905	ROSUVASTATIN CALCIUM 40 MG TAB	4	90.00	0.04	0.05907	26%-50% Below	No	No
50228011905	ROSUVASTATIN CALCIUM 40 MG TAB	5	15.00	0.35	0.06215	200% Above	No	No
50228011905	ROSUVASTATIN CALCIUM 40 MG TAB	5	30.00	0.35	0.06215	200% Above	No	No
50228011905	ROSUVASTATIN CALCIUM 40 MG TAB	5	90.00	0.35	0.06215	200% Above	No	No
50228011905	ROSUVASTATIN CALCIUM 40 MG TAB	6	15.00	0.35	0.06504	200% Above	No	No
50228011905	ROSUVASTATIN CALCIUM 40 MG TAB	6	30.00	0.35	0.06504	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228011905	ROSUVASTATIN CALCIUM 40 MG TAB	6	90.00	0.35	0.06504	200% Above	No	No
50228011905	ROSUVASTATIN CALCIUM 40 MG TAB	7	15.00	0.35	0.06808	200% Above	No	No
50228011905	ROSUVASTATIN CALCIUM 40 MG TAB	7	30.00	0.35	0.06808	200% Above	No	No
50228011905	ROSUVASTATIN CALCIUM 40 MG TAB	7	90.00	0.35	0.06808	200% Above	No	No
50228011905	ROSUVASTATIN CALCIUM 40 MG TAB	8	30.00	0.35	0.06860	200% Above	No	No
50228011905	ROSUVASTATIN CALCIUM 40 MG TAB	8	90.00	0.35	0.06860	200% Above	No	No
50228011910	ROSUVASTATIN CALCIUM 40 MG TAB	6	30.00	0.35	0.06504	200% Above	No	No
50228011910	ROSUVASTATIN CALCIUM 40 MG TAB	6	90.00	0.35	0.06504	200% Above	No	No
50228011910	ROSUVASTATIN CALCIUM 40 MG TAB	7	30.00	0.16	0.06808	101%-200% Above	No	No
50228011910	ROSUVASTATIN CALCIUM 40 MG TAB	8	90.00	0.35	0.06860	200% Above	No	No
50228011930	ROSUVASTATIN CALCIUM 40 MG TAB	4	30.00	0.35	0.05907	200% Above	No	No
50228011930	ROSUVASTATIN CALCIUM 40 MG TAB	5	30.00	0.35	0.06215	200% Above	No	No
50228011930	ROSUVASTATIN CALCIUM 40 MG TAB	6	30.00	0.35	0.06504	200% Above	No	No
50228011930	ROSUVASTATIN CALCIUM 40 MG TAB	7	30.00	0.35	0.06808	200% Above	No	No
50228011930	ROSUVASTATIN CALCIUM 40 MG TAB	8	30.00	0.35	0.06860	200% Above	No	No
50228011990	ROSUVASTATIN CALCIUM 40 MG TAB	6	90.00	0.35	0.06504	200% Above	No	No
50228012405	CLOPIDOGREL 75 MG TABLET	4	30.00	0.10	0.04802	101%-200% Above	No	No
50228012405	CLOPIDOGREL 75 MG TABLET	4	90.00	0.01	0.04802	76%-100% Below	No	No
50228012405	CLOPIDOGREL 75 MG TABLET	4	90.00	0.10	0.04802	101%-200% Above	No	No
50228012405	CLOPIDOGREL 75 MG TABLET	5	30.00	0.01	0.04832	76%-100% Below	No	No
50228012405	CLOPIDOGREL 75 MG TABLET	5	30.00	0.10	0.04832	76%-100% Above	No	No
50228012405	CLOPIDOGREL 75 MG TABLET	5	30.00	0.10	0.04832	101%-200% Above	No	No
50228012405	CLOPIDOGREL 75 MG TABLET	6	30.00	0.01	0.04768	76%-100% Below	No	No
50228012405	CLOPIDOGREL 75 MG TABLET	6	30.00	0.10	0.04768	101%-200% Above	No	No
50228012405	CLOPIDOGREL 75 MG TABLET	6	90.00	0.10	0.04768	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	30.00	0.10	0.04688	101%-200% Above	No	No
50228012405	CLOPIDOGREL 75 MG TABLET	7	90.00	0.01	0.04688	76%-100% Below	No	No
50228012405	CLOPIDOGREL 75 MG TABLET	7	90.00	0.09	0.04688	76%-100% Above	No	No
50228012405	CLOPIDOGREL 75 MG TABLET	7	90.00	0.10	0.04688	101%-200% Above	No	No
50228012405	CLOPIDOGREL 75 MG TABLET	8	30.00	0.01	0.04704	76%-100% Below	No	No
50228012410	CLOPIDOGREL 75 MG TABLET	4	30.00	0.10	0.04802	101%-200% Above	No	No
50228012410	CLOPIDOGREL 75 MG TABLET	5	30.00	0.10	0.04832	101%-200% Above	No	No
50228012410	CLOPIDOGREL 75 MG TABLET	5	90.00	0.10	0.04832	101%-200% Above	No	No
50228012410	CLOPIDOGREL 75 MG TABLET	6	30.00	0.10	0.04768	101%-200% Above	No	No
50228012410	CLOPIDOGREL 75 MG TABLET	8	30.00	0.10	0.04704	101%-200% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	4	30.00	0.08	0.05470	26%-50% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	4	90.00	0.08	0.05470	26%-50% Above	Yes	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	5	30.00	0.08	0.05427	26%-50% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	5	90.00	0.08	0.05427	26%-50% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	5	90.00	0.08	0.05427	26%-50% Above	Yes	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	7	90.00	0.08	0.05181	26%-50% Above	Yes	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	8	90.00	0.08	0.05170	26%-50% Above	Yes	No
50228014405	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.33	0.07697	200% Above	No	No
50228014405	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.43	0.07697	200% Above	No	No
50228014405	BUPROPION HCL XL 150 MG TABLET	5	30.00	0.33	0.07895	200% Above	No	No
50228014405	BUPROPION HCL XL 150 MG TABLET	6	30.00	0.03	0.07787	51%-75% Below	No	No
50228014405	BUPROPION HCL XL 150 MG TABLET	6	30.00	0.17	0.07787	101%-200% Above	No	No
50228014405	BUPROPION HCL XL 150 MG TABLET	6	30.00	0.33	0.07787	200% Above	No	No
50228014405	BUPROPION HCL XL 150 MG TABLET	7	30.00	0.17	0.07775	101%-200% Above	No	No
50228014405	BUPROPION HCL XL 150 MG TABLET	7	30.00	0.33	0.07775	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228014405	BUPROPION HCL XL 150 MG TABLET	7	30.00	0.43	0.07775	200% Above	No	No
50228014405	BUPROPION HCL XL 150 MG TABLET	7	30.00	0.50	0.07775	200% Above	No	No
50228014405	BUPROPION HCL XL 150 MG TABLET	7	90.00	0.33	0.07775	200% Above	No	No
50228014405	BUPROPION HCL XL 150 MG TABLET	7	90.00	0.50	0.07775	200% Above	No	No
50228014405	BUPROPION HCL XL 150 MG TABLET	8	30.00	0.17	0.07872	101%-200% Above	No	No
50228014405	BUPROPION HCL XL 150 MG TABLET	8	30.00	0.43	0.07872	200% Above	No	No
50228014405	BUPROPION HCL XL 150 MG TABLET	8	30.00	0.50	0.07872	200% Above	No	No
50228014430	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.43	0.07697	200% Above	No	No
50228014430	BUPROPION HCL XL 150 MG TABLET	4	90.00	0.43	0.07697	200% Above	No	No
50228014430	BUPROPION HCL XL 150 MG TABLET	5	30.00	0.01	0.07895	76%-100% Below	No	No
50228014430	BUPROPION HCL XL 150 MG TABLET	5	30.00	0.33	0.07895	200% Above	No	No
50228014430	BUPROPION HCL XL 150 MG TABLET	5	30.00	0.43	0.07895	200% Above	No	No
50228014430	BUPROPION HCL XL 150 MG TABLET	5	30.00	0.50	0.07895	200% Above	No	No
50228014430	BUPROPION HCL XL 150 MG TABLET	5	90.00	0.33	0.07895	200% Above	No	No
50228014430	BUPROPION HCL XL 150 MG TABLET	5	90.00	0.43	0.07895	200% Above	No	No
50228014430	BUPROPION HCL XL 150 MG TABLET	6	30.00	0.01	0.07787	76%-100% Below	No	No
50228014430	BUPROPION HCL XL 150 MG TABLET	6	30.00	0.02	0.07787	51%-75% Below	No	No
50228014430	BUPROPION HCL XL 150 MG TABLET	6	30.00	0.17	0.07787	101%-200% Above	No	No
50228014430	BUPROPION HCL XL 150 MG TABLET	6	30.00	0.50	0.07787	200% Above	No	No
50228014430	BUPROPION HCL XL 150 MG TABLET	6	90.00	0.42	0.07787	200% Above	No	No
50228014430	BUPROPION HCL XL 150 MG TABLET	6	90.00	0.50	0.07787	200% Above	No	No
50228014430	BUPROPION HCL XL 150 MG TABLET	6	180.00	0.42	0.07787	200% Above	No	No
50228014430	BUPROPION HCL XL 150 MG TABLET	7	30.00	0.03	0.07775	51%-75% Below	No	No
50228014430	BUPROPION HCL XL 150 MG TABLET	7	30.00	0.17	0.07775	101%-200% Above	No	No
50228014430	BUPROPION HCL XL 150 MG TABLET	7	30.00	0.43	0.07775	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228014430	BUPROPION HCL XL 150 MG TABLET	7	30.00	0.50	0.07775	200% Above	No	No
50228014430	BUPROPION HCL XL 150 MG TABLET	7	90.00	0.42	0.07775	200% Above	No	No
50228014430	BUPROPION HCL XL 150 MG TABLET	7	90.00	0.42	0.07775	200% Above	No	No
50228014430	BUPROPION HCL XL 150 MG TABLET	8	30.00	0.17	0.07872	101%-200% Above	No	No
50228014430	BUPROPION HCL XL 150 MG TABLET	8	30.00	0.33	0.07872	200% Above	No	No
50228014430	BUPROPION HCL XL 150 MG TABLET	8	30.00	0.43	0.07872	200% Above	No	No
50228014430	BUPROPION HCL XL 150 MG TABLET	8	30.00	0.50	0.07872	200% Above	No	No
50228014490	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.01	0.07697	76%-100% Below	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	5	90.00	0.43	0.07895	200% Above	No	No
50228014490	BUPROPION HCL XL 150 MG TABLET	6	28.00	0.43	0.07787	200% Above	No	No
50228014490	BUPROPION HCL XL 150 MG TABLET	6	30.00	0.01	0.07787	76%-100% Below	No	No
50228014490	BUPROPION HCL XL 150 MG TABLET	6	30.00	0.43	0.07787	200% Above	No	No
50228014490	BUPROPION HCL XL 150 MG TABLET	6	90.00	0.01	0.07787	76%-100% Below	No	No
50228014490	BUPROPION HCL XL 150 MG TABLET	6	90.00	0.43	0.07787	200% Above	No	No
50228014490	BUPROPION HCL XL 150 MG TABLET	7	10.00	0.04	0.07775	26%-50% Below	No	No
50228014490	BUPROPION HCL XL 150 MG TABLET	7	30.00	0.03	0.07775	51%-75% Below	No	No
50228014490	BUPROPION HCL XL 150 MG TABLET	7	30.00	0.43	0.07775	200% Above	No	No
50228014490	BUPROPION HCL XL 150 MG TABLET	7	90.00	0.02	0.07775	76%-100% Below	No	No
50228014490	BUPROPION HCL XL 150 MG TABLET	7	90.00	0.03	0.07775	51%-75% Below	No	No
50228014490	BUPROPION HCL XL 150 MG TABLET	7	90.00	0.66	0.07775	200% Above	No	No
50228014490	BUPROPION HCL XL 150 MG TABLET	8	30.00	0.43	0.07872	200% Above	No	No
50228014490	BUPROPION HCL XL 150 MG TABLET	8	90.00	0.43	0.07872	200% Above	No	No
50228014505	BUPROPION HCL XL 300 MG TABLET	4	30.00	0.33	0.11025	200% Above	No	No
50228014505	BUPROPION HCL XL 300 MG TABLET	4	30.00	0.39	0.11025	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
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	0.01	0.11025	76%-100% Below	No	No
50228014505	BUPROPION HCL XL 300 MG TABLET	4	90.00	0.22	0.11025	101%-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	5	30.00	0.39	0.11542	200% Above	No	No
50228014505	BUPROPION HCL XL 300 MG TABLET	5	90.00	0.01	0.11542	76%-100% Below	No	No
50228014505	BUPROPION HCL XL 300 MG TABLET	5	90.00	0.03	0.11542	76%-100% Below	No	No
50228014505	BUPROPION HCL XL 300 MG TABLET	5	90.00	0.39	0.11542	200% Above	No	No
50228014505	BUPROPION HCL XL 300 MG TABLET	6	30.00	0.01	0.11150	76%-100% Below	No	No
50228014505	BUPROPION HCL XL 300 MG TABLET	6	30.00	0.33	0.11150	101%-200% Above	No	No
50228014505	BUPROPION HCL XL 300 MG TABLET	6	30.00	0.39	0.11150	200% Above	No	No
50228014505	BUPROPION HCL XL 300 MG TABLET	6	90.00	0.01	0.11150	76%-100% Below	No	No
50228014505	BUPROPION HCL XL 300 MG TABLET	6	90.00	0.01	0.11150	76%-100% Below	No	No
50228014505	BUPROPION HCL XL 300 MG TABLET	7	30.00	0.01	0.10412	76%-100% Below	No	No
50228014505	BUPROPION HCL XL 300 MG TABLET	7	30.00	0.39	0.10412	200% Above	No	No
50228014505	BUPROPION HCL XL 300 MG TABLET	7	60.00	0.39	0.10412	200% Above	No	No
50228014505	BUPROPION HCL XL 300 MG TABLET	7	90.00	0.39	0.10412	200% Above	No	No
50228014505	BUPROPION HCL XL 300 MG TABLET	7	90.00	0.44	0.10412	200% Above	No	No
50228014505	BUPROPION HCL XL 300 MG TABLET	7	90.00	0.50	0.10412	200% Above	No	No
50228014505	BUPROPION HCL XL 300 MG TABLET	8	30.00	0.33	0.10137	200% Above	No	No
50228014505	BUPROPION HCL XL 300 MG TABLET	8	30.00	0.39	0.10137	200% Above	No	No
50228014505	BUPROPION HCL XL 300 MG TABLET	8	90.00	0.33	0.10137	200% Above	No	No
50228014505	BUPROPION HCL XL 300 MG TABLET	8	90.00	0.39	0.10137	200% Above	No	No
50228014530	BUPROPION HCL XL 300 MG TABLET	7	90.00	0.39	0.10412	200% Above	No	No
50228014590	BUPROPION HCL XL 300 MG TABLET	4	30.00	0.39	0.11025	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228014590	BUPROPION HCL XL 300 MG TABLET	5	30.00	0.03	0.11542	76%-100% Below	No	No
50228014590	BUPROPION HCL XL 300 MG TABLET	5	30.00	0.39	0.11542	200% Above	No	No
50228014590	BUPROPION HCL XL 300 MG TABLET	7	30.00	0.39	0.10412	200% Above	No	No
50228014590	BUPROPION HCL XL 300 MG TABLET	7	90.00	0.39	0.10412	200% Above	No	No
50228014601	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	30.00	0.08	0.02792	101%-200% Above	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	5	30.00	0.01	0.02865	51%-75% Below	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	30.00	0.06	0.02865	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	30.00	0.08	0.02865	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	90.00	0.01	0.02865	51%-75% Below	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	90.00	0.01	0.02865	51%-75% Below	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	30.00	0.01	0.02838	51%-75% Below	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	30.00	0.06	0.02838	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	30.00	0.08	0.02838	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	90.00	0.08	0.02838	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	30.00	0.06	0.02814	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	30.00	0.08	0.02814	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	90.00	0.08	0.02814	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	30.00	0.05	0.02792	76%-100% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	30.00	0.06	0.02792	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	30.00	0.08	0.02792	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	90.00	0.01	0.02792	51%-75% Below	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	90.00	0.05	0.02792	51%-75% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	90.00	0.08	0.02792	101%-200% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	4	90.00	0.05	0.02908	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	4	90.00	0.08	0.02908	101%-200% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	30.00	0.08	0.02865	101%-200% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	90.00	0.08	0.02865	101%-200% Above	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	30.00	0.08	0.02838	101%-200% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	90.00	0.06	0.02838	101%-200% Above	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	90.00	0.08	0.02838	101%-200% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	180.00	0.08	0.02838	101%-200% Above	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	30.00	0.06	0.02814	101%-200% Above	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	30.00	0.08	0.02814	101%-200% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	90.00	0.05	0.02814	51%-75% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	90.00	0.08	0.02814	101%-200% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	30.00	0.08	0.02792	101%-200% Above	No	No
50228015701	CELECOXIB 100 MG CAPSULE	7	60.00	0.17	0.06480	101%-200% Above	No	No
50228015705	CELECOXIB 100 MG CAPSULE	5	60.00	0.16	0.07213	101%-200% Above	No	No
50228015705	CELECOXIB 100 MG CAPSULE	6	30.00	0.16	0.06930	101%-200% Above	No	No
50228015705	CELECOXIB 100 MG CAPSULE	6	60.00	0.16	0.06930	101%-200% Above	No	No
50228015705	CELECOXIB 100 MG CAPSULE	7	60.00	0.16	0.06480	101%-200% Above	No	No
50228015801	CELECOXIB 200 MG CAPSULE	7	30.00	0.50	0.07799	200% Above	No	No
50228015805	CELECOXIB 200 MG CAPSULE	6	30.00	0.50	0.08074	200% Above	No	No
50228015805	CELECOXIB 200 MG CAPSULE	7	90.00	0.23	0.07799	101%-200% Above	No	No
50228015805	CELECOXIB 200 MG CAPSULE	8	30.00	0.50	0.07599	200% Above	No	No
50228017401	BUPROPION HCL SR 100 MG TABLET	4	30.00	0.16	0.07409	101%-200% Above	Yes	No
50228017401	BUPROPION HCL SR 100 MG TABLET	5	30.00	0.16	0.07499	101%-200% Above	Yes	No
50228017401	BUPROPION HCL SR 100 MG TABLET	5	30.00	0.18	0.07499	101%-200% Above	Yes	No
50228017401	BUPROPION HCL SR 100 MG TABLET	5	90.00	0.20	0.07499	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228017401	BUPROPION HCL SR 100 MG TABLET	5	180.00	0.17	0.07499	101%-200% Above	No	No
50228017401	BUPROPION HCL SR 100 MG TABLET	6	30.00	0.16	0.07523	101%-200% Above	Yes	No
50228017401	BUPROPION HCL SR 100 MG TABLET	7	30.00	0.02	0.06871	51%-75% Below	Yes	No
50228017401	BUPROPION HCL SR 100 MG TABLET	7	30.00	0.11	0.06871	51%-75% Above	Yes	No
50228017401	BUPROPION HCL SR 100 MG TABLET	7	60.00	0.11	0.06871	51%-75% Above	Yes	No
50228017401	BUPROPION HCL SR 100 MG TABLET	8	30.00	0.11	0.06872	51%-75% Above	No	No
50228017401	BUPROPION HCL SR 100 MG TABLET	8	30.00	0.11	0.06872	51%-75% Above	Yes	No
50228017401	BUPROPION HCL SR 100 MG TABLET	8	60.00	0.11	0.06872	51%-75% Above	Yes	No
50228017405	BUPROPION HCL SR 100 MG TABLET	5	60.00	0.15	0.07499	76%-100% Above	No	No
50228017405	BUPROPION HCL SR 100 MG TABLET	6	60.00	0.15	0.07523	76%-100% Above	No	No
50228017460	BUPROPION HCL SR 100 MG TABLET	4	30.00	0.11	0.07409	26%-50% Above	No	No
50228017460	BUPROPION HCL SR 100 MG TABLET	5	30.00	0.11	0.07499	26%-50% Above	No	No
50228017460	BUPROPION HCL SR 100 MG TABLET	6	30.00	0.11	0.07523	26%-50% Above	No	No
50228017460	BUPROPION HCL SR 100 MG TABLET	7	30.00	0.11	0.06871	51%-75% Above	No	No
50228017460	BUPROPION HCL SR 100 MG TABLET	8	30.00	0.11	0.06872	51%-75% Above	No	No
50228017501	BUPROPION HCL SR 150 MG TABLET	4	180.00	0.15	0.08310	76%-100% Above	Yes	No
50228017501	BUPROPION HCL SR 150 MG TABLET	6	180.00	0.12	0.08400	26%-50% Above	Yes	No
50228017501	BUPROPION HCL SR 150 MG TABLET	7	180.00	0.14	0.08288	51%-75% Above	Yes	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	4	30.00	0.16	0.08310	76%-100% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	5	30.00	0.16	0.08370	76%-100% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	5	30.00	0.21	0.08370	101%-200% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	6	30.00	0.16	0.08400	76%-100% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	6	30.00	0.21	0.08400	101%-200% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	6	90.00	0.15	0.08400	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228017505	BUPROPION HCL SR 150 MG TABLET	7	30.00	0.21	0.08288	101%-200% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	8	60.00	0.13	0.08238	51%-75% Above	No	No
50228017601	BUPROPION HCL SR 200 MG TABLET	4	30.00	0.03	0.11134	51%-75% Below	Yes	No
50228017601	BUPROPION HCL SR 200 MG TABLET	4	30.00	0.26	0.11134	101%-200% Above	No	No
50228017601	BUPROPION HCL SR 200 MG TABLET	4	90.00	0.20	0.11134	76%-100% Above	Yes	No
50228017601	BUPROPION HCL SR 200 MG TABLET	4	90.00	0.23	0.11134	101%-200% Above	No	No
50228017601	BUPROPION HCL SR 200 MG TABLET	5	30.00	0.03	0.10837	51%-75% Below	Yes	No
50228017601	BUPROPION HCL SR 200 MG TABLET	5	30.00	0.20	0.10837	76%-100% Above	No	No
50228017601	BUPROPION HCL SR 200 MG TABLET	5	30.00	0.26	0.10837	101%-200% Above	No	No
50228017601	BUPROPION HCL SR 200 MG TABLET	5	60.00	0.20	0.10837	76%-100% Above	No	No
50228017601	BUPROPION HCL SR 200 MG TABLET	6	30.00	0.03	0.11095	51%-75% Below	Yes	No
50228017601	BUPROPION HCL SR 200 MG TABLET	6	30.00	0.20	0.11095	76%-100% Above	No	No
50228017601	BUPROPION HCL SR 200 MG TABLET	6	60.00	0.20	0.11095	76%-100% Above	No	No
50228017601	BUPROPION HCL SR 200 MG TABLET	7	30.00	0.03	0.11098	51%-75% Below	Yes	No
50228017601	BUPROPION HCL SR 200 MG TABLET	7	30.00	0.20	0.11098	76%-100% Above	No	No
50228017601	BUPROPION HCL SR 200 MG TABLET	7	60.00	0.20	0.11098	76%-100% Above	No	No
50228017601	BUPROPION HCL SR 200 MG TABLET	7	90.00	0.20	0.11098	76%-100% Above	Yes	No
50228017660	BUPROPION HCL SR 200 MG TABLET	4	30.00	0.20	0.11134	76%-100% Above	No	No
50228017660	BUPROPION HCL SR 200 MG TABLET	4	60.00	0.17	0.11134	26%-50% Above	No	No
50228017660	BUPROPION HCL SR 200 MG TABLET	5	30.00	0.20	0.10837	76%-100% Above	No	No
50228017660	BUPROPION HCL SR 200 MG TABLET	5	60.00	0.17	0.10837	51%-75% Above	No	No
50228017660	BUPROPION HCL SR 200 MG TABLET	5	180.00	0.01	0.10837	76%-100% Below	No	No
50228017660	BUPROPION HCL SR 200 MG TABLET	6	30.00	0.20	0.11095	76%-100% Above	No	No
50228017660	BUPROPION HCL SR 200 MG TABLET	6	60.00	0.17	0.11095	26%-50% Above	No	No
50228017660	BUPROPION HCL SR 200 MG TABLET	7	30.00	0.20	0.11098	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	60.00	0.17	0.11098	26%-50% Above	No	No
50228017660	BUPROPION HCL SR 200 MG TABLET	8	30.00	0.20	0.10874	76%-100% Above	No	No
50228017660	BUPROPION HCL SR 200 MG TABLET	8	60.00	0.17	0.10874	51%-75% Above	No	No
50228017805	GABAPENTIN 800 MG TABLET	4	90.00	0.06	0.09868	26%-50% Below	No	No
50228017805	GABAPENTIN 800 MG TABLET	5	90.00	0.05	0.09799	26%-50% Below	No	No
50228017805	GABAPENTIN 800 MG TABLET	5	90.00	0.06	0.09799	26%-50% Below	No	No
50228017805	GABAPENTIN 800 MG TABLET	5	270.00	0.06	0.09799	26%-50% Below	No	No
50228017805	GABAPENTIN 800 MG TABLET	6	90.00	0.05	0.09632	26%-50% Below	No	No
50228017805	GABAPENTIN 800 MG TABLET	6	90.00	0.06	0.09632	26%-50% Below	No	No
50228017805	GABAPENTIN 800 MG TABLET	7	30.00	0.06	0.09381	26%-50% Below	No	No
50228017805	GABAPENTIN 800 MG TABLET	7	90.00	0.05	0.09381	26%-50% Below	No	No
50228017805	GABAPENTIN 800 MG TABLET	7	90.00	0.06	0.09381	26%-50% Below	No	No
50228017805	GABAPENTIN 800 MG TABLET	8	30.00	0.06	0.09004	26%-50% Below	No	No
50228017805	GABAPENTIN 800 MG TABLET	8	90.00	0.05	0.09004	26%-50% Below	No	No
50228017805	GABAPENTIN 800 MG TABLET	8	90.00	0.06	0.09004	26%-50% Below	No	No
50228017805	GABAPENTIN 800 MG TABLET	8	270.00	0.06	0.09004	26%-50% Below	No	No
50228017905	GABAPENTIN 100 MG CAPSULE	4	60.00	0.02	0.02107	10%-25% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	4	60.00	0.05	0.02107	101%-200% Above	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	4	90.00	0.01	0.02107	26%-50% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	4	90.00	0.02	0.02107	10%-25% Below	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	180.00	0.05	0.02107	101%-200% Above	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	5	30.00	0.01	0.02117	51%-75% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	5	60.00	0.05	0.02117	101%-200% Above	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	5	90.00	0.01	0.02117	51%-75% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	90.00	0.01	0.02117	26%-50% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	5	90.00	0.05	0.02117	101%-200% Above	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	5	120.00	0.01	0.02117	26%-50% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	5	180.00	0.01	0.02117	26%-50% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	5	180.00	0.05	0.02117	101%-200% Above	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	5	360.00	0.01	0.02117	51%-75% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	6	30.00	0.01	0.02098	51%-75% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	6	30.00	0.05	0.02098	101%-200% Above	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	6	42.00	0.02	0.02098	10%-25% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	6	90.00	0.01	0.02098	51%-75% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	6	90.00	0.01	0.02098	26%-50% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	6	90.00	0.04	0.02098	76%-100% Above	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	6	270.00	0.01	0.02098	51%-75% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	6	270.00	0.05	0.02098	101%-200% Above	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	7	30.00	0.01	0.02075	51%-75% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	7	35.00	0.05	0.02075	101%-200% Above	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	7	60.00	0.02	0.02075	26%-50% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	7	90.00	0.01	0.02075	51%-75% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	7	90.00	0.01	0.02075	26%-50% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	7	90.00	0.05	0.02075	101%-200% Above	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	7	180.00	0.01	0.02075	26%-50% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	7	180.00	0.05	0.02075	101%-200% Above	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	8	60.00	0.05	0.02095	101%-200% Above	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	8	90.00	0.01	0.02095	51%-75% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	8	90.00	0.01	0.02095	51%-75% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	90.00	0.01	0.02095	51%-75% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	8	90.00	0.05	0.02095	101%-200% Above	Yes	No
50228017910	GABAPENTIN 100 MG CAPSULE	4	30.00	0.02	0.02107	10%-25% Above	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	0.01	0.02107	26%-50% Below	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	4	90.00	0.05	0.02107	101%-200% Above	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	5	60.00	0.05	0.02117	101%-200% Above	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	5	90.00	0.01	0.02117	26%-50% Below	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	5	90.00	0.05	0.02117	101%-200% Above	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	6	60.00	0.05	0.02098	101%-200% Above	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	6	90.00	0.01	0.02098	26%-50% Below	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	6	90.00	0.05	0.02098	101%-200% Above	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	6	180.00	0.01	0.02098	26%-50% Below	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	7	60.00	0.05	0.02075	101%-200% Above	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	7	90.00	0.01	0.02075	26%-50% Below	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	7	90.00	0.01	0.02075	26%-50% Below	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	7	90.00	0.05	0.02075	101%-200% Above	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	8	30.00	0.05	0.02095	101%-200% Above	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	8	90.00	0.01	0.02095	26%-50% Below	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	8	90.00	0.02	0.02095	26%-50% Below	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	8	90.00	0.05	0.02095	101%-200% Above	No	No
50228018005	GABAPENTIN 300 MG CAPSULE	4	14.00	0.06	0.03246	76%-100% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	4	30.00	0.06	0.03246	76%-100% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	4	60.00	0.06	0.03246	76%-100% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	4	90.00	0.03	0.03246	10%-25% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	90.00	0.06	0.03246	76%-100% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	4	180.00	0.02	0.03246	10%-25% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	4	540.00	0.06	0.03246	76%-100% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	4	810.00	0.06	0.03246	76%-100% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	5	30.00	0.06	0.03246	76%-100% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	5	60.00	0.03	0.03246	10%-25% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	5	60.00	0.06	0.03246	76%-100% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	5	90.00	0.01	0.03246	51%-75% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	5	90.00	0.03	0.03246	10%-25% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	5	90.00	0.06	0.03246	76%-100% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	5	180.00	0.02	0.03246	26%-50% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	5	180.00	0.03	0.03246	10%-25% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	5	180.00	0.06	0.03246	76%-100% Above	No	No
50228018005	GABAPENTIN 300 MG CAPSULE	5	270.00	0.02	0.03246	26%-50% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	5	360.00	0.01	0.03246	51%-75% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	6	14.00	0.06	0.03245	76%-100% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	6	21.00	0.04	0.03245	26%-50% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	6	30.00	0.04	0.03245	10%-25% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	6	30.00	0.05	0.03245	26%-50% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	6	60.00	0.03	0.03245	10%-25% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	6	60.00	0.06	0.03245	76%-100% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	6	90.00	0.01	0.03245	51%-75% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	6	90.00	0.03	0.03245	10%-25% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	6	90.00	0.03	0.03245	10%-25% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	6	90.00	0.05	0.03245	26%-50% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	90.00	0.06	0.03245	76%-100% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	6	180.00	0.02	0.03245	10%-25% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	6	180.00	0.06	0.03245	76%-100% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	6	270.00	0.06	0.03245	76%-100% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	7	30.00	0.06	0.03078	76%-100% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	7	38.00	0.06	0.03078	76%-100% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	7	60.00	0.06	0.03078	76%-100% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	7	90.00	0.01	0.03078	51%-75% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	7	90.00	0.03	0.03078	10%-25% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	7	90.00	0.05	0.03078	51%-75% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	7	90.00	0.06	0.03078	76%-100% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	7	120.00	0.06	0.03078	76%-100% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	7	180.00	0.02	0.03078	10%-25% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	7	180.00	0.02	0.03078	10%-25% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	7	180.00	0.06	0.03078	76%-100% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	7	360.00	0.01	0.03078	51%-75% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	7	540.00	0.05	0.03078	51%-75% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	7	810.00	0.06	0.03078	76%-100% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	8	21.00	0.04	0.03015	26%-50% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	8	30.00	0.06	0.03015	101%-200% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	8	60.00	0.06	0.03015	101%-200% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	8	90.00	0.01	0.03015	51%-75% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	8	90.00	0.03	0.03015	10%-25% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	8	90.00	0.06	0.03015	101%-200% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	8	120.00	0.06	0.03015	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	180.00	0.02	0.03015	10%-25% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	8	180.00	0.03	0.03015	10%-25% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	8	180.00	0.05	0.03015	51%-75% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	8	180.00	0.06	0.03015	101%-200% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	8	270.00	0.02	0.03015	26%-50% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	8	540.00	0.02	0.03015	26%-50% Below	Yes	No
50228018010	GABAPENTIN 300 MG CAPSULE	4	30.00	0.04	0.03246	10%-25% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	4	60.00	0.06	0.03246	76%-100% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	4	90.00	0.06	0.03246	76%-100% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	4	270.00	0.02	0.03246	26%-50% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	4	270.00	0.02	0.03246	26%-50% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	5	30.00	0.06	0.03246	76%-100% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	5	60.00	0.06	0.03246	76%-100% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	5	90.00	0.06	0.03246	76%-100% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	5	180.00	0.02	0.03246	10%-25% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	5	270.00	0.06	0.03246	76%-100% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	6	20.00	0.06	0.03245	76%-100% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	6	30.00	0.04	0.03245	10%-25% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	6	30.00	0.06	0.03245	76%-100% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	6	60.00	0.06	0.03245	76%-100% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	6	90.00	0.02	0.03245	10%-25% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	6	90.00	0.06	0.03245	76%-100% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	7	17.00	0.07	0.03078	101%-200% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	7	30.00	0.06	0.03078	76%-100% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	7	60.00	0.06	0.03078	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228018010	GABAPENTIN 300 MG CAPSULE	7	180.00	0.02	0.03078	10%-25% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	7	180.00	0.04	0.03078	26%-50% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	7	270.00	0.02	0.03078	10%-25% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	8	20.00	0.06	0.03015	101%-200% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	8	30.00	0.05	0.03015	51%-75% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	8	30.00	0.06	0.03015	101%-200% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	8	90.00	0.02	0.03015	10%-25% Below	No	No
50228018101	GABAPENTIN 400 MG CAPSULE	4	90.00	0.07	0.03959	51%-75% Above	Yes	No
50228018101	GABAPENTIN 400 MG CAPSULE	4	180.00	0.02	0.03959	51%-75% Below	Yes	No
50228018101	GABAPENTIN 400 MG CAPSULE	5	90.00	0.07	0.04066	51%-75% Above	Yes	No
50228018101	GABAPENTIN 400 MG CAPSULE	5	180.00	0.02	0.04066	51%-75% Below	Yes	No
50228018101	GABAPENTIN 400 MG CAPSULE	5	270.00	0.02	0.04066	51%-75% Below	Yes	No
50228018101	GABAPENTIN 400 MG CAPSULE	6	90.00	0.02	0.04104	26%-50% Below	Yes	No
50228018101	GABAPENTIN 400 MG CAPSULE	7	60.00	0.07	0.04063	51%-75% Above	Yes	No
50228018101	GABAPENTIN 400 MG CAPSULE	7	90.00	0.07	0.04063	51%-75% Above	Yes	No
50228018101	GABAPENTIN 400 MG CAPSULE	8	60.00	0.07	0.03998	51%-75% Above	Yes	No
50228018101	GABAPENTIN 400 MG CAPSULE	8	90.00	0.07	0.03998	51%-75% Above	Yes	No
50228018101	GABAPENTIN 400 MG CAPSULE	12	180.00	0.02	0.04163	51%-75% Below	Yes	No
50228018105	GABAPENTIN 400 MG CAPSULE	4	60.00	0.07	0.03959	51%-75% Above	No	No
50228018105	GABAPENTIN 400 MG CAPSULE	4	90.00	0.03	0.03959	26%-50% Below	No	No
50228018105	GABAPENTIN 400 MG CAPSULE	5	90.00	0.03	0.04066	26%-50% Below	No	No
50228018105	GABAPENTIN 400 MG CAPSULE	5	90.00	0.07	0.04066	51%-75% Above	No	No
50228018105	GABAPENTIN 400 MG CAPSULE	5	270.00	0.02	0.04066	51%-75% Below	No	No
50228018105	GABAPENTIN 400 MG CAPSULE	6	60.00	0.07	0.04104	51%-75% Above	No	No
50228018105	GABAPENTIN 400 MG CAPSULE	6	90.00	0.03	0.04104	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	90.00	0.07	0.04104	51%-75% Above	No	No
50228018105	GABAPENTIN 400 MG CAPSULE	7	60.00	0.07	0.04063	51%-75% Above	No	No
50228018105	GABAPENTIN 400 MG CAPSULE	7	90.00	0.03	0.04063	26%-50% Below	No	No
50228018105	GABAPENTIN 400 MG CAPSULE	7	360.00	0.02	0.04063	51%-75% Below	No	No
50228018105	GABAPENTIN 400 MG CAPSULE	8	60.00	0.07	0.03998	51%-75% Above	No	No
50228018105	GABAPENTIN 400 MG CAPSULE	8	90.00	0.03	0.03998	26%-50% Below	No	No
50228018105	GABAPENTIN 400 MG CAPSULE	8	270.00	0.02	0.03998	51%-75% Below	No	No
50228018201	HYDRALAZINE 10 MG TABLET	5	180.00	0.04	0.02732	26%-50% Above	No	No
50228018301	HYDRALAZINE 25 MG TABLET	5	90.00	0.01	0.03558	51%-75% Below	No	No
50228018310	HYDRALAZINE 25 MG TABLET	4	90.00	0.05	0.03522	26%-50% Above	No	No
50228018310	HYDRALAZINE 25 MG TABLET	4	270.00	0.08	0.03522	101%-200% Above	No	No
50228018310	HYDRALAZINE 25 MG TABLET	6	90.00	0.05	0.03523	26%-50% Above	No	No
50228018501	HYDRALAZINE 100 MG TABLET	5	270.00	0.05	0.07595	26%-50% Below	No	No
50228019060	LEVETIRACETAM ER 750 MG TABLET	4	360.00	0.14	0.24315	26%-50% Below	No	No
50228019060	LEVETIRACETAM ER 750 MG TABLET	7	360.00	0.14	0.22168	26%-50% Below	No	No
50228019360	LACOSAMIDE 100 MG TABLET	4	60.00	0.91	0.17002	200% Above	No	No
50228019360	LACOSAMIDE 100 MG TABLET	6	60.00	0.91	0.17157	200% Above	No	No
50228019360	LACOSAMIDE 100 MG TABLET	7	60.00	0.91	0.16513	200% Above	No	No
50228023201	METOCLOPRAMIDE 5 MG TABLET	4	90.00	0.02	0.03708	26%-50% Below	Yes	No
50228023301	METOCLOPRAMIDE 10 MG TABLET	2	30.00	0.01	0.04807	76%-100% Below	No	No
50228023301	METOCLOPRAMIDE 10 MG TABLET	4	30.00	0.03	0.04395	10%-25% Below	No	No
50228023301	METOCLOPRAMIDE 10 MG TABLET	4	40.00	0.03	0.04395	26%-50% Below	No	No
50228023301	METOCLOPRAMIDE 10 MG TABLET	6	30.00	0.03	0.04457	26%-50% Below	No	No
50228023301	METOCLOPRAMIDE 10 MG TABLET	7	30.00	0.05	0.04480	10%-25% Above	No	No
50228023305	METOCLOPRAMIDE 10 MG TABLET	4	40.00	0.05	0.04395	10%-25% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	20.00	0.04	0.04429	10%-25% Below	Yes	No
50228023305	METOCLOPRAMIDE 10 MG TABLET	5	120.00	0.02	0.04429	26%-50% Below	Yes	No
50228023305	METOCLOPRAMIDE 10 MG TABLET	7	30.00	0.03	0.04480	26%-50% Below	Yes	No
50228023305	METOCLOPRAMIDE 10 MG TABLET	8	60.00	0.02	0.04383	26%-50% Below	Yes	No
50228023310	METOCLOPRAMIDE 10 MG TABLET	6	30.00	0.05	0.04457	10%-25% Above	No	No
50228032301	METAXALONE 800 MG TABLET	7	15.00	0.63	0.40925	51%-75% Above	No	No
50228032301	METAXALONE 800 MG TABLET	7	30.00	0.50	0.40925	10%-25% Above	No	No
50228034110	OLMESARTAN MEDOXOMIL 40 MG TAB	5	90.00	0.33	0.11439	101%-200% Above	No	No
50228034110	OLMESARTAN MEDOXOMIL 40 MG TAB	6	30.00	0.34	0.11014	200% Above	No	No
50228034110	OLMESARTAN MEDOXOMIL 40 MG TAB	7	30.00	0.34	0.10938	200% Above	No	No
50228035190	PREGABALIN 50 MG CAPSULE	5	90.00	0.01	0.04588	76%-100% Below	Yes	No
50228035190	PREGABALIN 50 MG CAPSULE	6	60.00	0.03	0.04634	26%-50% Below	Yes	No
50228035190	PREGABALIN 50 MG CAPSULE	6	60.00	0.31	0.04634	200% Above	Yes	No
50228035190	PREGABALIN 50 MG CAPSULE	6	90.00	0.01	0.04634	76%-100% Below	Yes	No
50228035190	PREGABALIN 50 MG CAPSULE	7	60.00	0.03	0.04604	26%-50% Below	Yes	No
50228035190	PREGABALIN 50 MG CAPSULE	7	90.00	0.31	0.04604	200% Above	Yes	No
50228035190	PREGABALIN 50 MG CAPSULE	8	60.00	0.03	0.04705	26%-50% Below	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	4	60.00	0.03	0.05088	26%-50% Below	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	4	180.00	0.31	0.05088	200% Above	No	No
50228035290	PREGABALIN 75 MG CAPSULE	5	28.00	0.04	0.05002	26%-50% Below	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	5	30.00	0.04	0.05002	26%-50% Below	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	5	60.00	0.03	0.05002	26%-50% Below	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	5	60.00	0.03	0.05002	26%-50% Below	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	5	90.00	0.01	0.05002	51%-75% Below	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	5	270.00	0.31	0.05002	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	60.00	0.03	0.04990	26%-50% Below	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	6	60.00	0.03	0.04990	26%-50% Below	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	6	90.00	0.02	0.04990	51%-75% Below	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	7	60.00	0.03	0.04942	26%-50% Below	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	7	90.00	0.02	0.04942	51%-75% Below	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	7	95.00	0.03	0.04942	26%-50% Below	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	8	60.00	0.01	0.05049	51%-75% Below	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	8	60.00	0.03	0.05049	26%-50% Below	Yes	No
50228035390	PREGABALIN 100 MG CAPSULE	4	60.00	0.03	0.05447	26%-50% Below	Yes	No
50228035390	PREGABALIN 100 MG CAPSULE	4	180.00	0.31	0.05447	200% Above	Yes	No
50228035390	PREGABALIN 100 MG CAPSULE	5	60.00	0.03	0.05320	26%-50% Below	Yes	No
50228035390	PREGABALIN 100 MG CAPSULE	6	60.00	0.01	0.05310	51%-75% Below	Yes	No
50228035390	PREGABALIN 100 MG CAPSULE	6	60.00	0.31	0.05310	200% Above	Yes	No
50228035390	PREGABALIN 100 MG CAPSULE	6	120.00	0.03	0.05310	26%-50% Below	Yes	No
50228035390	PREGABALIN 100 MG CAPSULE	7	60.00	0.01	0.05293	51%-75% Below	Yes	No
50228035390	PREGABALIN 100 MG CAPSULE	7	90.00	0.01	0.05293	51%-75% Below	Yes	No
50228035390	PREGABALIN 100 MG CAPSULE	7	180.00	0.23	0.05293	200% Above	Yes	No
50228035390	PREGABALIN 100 MG CAPSULE	8	30.00	0.04	0.05465	26%-50% Below	Yes	No
50228035390	PREGABALIN 100 MG CAPSULE	8	60.00	0.03	0.05465	26%-50% Below	Yes	No
50228035390	PREGABALIN 100 MG CAPSULE	8	60.00	0.31	0.05465	200% Above	Yes	No
50228035390	PREGABALIN 100 MG CAPSULE	8	90.00	0.01	0.05465	51%-75% Below	Yes	No
50228035490	PREGABALIN 150 MG CAPSULE	5	60.00	0.32	0.05055	200% Above	Yes	No
50228035490	PREGABALIN 150 MG CAPSULE	5	90.00	0.32	0.05055	200% Above	Yes	No
50228035490	PREGABALIN 150 MG CAPSULE	6	90.00	0.32	0.05050	200% Above	Yes	No
50228035490	PREGABALIN 150 MG CAPSULE	8	90.00	0.32	0.05105	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228035590	PREGABALIN 200 MG CAPSULE	4	90.00	0.03	0.05865	26%-50% Below	Yes	No
50228035590	PREGABALIN 200 MG CAPSULE	5	28.00	0.04	0.05740	26%-50% Below	Yes	No
50228035590	PREGABALIN 200 MG CAPSULE	5	90.00	0.03	0.05740	26%-50% Below	Yes	No
50228035590	PREGABALIN 200 MG CAPSULE	6	90.00	0.03	0.05728	26%-50% Below	Yes	No
50228035590	PREGABALIN 200 MG CAPSULE	7	60.00	0.03	0.05638	26%-50% Below	Yes	No
50228035590	PREGABALIN 200 MG CAPSULE	7	90.00	0.03	0.05638	26%-50% Below	Yes	No
50228035590	PREGABALIN 200 MG CAPSULE	7	180.00	0.03	0.05638	51%-75% Below	Yes	No
50228035590	PREGABALIN 200 MG CAPSULE	8	30.00	0.04	0.05655	26%-50% Below	Yes	No
50228035790	PREGABALIN 300 MG CAPSULE	5	60.00	0.30	0.06523	200% Above	Yes	No
50228035790	PREGABALIN 300 MG CAPSULE	6	60.00	0.30	0.06584	200% Above	Yes	No
50228035790	PREGABALIN 300 MG CAPSULE	7	60.00	0.30	0.06448	200% Above	Yes	No
50228037905	EZETIMIBE 10 MG TABLET	6	30.00	0.17	0.06910	101%-200% Above	No	No
50228037905	EZETIMIBE 10 MG TABLET	7	30.00	0.17	0.06719	101%-200% Above	No	No
50228037905	EZETIMIBE 10 MG TABLET	8	30.00	0.17	0.06747	101%-200% Above	No	No
50228037905	EZETIMIBE 10 MG TABLET	8	30.00	0.30	0.06747	200% Above	No	No
50228037905	EZETIMIBE 10 MG TABLET	8	30.00	0.30	0.06747	200% Above	Yes	No
50228037990	EZETIMIBE 10 MG TABLET	4	30.00	0.30	0.07238	200% Above	No	No
50228037990	EZETIMIBE 10 MG TABLET	5	30.00	0.30	0.07149	200% Above	No	No
50228037990	EZETIMIBE 10 MG TABLET	5	90.00	0.04	0.07149	26%-50% Below	No	No
50228037990	EZETIMIBE 10 MG TABLET	5	90.00	0.30	0.07149	200% Above	No	No
50228037990	EZETIMIBE 10 MG TABLET	6	90.00	0.30	0.06910	200% Above	No	No
50228037990	EZETIMIBE 10 MG TABLET	7	30.00	0.30	0.06719	200% Above	No	No
50228038060	QUETIAPINE ER 50 MG TABLET	6	60.00	0.05	0.11494	51%-75% Below	No	No
50228038060	QUETIAPINE ER 50 MG TABLET	7	60.00	0.06	0.11507	51%-75% Below	No	No
50228038260	QUETIAPINE ER 200 MG TABLET	6	30.00	0.07	0.21083	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228038260	QUETIAPINE ER 200 MG TABLET	7	30.00	0.11	0.21218	26%-50% Below	No	No
50228038260	QUETIAPINE ER 200 MG TABLET	8	30.00	0.11	0.21478	26%-50% Below	No	No
50228042101	FLUOXETINE HCL 20 MG TABLET	6	30.00	0.33	0.09598	200% Above	Yes	No
50228042101	FLUOXETINE HCL 20 MG TABLET	7	30.00	0.33	0.09172	200% Above	Yes	No
50228042101	FLUOXETINE HCL 20 MG TABLET	8	30.00	0.33	0.09253	200% Above	Yes	No
50228042360	RANOLAZINE ER 500 MG TABLET	5	180.00	0.45	0.16769	101%-200% Above	Yes	No
50228042360	RANOLAZINE ER 500 MG TABLET	6	180.00	0.34	0.16288	101%-200% Above	Yes	No
50228042460	RANOLAZINE ER 1,000 MG TABLET	5	60.00	0.67	0.28244	101%-200% Above	Yes	No
50228042460	RANOLAZINE ER 1,000 MG TABLET	5	180.00	0.67	0.28244	101%-200% Above	Yes	No
50228042460	RANOLAZINE ER 1,000 MG TABLET	6	180.00	0.67	0.28004	101%-200% Above	Yes	No
50228042460	RANOLAZINE ER 1,000 MG TABLET	8	180.00	0.67	0.27869	101%-200% Above	Yes	No
50228042830	SOLIFENACIN 10 MG TABLET	4	90.00	0.78	0.18532	200% Above	No	No
50228042830	SOLIFENACIN 10 MG TABLET	7	90.00	0.59	0.18046	200% Above	No	No
50228042890	SOLIFENACIN 10 MG TABLET	5	30.00	0.78	0.18826	200% Above	No	No
50228042890	SOLIFENACIN 10 MG TABLET	6	30.00	0.78	0.18318	200% Above	No	No
50228043301	NAPROXEN SODIUM 550 MG TAB	5	14.00	0.41	0.22001	76%-100% Above	No	No
50228043601	NAPROXEN 500 MG TABLET	7	60.00	0.08	0.05933	26%-50% Above	No	No
50228043601	NAPROXEN 500 MG TABLET	8	60.00	0.08	0.05799	26%-50% Above	No	No
50228045805	CARBIDOPA-LEVODOPA 25-100 TAB	6	120.00	0.08	0.07322	10%-25% Above	No	No
50228045805	CARBIDOPA-LEVODOPA 25-100 TAB	8	135.00	0.01	0.07662	76%-100% Below	No	No
50228046601	NABUMETONE 750 MG TABLET	4	60.00	0.12	0.17356	26%-50% Below	Yes	No
50228046601	NABUMETONE 750 MG TABLET	5	60.00	0.12	0.16513	26%-50% Below	Yes	No
50228046601	NABUMETONE 750 MG TABLET	6	60.00	0.12	0.16343	26%-50% Below	No	No
50228048101	DILTIAZEM 30 MG TABLET	4	30.00	0.07	0.05228	26%-50% Above	No	No
50228048201	DILTIAZEM 60 MG TABLET	5	30.00	0.10	0.06856	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228048201	DILTIAZEM 60 MG TABLET	6	30.00	0.10	0.06629	26%-50% Above	No	No
50228048201	DILTIAZEM 60 MG TABLET	7	30.00	0.10	0.06508	51%-75% Above	No	No
50228048201	DILTIAZEM 60 MG TABLET	8	30.00	0.10	0.06849	26%-50% Above	No	No
50228050230	CLOTRIMAZOLE 1% SOLUTION	7	30.00	0.33	0.47434	26%-50% Below	Yes	No
50228050230	CLOTRIMAZOLE 1% SOLUTION	8	30.00	0.35	0.44246	10%-25% Below	Yes	No
50228051360	RIVAROXABAN 2.5 MG TABLET	7	180.00	0.22	0.69156	51%-75% Below	Yes	No
50228052260	TICAGRELOR 90 MG TABLET	6	30.00	0.52	0.28360	76%-100% Above	No	No
50228052260	TICAGRELOR 90 MG TABLET	6	180.00	0.52	0.28360	76%-100% Above	No	No
50228052260	TICAGRELOR 90 MG TABLET	7	180.00	0.52	0.27956	76%-100% Above	No	No
50228064990	PREGABALIN 150 MG CAPSULE	6	90.00	0.03	0.05050	26%-50% Below	No	No
50228064990	PREGABALIN 150 MG CAPSULE	8	90.00	0.03	0.05105	26%-50% Below	No	No
50428027915	CVS SENNA TAB 8.6MG	7	56.00	0.08	.		Yes	No
50428031180	SALINE NASAL SPR 0.65%	5	44.00	0.12	.		Yes	No
50428032084	GENUINE ASPR TAB 325MG	5	30.00	0.06	.		Yes	No
50428058595	CVS COLD/HOT PAD 4-1%	6	5.00	2.00	.		Yes	No
50428085942	PREP PADS PAD	5	100.00	0.02	.		Yes	No
50458057760	XARELTO 2.5 MG TABLET	7	180.00	0.58	9.78496	76%-100% Below	Yes	No
50458059601	RISPERIDONE 1 MG/ML SOLUTION	4	180.00	0.27	0.49474	26%-50% Below	Yes	No
50458059601	RISPERIDONE 1 MG/ML SOLUTION	7	180.00	0.21	0.49024	51%-75% Below	Yes	No
50580071912	ZYRTEC-D TAB 5-120MG	6	12.00	0.77	.		No	No
50580077912	ZYRTEC ALLGY CAP 10MG	6	14.00	0.69	.		Yes	No
50580078212	ZYRTEC CHILD TAB 10MG	4	24.00	0.82	.		No	No
50742011808	CABERGOLINE 0.5 MG TABLET	6	7.00	2.18	1.44617	26%-50% Above	No	No
50742011808	CABERGOLINE 0.5 MG TABLET	6	16.00	2.18	1.44617	26%-50% Above	No	No
50742011808	CABERGOLINE 0.5 MG TABLET	7	10.00	0.67	1.41238	51%-75% Below	Yes	No

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50742011808	CABERGOLINE 0.5 MG TABLET	8	24.00	1.67	1.34552	10%-25% Above	No	No
50742018130	LEUCOVORIN CALCIUM 5 MG TAB	6	12.00	0.57	0.37150	51%-75% Above	No	No
50742018130	LEUCOVORIN CALCIUM 5 MG TAB	7	90.00	0.25	0.38090	26%-50% Below	Yes	No
50742022415	TIZANIDINE HCL 2 MG CAPSULE	5	90.00	0.26	0.09316	101%-200% Above	No	No
50742022415	TIZANIDINE HCL 2 MG CAPSULE	7	30.00	0.26	0.08529	200% Above	No	No
50742022515	TIZANIDINE HCL 4 MG CAPSULE	7	7.00	0.36	0.09157	200% Above	No	No
50742023830	QUININE SULFATE 324 MG CAPSULE	5	30.00	0.37	0.75557	51%-75% Below	No	No
50742023830	QUININE SULFATE 324 MG CAPSULE	6	30.00	0.37	0.72001	26%-50% Below	No	No
50742024890	DILTIAZEM 24H ER(CD) 120 MG CP	4	90.00	0.13	0.14581	10%-25% Below	No	No
50742024890	DILTIAZEM 24H ER(CD) 120 MG CP	4	180.00	0.13	0.14581	10%-25% Below	No	No
50742024890	DILTIAZEM 24H ER(CD) 120 MG CP	5	30.00	0.13	0.14382	10%-25% Below	No	No
50742024890	DILTIAZEM 24H ER(CD) 120 MG CP	5	90.00	0.13	0.14382	10%-25% Below	No	No
50742024890	DILTIAZEM 24H ER(CD) 120 MG CP	5	90.00	0.19	0.14382	26%-50% Above	Yes	No
50742024890	DILTIAZEM 24H ER(CD) 120 MG CP	6	30.00	0.13	0.14359	10%-25% Below	No	No
50742024890	DILTIAZEM 24H ER(CD) 120 MG CP	6	90.00	0.13	0.14359	10%-25% Below	No	No
50742024890	DILTIAZEM 24H ER(CD) 120 MG CP	7	90.00	0.23	0.14532	51%-75% Above	No	No
50742024890	DILTIAZEM 24H ER(CD) 120 MG CP	8	30.00	0.13	0.14557	10%-25% Below	No	No
50742024890	DILTIAZEM 24H ER(CD) 120 MG CP	8	90.00	0.13	0.14557	10%-25% Below	No	No
50742024990	DILTIAZEM 24H ER(CD) 180 MG CP	4	90.00	0.27	0.17991	26%-50% Above	Yes	No
50742024990	DILTIAZEM 24H ER(CD) 180 MG CP	6	30.00	0.14	0.18079	10%-25% Below	No	No
50742024990	DILTIAZEM 24H ER(CD) 180 MG CP	6	90.00	0.24	0.18079	26%-50% Above	Yes	No
50742024990	DILTIAZEM 24H ER(CD) 180 MG CP	7	30.00	0.14	0.18493	10%-25% Below	No	No
50742024990	DILTIAZEM 24H ER(CD) 180 MG CP	7	90.00	0.14	0.18493	10%-25% Below	No	No
50742024990	DILTIAZEM 24H ER(CD) 180 MG CP	7	90.00	0.23	0.18493	10%-25% Above	Yes	No
50742024990	DILTIAZEM 24H ER(CD) 180 MG CP	8	30.00	0.14	0.18769	10%-25% Below	No	No

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50742025090	DILTIAZEM 24H ER(CD) 240 MG CP	4	90.00	0.14	0.19207	10%-25% Below	No	No
50742025090	DILTIAZEM 24H ER(CD) 240 MG CP	4	90.00	0.14	0.19207	10%-25% Below	Yes	No
50742025090	DILTIAZEM 24H ER(CD) 240 MG CP	4	90.00	0.28	0.19207	26%-50% Above	No	No
50742025090	DILTIAZEM 24H ER(CD) 240 MG CP	5	30.00	0.26	0.18999	26%-50% Above	No	No
50742025090	DILTIAZEM 24H ER(CD) 240 MG CP	6	30.00	0.26	0.19031	26%-50% Above	No	No
50742025090	DILTIAZEM 24H ER(CD) 240 MG CP	6	90.00	0.14	0.19031	10%-25% Below	No	No
50742025090	DILTIAZEM 24H ER(CD) 240 MG CP	7	30.00	0.26	0.19105	26%-50% Above	No	No
50742025090	DILTIAZEM 24H ER(CD) 240 MG CP	7	90.00	0.14	0.19105	10%-25% Below	No	No
50742025090	DILTIAZEM 24H ER(CD) 240 MG CP	7	90.00	0.14	0.19105	10%-25% Below	Yes	No
50742025090	DILTIAZEM 24H ER(CD) 240 MG CP	8	30.00	0.26	0.19692	26%-50% Above	No	No
50742025190	DILTIAZEM 24H ER(CD) 300 MG CP	5	30.00	0.18	0.30256	26%-50% Below	No	No
50742025190	DILTIAZEM 24H ER(CD) 300 MG CP	6	30.00	0.18	0.29832	26%-50% Below	No	No
50742025190	DILTIAZEM 24H ER(CD) 300 MG CP	6	90.00	0.18	0.29832	26%-50% Below	Yes	No
50742025190	DILTIAZEM 24H ER(CD) 300 MG CP	7	30.00	0.18	0.29434	26%-50% Below	No	No
50742025190	DILTIAZEM 24H ER(CD) 300 MG CP	8	30.00	0.18	0.30055	26%-50% Below	No	No
50742025290	DILTIAZEM 24H ER(CD) 360 MG CP	4	90.00	1.18	0.34732	200% Above	No	No
50742025290	DILTIAZEM 24H ER(CD) 360 MG CP	6	90.00	0.50	0.35037	26%-50% Above	Yes	No
50742025290	DILTIAZEM 24H ER(CD) 360 MG CP	6	90.00	1.18	0.35037	200% Above	Yes	No
50742025290	DILTIAZEM 24H ER(CD) 360 MG CP	7	90.00	1.18	0.35750	200% Above	No	No
50742025290	DILTIAZEM 24H ER(CD) 360 MG CP	8	30.00	0.16	0.35317	51%-75% Below	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	180.00	0.17	0.13135	26%-50% Above	Yes	No
50742026001	NIFEDIPINE ER 30 MG TABLET	5	30.00	0.12	0.13525	10%-25% Below	No	No
50742026001	NIFEDIPINE ER 30 MG TABLET	5	30.00	0.28	0.13525	101%-200% Above	Yes	No
50742026001	NIFEDIPINE ER 30 MG TABLET	5	30.00	0.29	0.13525	101%-200% Above	No	No

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50742026001	NIFEDIPINE ER 30 MG TABLET	5	90.00	0.12	0.13525	10%-25% Below	No	No
50742026001	NIFEDIPINE ER 30 MG TABLET	5	90.00	0.12	0.13525	10%-25% Below	Yes	No
50742026001	NIFEDIPINE ER 30 MG TABLET	5	180.00	0.12	0.13525	10%-25% Below	Yes	No
50742026001	NIFEDIPINE ER 30 MG TABLET	6	30.00	0.07	0.13648	51%-75% Below	No	No
50742026001	NIFEDIPINE ER 30 MG TABLET	6	30.00	0.12	0.13648	10%-25% Below	Yes	No
50742026001	NIFEDIPINE ER 30 MG TABLET	6	90.00	0.12	0.13648	10%-25% Below	No	No
50742026001	NIFEDIPINE ER 30 MG TABLET	6	360.00	0.08	0.13648	26%-50% Below	Yes	No
50742026001	NIFEDIPINE ER 30 MG TABLET	7	30.00	0.12	0.13580	10%-25% Below	No	No
50742026001	NIFEDIPINE ER 30 MG TABLET	7	90.00	0.12	0.13580	10%-25% Below	No	No
50742026001	NIFEDIPINE ER 30 MG TABLET	7	90.00	0.23	0.13580	51%-75% Above	No	No
50742026001	NIFEDIPINE ER 30 MG TABLET	7	150.00	0.20	0.13580	26%-50% Above	Yes	No
50742026001	NIFEDIPINE ER 30 MG TABLET	8	30.00	0.12	0.13478	10%-25% Below	No	No
50742026001	NIFEDIPINE ER 30 MG TABLET	8	90.00	0.12	0.13478	10%-25% Below	Yes	No
50742026001	NIFEDIPINE ER 30 MG TABLET	8	180.00	0.17	0.13478	10%-25% Above	No	No
50742026001	NIFEDIPINE ER 30 MG TABLET	8	360.00	0.08	0.13478	26%-50% Below	Yes	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	4	30.00	0.12	0.13135	10%-25% Below	No	No
50742026003	NIFEDIPINE ER 30 MG TABLET	4	90.00	0.23	0.13135	51%-75% Above	No	No
50742026003	NIFEDIPINE ER 30 MG TABLET	5	30.00	0.12	0.13525	10%-25% Below	No	No
50742026003	NIFEDIPINE ER 30 MG TABLET	5	30.00	0.23	0.13525	51%-75% Above	No	No
50742026003	NIFEDIPINE ER 30 MG TABLET	5	90.00	0.12	0.13525	10%-25% Below	No	No
50742026003	NIFEDIPINE ER 30 MG TABLET	5	90.00	0.22	0.13525	51%-75% Above	No	No
50742026003	NIFEDIPINE ER 30 MG TABLET	6	14.00	0.12	0.13648	10%-25% Below	No	No
50742026003	NIFEDIPINE ER 30 MG TABLET	6	30.00	0.12	0.13648	10%-25% Below	No	No
50742026003	NIFEDIPINE ER 30 MG TABLET	6	30.00	0.23	0.13648	51%-75% Above	No	No

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50742026003	NIFEDIPINE ER 30 MG TABLET	6	90.00	0.12	0.13648	10%-25% Below	No	No
50742026003	NIFEDIPINE ER 30 MG TABLET	7	30.00	0.07	0.13580	51%-75% Below	No	No
50742026003	NIFEDIPINE ER 30 MG TABLET	7	30.00	0.12	0.13580	10%-25% Below	No	No
50742026003	NIFEDIPINE ER 30 MG TABLET	7	45.00	0.23	0.13580	51%-75% Above	No	No
50742026003	NIFEDIPINE ER 30 MG TABLET	7	60.00	0.12	0.13580	10%-25% Below	No	No
50742026003	NIFEDIPINE ER 30 MG TABLET	8	30.00	0.12	0.13478	10%-25% Below	No	No
50742026003	NIFEDIPINE ER 30 MG TABLET	8	90.00	0.12	0.13478	10%-25% Below	No	No
50742026101	NIFEDIPINE ER 60 MG TABLET	7	90.00	0.33	0.17455	76%-100% Above	Yes	No
50742026103	NIFEDIPINE ER 60 MG TABLET	4	90.00	0.01	0.17013	76%-100% Below	No	No
50742026103	NIFEDIPINE ER 60 MG TABLET	5	30.00	0.01	0.17333	76%-100% Below	No	No
50742026103	NIFEDIPINE ER 60 MG TABLET	6	30.00	0.01	0.17467	76%-100% Below	No	No
50742026103	NIFEDIPINE ER 60 MG TABLET	7	30.00	0.01	0.17455	76%-100% Below	No	No
50742026103	NIFEDIPINE ER 60 MG TABLET	8	30.00	0.01	0.17645	76%-100% Below	No	No
50742026103	NIFEDIPINE ER 60 MG TABLET	8	90.00	0.01	0.17645	76%-100% Below	No	No
50742026201	NIFEDIPINE ER 90 MG TABLET	4	90.00	0.32	0.27863	10%-25% Above	Yes	No
50742026201	NIFEDIPINE ER 90 MG TABLET	5	90.00	0.33	0.28120	10%-25% Above	Yes	No
50742026301	PROBENECID-COLCHICINE TABLET	5	30.00	0.51	0.79075	26%-50% Below	No	No
50742026301	PROBENECID-COLCHICINE TABLET	6	30.00	0.51	0.77686	26%-50% Below	No	No
50742026301	PROBENECID-COLCHICINE TABLET	7	30.00	0.60	0.77284	10%-25% Below	No	No
50742026301	PROBENECID-COLCHICINE TABLET	8	90.00	0.60	0.79863	10%-25% Below	No	No
50742026750	NORETHINDRONE 5 MG TABLET	5	30.00	0.33	0.29880	10%-25% Above	No	No
50742027901	DICLOFENAC POT 50 MG TABLET	4	20.00	0.11	0.10171	10%-25% Above	No	No
50742027901	DICLOFENAC POT 50 MG TABLET	5	60.00	0.28	0.09863	101%-200% Above	No	No
50742027901	DICLOFENAC POT 50 MG TABLET	5	60.00	0.28	0.09863	101%-200% Above	Yes	No
50742027901	DICLOFENAC POT 50 MG TABLET	5	180.00	0.08	0.09863	10%-25% Below	Yes	No

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50742027901	DICLOFENAC POT 50 MG TABLET	6	60.00	0.28	0.09978	101%-200% Above	No	No
50742027901	DICLOFENAC POT 50 MG TABLET	6	60.00	0.28	0.09978	101%-200% Above	Yes	No
50742027901	DICLOFENAC POT 50 MG TABLET	7	9.00	0.13	0.09823	26%-50% Above	No	No
50742027901	DICLOFENAC POT 50 MG TABLET	7	12.00	0.12	0.09823	10%-25% Above	No	No
50742027901	DICLOFENAC POT 50 MG TABLET	7	30.00	0.09	0.09823	10%-25% Below	Yes	No
50742027901	DICLOFENAC POT 50 MG TABLET	7	60.00	0.28	0.09823	101%-200% Above	No	No
50742027901	DICLOFENAC POT 50 MG TABLET	7	60.00	0.28	0.09823	101%-200% Above	Yes	No
50742027901	DICLOFENAC POT 50 MG TABLET	8	60.00	0.28	0.10796	101%-200% Above	Yes	No
50742029909	FROVATRIPTAN SUCC 2.5 MG TAB	6	9.00	8.01	3.26180	101%-200% Above	No	No
50742032360	DORZOLAMIDE-TIMOLOL 2-0.5%(PF)	5	60.00	0.84	1.07959	10%-25% Below	Yes	No
50742032360	DORZOLAMIDE-TIMOLOL 2-0.5%(PF)	6	180.00	0.63	1.10118	26%-50% Below	No	No
50742032360	DORZOLAMIDE-TIMOLOL 2-0.5%(PF)	8	60.00	0.54	1.13195	51%-75% Below	Yes	No
50742033930	TAFLUPROST 0.0015% EYE DROP	5	30.00	1.67	2.70428	26%-50% Below	No	No
50742033930	TAFLUPROST 0.0015% EYE DROP	6	30.00	1.67	2.50200	26%-50% Below	No	No
50742033930	TAFLUPROST 0.0015% EYE DROP	7	30.00	1.67	2.38151	26%-50% Below	No	No
50742033930	TAFLUPROST 0.0015% EYE DROP	8	30.00	1.67	2.48734	26%-50% Below	No	No
50742036260	IVABRADINE HCL 5 MG TABLET	4	60.00	1.04	0.82160	26%-50% Above	No	No
50742036260	IVABRADINE HCL 5 MG TABLET	6	180.00	1.04	0.77133	26%-50% Above	No	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	4	14.00	1.67	2.06752	10%-25% Below	Yes	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	4	30.00	0.50	2.06752	51%-75% Below	No	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	4	45.00	1.67	2.06752	10%-25% Below	No	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	4	90.00	1.67	2.06752	10%-25% Below	Yes	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	5	30.00	0.50	2.05447	51%-75% Below	No	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	5	45.00	1.67	2.05447	10%-25% Below	No	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	5	60.00	1.67	2.05447	10%-25% Below	Yes	No

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50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	5	68.00	1.67	2.05447	10%-25% Below	Yes	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	5	90.00	1.67	2.05447	10%-25% Below	Yes	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	6	30.00	0.50	2.05630	51%-75% Below	No	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	6	45.00	1.67	2.05630	10%-25% Below	No	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	6	60.00	1.67	2.05630	10%-25% Below	Yes	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	6	90.00	1.67	2.05630	10%-25% Below	Yes	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	7	8.00	1.67	2.04630	10%-25% Below	Yes	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	7	30.00	0.50	2.04630	51%-75% Below	No	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	7	45.00	1.67	2.04630	10%-25% Below	No	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	7	60.00	1.67	2.04630	10%-25% Below	Yes	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	7	68.00	1.67	2.04630	10%-25% Below	Yes	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	7	75.00	1.67	2.04630	10%-25% Below	No	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	7	90.00	1.67	2.04630	10%-25% Below	Yes	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	8	30.00	0.50	2.07434	51%-75% Below	No	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	8	45.00	1.67	2.07434	10%-25% Below	No	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	8	60.00	1.67	2.07434	10%-25% Below	Yes	No
50742037504	BUPRENORPHINE 15 MCG/HR PATCH	4	4.00	22.70	44.15102	26%-50% Below	No	No
50742037504	BUPRENORPHINE 15 MCG/HR PATCH	5	4.00	26.16	44.86244	26%-50% Below	No	No
50742037504	BUPRENORPHINE 15 MCG/HR PATCH	5	4.00	26.16	44.86244	26%-50% Below	Yes	No
50742037504	BUPRENORPHINE 15 MCG/HR PATCH	6	4.00	26.16	45.91397	26%-50% Below	No	No
50742037504	BUPRENORPHINE 15 MCG/HR PATCH	7	4.00	26.16	50.15984	26%-50% Below	No	No
50742038801	CONJUGATED ESTROGENS 0.45 MG TB	5	30.00	0.62	5.90117	76%-100% Below	No	No
50742038801	CONJUGATED ESTROGENS 0.45 MG TB	7	30.00	3.41	5.79509	26%-50% Below	No	No
50742039325	ALBUTEROL SUL 1.25 MG/3 ML SOL	4	75.00	0.11	0.18541	26%-50% Below	No	No
50742039730	BUPRENORPHINE-NALOXONE 2-0.5 MG SL FILM	4	8.00	0.78	1.31386	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	8.00	0.78	1.30224	26%-50% Below	Yes	No
50742039730	BUPRENORPHINE-NALOXONE 2-0.5 MG SL FILM	6	12.00	0.78	1.28005	26%-50% Below	Yes	No
50742039730	BUPRENORPHINE-NALOXONE 2-0.5 MG SL FILM	7	12.00	0.78	1.31140	26%-50% Below	Yes	No
50742039730	BUPRENORPHINE-NALOXONE 2-0.5 MG SL FILM	8	10.00	0.78	1.37849	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	8.00	3.34	4.45054	10%-25% Below	Yes	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	5	2.00	7.45	4.41818	51%-75% Above	Yes	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	5	8.00	3.34	4.41818	10%-25% Below	Yes	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	6	1.00	3.34	4.37619	10%-25% Below	Yes	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	6	4.00	3.34	4.37619	10%-25% Below	No	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	6	4.00	8.37	4.37619	76%-100% Above	No	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	6	8.00	3.34	4.37619	10%-25% Below	Yes	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	6	9.00	2.21	4.37619	26%-50% Below	Yes	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	6	9.00	8.37	4.37619	76%-100% Above	No	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	7	4.00	3.34	4.30110	10%-25% Below	No	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	7	4.00	3.34	4.30110	10%-25% Below	Yes	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	7	10.00	2.17	4.30110	26%-50% Below	Yes	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	7	10.00	2.19	4.30110	26%-50% Below	Yes	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	7	12.00	2.41	4.30110	26%-50% Below	No	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	8	3.00	3.30	4.33485	10%-25% Below	Yes	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	8	8.00	3.34	4.33485	10%-25% Below	Yes	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	8	9.00	2.17	4.33485	26%-50% Below	Yes	No
50742050510	SCOPOLAMINE 1 MG/3 DAY PATCH	5	10.00	3.34	4.41818	10%-25% Below	No	No
50742050510	SCOPOLAMINE 1 MG/3 DAY PATCH	6	4.00	3.34	4.37619	10%-25% Below	No	No
50742050510	SCOPOLAMINE 1 MG/3 DAY PATCH	7	10.00	2.00	4.30110	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50742050524	SCOPOLAMINE 1 MG/3 DAY PATCH	5	4.00	3.34	4.41818	10%-25% Below	No	No
50742050524	SCOPOLAMINE 1 MG/3 DAY PATCH	6	10.00	2.57	4.37619	26%-50% Below	No	No
50742054905	FENTANYL 12 MCG/HR PATCH	8	10.00	5.45	9.09188	26%-50% Below	No	No
50742056401	DILTIAZEM 12HR ER 60 MG CAP	5	90.00	0.63	1.42740	51%-75% Below	Yes	No
50742056401	DILTIAZEM 12HR ER 60 MG CAP	8	90.00	0.63	1.51195	51%-75% Below	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	4	1.00	0.03	0.05863	26%-50% Below	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	4	15.00	0.23	0.05863	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	4	45.00	0.13	0.05863	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	4	90.00	0.11	0.05863	76%-100% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	4	90.00	0.17	0.05863	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	4	90.00	0.21	0.05863	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	4	90.00	0.22	0.05863	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	4	90.00	0.24	0.05863	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	4	90.00	0.26	0.05863	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	5	15.00	0.11	0.05865	76%-100% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	5	30.00	0.03	0.05865	51%-75% Below	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	5	30.00	0.11	0.05865	76%-100% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	5	30.00	0.23	0.05865	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	5	60.00	0.11	0.05865	76%-100% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	5	60.00	0.22	0.05865	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	5	90.00	0.11	0.05865	76%-100% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	5	90.00	0.24	0.05865	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	5	180.00	0.11	0.05865	76%-100% Above	No	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	6	30.00	0.01	0.05549	51%-75% Below	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	6	30.00	0.16	0.05549	101%-200% Above	Yes	No

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50742061510	METOPROLOL SUCC ER 25 MG TAB	6	45.00	0.11	0.05549	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	6	60.00	0.11	0.05549	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	6	90.00	0.09	0.05549	51%-75% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	6	90.00	0.11	0.05549	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	6	90.00	0.21	0.05549	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	6	90.00	0.21	0.05549	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	6	90.00	0.22	0.05549	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	6	90.00	0.22	0.05549	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	6	90.00	0.26	0.05549	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	7	30.00	0.01	0.04953	51%-75% Below	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	7	30.00	0.11	0.04953	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	7	45.00	0.11	0.04953	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	7	45.00	0.17	0.04953	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	7	60.00	0.11	0.04953	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	7	90.00	0.09	0.04953	76%-100% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	7	90.00	0.11	0.04953	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	7	90.00	0.21	0.04953	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	7	90.00	0.22	0.04953	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	7	90.00	0.26	0.04953	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	8	30.00	0.11	0.04985	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	8	60.00	0.11	0.04985	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	8	90.00	0.09	0.04985	76%-100% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	8	90.00	0.11	0.04985	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	8	90.00	0.21	0.04985	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	4	30.00	0.11	0.05251	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	360.00	0.11	0.05251	101%-200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	5	1.00	0.11	0.05393	101%-200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	5	30.00	0.03	0.05393	26%-50% Below	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	5	30.00	0.11	0.05393	76%-100% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	5	60.00	0.20	0.05393	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	5	90.00	0.11	0.05393	76%-100% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	5	90.00	0.14	0.05393	101%-200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	5	90.00	0.17	0.05393	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	5	90.00	0.19	0.05393	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	5	180.00	0.11	0.05393	76%-100% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	6	30.00	0.02	0.05788	51%-75% Below	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	6	30.00	0.11	0.05788	76%-100% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	6	90.00	0.02	0.05788	51%-75% Below	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	6	90.00	0.11	0.05788	76%-100% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	7	1.00	0.11	0.05874	76%-100% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	7	30.00	0.02	0.05874	51%-75% Below	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	7	30.00	0.11	0.05874	76%-100% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	7	30.00	0.16	0.05874	101%-200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	7	60.00	0.20	0.05874	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	7	90.00	0.08	0.05874	26%-50% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	7	90.00	0.09	0.05874	51%-75% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	7	90.00	0.11	0.05874	76%-100% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	7	90.00	0.14	0.05874	101%-200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	7	360.00	0.11	0.05874	76%-100% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	8	30.00	0.11	0.05705	76%-100% Above	Yes	No

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50742061610	METOPROLOL SUCC ER 50 MG TAB	8	90.00	0.11	0.05705	76%-100% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	8	90.00	0.19	0.05705	200% Above	Yes	No
50742061701	METOPROLOL SUCC ER 100 MG TAB	4	30.00	0.43	0.08130	200% Above	No	No
50742061701	METOPROLOL SUCC ER 100 MG TAB	5	30.00	0.43	0.08603	200% Above	No	No
50742061701	METOPROLOL SUCC ER 100 MG TAB	6	30.00	0.43	0.09059	200% Above	No	No
50742061701	METOPROLOL SUCC ER 100 MG TAB	7	30.00	0.43	0.09662	200% Above	No	No
50742061701	METOPROLOL SUCC ER 100 MG TAB	8	30.00	0.43	0.09145	200% Above	No	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	4	45.00	0.11	0.08130	26%-50% 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	90.00	0.27	0.08130	200% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	4	90.00	0.35	0.08130	200% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	5	30.00	0.04	0.08603	51%-75% Below	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	5	45.00	0.11	0.08603	26%-50% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	5	90.00	0.15	0.08603	76%-100% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	6	30.00	0.04	0.09059	51%-75% Below	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	6	90.00	0.11	0.09059	26%-50% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	6	90.00	0.15	0.09059	51%-75% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	6	90.00	0.33	0.09059	200% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	7	30.00	0.04	0.09662	51%-75% Below	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	7	30.00	0.16	0.09662	51%-75% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	7	45.00	0.11	0.09662	10%-25% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	7	90.00	0.04	0.09662	51%-75% Below	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	7	90.00	0.11	0.09662	10%-25% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	7	90.00	0.27	0.09662	101%-200% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	7	90.00	0.34	0.09662	200% Above	Yes	No

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50742061710	METOPROLOL SUCC ER 100 MG TAB	8	90.00	0.15	0.09145	51%-75% Above	Yes	No
50742061801	METOPROLOL SUCC ER 200 MG TAB	5	90.00	0.28	0.17344	51%-75% Above	Yes	No
50742061801	METOPROLOL SUCC ER 200 MG TAB	5	90.00	0.33	0.17344	76%-100% Above	Yes	No
50742061801	METOPROLOL SUCC ER 200 MG TAB	6	90.00	0.32	0.17143	76%-100% Above	Yes	No
50742061801	METOPROLOL SUCC ER 200 MG TAB	6	90.00	0.33	0.17143	76%-100% Above	Yes	No
50742061801	METOPROLOL SUCC ER 200 MG TAB	7	90.00	0.28	0.18593	51%-75% Above	Yes	No
50742061801	METOPROLOL SUCC ER 200 MG TAB	8	30.00	0.16	0.18702	10%-25% Below	Yes	No
50742062001	NIFEDIPINE ER 30 MG TABLET	4	30.00	0.30	0.11864	101%-200% Above	No	No
50742062001	NIFEDIPINE ER 30 MG TABLET	4	90.00	0.24	0.11864	101%-200% Above	No	No
50742062001	NIFEDIPINE ER 30 MG TABLET	5	30.00	0.06	0.11881	26%-50% Below	No	No
50742062001	NIFEDIPINE ER 30 MG TABLET	5	30.00	0.13	0.11881	10%-25% Above	No	No
50742062001	NIFEDIPINE ER 30 MG TABLET	6	30.00	0.06	0.11928	26%-50% Below	No	No
50742062001	NIFEDIPINE ER 30 MG TABLET	6	30.00	0.13	0.11928	10%-25% Above	No	No
50742062001	NIFEDIPINE ER 30 MG TABLET	7	90.00	0.24	0.12231	76%-100% Above	No	No
50742062001	NIFEDIPINE ER 30 MG TABLET	7	90.00	0.28	0.12231	101%-200% Above	No	No
50742062101	NIFEDIPINE ER 60 MG TABLET	4	90.00	0.08	0.17262	51%-75% Below	No	No
50742062101	NIFEDIPINE ER 60 MG TABLET	4	90.00	0.33	0.17262	76%-100% Above	No	No
50742062101	NIFEDIPINE ER 60 MG TABLET	5	60.00	0.09	0.17617	26%-50% Below	No	No
50742062101	NIFEDIPINE ER 60 MG TABLET	6	90.00	0.01	0.17409	76%-100% Below	No	No
50742062101	NIFEDIPINE ER 60 MG TABLET	6	90.00	0.12	0.17409	26%-50% Below	No	No
50742062101	NIFEDIPINE ER 60 MG TABLET	7	90.00	0.08	0.17343	51%-75% Below	No	No
50742062101	NIFEDIPINE ER 60 MG TABLET	7	90.00	0.33	0.17343	76%-100% Above	No	No
50742062201	NIFEDIPINE ER 90 MG TABLET	5	90.00	0.11	0.29186	51%-75% Below	No	No
50742062201	NIFEDIPINE ER 90 MG TABLET	8	30.00	0.11	0.26390	51%-75% Below	Yes	No
50742064501	TRIAZOLAM 0.125 MG TABLET	7	1.00	0.77	0.29701	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	1.00	0.64	0.36913	51%-75% Above	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	4	1.00	0.93	0.36913	101%-200% Above	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	4	2.00	0.93	0.36913	101%-200% Above	Yes	No
50742064601	TRIAZOLAM 0.25 MG TABLET	4	4.00	0.93	0.36913	101%-200% Above	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	4	60.00	0.93	0.36913	101%-200% Above	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	5	1.00	0.93	0.36180	101%-200% Above	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	6	1.00	0.93	0.35012	101%-200% Above	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	6	1.00	0.93	0.35012	101%-200% Above	Yes	No
50742064601	TRIAZOLAM 0.25 MG TABLET	6	2.00	0.93	0.35012	101%-200% Above	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	6	3.00	0.93	0.35012	101%-200% Above	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	6	30.00	0.93	0.35012	101%-200% Above	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	6	60.00	0.93	0.35012	101%-200% Above	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	7	1.00	0.93	0.31796	101%-200% Above	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	7	1.00	0.93	0.31796	101%-200% Above	Yes	No
50742064601	TRIAZOLAM 0.25 MG TABLET	7	30.00	0.93	0.31796	101%-200% Above	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	8	1.00	0.74	0.30114	101%-200% Above	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	8	1.00	0.93	0.30114	200% Above	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	8	5.00	0.36	0.30114	10%-25% Above	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	8	30.00	0.93	0.30114	200% Above	No	No
50742065728	ESTRADIOL-NORETH 1-0.5 MG TAB	5	28.00	0.60	0.70126	10%-25% Below	No	No
50742065728	ESTRADIOL-NORETH 1-0.5 MG TAB	6	28.00	0.60	0.71071	10%-25% Below	No	No
50742065828	ESTRADIOL-NORETH 0.5-0.1 MG TB	6	84.00	0.24	0.80857	51%-75% Below	No	No
50742065828	ESTRADIOL-NORETH 0.5-0.1 MG TB	7	28.00	0.59	0.89763	26%-50% Below	No	No
50742066914	NICOTINE TD DIS 14MG/24H	6	28.00	3.36	.		Yes	No
50742066914	NICOTINE TD DIS 14MG/24H	7	28.00	2.88	.		Yes	No

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50742067007	NICOTINE TD DIS 21MG/24H	7	7.00	0.62	.		No	No
50742067014	NICOTINE TD DIS 21MG/24H	7	28.00	0.89	.		Yes	No
50881001060	JAKAFI TAB 10MG	4	60.00	293.77	.		No	No
50881001060	JAKAFI TAB 10MG	5	60.00	293.77	.		No	No
50881001060	JAKAFI TAB 10MG	7	60.00	293.77	.		No	No
50924007920	SAFE-T-PRO MIS PLUS	4	200.00	0.22	.		No	No
50924007920	SAFE-T-PRO MIS PLUS	5	200.00	0.22	.		No	No
50924007920	SAFE-T-PRO MIS PLUS	6	200.00	0.22	.		No	No
50924007920	SAFE-T-PRO MIS PLUS	7	200.00	0.22	.		No	No
50924007920	SAFE-T-PRO MIS PLUS	8	200.00	0.22	.		No	No
50924097110	ACCU-CHEK LNC SOFTCLIX	4	100.00	0.12	.		No	No
50924097110	ACCU-CHEK LNC SOFTCLIX	4	100.00	0.12	.		No	No
50924097110	ACCU-CHEK LNC SOFTCLIX	4	200.00	0.11	.		Yes	No
50924097110	ACCU-CHEK LNC SOFTCLIX	4	300.00	0.12	.		Yes	No
50924097110	ACCU-CHEK LNC SOFTCLIX	5	100.00	0.11	.		No	No
50924097110	ACCU-CHEK LNC SOFTCLIX	5	100.00	0.11	.		Yes	No
50924097110	ACCU-CHEK LNC SOFTCLIX	5	100.00	0.11	.		No	No
50924097110	ACCU-CHEK LNC SOFTCLIX	5	100.00	0.12	.		Yes	No
50924097110	ACCU-CHEK LNC SOFTCLIX	5	200.00	0.11	.		No	No
50924097110	ACCU-CHEK LNC SOFTCLIX	5	200.00	0.11	.		No	No
50924097110	ACCU-CHEK LNC SOFTCLIX	5	300.00	0.12	.		Yes	No
50924097110	ACCU-CHEK LNC SOFTCLIX	6	100.00	0.11	.		No	No
50924097110	ACCU-CHEK LNC SOFTCLIX	6	100.00	0.11	.		Yes	No
50924097110	ACCU-CHEK LNC SOFTCLIX	6	100.00	0.12	.		No	No
50924097110	ACCU-CHEK LNC SOFTCLIX	6	100.00	0.12	.		No	No

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50924097110	ACCU-CHEK LNC SOFTCLIX	6	200.00	0.11	.		No	No
50924097110	ACCU-CHEK LNC SOFTCLIX	6	200.00	0.12	.		Yes	No
50924097110	ACCU-CHEK LNC SOFTCLIX	6	300.00	0.12	.		Yes	No
50924097110	ACCU-CHEK LNC SOFTCLIX	7	100.00	0.11	.		No	No
50924097110	ACCU-CHEK LNC SOFTCLIX	7	100.00	0.11	.		Yes	No
50924097110	ACCU-CHEK LNC SOFTCLIX	7	100.00	0.11	.		No	No
50924097110	ACCU-CHEK LNC SOFTCLIX	7	100.00	0.12	.		No	No
50924097110	ACCU-CHEK LNC SOFTCLIX	7	100.00	0.12	.		Yes	No
50924097110	ACCU-CHEK LNC SOFTCLIX	7	100.00	0.12	.		No	No
50924097110	ACCU-CHEK LNC SOFTCLIX	7	200.00	0.12	.		Yes	No
50924097110	ACCU-CHEK LNC SOFTCLIX	8	100.00	0.11	.		Yes	No
50924097110	ACCU-CHEK LNC SOFTCLIX	8	100.00	0.12	.		No	No
50924097110	ACCU-CHEK LNC SOFTCLIX	8	100.00	0.12	.		No	No
50924097110	ACCU-CHEK LNC SOFTCLIX	8	100.00	0.12	.		Yes	No
50924097110	ACCU-CHEK LNC SOFTCLIX	8	200.00	0.11	.		No	No
50991077601	ALAHIST D TAB	8	20.00	0.40	.		No	No
51079092620	DILTIAZEM 12HR ER 120 MG CAP	4	30.00	1.03	2.38947	51%-75% Below	No	No
51079092620	DILTIAZEM 12HR ER 120 MG CAP	5	30.00	1.03	2.22845	51%-75% Below	No	No
51079092620	DILTIAZEM 12HR ER 120 MG CAP	6	30.00	1.03	2.15641	51%-75% Below	No	No
51079092620	DILTIAZEM 12HR ER 120 MG CAP	7	30.00	1.03	2.06782	26%-50% Below	No	No
51144000212	TUKYSA TAB 150MG	6	120.00	219.56	.		No	No
51144000212	TUKYSA TAB 150MG	7	120.00	219.56	.		No	No
51144000212	TUKYSA TAB 150MG	8	120.00	219.56	.		No	No
51224001060	BENZONATATE CAP 100MG	7	30.00	0.15	.		No	No
51285012797	LOESTRIN 21 TAB 1.5/30	4	21.00	0.21	.		No	No

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51285012797	LOESTRIN 21 TAB 1.5/30	5	21.00	0.21	.		No	No
51285012797	LOESTRIN 21 TAB 1.5/30	6	21.00	0.21	.		No	No
51285012797	LOESTRIN 21 TAB 1.5/30	7	21.00	0.20	.		No	No
51407001209	SUMATRIPTAN TAB 50MG	7	9.00	0.63	.		No	No
51407001309	SUMATRIPTAN TAB 100MG	3	27.00	0.42	.		No	No
51407010790	VALACYCLOVIR TAB 500MG	4	90.00	0.27	.		No	No
51407010790	VALACYCLOVIR TAB 500MG	6	90.00	0.27	.		No	No
51407033010	HYDROCHLOROT TAB 12.5MG	3	90.00	0.10	.		No	No
51407033190	HYDROCHLOROT TAB 25MG	10	90.00	0.01	.		No	No
51407045101	POT CITRA ER TAB 1620MG	6	200.00	0.35	.		No	No
51407061010	MELOXICAM TAB 7.5MG	4	30.00	0.07	.		No	No
51407064110	OMEPRAZOLE CAP 20MG	6	90.00	0.05	.		No	No
51407068310	FAMOTIDINE TAB 20MG	6	180.00	0.04	.		No	No
51407068410	FAMOTIDINE TAB 40MG	7	90.00	0.08	.		No	No
51407070001	VITAMIN D CAP 1.25MG	6	8.00	0.29	.		No	No
51407084810	ROSUVASTATIN TAB 5MG	4	90.00	0.03	.		No	No
51407084810	ROSUVASTATIN TAB 5MG	5	90.00	0.01	.		No	No
51407084810	ROSUVASTATIN TAB 5MG	6	90.00	0.03	.		No	No
51407084990	ROSUVASTATIN TAB 10MG	5	90.00	0.02	.		No	No
51407085010	ROSUVASTATIN TAB 20MG	4	30.00	0.05	.		No	No
51407085010	ROSUVASTATIN TAB 20MG	5	90.00	0.02	.		No	No
51407085010	ROSUVASTATIN TAB 20MG	6	30.00	0.05	.		No	No
51407085010	ROSUVASTATIN TAB 20MG	7	30.00	0.05	.		No	No
51407085110	ROSUVASTATIN TAB 40MG	7	30.00	0.09	.		No	No
51407094390	OMEPRAZOLE CAP 40MG	4	90.00	0.12	.		No	No

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51407094390	OMEPRAZOLE CAP 40MG	8	90.00	0.12	.		No	No
51407097410	BACLOFEN TAB 20MG	4	180.00	0.02	.		No	No
51660020005	EZETIMIBE 10 MG TABLET	4	30.00	0.30	0.07238	200% Above	No	No
51660020005	EZETIMIBE 10 MG TABLET	4	90.00	0.30	0.07238	200% Above	No	No
51660020005	EZETIMIBE 10 MG TABLET	5	30.00	0.30	0.07149	200% Above	No	No
51660020005	EZETIMIBE 10 MG TABLET	6	30.00	0.30	0.06910	200% Above	No	No
51660020005	EZETIMIBE 10 MG TABLET	7	30.00	0.30	0.06719	200% Above	No	No
51660020005	EZETIMIBE 10 MG TABLET	7	90.00	0.22	0.06719	200% Above	No	No
51660020090	EZETIMIBE 10 MG TABLET	6	30.00	0.30	0.06910	200% Above	No	No
51660052601	ALLERGY (LORATADINE) 10 MG TAB	6	60.00	0.02	0.05248	51%-75% Below	No	No
51660052601	ALLERGY (LORATADINE) 10 MG TAB	8	60.00	0.02	0.05315	51%-75% Below	No	No
51672125901	CLOBETASOL 0.05% OINTMENT	5	60.00	0.25	0.11872	101%-200% Above	No	No
51672126003	CLOTRIMAZOLE 1% SOLUTION	4	30.00	0.31	0.51835	26%-50% Below	No	No
51672126003	CLOTRIMAZOLE 1% SOLUTION	7	30.00	0.42	0.47434	10%-25% Below	No	No
51672126003	CLOTRIMAZOLE 1% SOLUTION	7	60.00	0.42	0.47434	10%-25% Below	No	No
51672126402	FLUOCINONIDE 0.05% OINTMENT	6	30.00	0.55	0.31737	51%-75% Above	No	No
51672127202	NYSTATIN-TRIAMCINOLONE OINTM	4	30.00	0.56	0.28540	76%-100% Above	No	No
51672127406	BETAMETHASONE DP 0.05% CRM	5	45.00	0.21	0.41381	26%-50% Below	Yes	No
51672127501	CLOTRIMAZOLE 1% TOPICAL CREAM	5	15.00	0.01	0.21152	76%-100% Below	No	No
51672127501	CLOTRIMAZOLE 1% TOPICAL CREAM	5	15.00	0.12	0.21152	26%-50% Below	No	No
51672127501	CLOTRIMAZOLE 1% TOPICAL CREAM	5	15.00	0.58	0.21152	101%-200% Above	No	No
51672127501	CLOTRIMAZOLE 1% TOPICAL CREAM	5	30.00	0.33	0.21152	51%-75% Above	No	No
51672127501	CLOTRIMAZOLE 1% TOPICAL CREAM	5	60.00	0.25	0.21152	10%-25% Above	No	No
51672127501	CLOTRIMAZOLE 1% TOPICAL CREAM	7	15.00	0.12	0.20732	26%-50% Below	No	No
51672127501	CLOTRIMAZOLE 1% TOPICAL CREAM	7	60.00	0.25	0.20732	10%-25% Above	No	No

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51672127501	CLOTRIMAZOLE 1% TOPICAL CREAM	8	15.00	0.12	0.19818	26%-50% Below	No	No
51672127501	CLOTRIMAZOLE 1% TOPICAL CREAM	8	15.00	0.51	0.19818	101%-200% Above	No	No
51672127501	CLOTRIMAZOLE 1% TOPICAL CREAM	8	45.00	0.12	0.19818	26%-50% Below	No	No
51672127502	CLOTRIMAZOLE 1% TOPICAL CREAM	4	30.00	0.12	0.13585	10%-25% Below	No	No
51672127502	CLOTRIMAZOLE 1% TOPICAL CREAM	6	30.00	0.12	0.13635	10%-25% Below	No	No
51672127502	CLOTRIMAZOLE 1% TOPICAL CREAM	7	30.00	0.12	0.13544	10%-25% Below	No	No
51672127502	CLOTRIMAZOLE 1% TOPICAL CREAM	8	30.00	0.12	0.13467	10%-25% Below	No	No
51672127502	CLOTRIMAZOLE 1% TOPICAL CREAM	8	30.00	0.45	0.13467	200% Above	No	No
51672127502	CLOTRIMAZOLE 1% TOPICAL CREAM	8	30.00	0.52	0.13467	200% Above	No	No
51672127506	CLOTRIMAZOLE 1% TOPICAL CREAM	8	45.00	0.22	0.16071	26%-50% Above	No	No
51672128003	DESONIDE 0.05% CREAM	4	60.00	0.14	0.20772	26%-50% Below	No	No
51672128003	DESONIDE 0.05% CREAM	8	60.00	0.14	0.19960	26%-50% Below	No	No
51672128202	TRIAMCINOLONE 0.1% CREAM	4	30.00	0.02	0.08256	51%-75% Below	No	No
51672128202	TRIAMCINOLONE 0.1% CREAM	4	30.00	0.05	0.08256	26%-50% Below	No	No
51672128202	TRIAMCINOLONE 0.1% CREAM	4	30.00	0.16	0.08256	76%-100% Above	No	No
51672128202	TRIAMCINOLONE 0.1% CREAM	6	60.00	0.15	0.08375	76%-100% Above	No	No
51672128202	TRIAMCINOLONE 0.1% CREAM	7	30.00	0.05	0.08137	26%-50% Below	No	No
51672128202	TRIAMCINOLONE 0.1% CREAM	8	30.00	0.05	0.08026	26%-50% Below	No	No
51672128902	NYSTATIN 100,000 UNIT/GM CREAM	4	30.00	0.19	0.15694	10%-25% Above	No	No
51672128902	NYSTATIN 100,000 UNIT/GM CREAM	5	30.00	0.19	0.15867	10%-25% Above	No	No
51672129201	HYDROCORTISONE VAL 0.2% OINTMT	8	15.00	1.04	2.11920	51%-75% Below	Yes	No
51672129801	KETOCONAZOLE 2% CREAM	4	15.00	0.35	0.31394	10%-25% Above	No	No
51672129802	KETOCONAZOLE 2% CREAM	5	30.00	0.17	0.25087	26%-50% Below	No	No
51672129802	KETOCONAZOLE 2% CREAM	5	30.00	0.35	0.25087	26%-50% Above	No	No
51672129802	KETOCONAZOLE 2% CREAM	5	30.00	0.50	0.25087	76%-100% Above	No	No

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51672129802	KETOCONAZOLE 2% CREAM	7	30.00	0.19	0.25105	10%-25% Below	No	No
51672129802	KETOCONAZOLE 2% CREAM	7	30.00	0.35	0.25105	26%-50% Above	No	No
51672129802	KETOCONAZOLE 2% CREAM	8	30.00	0.35	0.25436	26%-50% Above	No	No
51672129802	KETOCONAZOLE 2% CREAM	8	30.00	0.50	0.25436	76%-100% Above	No	No
51672129802	KETOCONAZOLE 2% CREAM	8	30.00	0.86	0.25436	200% Above	No	No
51672129803	KETOCONAZOLE 2% CREAM	8	60.00	0.69	0.16285	200% Above	No	No
51672130104	AMMONIUM LACTATE 12% CREAM	4	140.00	0.03	0.05971	26%-50% Below	Yes	No
51672130104	AMMONIUM LACTATE 12% CREAM	5	140.00	0.03	0.06089	26%-50% Below	Yes	No
51672130200	TERCONAZOLE 0.8% CREAM	5	20.00	1.17	0.98310	10%-25% Above	No	No
51672130200	TERCONAZOLE 0.8% CREAM	7	20.00	1.17	0.96858	10%-25% Above	No	No
51672130301	ECONAZOLE NITRATE 1% CREAM	7	45.00	0.22	0.40222	26%-50% Below	No	No
51672130302	ECONAZOLE NITRATE 1% CREAM	4	30.00	0.55	0.35858	51%-75% Above	No	No
51672130308	ECONAZOLE NITRATE 1% CREAM	8	85.00	0.12	0.21436	26%-50% Below	Yes	No
51672130406	TERCONAZOLE 0.4% CREAM	4	45.00	0.31	0.56375	26%-50% Below	Yes	No
51672130406	TERCONAZOLE 0.4% CREAM	5	45.00	0.28	0.56573	26%-50% Below	Yes	No
51672130406	TERCONAZOLE 0.4% CREAM	5	45.00	0.31	0.56573	26%-50% Below	Yes	No
51672130406	TERCONAZOLE 0.4% CREAM	6	45.00	0.31	0.56401	26%-50% Below	No	No
51672130406	TERCONAZOLE 0.4% CREAM	6	45.00	0.31	0.56401	26%-50% Below	Yes	No
51672130406	TERCONAZOLE 0.4% CREAM	7	45.00	0.22	0.55752	51%-75% Below	No	No
51672130406	TERCONAZOLE 0.4% CREAM	7	45.00	0.28	0.55752	26%-50% Below	Yes	No
51672130406	TERCONAZOLE 0.4% CREAM	7	45.00	0.31	0.55752	26%-50% Below	No	No
51672130601	ALCLOMETASONE DIPRO 0.05% CRM	7	15.00	1.83	2.19673	10%-25% Below	Yes	No
51672130803	CLOTRIMAZOLE-BETAMETHASONE LOT	4	30.00	0.50	2.91542	76%-100% Below	No	No
51672130803	CLOTRIMAZOLE-BETAMETHASONE LOT	5	30.00	0.33	2.95030	76%-100% Below	No	No
51672130803	CLOTRIMAZOLE-BETAMETHASONE LOT	5	30.00	1.52	2.95030	26%-50% Below	No	No

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51672130803	CLOTRIMAZOLE-BETAMETHASONE LOT	6	30.00	1.52	3.00748	26%-50% Below	Yes	No
51672130803	CLOTRIMAZOLE-BETAMETHASONE LOT	7	60.00	1.33	2.99506	51%-75% Below	Yes	No
51672130803	CLOTRIMAZOLE-BETAMETHASONE LOT	7	60.00	1.65	2.99506	26%-50% Below	No	No
51672131003	BETAMETHASONE DP AUG 0.05% CRM	7	50.00	0.22	0.11756	76%-100% Above	No	No
51672131200	MUPIROCIN 2% OINTMENT	4	22.00	0.17	0.13303	26%-50% Above	No	No
51672131200	MUPIROCIN 2% OINTMENT	6	22.00	0.17	0.13623	10%-25% Above	No	No
51672131200	MUPIROCIN 2% OINTMENT	7	22.00	0.17	0.13771	10%-25% Above	No	No
51672131200	MUPIROCIN 2% OINTMENT	8	22.00	0.17	0.14537	10%-25% Above	No	No
51672131200	MUPIROCIN 2% OINTMENT	8	22.00	0.27	0.14537	76%-100% Above	No	No
51672131201	MUPIROCIN 2% OINTMENT	5	15.00	0.08	0.28915	51%-75% Below	No	No
51672131201	MUPIROCIN 2% OINTMENT	5	15.00	0.22	0.28915	10%-25% Below	Yes	No
51672131201	MUPIROCIN 2% OINTMENT	5	30.00	0.41	0.28915	26%-50% Above	No	No
51672131201	MUPIROCIN 2% OINTMENT	6	15.00	0.11	0.29209	51%-75% Below	No	No
51672131201	MUPIROCIN 2% OINTMENT	7	15.00	0.51	0.29599	51%-75% Above	Yes	No
51672131201	MUPIROCIN 2% OINTMENT	7	30.00	0.56	0.29599	76%-100% Above	Yes	No
51672131201	MUPIROCIN 2% OINTMENT	8	15.00	0.55	0.29876	76%-100% Above	Yes	No
51672131808	CICLOPIROX 0.77% CREAM	5	90.00	0.06	0.10685	26%-50% Below	Yes	No
51672131808	CICLOPIROX 0.77% CREAM	6	90.00	0.06	0.10329	26%-50% Below	Yes	No
51672131808	CICLOPIROX 0.77% CREAM	8	90.00	0.05	0.10446	26%-50% Below	Yes	No
51672135608	FLUOCINOLONE 0.01% BODY OIL	5	118.28	0.20	0.17960	10%-25% Above	Yes	No
51672135708	FLUOCINOLONE 0.01% SCALP OIL	5	118.28	0.08	0.18248	51%-75% Below	Yes	No
51672135708	FLUOCINOLONE 0.01% SCALP OIL	6	118.28	0.20	0.17072	10%-25% Above	Yes	No
51672136606	CLIND PH-BENZOYL PEROX 1.2-5%	7	45.00	0.34	0.39094	10%-25% Below	No	No
51672137303	TAZAROTENE 0.1% CREAM	5	60.00	0.92	1.92540	51%-75% Below	Yes	No
51672137706	ADAPALENE 0.3% GEL	7	45.00	0.31	0.50634	26%-50% Below	No	No

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51672138104	CLINDAMYCIN-BENZOYL PEROX 1-5%	6	50.00	0.36	0.50336	26%-50% Below	No	No
51672138104	CLINDAMYCIN-BENZOYL PEROX 1-5%	7	50.00	0.32	0.46471	26%-50% Below	Yes	No
51672138104	CLINDAMYCIN-BENZOYL PEROX 1-5%	8	50.00	0.35	0.46606	10%-25% Below	No	No
51672138106	CLINDAMYCIN-BNZ PEROX 1-5% PMP	5	50.00	1.44	0.91480	51%-75% Above	No	No
51672138509	IBUPROFEN 100 MG/5 ML SUSP	1	300.00	0.01	0.02111	51%-75% Below	No	No
51672138509	IBUPROFEN 100 MG/5 ML SUSP	6	360.00	0.01	0.02445	26%-50% Below	No	No
51672138903	AZELAIC ACID 15% GEL	4	50.00	0.24	0.45648	26%-50% Below	Yes	No
51672138903	AZELAIC ACID 15% GEL	5	50.00	0.24	0.45261	26%-50% Below	Yes	No
51672138903	AZELAIC ACID 15% GEL	6	50.00	0.30	0.45190	26%-50% Below	Yes	No
51672138903	AZELAIC ACID 15% GEL	6	50.00	0.76	0.45190	51%-75% Above	Yes	No
51672138903	AZELAIC ACID 15% GEL	7	50.00	0.33	0.44791	26%-50% Below	Yes	No
51672138903	AZELAIC ACID 15% GEL	7	50.00	0.34	0.44791	10%-25% Below	Yes	No
51672138903	AZELAIC ACID 15% GEL	7	50.00	0.39	0.44791	10%-25% Below	Yes	No
51672138903	AZELAIC ACID 15% GEL	7	50.00	0.76	0.44791	51%-75% Above	Yes	No
51672138903	AZELAIC ACID 15% GEL	8	50.00	0.24	0.43454	26%-50% Below	Yes	No
51672139400	TRETINOIN 0.05% CREAM	5	20.00	0.25	1.59230	76%-100% Below	No	No
51672139400	TRETINOIN 0.05% CREAM	6	20.00	0.25	1.54816	76%-100% Below	No	No
51672139400	TRETINOIN 0.05% CREAM	6	20.00	0.54	1.54816	51%-75% Below	No	No
51672139400	TRETINOIN 0.05% CREAM	7	20.00	0.66	1.54976	51%-75% Below	No	No
51672139400	TRETINOIN 0.05% CREAM	8	20.00	0.65	1.56879	51%-75% Below	No	No
51672139409	TRETINOIN 0.05% CREAM	7	45.00	0.68	0.90629	10%-25% Below	No	No
51672139500	TRETINOIN 0.1% CREAM	7	20.00	0.73	0.94209	10%-25% Below	No	No
51672139500	TRETINOIN 0.1% CREAM	7	20.00	0.84	0.94209	10%-25% Below	No	No
51672140004	CLINDAMYCIN PHOSP 1% LOTION	4	60.00	0.17	0.29057	26%-50% Below	Yes	No
51672140004	CLINDAMYCIN PHOSP 1% LOTION	5	60.00	0.13	0.28068	51%-75% Below	Yes	No

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51672140004	CLINDAMYCIN PHOSP 1% LOTION	5	60.00	0.17	0.28068	26%-50% Below	Yes	No
51672140004	CLINDAMYCIN PHOSP 1% LOTION	6	60.00	0.13	0.27371	51%-75% Below	Yes	No
51672140004	CLINDAMYCIN PHOSP 1% LOTION	6	60.00	0.17	0.27371	26%-50% Below	Yes	No
51672140004	CLINDAMYCIN PHOSP 1% LOTION	6	60.00	0.33	0.27371	10%-25% Above	Yes	No
51672140004	CLINDAMYCIN PHOSP 1% LOTION	7	60.00	0.13	0.26178	26%-50% Below	Yes	No
51672140004	CLINDAMYCIN PHOSP 1% LOTION	7	60.00	0.17	0.26178	26%-50% Below	Yes	No
51672140004	CLINDAMYCIN PHOSP 1% LOTION	7	60.00	0.50	0.26178	76%-100% Above	Yes	No
51672140004	CLINDAMYCIN PHOSP 1% LOTION	8	60.00	0.17	0.26105	26%-50% Below	Yes	No
51672140004	CLINDAMYCIN PHOSP 1% LOTION	8	60.00	0.83	0.33120	101%-200% Above	No	No
51672140004	CLINDAMYCIN PHOSP 1% LOTION	12	60.00	0.83	0.30323	101%-200% Above	No	No
51672140304	CLINDAMYC-BNZ PEROX 1.2-3.75%	6	50.00	1.66	2.38285	26%-50% Below	No	No
51672140709	TRETINOIN 0.025% CREAM	5	45.00	0.71	0.54145	26%-50% Above	Yes	No
51672140709	TRETINOIN 0.025% CREAM	7	45.00	0.71	0.47614	26%-50% Above	Yes	No
51672207501	BACITRACIN ZN 500 UNIT/GM OINT	5	14.20	1.06	0.18806	200% Above	Yes	No
51672210208	CETIRIZINE HCL 1 MG/ML SOLN	4	120.00	0.02	0.03550	26%-50% Below	No	No
51672210208	CETIRIZINE HCL 1 MG/ML SOLN	5	75.00	0.02	0.03641	26%-50% Below	No	No
51672210208	CETIRIZINE HCL 1 MG/ML SOLN	6	75.00	0.02	0.03667	26%-50% Below	No	No
51672210208	CETIRIZINE HCL 1 MG/ML SOLN	6	120.00	0.02	0.03667	26%-50% Below	No	No
51672210208	CETIRIZINE HCL 1 MG/ML SOLN	7	120.00	0.02	0.03616	26%-50% Below	No	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	4	75.00	0.07	0.03932	76%-100% 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	225.00	0.04	0.03712	10%-25% Above	No	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	5	15.00	0.05	0.04072	10%-25% Above	No	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	5	75.00	0.07	0.04072	76%-100% Above	Yes	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	5	120.00	0.05	0.04072	10%-25% Above	Yes	No

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51672213108	CHILD LORATADINE 5 MG/5 ML SOL	5	150.00	0.05	0.04072	10%-25% Above	Yes	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	6	15.00	0.05	0.04097	10%-25% Above	No	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	6	25.00	0.05	0.04097	10%-25% Above	Yes	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	6	35.00	0.05	0.04097	10%-25% Above	Yes	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	6	120.00	0.05	0.04097	10%-25% Above	Yes	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	6	150.00	0.05	0.04097	10%-25% Above	Yes	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	7	45.00	0.05	0.04158	10%-25% Above	No	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	7	120.00	0.05	0.04158	10%-25% Above	Yes	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	8	105.00	0.05	0.04132	10%-25% Above	No	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	8	120.00	0.05	0.04132	10%-25% Above	No	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	8	300.00	0.07	0.04132	51%-75% Above	No	No
51672300302	HYDROCORTISONE 2.5% CREAM	6	28.35	0.09	0.07786	10%-25% Above	No	No
51672302009	LIDOCAINE 5% OINTMENT	4	35.44	0.08	0.15871	26%-50% Below	Yes	No
51672403101	WARFARIN SODIUM 4 MG TABLET	4	30.00	0.01	0.08595	76%-100% Below	No	No
51672403101	WARFARIN SODIUM 4 MG TABLET	5	30.00	0.01	0.08919	76%-100% Below	No	No
51672403101	WARFARIN SODIUM 4 MG TABLET	6	30.00	0.01	0.09536	76%-100% Below	No	No
51672403101	WARFARIN SODIUM 4 MG TABLET	7	30.00	0.01	0.09689	76%-100% Below	No	No
51672403201	WARFARIN SODIUM 5 MG TABLET	6	30.00	0.17	0.08760	76%-100% Above	No	No
51672403201	WARFARIN SODIUM 5 MG TABLET	7	30.00	0.17	0.08883	76%-100% Above	No	No
51672403203	WARFARIN SODIUM 5 MG TABLET	5	30.00	0.15	0.08496	76%-100% Above	No	No
51672403401	WARFARIN SODIUM 7.5 MG TABLET	8	30.00	0.17	0.08961	76%-100% Above	No	No
51672403501	WARFARIN SODIUM 10 MG TABLET	4	45.00	0.20	0.10397	76%-100% Above	No	No
51672403501	WARFARIN SODIUM 10 MG TABLET	5	90.00	0.12	0.10530	10%-25% Above	No	No
51672403501	WARFARIN SODIUM 10 MG TABLET	6	45.00	0.20	0.10098	76%-100% Above	No	No
51672403501	WARFARIN SODIUM 10 MG TABLET	7	45.00	0.20	0.09911	76%-100% Above	No	No

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51672403501	WARFARIN SODIUM 10 MG TABLET	8	45.00	0.20	0.09714	101%-200% Above	No	No
51672404301	CLORAZEPATE 7.5 MG TABLET	7	60.00	0.37	0.83618	51%-75% Below	Yes	No
51672404501	ENALAPRIL-HYDROCHLOROTHIAZIDE 5-12.5 MG TAB	4	30.00	0.28	0.16424	51%-75% Above	No	No
51672404501	ENALAPRIL-HYDROCHLOROTHIAZIDE 5-12.5 MG TAB	5	30.00	0.28	0.18641	26%-50% Above	No	No
51672404501	ENALAPRIL-HYDROCHLOROTHIAZIDE 5-12.5 MG TAB	6	30.00	0.28	0.19733	26%-50% Above	No	No
51672404501	ENALAPRIL-HYDROCHLOROTHIAZIDE 5-12.5 MG TAB	7	30.00	0.28	0.18796	26%-50% Above	No	No
51672404501	ENALAPRIL-HYDROCHLOROTHIAZIDE 5-12.5 MG TAB	8	30.00	0.28	0.16911	51%-75% Above	No	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	4	15.00	1.00	0.21451	200% Above	No	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	5	15.00	0.11	0.21090	26%-50% Below	Yes	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	5	15.00	0.33	0.21090	51%-75% Above	Yes	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	5	45.00	0.31	0.21090	26%-50% Above	No	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	5	105.00	0.19	0.21090	10%-25% Below	Yes	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	6	30.00	0.16	0.21098	10%-25% Below	Yes	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	6	60.00	0.31	0.21098	26%-50% Above	Yes	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	7	15.00	0.31	0.20586	51%-75% Above	No	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	7	15.00	0.31	0.20586	51%-75% Above	Yes	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	7	15.00	0.66	0.20586	200% Above	Yes	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	7	45.00	0.31	0.20586	51%-75% Above	No	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	7	60.00	0.33	0.20586	51%-75% Above	Yes	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	8	15.00	0.31	0.20958	26%-50% Above	Yes	No
51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM	4	45.00	0.33	0.18505	76%-100% Above	No	No
51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM	5	45.00	0.11	0.18646	26%-50% Below	Yes	No
51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM	6	45.00	0.11	0.18784	26%-50% Below	Yes	No
51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM	6	45.00	0.22	0.18784	10%-25% Above	Yes	No
51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM	6	45.00	0.31	0.18784	51%-75% Above	Yes	No

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51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM	7	45.00	0.22	0.18606	10%-25% Above	Yes	No
51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM	7	45.00	0.31	0.18606	51%-75% Above	No	No
51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM	7	45.00	0.31	0.18606	51%-75% Above	Yes	No
51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM	7	90.00	0.09	0.18606	51%-75% Below	Yes	No
51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM	8	45.00	0.11	0.18143	26%-50% Below	Yes	No
51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM	8	45.00	0.44	0.18143	101%-200% Above	Yes	No
51672407008	CETIRIZINE HCL 1 MG/ML SOLN	4	150.00	0.03	0.02137	51%-75% Above	No	No
51672407008	CETIRIZINE HCL 1 MG/ML SOLN	5	70.00	0.04	0.02152	101%-200% Above	Yes	No
51672407008	CETIRIZINE HCL 1 MG/ML SOLN	8	120.00	0.02	0.02278	10%-25% Below	No	No
51672408104	CLINDAMYCIN PH 1% SOLUTION	6	60.00	0.35	0.16941	101%-200% Above	No	No
51672408104	CLINDAMYCIN PH 1% SOLUTION	8	60.00	0.55	0.16924	200% Above	No	No
51672408104	CLINDAMYCIN PH 1% SOLUTION	12	60.00	0.53	0.15879	200% Above	No	No
51672411103	PHENYTOIN SOD EXT 100 MG CAP	5	120.00	0.12	0.14348	10%-25% Below	No	No
51672411103	PHENYTOIN SOD EXT 100 MG CAP	6	120.00	0.12	0.14555	10%-25% Below	No	No
51672411103	PHENYTOIN SOD EXT 100 MG CAP	7	120.00	0.12	0.14633	10%-25% Below	No	No
51672411606	METRONIDAZOLE TOPICAL 0.75% GL	4	45.00	0.16	0.34649	51%-75% Below	No	No
51672411806	FLUOROURACIL 5% CREAM	5	40.00	0.30	0.59182	26%-50% Below	Yes	No
51672411806	FLUOROURACIL 5% CREAM	5	40.00	0.50	0.59182	10%-25% Below	No	No
51672411806	FLUOROURACIL 5% CREAM	5	40.00	0.85	0.59182	26%-50% Above	No	No
51672411806	FLUOROURACIL 5% CREAM	6	40.00	0.85	0.59654	26%-50% Above	No	No
51672411806	FLUOROURACIL 5% CREAM	7	40.00	0.37	0.58529	26%-50% Below	No	No
51672411806	FLUOROURACIL 5% CREAM	7	40.00	0.85	0.58529	26%-50% Above	No	No
51672412401	CARBAMAZEPINE ER 200 MG TABLET	4	100.00	0.22	0.40849	26%-50% Below	No	No
51672412401	CARBAMAZEPINE ER 200 MG TABLET	5	100.00	0.22	0.38144	26%-50% Below	No	No
51672413001	LAMOTRIGINE 25 MG TABLET	5	60.00	0.08	0.02919	101%-200% Above	No	No

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51672413001	LAMOTRIGINE 25 MG TABLET	7	60.00	0.08	0.02764	101%-200% Above	No	No
51672413101	LAMOTRIGINE 100 MG TABLET	4	30.00	0.09	0.04454	101%-200% Above	No	No
51672413101	LAMOTRIGINE 100 MG TABLET	8	90.00	0.09	0.04874	76%-100% Above	No	No
51672413204	LAMOTRIGINE 150 MG TABLET	6	90.00	0.09	0.07276	10%-25% Above	No	No
51672414601	PHENYTOIN 50 MG TABLET CHEW	4	90.00	0.13	0.18378	26%-50% Below	No	No
51672414601	PHENYTOIN 50 MG TABLET CHEW	8	90.00	0.13	0.18123	26%-50% Below	No	No
51672417005	SOD SUL-POTASS SUL-MAG SUL SOL	6	354.00	0.12	0.10537	10%-25% Above	No	No
51672417005	SOD SUL-POTASS SUL-MAG SUL SOL	7	354.00	0.07	0.09939	26%-50% Below	No	No
51672419303	CLOBETASOL PROP 0.05% FOAM	5	50.00	0.67	0.30554	101%-200% Above	No	No
51672421503	METRONIDAZOLE TOPICAL 1% GEL	7	60.00	0.33	0.63600	26%-50% Below	Yes	No
51672422301	BUMETANIDE 0.5 MG TABLET	7	30.00	0.33	0.12495	101%-200% Above	No	No
51672422301	BUMETANIDE 0.5 MG TABLET	8	30.00	0.33	0.13210	101%-200% Above	No	No
51672530200	CICLOPIROX SOL 8%	8	6.60	1.37	.		No	No
51862032001	LIOTHYRONINE TAB 5MCG	6	180.00	0.14	.		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	6	90.00	0.66	0.44588	26%-50% Above	No	No
51991000633	DESVENLAFAXINE SUCCNT ER 25 MG	7	14.00	0.66	0.43447	51%-75% Above	No	No
51991000633	DESVENLAFAXINE SUCCNT ER 25 MG	8	14.00	0.66	0.41164	51%-75% Above	No	No
51991000633	DESVENLAFAXINE SUCCNT ER 25 MG	8	30.00	0.50	0.41164	10%-25% Above	No	No
51991005301	OXCARBAZEPINE 150 MG TABLET	6	60.00	0.05	0.10357	51%-75% Below	Yes	No
51991005301	OXCARBAZEPINE 150 MG TABLET	7	30.00	0.05	0.10372	51%-75% Below	Yes	No
51991005301	OXCARBAZEPINE 150 MG TABLET	7	120.00	0.05	0.10372	51%-75% Below	Yes	No
51991005301	OXCARBAZEPINE 150 MG TABLET	8	450.00	0.05	0.10375	51%-75% Below	Yes	No
51991005401	OXCARBAZEPINE 300 MG TABLET	4	180.00	0.09	0.16763	26%-50% Below	No	No
51991005401	OXCARBAZEPINE 300 MG TABLET	5	360.00	0.09	0.16663	26%-50% Below	Yes	No

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51991005401	OXCARBAZEPINE 300 MG TABLET	7	180.00	0.09	0.16352	26%-50% Below	No	No
51991005401	OXCARBAZEPINE 300 MG TABLET	8	360.00	0.08	0.16372	51%-75% Below	Yes	No
51991005501	OXCARBAZEPINE 600 MG TABLET	4	60.00	0.17	0.31976	26%-50% Below	No	No
51991005501	OXCARBAZEPINE 600 MG TABLET	4	60.00	0.17	0.31976	26%-50% Below	Yes	No
51991005501	OXCARBAZEPINE 600 MG TABLET	5	6.00	0.17	0.31776	26%-50% Below	No	No
51991005501	OXCARBAZEPINE 600 MG TABLET	5	180.00	0.22	0.31776	26%-50% Below	Yes	No
51991005501	OXCARBAZEPINE 600 MG TABLET	8	180.00	0.22	0.31301	26%-50% Below	Yes	No
51991007301	BUTALBITAL-ACETAMINOPHEN-CAFFEINE-CODEINE 50-325-40-30 MG CP	8	30.00	0.41	0.80156	26%-50% Below	No	No
51991029205	OXCARBAZEPINE 150 MG TABLET	5	30.00	0.05	0.10716	51%-75% Below	Yes	No
51991029301	OXCARBAZEPINE 300 MG TABLET	6	225.00	0.14	0.16637	10%-25% Below	No	No
51991031110	DESVENLAFAXINE SUCCNT ER 50 MG	5	90.00	0.50	0.44910	10%-25% Above	No	No
51991031110	DESVENLAFAXINE SUCCNT ER 50 MG	6	30.00	0.50	0.42476	10%-25% Above	No	No
51991031110	DESVENLAFAXINE SUCCNT ER 50 MG	6	30.00	0.67	0.42476	51%-75% Above	No	No
51991031110	DESVENLAFAXINE SUCCNT ER 50 MG	6	30.00	0.76	0.42476	76%-100% Above	No	No
51991031110	DESVENLAFAXINE SUCCNT ER 50 MG	7	30.00	0.50	0.40455	10%-25% Above	No	No
51991031110	DESVENLAFAXINE SUCCNT ER 50 MG	7	30.00	0.76	0.40455	76%-100% Above	No	No
51991031110	DESVENLAFAXINE SUCCNT ER 50 MG	8	30.00	0.50	0.39504	26%-50% 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	4	90.00	0.76	0.44861	51%-75% Above	No	No
51991031133	DESVENLAFAXINE SUCCNT ER 50 MG	6	30.00	0.76	0.42476	76%-100% Above	No	No
51991031133	DESVENLAFAXINE SUCCNT ER 50 MG	7	90.00	0.76	0.40455	76%-100% Above	No	No
51991031133	DESVENLAFAXINE SUCCNT ER 50 MG	8	30.00	0.76	0.39504	76%-100% Above	No	No
51991031133	DESVENLAFAXINE SUCCNT ER 50 MG	8	90.00	0.44	0.39504	10%-25% Above	No	No
51991031190	DESVENLAFAXINE SUCCNT ER 50 MG	5	30.00	0.76	0.44910	51%-75% Above	No	No
51991031190	DESVENLAFAXINE SUCCNT ER 50 MG	6	30.00	0.76	0.42476	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
51991031210	DESVENLAFAXINE SUCCNT ER 100 MG	5	90.00	0.82	0.42640	76%-100% Above	No	No
51991031233	DESVENLAFAXINE SUCCNT ER 100 MG	4	30.00	0.82	0.42872	76%-100% Above	No	No
51991031233	DESVENLAFAXINE SUCCNT ER 100 MG	5	30.00	0.82	0.42640	76%-100% Above	No	No
51991031233	DESVENLAFAXINE SUCCNT ER 100 MG	5	60.00	0.82	0.42640	76%-100% Above	No	No
51991031233	DESVENLAFAXINE SUCCNT ER 100 MG	6	60.00	0.82	0.42047	76%-100% Above	No	No
51991031233	DESVENLAFAXINE SUCCNT ER 100 MG	7	30.00	0.82	0.41733	76%-100% Above	No	No
51991031290	DESVENLAFAXINE SUCCNT ER 100 MG	5	30.00	0.82	0.42640	76%-100% Above	No	No
51991031290	DESVENLAFAXINE SUCCNT ER 100 MG	5	90.00	0.50	0.42640	10%-25% Above	No	No
51991031290	DESVENLAFAXINE SUCCNT ER 100 MG	5	90.00	0.82	0.42640	76%-100% Above	No	No
51991031290	DESVENLAFAXINE SUCCNT ER 100 MG	6	30.00	0.82	0.42047	76%-100% Above	No	No
51991062033	ANASTROZOLE 1 MG TABLET	4	2.00	0.08	0.13765	26%-50% Below	No	No
51991062033	ANASTROZOLE 1 MG TABLET	5	2.00	0.08	0.13822	26%-50% Below	No	No
51991062033	ANASTROZOLE 1 MG TABLET	5	12.00	0.08	0.13822	26%-50% Below	No	No
51991062033	ANASTROZOLE 1 MG TABLET	6	12.00	0.08	0.13736	26%-50% Below	No	No
51991062033	ANASTROZOLE 1 MG TABLET	7	2.00	0.08	0.13552	26%-50% Below	No	No
51991062033	ANASTROZOLE 1 MG TABLET	7	12.00	0.08	0.13552	26%-50% Below	No	No
51991062033	ANASTROZOLE 1 MG TABLET	8	12.00	0.07	0.14007	26%-50% Below	No	No
51991062328	ESTRADIOL-NORETH 0.5-0.1 MG TB	5	28.00	0.53	0.69059	10%-25% Below	No	No
51991062328	ESTRADIOL-NORETH 0.5-0.1 MG TB	5	28.00	0.59	0.69059	10%-25% Below	No	No
51991062328	ESTRADIOL-NORETH 0.5-0.1 MG TB	6	28.00	0.59	0.80857	26%-50% Below	No	No
51991074890	DULOXETINE HCL DR 60 MG CAP	1	90.00	0.02	0.11727	76%-100% Below	No	No
51991075933	LETROZOLE 2.5 MG TABLET	4	5.00	0.08	0.15112	26%-50% Below	No	No
51991075933	LETROZOLE 2.5 MG TABLET	4	30.00	0.08	0.15112	26%-50% Below	No	No
51991075933	LETROZOLE 2.5 MG TABLET	5	30.00	0.08	0.15012	26%-50% Below	No	No
51991075933	LETROZOLE 2.5 MG TABLET	6	5.00	0.08	0.15349	26%-50% Below	No	No

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51991075933	LETROZOLE 2.5 MG TABLET	6	30.00	0.08	0.15349	26%-50% Below	No	No
51991075933	LETROZOLE 2.5 MG TABLET	7	30.00	0.08	0.14996	26%-50% Below	No	No
51991075933	LETROZOLE 2.5 MG TABLET	8	30.00	0.08	0.15111	26%-50% Below	No	No
51991075990	LETROZOLE 2.5 MG TABLET	4	90.00	0.10	0.15112	26%-50% Below	No	No
51991075990	LETROZOLE 2.5 MG TABLET	8	90.00	0.10	0.15111	26%-50% Below	No	No
51991080990	L-METHYLFOLA TAB 15MG	4	30.00	0.50	.		Yes	No
51991080990	L-METHYLFOLA TAB 15MG	4	90.00	0.50	.		Yes	No
51991081390	FOLTANX TAB	6	90.00	1.16	.		No	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	4	30.00	0.25	0.17048	26%-50% Above	No	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	4	30.00	0.50	0.17048	101%-200% Above	Yes	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	4	90.00	0.25	0.17048	26%-50% Above	Yes	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	5	30.00	0.25	0.16777	26%-50% Above	No	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	5	30.00	0.50	0.16777	101%-200% Above	Yes	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	5	30.00	0.50	0.16777	101%-200% Above	No	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	5	90.00	0.22	0.16777	26%-50% Above	No	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	6	30.00	0.50	0.16911	101%-200% Above	Yes	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	6	30.00	0.50	0.16911	101%-200% Above	No	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	7	14.00	0.88	0.16879	200% Above	No	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	7	30.00	0.50	0.16879	101%-200% Above	Yes	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	7	30.00	0.50	0.16879	101%-200% Above	No	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	7	90.00	0.25	0.16879	26%-50% Above	Yes	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	8	30.00	0.50	0.17010	101%-200% Above	No	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	8	90.00	0.25	0.17010	26%-50% Above	No	No
51991081801	PROPRANOLOL ER 80 MG CAPSULE	4	30.00	0.01	0.19262	76%-100% Below	No	No
51991081801	PROPRANOLOL ER 80 MG CAPSULE	4	30.00	0.26	0.19262	26%-50% Above	Yes	No

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51991081801	PROPRANOLOL ER 80 MG CAPSULE	4	90.00	0.26	0.19262	26%-50% Above	Yes	No
51991081801	PROPRANOLOL ER 80 MG CAPSULE	5	30.00	0.17	0.19518	10%-25% Below	No	No
51991081801	PROPRANOLOL ER 80 MG CAPSULE	5	30.00	0.26	0.19518	26%-50% Above	Yes	No
51991081801	PROPRANOLOL ER 80 MG CAPSULE	5	90.00	0.26	0.19518	26%-50% Above	No	No
51991081801	PROPRANOLOL ER 80 MG CAPSULE	6	30.00	0.17	0.19631	10%-25% Below	No	No
51991081801	PROPRANOLOL ER 80 MG CAPSULE	6	30.00	0.26	0.19631	26%-50% Above	Yes	No
51991081801	PROPRANOLOL ER 80 MG CAPSULE	6	90.00	0.01	0.19631	76%-100% Below	No	No
51991081801	PROPRANOLOL ER 80 MG CAPSULE	7	30.00	0.17	0.19549	10%-25% Below	No	No
51991081801	PROPRANOLOL ER 80 MG CAPSULE	7	30.00	0.26	0.19549	26%-50% Above	Yes	No
51991081801	PROPRANOLOL ER 80 MG CAPSULE	7	90.00	0.44	0.19549	101%-200% Above	Yes	No
51991081801	PROPRANOLOL ER 80 MG CAPSULE	8	90.00	0.33	0.19325	51%-75% Above	Yes	No
51991081901	PROPRANOLOL ER 120 MG CAPSULE	4	30.00	0.17	0.19660	10%-25% Below	No	No
51991081901	PROPRANOLOL ER 120 MG CAPSULE	4	90.00	0.36	0.19660	76%-100% Above	No	No
51991081901	PROPRANOLOL ER 120 MG CAPSULE	5	30.00	0.17	0.19317	10%-25% Below	No	No
51991081901	PROPRANOLOL ER 120 MG CAPSULE	6	30.00	0.50	0.19214	101%-200% Above	Yes	No
51991081901	PROPRANOLOL ER 120 MG CAPSULE	7	90.00	0.36	0.18580	76%-100% Above	No	No
51991087733	EPLERENONE 25 MG TABLET	4	30.00	0.61	0.32413	76%-100% Above	Yes	No
51991087733	EPLERENONE 25 MG TABLET	5	30.00	0.67	0.31755	101%-200% Above	No	No
51991087733	EPLERENONE 25 MG TABLET	5	90.00	0.61	0.31755	76%-100% Above	Yes	No
51991087733	EPLERENONE 25 MG TABLET	5	180.00	0.61	0.31755	76%-100% Above	No	No
51991087733	EPLERENONE 25 MG TABLET	7	30.00	0.02	0.30015	76%-100% Below	No	No
51991087790	EPLERENONE 25 MG TABLET	7	180.00	0.61	0.30015	101%-200% Above	No	No
51991090701	TETRACYCLINE 500 MG CAPSULE	4	56.00	0.31	0.64393	51%-75% Below	Yes	No
51991090701	TETRACYCLINE 500 MG CAPSULE	4	56.00	0.36	0.64393	26%-50% Below	No	No
51991090701	TETRACYCLINE 500 MG CAPSULE	7	56.00	0.35	0.61109	26%-50% Below	No	No

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52187053116	SOD SUL/SULF SUS 8-4%	6	473.00	0.08	.		No	No
52187053606	SOD SUL/SULF LIQ 10-5%	6	170.30	0.46	.		No	No
52536000609	ISOSORBIDE-HYDRALAZINE 20-37.5 MG TABLET	4	270.00	0.31	0.76088	51%-75% Below	No	No
52536000609	ISOSORBIDE-HYDRALAZINE 20-37.5 MG TABLET	7	90.00	0.31	0.71728	51%-75% Below	No	No
52536010405	VANCOMYCIN 25 MG/ML ORAL SOLN	5	150.00	0.51	0.62146	10%-25% Below	Yes	No
52536023601	PEG-3350 SOL ELECTROL	7	4000.00	0.00	.		No	No
52536023601	PEG-3350 SOL ELECTROL	8	4000.00	0.00	.		No	No
52536062501	TESTOSTERONE CYP 200 MG/ML	4	2.00	6.39	11.44878	26%-50% Below	No	No
52536062501	TESTOSTERONE CYP 200 MG/ML	5	2.00	6.39	11.19423	26%-50% Below	No	No
52536062501	TESTOSTERONE CYP 200 MG/ML	6	2.00	6.39	11.02886	26%-50% Below	No	No
52536062501	TESTOSTERONE CYP 200 MG/ML	6	4.00	6.39	11.02886	26%-50% Below	No	No
52536062501	TESTOSTERONE CYP 200 MG/ML	7	2.00	6.39	11.20368	26%-50% Below	No	No
52536062501	TESTOSTERONE CYP 200 MG/ML	8	2.00	6.39	11.54640	26%-50% Below	No	No
52536062510	TESTOSTERONE CYP 2,000 MG/10 ML	5	10.00	2.89	3.34416	10%-25% Below	No	No
52536062510	TESTOSTERONE CYP 2,000 MG/10 ML	6	2.00	2.89	3.46142	10%-25% Below	No	No
52536088001	VERAPAMIL SR 120 MG CAPSULE	6	30.00	0.86	1.29711	26%-50% Below	Yes	No
52536088001	VERAPAMIL SR 120 MG CAPSULE	7	90.00	0.86	1.69168	26%-50% Below	Yes	No
52536088401	VERAPAMIL SR 240 MG CAPSULE	5	30.00	1.03	1.81895	26%-50% Below	No	No
52536088401	VERAPAMIL SR 240 MG CAPSULE	5	90.00	1.24	1.81895	26%-50% Below	Yes	No
52536088401	VERAPAMIL SR 240 MG CAPSULE	7	30.00	1.03	1.53966	26%-50% Below	No	No
52536088601	VERAPAMIL SR 360 MG CAPSULE	4	30.00	4.53	8.45343	26%-50% Below	No	No
52536088601	VERAPAMIL SR 360 MG CAPSULE	5	30.00	4.53	8.28872	26%-50% Below	No	No
52747071060	INTEGRA CAP	4	30.00	0.73	.		No	No
52747071060	INTEGRA CAP	5	30.00	0.73	.		No	No
52747071060	INTEGRA CAP	6	30.00	0.73	.		No	No

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52747071060	INTEGRA CAP	7	30.00	0.73	.		No	No
52747071060	INTEGRA CAP	8	30.00	0.73	.		No	No
52817018000	CLONIDINE HCL 0.1 MG TABLET	4	60.00	0.04	0.02473	51%-75% Above	No	No
52817018000	CLONIDINE HCL 0.1 MG TABLET	5	60.00	0.04	0.02473	51%-75% Above	No	No
52817018000	CLONIDINE HCL 0.1 MG TABLET	6	60.00	0.04	0.02461	51%-75% Above	No	No
52817018000	CLONIDINE HCL 0.1 MG TABLET	6	90.00	0.04	0.02461	51%-75% Above	No	No
52817018000	CLONIDINE HCL 0.1 MG TABLET	7	60.00	0.04	0.02490	51%-75% Above	No	No
52817018000	CLONIDINE HCL 0.1 MG TABLET	7	90.00	0.02	0.02490	26%-50% Below	No	No
52817018000	CLONIDINE HCL 0.1 MG TABLET	7	90.00	0.04	0.02490	51%-75% Above	No	No
52817018000	CLONIDINE HCL 0.1 MG TABLET	8	180.00	0.04	0.02451	51%-75% Above	No	No
52817018010	CLONIDINE HCL 0.1 MG TABLET	4	60.00	0.04	0.02473	51%-75% Above	No	No
52817018010	CLONIDINE HCL 0.1 MG TABLET	5	60.00	0.04	0.02473	51%-75% Above	No	No
52817018100	CLONIDINE HCL 0.2 MG TABLET	4	90.00	0.01	0.03411	51%-75% Below	No	No
52817018100	CLONIDINE HCL 0.2 MG TABLET	8	90.00	0.01	0.03191	51%-75% Below	No	No
52817018310	CLONIDINE TAB 0.05MG	7	14.00	0.88	.		Yes	No
52817018310	CLONIDINE TAB 0.05MG	7	20.00	0.88	.		Yes	No
52817018310	CLONIDINE TAB 0.05MG	8	28.00	0.88	.		Yes	No
52817020010	ACETAZOLAMIDE 125 MG TABLET	4	20.00	0.30	0.10516	101%-200% Above	No	No
52817021050	CYPROHEPTADINE 4 MG TABLET	5	90.00	0.11	0.06534	51%-75% Above	No	No
52817025000	METOPROLOL TARTRATE 25 MG TAB	4	30.00	0.04	0.01714	101%-200% Above	No	No
52817025000	METOPROLOL TARTRATE 25 MG TAB	4	30.00	0.05	0.01714	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	180.00	0.05	0.01714	101%-200% Above	No	No
52817025000	METOPROLOL TARTRATE 25 MG TAB	5	90.00	0.02	0.01716	26%-50% Above	No	No
52817025000	METOPROLOL TARTRATE 25 MG TAB	5	270.00	0.05	0.01716	101%-200% Above	No	No

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52817025000	METOPROLOL TARTRATE 25 MG TAB	6	30.00	0.03	0.01704	76%-100% Above	No	No
52817025000	METOPROLOL TARTRATE 25 MG TAB	6	60.00	0.05	0.01704	101%-200% Above	No	No
52817025000	METOPROLOL TARTRATE 25 MG TAB	6	180.00	0.05	0.01704	101%-200% Above	No	No
52817025000	METOPROLOL TARTRATE 25 MG TAB	7	30.00	0.05	0.01639	101%-200% Above	No	No
52817025000	METOPROLOL TARTRATE 25 MG TAB	7	60.00	0.05	0.01639	101%-200% Above	No	No
52817025000	METOPROLOL TARTRATE 25 MG TAB	7	90.00	0.02	0.01639	10%-25% Above	No	No
52817025000	METOPROLOL TARTRATE 25 MG TAB	7	180.00	0.05	0.01639	101%-200% Above	No	No
52817025000	METOPROLOL TARTRATE 25 MG TAB	8	60.00	0.05	0.01597	101%-200% Above	No	No
52817025000	METOPROLOL TARTRATE 25 MG TAB	8	180.00	0.02	0.01597	26%-50% Above	No	No
52817025000	METOPROLOL TARTRATE 25 MG TAB	8	270.00	0.05	0.01597	101%-200% Above	No	No
52817025200	METOPROLOL TARTRATE 50 MG TAB	4	60.00	0.04	0.01928	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	180.00	0.01	0.01928	26%-50% Below	No	No
52817025200	METOPROLOL TARTRATE 50 MG TAB	5	60.00	0.04	0.01909	101%-200% Above	No	No
52817025200	METOPROLOL TARTRATE 50 MG TAB	5	90.00	0.02	0.01909	10%-25% Above	No	No
52817025200	METOPROLOL TARTRATE 50 MG TAB	6	180.00	0.01	0.01891	26%-50% Below	No	No
52817025200	METOPROLOL TARTRATE 50 MG TAB	6	180.00	0.01	0.01891	10%-25% Below	No	No
52817025200	METOPROLOL TARTRATE 50 MG TAB	6	180.00	0.04	0.01891	101%-200% Above	No	No
52817025200	METOPROLOL TARTRATE 50 MG TAB	7	60.00	0.04	0.01857	101%-200% Above	No	No
52817025200	METOPROLOL TARTRATE 50 MG TAB	8	180.00	0.04	0.01854	101%-200% Above	No	No
52817025400	METOPROLOL TARTRATE 100 MG TAB	4	180.00	0.06	0.02844	101%-200% Above	No	No
52817025400	METOPROLOL TARTRATE 100 MG TAB	6	180.00	0.06	0.02819	101%-200% Above	No	No
52817025400	METOPROLOL TARTRATE 100 MG TAB	8	180.00	0.06	0.02747	101%-200% Above	No	No
52817026050	OXYBUTYNIN 5 MG TABLET	6	30.00	0.09	0.04730	76%-100% Above	No	No
52817033010	CYCLOBENZAPRINE 5 MG TABLET	4	28.00	0.03	0.02108	10%-25% Above	No	No

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52817033010	CYCLOBENZAPRINE 5 MG TABLET	4	30.00	0.09	0.02108	200% Above	No	No
52817033010	CYCLOBENZAPRINE 5 MG TABLET	5	28.00	0.03	0.02132	10%-25% Above	No	No
52817033010	CYCLOBENZAPRINE 5 MG TABLET	5	30.00	0.09	0.02132	200% Above	No	No
52817033010	CYCLOBENZAPRINE 5 MG TABLET	5	180.00	0.01	0.02132	51%-75% Below	No	No
52817033010	CYCLOBENZAPRINE 5 MG TABLET	6	10.00	0.09	0.02110	200% Above	No	No
52817033010	CYCLOBENZAPRINE 5 MG TABLET	6	28.00	0.03	0.02110	10%-25% Above	No	No
52817033010	CYCLOBENZAPRINE 5 MG TABLET	6	30.00	0.02	0.02110	10%-25% Above	No	No
52817033010	CYCLOBENZAPRINE 5 MG TABLET	6	30.00	0.09	0.02110	200% Above	No	No
52817033010	CYCLOBENZAPRINE 5 MG TABLET	7	28.00	0.03	0.02112	10%-25% Above	No	No
52817033010	CYCLOBENZAPRINE 5 MG TABLET	8	28.00	0.03	0.02145	10%-25% Above	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	4	21.00	0.09	0.02108	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	5	5.00	0.09	0.02132	200% Above	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	5	30.00	0.09	0.02132	200% Above	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	5	60.00	0.02	0.02132	10%-25% Below	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	6	21.00	0.09	0.02110	200% Above	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	6	30.00	0.03	0.02110	26%-50% Above	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	6	30.00	0.09	0.02110	200% Above	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	6	45.00	0.09	0.02110	200% Above	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	6	60.00	0.09	0.02110	200% Above	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	7	15.00	0.09	0.02112	200% Above	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	7	20.00	0.09	0.02112	200% Above	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	7	30.00	0.09	0.02112	200% Above	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	7	40.00	0.09	0.02112	200% Above	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	8	20.00	0.09	0.02145	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	30.00	0.09	0.02145	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	4	10.00	0.09	0.01758	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	4	15.00	0.03	0.01758	51%-75% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	4	20.00	0.02	0.01758	26%-50% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	4	21.00	0.09	0.01758	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	4	30.00	0.02	0.01758	10%-25% 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	4	90.00	0.01	0.01758	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	4	90.00	0.09	0.01758	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	4	180.00	0.09	0.01758	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	5	14.00	0.06	0.01770	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	5	15.00	0.09	0.01770	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	5	21.00	0.02	0.01770	26%-50% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	5	30.00	0.02	0.01770	10%-25% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	5	30.00	0.09	0.01770	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	5	60.00	0.09	0.01770	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	5	90.00	0.09	0.01770	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	6	14.00	0.01	0.01768	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	6	15.00	0.09	0.01768	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	6	21.00	0.03	0.01768	51%-75% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	6	21.00	0.09	0.01768	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	6	30.00	0.02	0.01768	10%-25% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	6	30.00	0.09	0.01768	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	6	42.00	0.09	0.01768	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	60.00	0.09	0.01768	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	6	90.00	0.09	0.01768	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	7	30.00	0.01	0.01731	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	7	30.00	0.02	0.01731	10%-25% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	7	30.00	0.03	0.01731	76%-100% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	7	30.00	0.09	0.01731	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	7	50.00	0.09	0.01731	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	7	60.00	0.09	0.01731	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	7	90.00	0.09	0.01731	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	7	270.00	0.09	0.01731	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	8	21.00	0.09	0.01695	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	8	30.00	0.09	0.01695	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	8	40.00	0.09	0.01695	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	8	90.00	0.09	0.01695	200% Above	No	No
52817033250	CYCLOBENZAPRINE 10 MG TABLET	5	14.00	0.05	0.01770	101%-200% Above	No	No
52817035810	METOPROLOL TARTRATE 37.5 MG TB	5	60.00	0.08	0.07569	10%-25% Above	No	No
52817035810	METOPROLOL TARTRATE 37.5 MG TB	7	30.00	0.01	0.07664	76%-100% Below	No	No
52817035910	METOPROLOL TARTRATE 75 MG TAB	8	180.00	0.22	0.15078	26%-50% Above	No	No
52817038110	NAPROXEN DR 500 MG TABLET	4	20.00	0.82	1.85815	51%-75% Below	Yes	No
52817038110	NAPROXEN DR 500 MG TABLET	6	30.00	0.67	1.93291	51%-75% Below	No	No
52817038110	NAPROXEN DR 500 MG TABLET	8	30.00	1.25	1.86431	26%-50% Below	No	No
52817039110	CARBIDOPA-LEVODOPA 25-100 TAB	4	90.00	0.05	0.07238	26%-50% Below	No	No
52817039110	CARBIDOPA-LEVODOPA 25-100 TAB	5	90.00	0.05	0.07187	26%-50% Below	No	No
52817039110	CARBIDOPA-LEVODOPA 25-100 TAB	6	90.00	0.05	0.07322	26%-50% Below	No	No
52817039110	CARBIDOPA-LEVODOPA 25-100 TAB	7	90.00	0.05	0.07553	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
52817039150	CARBIDOPA-LEVODOPA 25-100 TAB	5	675.00	0.05	0.07187	26%-50% Below	No	No
52817081615	ACETIC ACID 2% EAR SOLUTION	7	15.00	0.72	1.44147	26%-50% Below	Yes	No
52817083260	DAPSONE GEL 7.5%	8	60.00	0.40	.		No	No
52817083530	NITROGLYCERIN 0.4% OINTMENT	7	30.00	5.69	8.97632	26%-50% Below	Yes	No
52937000120	VASCEPA CAP 1GM	4	60.00	2.91	.		No	No
52937000120	VASCEPA CAP 1GM	4	120.00	2.68	.		No	No
52937000120	VASCEPA CAP 1GM	4	180.00	2.91	.		No	No
52937000120	VASCEPA CAP 1GM	5	60.00	2.91	.		No	No
52937000120	VASCEPA CAP 1GM	5	360.00	2.75	.		No	No
52937000120	VASCEPA CAP 1GM	6	60.00	2.91	.		No	No
52937000120	VASCEPA CAP 1GM	7	120.00	2.91	.		No	No
52937000340	VASCEPA CAP 0.5GM	7	240.00	1.65	.		No	No
52937000520	VASCEPA CAP 1GM	4	120.00	2.91	.		No	No
52937000520	VASCEPA CAP 1GM	4	360.00	2.91	.		Yes	No
52937000520	VASCEPA CAP 1GM	5	120.00	2.68	.		No	No
52937000520	VASCEPA CAP 1GM	5	360.00	2.68	.		No	No
52937000520	VASCEPA CAP 1GM	5	360.00	2.91	.		No	No
52937000520	VASCEPA CAP 1GM	6	120.00	2.68	.		No	No
52937000520	VASCEPA CAP 1GM	6	120.00	2.91	.		No	No
52937000520	VASCEPA CAP 1GM	6	180.00	2.80	.		Yes	No
52937000520	VASCEPA CAP 1GM	6	360.00	2.68	.		No	No
52937000520	VASCEPA CAP 1GM	6	360.00	2.75	.		No	No
52937000520	VASCEPA CAP 1GM	6	360.00	2.80	.		Yes	No
52937000520	VASCEPA CAP 1GM	6	360.00	2.86	.		Yes	No
52937000520	VASCEPA CAP 1GM	6	360.00	2.91	.		No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
52937000520	VASCEPA CAP 1GM	6	360.00	2.91	.		Yes	No
52937000520	VASCEPA CAP 1GM	7	120.00	2.68	.		No	No
52937000520	VASCEPA CAP 1GM	7	120.00	2.80	.		No	No
52937000520	VASCEPA CAP 1GM	7	120.00	2.82	.		No	No
52937000520	VASCEPA CAP 1GM	7	120.00	2.86	.		No	No
52937000520	VASCEPA CAP 1GM	7	120.00	2.91	.		No	No
52937000520	VASCEPA CAP 1GM	7	180.00	2.86	.		Yes	No
52937000520	VASCEPA CAP 1GM	8	120.00	2.68	.		No	No
52937000520	VASCEPA CAP 1GM	8	120.00	2.91	.		No	No
53489011802	DOXYCYCLINE HYCLATE 50 MG CAP	6	90.00	0.07	0.15170	51%-75% Below	Yes	No
53489011802	DOXYCYCLINE HYCLATE 50 MG CAP	8	30.00	0.72	0.14784	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	4	10.00	0.21	0.11523	76%-100% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	4	14.00	0.71	0.11523	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	4	14.00	1.06	0.11523	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	4	28.00	0.53	0.11523	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	4	30.00	0.21	0.11523	76%-100% 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	5	10.00	1.49	0.11447	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	5	14.00	0.21	0.11447	76%-100% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	5	14.00	1.06	0.11447	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	5	20.00	0.21	0.11447	76%-100% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	5	20.00	0.50	0.11447	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	5	20.00	0.75	0.11447	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	5	28.00	0.06	0.11447	26%-50% Below	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	5	28.00	0.53	0.11447	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	30.00	0.50	0.11447	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	6	10.00	0.21	0.11188	76%-100% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	6	10.00	1.99	0.11188	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	6	14.00	0.21	0.11188	76%-100% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	6	20.00	0.21	0.11188	76%-100% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	6	20.00	0.25	0.11188	101%-200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	6	20.00	0.75	0.11188	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	6	20.00	1.00	0.11188	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	6	28.00	0.06	0.11188	26%-50% Below	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	6	28.00	0.21	0.11188	76%-100% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	6	30.00	0.50	0.11188	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	6	60.00	0.08	0.11188	26%-50% Below	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	6	60.00	0.33	0.11188	101%-200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	7	10.00	0.21	0.10861	76%-100% Above	No	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	7	14.00	0.21	0.10861	76%-100% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	7	14.00	1.06	0.10861	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	7	14.00	1.84	0.10861	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	7	20.00	0.21	0.10861	76%-100% Above	No	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	7	20.00	0.21	0.10861	76%-100% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	7	20.00	0.25	0.10861	101%-200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	7	20.00	0.50	0.10861	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	7	28.00	0.21	0.10861	76%-100% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	7	28.00	0.53	0.10861	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	7	30.00	0.33	0.10861	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	7	60.00	0.21	0.10861	76%-100% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	10.00	0.21	0.10486	76%-100% Above	No	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	8	10.00	0.21	0.10486	76%-100% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	8	14.00	0.21	0.10486	76%-100% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	8	14.00	0.35	0.10486	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	8	14.00	1.06	0.10486	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	8	20.00	0.21	0.10486	76%-100% Above	No	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	8	20.00	0.21	0.10486	76%-100% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	8	20.00	0.25	0.10486	101%-200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	8	20.00	0.50	0.10486	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	8	28.00	0.21	0.10486	76%-100% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	8	30.00	0.21	0.10486	76%-100% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	8	30.00	0.50	0.10486	200% Above	Yes	No
53489012002	DOXYCYCLINE HYCLATE 100 MG TAB	5	28.00	0.32	0.12382	101%-200% Above	No	No
53489012005	DOXYCYCLINE HYCLATE 100 MG TAB	4	11.00	0.06	0.12409	51%-75% Below	Yes	No
53489012005	DOXYCYCLINE HYCLATE 100 MG TAB	4	14.00	0.35	0.12409	101%-200% Above	Yes	No
53489012005	DOXYCYCLINE HYCLATE 100 MG TAB	4	14.00	0.71	0.12409	200% Above	Yes	No
53489012005	DOXYCYCLINE HYCLATE 100 MG TAB	4	20.00	0.50	0.12409	200% Above	Yes	No
53489012005	DOXYCYCLINE HYCLATE 100 MG TAB	4	24.00	0.62	0.12409	200% Above	Yes	No
53489012005	DOXYCYCLINE HYCLATE 100 MG TAB	4	30.00	0.32	0.12409	101%-200% Above	Yes	No
53489012005	DOXYCYCLINE HYCLATE 100 MG TAB	5	14.00	0.32	0.12382	101%-200% Above	Yes	No
53489012005	DOXYCYCLINE HYCLATE 100 MG TAB	5	20.00	0.32	0.12382	101%-200% Above	Yes	No
53489012005	DOXYCYCLINE HYCLATE 100 MG TAB	5	28.00	0.18	0.12382	26%-50% Above	Yes	No
53489012005	DOXYCYCLINE HYCLATE 100 MG TAB	5	28.00	0.53	0.12382	200% Above	Yes	No
53489012005	DOXYCYCLINE HYCLATE 100 MG TAB	5	60.00	0.03	0.12382	51%-75% Below	Yes	No
53489012005	DOXYCYCLINE HYCLATE 100 MG TAB	7	14.00	1.06	0.11440	200% Above	Yes	No

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53489012005	DOXYCYCLINE HYCLATE 100 MG TAB	7	20.00	0.25	0.11440	101%-200% Above	Yes	No
53489012005	DOXYCYCLINE HYCLATE 100 MG TAB	7	20.00	0.50	0.11440	200% Above	Yes	No
53489012005	DOXYCYCLINE HYCLATE 100 MG TAB	7	30.00	0.32	0.11440	101%-200% Above	No	No
53489012005	DOXYCYCLINE HYCLATE 100 MG TAB	7	60.00	0.32	0.11440	101%-200% Above	Yes	No
53489012005	DOXYCYCLINE HYCLATE 100 MG TAB	8	14.00	0.03	0.11291	51%-75% Below	Yes	No
53489012005	DOXYCYCLINE HYCLATE 100 MG TAB	8	14.00	0.32	0.11291	101%-200% Above	Yes	No
53489012005	DOXYCYCLINE HYCLATE 100 MG TAB	8	14.00	0.35	0.11291	200% Above	Yes	No
53489012005	DOXYCYCLINE HYCLATE 100 MG TAB	8	20.00	0.25	0.11291	101%-200% Above	Yes	No
53489012005	DOXYCYCLINE HYCLATE 100 MG TAB	8	28.00	0.18	0.11291	51%-75% Above	Yes	No
53489012005	DOXYCYCLINE HYCLATE 100 MG TAB	8	60.00	0.03	0.11291	51%-75% Below	Yes	No
53489012005	DOXYCYCLINE HYCLATE 100 MG TAB	8	60.00	1.20	0.11291	200% Above	Yes	No
53489012005	DOXYCYCLINE HYCLATE 100 MG TAB	8	90.00	0.42	0.11291	200% Above	Yes	No
53489014310	SPIRONOLACTONE 25 MG TABLET	4	30.00	0.10	0.04504	101%-200% Above	No	No
53489014310	SPIRONOLACTONE 25 MG TABLET	8	30.00	0.08	0.04303	76%-100% Above	No	No
53489014401	SPIRONOLACTONE-HYDROCHLOROTHIAZIDE 25-25 TAB	7	90.00	0.26	0.51498	26%-50% Below	No	No
53489015610	ALLOPURINOL 100 MG TABLET	3	30.00	0.08	0.03313	101%-200% Above	No	No
53489015610	ALLOPURINOL 100 MG TABLET	5	90.00	0.08	0.03336	101%-200% Above	No	No
53489021510	CLONIDINE TAB 0.1MG	7	60.00	0.04	.		No	No
53489038601	MINOXIDIL 2.5 MG TABLET	4	90.00	0.08	0.09483	10%-25% Below	Yes	No
53489038601	MINOXIDIL 2.5 MG TABLET	5	30.00	0.16	0.09755	51%-75% Above	Yes	No
53489038601	MINOXIDIL 2.5 MG TABLET	5	45.00	0.16	0.09755	51%-75% Above	Yes	No
53489038601	MINOXIDIL 2.5 MG TABLET	6	15.00	0.16	0.09996	51%-75% Above	Yes	No
53489038601	MINOXIDIL 2.5 MG TABLET	8	180.00	0.09	0.10124	10%-25% Below	Yes	No
53489064701	DOXYCYCLINE HYCLATE 20 MG TAB	6	90.00	0.08	0.09531	10%-25% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	5.00	0.23	0.12756	76%-100% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	9.00	0.19	0.12756	51%-75% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	12.00	0.15	0.12756	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	15.00	0.15	0.12756	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	15.00	0.18	0.12756	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	16.00	0.15	0.12756	10%-25% Above	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	16.00	0.15	0.12756	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	20.00	0.15	0.12756	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	20.00	0.17	0.12756	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	20.00	0.19	0.12756	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	21.00	0.15	0.12756	10%-25% Above	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	30.00	0.19	0.12756	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	45.00	0.15	0.12756	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	90.00	0.05	0.12756	51%-75% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	4.00	0.15	0.13104	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	5.00	0.15	0.13104	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	6.00	0.15	0.13104	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	12.00	0.15	0.13104	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	12.00	0.18	0.13104	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	12.00	0.18	0.13104	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	15.00	0.15	0.13104	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	15.00	0.18	0.13104	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	20.00	0.15	0.13104	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	20.00	0.17	0.13104	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	28.00	0.15	0.13104	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	30.00	0.15	0.13104	10%-25% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	30.00	0.16	0.13104	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	50.00	0.16	0.13104	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	90.00	0.15	0.13104	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	6.00	0.15	0.13508	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	6.00	0.21	0.13508	51%-75% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	6.00	0.21	0.13508	51%-75% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	8.00	0.15	0.13508	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	10.00	0.15	0.13508	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	10.00	0.19	0.13508	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	10.00	0.22	0.13508	51%-75% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	12.00	0.15	0.13508	10%-25% Above	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	12.00	0.15	0.13508	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	12.00	0.18	0.13508	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	15.00	0.15	0.13508	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	20.00	0.15	0.13508	10%-25% Above	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	20.00	0.15	0.13508	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	20.00	0.17	0.13508	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	28.00	0.17	0.13508	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	30.00	0.15	0.13508	10%-25% Above	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	30.00	0.17	0.13508	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	45.00	0.11	0.13508	10%-25% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	45.00	0.15	0.13508	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	60.00	0.15	0.13508	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	90.00	0.15	0.13508	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	5.00	0.26	0.13880	76%-100% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	6.00	0.21	0.13880	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	10.00	0.19	0.13880	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	10.00	0.19	0.13880	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	12.00	0.18	0.13880	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	12.00	0.18	0.13880	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	15.00	0.17	0.13880	10%-25% Above	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	15.00	0.20	0.13880	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	18.00	0.16	0.13880	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	18.00	0.18	0.13880	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	20.00	0.06	0.13880	51%-75% Below	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	20.00	0.22	0.13880	51%-75% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	30.00	0.16	0.13880	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	30.00	0.16	0.13880	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	8.00	0.20	0.13845	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	10.00	0.22	0.13845	51%-75% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	12.00	0.19	0.13845	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	12.00	0.21	0.13845	51%-75% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	18.00	0.18	0.13845	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	18.00	0.19	0.13845	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	20.00	0.17	0.13845	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	30.00	0.18	0.13845	26%-50% Above	Yes	No
53746010905	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	12.00	0.21	0.13508	51%-75% Above	No	No
53746010905	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	18.00	0.18	0.13508	26%-50% Above	No	No
53746010905	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	18.00	0.20	0.13508	26%-50% Above	No	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	30.00	0.08	0.16072	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	120.00	0.05	0.15256	51%-75% Below	Yes	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	12.00	0.10	0.15340	26%-50% Below	Yes	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	24.00	0.08	0.15340	26%-50% Below	Yes	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	30.00	0.08	0.15340	26%-50% Below	No	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	120.00	0.05	0.15340	51%-75% Below	Yes	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	12.00	0.10	0.15313	26%-50% Below	Yes	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	24.00	0.08	0.15313	26%-50% Below	Yes	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	40.00	0.07	0.15313	51%-75% Below	Yes	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	120.00	0.05	0.15313	51%-75% Below	Yes	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	30.00	0.08	0.15329	26%-50% Below	Yes	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	40.00	0.07	0.15329	51%-75% Below	Yes	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	120.00	0.05	0.15329	51%-75% Below	Yes	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	120.00	0.06	0.15329	51%-75% Below	Yes	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	20.00	0.08	0.15221	26%-50% Below	No	No
53746011005	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	90.00	0.08	0.15256	26%-50% Below	No	No
53746011005	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	90.00	0.08	0.15329	26%-50% Below	No	No
53746011005	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	90.00	0.08	0.15221	26%-50% Below	No	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	4	6.00	0.17	0.11777	26%-50% Above	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	4	10.00	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	14.00	0.08	0.11777	26%-50% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	4	15.00	0.08	0.11777	26%-50% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	4	20.00	0.08	0.11777	26%-50% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	4	24.00	0.06	0.11777	26%-50% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	4	28.00	0.05	0.11777	51%-75% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	28.00	0.17	0.11777	26%-50% Above	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	4	30.00	0.06	0.11777	26%-50% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	4	30.00	0.17	0.11777	26%-50% Above	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	9.00	0.09	0.11784	10%-25% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	10.00	0.08	0.11784	26%-50% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	10.00	0.17	0.11784	26%-50% Above	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	12.00	0.07	0.11784	26%-50% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	12.00	0.08	0.11784	26%-50% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	14.00	0.17	0.11784	26%-50% Above	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	16.00	0.17	0.11784	26%-50% Above	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	20.00	0.05	0.11784	51%-75% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	20.00	0.17	0.11784	26%-50% Above	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	30.00	0.05	0.11784	51%-75% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	40.00	0.05	0.11784	51%-75% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	120.00	0.17	0.11784	26%-50% Above	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	6	12.00	0.17	0.11929	26%-50% Above	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	6	15.00	0.17	0.11929	26%-50% Above	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	6	18.00	0.07	0.11929	26%-50% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	6	20.00	0.06	0.11929	51%-75% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	6	20.00	0.17	0.11929	26%-50% Above	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	7	10.00	0.05	0.11940	51%-75% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	7	12.00	0.07	0.11940	26%-50% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	7	12.00	0.10	0.11940	10%-25% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	7	12.00	0.17	0.11940	26%-50% Above	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	7	24.00	0.05	0.11940	51%-75% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	28.00	0.07	0.11940	26%-50% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	7	30.00	0.06	0.11940	26%-50% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	7	30.00	0.17	0.11940	26%-50% Above	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	7	40.00	0.05	0.11940	51%-75% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	7	56.00	0.05	0.11940	51%-75% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	8	10.00	0.17	0.11954	26%-50% Above	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	8	12.00	0.17	0.11954	26%-50% Above	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	8	15.00	0.17	0.11954	26%-50% Above	Yes	No
53746020401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	4	120.00	0.10	0.23315	51%-75% Below	Yes	No
53746020401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	5	120.00	0.10	0.22917	51%-75% Below	Yes	No
53746020401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	6	90.00	0.10	0.23066	51%-75% Below	Yes	No
53746020401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	7	56.00	0.10	0.22993	51%-75% Below	Yes	No
53746020401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	7	90.00	0.10	0.22993	51%-75% Below	Yes	No
53746020401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	8	25.00	0.11	0.23602	51%-75% Below	Yes	No
53746027205	SULFAMETHOXAZOLE-TMP DS TABLET	8	28.00	0.09	0.04478	101%-200% Above	No	No
53746044101	MECLIZINE 12.5 MG TABLET	7	30.00	0.03	0.04651	26%-50% Below	No	No
53746044201	MECLIZINE 25 MG TABLET	4	28.00	0.10	0.07954	10%-25% Above	No	No
53746044201	MECLIZINE 25 MG TABLET	4	45.00	0.10	0.07954	10%-25% Above	No	No
53746044210	MECLIZINE 25 MG TABLET	5	30.00	0.10	0.08000	10%-25% Above	Yes	No
53746044210	MECLIZINE 25 MG TABLET	5	60.00	0.10	0.08000	10%-25% Above	No	No
53746051101	SPIRONOLACTONE 25 MG TABLET	4	60.00	0.08	0.04504	51%-75% Above	No	No
53746051101	SPIRONOLACTONE 25 MG TABLET	4	90.00	0.08	0.04504	51%-75% Above	No	No
53746051101	SPIRONOLACTONE 25 MG TABLET	4	90.00	0.08	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	4	90.00	0.08	0.04504	51%-75% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	135.00	0.08	0.04504	51%-75% Above	No	No
53746051101	SPIRONOLACTONE 25 MG TABLET	4	180.00	0.08	0.04504	51%-75% Above	No	No
53746051101	SPIRONOLACTONE 25 MG TABLET	4	180.00	0.08	0.04504	51%-75% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	5	30.00	0.08	0.04474	51%-75% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	5	45.00	0.08	0.04474	51%-75% Above	No	No
53746051101	SPIRONOLACTONE 25 MG TABLET	5	60.00	0.08	0.04474	51%-75% Above	No	No
53746051101	SPIRONOLACTONE 25 MG TABLET	5	90.00	0.07	0.04474	51%-75% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	5	90.00	0.08	0.04474	51%-75% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	5	90.00	0.08	0.04474	76%-100% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	5	90.00	0.09	0.04474	76%-100% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	5	180.00	0.08	0.04474	76%-100% Above	No	No
53746051101	SPIRONOLACTONE 25 MG TABLET	6	30.00	0.08	0.04427	51%-75% Above	No	No
53746051101	SPIRONOLACTONE 25 MG TABLET	6	60.00	0.08	0.04427	51%-75% Above	No	No
53746051101	SPIRONOLACTONE 25 MG TABLET	6	60.00	0.09	0.04427	101%-200% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	6	90.00	0.06	0.04427	26%-50% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	6	90.00	0.07	0.04427	51%-75% Above	No	No
53746051101	SPIRONOLACTONE 25 MG TABLET	6	90.00	0.08	0.04427	51%-75% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	6	90.00	0.08	0.04427	76%-100% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	7	30.00	0.08	0.04332	76%-100% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	7	42.00	0.08	0.04332	51%-75% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	7	60.00	0.08	0.04332	51%-75% Above	No	No
53746051101	SPIRONOLACTONE 25 MG TABLET	7	90.00	0.07	0.04332	51%-75% Above	No	No
53746051101	SPIRONOLACTONE 25 MG TABLET	7	90.00	0.08	0.04332	51%-75% Above	No	No
53746051101	SPIRONOLACTONE 25 MG TABLET	7	90.00	0.08	0.04332	51%-75% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	7	90.00	0.08	0.04332	76%-100% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	135.00	0.08	0.04332	51%-75% Above	No	No
53746051101	SPIRONOLACTONE 25 MG TABLET	7	180.00	0.06	0.04332	26%-50% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	7	180.00	0.08	0.04332	51%-75% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	8	30.00	0.08	0.04303	76%-100% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	8	60.00	0.08	0.04303	76%-100% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	8	90.00	0.08	0.04303	76%-100% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	8	90.00	0.09	0.04303	76%-100% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	8	270.00	0.08	0.04303	76%-100% Above	Yes	No
53746051110	SPIRONOLACTONE 25 MG TABLET	8	45.00	0.08	0.04303	76%-100% Above	No	No
53746051401	SPIRONOLACTONE 50 MG TABLET	4	30.00	0.17	0.08930	76%-100% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	4	60.00	0.05	0.08930	26%-50% Below	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	4	60.00	0.15	0.08930	51%-75% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	4	90.00	0.15	0.08930	51%-75% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	5	30.00	0.17	0.08931	76%-100% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	5	60.00	0.05	0.08931	26%-50% Below	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	5	90.00	0.12	0.08931	26%-50% Above	No	No
53746051401	SPIRONOLACTONE 50 MG TABLET	5	90.00	0.15	0.08931	51%-75% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	5	90.00	0.16	0.08931	51%-75% Above	No	No
53746051401	SPIRONOLACTONE 50 MG TABLET	5	90.00	0.16	0.08931	76%-100% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	5	180.00	0.15	0.08931	51%-75% Above	No	No
53746051401	SPIRONOLACTONE 50 MG TABLET	6	60.00	0.15	0.08750	51%-75% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	6	90.00	0.04	0.08750	26%-50% Below	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	6	90.00	0.16	0.08750	76%-100% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	6	90.00	0.17	0.08750	76%-100% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	6	180.00	0.14	0.08750	51%-75% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	14.00	0.17	0.08595	76%-100% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	7	30.00	0.14	0.08595	51%-75% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	7	30.00	0.16	0.08595	76%-100% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	7	30.00	0.17	0.08595	76%-100% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	7	60.00	0.15	0.08595	51%-75% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	7	60.00	0.16	0.08595	76%-100% Above	No	No
53746051401	SPIRONOLACTONE 50 MG TABLET	7	90.00	0.04	0.08595	26%-50% Below	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	7	90.00	0.14	0.08595	51%-75% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	7	180.00	0.12	0.08595	26%-50% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	8	30.00	0.17	0.08461	76%-100% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	8	90.00	0.09	0.08461	10%-25% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	8	90.00	0.10	0.08461	10%-25% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	8	90.00	0.15	0.08461	51%-75% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	8	90.00	0.16	0.08461	76%-100% Above	No	No
53746051401	SPIRONOLACTONE 50 MG TABLET	8	90.00	0.16	0.08461	76%-100% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	8	180.00	0.12	0.08461	26%-50% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	8	270.00	0.14	0.08461	51%-75% Above	No	No
53746051501	SPIRONOLACTONE 100 MG TABLET	4	90.00	0.11	0.17894	26%-50% Below	No	No
53746051501	SPIRONOLACTONE 100 MG TABLET	4	90.00	0.22	0.17894	10%-25% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	5	90.00	0.07	0.17835	51%-75% Below	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	5	90.00	0.27	0.17835	51%-75% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	5	90.00	0.28	0.17835	51%-75% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	5	90.00	0.32	0.17835	76%-100% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	5	135.00	0.11	0.17835	26%-50% Below	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	7	30.00	0.11	0.17452	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	30.00	0.11	0.17452	26%-50% Below	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	7	90.00	0.22	0.17452	26%-50% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	7	90.00	0.26	0.17452	26%-50% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	8	30.00	0.28	0.16990	51%-75% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	8	90.00	0.11	0.16990	26%-50% Below	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	8	90.00	0.26	0.16990	51%-75% Above	Yes	No
53746051505	SPIRONOLACTONE 100 MG TABLET	8	90.00	0.26	0.16990	51%-75% Above	No	No
53746052101	PROMETHAZINE 25 MG TABLET	4	2.00	0.10	0.04708	101%-200% Above	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	4	20.00	0.09	0.04708	76%-100% Above	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	5	15.00	0.04	0.04766	10%-25% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	5	20.00	0.04	0.04766	10%-25% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	5	30.00	0.09	0.04766	76%-100% Above	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	6	20.00	0.03	0.04619	10%-25% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	6	20.00	0.04	0.04619	10%-25% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	6	20.00	0.09	0.04619	101%-200% Above	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	6	30.00	0.03	0.04619	26%-50% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	6	30.00	0.09	0.04619	101%-200% Above	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	7	2.00	0.10	0.04552	101%-200% Above	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	7	7.00	0.09	0.04552	101%-200% Above	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	7	30.00	0.09	0.04552	101%-200% Above	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	7	60.00	0.09	0.04552	101%-200% Above	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	8	12.00	0.09	0.04544	101%-200% Above	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	8	30.00	0.03	0.04544	26%-50% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	8	30.00	0.03	0.04544	26%-50% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	8	30.00	0.09	0.04544	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
53746052110	PROMETHAZINE 25 MG TABLET	5	10.00	0.09	0.04766	76%-100% Above	No	No
53746052110	PROMETHAZINE 25 MG TABLET	7	30.00	0.09	0.04552	101%-200% Above	No	No
53746054201	POTASSIUM CL ER 10 MEQ CAPSULE	7	60.00	0.17	0.12909	26%-50% Above	Yes	No
53746054201	POTASSIUM CL ER 10 MEQ CAPSULE	8	30.00	0.16	0.13285	10%-25% Above	Yes	No
53746054201	POTASSIUM CL ER 10 MEQ CAPSULE	8	60.00	0.17	0.13285	10%-25% Above	Yes	No
53746054401	PRIMIDONE 50 MG TABLET	5	270.00	0.08	0.09465	10%-25% Below	No	No
53746061701	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	5	14.00	0.19	0.10548	76%-100% Above	No	No
53746061701	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	5	60.00	0.19	0.10548	76%-100% Above	No	No
53746061701	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	6	60.00	0.19	0.10542	76%-100% Above	No	No
53746061701	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	7	60.00	0.19	0.10144	76%-100% Above	No	No
53746061705	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	4	12.00	0.18	0.10453	51%-75% Above	No	No
53746061705	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	5	15.00	0.18	0.10548	51%-75% Above	Yes	No
53746061705	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	6	18.00	0.18	0.10542	51%-75% Above	Yes	No
53746061705	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	7	18.00	0.19	0.10144	76%-100% Above	Yes	No
53746061705	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	8	9.00	0.21	0.10556	101%-200% Above	Yes	No
53746064201	FLECAINIDE ACETATE 100 MG TAB	4	90.00	0.30	0.18626	51%-75% Above	No	No
53746064201	FLECAINIDE ACETATE 100 MG TAB	4	180.00	0.23	0.18626	10%-25% Above	No	No
53746066901	ACEBUTOLOL 200 MG CAPSULE	4	90.00	0.28	0.53884	26%-50% Below	No	No
53746066901	ACEBUTOLOL 200 MG CAPSULE	5	90.00	0.28	0.55003	26%-50% Below	No	No
53746066901	ACEBUTOLOL 200 MG CAPSULE	5	180.00	0.28	0.55003	26%-50% Below	No	No
53746066901	ACEBUTOLOL 200 MG CAPSULE	5	270.00	0.28	0.55003	26%-50% Below	Yes	No
53746066901	ACEBUTOLOL 200 MG CAPSULE	6	180.00	0.08	0.57533	76%-100% Below	No	No
53746066901	ACEBUTOLOL 200 MG CAPSULE	7	30.00	0.17	0.59383	51%-75% Below	No	No
53746066901	ACEBUTOLOL 200 MG CAPSULE	7	90.00	0.28	0.59383	51%-75% Below	No	No
53746066901	ACEBUTOLOL 200 MG CAPSULE	8	90.00	0.28	0.61644	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
53746066901	ACEBUTOLOL 200 MG CAPSULE	8	270.00	0.21	0.61644	51%-75% Below	Yes	No
53746071301	GUANFACINE 2 MG TABLET	5	90.00	0.17	0.25617	26%-50% Below	No	No
53746071301	GUANFACINE 2 MG TABLET	6	30.00	0.37	0.25901	26%-50% Above	No	No
53746071301	GUANFACINE 2 MG TABLET	7	30.00	0.17	0.26464	26%-50% Below	No	No
53746071301	GUANFACINE 2 MG TABLET	8	30.00	0.37	0.27213	26%-50% Above	No	No
53746074501	PROMETHAZINE 12.5 MG TABLET	4	30.00	0.04	0.05113	26%-50% Below	Yes	No
53746074501	PROMETHAZINE 12.5 MG TABLET	4	30.00	0.11	0.05113	101%-200% Above	Yes	No
53746074501	PROMETHAZINE 12.5 MG TABLET	5	40.00	0.11	0.04981	101%-200% Above	Yes	No
53746074501	PROMETHAZINE 12.5 MG TABLET	5	45.00	0.03	0.04981	26%-50% Below	Yes	No
53746074501	PROMETHAZINE 12.5 MG TABLET	6	30.00	0.04	0.04770	10%-25% Below	Yes	No
53746074501	PROMETHAZINE 12.5 MG TABLET	7	20.00	0.11	0.04992	101%-200% Above	Yes	No
53746074501	PROMETHAZINE 12.5 MG TABLET	7	120.00	0.11	0.04992	101%-200% Above	Yes	No
53746074501	PROMETHAZINE 12.5 MG TABLET	8	30.00	0.03	0.05342	26%-50% Below	Yes	No
53746074501	PROMETHAZINE 12.5 MG TABLET	8	30.00	0.11	0.05342	101%-200% Above	No	No
53746074501	PROMETHAZINE 12.5 MG TABLET	8	30.00	0.11	0.05342	101%-200% Above	Yes	No
53746075101	BENAZEPRIL HCL 5 MG TABLET	4	90.00	0.03	0.04770	26%-50% Below	Yes	No
53746075101	BENAZEPRIL HCL 5 MG TABLET	6	90.00	0.04	0.04822	10%-25% Below	Yes	No
53746075101	BENAZEPRIL HCL 5 MG TABLET	6	90.00	0.14	0.04822	101%-200% Above	Yes	No
53746075201	BENAZEPRIL HCL 10 MG TABLET	6	90.00	0.11	0.06589	51%-75% Above	Yes	No
53746075201	BENAZEPRIL HCL 10 MG TABLET	8	30.00	0.06	0.06500	10%-25% Below	Yes	No
53746075401	BENAZEPRIL HCL 40 MG TABLET	4	90.00	0.06	0.09936	26%-50% Below	Yes	No
53746075401	BENAZEPRIL HCL 40 MG TABLET	5	90.00	0.12	0.09915	10%-25% Above	Yes	No
53746075401	BENAZEPRIL HCL 40 MG TABLET	7	30.00	0.07	0.09817	10%-25% Below	Yes	No
53746075401	BENAZEPRIL HCL 40 MG TABLET	7	90.00	0.06	0.09817	26%-50% Below	Yes	No
53746075401	BENAZEPRIL HCL 40 MG TABLET	8	30.00	0.07	0.10043	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2.67	7.77983	51%-75% Below	No	No
53746083153	CIPROFLOX-DEXAMETH OTIC SUSP	5	7.50	0.70	7.39657	76%-100% Below	No	No
54629001893	OMEGA-3 CAP 1000MG	8	90.00	0.11	.		No	No
54629794101	VITAMIN D3 TAB 5000UNIT	7	6.00	0.05	.		No	No
54838050280	HYDROXYZINE 10 MG/5 ML SYRUP	4	675.00	0.06	0.12093	26%-50% Below	Yes	No
54838050280	HYDROXYZINE 10 MG/5 ML SYRUP	7	255.00	0.07	0.11173	26%-50% Below	Yes	No
54838050280	HYDROXYZINE 10 MG/5 ML SYRUP	7	675.00	0.06	0.11173	26%-50% Below	Yes	No
54838050615	HYOSYNE DRO 0.125/ML	7	15.00	1.52	.		No	No
54838051180	HYOSYNE ELX 0.125/5	4	60.00	0.13	.		Yes	No
55111011901	FAMOTIDINE 20 MG TABLET	6	180.00	0.02	0.03016	26%-50% Below	No	No
55111014430	FLUCONAZOLE 100 MG TABLET	4	9.00	0.64	0.23591	101%-200% Above	No	No
55111014430	FLUCONAZOLE 100 MG TABLET	6	9.00	0.64	0.23643	101%-200% Above	No	No
55111014430	FLUCONAZOLE 100 MG TABLET	7	5.00	0.64	0.23307	101%-200% Above	No	No
55111014430	FLUCONAZOLE 100 MG TABLET	8	2.00	0.64	0.22770	101%-200% Above	No	No
55111014430	FLUCONAZOLE 100 MG TABLET	8	5.00	0.64	0.22770	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	3	2.00	1.40	0.74186	76%-100% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	4	1.00	1.46	0.42729	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	4	1.00	1.56	0.42729	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	4	2.00	1.24	0.42729	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	4	2.00	1.32	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	3.00	1.33	0.42729	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	4	3.00	2.16	0.42729	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	4	4.00	2.17	0.42729	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	4	14.00	2.17	0.42729	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	1.00	1.53	0.42280	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	5	1.00	1.56	0.42280	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	5	1.00	2.16	0.42280	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	5	2.00	1.18	0.42280	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	5	2.00	1.24	0.42280	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	5	2.00	1.32	0.42280	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	5	2.00	1.35	0.42280	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	5	2.00	1.61	0.42280	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	5	2.00	1.67	0.42280	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	5	2.00	2.17	0.42280	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	5	3.00	2.16	0.42280	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	5	6.00	2.17	0.42280	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	5	8.00	2.17	0.42280	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	6	1.00	1.54	0.41614	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	6	1.00	1.76	0.41614	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	6	1.00	2.16	0.41614	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	6	2.00	1.24	0.41614	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	6	2.00	1.32	0.41614	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	6	2.00	1.39	0.41614	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	6	2.00	1.49	0.41614	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	6	2.00	1.61	0.41614	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	6	2.00	2.17	0.41614	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	6	3.00	1.06	0.41614	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	6	3.00	1.16	0.41614	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	6	3.00	1.19	0.41614	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	5.00	2.16	0.41614	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	7	1.00	0.11	0.40319	51%-75% Below	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	7	1.00	0.26	0.40319	26%-50% Below	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	7	1.00	1.46	0.40319	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	7	1.00	1.56	0.40319	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	7	1.00	1.63	0.40319	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	7	1.00	2.16	0.40319	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	7	2.00	1.20	0.40319	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	7	2.00	1.32	0.40319	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	7	2.00	1.32	0.40319	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	7	2.00	1.39	0.40319	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	7	2.00	1.40	0.40319	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	7	2.00	2.17	0.40319	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	7	4.00	2.17	0.40319	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	8	1.00	1.44	0.43349	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	8	1.00	1.56	0.43349	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	8	1.00	1.69	0.43349	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	8	1.00	2.16	0.43349	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	8	2.00	1.20	0.43349	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	8	2.00	1.32	0.43349	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	8	2.00	2.17	0.43349	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	8	3.00	2.16	0.43349	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	8	6.00	0.93	0.43349	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	8	12.00	2.17	0.43349	200% Above	No	No
55111014630	FLUCONAZOLE 200 MG TABLET	4	11.00	0.15	0.42204	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111014630	FLUCONAZOLE 200 MG TABLET	5	12.00	0.21	0.42769	26%-50% Below	No	No
55111014630	FLUCONAZOLE 200 MG TABLET	5	14.00	0.93	0.42769	101%-200% Above	No	No
55111014630	FLUCONAZOLE 200 MG TABLET	6	12.00	0.21	0.42669	26%-50% Below	No	No
55111014630	FLUCONAZOLE 200 MG TABLET	6	14.00	0.93	0.42669	101%-200% Above	No	No
55111014630	FLUCONAZOLE 200 MG TABLET	7	3.00	0.93	0.42745	101%-200% Above	No	No
55111015001	FLUOXETINE HCL 10 MG TABLET	4	60.00	0.21	0.06948	101%-200% Above	Yes	No
55111015001	FLUOXETINE HCL 10 MG TABLET	5	135.00	0.21	0.06677	200% Above	Yes	No
55111015001	FLUOXETINE HCL 10 MG TABLET	6	90.00	0.21	0.06786	200% Above	Yes	No
55111015001	FLUOXETINE HCL 10 MG TABLET	8	14.00	0.96	0.07135	200% Above	Yes	No
55111015001	FLUOXETINE HCL 10 MG TABLET	8	60.00	0.21	0.07135	101%-200% Above	Yes	No
55111015001	FLUOXETINE HCL 10 MG TABLET	8	135.00	0.21	0.07135	101%-200% Above	Yes	No
55111015030	FLUOXETINE HCL 10 MG TABLET	6	90.00	0.21	0.06786	200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	4	10.00	0.07	0.06330	10%-25% Above	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	5	18.00	0.05	0.06409	26%-50% Below	Yes	No
55111015330	ONDANSETRON HCL 4 MG TABLET	5	18.00	0.05	0.06409	10%-25% Below	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	5	18.00	0.19	0.06409	101%-200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	6	10.00	0.19	0.06312	101%-200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	6	15.00	0.06	0.06312	10%-25% Below	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	6	15.00	0.19	0.06312	101%-200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	6	18.00	0.05	0.06312	10%-25% Below	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	6	18.00	0.19	0.06312	101%-200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	7	15.00	0.19	0.06125	200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	7	18.00	0.19	0.06125	200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	7	20.00	0.19	0.06125	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111015330	ONDANSETRON HCL 4 MG TABLET	7	25.00	0.19	0.06125	200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	7	30.00	0.19	0.06125	200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	8	4.00	0.14	0.05966	101%-200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	8	16.00	0.05	0.05966	10%-25% Below	Yes	No
55111015330	ONDANSETRON HCL 4 MG TABLET	8	20.00	0.19	0.05966	200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	8	30.00	0.04	0.05966	26%-50% Below	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	8	30.00	0.19	0.05966	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	4	18.00	0.24	0.08953	101%-200% Above	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	5	18.00	0.24	0.08961	101%-200% Above	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	6	14.00	0.24	0.08806	101%-200% Above	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	7	12.00	0.24	0.08451	101%-200% Above	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	7	30.00	0.24	0.08451	101%-200% Above	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	8	1.00	0.39	0.08122	200% Above	Yes	No
55111015430	ONDANSETRON HCL 8 MG TABLET	8	18.00	0.06	0.08122	26%-50% Below	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	8	18.00	0.06	0.08122	10%-25% Below	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	8	20.00	0.24	0.08122	101%-200% Above	No	No
55111015810	OMEPRAZOLE DR 20 MG CAPSULE	5	30.00	0.10	0.02859	200% Above	No	No
55111015810	OMEPRAZOLE DR 20 MG CAPSULE	6	30.00	0.10	0.02799	200% Above	No	No
55111015810	OMEPRAZOLE DR 20 MG CAPSULE	7	30.00	0.10	0.02768	200% Above	No	No
55111016330	OLANZAPINE 2.5 MG TABLET	5	30.00	0.44	0.08043	200% Above	No	No
55111016330	OLANZAPINE 2.5 MG TABLET	7	30.00	0.05	0.08084	26%-50% Below	No	No
55111016330	OLANZAPINE 2.5 MG TABLET	7	30.00	0.44	0.08084	200% Above	No	No
55111016730	OLANZAPINE 15 MG TABLET	6	30.00	0.08	0.13678	26%-50% Below	No	No
55111016730	OLANZAPINE 15 MG TABLET	7	30.00	0.08	0.13180	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111016830	OLANZAPINE 20 MG TABLET	4	30.00	0.22	0.14921	26%-50% Above	No	No
55111016830	OLANZAPINE 20 MG TABLET	5	30.00	0.22	0.14886	26%-50% Above	No	No
55111016830	OLANZAPINE 20 MG TABLET	6	30.00	0.22	0.14459	26%-50% Above	No	No
55111016830	OLANZAPINE 20 MG TABLET	7	30.00	0.22	0.14322	51%-75% Above	No	No
55111016830	OLANZAPINE 20 MG TABLET	8	30.00	0.22	0.14324	51%-75% Above	No	No
55111017290	FINASTERIDE 5 MG TABLET	5	90.00	0.10	0.06945	26%-50% Above	Yes	No
55111017290	FINASTERIDE 5 MG TABLET	5	90.00	0.17	0.06945	101%-200% Above	Yes	No
55111017290	FINASTERIDE 5 MG TABLET	8	90.00	0.10	0.06839	26%-50% Above	Yes	No
55111017290	FINASTERIDE 5 MG TABLET	8	90.00	0.17	0.06839	101%-200% Above	Yes	No
55111017910	TIZANIDINE HCL 2 MG TABLET	6	20.00	0.11	0.03086	200% Above	No	No
55111017915	TIZANIDINE HCL 2 MG TABLET	6	15.00	0.06	0.03086	101%-200% Above	No	No
55111017915	TIZANIDINE HCL 2 MG TABLET	6	30.00	0.11	0.03086	200% Above	No	No
55111017915	TIZANIDINE HCL 2 MG TABLET	6	30.00	0.11	0.03086	200% Above	Yes	No
55111017915	TIZANIDINE HCL 2 MG TABLET	7	30.00	0.03	0.02988	10%-25% Above	No	No
55111017915	TIZANIDINE HCL 2 MG TABLET	7	60.00	0.11	0.02988	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	5	14.00	0.09	0.03385	101%-200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	5	30.00	0.09	0.03385	101%-200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	5	60.00	0.09	0.03385	101%-200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	5	90.00	0.09	0.03385	101%-200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	6	30.00	0.09	0.03318	101%-200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	6	50.00	0.09	0.03318	101%-200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	6	60.00	0.03	0.03318	10%-25% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	6	90.00	0.09	0.03318	101%-200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	6	270.00	0.09	0.03318	101%-200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	7	14.00	0.09	0.03227	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	30.00	0.03	0.03227	10%-25% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	7	90.00	0.09	0.03227	101%-200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	8	15.00	0.09	0.03192	101%-200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	8	45.00	0.09	0.03192	101%-200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	8	50.00	0.09	0.03192	101%-200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	8	60.00	0.03	0.03192	10%-25% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	8	90.00	0.09	0.03192	101%-200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	4	10.00	0.09	0.03342	101%-200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	4	120.00	0.09	0.03342	101%-200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	5	30.00	0.09	0.03385	101%-200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	5	45.00	0.09	0.03385	101%-200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	5	60.00	0.02	0.03385	26%-50% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	5	270.00	0.09	0.03385	101%-200% Above	Yes	No
55111018015	TIZANIDINE HCL 4 MG TABLET	6	14.00	0.07	0.03318	101%-200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	6	30.00	0.04	0.03318	26%-50% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	6	30.00	0.09	0.03318	101%-200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	6	45.00	0.03	0.03318	10%-25% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	6	60.00	0.03	0.03318	10%-25% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	6	90.00	0.02	0.03318	10%-25% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	6	120.00	0.09	0.03318	101%-200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	7	20.00	0.04	0.03227	10%-25% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	7	30.00	0.04	0.03227	26%-50% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	7	30.00	0.09	0.03227	101%-200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	7	36.00	0.09	0.03227	101%-200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	7	45.00	0.03	0.03227	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111018015	TIZANIDINE HCL 4 MG TABLET	7	50.00	0.09	0.03227	101%-200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	7	60.00	0.02	0.03227	26%-50% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	7	60.00	0.09	0.03227	101%-200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	7	90.00	0.02	0.03227	26%-50% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	7	90.00	0.03	0.03227	10%-25% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	7	90.00	0.09	0.03227	101%-200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	7	120.00	0.09	0.03227	101%-200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	8	30.00	0.04	0.03192	26%-50% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	8	30.00	0.09	0.03192	101%-200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	8	45.00	0.03	0.03192	10%-25% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	8	45.00	0.09	0.03192	101%-200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	8	60.00	0.03	0.03192	10%-25% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	8	60.00	0.09	0.03192	101%-200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	8	90.00	0.03	0.03192	10%-25% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	8	90.00	0.09	0.03192	101%-200% Above	No	No
55111019605	CLOPIDOGREL 75 MG TABLET	4	30.00	0.10	0.04802	101%-200% Above	No	No
55111019605	CLOPIDOGREL 75 MG TABLET	4	90.00	0.06	0.04802	26%-50% Above	No	No
55111019605	CLOPIDOGREL 75 MG TABLET	8	90.00	0.06	0.04704	26%-50% Above	No	No
55111023090	PRAVASTATIN SODIUM 20 MG TAB	5	90.00	0.13	0.06117	101%-200% Above	No	No
55111025660	ZIPRASIDONE HCL 20 MG CAPSULE	5	60.00	0.25	0.31359	10%-25% Below	No	No
55111026281	OLANZAPINE ODT 5 MG TABLET	4	90.00	0.36	0.31199	10%-25% Above	No	No
55111028050	LEVOFLOXACIN 500 MG TABLET	4	7.00	0.41	0.14361	101%-200% Above	No	No
55111028050	LEVOFLOXACIN 500 MG TABLET	7	10.00	0.41	0.13563	200% Above	No	No
55111028050	LEVOFLOXACIN 500 MG TABLET	8	10.00	0.41	0.13392	200% Above	No	No
55111028130	LEVOFLOXACIN 750 MG TABLET	7	7.00	0.52	0.27306	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111028130	LEVOFLOXACIN 750 MG TABLET	7	14.00	0.52	0.27306	76%-100% Above	No	No
55111029136	SUMATRIPTAN SUCC 25 MG TABLET	4	9.00	0.46	0.26045	51%-75% Above	No	No
55111029136	SUMATRIPTAN SUCC 25 MG TABLET	6	9.00	0.46	0.28419	51%-75% Above	No	No
55111029198	SUMATRIPTAN SUCC 25 MG TABLET	7	9.00	0.46	0.27560	51%-75% Above	No	No
55111029236	SUMATRIPTAN SUCC 50 MG TABLET	4	9.00	0.44	0.33593	26%-50% Above	No	No
55111029236	SUMATRIPTAN SUCC 50 MG TABLET	4	20.00	0.44	0.33593	26%-50% Above	No	No
55111029236	SUMATRIPTAN SUCC 50 MG TABLET	5	9.00	0.44	0.34058	26%-50% Above	No	No
55111029236	SUMATRIPTAN SUCC 50 MG TABLET	6	9.00	0.44	0.33192	26%-50% Above	No	No
55111029236	SUMATRIPTAN SUCC 50 MG TABLET	7	9.00	0.44	0.31274	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	4	9.00	0.56	0.33593	51%-75% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	4	12.00	0.42	0.33593	10%-25% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	5	9.00	0.44	0.34058	26%-50% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	5	12.00	0.42	0.34058	10%-25% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	6	6.00	0.44	0.33192	26%-50% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	6	12.00	0.44	0.33192	26%-50% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	7	9.00	0.56	0.31274	76%-100% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	7	9.00	0.66	0.31274	101%-200% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	7	12.00	0.44	0.31274	26%-50% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	8	9.00	0.56	0.29945	76%-100% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	4	9.00	0.03	0.43221	76%-100% Below	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	4	9.00	0.65	0.43221	26%-50% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	4	9.00	0.75	0.43221	51%-75% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	4	12.00	0.66	0.43221	51%-75% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	5	9.00	0.65	0.43654	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	9.00	0.75	0.43654	51%-75% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	5	9.00	0.76	0.43654	51%-75% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	5	10.00	0.64	0.43654	26%-50% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	5	12.00	0.66	0.43654	51%-75% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	6	9.00	0.65	0.43415	26%-50% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	6	9.00	0.75	0.43415	51%-75% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	6	9.00	0.76	0.43415	76%-100% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	6	9.00	0.83	0.43415	76%-100% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	7	9.00	0.62	0.43386	26%-50% Above	Yes	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	7	9.00	0.63	0.43386	26%-50% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	7	9.00	0.68	0.43386	51%-75% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	7	10.00	0.64	0.43386	26%-50% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	7	18.00	0.62	0.43386	26%-50% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	8	9.00	0.68	0.43089	51%-75% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	8	9.00	0.76	0.43089	76%-100% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	8	10.00	0.64	0.43089	26%-50% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	8	12.00	0.62	0.43089	26%-50% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	8	18.00	0.60	0.43089	26%-50% Above	No	No
55111032001	GLIMEPIRIDE 1 MG TABLET	7	30.00	0.08	0.02331	200% Above	Yes	No
55111032001	GLIMEPIRIDE 1 MG TABLET	8	90.00	0.08	0.02389	200% Above	Yes	No
55111032005	GLIMEPIRIDE 1 MG TABLET	5	90.00	0.05	0.02217	101%-200% Above	No	No
55111032101	GLIMEPIRIDE 2 MG TABLET	4	90.00	0.12	0.03330	200% Above	No	No
55111032101	GLIMEPIRIDE 2 MG TABLET	4	180.00	0.10	0.03330	101%-200% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	5	30.00	0.10	0.03581	101%-200% Above	No	No
55111032101	GLIMEPIRIDE 2 MG TABLET	5	90.00	0.10	0.03581	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111032101	GLIMEPIRIDE 2 MG TABLET	5	180.00	0.10	0.03581	101%-200% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	5	180.00	0.11	0.03581	200% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	6	90.00	0.10	0.03730	101%-200% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	7	180.00	0.07	0.03739	76%-100% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	7	180.00	0.11	0.03739	101%-200% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	8	30.00	0.10	0.03726	101%-200% Above	No	No
55111032101	GLIMEPIRIDE 2 MG TABLET	8	90.00	0.10	0.03726	101%-200% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	8	90.00	0.11	0.03726	101%-200% Above	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	6	30.00	0.13	0.03730	200% Above	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	7	30.00	0.13	0.03739	200% Above	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	8	30.00	0.13	0.03726	200% Above	No	No
55111032201	GLIMEPIRIDE 4 MG TABLET	4	30.00	0.15	0.04722	200% Above	Yes	No
55111032201	GLIMEPIRIDE 4 MG TABLET	4	180.00	0.08	0.04722	51%-75% Above	No	No
55111032201	GLIMEPIRIDE 4 MG TABLET	5	90.00	0.08	0.05182	51%-75% Above	No	No
55111032201	GLIMEPIRIDE 4 MG TABLET	5	90.00	0.08	0.05182	51%-75% Above	Yes	No
55111032201	GLIMEPIRIDE 4 MG TABLET	5	90.00	0.09	0.05182	76%-100% Above	Yes	No
55111032201	GLIMEPIRIDE 4 MG TABLET	5	90.00	0.13	0.05182	101%-200% Above	Yes	No
55111032201	GLIMEPIRIDE 4 MG TABLET	5	90.00	0.14	0.05182	101%-200% Above	No	No
55111032201	GLIMEPIRIDE 4 MG TABLET	5	90.00	0.21	0.05182	200% Above	Yes	No
55111032201	GLIMEPIRIDE 4 MG TABLET	5	180.00	0.13	0.05182	101%-200% Above	Yes	No
55111032201	GLIMEPIRIDE 4 MG TABLET	6	90.00	0.08	0.05243	51%-75% Above	Yes	No
55111032201	GLIMEPIRIDE 4 MG TABLET	6	90.00	0.13	0.05243	101%-200% Above	Yes	No
55111032201	GLIMEPIRIDE 4 MG TABLET	7	90.00	0.08	0.05112	51%-75% Above	No	No
55111032201	GLIMEPIRIDE 4 MG TABLET	7	90.00	0.18	0.05112	200% Above	No	No
55111032201	GLIMEPIRIDE 4 MG TABLET	7	180.00	0.08	0.05112	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	180.00	0.08	0.05144	51%-75% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	4	30.00	0.13	0.04722	101%-200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	4	90.00	0.08	0.04722	51%-75% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	5	30.00	0.13	0.05182	101%-200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	5	60.00	0.08	0.05182	51%-75% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	5	180.00	0.08	0.05182	51%-75% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	6	30.00	0.13	0.05243	101%-200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	6	60.00	0.08	0.05243	51%-75% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	6	90.00	0.08	0.05243	51%-75% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	6	90.00	0.11	0.05243	101%-200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	7	30.00	0.13	0.05112	101%-200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	7	60.00	0.08	0.05112	51%-75% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	7	180.00	0.08	0.05112	51%-75% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	8	60.00	0.08	0.05144	51%-75% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	8	90.00	0.08	0.05144	51%-75% Above	No	No
55111033290	PANTOPRAZOLE SOD DR 20 MG TAB	7	30.00	0.02	0.04338	26%-50% Below	Yes	No
55111033290	PANTOPRAZOLE SOD DR 20 MG TAB	7	90.00	0.07	0.04338	51%-75% Above	Yes	No
55111033290	PANTOPRAZOLE SOD DR 20 MG TAB	7	90.00	0.10	0.04338	101%-200% Above	Yes	No
55111033290	PANTOPRAZOLE SOD DR 20 MG TAB	7	90.00	0.13	0.04338	200% Above	Yes	No
55111033290	PANTOPRAZOLE SOD DR 20 MG TAB	8	30.00	0.09	0.04278	101%-200% Above	Yes	No
55111033290	PANTOPRAZOLE SOD DR 20 MG TAB	8	30.00	0.13	0.04278	200% Above	Yes	No
55111033290	PANTOPRAZOLE SOD DR 20 MG TAB	8	90.00	0.13	0.04278	200% Above	Yes	No
55111033310	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	0.11	0.03608	200% Above	Yes	No
55111033310	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.00	0.02	0.03597	26%-50% Below	Yes	No
55111033310	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.00	0.10	0.03597	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111033310	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.00	0.10	0.03597	101%-200% Above	Yes	No
55111033310	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.00	0.11	0.03597	200% Above	Yes	No
55111033310	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.00	0.11	0.03597	200% Above	Yes	No
55111033310	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.00	0.02	0.03597	26%-50% Below	Yes	No
55111033310	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.00	0.08	0.03597	101%-200% Above	Yes	No
55111033310	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.00	0.09	0.03597	101%-200% Above	Yes	No
55111033310	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.00	0.09	0.03597	101%-200% Above	Yes	No
55111033310	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.00	0.09	0.03597	101%-200% Above	Yes	No
55111033310	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.00	0.11	0.03597	200% Above	Yes	No
55111033310	PANTOPRAZOLE SOD DR 40 MG TAB	7	180.00	0.10	0.03597	101%-200% Above	Yes	No
55111033310	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.00	0.09	0.03522	101%-200% Above	Yes	No
55111033310	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.00	0.11	0.03522	200% Above	Yes	No
55111033310	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.00	0.11	0.03522	200% Above	Yes	No
55111033310	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	0.07	0.03522	101%-200% Above	Yes	No
55111033310	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	0.08	0.03522	101%-200% Above	Yes	No
55111033310	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	0.09	0.03522	101%-200% Above	Yes	No
55111033310	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	0.09	0.03522	101%-200% Above	Yes	No
55111033310	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	0.09	0.03522	101%-200% Above	Yes	No
55111033310	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	0.09	0.03522	101%-200% Above	Yes	No
55111033310	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	0.10	0.03522	101%-200% Above	Yes	No
55111033310	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	0.11	0.03522	200% Above	Yes	No
55111033310	PANTOPRAZOLE SOD DR 40 MG TAB	8	180.00	0.07	0.03522	101%-200% Above	Yes	No
55111033310	PANTOPRAZOLE SOD DR 40 MG TAB	8	180.00	0.11	0.03522	200% Above	Yes	No
55111033310	PANTOPRAZOLE SOD DR 40 MG TAB	8	360.00	0.09	0.03522	101%-200% Above	Yes	No
55111033901	AMLODIPINE-BENAZEPRIL 5-10 MG	7	90.00	0.12	0.10206	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111034001	AMLODIPINE-BENAZEPRIL 5-20 MG	6	90.00	0.14	0.10399	26%-50% Above	No	No
55111034101	AMLODIPINE-BENAZEPRIL 10-20 MG	4	90.00	0.13	0.11604	10%-25% Above	No	No
55111034101	AMLODIPINE-BENAZEPRIL 10-20 MG	6	30.00	0.33	0.11711	101%-200% Above	No	No
55111034101	AMLODIPINE-BENAZEPRIL 10-20 MG	8	90.00	0.13	0.11540	10%-25% Above	No	No
55111039890	LANSOPRAZOLE DR 15 MG CAPSULE	4	90.00	0.15	0.17498	10%-25% Below	No	No
55111039905	LANSOPRAZOLE DR 30 MG CAPSULE	4	90.00	0.13	0.10802	10%-25% Above	No	No
55111039905	LANSOPRAZOLE DR 30 MG CAPSULE	5	90.00	0.13	0.10746	10%-25% Above	No	No
55111039905	LANSOPRAZOLE DR 30 MG CAPSULE	7	90.00	0.13	0.10894	10%-25% Above	No	No
55111039990	LANSOPRAZOLE DR 30 MG CAPSULE	6	30.00	0.13	0.10666	10%-25% Above	No	No
55111039990	LANSOPRAZOLE DR 30 MG CAPSULE	7	30.00	0.13	0.10894	10%-25% Above	No	No
55111039990	LANSOPRAZOLE DR 30 MG CAPSULE	7	90.00	0.13	0.10894	10%-25% Above	No	No
55111046601	METOPROLOL SUCC ER 25 MG TAB	4	90.00	0.11	0.05863	76%-100% Above	No	No
55111046601	METOPROLOL SUCC ER 25 MG TAB	7	15.00	0.11	0.04953	101%-200% Above	No	No
55111046601	METOPROLOL SUCC ER 25 MG TAB	8	15.00	0.11	0.04985	101%-200% Above	No	No
55111046601	METOPROLOL SUCC ER 25 MG TAB	8	30.00	0.01	0.04985	76%-100% Below	No	No
55111046601	METOPROLOL SUCC ER 25 MG TAB	8	90.00	0.11	0.04985	101%-200% Above	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	5	90.00	0.11	0.05865	76%-100% Above	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	5	90.00	0.11	0.05865	76%-100% Above	Yes	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	6	15.00	0.11	0.05549	101%-200% Above	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	6	30.00	0.17	0.05549	200% Above	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	6	90.00	0.11	0.05549	101%-200% Above	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	6	90.00	0.11	0.05549	101%-200% Above	Yes	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	6	90.00	0.17	0.05549	101%-200% Above	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	6	90.00	0.19	0.05549	200% Above	Yes	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	6	90.00	0.22	0.05549	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111046605	METOPROLOL SUCC ER 25 MG TAB	7	90.00	0.11	0.04953	101%-200% Above	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	8	90.00	0.11	0.04985	101%-200% Above	Yes	No
55111046701	METOPROLOL SUCC ER 50 MG TAB	4	30.00	0.01	0.05251	76%-100% Below	No	No
55111046701	METOPROLOL SUCC ER 50 MG TAB	5	30.00	0.01	0.05393	76%-100% Below	No	No
55111046701	METOPROLOL SUCC ER 50 MG TAB	5	30.00	0.21	0.05393	200% Above	No	No
55111046701	METOPROLOL SUCC ER 50 MG TAB	5	90.00	0.11	0.05393	76%-100% Above	No	No
55111046701	METOPROLOL SUCC ER 50 MG TAB	6	30.00	0.01	0.05788	76%-100% Below	No	No
55111046701	METOPROLOL SUCC ER 50 MG TAB	6	30.00	0.11	0.05788	76%-100% Above	No	No
55111046701	METOPROLOL SUCC ER 50 MG TAB	6	90.00	0.11	0.05788	76%-100% Above	No	No
55111046701	METOPROLOL SUCC ER 50 MG TAB	6	90.00	0.19	0.05788	200% Above	No	No
55111046701	METOPROLOL SUCC ER 50 MG TAB	6	90.00	0.25	0.05788	200% Above	No	No
55111046701	METOPROLOL SUCC ER 50 MG TAB	6	180.00	0.11	0.05788	76%-100% Above	No	No
55111046701	METOPROLOL SUCC ER 50 MG TAB	7	30.00	0.01	0.05874	76%-100% Below	No	No
55111046701	METOPROLOL SUCC ER 50 MG TAB	7	30.00	0.11	0.05874	76%-100% Above	No	No
55111046701	METOPROLOL SUCC ER 50 MG TAB	7	90.00	0.11	0.05874	76%-100% Above	No	No
55111046701	METOPROLOL SUCC ER 50 MG TAB	8	30.00	0.11	0.05705	76%-100% Above	No	No
55111046701	METOPROLOL SUCC ER 50 MG TAB	8	90.00	0.11	0.05705	76%-100% Above	No	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	4	30.00	0.21	0.05251	200% Above	No	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	5	30.00	0.11	0.05393	76%-100% Above	No	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	6	30.00	0.11	0.05788	76%-100% Above	No	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	7	30.00	0.11	0.05874	76%-100% Above	No	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	8	30.00	0.11	0.05705	76%-100% Above	No	No
55111046801	METOPROLOL SUCC ER 100 MG TAB	5	90.00	0.29	0.08603	200% Above	No	No
55111046801	METOPROLOL SUCC ER 100 MG TAB	6	90.00	0.17	0.09059	76%-100% Above	No	No
55111046805	METOPROLOL SUCC ER 100 MG TAB	6	90.00	0.27	0.09059	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111051930	ATOMOXETINE HCL 10 MG CAPSULE	7	60.00	1.67	0.34318	200% Above	No	No
55111052030	ATOMOXETINE HCL 18 MG CAPSULE	4	30.00	0.29	0.47908	26%-50% Below	No	No
55111052030	ATOMOXETINE HCL 18 MG CAPSULE	4	30.00	1.63	0.47908	200% Above	No	No
55111052030	ATOMOXETINE HCL 18 MG CAPSULE	7	14.00	1.63	0.42719	200% Above	Yes	No
55111052030	ATOMOXETINE HCL 18 MG CAPSULE	8	56.00	1.63	0.40863	200% Above	Yes	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	4	30.00	1.78	0.49646	200% Above	No	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	4	90.00	1.78	0.49646	200% Above	No	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	5	14.00	0.71	0.48061	26%-50% Above	Yes	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	5	30.00	1.78	0.48061	200% Above	No	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	5	60.00	0.25	0.48061	26%-50% Below	Yes	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	5	60.00	1.78	0.48061	200% Above	Yes	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	6	30.00	1.78	0.47693	200% Above	No	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	7	30.00	1.78	0.45925	200% Above	No	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	8	30.00	1.78	0.44685	200% Above	No	No
55111052230	ATOMOXETINE HCL 60 MG CAPSULE	4	30.00	1.82	0.53337	200% Above	Yes	No
55111052230	ATOMOXETINE HCL 60 MG CAPSULE	5	30.00	0.24	0.52780	51%-75% Below	Yes	No
55111052230	ATOMOXETINE HCL 60 MG CAPSULE	6	30.00	0.24	0.49691	51%-75% Below	Yes	No
55111052230	ATOMOXETINE HCL 60 MG CAPSULE	6	90.00	1.37	0.49691	101%-200% Above	Yes	No
55111052830	ATOMOXETINE HCL 25 MG CAPSULE	5	30.00	0.33	0.42167	10%-25% Below	Yes	No
55111053201	DIVALPROEX DR 125 MG CAP SPRNK	4	240.00	0.10	0.19834	51%-75% Below	Yes	No
55111053201	DIVALPROEX DR 125 MG CAP SPRNK	6	240.00	0.10	0.19592	51%-75% Below	Yes	No
55111053201	DIVALPROEX DR 125 MG CAP SPRNK	7	240.00	0.10	0.20608	51%-75% Below	Yes	No
55111053201	DIVALPROEX DR 125 MG CAP SPRNK	8	120.00	0.13	0.20152	26%-50% Below	No	No
55111053201	DIVALPROEX DR 125 MG CAP SPRNK	8	240.00	0.10	0.20152	51%-75% Below	Yes	No
55111056330	ATOMOXETINE HCL 80 MG CAPSULE	5	30.00	0.33	0.55352	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111056330	ATOMOXETINE HCL 80 MG CAPSULE	6	30.00	0.33	0.54891	26%-50% Below	Yes	No
55111056330	ATOMOXETINE HCL 80 MG CAPSULE	6	30.00	1.91	0.54891	200% Above	No	No
55111056330	ATOMOXETINE HCL 80 MG CAPSULE	7	30.00	0.33	0.55457	26%-50% Below	Yes	No
55111056330	ATOMOXETINE HCL 80 MG CAPSULE	7	30.00	1.91	0.55457	200% Above	No	No
55111057543	IBANDRONATE SODIUM 150 MG TAB	7	3.00	4.50	2.75665	51%-75% Above	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	8	30.00	0.14	0.15360	10%-25% Below	No	No
55111061901	ESZOPICLONE 2 MG TABLET	4	30.00	0.17	0.08760	76%-100% Above	No	No
55111061901	ESZOPICLONE 2 MG TABLET	5	30.00	0.17	0.08997	76%-100% Above	No	No
55111061901	ESZOPICLONE 2 MG TABLET	7	30.00	0.17	0.09181	76%-100% Above	No	No
55111062660	ZAFIRLUKAST 20 MG TABLET	4	60.00	0.32	0.66536	51%-75% Below	Yes	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	4	30.00	0.08	0.02847	101%-200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	4	90.00	0.04	0.02847	26%-50% 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	0.05	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	5	14.00	0.10	0.02859	200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	5	30.00	0.07	0.02859	101%-200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	5	30.00	0.07	0.02859	101%-200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	5	30.00	0.08	0.02859	101%-200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	5	60.00	0.06	0.02859	101%-200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	5	60.00	0.10	0.02859	200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	5	90.00	0.05	0.02859	76%-100% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	5	90.00	0.06	0.02859	101%-200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	5	90.00	0.06	0.02859	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	90.00	0.08	0.02859	101%-200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	5	90.00	0.10	0.02859	200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	6	30.00	0.07	0.02799	101%-200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	6	30.00	0.08	0.02799	101%-200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	6	60.00	0.06	0.02799	101%-200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	6	90.00	0.07	0.02799	101%-200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	6	90.00	0.10	0.02799	200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	6	180.00	0.10	0.02799	200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	7	30.00	0.08	0.02768	101%-200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	7	30.00	0.10	0.02768	200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	7	90.00	0.05	0.02768	76%-100% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	7	90.00	0.06	0.02768	76%-100% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	7	90.00	0.10	0.02768	200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	8	30.00	0.08	0.02768	101%-200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	8	30.00	0.10	0.02768	200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	8	90.00	0.05	0.02768	76%-100% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	8	90.00	0.05	0.02768	76%-100% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	8	90.00	0.06	0.02768	101%-200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	8	90.00	0.10	0.02768	200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	4	30.00	0.16	0.05055	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	4	90.00	0.14	0.05055	101%-200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	4	90.00	0.15	0.05055	101%-200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	5	30.00	0.12	0.05068	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	90.00	0.12	0.05068	101%-200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	5	90.00	0.12	0.05068	101%-200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	6	30.00	0.12	0.05046	101%-200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	6	90.00	0.12	0.05046	101%-200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	7	30.00	0.12	0.05015	101%-200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	7	90.00	0.12	0.05015	101%-200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	7	90.00	0.12	0.05015	101%-200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	7	90.00	0.15	0.05015	200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	8	30.00	0.12	0.04942	101%-200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	8	90.00	0.12	0.04942	101%-200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	8	90.00	0.12	0.04942	101%-200% Above	No	No
55111064510	OMEPRAZOLE DR 40 MG CAPSULE	4	30.00	0.12	0.05055	101%-200% Above	No	No
55111064510	OMEPRAZOLE DR 40 MG CAPSULE	4	30.00	0.16	0.05055	200% Above	No	No
55111064510	OMEPRAZOLE DR 40 MG CAPSULE	4	90.00	0.12	0.05055	101%-200% Above	No	No
55111064510	OMEPRAZOLE DR 40 MG CAPSULE	4	90.00	0.12	0.05055	101%-200% Above	No	No
55111064510	OMEPRAZOLE DR 40 MG CAPSULE	5	30.00	0.12	0.05068	101%-200% Above	No	No
55111064510	OMEPRAZOLE DR 40 MG CAPSULE	5	30.00	0.16	0.05068	200% Above	No	No
55111064510	OMEPRAZOLE DR 40 MG CAPSULE	5	60.00	0.12	0.05068	101%-200% Above	No	No
55111064510	OMEPRAZOLE DR 40 MG CAPSULE	5	90.00	0.11	0.05068	101%-200% Above	No	No
55111064510	OMEPRAZOLE DR 40 MG CAPSULE	5	90.00	0.12	0.05068	101%-200% Above	No	No
55111064510	OMEPRAZOLE DR 40 MG CAPSULE	5	90.00	0.12	0.05068	101%-200% Above	No	No
55111064510	OMEPRAZOLE DR 40 MG CAPSULE	6	30.00	0.12	0.05046	101%-200% Above	No	No
55111064510	OMEPRAZOLE DR 40 MG CAPSULE	6	30.00	0.16	0.05046	200% Above	No	No
55111064510	OMEPRAZOLE DR 40 MG CAPSULE	6	90.00	0.03	0.05046	26%-50% Below	No	No
55111064510	OMEPRAZOLE DR 40 MG CAPSULE	6	90.00	0.11	0.05046	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111064510	OMEPRAZOLE DR 40 MG CAPSULE	6	90.00	0.12	0.05046	101%-200% Above	No	No
55111064510	OMEPRAZOLE DR 40 MG CAPSULE	7	30.00	0.12	0.05015	101%-200% Above	No	No
55111064510	OMEPRAZOLE DR 40 MG CAPSULE	7	60.00	0.12	0.05015	101%-200% Above	No	No
55111064510	OMEPRAZOLE DR 40 MG CAPSULE	7	90.00	0.12	0.05015	101%-200% Above	No	No
55111064510	OMEPRAZOLE DR 40 MG CAPSULE	7	90.00	0.12	0.05015	101%-200% Above	No	No
55111064510	OMEPRAZOLE DR 40 MG CAPSULE	7	90.00	0.15	0.05015	101%-200% Above	No	No
55111064510	OMEPRAZOLE DR 40 MG CAPSULE	8	30.00	0.12	0.04942	101%-200% Above	No	No
55111064510	OMEPRAZOLE DR 40 MG CAPSULE	8	30.00	0.15	0.04942	200% Above	No	No
55111064510	OMEPRAZOLE DR 40 MG CAPSULE	8	90.00	0.11	0.04942	101%-200% Above	No	No
55111064510	OMEPRAZOLE DR 40 MG CAPSULE	8	90.00	0.12	0.04942	101%-200% Above	No	No
55111064510	OMEPRAZOLE DR 40 MG CAPSULE	8	90.00	0.12	0.04942	101%-200% Above	No	No
55111065001	METAXALONE 800 MG TABLET	6	60.00	0.63	0.39262	51%-75% Above	No	No
55111065001	METAXALONE 800 MG TABLET	7	60.00	0.63	0.40925	51%-75% Above	No	No
55111065301	SIROLIMUS 1 MG TABLET	7	60.00	9.27	0.87498	200% Above	No	No
55111068305	IBU 600 MG TABLET	5	20.00	0.09	0.04428	101%-200% Above	No	No
55111068305	IBU 600 MG TABLET	6	10.00	0.06	0.04430	26%-50% Above	No	No
55111068305	IBU 600 MG TABLET	6	20.00	0.06	0.04430	26%-50% Above	No	No
55111068305	IBU 600 MG TABLET	6	40.00	0.04	0.04430	10%-25% Below	No	No
55111068305	IBU 600 MG TABLET	7	30.00	0.03	0.04391	10%-25% Below	No	No
55111068305	IBU 600 MG TABLET	8	15.00	0.09	0.04656	76%-100% Above	No	No
55111068305	IBU 600 MG TABLET	8	21.00	0.09	0.04656	76%-100% Above	No	No
55111068305	IBU 600 MG TABLET	10	30.00	0.03	0.05354	26%-50% Below	No	No
55111068401	IBU 800 MG TABLET	5	30.00	0.07	0.05674	10%-25% Above	Yes	No
55111068405	IBU 800 MG TABLET	4	90.00	0.07	0.05689	10%-25% Above	No	No
55111068405	IBU 800 MG TABLET	5	60.00	0.07	0.05674	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111068405	IBU 800 MG TABLET	5	90.00	0.07	0.05674	10%-25% Above	No	No
55111068405	IBU 800 MG TABLET	6	30.00	0.07	0.05605	10%-25% Above	No	No
55111068405	IBU 800 MG TABLET	6	90.00	0.07	0.05605	10%-25% Above	No	No
55111068405	IBU 800 MG TABLET	7	21.00	0.05	0.05567	10%-25% Below	Yes	No
55111072510	MONTELUKAST SOD 10 MG TABLET	6	30.00	0.01	0.04193	76%-100% Below	No	No
55111072510	MONTELUKAST SOD 10 MG TABLET	6	90.00	0.12	0.04193	101%-200% Above	No	No
55111072510	MONTELUKAST SOD 10 MG TABLET	7	90.00	0.12	0.04027	101%-200% Above	No	No
55111072510	MONTELUKAST SOD 10 MG TABLET	8	30.00	0.01	0.04154	51%-75% Below	No	No
55111072510	MONTELUKAST SOD 10 MG TABLET	8	30.00	0.18	0.04154	200% Above	No	No
55111072590	MONTELUKAST SOD 10 MG TABLET	4	90.00	0.12	0.04349	101%-200% Above	Yes	No
55111072590	MONTELUKAST SOD 10 MG TABLET	5	30.00	0.12	0.04249	101%-200% Above	Yes	No
55111072590	MONTELUKAST SOD 10 MG TABLET	5	90.00	0.12	0.04249	101%-200% Above	Yes	No
55111072590	MONTELUKAST SOD 10 MG TABLET	6	90.00	0.12	0.04193	101%-200% Above	Yes	No
55111072590	MONTELUKAST SOD 10 MG TABLET	6	90.00	0.17	0.04193	200% Above	Yes	No
55111073005	ALLOPURINOL 300 MG TABLET	6	90.00	0.22	0.05671	200% Above	No	No
55111073290	VALSARTAN 80 MG TABLET	5	90.00	0.18	0.11141	51%-75% Above	No	No
55111073290	VALSARTAN 80 MG TABLET	6	90.00	0.18	0.10538	51%-75% Above	No	No
55111073290	VALSARTAN 80 MG TABLET	8	90.00	0.18	0.08915	101%-200% Above	No	No
55111076260	VALGANCICLOVIR 450 MG TABLET	5	120.00	1.06	1.84262	26%-50% Below	No	No
55111076260	VALGANCICLOVIR 450 MG TABLET	6	120.00	1.01	1.88276	26%-50% Below	No	No
55111076260	VALGANCICLOVIR 450 MG TABLET	7	120.00	1.01	1.96719	26%-50% Below	No	No
55111076260	VALGANCICLOVIR 450 MG TABLET	8	120.00	1.04	2.01508	26%-50% Below	No	No
55111078301	FEXOFENADINE HCL 60 MG TABLET	6	30.00	0.10	0.15615	26%-50% Below	No	No
55111078301	FEXOFENADINE HCL 60 MG TABLET	7	60.00	0.09	0.15669	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	4	30.00	0.13	0.24801	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
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	4	30.00	0.16	0.24801	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	4	90.00	0.10	0.24801	51%-75% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	4	90.00	0.14	0.24801	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	4	90.00	0.15	0.24801	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	5	30.00	0.13	0.24434	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	5	30.00	0.14	0.24434	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	5	30.00	0.14	0.24434	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	5	90.00	0.10	0.24434	51%-75% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	5	90.00	0.14	0.24434	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	6	30.00	0.14	0.24448	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	6	90.00	0.09	0.24448	51%-75% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	6	90.00	0.10	0.24448	51%-75% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	6	90.00	0.14	0.24448	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	6	90.00	0.14	0.24448	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	7	10.00	0.14	0.23781	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	7	30.00	0.14	0.23781	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	7	30.00	0.14	0.23781	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	7	90.00	0.11	0.23781	51%-75% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	7	90.00	0.13	0.23781	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	7	90.00	0.14	0.23781	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	7	180.00	0.14	0.23781	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	8	30.00	0.14	0.24066	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	8	60.00	0.14	0.24066	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	90.00	0.15	0.24434	26%-50% Below	No	No
55111078430	FEXOFENADINE HCL 180 MG TABLET	8	90.00	0.15	0.24066	26%-50% Below	No	No
55150027601	TESTOSTERONE CYP 1,000 MG/10 ML	5	10.00	2.28	5.40974	51%-75% Below	Yes	No
55150027601	TESTOSTERONE CYP 1,000 MG/10 ML	7	10.00	2.28	5.19636	51%-75% Below	No	No
55150027601	TESTOSTERONE CYP 1,000 MG/10 ML	7	10.00	8.26	5.19636	51%-75% Above	No	No
55150027701	TESTOSTERONE CYP 200 MG/ML	7	4.00	6.39	11.20368	26%-50% Below	No	No
55150027801	TESTOSTERONE CYP 2,000 MG/10 ML	5	10.00	2.39	3.34416	26%-50% Below	Yes	No
55150027801	TESTOSTERONE CYP 2,000 MG/10 ML	5	10.00	6.08	3.34416	76%-100% Above	No	No
55150027801	TESTOSTERONE CYP 2,000 MG/10 ML	6	10.00	1.39	3.46142	51%-75% Below	Yes	No
55150027801	TESTOSTERONE CYP 2,000 MG/10 ML	6	10.00	1.53	3.46142	51%-75% Below	No	No
55150027801	TESTOSTERONE CYP 2,000 MG/10 ML	7	10.00	2.39	3.57200	26%-50% Below	No	No
55150027801	TESTOSTERONE CYP 2,000 MG/10 ML	8	10.00	2.39	3.65081	26%-50% Below	No	No
55150027801	TESTOSTERONE CYP 2,000 MG/10 ML	8	10.00	2.39	3.65081	26%-50% Below	Yes	No
55150030610	PROGESTERONE 500 MG/10 ML VIAL	4	20.00	0.56	1.54009	51%-75% Below	No	No
55150030610	PROGESTERONE 500 MG/10 ML VIAL	4	30.00	0.55	1.54009	51%-75% Below	No	No
55150030610	PROGESTERONE 500 MG/10 ML VIAL	6	10.00	0.58	1.48216	51%-75% Below	No	No
55150032901	MEDROXYPROGESTERONE 150 MG/ML	6	1.00	10.87	18.75967	26%-50% Below	No	No
55150032925	MEDROXYPROGESTERONE 150 MG/ML	8	1.00	10.87	22.84953	51%-75% Below	No	No
56151014701	TRUEPLUS LNC 33G	5	100.00	0.05	.		No	No
56151014701	TRUEPLUS LNC 33G	6	100.00	0.05	.		Yes	No
56151014701	TRUEPLUS LNC 33G	11	100.00	0.04	.		No	No
56151034101	TRUEPLUS LNC 28G SFTY	8	100.00	0.18	.		No	No
56151060150	KETONE TES STRIP	5	100.00	0.08	.		No	No
56151146001	TRUE METRIX TES STRIPS	4	100.00	0.49	.		No	No
56151146001	TRUE METRIX TES STRIPS	4	100.00	0.50	.		No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	100.00	0.47	.		No	No
56151146001	TRUE METRIX TES STRIPS	5	100.00	0.49	.		No	No
56151146001	TRUE METRIX TES STRIPS	6	100.00	0.49	.		No	No
56151146001	TRUE METRIX TES STRIPS	7	100.00	0.49	.		No	No
56151146004	TRUE METRIX TES STRIPS	5	100.00	0.53	.		No	No
56151146004	TRUE METRIX TES STRIPS	7	100.00	0.53	.		No	No
56151146004	TRUE METRIX TES STRIPS	8	50.00	0.54	.		No	No
56151146304	TRUE METRIX TES GLUCOSE	4	150.00	0.12	.		No	No
56151146304	TRUE METRIX TES GLUCOSE	5	50.00	0.13	.		No	No
56151146304	TRUE METRIX TES GLUCOSE	6	50.00	0.12	.		No	No
56151146304	TRUE METRIX TES GLUCOSE	6	150.00	0.12	.		No	No
56151146304	TRUE METRIX TES GLUCOSE	7	50.00	0.11	.		No	No
56151146304	TRUE METRIX TES GLUCOSE	7	150.00	0.12	.		No	No
56151147002	TRUE METRIX KIT METER	5	1.00	12.73	.		No	No
56151147002	TRUE METRIX KIT METER	8	1.00	12.33	.		No	No
57237000205	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	90.00	0.04	0.02838	26%-50% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	1.00	0.78	0.43470	76%-100% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	1.00	1.46	0.43470	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	4	1.00	0.04	0.42729	76%-100% Below	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	4	1.00	1.36	0.42729	200% Above	Yes	No
57237000511	FLUCONAZOLE 150 MG TABLET	4	1.00	1.46	0.42729	200% Above	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	1.18	0.42729	101%-200% Above	No	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	2.17	0.42729	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	3.00	0.15	0.42729	51%-75% Below	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	4	3.00	1.49	0.42729	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	4	3.00	2.16	0.42729	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	4	4.00	1.29	0.42729	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	4	5.00	1.10	0.42729	101%-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	5	1.00	0.15	0.42280	51%-75% Below	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	5	1.00	1.44	0.42280	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	5	1.00	1.46	0.42280	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	5	1.00	1.56	0.42280	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	5	1.00	1.86	0.42280	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	5	1.00	1.96	0.42280	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	5	1.00	2.16	0.42280	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	5	2.00	0.15	0.42280	51%-75% Below	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	5	2.00	1.19	0.42280	101%-200% Above	Yes	No
57237000511	FLUCONAZOLE 150 MG TABLET	5	2.00	1.23	0.42280	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	5	2.00	1.24	0.42280	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	5	2.00	1.39	0.42280	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	5	2.00	2.17	0.42280	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	5	2.00	2.17	0.42280	200% Above	Yes	No
57237000511	FLUCONAZOLE 150 MG TABLET	5	3.00	1.16	0.42280	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	5	3.00	2.16	0.42280	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	5	4.00	2.17	0.42280	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	5	12.00	1.18	0.42280	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	1.00	0.03	0.41614	76%-100% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	1.00	1.09	0.41614	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	1.00	1.36	0.41614	200% Above	Yes	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	1.00	1.44	0.41614	200% Above	Yes	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	1.00	1.46	0.41614	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	1.00	1.54	0.41614	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	1.00	1.76	0.41614	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	1.00	1.96	0.41614	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	1.00	2.16	0.41614	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	2.00	1.10	0.41614	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	2.00	1.18	0.41614	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	2.00	1.18	0.41614	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	2.00	1.20	0.41614	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	2.00	1.24	0.41614	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	2.00	1.40	0.41614	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	2.00	1.64	0.41614	200% Above	Yes	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	2.00	2.17	0.41614	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	3.00	0.15	0.41614	51%-75% Below	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	3.00	1.16	0.41614	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	3.00	1.38	0.41614	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	3.00	2.16	0.41614	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	5.00	2.16	0.41614	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	6.00	2.17	0.41614	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	7	1.00	0.03	0.40319	76%-100% Below	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	7	1.00	1.09	0.40319	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	7	1.00	1.42	0.40319	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	1.00	1.46	0.40319	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	7	1.00	1.56	0.40319	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	7	1.00	2.16	0.40319	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	7	2.00	0.15	0.40319	51%-75% Below	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	7	2.00	0.88	0.40319	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	7	2.00	1.10	0.40319	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	7	2.00	1.18	0.40319	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	7	2.00	1.19	0.40319	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	7	2.00	1.20	0.40319	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	7	2.00	1.24	0.40319	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	7	2.00	1.27	0.40319	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	7	2.00	1.27	0.40319	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	7	2.00	1.39	0.40319	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	7	2.00	1.61	0.40319	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	7	2.00	1.64	0.40319	200% Above	Yes	No
57237000511	FLUCONAZOLE 150 MG TABLET	7	2.00	2.17	0.40319	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	7	2.00	2.17	0.40319	200% Above	Yes	No
57237000511	FLUCONAZOLE 150 MG TABLET	7	3.00	0.03	0.40319	76%-100% Below	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	7	3.00	1.12	0.40319	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	7	3.00	2.16	0.40319	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	7	7.00	2.16	0.40319	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	1.00	0.15	0.43349	51%-75% Below	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	1.00	1.32	0.43349	200% Above	Yes	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	1.00	1.76	0.43349	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	1.00	2.16	0.43349	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	2.00	0.12	0.43349	51%-75% Below	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	2.00	1.18	0.43349	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	2.00	1.20	0.43349	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	2.00	1.24	0.43349	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	2.00	1.39	0.43349	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	2.00	1.40	0.43349	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	2.00	2.17	0.43349	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	3.00	0.15	0.43349	51%-75% Below	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	3.00	1.12	0.43349	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	3.00	1.16	0.43349	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	3.00	1.16	0.43349	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	3.00	1.19	0.43349	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	3.00	2.16	0.43349	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	4.00	1.09	0.43349	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	5.00	1.06	0.43349	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	6.00	2.17	0.43349	200% Above	No	No
57237000601	FLUCONAZOLE 200 MG TABLET	6	3.00	0.32	0.42669	10%-25% Below	No	No
57237000601	FLUCONAZOLE 200 MG TABLET	6	5.00	0.93	0.42669	101%-200% Above	No	No
57237000705	MIRTAZAPINE 7.5 MG TABLET	4	90.00	0.31	0.36385	10%-25% Below	No	No
57237000705	MIRTAZAPINE 7.5 MG TABLET	6	90.00	0.31	0.36130	10%-25% Below	No	No
57237000705	MIRTAZAPINE 7.5 MG TABLET	7	90.00	0.31	0.35837	10%-25% Below	No	No
57237000805	MIRTAZAPINE 15 MG TABLET	4	30.00	0.09	0.06668	26%-50% Above	No	No
57237000805	MIRTAZAPINE 15 MG TABLET	4	30.00	0.12	0.06668	76%-100% Above	No	No
57237000805	MIRTAZAPINE 15 MG TABLET	5	30.00	0.08	0.06655	10%-25% Above	No	No
57237000805	MIRTAZAPINE 15 MG TABLET	5	30.00	0.09	0.06655	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	30.00	0.12	0.06655	76%-100% Above	No	No
57237000805	MIRTAZAPINE 15 MG TABLET	6	30.00	0.09	0.06575	26%-50% Above	No	No
57237000805	MIRTAZAPINE 15 MG TABLET	7	30.00	0.08	0.06527	10%-25% Above	No	No
57237000805	MIRTAZAPINE 15 MG TABLET	7	30.00	0.09	0.06527	26%-50% Above	No	No
57237000805	MIRTAZAPINE 15 MG TABLET	8	30.00	0.09	0.06454	26%-50% Above	No	No
57237000805	MIRTAZAPINE 15 MG TABLET	8	30.00	0.12	0.06454	76%-100% Above	No	No
57237000930	MIRTAZAPINE 30 MG TABLET	4	30.00	0.12	0.08965	26%-50% Above	No	No
57237000930	MIRTAZAPINE 30 MG TABLET	5	30.00	0.12	0.09082	26%-50% Above	No	No
57237000930	MIRTAZAPINE 30 MG TABLET	6	60.00	0.12	0.08873	26%-50% Above	No	No
57237000930	MIRTAZAPINE 30 MG TABLET	8	60.00	0.12	0.08688	26%-50% Above	No	No
57237001106	MIRTAZAPINE 15 MG ODT	7	30.00	0.19	0.30862	26%-50% Below	No	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	4	7.00	0.43	0.05054	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	4	14.00	0.14	0.05054	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	4	15.00	0.14	0.05054	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	0.16	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	0.24	0.05054	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	4	180.00	0.14	0.05054	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	5	10.00	0.14	0.04942	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.00	0.02	0.04942	26%-50% Below	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.00	0.14	0.04942	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.00	0.16	0.04942	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.00	0.39	0.04942	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	5	90.00	0.14	0.04942	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	90.00	0.21	0.04942	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	5	90.00	0.33	0.04942	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	5	90.00	0.33	0.04942	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	6	5.00	0.14	0.04945	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	6	5.00	0.41	0.04945	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	6	7.00	0.39	0.04945	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	6	14.00	0.14	0.04945	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.00	0.14	0.04945	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.00	0.16	0.04945	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	6	90.00	0.11	0.04945	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	6	90.00	0.14	0.04945	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	6	90.00	0.33	0.04945	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	6	180.00	0.11	0.04945	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	7	7.00	0.14	0.04961	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.00	0.02	0.04961	26%-50% Below	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.00	0.14	0.04961	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.00	0.16	0.04961	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.00	0.33	0.04961	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	7	90.00	0.11	0.04961	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	7	90.00	0.14	0.04961	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	7	90.00	0.17	0.04961	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	7	90.00	0.24	0.04961	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	7	90.00	0.31	0.04961	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	7	90.00	0.32	0.04961	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	8	7.00	0.14	0.05093	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	30.00	0.14	0.05093	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	8	30.00	0.16	0.05093	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	8	30.00	0.33	0.05093	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	8	90.00	0.09	0.05093	76%-100% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	8	90.00	0.14	0.05093	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	8	90.00	0.21	0.05093	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	8	90.00	0.31	0.05093	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	8	90.00	0.32	0.05093	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	8	180.00	0.17	0.05093	200% Above	Yes	No
57237001405	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.00	0.28	0.04945	200% Above	Yes	No
57237001405	TAMSULOSIN HCL 0.4 MG CAPSULE	6	90.00	0.11	0.04945	101%-200% Above	Yes	No
57237001405	TAMSULOSIN HCL 0.4 MG CAPSULE	6	90.00	0.17	0.04945	200% Above	No	No
57237001405	TAMSULOSIN HCL 0.4 MG CAPSULE	6	180.00	0.11	0.04945	101%-200% Above	Yes	No
57237001405	TAMSULOSIN HCL 0.4 MG CAPSULE	8	90.00	0.27	0.05093	200% Above	Yes	No
57237001899	DULOXETINE HCL DR 30 MG CAP	6	90.00	0.17	0.10077	51%-75% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	4	20.00	0.11	0.09683	10%-25% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	4	21.00	0.20	0.09683	101%-200% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	5	10.00	0.23	0.08940	101%-200% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	5	15.00	0.21	0.08940	101%-200% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	5	20.00	0.11	0.08940	26%-50% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	5	21.00	0.11	0.08940	26%-50% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	5	21.00	0.20	0.08940	101%-200% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	5	21.00	0.21	0.08940	101%-200% Above	Yes	No
57237002801	AMOXICILLIN 500 MG TABLET	5	21.00	0.22	0.08940	101%-200% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	6	21.00	0.20	0.08983	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237002801	AMOXICILLIN 500 MG TABLET	6	21.00	0.26	0.08983	101%-200% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	6	23.00	0.25	0.08983	101%-200% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	6	28.00	0.01	0.08983	76%-100% Below	No	No
57237002801	AMOXICILLIN 500 MG TABLET	7	14.00	0.11	0.08621	26%-50% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	7	15.00	0.11	0.08621	26%-50% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	7	15.00	0.23	0.08621	101%-200% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	7	20.00	0.11	0.08621	26%-50% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	7	21.00	0.02	0.08621	51%-75% Below	No	No
57237002801	AMOXICILLIN 500 MG TABLET	7	21.00	0.11	0.08621	26%-50% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	7	21.00	0.20	0.08621	101%-200% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	7	21.00	0.22	0.08621	101%-200% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	7	22.00	0.11	0.08621	26%-50% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	8	10.00	0.11	0.08885	26%-50% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	8	21.00	0.11	0.08885	26%-50% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	8	21.00	0.18	0.08885	101%-200% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	8	21.00	0.22	0.08885	101%-200% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	8	28.00	0.11	0.08885	26%-50% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	8	30.00	0.19	0.08885	101%-200% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	4	10.00	0.19	0.15460	10%-25% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	4	14.00	0.19	0.15460	10%-25% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	4	20.00	0.10	0.14711	26%-50% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	4	20.00	0.13	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	4	60.00	0.19	0.15460	10%-25% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	5	10.00	0.19	0.15530	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	14.00	0.19	0.15530	10%-25% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	5	20.00	0.08	0.15530	26%-50% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	5	20.00	0.13	0.15530	10%-25% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	5	20.00	0.19	0.15530	10%-25% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	6	14.00	0.14	0.15688	10%-25% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	6	14.00	0.14	0.15688	10%-25% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	6	14.00	0.19	0.15688	10%-25% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	6	20.00	0.12	0.15688	10%-25% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	6	20.00	0.13	0.15688	10%-25% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	6	20.00	0.19	0.15688	10%-25% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	6	60.00	0.19	0.15688	10%-25% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	7	14.00	0.14	0.15587	10%-25% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	7	14.00	0.14	0.15587	10%-25% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	7	14.00	0.19	0.15587	10%-25% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	7	14.00	0.20	0.15587	26%-50% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	7	20.00	0.01	0.15587	76%-100% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	7	20.00	0.13	0.15587	10%-25% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	7	20.00	0.14	0.15587	10%-25% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	7	20.00	0.19	0.15587	10%-25% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	7	60.00	0.19	0.15587	10%-25% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	8	14.00	0.14	0.15590	10%-25% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	8	14.00	0.14	0.15590	10%-25% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	8	20.00	0.19	0.15590	10%-25% Above	No	No
57237002920	AMOXICILLIN 875 MG TABLET	4	20.00	0.14	0.15460	10%-25% Below	No	No
57237002920	AMOXICILLIN 875 MG TABLET	6	14.00	0.19	0.15688	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237002920	AMOXICILLIN 875 MG TABLET	6	20.00	0.19	0.15688	10%-25% Above	No	No
57237003001	AMOXICILLIN 250 MG CAPSULE	7	10.00	0.08	0.06412	26%-50% Above	No	No
57237003101	AMOXICILLIN 500 MG CAPSULE	6	21.00	0.15	0.08013	76%-100% Above	No	No
57237003105	AMOXICILLIN 500 MG CAPSULE	4	21.00	0.07	0.08321	10%-25% Below	No	No
57237003105	AMOXICILLIN 500 MG CAPSULE	4	30.00	0.06	0.08321	26%-50% Below	No	No
57237003105	AMOXICILLIN 500 MG CAPSULE	4	40.00	0.06	0.08321	26%-50% Below	No	No
57237003105	AMOXICILLIN 500 MG CAPSULE	5	28.00	0.07	0.08150	10%-25% Below	No	No
57237003105	AMOXICILLIN 500 MG CAPSULE	7	21.00	0.07	0.07777	10%-25% Below	No	No
57237003105	AMOXICILLIN 500 MG CAPSULE	8	20.00	0.07	0.07828	10%-25% Below	No	No
57237003301	AMOXICILLIN 400 MG/5 ML SUSP	3	100.00	0.04	0.03373	10%-25% Above	No	No
57237003350	AMOXICILLIN 400 MG/5 ML SUSP	4	50.00	0.02	0.04545	51%-75% Below	No	No
57237003375	AMOXICILLIN 400 MG/5 ML SUSP	4	75.00	0.05	0.03863	10%-25% Above	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	5	200.00	0.09	0.16393	26%-50% Below	No	No
57237003501	CEFPROZIL 250 MG/5 ML SUSP	6	100.00	0.09	0.16582	26%-50% Below	No	No
57237003550	CEFPROZIL 250 MG/5 ML SUSP	4	50.00	0.10	0.21818	51%-75% Below	No	No
57237004101	PENICILLIN VK 500 MG TABLET	4	21.00	0.17	0.10292	51%-75% Above	No	No
57237004199	PENICILLIN VK 500 MG TABLET	4	28.00	0.14	0.10292	26%-50% Above	No	No
57237004199	PENICILLIN VK 500 MG TABLET	5	20.00	0.17	0.10289	51%-75% Above	No	No
57237004290	VALACYCLOVIR HCL 500 MG TABLET	3	12.00	0.17	0.22999	26%-50% Below	No	No
57237004290	VALACYCLOVIR HCL 500 MG TABLET	6	60.00	0.27	0.22588	10%-25% Above	No	No
57237004560	CLARITHROMYCIN 500 MG TABLET	5	20.00	0.27	0.48838	26%-50% Below	Yes	No
57237006230	FINASTERIDE 5 MG TABLET	8	30.00	0.17	0.06839	101%-200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	4	18.00	0.03	0.06330	26%-50% Below	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	4	18.00	0.19	0.06330	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237007530	ONDANSETRON HCL 4 MG TABLET	5	10.00	0.19	0.06409	101%-200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	5	12.00	0.19	0.06409	101%-200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	5	15.00	0.19	0.06409	101%-200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	5	18.00	0.19	0.06409	101%-200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	5	40.00	0.04	0.06409	26%-50% Below	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	6	15.00	0.19	0.06312	101%-200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	6	18.00	0.05	0.06312	10%-25% Below	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	6	18.00	0.19	0.06312	101%-200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	7	10.00	0.19	0.06125	200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	7	12.00	0.19	0.06125	200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	7	18.00	0.19	0.06125	200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	7	20.00	0.19	0.06125	200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	7	30.00	0.19	0.06125	200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	8	3.00	0.14	0.05966	101%-200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	8	10.00	0.19	0.05966	200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	8	15.00	0.19	0.05966	200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	8	18.00	0.19	0.05966	200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	8	20.00	0.19	0.05966	200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	8	30.00	0.19	0.05966	200% Above	No	No
57237007550	ONDANSETRON HCL 4 MG TABLET	4	15.00	0.01	0.06330	76%-100% Below	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	4	30.00	0.05	0.06330	26%-50% Below	No	No
57237007550	ONDANSETRON HCL 4 MG TABLET	5	18.00	0.19	0.06409	101%-200% Above	No	No
57237007550	ONDANSETRON HCL 4 MG TABLET	5	20.00	0.05	0.06409	10%-25% Below	No	No
57237007550	ONDANSETRON HCL 4 MG TABLET	6	18.00	0.05	0.06312	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	18.00	0.19	0.06312	101%-200% Above	No	No
57237007550	ONDANSETRON HCL 4 MG TABLET	7	18.00	0.19	0.06125	200% Above	No	No
57237007550	ONDANSETRON HCL 4 MG TABLET	7	20.00	0.19	0.06125	200% Above	No	No
57237007550	ONDANSETRON HCL 4 MG TABLET	8	18.00	0.19	0.05966	200% Above	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	0.06	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	5	10.00	0.24	0.08961	101%-200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	5	15.00	0.24	0.08961	101%-200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	5	17.00	0.24	0.08961	101%-200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	5	18.00	0.06	0.08961	26%-50% Below	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	5	18.00	0.24	0.08961	101%-200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	5	20.00	0.11	0.08961	10%-25% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	6	15.00	0.24	0.08806	101%-200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	6	18.00	0.06	0.08806	26%-50% Below	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	6	18.00	0.24	0.08806	101%-200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	7	10.00	0.24	0.08451	101%-200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	7	14.00	0.24	0.08451	101%-200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	7	18.00	0.24	0.08451	101%-200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	7	30.00	0.24	0.08451	101%-200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	7	45.00	0.24	0.08451	101%-200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	8	10.00	0.24	0.08122	101%-200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	8	18.00	0.24	0.08122	101%-200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	8	21.00	0.24	0.08122	101%-200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	8	30.00	0.24	0.08122	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	90.00	0.24	0.08122	101%-200% Above	No	No
57237007650	ONDANSETRON HCL 8 MG TABLET	6	18.00	0.24	0.08806	101%-200% Above	No	No
57237007650	ONDANSETRON HCL 8 MG TABLET	7	60.00	0.24	0.08451	101%-200% Above	No	No
57237007650	ONDANSETRON HCL 8 MG TABLET	8	28.00	0.24	0.08122	101%-200% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	4	6.00	0.09	0.13980	26%-50% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	4	10.00	0.26	0.13980	76%-100% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	4	18.00	0.11	0.13980	10%-25% 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	5	5.00	0.06	0.13346	51%-75% Below	Yes	No
57237007710	ONDANSETRON ODT 4 MG TABLET	5	8.00	0.11	0.13346	10%-25% Below	Yes	No
57237007710	ONDANSETRON ODT 4 MG TABLET	5	10.00	0.11	0.13346	10%-25% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	5	12.00	0.10	0.13346	26%-50% Below	Yes	No
57237007710	ONDANSETRON ODT 4 MG TABLET	5	12.00	0.20	0.13346	51%-75% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	5	12.00	0.26	0.13346	76%-100% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	5	15.00	0.26	0.13346	76%-100% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	5	18.00	0.11	0.13346	10%-25% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	5	18.00	0.26	0.13346	76%-100% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	5	18.00	0.26	0.13346	76%-100% Above	Yes	No
57237007710	ONDANSETRON ODT 4 MG TABLET	6	9.00	0.26	0.12773	101%-200% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	6	12.00	0.26	0.12773	101%-200% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	6	15.00	0.11	0.12773	10%-25% Below	Yes	No
57237007710	ONDANSETRON ODT 4 MG TABLET	6	18.00	0.26	0.12773	101%-200% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	6	18.00	0.26	0.12773	101%-200% Above	Yes	No
57237007710	ONDANSETRON ODT 4 MG TABLET	7	3.00	0.26	0.12182	101%-200% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	7	10.00	0.26	0.12182	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	18.00	0.26	0.12182	101%-200% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	7	20.00	0.10	0.12182	10%-25% Below	Yes	No
57237007710	ONDANSETRON ODT 4 MG TABLET	7	20.00	0.26	0.12182	101%-200% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	7	30.00	0.26	0.12182	101%-200% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	8	2.00	0.27	0.12080	101%-200% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	8	4.00	0.25	0.12080	101%-200% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	8	7.00	0.16	0.12080	26%-50% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	8	10.00	0.03	0.12080	51%-75% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	8	12.00	0.26	0.12080	101%-200% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	8	15.00	0.26	0.12080	101%-200% Above	Yes	No
57237007710	ONDANSETRON ODT 4 MG TABLET	8	18.00	0.26	0.12080	101%-200% Above	Yes	No
57237007710	ONDANSETRON ODT 4 MG TABLET	8	20.00	0.10	0.12080	10%-25% Below	Yes	No
57237007730	ONDANSETRON ODT 4 MG TABLET	4	12.00	0.26	0.13980	76%-100% Above	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	5	10.00	0.22	0.13346	51%-75% Above	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	5	18.00	0.26	0.13346	76%-100% Above	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	6	15.00	0.26	0.12773	101%-200% Above	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	6	18.00	0.26	0.12773	101%-200% Above	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	7	15.00	0.26	0.12182	101%-200% Above	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	7	18.00	0.26	0.12182	101%-200% Above	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	7	30.00	0.26	0.12182	101%-200% Above	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	7	90.00	0.08	0.12182	26%-50% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	8	3.00	0.19	0.12080	51%-75% Above	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	8	18.00	0.26	0.12080	101%-200% Above	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	8	30.00	0.26	0.12080	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	50.00	0.26	0.12080	101%-200% Above	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	8	60.00	0.26	0.12080	101%-200% Above	No	No
57237007810	ONDANSETRON ODT 8 MG TABLET	5	10.00	0.11	0.17517	26%-50% Below	Yes	No
57237007810	ONDANSETRON ODT 8 MG TABLET	5	18.00	0.27	0.17517	51%-75% Above	No	No
57237007810	ONDANSETRON ODT 8 MG TABLET	8	5.00	0.27	0.16163	51%-75% Above	Yes	No
57237007830	ONDANSETRON ODT 8 MG TABLET	4	15.00	0.13	0.17543	10%-25% 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	5	18.00	0.11	0.17517	26%-50% Below	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	5	18.00	0.14	0.17517	10%-25% Below	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	5	18.00	0.27	0.17517	51%-75% Above	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	6	18.00	0.27	0.17103	51%-75% Above	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	7	12.00	0.27	0.16270	51%-75% Above	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	7	18.00	0.27	0.16270	51%-75% Above	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	7	20.00	0.27	0.16270	51%-75% Above	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	8	10.00	0.27	0.16163	51%-75% Above	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	8	30.00	0.27	0.16163	51%-75% Above	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	8	60.00	0.08	0.16163	26%-50% Below	No	No
57237008663	RIZATRIPTAN 10 MG ODT	4	12.00	0.91	0.52914	51%-75% Above	No	No
57237008663	RIZATRIPTAN 10 MG ODT	5	9.00	0.42	0.53453	10%-25% Below	No	No
57237008663	RIZATRIPTAN 10 MG ODT	5	9.00	0.93	0.53453	51%-75% Above	No	No
57237008663	RIZATRIPTAN 10 MG ODT	5	27.00	1.11	0.53453	101%-200% Above	No	No
57237008663	RIZATRIPTAN 10 MG ODT	6	8.00	0.42	0.52929	10%-25% Below	No	No
57237008663	RIZATRIPTAN 10 MG ODT	6	12.00	0.42	0.52929	10%-25% Below	No	No
57237008663	RIZATRIPTAN 10 MG ODT	7	9.00	0.42	0.51377	10%-25% Below	No	No
57237008663	RIZATRIPTAN 10 MG ODT	7	15.00	0.42	0.51377	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237008834	RIZATRIPTAN 10 MG TABLET	6	9.00	0.83	0.38951	101%-200% Above	No	No
57237008834	RIZATRIPTAN 10 MG TABLET	7	9.00	0.40	0.35961	10%-25% Above	No	No
57237008834	RIZATRIPTAN 10 MG TABLET	7	10.00	0.83	0.35961	101%-200% Above	No	No
57237008834	RIZATRIPTAN 10 MG TABLET	8	9.00	0.40	0.35239	10%-25% Above	No	No
57237008834	RIZATRIPTAN 10 MG TABLET	8	12.00	0.40	0.35239	10%-25% Above	No	No
57237008863	RIZATRIPTAN 10 MG TABLET	4	12.00	0.83	0.47345	76%-100% Above	No	No
57237008863	RIZATRIPTAN 10 MG TABLET	5	12.00	1.14	0.43107	101%-200% Above	No	No
57237008863	RIZATRIPTAN 10 MG TABLET	7	9.00	0.83	0.35961	101%-200% Above	No	No
57237008863	RIZATRIPTAN 10 MG TABLET	8	9.00	0.83	0.35239	101%-200% Above	No	No
57237008863	RIZATRIPTAN 10 MG TABLET	8	18.00	0.40	0.35239	10%-25% Above	No	No
57237009960	CEFDINIR 300 MG CAPSULE	4	20.00	0.25	0.46278	26%-50% Below	No	No
57237009960	CEFDINIR 300 MG CAPSULE	5	10.00	0.25	0.46025	26%-50% Below	No	No
57237009960	CEFDINIR 300 MG CAPSULE	5	20.00	0.25	0.46025	26%-50% Below	No	No
57237009960	CEFDINIR 300 MG CAPSULE	5	20.00	0.94	0.46025	101%-200% Above	No	No
57237009960	CEFDINIR 300 MG CAPSULE	6	10.00	0.90	0.45814	76%-100% Above	No	No
57237009960	CEFDINIR 300 MG CAPSULE	6	14.00	0.25	0.45814	26%-50% Below	No	No
57237009960	CEFDINIR 300 MG CAPSULE	6	14.00	0.89	0.45814	76%-100% Above	No	No
57237009960	CEFDINIR 300 MG CAPSULE	6	20.00	0.68	0.45814	26%-50% Above	No	No
57237009960	CEFDINIR 300 MG CAPSULE	6	20.00	0.75	0.45814	51%-75% Above	No	No
57237009960	CEFDINIR 300 MG CAPSULE	7	20.00	0.07	0.46228	76%-100% Below	No	No
57237009960	CEFDINIR 300 MG CAPSULE	7	20.00	0.25	0.46228	26%-50% Below	No	No
57237009960	CEFDINIR 300 MG CAPSULE	7	20.00	0.72	0.46228	51%-75% Above	No	No
57237009960	CEFDINIR 300 MG CAPSULE	8	14.00	0.25	0.45930	26%-50% Below	No	No
57237009960	CEFDINIR 300 MG CAPSULE	8	20.00	0.25	0.45930	26%-50% Below	No	No
57237011490	ALFUZOSIN HCL ER 10 MG TABLET	6	90.00	0.13	0.10932	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237011490	ALFUZOSIN HCL ER 10 MG TABLET	7	30.00	0.28	0.10808	101%-200% Above	No	No
57237011490	ALFUZOSIN HCL ER 10 MG TABLET	7	90.00	0.13	0.10808	10%-25% Above	Yes	No
57237014301	AMLODIPINE-BENAZEPRIL 5-10 MG	5	90.00	0.05	0.10202	51%-75% Below	No	No
57237014601	AMLODIPINE-BENAZEPRIL 10-20 MG	6	90.00	0.33	0.11711	101%-200% Above	No	No
57237015035	FLUCONAZOLE 40 MG/ML SUSP	7	35.00	0.29	0.51075	26%-50% Below	No	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	4	10.00	0.10	0.02847	200% Above	No	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	4	28.00	0.01	0.02847	51%-75% Below	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	4	90.00	0.05	0.02847	76%-100% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	4	90.00	0.10	0.02847	200% Above	No	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	4	90.00	0.10	0.02847	200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	5	30.00	0.06	0.02859	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	5	30.00	0.07	0.02859	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	5	30.00	0.10	0.02859	200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	5	45.00	0.06	0.02859	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	5	60.00	0.05	0.02859	76%-100% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	5	90.00	0.05	0.02859	76%-100% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	5	90.00	0.06	0.02859	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	5	90.00	0.06	0.02859	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	5	90.00	0.10	0.02859	200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	6	30.00	0.01	0.02799	26%-50% Below	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	6	30.00	0.10	0.02799	200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	6	90.00	0.08	0.02799	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	6	90.00	0.10	0.02799	200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	6	360.00	0.01	0.02799	26%-50% Below	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	7	30.00	0.01	0.02768	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	30.00	0.10	0.02768	200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	7	90.00	0.05	0.02768	76%-100% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	7	90.00	0.08	0.02768	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	7	90.00	0.10	0.02768	200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	8	30.00	0.01	0.02768	26%-50% Below	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	8	30.00	0.10	0.02768	200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	8	30.00	0.18	0.02768	200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	8	90.00	0.05	0.02768	76%-100% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	8	90.00	0.06	0.02768	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	8	90.00	0.06	0.02768	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	8	90.00	0.10	0.02768	200% Above	Yes	No
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	4	30.00	0.12	0.05055	101%-200% Above	No	No
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	4	30.00	0.12	0.05055	101%-200% Above	Yes	No
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	4	90.00	0.03	0.05055	26%-50% Below	No	No
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	4	90.00	0.13	0.05055	101%-200% Above	No	No
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	5	30.00	0.12	0.05068	101%-200% Above	No	No
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	5	30.00	0.16	0.05068	200% Above	No	No
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	6	30.00	0.12	0.05046	101%-200% Above	No	No
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	6	30.00	0.16	0.05046	200% Above	No	No
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	6	90.00	0.12	0.05046	101%-200% Above	No	No
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	7	30.00	0.12	0.05015	101%-200% Above	No	No
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	7	30.00	0.16	0.05015	200% Above	No	No
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	7	90.00	0.03	0.05015	26%-50% Below	No	No
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	7	90.00	0.12	0.05015	101%-200% Above	No	No
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	7	90.00	0.13	0.05015	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	30.00	0.12	0.04942	101%-200% Above	No	No
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	8	60.00	0.12	0.04942	101%-200% Above	No	No
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	8	90.00	0.12	0.04942	101%-200% Above	No	No
57237016290	OMEPRAZOLE DR 40 MG CAPSULE	4	90.00	0.12	0.05055	101%-200% Above	No	No
57237016290	OMEPRAZOLE DR 40 MG CAPSULE	6	180.00	0.01	0.05046	51%-75% Below	No	No
57237016290	OMEPRAZOLE DR 40 MG CAPSULE	7	30.00	0.12	0.05015	101%-200% Above	No	No
57237016290	OMEPRAZOLE DR 40 MG CAPSULE	7	90.00	0.12	0.05015	101%-200% Above	No	No
57237016990	ROSUVASTATIN CALCIUM 10 MG TAB	7	45.00	0.22	0.03797	200% Above	No	No
57237017099	ROSUVASTATIN CALCIUM 20 MG TAB	5	90.00	0.22	0.04763	200% Above	No	No
57237017099	ROSUVASTATIN CALCIUM 20 MG TAB	6	90.00	0.22	0.04702	200% Above	No	No
57237017099	ROSUVASTATIN CALCIUM 20 MG TAB	8	90.00	0.22	0.04489	200% Above	No	No
57237017105	ROSUVASTATIN CALCIUM 40 MG TAB	7	30.00	0.35	0.06808	200% Above	No	No
57237017501	VENLAFAXINE HCL 75 MG TABLET	4	30.00	0.10	0.08631	10%-25% Above	No	No
57237021230	MONTELUKAST SOD 4 MG TAB CHEW	4	90.00	0.01	0.07560	76%-100% Below	No	No
57237021230	MONTELUKAST SOD 4 MG TAB CHEW	7	90.00	0.01	0.06890	76%-100% Below	No	No
57237021330	MONTELUKAST SOD 5 MG TAB CHEW	4	60.00	0.15	0.06890	101%-200% Above	No	No
57237021330	MONTELUKAST SOD 5 MG TAB CHEW	5	60.00	0.15	0.06936	101%-200% Above	No	No
57237021330	MONTELUKAST SOD 5 MG TAB CHEW	7	30.00	0.15	0.06778	101%-200% Above	No	No
57237021330	MONTELUKAST SOD 5 MG TAB CHEW	7	60.00	0.15	0.06778	101%-200% Above	No	No
57237021330	MONTELUKAST SOD 5 MG TAB CHEW	8	30.00	0.15	0.06892	101%-200% Above	No	No
57237021390	MONTELUKAST SOD 5 MG TAB CHEW	7	90.00	0.15	0.06778	101%-200% Above	Yes	No
57237021905	PIOGLITAZONE HCL 15 MG TABLET	6	90.00	0.14	0.06892	76%-100% Above	No	No
57237021990	PIOGLITAZONE HCL 15 MG TABLET	4	90.00	0.14	0.06984	76%-100% Above	No	No
57237021990	PIOGLITAZONE HCL 15 MG TABLET	5	30.00	0.17	0.07008	101%-200% Above	No	No
57237021990	PIOGLITAZONE HCL 15 MG TABLET	7	90.00	0.15	0.06614	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237021990	PIOGLITAZONE HCL 15 MG TABLET	8	90.00	0.14	0.06470	101%-200% Above	No	No
57237022005	PIOGLITAZONE HCL 30 MG TABLET	4	30.00	0.01	0.09227	76%-100% Below	No	No
57237022005	PIOGLITAZONE HCL 30 MG TABLET	5	30.00	0.01	0.09248	76%-100% Below	No	No
57237022005	PIOGLITAZONE HCL 30 MG TABLET	5	90.00	0.14	0.09248	26%-50% Above	No	No
57237022005	PIOGLITAZONE HCL 30 MG TABLET	5	90.00	0.19	0.09248	101%-200% Above	No	No
57237022005	PIOGLITAZONE HCL 30 MG TABLET	6	30.00	0.01	0.08947	76%-100% Below	No	No
57237022005	PIOGLITAZONE HCL 30 MG TABLET	7	30.00	0.01	0.08882	76%-100% Below	No	No
57237022005	PIOGLITAZONE HCL 30 MG TABLET	8	90.00	0.14	0.09032	51%-75% Above	No	No
57237022005	PIOGLITAZONE HCL 30 MG TABLET	8	90.00	0.19	0.09032	101%-200% Above	No	No
57237022090	PIOGLITAZONE HCL 30 MG TABLET	4	30.00	0.15	0.09227	51%-75% Above	No	No
57237022090	PIOGLITAZONE HCL 30 MG TABLET	5	30.00	0.15	0.09248	51%-75% Above	No	No
57237022090	PIOGLITAZONE HCL 30 MG TABLET	5	90.00	0.14	0.09248	26%-50% Above	No	No
57237022090	PIOGLITAZONE HCL 30 MG TABLET	6	30.00	0.15	0.08947	51%-75% Above	No	No
57237022090	PIOGLITAZONE HCL 30 MG TABLET	8	90.00	0.14	0.09032	51%-75% 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	30.00	0.14	0.11651	10%-25% Above	No	No
57237022105	PIOGLITAZONE HCL 45 MG TABLET	5	10.00	0.14	0.11963	10%-25% Above	No	No
57237022105	PIOGLITAZONE HCL 45 MG TABLET	6	10.00	0.14	0.11443	10%-25% Above	No	No
57237022105	PIOGLITAZONE HCL 45 MG TABLET	6	90.00	0.19	0.11443	51%-75% Above	No	No
57237022105	PIOGLITAZONE HCL 45 MG TABLET	6	90.00	0.20	0.11443	51%-75% Above	No	No
57237022105	PIOGLITAZONE HCL 45 MG TABLET	7	10.00	0.14	0.11270	26%-50% Above	No	No
57237022105	PIOGLITAZONE HCL 45 MG TABLET	7	90.00	0.14	0.11270	26%-50% Above	No	No
57237022105	PIOGLITAZONE HCL 45 MG TABLET	8	10.00	0.14	0.11115	26%-50% Above	No	No
57237022190	PIOGLITAZONE HCL 45 MG TABLET	4	90.00	0.14	0.11651	10%-25% Above	No	No
57237022190	PIOGLITAZONE HCL 45 MG TABLET	7	90.00	0.14	0.11270	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237022230	RAMIPRIL 1.25 MG CAPSULE	6	30.00	0.14	0.08671	51%-75% Above	No	No
57237022230	RAMIPRIL 1.25 MG CAPSULE	7	30.00	0.14	0.08806	51%-75% Above	No	No
57237022401	RAMIPRIL 5 MG CAPSULE	6	90.00	0.08	0.05488	26%-50% Above	No	No
57237022401	RAMIPRIL 5 MG CAPSULE	6	90.00	0.11	0.05488	76%-100% Above	No	No
57237023301	SULFAMETHOXAZOLE-TMP DS TABLET	5	14.00	0.09	0.04619	101%-200% Above	No	No
57237023301	SULFAMETHOXAZOLE-TMP DS TABLET	6	20.00	0.09	0.04590	101%-200% Above	No	No
57237023301	SULFAMETHOXAZOLE-TMP DS TABLET	7	14.00	0.02	0.04533	51%-75% Below	No	No
57237023301	SULFAMETHOXAZOLE-TMP DS TABLET	8	10.00	0.09	0.04478	101%-200% Above	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	4	20.00	0.09	0.04668	76%-100% Above	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	5	10.00	0.06	0.04619	10%-25% Above	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	5	20.00	0.04	0.04619	10%-25% Below	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	5	20.00	0.05	0.04619	10%-25% Above	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	6	6.00	0.09	0.04590	101%-200% Above	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	6	14.00	0.06	0.04590	26%-50% Above	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	6	20.00	0.03	0.04590	26%-50% Below	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	6	20.00	0.09	0.04590	101%-200% Above	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	7	14.00	0.09	0.04533	101%-200% Above	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	8	10.00	0.09	0.04478	101%-200% Above	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	8	14.00	0.09	0.04478	101%-200% Above	No	No
57237024001	ZALEPLON 10 MG CAPSULE	6	30.00	0.13	0.15091	10%-25% Below	No	No
57237024001	ZALEPLON 10 MG CAPSULE	7	90.00	0.13	0.14698	10%-25% Below	No	No
57237034705	ACETAMINOPHEN 500 MG CAPLET	4	180.00	0.06	0.03426	51%-75% Above	Yes	No
57237034705	ACETAMINOPHEN 500 MG CAPLET	5	30.00	0.06	0.03423	51%-75% Above	Yes	No
57237034705	ACETAMINOPHEN 500 MG CAPLET	7	30.00	0.06	0.03522	51%-75% Above	Yes	No
57237034705	ACETAMINOPHEN 500 MG CAPLET	7	180.00	0.06	0.03522	51%-75% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237034910	ASPIRIN EC 81 MG TABLET	6	30.00	0.17	0.01453	200% Above	No	No
57237034910	ASPIRIN EC 81 MG TABLET	6	90.00	0.01	0.01453	26%-50% Below	No	No
57237034912	ASPIRIN EC 81 MG TABLET	4	30.00	0.01	0.01466	51%-75% Below	Yes	No
57237034912	ASPIRIN EC 81 MG TABLET	5	30.00	0.01	0.01438	51%-75% Below	Yes	No
57237034912	ASPIRIN EC 81 MG TABLET	5	90.00	0.03	0.01438	76%-100% Above	Yes	No
57237034912	ASPIRIN EC 81 MG TABLET	6	90.00	0.02	0.01453	10%-25% Above	Yes	No
57237034912	ASPIRIN EC 81 MG TABLET	6	90.00	0.03	0.01453	76%-100% Above	Yes	No
57237034912	ASPIRIN EC 81 MG TABLET	7	30.00	0.01	0.01440	51%-75% Below	Yes	No
57237034912	ASPIRIN EC 81 MG TABLET	7	70.00	0.03	0.01440	76%-100% Above	Yes	No
57237034912	ASPIRIN EC 81 MG TABLET	8	90.00	0.03	0.01455	76%-100% Above	Yes	No
57237036610	FERROUS SULF TAB 325MG EC	6	30.00	0.50	.		Yes	No
57599081800	FREESTYLE LB KIT 3/SENSOR	5	6.00	72.55	.		Yes	No
57599083500	FREESTYLE LB KIT 2PLS/SEN	4	1.00	78.66	.		No	No
57599083500	FREESTYLE LB KIT 2PLS/SEN	4	6.00	78.66	.		No	No
57599083500	FREESTYLE LB KIT 2PLS/SEN	6	6.00	78.17	.		No	No
57599083500	FREESTYLE LB KIT 2PLS/SEN	7	6.00	78.66	.		No	No
57664002597	ISOTRETINOIN 40 MG CAPSULE	6	30.00	1.32	5.30671	51%-75% Below	No	No
57664004688	LISDEXAMFETAMINE 10 MG CAPSULE	4	30.00	1.02	2.88203	51%-75% Below	No	No
57664004688	LISDEXAMFETAMINE 10 MG CAPSULE	6	30.00	1.02	2.87323	51%-75% Below	No	No
57664004688	LISDEXAMFETAMINE 10 MG CAPSULE	7	30.00	3.76	2.78462	26%-50% Above	No	No
57664004788	LISDEXAMFETAMINE 20 MG CAPSULE	5	30.00	1.46	2.73182	26%-50% Below	No	No
57664004788	LISDEXAMFETAMINE 20 MG CAPSULE	5	30.00	1.46	2.73182	26%-50% Below	Yes	No
57664004788	LISDEXAMFETAMINE 20 MG CAPSULE	5	30.00	1.50	2.73182	26%-50% Below	No	No
57664004788	LISDEXAMFETAMINE 20 MG CAPSULE	6	30.00	1.50	2.81237	26%-50% Below	Yes	No
57664004788	LISDEXAMFETAMINE 20 MG CAPSULE	7	30.00	1.55	2.74547	26%-50% Below	No	No

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57664004888	LISDEXAMFETAMINE 30 MG CAPSULE	4	30.00	3.76	3.04859	10%-25% Above	No	No
57664004888	LISDEXAMFETAMINE 30 MG CAPSULE	5	30.00	1.29	3.12473	51%-75% Below	No	No
57664004888	LISDEXAMFETAMINE 30 MG CAPSULE	6	30.00	1.29	3.03663	51%-75% Below	No	No
57664004888	LISDEXAMFETAMINE 30 MG CAPSULE	6	30.00	1.72	3.03663	26%-50% Below	Yes	No
57664004888	LISDEXAMFETAMINE 30 MG CAPSULE	7	30.00	0.97	2.76686	51%-75% Below	Yes	No
57664004888	LISDEXAMFETAMINE 30 MG CAPSULE	7	30.00	1.29	2.76686	51%-75% Below	No	No
57664004888	LISDEXAMFETAMINE 30 MG CAPSULE	8	30.00	1.29	2.66398	51%-75% Below	No	No
57664004988	LISDEXAMFETAMINE 40 MG CAPSULE	4	30.00	1.02	2.93842	51%-75% Below	No	No
57664004988	LISDEXAMFETAMINE 40 MG CAPSULE	6	30.00	1.02	2.81679	51%-75% Below	No	No
57664004988	LISDEXAMFETAMINE 40 MG CAPSULE	7	30.00	0.97	2.72415	51%-75% Below	No	No
57664004988	LISDEXAMFETAMINE 40 MG CAPSULE	8	30.00	0.50	2.62982	76%-100% Below	No	No
57664004988	LISDEXAMFETAMINE 40 MG CAPSULE	8	30.00	0.97	2.62982	51%-75% Below	No	No
57664005088	LISDEXAMFETAMINE 50 MG CAPSULE	4	30.00	3.27	2.79284	10%-25% Above	No	No
57664005088	LISDEXAMFETAMINE 50 MG CAPSULE	7	30.00	1.59	2.76500	26%-50% Below	No	No
57664005088	LISDEXAMFETAMINE 50 MG CAPSULE	8	30.00	0.50	2.70424	76%-100% Below	No	No
57664005188	LISDEXAMFETAMINE 60 MG CAPSULE	4	30.00	1.46	2.94866	26%-50% Below	Yes	No
57664005188	LISDEXAMFETAMINE 60 MG CAPSULE	6	30.00	1.63	2.97451	26%-50% Below	No	No
57664005188	LISDEXAMFETAMINE 60 MG CAPSULE	7	30.00	1.64	2.86472	26%-50% Below	No	No
57664005288	LISDEXAMFETAMINE 70 MG CAPSULE	4	30.00	1.43	2.93212	51%-75% Below	Yes	No
57664008388	LISDEXAMFETAMINE 10 MG TB CHEW	5	30.00	7.89	4.27863	76%-100% Above	No	No
57664008388	LISDEXAMFETAMINE 10 MG TB CHEW	6	30.00	7.89	3.74929	101%-200% Above	No	No
57664008588	LISDEXAMFETAMINE 30 MG TB CHEW	6	30.00	2.36	4.05271	26%-50% Below	No	No
57664008688	LISDEXAMFETAMINE 40 MG TB CHEW	4	30.00	7.89	4.56753	51%-75% Above	No	No
57664008688	LISDEXAMFETAMINE 40 MG TB CHEW	5	30.00	7.89	4.33082	76%-100% Above	No	No
57664008688	LISDEXAMFETAMINE 40 MG TB CHEW	7	30.00	7.89	3.81157	101%-200% Above	No	No

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57664008888	LISDEXAMFETAMINE 60 MG TB CHEW	4	30.00	2.43	4.26322	26%-50% Below	Yes	No
57664037688	DEXMETHYLPHENIDATE 2.5 MG TAB	7	90.00	0.15	0.18724	10%-25% Below	No	No
57664037888	DEXMETHYLPHENIDATE 5 MG TAB	3	30.00	0.15	0.29153	26%-50% Below	No	No
57664037888	DEXMETHYLPHENIDATE 5 MG TAB	5	30.00	0.15	0.28064	26%-50% Below	No	No
57664037888	DEXMETHYLPHENIDATE 5 MG TAB	6	60.00	0.15	0.27179	26%-50% Below	No	No
57664037988	DEXMETHYLPHENIDATE 10 MG TAB	5	60.00	0.12	0.34669	51%-75% Below	No	No
57664037988	DEXMETHYLPHENIDATE 10 MG TAB	6	60.00	0.18	0.33907	26%-50% Below	No	No
57664037988	DEXMETHYLPHENIDATE 10 MG TAB	7	60.00	0.18	0.32974	26%-50% Below	No	No
57664049983	MIRTAZAPINE 15 MG TABLET	4	30.00	0.12	0.06668	76%-100% Above	Yes	No
57664049983	MIRTAZAPINE 15 MG TABLET	5	90.00	0.12	0.06655	76%-100% Above	Yes	No
57664049983	MIRTAZAPINE 15 MG TABLET	6	90.00	0.03	0.06575	51%-75% Below	Yes	No
57664049983	MIRTAZAPINE 15 MG TABLET	8	90.00	0.12	0.06454	76%-100% Above	Yes	No
57664050083	MIRTAZAPINE 30 MG TABLET	4	30.00	0.12	0.08965	26%-50% Above	Yes	No
57664050083	MIRTAZAPINE 30 MG TABLET	5	90.00	0.11	0.09082	10%-25% Above	Yes	No
57664050083	MIRTAZAPINE 30 MG TABLET	7	30.00	0.12	0.08711	26%-50% Above	Yes	No
57664050083	MIRTAZAPINE 30 MG TABLET	8	30.00	0.12	0.08688	26%-50% Above	Yes	No
57664050183	MIRTAZAPINE 45 MG TABLET	5	90.00	0.15	0.10929	26%-50% Above	Yes	No
57664050183	MIRTAZAPINE 45 MG TABLET	8	30.00	0.15	0.10516	26%-50% Above	Yes	No
57664050183	MIRTAZAPINE 45 MG TABLET	8	90.00	0.15	0.10516	26%-50% Above	Yes	No
57664050289	TIZANIDINE HCL 2 MG TABLET	6	30.00	0.11	0.03086	200% Above	No	No
57664050318	TIZANIDINE HCL 4 MG TABLET	4	90.00	0.09	0.03342	101%-200% Above	No	No
57664050318	TIZANIDINE HCL 4 MG TABLET	5	90.00	0.09	0.03385	101%-200% Above	No	No
57664050318	TIZANIDINE HCL 4 MG TABLET	6	90.00	0.09	0.03318	101%-200% Above	No	No
57664050318	TIZANIDINE HCL 4 MG TABLET	7	90.00	0.06	0.03227	76%-100% Above	No	No
57664050318	TIZANIDINE HCL 4 MG TABLET	7	90.00	0.09	0.03227	101%-200% Above	No	No

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57664050318	TIZANIDINE HCL 4 MG TABLET	8	90.00	0.09	0.03192	101%-200% Above	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	4	20.00	0.09	0.03342	101%-200% Above	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	4	30.00	0.03	0.03342	10%-25% Below	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	4	30.00	0.09	0.03342	101%-200% Above	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	4	360.00	0.09	0.03342	101%-200% Above	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	5	15.00	0.09	0.03385	101%-200% Above	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	5	60.00	0.03	0.03385	10%-25% Below	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	5	60.00	0.09	0.03385	101%-200% Above	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	5	90.00	0.03	0.03385	10%-25% Below	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	5	90.00	0.09	0.03385	101%-200% Above	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	5	120.00	0.02	0.03385	26%-50% Below	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	5	270.00	0.09	0.03385	101%-200% Above	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	6	15.00	0.09	0.03318	101%-200% Above	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	6	60.00	0.09	0.03318	101%-200% Above	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	6	90.00	0.03	0.03318	10%-25% Below	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	6	90.00	0.09	0.03318	101%-200% Above	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	6	180.00	0.02	0.03318	26%-50% Below	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	6	270.00	0.09	0.03318	101%-200% Above	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	7	60.00	0.01	0.03227	51%-75% Below	No	No
57664050813	CITALOPRAM TAB 20MG	5	90.00	0.11	.		No	No
57664051083	MIRTAZAPINE 7.5 MG TABLET	7	90.00	0.24	0.35837	26%-50% Below	Yes	No
57664064888	CHLORTHALIDONE 25 MG TABLET	4	30.00	0.02	0.09012	51%-75% Below	Yes	No
57664064888	CHLORTHALIDONE 25 MG TABLET	6	30.00	0.02	0.08822	51%-75% Below	Yes	No
57664066483	CARVEDILOL ER 20 MG CAPSULE	7	90.00	2.66	6.54525	51%-75% Below	Yes	No
57664066683	CARVEDILOL ER 80 MG CAPSULE	7	90.00	2.18	5.66178	51%-75% Below	Yes	No

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57664069088	AMITRIPTYLINE HCL 100 MG TAB	5	90.00	0.07	0.16006	51%-75% Below	No	No
57896092101	ASPIRIN TAB 325MG EC	8	60.00	0.20	.		No	No
57896098110	ASPIRIN EC TAB 81MG	4	30.00	0.00	.		No	No
57896098110	ASPIRIN EC TAB 81MG	7	30.00	0.00	.		No	No
58160081152	PEDIARIX INJ 0.5ML	7	0.50	214.32	.		No	No
58160081552	TWINRIX INJ	4	1.00	135.70	.		No	No
58160081552	TWINRIX INJ	8	1.00	134.08	.		Yes	No
58160082111	ENGERIX-B INJ 20MCG/ML	7	1.00	67.93	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	4	1.00	210.00	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	4	1.00	223.90	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	4	1.00	225.30	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	5	1.00	212.63	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	6	0.50	227.40	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	7	1.00	223.90	.		No	No
58160082415	PRIORIX INJ	4	1.00	96.28	.		Yes	No
58160082415	PRIORIX INJ	6	1.00	92.60	.		Yes	No
58160082415	PRIORIX INJ	7	1.00	96.28	.		Yes	No
58160084252	BOOSTRIX INJ	4	0.50	90.18	.		No	No
58160084252	BOOSTRIX INJ	4	0.50	94.42	.		Yes	No
58160084252	BOOSTRIX INJ	4	0.50	95.56	.		No	No
58160084252	BOOSTRIX INJ	4	0.50	98.16	.		No	No
58160084252	BOOSTRIX INJ	4	0.50	98.16	.		Yes	No
58160084252	BOOSTRIX INJ	5	0.50	90.18	.		No	No
58160084252	BOOSTRIX INJ	5	0.50	94.24	.		No	No
58160084252	BOOSTRIX INJ	5	0.50	98.16	.		No	No

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58160084252	BOOSTRIX INJ	6	0.50	90.18	.		No	No
58160084252	BOOSTRIX INJ	6	0.50	94.42	.		No	No
58160084252	BOOSTRIX INJ	6	0.50	94.42	.		Yes	No
58160084252	BOOSTRIX INJ	6	0.50	98.16	.		No	No
58160084252	BOOSTRIX INJ	6	0.50	98.16	.		Yes	No
58160084252	BOOSTRIX INJ	7	0.50	90.18	.		No	No
58160084252	BOOSTRIX INJ	7	0.50	94.42	.		Yes	No
58160084252	BOOSTRIX INJ	7	0.50	98.16	.		No	No
58160084252	BOOSTRIX INJ	7	0.50	98.16	.		Yes	No
58160084252	BOOSTRIX INJ	8	0.50	90.18	.		No	No
58160084252	BOOSTRIX INJ	8	0.50	94.42	.		Yes	No
58160084252	BOOSTRIX INJ	8	0.50	94.48	.		No	No
58160084252	BOOSTRIX INJ	8	0.50	94.48	.		Yes	No
58160084252	BOOSTRIX INJ	8	0.50	98.16	.		Yes	No
58160084811	AREXVY INJ 120MCG	7	1.00	304.55	.		Yes	No
58160084811	AREXVY INJ 120MCG	7	1.00	316.65	.		Yes	No
58160084811	AREXVY INJ 120MCG	8	1.00	304.55	.		Yes	No
58160084952	SHINGRIX INJ 50/0.5ML	4	0.50	439.72	.		No	No
58160084952	SHINGRIX INJ 50/0.5ML	4	0.50	460.38	.		Yes	No
58160084952	SHINGRIX INJ 50/0.5ML	4	0.50	463.00	.		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
58160084952	SHINGRIX INJ 50/0.5ML	5	0.50	460.38	.		Yes	No
58160084952	SHINGRIX INJ 50/0.5ML	5	0.50	478.68	.		No	No
58160084952	SHINGRIX INJ 50/0.5ML	5	0.50	478.68	.		Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
58160084952	SHINGRIX INJ 50/0.5ML	6	0.50	439.72	.		No	No
58160084952	SHINGRIX INJ 50/0.5ML	6	0.50	458.64	.		Yes	No
58160084952	SHINGRIX INJ 50/0.5ML	6	0.50	460.38	.		Yes	No
58160084952	SHINGRIX INJ 50/0.5ML	6	0.50	478.68	.		No	No
58160084952	SHINGRIX INJ 50/0.5ML	6	0.50	478.68	.		Yes	No
58160084952	SHINGRIX INJ 50/0.5ML	7	0.50	439.72	.		No	No
58160084952	SHINGRIX INJ 50/0.5ML	7	0.50	460.38	.		Yes	No
58160084952	SHINGRIX INJ 50/0.5ML	7	0.50	478.68	.		No	No
58160084952	SHINGRIX INJ 50/0.5ML	7	0.50	478.68	.		Yes	No
58160084952	SHINGRIX INJ 50/0.5ML	8	0.50	442.62	.		No	No
58160084952	SHINGRIX INJ 50/0.5ML	8	0.50	460.68	.		No	No
58160097620	BEXSERO INJ	7	0.50	476.54	.		Yes	No
58604021430	ADDYI TAB 100MG	4	30.00	60.37	.		No	No
58604021430	ADDYI TAB 100MG	5	30.00	63.97	.		No	No
58604021430	ADDYI TAB 100MG	6	30.00	64.57	.		No	No
58604021430	ADDYI TAB 100MG	7	30.00	60.37	.		No	No
58604021430	ADDYI TAB 100MG	7	30.00	64.57	.		No	No
58657015110	FOLIC ACID 1 MG TABLET	5	90.00	0.01	0.01926	26%-50% Below	No	No
58657015110	FOLIC ACID 1 MG TABLET	6	90.00	0.01	0.01929	26%-50% Below	No	No
58657015110	FOLIC ACID 1 MG TABLET	6	90.00	0.02	0.01929	26%-50% Above	No	No
58657015110	FOLIC ACID 1 MG TABLET	7	30.00	0.02	0.01974	10%-25% Above	No	No
58657015110	FOLIC ACID 1 MG TABLET	7	90.00	0.01	0.01974	26%-50% Below	No	No
58657015110	FOLIC ACID 1 MG TABLET	7	270.00	0.01	0.01974	26%-50% Below	No	No
58657015110	FOLIC ACID 1 MG TABLET	8	30.00	0.02	0.01935	26%-50% Above	No	No
58657045601	URO-MP CAPSULE	5	360.00	1.47	1.72601	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
58657045601	URO-MP CAPSULE	6	90.00	0.17	1.76577	76%-100% Below	No	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	4	30.00	0.02	0.05055	51%-75% Below	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	4	30.00	0.12	0.05055	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	4	90.00	0.02	0.05055	51%-75% Below	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	4	90.00	0.08	0.05055	51%-75% 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	5	30.00	0.02	0.05068	51%-75% Below	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	5	30.00	0.12	0.05068	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	5	30.00	0.14	0.05068	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	5	30.00	0.15	0.05068	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	5	30.00	0.16	0.05068	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	5	90.00	0.10	0.05068	76%-100% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	5	90.00	0.12	0.05068	101%-200% Above	No	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	5	90.00	0.12	0.05068	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	5	90.00	0.12	0.05068	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	5	90.00	0.13	0.05068	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	5	90.00	0.14	0.05068	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	5	90.00	0.14	0.05068	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	5	90.00	0.15	0.05068	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	5	120.00	0.12	0.05068	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	6	30.00	0.02	0.05046	51%-75% Below	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	6	30.00	0.12	0.05046	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	6	30.00	0.15	0.05046	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	6	30.00	0.16	0.05046	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	90.00	0.02	0.05046	51%-75% Below	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	6	90.00	0.09	0.05046	76%-100% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	6	90.00	0.10	0.05046	76%-100% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	6	90.00	0.12	0.05046	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	6	90.00	0.12	0.05046	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	6	90.00	0.15	0.05046	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	6	180.00	0.12	0.05046	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	7	30.00	0.02	0.05015	51%-75% Below	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	7	30.00	0.12	0.05015	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	7	30.00	0.14	0.05015	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	7	30.00	0.15	0.05015	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	7	30.00	0.16	0.05015	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	7	90.00	0.02	0.05015	51%-75% Below	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	7	90.00	0.09	0.05015	76%-100% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	7	90.00	0.12	0.05015	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	7	90.00	0.12	0.05015	101%-200% Above	No	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	7	90.00	0.12	0.05015	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	7	90.00	0.12	0.05015	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	7	90.00	0.14	0.05015	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	8	12.00	0.12	0.04942	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	8	30.00	0.02	0.04942	51%-75% Below	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	8	30.00	0.12	0.04942	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	8	30.00	0.14	0.04942	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	8	90.00	0.02	0.04942	51%-75% Below	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	8	90.00	0.08	0.04942	51%-75% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	90.00	0.09	0.04942	76%-100% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	8	90.00	0.12	0.04942	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	8	90.00	0.12	0.04942	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	8	90.00	0.13	0.04942	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	8	90.00	0.16	0.04942	200% Above	Yes	No
59651000715	AZITHROMYCIN 100 MG/5 ML SUSP	6	15.00	0.31	0.39232	10%-25% Below	Yes	No
59651000815	AZITHROMYCIN 200 MG/5 ML SUSP	1	15.00	0.28	0.43881	26%-50% Below	Yes	No
59651000815	AZITHROMYCIN 200 MG/5 ML SUSP	4	15.00	0.73	0.31280	101%-200% Above	Yes	No
59651000823	AZITHROMYCIN 200 MG/5 ML SUSP	4	22.50	0.44	0.22794	76%-100% Above	Yes	No
59651002988	LO-ZUMANDIMINE 3 MG-0.02 MG TB	4	28.00	0.09	0.16558	26%-50% Below	No	No
59651002988	LO-ZUMANDIMINE 3 MG-0.02 MG TB	4	28.00	0.13	0.16558	10%-25% Below	No	No
59651002988	LO-ZUMANDIMINE 3 MG-0.02 MG TB	5	28.00	0.09	0.17961	26%-50% Below	No	No
59651002988	LO-ZUMANDIMINE 3 MG-0.02 MG TB	5	28.00	0.13	0.17961	26%-50% Below	No	No
59651002988	LO-ZUMANDIMINE 3 MG-0.02 MG TB	5	84.00	0.13	0.17961	26%-50% Below	No	No
59651002988	LO-ZUMANDIMINE 3 MG-0.02 MG TB	6	28.00	0.10	0.18947	26%-50% Below	No	No
59651002988	LO-ZUMANDIMINE 3 MG-0.02 MG TB	6	28.00	0.13	0.18947	26%-50% Below	No	No
59651002988	LO-ZUMANDIMINE 3 MG-0.02 MG TB	6	84.00	0.13	0.18947	26%-50% Below	No	No
59651002988	LO-ZUMANDIMINE 3 MG-0.02 MG TB	7	28.00	0.13	0.19335	26%-50% Below	No	No
59651002988	LO-ZUMANDIMINE 3 MG-0.02 MG TB	7	84.00	0.13	0.19335	26%-50% Below	No	No
59651002988	LO-ZUMANDIMINE 3 MG-0.02 MG TB	8	28.00	0.13	0.18951	26%-50% Below	No	No
59651002988	LO-ZUMANDIMINE 3 MG-0.02 MG TB	8	84.00	0.13	0.18951	26%-50% Below	Yes	No
59651003085	ZUMANDIMINE 3 MG-0.03 MG TAB	6	84.00	0.02	0.15382	76%-100% Below	No	No
59651003085	ZUMANDIMINE 3 MG-0.03 MG TAB	6	84.00	0.12	0.15382	10%-25% Below	No	No
59651003212	IBUPROFEN 100 MG/5 ML SUSP	5	80.00	0.02	0.04222	51%-75% Below	No	No
59651003212	IBUPROFEN 100 MG/5 ML SUSP	8	240.00	0.01	0.04505	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651003247	IBUPROFEN 100 MG/5 ML SUSP	5	118.00	0.01	0.02442	26%-50% Below	No	No
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	5	30.00	0.23	0.07149	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	5	30.00	0.30	0.07149	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	5	90.00	0.30	0.07149	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	6	30.00	0.23	0.06910	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	6	30.00	0.30	0.06910	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	6	90.00	0.30	0.06910	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	6	90.00	0.33	0.06910	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	7	30.00	0.23	0.06719	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	7	30.00	0.30	0.06719	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	7	90.00	0.30	0.06719	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	8	30.00	0.23	0.06747	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	8	30.00	0.30	0.06747	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	8	45.00	0.30	0.06747	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	8	90.00	0.22	0.06747	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	8	90.00	0.30	0.06747	200% Above	No	No
59651005290	EZETIMIBE 10 MG TABLET	5	30.00	0.50	0.07149	200% Above	Yes	No
59651005290	EZETIMIBE 10 MG TABLET	8	90.00	0.30	0.06747	200% Above	Yes	No
59651005290	EZETIMIBE 10 MG TABLET	8	90.00	0.50	0.06747	200% Above	Yes	No
59651010469	ELETRIPTAN HBR 20 MG TABLET	4	6.00	2.07	1.80260	10%-25% Above	Yes	No
59651010569	ELETRIPTAN HBR 40 MG TABLET	5	6.00	6.46	1.85264	200% Above	No	No
59651010569	ELETRIPTAN HBR 40 MG TABLET	5	30.00	6.46	1.85264	200% Above	No	No
59651010569	ELETRIPTAN HBR 40 MG TABLET	6	12.00	2.32	1.99792	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651010569	ELETRIPTAN HBR 40 MG TABLET	7	6.00	6.46	1.95854	200% Above	No	No
59651010569	ELETRIPTAN HBR 40 MG TABLET	8	6.00	6.46	1.90922	200% Above	No	No
59651011430	FEBUXOSTAT 80 MG TABLET	6	90.00	1.42	0.32974	200% Above	No	No
59651013688	EMZAHH 0.35 MG TABLET	4	28.00	0.06	0.09225	26%-50% Below	No	No
59651013688	EMZAHH 0.35 MG TABLET	4	84.00	0.24	0.09225	101%-200% Above	Yes	No
59651013688	EMZAHH 0.35 MG TABLET	5	28.00	0.06	0.09431	26%-50% Below	No	No
59651013688	EMZAHH 0.35 MG TABLET	5	84.00	0.06	0.09431	26%-50% Below	Yes	No
59651013688	EMZAHH 0.35 MG TABLET	6	84.00	0.06	0.09425	26%-50% Below	No	No
59651013688	EMZAHH 0.35 MG TABLET	7	84.00	0.06	0.09315	26%-50% Below	Yes	No
59651013688	EMZAHH 0.35 MG TABLET	8	84.00	0.06	0.09065	26%-50% Below	Yes	No
59651013830	NEBIVOLOL 5 MG TABLET	5	30.00	0.31	0.10096	200% Above	No	No
59651013830	NEBIVOLOL 5 MG TABLET	6	90.00	0.50	0.10425	200% Above	No	No
59651013930	NEBIVOLOL 10 MG TABLET	4	30.00	0.05	0.13645	51%-75% Below	No	No
59651013930	NEBIVOLOL 10 MG TABLET	4	30.00	0.22	0.13645	51%-75% Above	No	No
59651013930	NEBIVOLOL 10 MG TABLET	4	30.00	0.50	0.13645	200% Above	No	No
59651013930	NEBIVOLOL 10 MG TABLET	5	30.00	0.22	0.14023	51%-75% Above	No	No
59651013930	NEBIVOLOL 10 MG TABLET	5	30.00	0.50	0.14023	200% Above	No	No
59651013930	NEBIVOLOL 10 MG TABLET	5	90.00	0.05	0.14023	51%-75% Below	No	No
59651013930	NEBIVOLOL 10 MG TABLET	5	90.00	0.17	0.14023	10%-25% Above	No	No
59651013930	NEBIVOLOL 10 MG TABLET	6	30.00	0.50	0.14736	200% Above	No	No
59651013930	NEBIVOLOL 10 MG TABLET	6	90.00	0.22	0.14736	26%-50% Above	No	No
59651013930	NEBIVOLOL 10 MG TABLET	7	30.00	0.22	0.14505	26%-50% Above	No	No
59651013930	NEBIVOLOL 10 MG TABLET	7	30.00	0.33	0.14505	101%-200% Above	No	No
59651013930	NEBIVOLOL 10 MG TABLET	7	30.00	0.50	0.14505	200% Above	No	No
59651014030	NEBIVOLOL 20 MG TABLET	4	90.00	0.22	0.18343	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651014030	NEBIVOLOL 20 MG TABLET	8	30.00	0.33	0.17833	76%-100% Above	No	No
59651015201	PROGESTERONE 100 MG CAPSULE	4	30.00	0.50	0.21137	101%-200% Above	No	No
59651015201	PROGESTERONE 100 MG CAPSULE	4	90.00	0.17	0.21137	10%-25% Below	No	No
59651015201	PROGESTERONE 100 MG CAPSULE	5	30.00	0.08	0.21535	51%-75% Below	No	No
59651015201	PROGESTERONE 100 MG CAPSULE	6	90.00	0.11	0.22158	26%-50% Below	No	No
59651015201	PROGESTERONE 100 MG CAPSULE	6	90.00	0.17	0.22158	10%-25% Below	No	No
59651015201	PROGESTERONE 100 MG CAPSULE	7	90.00	0.17	0.22729	26%-50% Below	No	No
59651015201	PROGESTERONE 100 MG CAPSULE	7	90.00	0.18	0.22729	10%-25% Below	No	No
59651015201	PROGESTERONE 100 MG CAPSULE	7	90.00	0.29	0.22729	26%-50% Above	No	No
59651015201	PROGESTERONE 100 MG CAPSULE	7	90.00	0.40	0.22729	51%-75% Above	Yes	No
59651015201	PROGESTERONE 100 MG CAPSULE	8	30.00	0.08	0.23117	51%-75% Below	No	No
59651015201	PROGESTERONE 100 MG CAPSULE	8	30.00	0.62	0.23117	101%-200% Above	No	No
59651015201	PROGESTERONE 100 MG CAPSULE	8	90.00	0.17	0.23117	26%-50% Below	No	No
59651015301	PROGESTERONE 200 MG CAPSULE	4	30.00	0.33	0.40132	10%-25% Below	No	No
59651015301	PROGESTERONE 200 MG CAPSULE	4	30.00	0.33	0.40132	10%-25% Below	No	No
59651015301	PROGESTERONE 200 MG CAPSULE	5	30.00	0.33	0.40678	10%-25% Below	No	No
59651015301	PROGESTERONE 200 MG CAPSULE	5	30.00	0.33	0.40678	10%-25% Below	No	No
59651015301	PROGESTERONE 200 MG CAPSULE	5	30.00	1.72	0.40678	200% Above	No	No
59651015301	PROGESTERONE 200 MG CAPSULE	5	90.00	0.50	0.40678	10%-25% Above	No	No
59651015301	PROGESTERONE 200 MG CAPSULE	6	30.00	1.72	0.42438	200% Above	No	No
59651015301	PROGESTERONE 200 MG CAPSULE	6	90.00	0.22	0.42438	26%-50% Below	No	No
59651015930	DAPAGLIFLOZI TAB 5MG	5	30.00	7.75	.		No	No
59651016030	DAPAGLIFLOZI TAB 10MG	5	90.00	0.55	.		No	No
59651016030	DAPAGLIFLOZIN 10 MG TABLET	7	30.00	1.68	0.20494	200% Above	No	No
59651016030	DAPAGLIFLOZIN 10 MG TABLET	8	90.00	0.25	0.20494	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651017301	DOXEPIN 10 MG CAPSULE	5	90.00	0.05	0.08114	26%-50% Below	Yes	No
59651017301	DOXEPIN 10 MG CAPSULE	5	90.00	0.05	0.08114	26%-50% Below	Yes	No
59651017401	DOXEPIN 25 MG CAPSULE	4	30.00	0.08	0.13134	26%-50% Below	No	No
59651017401	DOXEPIN 25 MG CAPSULE	7	90.00	0.05	0.12734	51%-75% Below	No	No
59651017401	DOXEPIN 25 MG CAPSULE	7	180.00	0.11	0.12734	10%-25% Below	No	No
59651018030	LETROZOLE 2.5 MG TABLET	4	5.00	0.08	0.15112	26%-50% Below	No	No
59651018030	LETROZOLE 2.5 MG TABLET	4	10.00	0.08	0.15112	26%-50% Below	No	No
59651018030	LETROZOLE 2.5 MG TABLET	6	5.00	0.08	0.15349	26%-50% Below	No	No
59651018030	LETROZOLE 2.5 MG TABLET	8	10.00	0.08	0.15111	26%-50% Below	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	4	30.00	0.16	0.28406	26%-50% Below	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	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	4	30.00	0.33	0.28406	10%-25% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	4	30.00	0.92	0.28406	200% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	5	30.00	0.16	0.27776	26%-50% Below	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	5	30.00	0.17	0.27776	26%-50% Below	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	5	30.00	0.17	0.27776	26%-50% Below	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	5	30.00	0.33	0.27776	10%-25% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	5	30.00	0.89	0.27776	200% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	5	90.00	0.17	0.27776	26%-50% Below	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	6	30.00	0.07	0.27875	51%-75% Below	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	6	30.00	0.16	0.27875	26%-50% Below	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	6	30.00	0.17	0.27875	26%-50% Below	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	6	30.00	0.17	0.27875	26%-50% Below	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	6	30.00	0.33	0.27875	10%-25% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	30.00	0.50	0.27875	76%-100% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	6	30.00	0.91	0.27875	200% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	7	30.00	0.16	0.27911	26%-50% Below	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	7	30.00	0.17	0.27911	26%-50% Below	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	7	30.00	0.17	0.27911	26%-50% Below	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	7	30.00	0.17	0.27911	26%-50% Below	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	7	30.00	0.33	0.27911	10%-25% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	7	30.00	0.66	0.27911	101%-200% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	7	60.00	0.42	0.27911	26%-50% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	7	90.00	0.13	0.27911	51%-75% Below	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	7	90.00	0.17	0.27911	26%-50% Below	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	8	30.00	0.17	0.27650	26%-50% Below	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	8	30.00	0.17	0.27650	26%-50% Below	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	8	30.00	0.33	0.27650	10%-25% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	8	30.00	0.66	0.27650	101%-200% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	8	30.00	0.78	0.27650	101%-200% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	8	90.00	0.17	0.27650	26%-50% Below	Yes	No
59651021790	FENOFIBRIC ACID DR 135 MG CAP	4	90.00	0.53	0.24774	101%-200% Above	No	No
59651021790	FENOFIBRIC ACID DR 135 MG CAP	6	90.00	0.53	0.28113	76%-100% Above	No	No
59651021790	FENOFIBRIC ACID DR 135 MG CAP	7	90.00	0.53	0.27962	76%-100% Above	No	No
59651021790	FENOFIBRIC ACID DR 135 MG CAP	7	90.00	0.53	0.27962	76%-100% Above	Yes	No
59651023690	ANASTROZOLE 1 MG TABLET	5	15.00	0.17	0.13822	10%-25% Above	No	No
59651023690	ANASTROZOLE 1 MG TABLET	5	15.00	0.59	0.13822	200% Above	No	No
59651023690	ANASTROZOLE 1 MG TABLET	5	30.00	0.01	0.13822	76%-100% Below	No	No
59651023690	ANASTROZOLE 1 MG TABLET	6	30.00	0.01	0.13736	76%-100% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651023690	ANASTROZOLE 1 MG TABLET	7	24.00	0.15	0.13552	10%-25% Above	No	No
59651023690	ANASTROZOLE 1 MG TABLET	7	30.00	0.01	0.13552	76%-100% Below	No	No
59651024601	MIDODRINE HCL 2.5 MG TABLET	7	90.00	0.17	0.07030	101%-200% Above	No	No
59651024701	MIDODRINE HCL 5 MG TABLET	6	180.00	0.15	0.11120	26%-50% Above	No	No
59651024801	MIDODRINE HCL 10 MG TABLET	6	60.00	0.58	0.14695	200% Above	No	No
59651024901	DESMOPRESSIN ACETATE 0.1 MG TB	4	30.00	0.50	0.24093	101%-200% Above	No	No
59651024901	DESMOPRESSIN ACETATE 0.1 MG TB	5	30.00	0.50	0.24084	101%-200% Above	No	No
59651024901	DESMOPRESSIN ACETATE 0.1 MG TB	6	30.00	0.28	0.23855	10%-25% Above	No	No
59651024901	DESMOPRESSIN ACETATE 0.1 MG TB	6	30.00	0.50	0.23855	101%-200% Above	No	No
59651024901	DESMOPRESSIN ACETATE 0.1 MG TB	7	30.00	0.50	0.23822	101%-200% Above	No	No
59651024901	DESMOPRESSIN ACETATE 0.1 MG TB	8	30.00	0.50	0.23534	101%-200% Above	No	No
59651025001	DESMOPRESSIN ACETATE 0.2 MG TB	5	90.00	0.44	0.37311	10%-25% Above	No	No
59651025001	DESMOPRESSIN ACETATE 0.2 MG TB	7	60.00	0.27	0.37022	26%-50% Below	No	No
59651025001	DESMOPRESSIN ACETATE 0.2 MG TB	8	90.00	0.44	0.37006	10%-25% Above	No	No
59651025101	NADOLOL 40 MG TABLET	6	90.00	0.19	0.31060	26%-50% Below	Yes	No
59651027101	PRAZOSIN 1 MG CAPSULE	4	90.00	0.12	0.08341	26%-50% Above	No	No
59651027101	PRAZOSIN 1 MG CAPSULE	7	90.00	0.12	0.08600	26%-50% Above	No	No
59651027760	PROPAFENONE HCL ER 325 MG CAP	4	60.00	0.17	0.47583	51%-75% Below	No	No
59651027760	PROPAFENONE HCL ER 325 MG CAP	5	60.00	0.17	0.46615	51%-75% Below	No	No
59651027760	PROPAFENONE HCL ER 325 MG CAP	6	180.00	0.03	0.49324	76%-100% Below	No	No
59651028605	ALLOPURINOL 300 MG TABLET	4	90.00	0.12	0.05520	101%-200% Above	No	No
59651028605	ALLOPURINOL 300 MG TABLET	5	90.00	0.12	0.05631	101%-200% Above	No	No
59651028605	ALLOPURINOL 300 MG TABLET	8	90.00	0.12	0.05464	101%-200% Above	No	No
59651029501	NIFEDIPINE ER 30 MG TABLET	4	30.00	0.13	0.11864	10%-25% Above	Yes	No
59651029501	NIFEDIPINE ER 30 MG TABLET	4	60.00	0.06	0.11864	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651029501	NIFEDIPINE ER 30 MG TABLET	4	90.00	0.13	0.11864	10%-25% Above	No	No
59651029501	NIFEDIPINE ER 30 MG TABLET	4	90.00	0.13	0.11864	10%-25% Above	Yes	No
59651029501	NIFEDIPINE ER 30 MG TABLET	5	30.00	0.13	0.11881	10%-25% Above	Yes	No
59651029501	NIFEDIPINE ER 30 MG TABLET	5	90.00	0.13	0.11881	10%-25% Above	No	No
59651029501	NIFEDIPINE ER 30 MG TABLET	6	30.00	0.16	0.11928	26%-50% Above	Yes	No
59651029501	NIFEDIPINE ER 30 MG TABLET	6	90.00	0.05	0.11928	51%-75% Below	Yes	No
59651029501	NIFEDIPINE ER 30 MG TABLET	6	90.00	0.13	0.11928	10%-25% Above	Yes	No
59651029501	NIFEDIPINE ER 30 MG TABLET	7	30.00	0.16	0.12231	26%-50% Above	Yes	No
59651029501	NIFEDIPINE ER 30 MG TABLET	7	90.00	0.10	0.12231	10%-25% Below	Yes	No
59651029601	NIFEDIPINE ER 60 MG TABLET	4	30.00	0.12	0.17262	26%-50% Below	No	No
59651029601	NIFEDIPINE ER 60 MG TABLET	5	60.00	0.09	0.17617	26%-50% Below	No	No
59651029601	NIFEDIPINE ER 60 MG TABLET	5	90.00	0.12	0.17617	26%-50% Below	No	No
59651029601	NIFEDIPINE ER 60 MG TABLET	6	30.00	0.12	0.17409	26%-50% Below	No	No
59651029601	NIFEDIPINE ER 60 MG TABLET	6	90.00	0.12	0.17409	26%-50% Below	No	No
59651029601	NIFEDIPINE ER 60 MG TABLET	6	90.00	0.32	0.17409	76%-100% Above	Yes	No
59651029601	NIFEDIPINE ER 60 MG TABLET	6	90.00	0.50	0.17409	101%-200% Above	No	No
59651029601	NIFEDIPINE ER 60 MG TABLET	6	180.00	0.12	0.17409	26%-50% Below	Yes	No
59651029601	NIFEDIPINE ER 60 MG TABLET	7	90.00	0.09	0.17343	26%-50% Below	Yes	No
59651029601	NIFEDIPINE ER 60 MG TABLET	8	90.00	0.09	0.17439	26%-50% Below	Yes	No
59651029601	NIFEDIPINE ER 60 MG TABLET	8	90.00	0.12	0.17439	26%-50% Below	No	No
59651029701	NIFEDIPINE ER 90 MG TABLET	4	90.00	0.12	0.29991	51%-75% Below	Yes	No
59651029701	NIFEDIPINE ER 90 MG TABLET	6	90.00	0.15	0.28046	26%-50% Below	No	No
59651029701	NIFEDIPINE ER 90 MG TABLET	8	30.00	0.11	0.26390	51%-75% Below	Yes	No
59651029960	TAMOXIFEN 10 MG TABLET	5	90.00	0.07	0.12566	26%-50% Below	Yes	No
59651030030	TAMOXIFEN 20 MG TABLET	4	90.00	0.17	0.28625	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651030030	TAMOXIFEN 20 MG TABLET	5	30.00	0.03	0.28043	76%-100% Below	No	No
59651030030	TAMOXIFEN 20 MG TABLET	5	85.00	0.03	0.28043	76%-100% Below	No	No
59651030030	TAMOXIFEN 20 MG TABLET	5	90.00	0.17	0.28043	26%-50% Below	No	No
59651030030	TAMOXIFEN 20 MG TABLET	5	90.00	0.17	0.28043	26%-50% Below	Yes	No
59651030030	TAMOXIFEN 20 MG TABLET	6	30.00	0.03	0.28341	76%-100% Below	No	No
59651030030	TAMOXIFEN 20 MG TABLET	7	30.00	0.17	0.27595	26%-50% Below	No	No
59651030030	TAMOXIFEN 20 MG TABLET	7	90.00	0.08	0.27595	51%-75% Below	No	No
59651030030	TAMOXIFEN 20 MG TABLET	7	90.00	0.13	0.27595	51%-75% Below	No	No
59651030030	TAMOXIFEN 20 MG TABLET	7	90.00	0.17	0.27595	26%-50% Below	No	No
59651030030	TAMOXIFEN 20 MG TABLET	8	90.00	0.17	0.28326	26%-50% Below	No	No
59651030801	FLUOXETINE HCL 10 MG TABLET	4	30.00	0.21	0.06948	101%-200% Above	No	No
59651030830	FLUOXETINE HCL 10 MG TABLET	6	30.00	0.21	0.06786	200% Above	No	No
59651030830	FLUOXETINE HCL 10 MG TABLET	7	90.00	0.50	0.06954	200% Above	No	No
59651030830	FLUOXETINE HCL 10 MG TABLET	8	30.00	0.21	0.07135	101%-200% Above	No	No
59651030901	FLUOXETINE HCL 20 MG TABLET	5	30.00	0.05	0.08905	26%-50% Below	No	No
59651030901	FLUOXETINE HCL 20 MG TABLET	5	30.00	0.51	0.08905	200% Above	No	No
59651030901	FLUOXETINE HCL 20 MG TABLET	5	90.00	0.51	0.08905	200% Above	No	No
59651030901	FLUOXETINE HCL 20 MG TABLET	6	30.00	0.51	0.09598	200% Above	No	No
59651030901	FLUOXETINE HCL 20 MG TABLET	7	30.00	0.17	0.09172	76%-100% Above	No	No
59651030901	FLUOXETINE HCL 20 MG TABLET	7	30.00	0.50	0.09172	200% Above	No	No
59651030901	FLUOXETINE HCL 20 MG TABLET	7	30.00	0.51	0.09172	200% Above	No	No
59651030901	FLUOXETINE HCL 20 MG TABLET	7	90.00	0.51	0.09172	200% Above	No	No
59651030901	FLUOXETINE HCL 20 MG TABLET	8	90.00	0.03	0.09253	51%-75% Below	No	No
59651030901	FLUOXETINE HCL 20 MG TABLET	8	90.00	0.33	0.09253	200% Above	No	No
59651030930	FLUOXETINE HCL 20 MG TABLET	6	4.00	1.14	0.09598	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651030930	FLUOXETINE HCL 20 MG TABLET	6	30.00	0.45	0.09598	200% Above	No	No
59651030930	FLUOXETINE HCL 20 MG TABLET	7	30.00	0.45	0.09172	200% Above	No	No
59651030930	FLUOXETINE HCL 20 MG TABLET	8	30.00	0.45	0.09253	200% Above	No	No
59651031477	TIZANIDINE HCL 2 MG CAPSULE	4	90.00	0.11	0.08942	10%-25% Above	No	No
59651031477	TIZANIDINE HCL 2 MG CAPSULE	5	90.00	0.11	0.09316	10%-25% Above	No	No
59651031477	TIZANIDINE HCL 2 MG CAPSULE	7	90.00	0.11	0.08529	26%-50% Above	No	No
59651031477	TIZANIDINE HCL 2 MG CAPSULE	8	10.00	0.26	0.08247	200% Above	No	No
59651031477	TIZANIDINE HCL 2 MG CAPSULE	8	90.00	0.11	0.08247	26%-50% Above	No	No
59651031577	TIZANIDINE HCL 4 MG CAPSULE	5	90.00	0.22	0.09180	101%-200% Above	No	No
59651031677	TIZANIDINE HCL 6 MG CAPSULE	5	90.00	0.42	0.12842	200% Above	No	No
59651032930	MONTELUKAST SOD 4 MG GRANULES	4	30.00	0.50	1.02077	51%-75% Below	Yes	No
59651032930	MONTELUKAST SOD 4 MG GRANULES	5	30.00	0.50	1.12262	51%-75% Below	Yes	No
59651034005	METHOCARBAMOL 500 MG TABLET	6	20.00	0.08	0.03897	76%-100% Above	No	No
59651034005	METHOCARBAMOL 500 MG TABLET	8	42.00	0.08	0.03970	76%-100% Above	Yes	No
59651034105	METHOCARBAMOL 750 MG TABLET	8	30.00	0.09	0.04237	101%-200% Above	Yes	No
59651034930	LEFLUNOMIDE 20 MG TABLET	6	90.00	1.15	0.30476	200% Above	Yes	No
59651034930	LEFLUNOMIDE 20 MG TABLET	8	90.00	1.15	0.29167	200% Above	Yes	No
59651036001	IBUPROFEN 400 MG TABLET	5	42.00	0.07	0.04092	76%-100% Above	No	No
59651036001	IBUPROFEN 400 MG TABLET	6	56.00	0.07	0.03974	76%-100% Above	No	No
59651036001	IBUPROFEN 400 MG TABLET	8	42.00	0.07	0.03908	76%-100% Above	No	No
59651036005	IBUPROFEN 400 MG TABLET	4	50.00	0.07	0.04120	76%-100% Above	No	No
59651036005	IBUPROFEN 400 MG TABLET	5	15.00	0.07	0.04092	76%-100% Above	Yes	No
59651036005	IBUPROFEN 400 MG TABLET	5	30.00	0.07	0.04092	76%-100% Above	No	No
59651036005	IBUPROFEN 400 MG TABLET	5	45.00	0.07	0.04092	76%-100% Above	Yes	No
59651036005	IBUPROFEN 400 MG TABLET	8	30.00	0.07	0.03908	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651036005	IBUPROFEN 400 MG TABLET	8	30.00	0.07	0.03908	76%-100% Above	Yes	No
59651036101	IBUPROFEN 600 MG TABLET	5	18.00	0.09	0.04428	101%-200% Above	No	No
59651036101	IBUPROFEN 600 MG TABLET	5	20.00	0.04	0.04428	10%-25% Below	No	No
59651036101	IBUPROFEN 600 MG TABLET	6	30.00	0.09	0.04430	101%-200% Above	No	No
59651036101	IBUPROFEN 600 MG TABLET	7	20.00	0.09	0.04391	101%-200% Above	No	No
59651036101	IBUPROFEN 600 MG TABLET	8	20.00	0.09	0.04656	76%-100% Above	No	No
59651036105	IBUPROFEN 600 MG TABLET	4	15.00	0.09	0.04417	101%-200% Above	No	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	0.09	0.04417	101%-200% Above	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	4	30.00	0.03	0.04417	26%-50% Below	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	4	90.00	0.03	0.04417	26%-50% Below	No	No
59651036105	IBUPROFEN 600 MG TABLET	5	15.00	0.02	0.04428	51%-75% Below	No	No
59651036105	IBUPROFEN 600 MG TABLET	5	15.00	0.09	0.04428	101%-200% Above	No	No
59651036105	IBUPROFEN 600 MG TABLET	5	20.00	0.02	0.04428	51%-75% Below	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	5	20.00	0.09	0.04428	101%-200% Above	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	5	28.00	0.09	0.04428	101%-200% Above	No	No
59651036105	IBUPROFEN 600 MG TABLET	5	28.00	0.09	0.04428	101%-200% Above	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	5	30.00	0.02	0.04428	51%-75% Below	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	5	30.00	0.03	0.04428	26%-50% Below	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	5	30.00	0.04	0.04428	10%-25% Below	No	No
59651036105	IBUPROFEN 600 MG TABLET	5	30.00	0.09	0.04428	101%-200% Above	No	No
59651036105	IBUPROFEN 600 MG TABLET	5	30.00	0.09	0.04428	101%-200% Above	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	5	40.00	0.03	0.04428	26%-50% Below	No	No
59651036105	IBUPROFEN 600 MG TABLET	5	60.00	0.09	0.04428	101%-200% Above	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	6	10.00	0.09	0.04430	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	14.00	0.09	0.04430	101%-200% Above	No	No
59651036105	IBUPROFEN 600 MG TABLET	6	15.00	0.06	0.04430	26%-50% Above	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	6	16.00	0.09	0.04430	101%-200% Above	No	No
59651036105	IBUPROFEN 600 MG TABLET	6	20.00	0.09	0.04430	101%-200% Above	No	No
59651036105	IBUPROFEN 600 MG TABLET	6	20.00	0.09	0.04430	101%-200% Above	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	6	21.00	0.09	0.04430	101%-200% Above	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	6	30.00	0.03	0.04430	26%-50% Below	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	6	30.00	0.09	0.04430	101%-200% Above	No	No
59651036105	IBUPROFEN 600 MG TABLET	6	30.00	0.09	0.04430	101%-200% Above	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	6	40.00	0.02	0.04430	51%-75% Below	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	6	180.00	0.01	0.04430	76%-100% Below	No	No
59651036105	IBUPROFEN 600 MG TABLET	7	15.00	0.06	0.04391	26%-50% Above	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	7	15.00	0.09	0.04391	101%-200% Above	No	No
59651036105	IBUPROFEN 600 MG TABLET	7	15.00	0.09	0.04391	101%-200% Above	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	7	16.00	0.09	0.04391	101%-200% Above	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	7	20.00	0.04	0.04391	10%-25% Below	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	7	20.00	0.09	0.04391	101%-200% Above	No	No
59651036105	IBUPROFEN 600 MG TABLET	7	20.00	0.09	0.04391	101%-200% Above	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	7	21.00	0.09	0.04391	101%-200% Above	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	7	24.00	0.05	0.04391	10%-25% Above	No	No
59651036105	IBUPROFEN 600 MG TABLET	7	24.00	0.09	0.04391	101%-200% Above	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	7	30.00	0.03	0.04391	26%-50% Below	No	No
59651036105	IBUPROFEN 600 MG TABLET	7	30.00	0.09	0.04391	101%-200% Above	No	No
59651036105	IBUPROFEN 600 MG TABLET	7	30.00	0.09	0.04391	101%-200% Above	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	7	60.00	0.03	0.04391	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	90.00	0.02	0.04391	26%-50% Below	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	7	90.00	0.03	0.04391	26%-50% Below	No	No
59651036105	IBUPROFEN 600 MG TABLET	8	21.00	0.09	0.04656	76%-100% Above	No	No
59651036105	IBUPROFEN 600 MG TABLET	8	21.00	0.09	0.04656	76%-100% Above	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	8	24.00	0.09	0.04656	76%-100% Above	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	8	30.00	0.03	0.04656	26%-50% Below	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	8	30.00	0.04	0.04656	10%-25% Below	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	8	30.00	0.09	0.04656	76%-100% Above	No	No
59651036105	IBUPROFEN 600 MG TABLET	8	30.00	0.09	0.04656	76%-100% Above	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	8	40.00	0.03	0.04656	26%-50% Below	No	No
59651036105	IBUPROFEN 600 MG TABLET	8	40.00	0.09	0.04656	76%-100% Above	No	No
59651036105	IBUPROFEN 600 MG TABLET	8	90.00	0.02	0.04656	26%-50% Below	Yes	No
59651036201	IBUPROFEN 800 MG TABLET	4	12.00	0.07	0.05689	10%-25% Above	No	No
59651036201	IBUPROFEN 800 MG TABLET	4	18.00	0.07	0.05689	10%-25% Above	No	No
59651036201	IBUPROFEN 800 MG TABLET	5	90.00	0.07	0.05674	10%-25% Above	No	No
59651036201	IBUPROFEN 800 MG TABLET	6	30.00	0.04	0.05605	26%-50% Below	No	No
59651036201	IBUPROFEN 800 MG TABLET	7	30.00	0.07	0.05567	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	3	20.00	0.07	0.05563	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	4	10.00	0.06	0.05689	10%-25% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	4	16.00	0.07	0.05689	10%-25% Above	No	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	20.00	0.07	0.05689	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	4	21.00	0.04	0.05689	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	4	21.00	0.07	0.05689	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	21.00	0.07	0.05689	10%-25% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	4	24.00	0.07	0.05689	10%-25% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	4	30.00	0.02	0.05689	51%-75% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	4	30.00	0.03	0.05689	26%-50% Below	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	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	0.07	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	60.00	0.03	0.05689	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	4	60.00	0.03	0.05689	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	4	60.00	0.07	0.05689	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	4	90.00	0.03	0.05689	51%-75% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	4	90.00	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	180.00	0.02	0.05689	51%-75% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	4	180.00	0.07	0.05689	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	5	6.00	0.09	0.05674	51%-75% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	5	12.00	0.07	0.05674	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	5	16.00	0.05	0.05674	10%-25% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	5	16.00	0.07	0.05674	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	5	20.00	0.04	0.05674	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	5	20.00	0.05	0.05674	10%-25% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	5	20.00	0.07	0.05674	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	20.00	0.07	0.05674	10%-25% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	5	21.00	0.02	0.05674	51%-75% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	5	21.00	0.04	0.05674	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	5	21.00	0.04	0.05674	10%-25% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	5	21.00	0.07	0.05674	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	5	22.00	0.07	0.05674	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	5	30.00	0.01	0.05674	76%-100% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	5	30.00	0.03	0.05674	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	5	30.00	0.03	0.05674	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	5	30.00	0.04	0.05674	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	5	30.00	0.04	0.05674	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	5	30.00	0.04	0.05674	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	5	30.00	0.04	0.05674	10%-25% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	5	30.00	0.04	0.05674	10%-25% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	5	30.00	0.05	0.05674	10%-25% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	5	30.00	0.07	0.05674	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	5	30.00	0.07	0.05674	10%-25% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	5	32.00	0.07	0.05674	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	5	42.00	0.03	0.05674	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	5	42.00	0.04	0.05674	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	5	60.00	0.07	0.05674	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	5	90.00	0.02	0.05674	51%-75% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	5	90.00	0.03	0.05674	51%-75% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	5	90.00	0.03	0.05674	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	5	90.00	0.03	0.05674	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	90.00	0.07	0.05674	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	5	90.00	0.07	0.05674	10%-25% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	6	10.00	0.07	0.05605	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	6	12.00	0.07	0.05605	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	6	12.00	0.09	0.05605	51%-75% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	6	15.00	0.04	0.05605	10%-25% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	6	15.00	0.05	0.05605	10%-25% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	6	15.00	0.07	0.05605	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	6	15.00	0.07	0.05605	10%-25% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	6	16.00	0.04	0.05605	10%-25% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	6	16.00	0.07	0.05605	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	6	20.00	0.04	0.05605	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	6	20.00	0.04	0.05605	10%-25% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	6	20.00	0.04	0.05605	10%-25% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	6	20.00	0.05	0.05605	10%-25% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	6	20.00	0.07	0.05605	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	6	21.00	0.04	0.05605	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	6	21.00	0.04	0.05605	10%-25% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	6	21.00	0.07	0.05605	10%-25% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	6	22.00	0.07	0.05605	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	6	24.00	0.04	0.05605	10%-25% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	6	24.00	0.07	0.05605	10%-25% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	6	28.00	0.07	0.05605	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	6	28.00	0.07	0.05605	10%-25% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	6	30.00	0.02	0.05605	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	30.00	0.03	0.05605	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	6	30.00	0.04	0.05605	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	6	30.00	0.04	0.05605	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	6	30.00	0.04	0.05605	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	6	30.00	0.04	0.05605	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	6	30.00	0.04	0.05605	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	6	30.00	0.07	0.05605	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	6	30.00	0.07	0.05605	10%-25% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	6	32.00	0.07	0.05605	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	6	40.00	0.03	0.05605	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	6	42.00	0.07	0.05605	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	6	45.00	0.03	0.05605	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	6	60.00	0.03	0.05605	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	6	60.00	0.03	0.05605	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	6	60.00	0.07	0.05605	10%-25% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	6	90.00	0.02	0.05605	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	6	90.00	0.03	0.05605	51%-75% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	6	90.00	0.03	0.05605	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	6	90.00	0.03	0.05605	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	6	90.00	0.07	0.05605	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	6	90.00	0.07	0.05605	10%-25% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	7	10.00	0.01	0.05567	76%-100% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	7	14.00	0.07	0.05567	10%-25% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	7	15.00	0.05	0.05567	10%-25% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	7	15.00	0.07	0.05567	10%-25% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	16.00	0.04	0.05567	10%-25% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	7	18.00	0.04	0.05567	10%-25% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	7	20.00	0.04	0.05567	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	7	20.00	0.04	0.05567	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	7	20.00	0.04	0.05567	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	7	20.00	0.05	0.05567	10%-25% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	7	20.00	0.06	0.05567	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	7	20.00	0.07	0.05567	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	7	20.00	0.07	0.05567	10%-25% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	7	21.00	0.04	0.05567	10%-25% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	7	21.00	0.05	0.05567	10%-25% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	7	21.00	0.07	0.05567	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	7	21.00	0.07	0.05567	10%-25% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	7	28.00	0.07	0.05567	10%-25% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	7	30.00	0.03	0.05567	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	7	30.00	0.03	0.05567	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	7	30.00	0.04	0.05567	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	7	30.00	0.04	0.05567	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	7	30.00	0.04	0.05567	10%-25% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	7	30.00	0.05	0.05567	10%-25% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	7	30.00	0.07	0.05567	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	7	30.00	0.07	0.05567	10%-25% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	7	40.00	0.04	0.05567	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	7	40.00	0.07	0.05567	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	7	40.00	0.07	0.05567	10%-25% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	42.00	0.07	0.05567	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	7	45.00	0.07	0.05567	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	7	60.00	0.03	0.05567	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	7	60.00	0.07	0.05567	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	7	60.00	0.07	0.05567	10%-25% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	7	90.00	0.02	0.05567	51%-75% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	7	90.00	0.03	0.05567	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	7	90.00	0.03	0.05567	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	7	90.00	0.03	0.05567	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	7	90.00	0.03	0.05567	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	7	90.00	0.03	0.05567	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	7	90.00	0.07	0.05567	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	7	90.00	0.07	0.05567	10%-25% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	7	100.00	0.07	0.05567	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	7	180.00	0.07	0.05567	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	8	15.00	0.04	0.05850	10%-25% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	8	15.00	0.05	0.05850	10%-25% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	8	15.00	0.07	0.05850	10%-25% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	8	15.00	0.07	0.05850	10%-25% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	8	16.00	0.07	0.05850	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	8	18.00	0.07	0.05850	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	8	20.00	0.04	0.05850	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	8	20.00	0.05	0.05850	10%-25% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	8	20.00	0.07	0.05850	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	8	20.00	0.07	0.05850	10%-25% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	21.00	0.04	0.05850	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	8	21.00	0.07	0.05850	10%-25% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	8	30.00	0.03	0.05850	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	8	30.00	0.04	0.05850	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	8	30.00	0.04	0.05850	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	8	30.00	0.07	0.05850	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	8	30.00	0.07	0.05850	10%-25% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	8	40.00	0.04	0.05850	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	8	42.00	0.05	0.05850	10%-25% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	8	42.00	0.07	0.05850	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	8	45.00	0.07	0.05850	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	8	60.00	0.03	0.05850	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	8	60.00	0.07	0.05850	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	8	60.00	0.07	0.05850	10%-25% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	8	90.00	0.03	0.05850	51%-75% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	8	90.00	0.03	0.05850	51%-75% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	8	90.00	0.03	0.05850	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	8	90.00	0.07	0.05850	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	8	90.00	0.07	0.05850	10%-25% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	8	100.00	0.07	0.05850	10%-25% Above	No	No
59651038101	CLOMIPRAMINE 25 MG CAPSULE	6	90.00	0.11	0.18239	26%-50% Below	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	5	30.00	0.14	0.11083	10%-25% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	5	30.00	0.50	0.11083	200% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	5	60.00	0.14	0.11083	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651039001	BUSPIRONE HCL 7.5 MG TABLET	5	60.00	0.48	0.11083	200% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	6	30.00	0.14	0.11046	10%-25% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	6	60.00	0.33	0.11046	200% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	6	180.00	0.14	0.11046	10%-25% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	7	61.00	0.14	0.10694	26%-50% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	7	90.00	0.14	0.10694	26%-50% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	8	30.00	0.17	0.10458	51%-75% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	8	60.00	0.14	0.10458	26%-50% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	8	60.00	0.25	0.10458	101%-200% Above	No	No
59651039499	BACLOFEN 10 MG TABLET	4	28.00	0.03	0.03403	10%-25% Below	Yes	No
59651039499	BACLOFEN 10 MG TABLET	4	180.00	0.09	0.03403	101%-200% Above	Yes	No
59651039499	BACLOFEN 10 MG TABLET	5	60.00	0.09	0.03417	101%-200% Above	Yes	No
59651039499	BACLOFEN 10 MG TABLET	5	90.00	0.02	0.03417	51%-75% Below	Yes	No
59651039499	BACLOFEN 10 MG TABLET	6	90.00	0.02	0.03324	51%-75% Below	Yes	No
59651039499	BACLOFEN 10 MG TABLET	7	60.00	0.02	0.03210	26%-50% Below	Yes	No
59651039499	BACLOFEN 10 MG TABLET	7	60.00	0.09	0.03210	101%-200% Above	Yes	No
59651039499	BACLOFEN 10 MG TABLET	7	90.00	0.02	0.03210	51%-75% Below	Yes	No
59651039499	BACLOFEN 10 MG TABLET	7	180.00	0.09	0.03210	101%-200% Above	Yes	No
59651039499	BACLOFEN 10 MG TABLET	8	60.00	0.02	0.03148	26%-50% Below	Yes	No
59651039499	BACLOFEN 10 MG TABLET	8	60.00	0.09	0.03148	101%-200% Above	Yes	No
59651039499	BACLOFEN 10 MG TABLET	8	180.00	0.02	0.03148	26%-50% Below	Yes	No
59651039505	BACLOFEN 20 MG TABLET	7	270.00	0.11	0.05268	101%-200% Above	Yes	No
59651039708	MESALAMINE ER 0.375 GRAM CAP	4	120.00	0.25	0.45503	26%-50% Below	No	No
59651039708	MESALAMINE ER 0.375 GRAM CAP	5	120.00	0.08	0.48846	76%-100% Below	No	No
59651039708	MESALAMINE ER 0.375 GRAM CAP	8	120.00	0.70	0.48654	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651040217	MOMETASONE FUROATE 50 MCG SPRY	4	17.00	2.13	1.60658	26%-50% Above	Yes	No
59651040217	MOMETASONE FUROATE 50 MCG SPRY	5	17.00	2.13	1.61389	26%-50% Above	Yes	No
59651040217	MOMETASONE FUROATE 50 MCG SPRY	6	17.00	2.13	1.59620	26%-50% Above	Yes	No
59651040217	MOMETASONE FUROATE 50 MCG SPRY	7	17.00	2.13	1.60592	26%-50% Above	Yes	No
59651041350	HYDROCORTISONE 5 MG TABLET	6	60.00	0.02	0.13698	76%-100% Below	No	No
59651041401	HYDROCORTISONE 10 MG TABLET	5	180.00	0.11	0.19405	26%-50% Below	No	No
59651041401	HYDROCORTISONE 10 MG TABLET	7	180.00	0.11	0.18168	26%-50% Below	No	No
59651042101	URSODIOL 300 MG CAPSULE	5	180.00	0.75	0.44924	51%-75% Above	Yes	No
59651042101	URSODIOL 300 MG CAPSULE	6	60.00	0.25	0.42082	26%-50% Below	Yes	No
59651042101	URSODIOL 300 MG CAPSULE	7	60.00	0.25	0.41988	26%-50% Below	Yes	No
59651042101	URSODIOL 300 MG CAPSULE	8	60.00	0.25	0.41605	26%-50% Below	Yes	No
59651042201	CEVIMELINE HCL 30 MG CAPSULE	8	90.00	0.43	0.70802	26%-50% Below	No	No
59651042601	SPIRONOLACTONE 25 MG TABLET	8	30.00	0.08	0.04303	76%-100% Above	Yes	No
59651042605	SPIRONOLACTONE 25 MG TABLET	4	90.00	0.09	0.04504	76%-100% Above	No	No
59651042605	SPIRONOLACTONE 25 MG TABLET	5	30.00	0.10	0.04474	101%-200% Above	No	No
59651042605	SPIRONOLACTONE 25 MG TABLET	5	90.00	0.08	0.04474	51%-75% Above	No	No
59651042605	SPIRONOLACTONE 25 MG TABLET	6	30.00	0.10	0.04427	101%-200% Above	No	No
59651042605	SPIRONOLACTONE 25 MG TABLET	7	30.00	0.10	0.04332	101%-200% Above	No	No
59651042605	SPIRONOLACTONE 25 MG TABLET	7	90.00	0.09	0.04332	76%-100% Above	No	No
59651042605	SPIRONOLACTONE 25 MG TABLET	8	30.00	0.10	0.04303	101%-200% Above	No	No
59651042605	SPIRONOLACTONE 25 MG TABLET	8	90.00	0.07	0.04303	51%-75% Above	No	No
59651042701	SPIRONOLACTONE 50 MG TABLET	4	90.00	0.12	0.08930	26%-50% Above	No	No
59651042701	SPIRONOLACTONE 50 MG TABLET	4	90.00	0.18	0.08930	76%-100% Above	No	No
59651042701	SPIRONOLACTONE 50 MG TABLET	5	90.00	0.18	0.08931	101%-200% Above	Yes	No
59651042701	SPIRONOLACTONE 50 MG TABLET	6	30.00	0.17	0.08750	76%-100% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	180.00	0.12	0.08750	26%-50% Above	No	No
59651042701	SPIRONOLACTONE 50 MG TABLET	7	90.00	0.18	0.08595	101%-200% Above	No	No
59651042701	SPIRONOLACTONE 50 MG TABLET	7	180.00	0.17	0.08595	76%-100% Above	No	No
59651042801	SPIRONOLACTONE 100 MG TABLET	4	90.00	0.22	0.17894	10%-25% Above	No	No
59651042801	SPIRONOLACTONE 100 MG TABLET	4	90.00	0.30	0.17894	51%-75% Above	No	No
59651042801	SPIRONOLACTONE 100 MG TABLET	5	30.00	0.11	0.17835	26%-50% Below	Yes	No
59651042801	SPIRONOLACTONE 100 MG TABLET	5	90.00	0.22	0.17835	10%-25% Above	Yes	No
59651042801	SPIRONOLACTONE 100 MG TABLET	5	90.00	0.22	0.17835	10%-25% Above	No	No
59651042801	SPIRONOLACTONE 100 MG TABLET	6	60.00	0.25	0.17586	26%-50% Above	No	No
59651042801	SPIRONOLACTONE 100 MG TABLET	6	90.00	0.27	0.17586	51%-75% Above	No	No
59651042801	SPIRONOLACTONE 100 MG TABLET	7	90.00	0.22	0.17452	26%-50% Above	No	No
59651042801	SPIRONOLACTONE 100 MG TABLET	7	90.00	0.30	0.17452	51%-75% Above	No	No
59651042801	SPIRONOLACTONE 100 MG TABLET	8	90.00	0.22	0.16990	26%-50% Above	No	No
59651044630	COLCHICINE 0.6 MG CAPSULE	5	10.00	1.29	1.91116	26%-50% Below	No	No
59651045501	COLCHICINE 0.6 MG TABLET	4	60.00	0.90	0.12992	200% Above	No	No
59651045501	COLCHICINE 0.6 MG TABLET	5	8.00	0.90	0.13354	200% Above	No	No
59651045501	COLCHICINE 0.6 MG TABLET	5	20.00	0.90	0.13354	200% Above	No	No
59651045501	COLCHICINE 0.6 MG TABLET	6	12.00	0.90	0.12874	200% Above	No	No
59651045501	COLCHICINE 0.6 MG TABLET	7	15.00	0.04	0.12239	51%-75% Below	No	No
59651045701	CARBIDOPA-LEVODOPA 25-100 TAB	5	180.00	0.10	0.07187	26%-50% Above	No	No
59651045701	CARBIDOPA-LEVODOPA 25-100 TAB	7	90.00	0.05	0.07553	26%-50% Below	No	No
59651048401	PREDNISONE 1 MG TABLET	4	180.00	0.05	0.04028	10%-25% Above	No	No
59651048701	PREDNISONE 10 MG TABLET	3	14.00	0.08	0.05793	26%-50% Above	No	No
59651048701	PREDNISONE 10 MG TABLET	5	10.00	0.13	0.05730	101%-200% Above	No	No
59651048701	PREDNISONE 10 MG TABLET	5	15.00	0.02	0.05730	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651048701	PREDNISONE 10 MG TABLET	6	10.00	0.02	0.05709	51%-75% Below	No	No
59651048701	PREDNISONE 10 MG TABLET	6	14.00	0.12	0.05709	101%-200% Above	No	No
59651048701	PREDNISONE 10 MG TABLET	7	9.00	0.09	0.05617	51%-75% Above	No	No
59651048701	PREDNISONE 10 MG TABLET	7	10.00	0.08	0.05617	26%-50% Above	No	No
59651048701	PREDNISONE 10 MG TABLET	7	21.00	0.11	0.05617	76%-100% Above	No	No
59651048701	PREDNISONE 10 MG TABLET	8	10.00	0.09	0.05604	51%-75% Above	No	No
59651048705	PREDNISONE 10 MG TABLET	4	7.00	0.08	0.05754	26%-50% Above	No	No
59651048705	PREDNISONE 10 MG TABLET	4	10.00	0.08	0.05754	26%-50% Above	No	No
59651048705	PREDNISONE 10 MG TABLET	5	5.00	0.08	0.05730	26%-50% Above	No	No
59651048705	PREDNISONE 10 MG TABLET	5	8.00	0.14	0.05730	101%-200% Above	No	No
59651048705	PREDNISONE 10 MG TABLET	5	9.00	0.13	0.05730	101%-200% Above	No	No
59651048705	PREDNISONE 10 MG TABLET	5	10.00	0.08	0.05730	26%-50% Above	No	No
59651048705	PREDNISONE 10 MG TABLET	5	18.00	0.08	0.05730	26%-50% Above	No	No
59651048705	PREDNISONE 10 MG TABLET	6	15.00	0.08	0.05709	26%-50% Above	No	No
59651048705	PREDNISONE 10 MG TABLET	6	18.00	0.08	0.05709	26%-50% Above	No	No
59651048705	PREDNISONE 10 MG TABLET	6	21.00	0.08	0.05709	26%-50% Above	No	No
59651048705	PREDNISONE 10 MG TABLET	7	6.00	0.08	0.05617	26%-50% Above	No	No
59651048705	PREDNISONE 10 MG TABLET	7	7.00	0.08	0.05617	26%-50% Above	No	No
59651048705	PREDNISONE 10 MG TABLET	7	9.00	0.15	0.05617	101%-200% Above	No	No
59651048705	PREDNISONE 10 MG TABLET	7	14.00	0.12	0.05617	101%-200% Above	No	No
59651048705	PREDNISONE 10 MG TABLET	7	21.00	0.08	0.05617	26%-50% Above	No	No
59651048705	PREDNISONE 10 MG TABLET	7	36.00	0.02	0.05617	51%-75% Below	No	No
59651048705	PREDNISONE 10 MG TABLET	8	21.00	0.08	0.05604	26%-50% Above	No	No
59651048705	PREDNISONE 10 MG TABLET	8	30.00	0.08	0.05604	26%-50% Above	No	No
59651048705	PREDNISONE 10 MG TABLET	8	42.00	0.08	0.05604	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651048801	PREDNISONE 20 MG TABLET	4	3.00	0.11	0.07110	26%-50% Above	No	No
59651048801	PREDNISONE 20 MG TABLET	4	10.00	0.15	0.07110	101%-200% Above	No	No
59651048801	PREDNISONE 20 MG TABLET	4	15.00	0.11	0.07110	26%-50% Above	No	No
59651048801	PREDNISONE 20 MG TABLET	5	5.00	0.11	0.07023	51%-75% Above	No	No
59651048801	PREDNISONE 20 MG TABLET	5	10.00	0.11	0.07023	51%-75% Above	No	No
59651048801	PREDNISONE 20 MG TABLET	6	5.00	0.11	0.06765	51%-75% Above	No	No
59651048801	PREDNISONE 20 MG TABLET	6	14.00	0.11	0.06765	51%-75% Above	No	No
59651048801	PREDNISONE 20 MG TABLET	7	10.00	0.11	0.06477	51%-75% Above	No	No
59651048801	PREDNISONE 20 MG TABLET	7	60.00	0.12	0.06477	76%-100% Above	No	No
59651048805	PREDNISONE 20 MG TABLET	4	10.00	0.16	0.07110	101%-200% Above	No	No
59651048805	PREDNISONE 20 MG TABLET	4	14.00	0.11	0.07110	26%-50% Above	No	No
59651048805	PREDNISONE 20 MG TABLET	6	20.00	0.11	0.06765	51%-75% Above	No	No
59651048805	PREDNISONE 20 MG TABLET	7	6.00	0.03	0.06477	26%-50% Below	No	No
59651048805	PREDNISONE 20 MG TABLET	7	10.00	0.18	0.06477	101%-200% Above	No	No
59651048805	PREDNISONE 20 MG TABLET	7	15.00	0.14	0.06477	101%-200% Above	No	No
59651048805	PREDNISONE 20 MG TABLET	8	5.00	0.11	0.06433	51%-75% Above	No	No
59651048805	PREDNISONE 20 MG TABLET	8	10.00	0.11	0.06433	51%-75% Above	No	No
59651048805	PREDNISONE 20 MG TABLET	8	10.00	0.16	0.06433	101%-200% Above	No	No
59651048901	PREDNISONE 50 MG TABLET	4	5.00	0.10	0.17803	26%-50% Below	No	No
59651048901	PREDNISONE 50 MG TABLET	5	2.00	0.10	0.17296	26%-50% Below	No	No
59651048901	PREDNISONE 50 MG TABLET	6	5.00	0.17	0.15307	10%-25% Above	No	No
59651048901	PREDNISONE 50 MG TABLET	7	5.00	0.17	0.15011	10%-25% Above	No	No
59651048901	PREDNISONE 50 MG TABLET	7	5.00	0.17	0.15011	10%-25% Above	No	No
59651048901	PREDNISONE 50 MG TABLET	7	5.00	0.22	0.15011	26%-50% Above	No	No
59651048901	PREDNISONE 50 MG TABLET	8	5.00	0.10	0.15695	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651049905	HYDROXYZINE HCL 10 MG TABLET	4	20.00	0.07	0.03139	101%-200% Above	Yes	No
59651049905	HYDROXYZINE HCL 10 MG TABLET	4	30.00	0.06	0.03139	101%-200% Above	Yes	No
59651049905	HYDROXYZINE HCL 10 MG TABLET	6	30.00	0.06	0.03017	101%-200% Above	Yes	No
59651049905	HYDROXYZINE HCL 10 MG TABLET	6	60.00	0.07	0.03017	101%-200% Above	Yes	No
59651049905	HYDROXYZINE HCL 10 MG TABLET	7	10.00	0.07	0.02868	101%-200% Above	Yes	No
59651049905	HYDROXYZINE HCL 10 MG TABLET	7	60.00	0.01	0.02868	26%-50% Below	Yes	No
59651049905	HYDROXYZINE HCL 10 MG TABLET	7	60.00	0.07	0.02868	101%-200% Above	Yes	No
59651049905	HYDROXYZINE HCL 10 MG TABLET	7	90.00	0.07	0.02868	101%-200% Above	Yes	No
59651049905	HYDROXYZINE HCL 10 MG TABLET	7	180.00	0.05	0.02868	51%-75% Above	Yes	No
59651049905	HYDROXYZINE HCL 10 MG TABLET	8	30.00	0.06	0.02856	101%-200% Above	Yes	No
59651049905	HYDROXYZINE HCL 10 MG TABLET	8	30.00	0.07	0.02856	101%-200% Above	Yes	No
59651049905	HYDROXYZINE HCL 10 MG TABLET	8	45.00	0.07	0.02856	101%-200% Above	Yes	No
59651049905	HYDROXYZINE HCL 10 MG TABLET	8	180.00	0.07	0.02856	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	4	15.00	0.09	0.03456	101%-200% 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	60.00	0.08	0.03456	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	4	60.00	0.08	0.03456	101%-200% 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	120.00	0.08	0.03456	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	4	180.00	0.06	0.03456	51%-75% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	5	30.00	0.07	0.03562	76%-100% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	5	30.00	0.08	0.03562	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	5	60.00	0.06	0.03562	76%-100% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	5	60.00	0.07	0.03562	76%-100% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	60.00	0.07	0.03562	76%-100% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	5	60.00	0.07	0.03562	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	5	60.00	0.08	0.03562	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	5	90.00	0.08	0.03562	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	5	100.00	0.08	0.03562	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	5	180.00	0.07	0.03562	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	5	240.00	0.06	0.03562	51%-75% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	5	360.00	0.08	0.03562	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	5	540.00	0.08	0.03562	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	6	9.00	0.08	0.03558	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	6	14.00	0.08	0.03558	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	6	30.00	0.07	0.03558	76%-100% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	6	30.00	0.08	0.03558	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	6	30.00	0.08	0.03558	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	6	60.00	0.08	0.03558	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	6	90.00	0.06	0.03558	51%-75% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	6	90.00	0.08	0.03558	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	6	100.00	0.08	0.03558	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	6	120.00	0.08	0.03558	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	6	240.00	0.06	0.03558	51%-75% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	7	7.00	0.08	0.03501	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	7	10.00	0.08	0.03501	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	7	30.00	0.07	0.03501	76%-100% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	7	30.00	0.07	0.03501	76%-100% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	7	30.00	0.08	0.03501	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	30.00	0.08	0.03501	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	7	45.00	0.08	0.03501	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	7	60.00	0.06	0.03501	76%-100% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	7	90.00	0.06	0.03501	76%-100% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	7	100.00	0.08	0.03501	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	7	120.00	0.08	0.03501	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	7	180.00	0.06	0.03501	51%-75% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	7	240.00	0.06	0.03501	76%-100% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	8	30.00	0.07	0.03417	76%-100% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	8	30.00	0.07	0.03417	76%-100% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	8	30.00	0.08	0.03417	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	8	30.00	0.08	0.03417	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	8	60.00	0.06	0.03417	76%-100% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	8	60.00	0.07	0.03417	76%-100% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	8	90.00	0.05	0.03417	51%-75% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	8	90.00	0.06	0.03417	51%-75% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	8	90.00	0.08	0.03417	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	8	120.00	0.08	0.03417	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	8	180.00	0.07	0.03417	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	8	270.00	0.08	0.03417	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	8	540.00	0.08	0.03417	101%-200% Above	Yes	No
59651050099	HYDROXYZINE HCL 25 MG TABLET	6	60.00	0.08	0.03558	101%-200% Above	No	No
59651050099	HYDROXYZINE HCL 25 MG TABLET	7	60.00	0.08	0.03501	101%-200% Above	No	No
59651050105	HYDROXYZINE HCL 50 MG TABLET	4	60.00	0.09	0.06161	26%-50% Above	Yes	No
59651050105	HYDROXYZINE HCL 50 MG TABLET	5	60.00	0.11	0.05989	76%-100% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651050105	HYDROXYZINE HCL 50 MG TABLET	6	60.00	0.09	0.05962	26%-50% Above	Yes	No
59651050105	HYDROXYZINE HCL 50 MG TABLET	6	270.00	0.09	0.05962	26%-50% Above	Yes	No
59651050105	HYDROXYZINE HCL 50 MG TABLET	7	30.00	0.11	0.05879	76%-100% Above	Yes	No
59651050105	HYDROXYZINE HCL 50 MG TABLET	7	60.00	0.09	0.05879	51%-75% Above	Yes	No
59651050105	HYDROXYZINE HCL 50 MG TABLET	8	15.00	0.09	0.05831	51%-75% Above	Yes	No
59651050105	HYDROXYZINE HCL 50 MG TABLET	8	60.00	0.09	0.05831	51%-75% Above	Yes	No
59651050105	HYDROXYZINE HCL 50 MG TABLET	8	90.00	0.09	0.05831	51%-75% Above	Yes	No
59651051630	EXEMESTANE 25 MG TABLET	5	30.00	0.29	0.62811	51%-75% Below	Yes	No
59651051630	EXEMESTANE 25 MG TABLET	6	90.00	0.29	0.61193	51%-75% Below	Yes	No
59651053901	ISOSORBIDE MONONIT ER 30 MG TB	4	30.00	0.12	0.07285	51%-75% Above	No	No
59651053901	ISOSORBIDE MONONIT ER 30 MG TB	5	90.00	0.19	0.07510	101%-200% Above	No	No
59651053905	ISOSORBIDE MONONIT ER 30 MG TB	4	30.00	0.12	0.07285	51%-75% Above	No	No
59651053905	ISOSORBIDE MONONIT ER 30 MG TB	5	90.00	0.12	0.07510	51%-75% Above	No	No
59651053905	ISOSORBIDE MONONIT ER 30 MG TB	7	90.00	0.12	0.07134	51%-75% Above	No	No
59651053905	ISOSORBIDE MONONIT ER 30 MG TB	8	90.00	0.17	0.06800	101%-200% Above	No	No
59651054101	ISOSORBIDE MONONIT ER 120 MG	5	90.00	0.19	0.16925	10%-25% Above	No	No
59651055101	AMPICILLIN 500 MG CAPSULE	7	30.00	0.37	0.44091	10%-25% Below	Yes	No
59651055101	AMPICILLIN 500 MG CAPSULE	8	20.00	0.37	0.43852	10%-25% Below	No	No
59651056130	ESOMEPRAZOLE MAG DR 20 MG CAP	4	30.00	0.33	0.16903	76%-100% Above	No	No
59651056130	ESOMEPRAZOLE MAG DR 20 MG CAP	7	30.00	0.33	0.15673	101%-200% Above	No	No
59651056290	ESOMEPRAZOLE MAG DR 40 MG CAP	5	90.00	0.42	0.13164	200% Above	No	No
59651056290	ESOMEPRAZOLE MAG DR 40 MG CAP	6	90.00	0.42	0.12657	200% Above	No	No
59651056290	ESOMEPRAZOLE MAG DR 40 MG CAP	8	90.00	0.42	0.11802	200% Above	No	No
59651056601	DICLOXACILLIN 500 MG CAPSULE	7	40.00	0.71	1.01764	26%-50% Below	No	No
59651057590	FENOFIBRATE 54 MG TABLET	4	90.00	0.04	0.08936	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651057590	FENOFIBRATE 54 MG TABLET	5	90.00	0.03	0.08999	51%-75% Below	Yes	No
59651057590	FENOFIBRATE 54 MG TABLET	6	90.00	0.13	0.08767	26%-50% Above	Yes	No
59651057590	FENOFIBRATE 54 MG TABLET	7	30.00	0.06	0.08553	10%-25% Below	No	No
59651057590	FENOFIBRATE 54 MG TABLET	7	90.00	0.05	0.08553	26%-50% Below	Yes	No
59651057590	FENOFIBRATE 54 MG TABLET	8	30.00	0.06	0.07792	10%-25% Below	No	No
59651057590	FENOFIBRATE 54 MG TABLET	8	90.00	0.03	0.07792	51%-75% Below	Yes	No
59651057590	FENOFIBRATE 54 MG TABLET	8	90.00	0.04	0.07792	26%-50% Below	No	No
59651057690	FENOFIBRATE 160 MG TABLET	4	90.00	0.15	0.12586	10%-25% Above	Yes	No
59651057690	FENOFIBRATE 160 MG TABLET	4	90.00	0.22	0.12586	76%-100% Above	Yes	No
59651057690	FENOFIBRATE 160 MG TABLET	5	30.00	0.33	0.12388	101%-200% Above	Yes	No
59651057690	FENOFIBRATE 160 MG TABLET	5	90.00	0.15	0.12388	10%-25% Above	Yes	No
59651057690	FENOFIBRATE 160 MG TABLET	5	90.00	0.22	0.12388	76%-100% Above	Yes	No
59651057690	FENOFIBRATE 160 MG TABLET	6	90.00	0.15	0.11686	26%-50% Above	Yes	No
59651057690	FENOFIBRATE 160 MG TABLET	6	90.00	0.33	0.11686	101%-200% Above	Yes	No
59651057690	FENOFIBRATE 160 MG TABLET	7	90.00	0.15	0.11192	26%-50% Above	Yes	No
59651057690	FENOFIBRATE 160 MG TABLET	7	90.00	0.22	0.11192	76%-100% Above	Yes	No
59651057690	FENOFIBRATE 160 MG TABLET	8	90.00	0.09	0.11290	10%-25% Below	Yes	No
59651058901	NADOLOL 20 MG TABLET	5	180.00	0.17	0.19714	10%-25% Below	Yes	No
59651059760	OSELTAMIVIR 6 MG/ML SUSPENSION	4	120.00	0.17	0.15484	10%-25% Above	Yes	No
59651059760	OSELTAMIVIR 6 MG/ML SUSPENSION	8	120.00	0.12	0.15113	10%-25% Below	Yes	No
59651060799	ATORVASTATIN 20 MG TABLET	4	90.00	0.01	0.02872	51%-75% Below	No	No
59651060799	ATORVASTATIN 20 MG TABLET	5	15.00	0.27	0.02902	200% Above	No	No
59651060799	ATORVASTATIN 20 MG TABLET	6	90.00	0.27	0.02851	200% Above	No	No
59651060799	ATORVASTATIN 20 MG TABLET	7	90.00	0.01	0.02795	51%-75% Below	No	No
59651060799	ATORVASTATIN 20 MG TABLET	7	90.00	0.02	0.02795	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651060899	ATORVASTATIN 40 MG TABLET	5	90.00	0.12	0.03824	200% Above	No	No
59651060990	ATORVASTATIN 80 MG TABLET	5	90.00	0.13	0.07062	76%-100% Above	No	No
59651063303	ISOTRETINOIN 25 MG CAPSULE	5	30.00	2.60	10.46724	51%-75% Below	No	No
59651063503	ISOTRETINOIN CAP 35MG	5	30.00	9.54	.		No	No
59651063603	ISOTRETINOIN 40 MG CAPSULE	6	60.00	1.27	5.30671	76%-100% Below	No	No
59651065804	NITROGLYCERIN 0.4 MG TABLET SL	8	25.00	0.15	0.12790	10%-25% Above	No	No
59651069101	LOPERAMIDE 2 MG CAPSULE	5	30.00	0.04	0.05207	26%-50% Below	No	No
59651069101	LOPERAMIDE 2 MG CAPSULE	7	12.00	0.14	0.05348	101%-200% Above	No	No
59651069101	LOPERAMIDE 2 MG CAPSULE	7	20.00	0.07	0.05348	26%-50% Above	No	No
59651071901	DICYCLOMINE 10 MG CAPSULE	4	180.00	0.06	0.07604	10%-25% Below	No	No
59651071901	DICYCLOMINE 10 MG CAPSULE	5	21.00	0.06	0.07614	10%-25% Below	No	No
59651071901	DICYCLOMINE 10 MG CAPSULE	6	12.00	0.06	0.07608	10%-25% Below	No	No
59651071901	DICYCLOMINE 10 MG CAPSULE	6	60.00	0.10	0.07608	26%-50% Above	No	No
59651071901	DICYCLOMINE 10 MG CAPSULE	6	60.00	0.11	0.07608	26%-50% Above	No	No
59651071901	DICYCLOMINE 10 MG CAPSULE	6	90.00	0.06	0.07608	10%-25% Below	No	No
59651071901	DICYCLOMINE 10 MG CAPSULE	6	120.00	0.06	0.07608	10%-25% Below	No	No
59651071901	DICYCLOMINE 10 MG CAPSULE	7	10.00	0.06	0.07522	10%-25% Below	No	No
59651071901	DICYCLOMINE 10 MG CAPSULE	7	60.00	0.06	0.07522	10%-25% Below	No	No
59651071901	DICYCLOMINE 10 MG CAPSULE	7	60.00	0.10	0.07522	26%-50% Above	No	No
59651071901	DICYCLOMINE 10 MG CAPSULE	7	90.00	0.06	0.07522	10%-25% Below	No	No
59651071901	DICYCLOMINE 10 MG CAPSULE	7	120.00	0.06	0.07522	10%-25% Below	No	No
59651071901	DICYCLOMINE 10 MG CAPSULE	8	21.00	0.06	0.07578	10%-25% Below	No	No
59651071901	DICYCLOMINE 10 MG CAPSULE	8	28.00	0.06	0.07578	10%-25% Below	No	No
59651071901	DICYCLOMINE 10 MG CAPSULE	8	120.00	0.06	0.07578	10%-25% Below	No	No
59651071999	DICYCLOMINE 10 MG CAPSULE	6	90.00	0.06	0.07608	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651071999	DICYCLOMINE 10 MG CAPSULE	7	90.00	0.06	0.07522	10%-25% Below	No	No
59651071999	DICYCLOMINE 10 MG CAPSULE	8	56.00	0.06	0.07578	10%-25% Below	No	No
59651071999	DICYCLOMINE 10 MG CAPSULE	8	60.00	0.06	0.07578	10%-25% Below	No	No
59651071999	DICYCLOMINE 10 MG CAPSULE	8	90.00	0.06	0.07578	10%-25% Below	No	No
59651071999	DICYCLOMINE 10 MG CAPSULE	8	120.00	0.06	0.07578	10%-25% Below	No	No
59651072001	DICYCLOMINE 20 MG TABLET	4	20.00	0.15	0.05547	101%-200% Above	Yes	No
59651072001	DICYCLOMINE 20 MG TABLET	4	20.00	0.16	0.05547	101%-200% Above	Yes	No
59651072001	DICYCLOMINE 20 MG TABLET	4	30.00	0.10	0.05547	76%-100% Above	No	No
59651072001	DICYCLOMINE 20 MG TABLET	4	60.00	0.08	0.05547	26%-50% Above	Yes	No
59651072001	DICYCLOMINE 20 MG TABLET	4	360.00	0.10	0.05547	76%-100% Above	Yes	No
59651072001	DICYCLOMINE 20 MG TABLET	5	9.00	0.18	0.05604	200% Above	Yes	No
59651072001	DICYCLOMINE 20 MG TABLET	5	60.00	0.10	0.05604	76%-100% Above	No	No
59651072001	DICYCLOMINE 20 MG TABLET	5	60.00	0.10	0.05604	76%-100% Above	Yes	No
59651072001	DICYCLOMINE 20 MG TABLET	5	90.00	0.03	0.05604	26%-50% Below	Yes	No
59651072001	DICYCLOMINE 20 MG TABLET	6	20.00	0.10	0.05627	76%-100% Above	Yes	No
59651072001	DICYCLOMINE 20 MG TABLET	6	20.00	0.15	0.05627	101%-200% Above	Yes	No
59651072001	DICYCLOMINE 20 MG TABLET	6	25.00	0.16	0.05627	101%-200% Above	Yes	No
59651072001	DICYCLOMINE 20 MG TABLET	6	28.00	0.16	0.05627	101%-200% Above	Yes	No
59651072001	DICYCLOMINE 20 MG TABLET	6	40.00	0.15	0.05627	101%-200% Above	Yes	No
59651072001	DICYCLOMINE 20 MG TABLET	6	360.00	0.10	0.05627	76%-100% Above	Yes	No
59651072001	DICYCLOMINE 20 MG TABLET	7	12.00	0.10	0.05757	51%-75% Above	Yes	No
59651072001	DICYCLOMINE 20 MG TABLET	7	20.00	0.17	0.05757	101%-200% Above	Yes	No
59651072001	DICYCLOMINE 20 MG TABLET	7	20.00	0.17	0.05757	101%-200% Above	No	No
59651072001	DICYCLOMINE 20 MG TABLET	7	90.00	0.10	0.05757	51%-75% Above	No	No
59651072001	DICYCLOMINE 20 MG TABLET	7	90.00	0.13	0.05757	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	20.00	0.10	0.05867	51%-75% Above	Yes	No
59651072001	DICYCLOMINE 20 MG TABLET	8	20.00	0.15	0.05867	101%-200% Above	Yes	No
59651072001	DICYCLOMINE 20 MG TABLET	8	30.00	0.16	0.05867	101%-200% Above	Yes	No
59651072001	DICYCLOMINE 20 MG TABLET	8	60.00	0.10	0.05867	51%-75% Above	Yes	No
59651072001	DICYCLOMINE 20 MG TABLET	8	90.00	0.10	0.05867	51%-75% Above	Yes	No
59651072001	DICYCLOMINE 20 MG TABLET	8	120.00	0.10	0.05867	51%-75% Above	Yes	No
59651072099	DICYCLOMINE 20 MG TABLET	4	30.00	0.10	0.05547	76%-100% Above	No	No
59651072099	DICYCLOMINE 20 MG TABLET	5	90.00	0.10	0.05604	76%-100% Above	No	No
59651072099	DICYCLOMINE 20 MG TABLET	6	90.00	0.10	0.05627	76%-100% Above	No	No
59651072099	DICYCLOMINE 20 MG TABLET	7	40.00	0.10	0.05757	51%-75% Above	No	No
59651072099	DICYCLOMINE 20 MG TABLET	8	30.00	0.13	0.05867	101%-200% Above	No	No
59651072099	DICYCLOMINE 20 MG TABLET	8	90.00	0.10	0.05867	51%-75% Above	No	No
59651072201	CLONAZEPAM 0.5 MG TABLET	5	30.00	0.05	0.01975	101%-200% Above	No	No
59651072201	CLONAZEPAM 0.5 MG TABLET	5	45.00	0.05	0.01975	101%-200% Above	No	No
59651072201	CLONAZEPAM 0.5 MG TABLET	5	270.00	0.01	0.01975	26%-50% Below	No	No
59651072201	CLONAZEPAM 0.5 MG TABLET	6	4.00	0.06	0.01988	101%-200% Above	No	No
59651072201	CLONAZEPAM 0.5 MG TABLET	6	20.00	0.03	0.01988	51%-75% Above	No	No
59651072201	CLONAZEPAM 0.5 MG TABLET	6	30.00	0.05	0.01988	101%-200% Above	No	No
59651072201	CLONAZEPAM 0.5 MG TABLET	6	60.00	0.02	0.01988	10%-25% Below	No	No
59651072201	CLONAZEPAM 0.5 MG TABLET	6	90.00	0.05	0.01988	101%-200% Above	No	No
59651072201	CLONAZEPAM 0.5 MG TABLET	7	30.00	0.02	0.01972	10%-25% Above	No	No
59651072201	CLONAZEPAM 0.5 MG TABLET	7	30.00	0.05	0.01972	101%-200% Above	No	No
59651072201	CLONAZEPAM 0.5 MG TABLET	7	45.00	0.05	0.01972	101%-200% Above	No	No
59651072201	CLONAZEPAM 0.5 MG TABLET	7	90.00	0.01	0.01972	26%-50% Below	No	No
59651072201	CLONAZEPAM 0.5 MG TABLET	7	90.00	0.05	0.01972	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651072201	CLONAZEPAM 0.5 MG TABLET	8	60.00	0.05	0.01973	101%-200% Above	No	No
59651072201	CLONAZEPAM 0.5 MG TABLET	8	90.00	0.05	0.01973	101%-200% Above	No	No
59651072301	CLONAZEPAM 1 MG TABLET	4	30.00	0.01	0.02488	51%-75% Below	No	No
59651072301	CLONAZEPAM 1 MG TABLET	4	30.00	0.08	0.02488	200% Above	No	No
59651072301	CLONAZEPAM 1 MG TABLET	4	60.00	0.02	0.02488	10%-25% Below	No	No
59651072301	CLONAZEPAM 1 MG TABLET	4	60.00	0.08	0.02488	200% Above	No	No
59651072301	CLONAZEPAM 1 MG TABLET	5	30.00	0.01	0.02503	51%-75% Below	No	No
59651072301	CLONAZEPAM 1 MG TABLET	5	30.00	0.03	0.02503	26%-50% Above	No	No
59651072301	CLONAZEPAM 1 MG TABLET	5	30.00	0.08	0.02503	200% Above	No	No
59651072301	CLONAZEPAM 1 MG TABLET	5	45.00	0.03	0.02503	10%-25% Above	No	No
59651072301	CLONAZEPAM 1 MG TABLET	5	60.00	0.08	0.02503	200% Above	No	No
59651072301	CLONAZEPAM 1 MG TABLET	5	90.00	0.02	0.02503	26%-50% Below	No	No
59651072301	CLONAZEPAM 1 MG TABLET	6	30.00	0.01	0.02497	51%-75% Below	No	No
59651072301	CLONAZEPAM 1 MG TABLET	6	30.00	0.08	0.02497	200% Above	No	No
59651072301	CLONAZEPAM 1 MG TABLET	6	45.00	0.03	0.02497	10%-25% Above	No	No
59651072301	CLONAZEPAM 1 MG TABLET	6	60.00	0.08	0.02497	200% Above	No	No
59651072301	CLONAZEPAM 1 MG TABLET	6	90.00	0.02	0.02497	26%-50% Below	No	No
59651072301	CLONAZEPAM 1 MG TABLET	6	180.00	0.08	0.02497	200% Above	No	No
59651072301	CLONAZEPAM 1 MG TABLET	7	30.00	0.01	0.02440	26%-50% Below	No	No
59651072301	CLONAZEPAM 1 MG TABLET	7	30.00	0.08	0.02440	200% Above	No	No
59651072301	CLONAZEPAM 1 MG TABLET	7	45.00	0.03	0.02440	10%-25% Above	No	No
59651072301	CLONAZEPAM 1 MG TABLET	7	60.00	0.02	0.02440	10%-25% Below	No	No
59651072301	CLONAZEPAM 1 MG TABLET	7	90.00	0.01	0.02440	26%-50% Below	No	No
59651072301	CLONAZEPAM 1 MG TABLET	8	30.00	0.01	0.02453	26%-50% Below	No	No
59651072301	CLONAZEPAM 1 MG TABLET	8	30.00	0.08	0.02453	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651072301	CLONAZEPAM 1 MG TABLET	8	60.00	0.08	0.02453	200% Above	No	No
59651072301	CLONAZEPAM 1 MG TABLET	8	90.00	0.02	0.02453	26%-50% Below	No	No
59651072399	CLONAZEPAM 1 MG TABLET	5	30.00	0.08	0.02503	200% Above	Yes	No
59651072399	CLONAZEPAM 1 MG TABLET	5	60.00	0.08	0.02503	200% Above	No	No
59651072399	CLONAZEPAM 1 MG TABLET	6	90.00	0.08	0.02497	200% Above	Yes	No
59651073260	CLOBETASOL 0.05% OINTMENT	7	60.00	1.19	0.12015	200% Above	No	No
59651077046	METRONIDAZOLE 0.75% CREAM	6	45.00	0.38	0.29124	26%-50% Above	No	No
59651078101	GLIPIZIDE ER 5 MG TABLET	5	90.00	0.12	0.07756	51%-75% Above	No	No
59651078101	GLIPIZIDE ER 5 MG TABLET	8	90.00	0.12	0.07274	51%-75% Above	No	No
59651078105	GLIPIZIDE ER 5 MG TABLET	5	10.00	0.09	0.07756	10%-25% Above	No	No
59651078105	GLIPIZIDE ER 5 MG TABLET	5	20.00	0.09	0.07756	10%-25% Above	No	No
59651078105	GLIPIZIDE ER 5 MG TABLET	5	30.00	0.01	0.07756	76%-100% Below	No	No
59651078105	GLIPIZIDE ER 5 MG TABLET	5	30.00	0.12	0.07756	26%-50% Above	No	No
59651078105	GLIPIZIDE ER 5 MG TABLET	6	30.00	0.03	0.07614	51%-75% Below	No	No
59651078105	GLIPIZIDE ER 5 MG TABLET	6	180.00	0.09	0.07614	10%-25% Above	No	No
59651078105	GLIPIZIDE ER 5 MG TABLET	7	10.00	0.09	0.07512	10%-25% Above	No	No
59651078105	GLIPIZIDE ER 5 MG TABLET	7	30.00	0.04	0.07512	26%-50% Below	No	No
59651078105	GLIPIZIDE ER 5 MG TABLET	7	90.00	0.01	0.07512	76%-100% Below	No	No
59651078105	GLIPIZIDE ER 5 MG TABLET	7	90.00	0.10	0.07512	26%-50% Above	No	No
59651078105	GLIPIZIDE ER 5 MG TABLET	8	10.00	0.09	0.07274	10%-25% Above	No	No
59651078105	GLIPIZIDE ER 5 MG TABLET	8	90.00	0.12	0.07274	51%-75% Above	No	No
59651078201	GLIPIZIDE ER 10 MG TABLET	5	90.00	0.11	0.13039	10%-25% Below	No	No
59651078201	GLIPIZIDE ER 10 MG TABLET	5	180.00	0.07	0.13039	26%-50% Below	No	No
59651078201	GLIPIZIDE ER 10 MG TABLET	6	90.00	0.24	0.12831	76%-100% Above	No	No
59651078201	GLIPIZIDE ER 10 MG TABLET	6	180.00	0.11	0.12831	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651078201	GLIPIZIDE ER 10 MG TABLET	8	90.00	0.11	0.12260	10%-25% Below	Yes	No
59651078201	GLIPIZIDE ER 10 MG TABLET	8	180.00	0.07	0.12260	26%-50% Below	No	No
59651078205	GLIPIZIDE ER 10 MG TABLET	4	90.00	0.11	0.12970	10%-25% Below	No	No
59651078205	GLIPIZIDE ER 10 MG TABLET	4	120.00	0.11	0.12970	10%-25% Below	No	No
59651078205	GLIPIZIDE ER 10 MG TABLET	5	30.00	0.11	0.13039	10%-25% Below	No	No
59651078205	GLIPIZIDE ER 10 MG TABLET	5	90.00	0.22	0.13039	51%-75% Above	No	No
59651078205	GLIPIZIDE ER 10 MG TABLET	5	180.00	0.11	0.13039	10%-25% Below	No	No
59651078205	GLIPIZIDE ER 10 MG TABLET	6	30.00	0.11	0.12831	10%-25% Below	No	No
59651078205	GLIPIZIDE ER 10 MG TABLET	6	90.00	0.11	0.12831	10%-25% Below	No	No
59651078205	GLIPIZIDE ER 10 MG TABLET	6	90.00	0.22	0.12831	51%-75% Above	No	No
59651078205	GLIPIZIDE ER 10 MG TABLET	7	30.00	0.11	0.12549	10%-25% Below	No	No
59651078205	GLIPIZIDE ER 10 MG TABLET	7	30.00	0.24	0.12549	76%-100% Above	No	No
59651078205	GLIPIZIDE ER 10 MG TABLET	7	90.00	0.11	0.12549	10%-25% Below	No	No
59651078205	GLIPIZIDE ER 10 MG TABLET	7	120.00	0.11	0.12549	10%-25% Below	No	No
59651078205	GLIPIZIDE ER 10 MG TABLET	7	180.00	0.11	0.12549	10%-25% Below	No	No
59651078205	GLIPIZIDE ER 10 MG TABLET	8	30.00	0.11	0.12260	10%-25% Below	No	No
59651078205	GLIPIZIDE ER 10 MG TABLET	8	90.00	0.22	0.12260	76%-100% Above	No	No
59651078401	CEPHALEXIN 500 MG TABLET	4	20.00	5.11	1.28841	200% Above	No	No
59651078401	CEPHALEXIN 500 MG TABLET	7	14.00	5.11	1.28280	200% Above	No	No
59651078401	CEPHALEXIN 500 MG TABLET	8	21.00	3.23	1.28124	101%-200% Above	No	No
59651079699	FUROSEMIDE 20 MG TABLET	7	60.00	0.03	0.02711	10%-25% Above	No	No
59651079699	FUROSEMIDE 20 MG TABLET	8	90.00	0.02	0.02676	26%-50% Below	No	No
59651079799	FUROSEMIDE 40 MG TABLET	5	60.00	0.04	0.03173	10%-25% Above	No	No
59651079799	FUROSEMIDE 40 MG TABLET	6	60.00	0.04	0.03067	10%-25% Above	No	No
59651079799	FUROSEMIDE 40 MG TABLET	7	60.00	0.04	0.03000	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651080801	MECLIZINE 25 MG TABLET	5	12.00	0.10	0.08000	10%-25% Above	No	No
59651080801	MECLIZINE 25 MG TABLET	5	30.00	0.10	0.08000	10%-25% Above	No	No
59651080801	MECLIZINE 25 MG TABLET	5	45.00	0.10	0.08000	10%-25% Above	No	No
59651080801	MECLIZINE 25 MG TABLET	6	30.00	0.01	0.07938	76%-100% Below	No	No
59651080801	MECLIZINE 25 MG TABLET	6	60.00	0.05	0.07938	26%-50% Below	No	No
59651080801	MECLIZINE 25 MG TABLET	7	15.00	0.10	0.07757	26%-50% Above	No	No
59651080801	MECLIZINE 25 MG TABLET	7	28.00	0.10	0.07757	26%-50% Above	No	No
59651080801	MECLIZINE 25 MG TABLET	7	30.00	0.10	0.07757	26%-50% Above	No	No
59651080801	MECLIZINE 25 MG TABLET	7	60.00	0.05	0.07757	26%-50% Below	No	No
59651080801	MECLIZINE 25 MG TABLET	7	120.00	0.10	0.07757	26%-50% Above	No	No
59651080801	MECLIZINE 25 MG TABLET	8	10.00	0.10	0.07770	26%-50% Above	No	No
59651080801	MECLIZINE 25 MG TABLET	8	16.00	0.10	0.07770	26%-50% Above	No	No
59651080801	MECLIZINE 25 MG TABLET	8	21.00	0.10	0.07770	26%-50% Above	No	No
59651080801	MECLIZINE 25 MG TABLET	8	30.00	0.02	0.07770	51%-75% Below	No	No
59651080801	MECLIZINE 25 MG TABLET	8	30.00	0.05	0.07770	26%-50% Below	No	No
59651080801	MECLIZINE 25 MG TABLET	8	30.00	0.06	0.07770	10%-25% Below	No	No
59651080801	MECLIZINE 25 MG TABLET	8	30.00	0.10	0.07770	26%-50% Above	No	No
59651080899	MECLIZINE 25 MG TABLET	5	15.00	0.10	0.08000	10%-25% Above	No	No
59651080899	MECLIZINE 25 MG TABLET	7	15.00	0.07	0.07757	10%-25% Below	Yes	No
59651083930	TRANEXAMIC ACID 650 MG TABLET	6	60.00	0.17	0.88541	76%-100% Below	No	No
59651083930	TRANEXAMIC ACID 650 MG TABLET	7	10.00	0.59	0.84420	26%-50% Below	No	No
59651084260	DICLOFENAC SOD DR 50 MG TAB	6	30.00	0.11	0.06731	51%-75% Above	No	No
59651084299	DICLOFENAC SOD DR 50 MG TAB	4	90.00	0.11	0.06874	51%-75% Above	No	No
59651084301	DICLOFENAC SOD DR 75 MG TAB	4	60.00	0.13	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

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651084305	DICLOFENAC SOD DR 75 MG TAB	4	60.00	0.10	0.06651	26%-50% Above	No	No
59651084305	DICLOFENAC SOD DR 75 MG TAB	5	60.00	0.10	0.06665	26%-50% Above	No	No
59651084305	DICLOFENAC SOD DR 75 MG TAB	6	30.00	0.10	0.06602	26%-50% Above	No	No
59651084305	DICLOFENAC SOD DR 75 MG TAB	6	60.00	0.10	0.06602	26%-50% Above	No	No
59651084305	DICLOFENAC SOD DR 75 MG TAB	7	30.00	0.10	0.06457	26%-50% Above	No	No
59651084305	DICLOFENAC SOD DR 75 MG TAB	7	60.00	0.10	0.06457	26%-50% Above	No	No
59651084360	DICLOFENAC SOD DR 75 MG TAB	4	28.00	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
59651084360	DICLOFENAC SOD DR 75 MG TAB	5	60.00	0.10	0.06665	26%-50% Above	No	No
59651084360	DICLOFENAC SOD DR 75 MG TAB	6	60.00	0.10	0.06602	26%-50% Above	No	No
59651084360	DICLOFENAC SOD DR 75 MG TAB	6	60.00	0.13	0.06602	76%-100% Above	No	No
59651084360	DICLOFENAC SOD DR 75 MG TAB	7	60.00	0.10	0.06457	26%-50% Above	No	No
59651084360	DICLOFENAC SOD DR 75 MG TAB	8	60.00	0.10	0.06357	51%-75% Above	No	No
59651084399	DICLOFENAC SOD DR 75 MG TAB	4	20.00	0.14	0.06651	101%-200% Above	No	No
59651084399	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	5	14.00	0.14	0.06665	101%-200% Above	No	No
59651084399	DICLOFENAC SOD DR 75 MG TAB	5	60.00	0.10	0.06665	26%-50% Above	No	No
59651084399	DICLOFENAC SOD DR 75 MG TAB	6	30.00	0.15	0.06602	101%-200% Above	No	No
59651084399	DICLOFENAC SOD DR 75 MG TAB	6	60.00	0.10	0.06602	26%-50% Above	No	No
59651084399	DICLOFENAC SOD DR 75 MG TAB	7	30.00	0.15	0.06457	101%-200% Above	No	No
59651084399	DICLOFENAC SOD DR 75 MG TAB	7	60.00	0.13	0.06457	76%-100% Above	No	No
59651084530	DOXEPIN HCL 6 MG TABLET	5	30.00	2.00	1.63561	10%-25% Above	No	No
59651085499	METFORMIN HCL 500 MG TABLET	4	60.00	0.02	0.01394	26%-50% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	4	60.00	0.02	0.01394	51%-75% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	4	60.00	0.06	0.01394	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651085499	METFORMIN HCL 500 MG TABLET	4	90.00	0.01	0.01394	51%-75% Below	No	No
59651085499	METFORMIN HCL 500 MG TABLET	4	90.00	0.06	0.01394	200% Above	No	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	0.06	0.01394	200% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	4	360.00	0.06	0.01394	200% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	5	30.00	0.06	0.01397	200% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	5	60.00	0.01	0.01397	26%-50% Below	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	5	60.00	0.02	0.01397	26%-50% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	5	60.00	0.02	0.01397	26%-50% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	5	60.00	0.02	0.01397	51%-75% Above	No	No
59651085499	METFORMIN HCL 500 MG TABLET	5	60.00	0.02	0.01397	51%-75% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	5	60.00	0.06	0.01397	200% Above	No	No
59651085499	METFORMIN HCL 500 MG TABLET	5	90.00	0.01	0.01397	10%-25% Below	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	5	90.00	0.02	0.01397	10%-25% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	5	90.00	0.06	0.01397	200% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	5	180.00	0.01	0.01397	26%-50% Below	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	5	180.00	0.01	0.01397	26%-50% Below	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	5	180.00	0.01	0.01397	10%-25% Below	No	No
59651085499	METFORMIN HCL 500 MG TABLET	5	180.00	0.01	0.01397	10%-25% Below	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	5	180.00	0.02	0.01397	10%-25% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	5	180.00	0.06	0.01397	200% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	5	360.00	0.01	0.01397	10%-25% Below	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	5	360.00	0.06	0.01397	200% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	6	30.00	0.06	0.01398	200% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	6	60.00	0.02	0.01398	26%-50% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651085499	METFORMIN HCL 500 MG TABLET	6	60.00	0.02	0.01398	51%-75% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	6	60.00	0.06	0.01398	200% Above	No	No
59651085499	METFORMIN HCL 500 MG TABLET	6	60.00	0.06	0.01398	200% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	6	90.00	0.04	0.01398	200% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	6	90.00	0.06	0.01398	200% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	6	180.00	0.01	0.01398	26%-50% Below	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	6	180.00	0.01	0.01398	10%-25% Below	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	6	180.00	0.04	0.01398	200% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	6	180.00	0.06	0.01398	200% Above	No	No
59651085499	METFORMIN HCL 500 MG TABLET	6	180.00	0.06	0.01398	200% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	6	270.00	0.06	0.01398	200% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	6	360.00	0.06	0.01398	200% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	7	30.00	0.01	0.01407	26%-50% Below	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	7	30.00	0.02	0.01407	51%-75% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	7	30.00	0.03	0.01407	101%-200% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	7	60.00	0.02	0.01407	51%-75% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	7	60.00	0.06	0.01407	200% Above	No	No
59651085499	METFORMIN HCL 500 MG TABLET	7	60.00	0.06	0.01407	200% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	7	90.00	0.01	0.01407	51%-75% Below	No	No
59651085499	METFORMIN HCL 500 MG TABLET	7	90.00	0.01	0.01407	10%-25% Below	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	7	90.00	0.02	0.01407	10%-25% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	7	90.00	0.02	0.01407	51%-75% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	7	90.00	0.04	0.01407	200% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	7	90.00	0.06	0.01407	200% Above	No	No
59651085499	METFORMIN HCL 500 MG TABLET	7	100.00	0.06	0.01407	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651085499	METFORMIN HCL 500 MG TABLET	7	180.00	0.01	0.01407	10%-25% Below	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	7	180.00	0.02	0.01407	10%-25% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	7	180.00	0.04	0.01407	200% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	7	180.00	0.06	0.01407	200% Above	No	No
59651085499	METFORMIN HCL 500 MG TABLET	7	180.00	0.06	0.01407	200% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	7	360.00	0.04	0.01407	200% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	7	360.00	0.06	0.01407	200% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	8	30.00	0.03	0.01419	101%-200% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	8	60.00	0.01	0.01419	26%-50% Below	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	8	60.00	0.02	0.01419	51%-75% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	8	60.00	0.06	0.01419	200% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	8	90.00	0.03	0.01419	101%-200% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	8	90.00	0.04	0.01419	200% Above	No	No
59651085499	METFORMIN HCL 500 MG TABLET	8	90.00	0.04	0.01419	200% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	8	90.00	0.06	0.01419	200% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	8	120.00	0.02	0.01419	10%-25% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	8	180.00	0.01	0.01419	10%-25% Below	No	No
59651085499	METFORMIN HCL 500 MG TABLET	8	180.00	0.01	0.01419	10%-25% Below	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	8	360.00	0.01	0.01419	10%-25% Below	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	8	360.00	0.01	0.01419	10%-25% Below	Yes	No
59651085505	METFORMIN HCL 850 MG TABLET	5	180.00	0.05	0.02483	101%-200% Above	Yes	No
59651085505	METFORMIN HCL 850 MG TABLET	6	180.00	0.05	0.02466	101%-200% Above	Yes	No
59651085605	METFORMIN HCL 1,000 MG TABLET	4	60.00	0.03	0.02487	26%-50% Above	No	No
59651085605	METFORMIN HCL 1,000 MG TABLET	4	180.00	0.03	0.02487	10%-25% Above	No	No
59651085605	METFORMIN HCL 1,000 MG TABLET	4	180.00	0.05	0.02487	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	60.00	0.05	0.02457	101%-200% Above	No	No
59651085605	METFORMIN HCL 1,000 MG TABLET	5	180.00	0.05	0.02457	101%-200% Above	No	No
59651085605	METFORMIN HCL 1,000 MG TABLET	6	180.00	0.04	0.02366	51%-75% Above	Yes	No
59651085605	METFORMIN HCL 1,000 MG TABLET	6	180.00	0.05	0.02366	101%-200% Above	No	No
59651085605	METFORMIN HCL 1,000 MG TABLET	7	180.00	0.03	0.02338	10%-25% Above	No	No
59651085605	METFORMIN HCL 1,000 MG TABLET	8	180.00	0.05	0.02313	101%-200% Above	No	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
59651085699	METFORMIN HCL 1,000 MG TABLET	5	60.00	0.03	0.02457	10%-25% Above	No	No
59651085699	METFORMIN HCL 1,000 MG TABLET	5	60.00	0.03	0.02457	26%-50% Above	Yes	No
59651085699	METFORMIN HCL 1,000 MG TABLET	5	60.00	0.05	0.02457	101%-200% Above	Yes	No
59651085699	METFORMIN HCL 1,000 MG TABLET	5	90.00	0.01	0.02457	51%-75% Below	Yes	No
59651085699	METFORMIN HCL 1,000 MG TABLET	5	180.00	0.01	0.02457	51%-75% Below	Yes	No
59651085699	METFORMIN HCL 1,000 MG TABLET	5	180.00	0.03	0.02457	10%-25% Above	Yes	No
59651085699	METFORMIN HCL 1,000 MG TABLET	5	180.00	0.05	0.02457	101%-200% Above	Yes	No
59651085699	METFORMIN HCL 1,000 MG TABLET	6	60.00	0.05	0.02366	101%-200% Above	Yes	No
59651085699	METFORMIN HCL 1,000 MG TABLET	6	90.00	0.05	0.02366	101%-200% Above	Yes	No
59651085699	METFORMIN HCL 1,000 MG TABLET	6	180.00	0.01	0.02366	51%-75% Below	Yes	No
59651085699	METFORMIN HCL 1,000 MG TABLET	6	180.00	0.02	0.02366	10%-25% Below	Yes	No
59651085699	METFORMIN HCL 1,000 MG TABLET	6	180.00	0.04	0.02366	51%-75% Above	Yes	No
59651085699	METFORMIN HCL 1,000 MG TABLET	6	180.00	0.05	0.02366	101%-200% Above	No	No
59651085699	METFORMIN HCL 1,000 MG TABLET	6	180.00	0.05	0.02366	101%-200% Above	Yes	No
59651085699	METFORMIN HCL 1,000 MG TABLET	7	90.00	0.05	0.02338	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651085699	METFORMIN HCL 1,000 MG TABLET	7	180.00	0.01	0.02338	51%-75% Below	Yes	No
59651085699	METFORMIN HCL 1,000 MG TABLET	7	180.00	0.03	0.02338	10%-25% Above	Yes	No
59651085699	METFORMIN HCL 1,000 MG TABLET	7	180.00	0.04	0.02338	51%-75% Above	Yes	No
59651085699	METFORMIN HCL 1,000 MG TABLET	7	180.00	0.05	0.02338	101%-200% Above	Yes	No
59651085699	METFORMIN HCL 1,000 MG TABLET	8	180.00	0.01	0.02313	51%-75% Below	Yes	No
59651085699	METFORMIN HCL 1,000 MG TABLET	8	180.00	0.03	0.02313	10%-25% Above	Yes	No
59651085699	METFORMIN HCL 1,000 MG TABLET	8	180.00	0.04	0.02313	51%-75% Above	Yes	No
59651085699	METFORMIN HCL 1,000 MG TABLET	8	180.00	0.05	0.02313	101%-200% Above	Yes	No
59651086701	CIPROFLOXACIN HCL 500 MG TAB	4	10.00	0.07	0.11064	26%-50% Below	No	No
59651086701	CIPROFLOXACIN HCL 500 MG TAB	4	10.00	0.25	0.11064	101%-200% Above	No	No
59651086701	CIPROFLOXACIN HCL 500 MG TAB	4	14.00	0.25	0.11064	101%-200% Above	No	No
59651086701	CIPROFLOXACIN HCL 500 MG TAB	5	10.00	0.07	0.11799	26%-50% Below	No	No
59651087350	CIPROFLOXACIN HCL 750 MG TAB	5	68.00	0.03	0.25816	76%-100% Below	No	No
59651087501	BUPROPION HCL 100 MG TABLET	6	90.00	0.09	0.11610	10%-25% Below	Yes	No
59651089401	DOXAZOSIN MESYLATE 4 MG TAB	5	90.00	0.14	0.09632	26%-50% Above	No	No
59651089800	FLUOXETINE HCL 10 MG CAPSULE	4	30.00	0.11	0.03706	101%-200% Above	No	No
59651089800	FLUOXETINE HCL 10 MG CAPSULE	5	30.00	0.04	0.03640	10%-25% Above	No	No
59651089800	FLUOXETINE HCL 10 MG CAPSULE	5	30.00	0.11	0.03640	101%-200% Above	No	No
59651089800	FLUOXETINE HCL 10 MG CAPSULE	6	30.00	0.04	0.03543	10%-25% Above	No	No
59651089800	FLUOXETINE HCL 10 MG CAPSULE	6	30.00	0.11	0.03543	200% Above	No	No
59651089800	FLUOXETINE HCL 10 MG CAPSULE	7	30.00	0.11	0.03579	200% Above	No	No
59651089800	FLUOXETINE HCL 10 MG CAPSULE	8	30.00	0.05	0.03625	26%-50% Above	No	No
59651089800	FLUOXETINE HCL 10 MG CAPSULE	8	30.00	0.11	0.03625	101%-200% Above	No	No
59651089800	FLUOXETINE HCL 10 MG CAPSULE	8	90.00	0.02	0.03625	26%-50% Below	No	No
59651089899	FLUOXETINE HCL 10 MG CAPSULE	4	30.00	0.11	0.03706	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651089899	FLUOXETINE HCL 10 MG CAPSULE	6	90.00	0.02	0.03543	51%-75% Below	No	No
59651089899	FLUOXETINE HCL 10 MG CAPSULE	7	90.00	0.11	0.03579	200% Above	No	No
59651089899	FLUOXETINE HCL 10 MG CAPSULE	7	90.00	0.11	0.03579	200% Above	Yes	No
59651089899	FLUOXETINE HCL 10 MG CAPSULE	8	30.00	0.11	0.03625	101%-200% Above	No	No
59651089900	FLUOXETINE HCL 20 MG CAPSULE	7	30.00	0.01	0.02903	51%-75% Below	No	No
59651089900	FLUOXETINE HCL 20 MG CAPSULE	7	90.00	0.08	0.02903	101%-200% Above	No	No
59651089900	FLUOXETINE HCL 20 MG CAPSULE	8	30.00	0.01	0.02885	51%-75% Below	No	No
59651089900	FLUOXETINE HCL 20 MG CAPSULE	8	30.00	0.08	0.02885	101%-200% Above	No	No
59651089900	FLUOXETINE HCL 20 MG CAPSULE	8	90.00	0.08	0.02885	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	0.02	0.02973	26%-50% Below	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	4	270.00	0.02	0.02973	26%-50% Below	No	No
59651089999	FLUOXETINE HCL 20 MG CAPSULE	5	30.00	0.08	0.02999	101%-200% Above	No	No
59651089999	FLUOXETINE HCL 20 MG CAPSULE	5	90.00	0.02	0.02999	26%-50% Below	No	No
59651089999	FLUOXETINE HCL 20 MG CAPSULE	6	30.00	0.08	0.02918	101%-200% Above	No	No
59651089999	FLUOXETINE HCL 20 MG CAPSULE	6	60.00	0.08	0.02918	101%-200% Above	No	No
59651089999	FLUOXETINE HCL 20 MG CAPSULE	6	90.00	0.01	0.02918	51%-75% Below	No	No
59651089999	FLUOXETINE HCL 20 MG CAPSULE	6	90.00	0.08	0.02918	101%-200% Above	No	No
59651089999	FLUOXETINE HCL 20 MG CAPSULE	6	90.00	0.08	0.02918	101%-200% Above	Yes	No
59651089999	FLUOXETINE HCL 20 MG CAPSULE	7	30.00	0.03	0.02903	10%-25% Above	No	No
59651089999	FLUOXETINE HCL 20 MG CAPSULE	7	30.00	0.08	0.02903	101%-200% Above	No	No
59651089999	FLUOXETINE HCL 20 MG CAPSULE	7	90.00	0.08	0.02903	101%-200% Above	No	No
59651089999	FLUOXETINE HCL 20 MG CAPSULE	7	180.00	0.08	0.02903	101%-200% Above	No	No
59651089999	FLUOXETINE HCL 20 MG CAPSULE	8	30.00	0.08	0.02885	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	90.00	0.02	0.02885	10%-25% Below	No	No
59651089999	FLUOXETINE HCL 20 MG CAPSULE	8	90.00	0.04	0.02885	26%-50% Above	Yes	No
59651089999	FLUOXETINE HCL 20 MG CAPSULE	8	90.00	0.08	0.02885	101%-200% Above	No	No
59651090000	FLUOXETINE HCL 40 MG CAPSULE	4	90.00	0.12	0.05279	101%-200% Above	No	No
59651090000	FLUOXETINE HCL 40 MG CAPSULE	6	60.00	0.11	0.05135	101%-200% Above	No	No
59651090000	FLUOXETINE HCL 40 MG CAPSULE	7	90.00	0.11	0.05015	101%-200% Above	No	No
59651090000	FLUOXETINE HCL 40 MG CAPSULE	8	60.00	0.11	0.04990	101%-200% Above	No	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	4	90.00	0.11	0.05279	101%-200% Above	No	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	4	90.00	0.17	0.05279	200% Above	Yes	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	5	30.00	0.01	0.05206	76%-100% Below	No	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	5	30.00	0.11	0.05206	101%-200% Above	No	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	5	30.00	0.19	0.05206	200% Above	Yes	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	5	90.00	0.01	0.05206	76%-100% Below	No	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	5	90.00	0.12	0.05206	101%-200% Above	Yes	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	5	90.00	0.14	0.05206	101%-200% Above	Yes	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	5	180.00	0.03	0.05206	51%-75% Below	Yes	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	6	30.00	0.01	0.05135	76%-100% Below	No	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	6	30.00	0.11	0.05135	101%-200% Above	Yes	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	6	30.00	0.19	0.05135	200% Above	Yes	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	6	90.00	0.03	0.05135	51%-75% Below	Yes	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	6	90.00	0.11	0.05135	101%-200% Above	Yes	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	6	90.00	0.12	0.05135	101%-200% Above	Yes	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	6	90.00	0.14	0.05135	101%-200% Above	Yes	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	6	90.00	0.19	0.05135	200% Above	Yes	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	6	180.00	0.03	0.05135	51%-75% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	180.00	0.11	0.05135	101%-200% Above	Yes	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	7	30.00	0.03	0.05015	26%-50% Below	Yes	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	7	30.00	0.11	0.05015	101%-200% Above	No	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	7	30.00	0.11	0.05015	101%-200% Above	Yes	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	7	30.00	0.19	0.05015	200% Above	Yes	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	7	90.00	0.11	0.05015	101%-200% Above	No	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	7	90.00	0.11	0.05015	101%-200% Above	Yes	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	7	90.00	0.15	0.05015	101%-200% Above	Yes	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	8	30.00	0.11	0.04990	101%-200% Above	Yes	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	8	30.00	0.19	0.04990	200% Above	Yes	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	8	90.00	0.10	0.04990	101%-200% Above	Yes	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	8	90.00	0.14	0.04990	101%-200% Above	Yes	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	8	180.00	0.03	0.04990	26%-50% Below	Yes	No
59651090714	NYSTATIN 100,000 UNIT/GM CREAM	8	15.00	0.64	0.20044	200% Above	No	No
59651090730	NYSTATIN 100,000 UNIT/GM CREAM	7	30.00	0.19	0.15752	10%-25% Above	No	No
59651090730	NYSTATIN 100,000 UNIT/GM CREAM	8	30.00	0.19	0.15594	10%-25% Above	No	No
59651097701	CIPROFLOXACIN HCL 500 MG TAB	4	6.00	0.24	0.11064	101%-200% Above	No	No
59651097701	CIPROFLOXACIN HCL 500 MG TAB	4	6.00	0.25	0.11064	101%-200% Above	No	No
59651097701	CIPROFLOXACIN HCL 500 MG TAB	5	10.00	0.14	0.11799	10%-25% Above	No	No
59651097701	CIPROFLOXACIN HCL 500 MG TAB	5	10.00	0.25	0.11799	101%-200% Above	No	No
59651097701	CIPROFLOXACIN HCL 500 MG TAB	5	14.00	0.25	0.11799	101%-200% Above	No	No
59651097701	CIPROFLOXACIN HCL 500 MG TAB	5	20.00	0.25	0.11799	101%-200% Above	No	No
59651097701	CIPROFLOXACIN HCL 500 MG TAB	6	14.00	0.25	0.12441	76%-100% Above	No	No
59651097701	CIPROFLOXACIN HCL 500 MG TAB	7	14.00	0.25	0.12469	76%-100% Above	No	No
59651097701	CIPROFLOXACIN HCL 500 MG TAB	8	20.00	0.25	0.12441	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651097705	CIPROFLOXACIN HCL 500 MG TAB	5	56.00	0.25	0.11799	101%-200% Above	No	No
59651097705	CIPROFLOXACIN HCL 500 MG TAB	7	14.00	0.25	0.12469	76%-100% Above	No	No
59651097705	CIPROFLOXACIN HCL 500 MG TAB	8	20.00	0.25	0.12441	76%-100% Above	No	No
59651097850	CIPROFLOXACIN HCL 750 MG TAB	6	68.00	0.03	0.26546	76%-100% Below	No	No
59746001032	RISPERIDONE 0.5 MG ODT	5	28.00	0.41	0.93999	51%-75% Below	Yes	No
59746001032	RISPERIDONE 0.5 MG ODT	6	28.00	0.41	0.89425	51%-75% Below	Yes	No
59746001032	RISPERIDONE 0.5 MG ODT	7	28.00	0.41	0.92024	51%-75% Below	Yes	No
59746002022	RISPERIDONE 1 MG ODT	6	56.00	0.45	0.99603	51%-75% Below	Yes	No
59746002022	RISPERIDONE 1 MG ODT	7	56.00	0.45	0.98926	51%-75% Below	Yes	No
59746011506	PROCHLORPERAZINE 10 MG TAB	4	30.00	0.14	0.18523	10%-25% Below	No	No
59746011506	PROCHLORPERAZINE 10 MG TAB	5	30.00	0.15	0.18206	10%-25% Below	No	No
59746011506	PROCHLORPERAZINE 10 MG TAB	12	15.00	0.17	0.40148	51%-75% Below	No	No
59746012106	MECLIZIN RX TAB 25MG	6	60.00	0.06	.		No	No
59746012106	MECLIZINE 25 MG TABLET	5	60.00	0.06	0.08000	10%-25% Below	No	No
59746012206	MECLIZINE 12.5 MG TABLET	8	60.00	0.04	0.04620	10%-25% Below	No	No
59746017210	PREDNISONE TAB 5MG	7	21.00	0.06	.		No	No
59746017509	PREDNISONE TAB 20MG	5	10.00	0.11	.		No	No
59746017509	PREDNISONE TAB 20MG	6	10.00	0.11	.		No	No
59746017710	CYCLOBENZAPRINE 10 MG TABLET	4	20.00	0.04	0.01758	101%-200% Above	No	No
59746017710	CYCLOBENZAPRINE 10 MG TABLET	5	15.00	0.04	0.01770	101%-200% Above	No	No
59746017710	CYCLOBENZAPRINE 10 MG TABLET	5	30.00	0.03	0.01770	51%-75% Above	No	No
59746017710	CYCLOBENZAPRINE 10 MG TABLET	5	90.00	0.01	0.01770	26%-50% Below	No	No
59746017710	CYCLOBENZAPRINE 10 MG TABLET	8	14.00	0.09	0.01695	200% Above	No	No
59746021609	SPIRONOLACTONE 25 MG TABLET	4	30.00	0.08	0.04504	51%-75% Above	No	No
59746021609	SPIRONOLACTONE 25 MG TABLET	5	180.00	0.08	0.04474	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	90.00	0.08	0.04427	51%-75% Above	No	No
59746021609	SPIRONOLACTONE 25 MG TABLET	8	180.00	0.08	0.04303	76%-100% Above	No	No
59746024601	LAMOTRIGINE 100 MG TABLET	5	30.00	0.09	0.04556	76%-100% Above	No	No
59746036290	VALSARTAN 160 MG TABLET	7	90.00	0.01	0.11926	76%-100% Below	No	No
59746036290	VALSARTAN 160 MG TABLET	7	90.00	0.28	0.11926	101%-200% Above	No	No
59746036290	VALSARTAN 160 MG TABLET	8	90.00	0.22	0.11232	76%-100% Above	No	No
59746038506	TERAZOSIN 5 MG CAPSULE	6	90.00	0.09	0.10998	10%-25% Below	No	No
59746038606	TERAZOSIN 10 MG CAPSULE	5	90.00	0.08	0.13130	26%-50% Below	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	4	20.00	0.25	0.32469	10%-25% Below	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	5	10.00	0.99	0.32261	200% Above	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	5	20.00	0.99	0.32261	200% Above	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	6	10.00	0.34	0.30785	10%-25% Above	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	6	10.00	0.99	0.30785	200% Above	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	6	10.00	1.20	0.30785	200% Above	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	6	14.00	0.34	0.30785	10%-25% Above	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	6	14.00	0.99	0.30785	200% Above	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	6	20.00	0.34	0.30785	10%-25% Above	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	6	20.00	0.99	0.30785	200% Above	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	7	10.00	0.34	0.30153	10%-25% Above	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	7	10.00	0.49	0.30153	51%-75% Above	Yes	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	7	10.00	0.99	0.30153	200% Above	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	7	14.00	0.34	0.30153	10%-25% Above	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	7	14.00	0.99	0.30153	200% Above	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	8	10.00	1.11	0.29780	200% Above	Yes	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	8	14.00	0.34	0.29780	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59746079701	METHENAMINE HIPP 1 GM TABLET	4	60.00	0.23	0.31425	26%-50% Below	No	No
59746079701	METHENAMINE HIPP 1 GM TABLET	5	60.00	0.23	0.31117	26%-50% Below	No	No
59762004901	METHYLPREDNISOLONE 8 MG TABLET	4	6.00	0.53	1.02312	26%-50% Below	No	No
59762004901	METHYLPREDNISOLONE 8 MG TABLET	7	2.00	0.56	0.96364	26%-50% Below	No	No
59762004901	METHYLPREDNISOLONE 8 MG TABLET	8	90.00	0.56	0.91486	26%-50% Below	No	No
59762005001	METHYLPREDNISOLONE 16 MG TAB	7	5.00	1.78	1.38969	26%-50% Above	Yes	No
59762005901	ALPRAZOLAM XR 1 MG TABLET	4	90.00	0.14	0.18495	10%-25% Below	No	No
59762005901	ALPRAZOLAM XR 1 MG TABLET	5	90.00	0.14	0.18209	10%-25% Below	No	No
59762010405	SULFASALAZINE DR 500 MG TAB	8	90.00	0.21	0.28435	10%-25% Below	No	No
59762010406	SULFASALAZINE DR 500 MG TAB	5	120.00	0.20	0.28114	26%-50% Below	No	No
59762010406	SULFASALAZINE DR 500 MG TAB	6	120.00	0.20	0.28404	26%-50% Below	No	No
59762010406	SULFASALAZINE DR 500 MG TAB	7	360.00	0.20	0.28431	26%-50% Below	No	No
59762033302	LATANOPROST 0.005% EYE DROPS	6	7.50	2.18	1.59538	26%-50% Above	No	No
59762040101	SUCRALFATE 1 GM TABLET	7	360.00	0.10	0.17872	26%-50% Below	No	No
59762040101	SUCRALFATE 1 GM TABLET	8	120.00	0.08	0.17247	26%-50% Below	No	No
59762040105	SUCRALFATE 1 GM TABLET	6	60.00	0.09	0.18300	51%-75% Below	No	No
59762040105	SUCRALFATE 1 GM TABLET	6	360.00	0.08	0.18300	51%-75% Below	No	No
59762040105	SUCRALFATE 1 GM TABLET	7	270.00	0.08	0.17872	51%-75% Below	No	No
59762040704	RISEDRONATE SOD DR 35 MG TAB	6	12.00	13.59	27.42125	26%-50% Below	No	No
59762135001	RIFABUTIN 150 MG CAPSULE	5	60.00	2.55	9.60094	51%-75% Below	No	No
59762213501	AMLODIPINE BESYLATE 10 MG TAB	6	30.00	0.11	0.01522	200% Above	No	No
59762213509	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	0.02	0.01531	26%-50% Above	No	No
59762213509	AMLODIPINE BESYLATE 10 MG TAB	8	5.00	0.11	0.01503	200% Above	No	No
59762371901	ALPRAZOLAM 0.25 MG TABLET	4	10.00	0.04	0.02435	76%-100% Above	No	No
59762371901	ALPRAZOLAM 0.25 MG TABLET	5	20.00	0.04	0.02430	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59762371901	ALPRAZOLAM 0.25 MG TABLET	5	120.00	0.01	0.02430	26%-50% Below	No	No
59762371901	ALPRAZOLAM 0.25 MG TABLET	6	20.00	0.04	0.02477	51%-75% Above	No	No
59762371901	ALPRAZOLAM 0.25 MG TABLET	7	20.00	0.04	0.02448	76%-100% Above	No	No
59762371904	ALPRAZOLAM 0.25 MG TABLET	6	30.00	0.04	0.02477	76%-100% Above	No	No
59762371904	ALPRAZOLAM 0.25 MG TABLET	6	60.00	0.04	0.02477	76%-100% Above	No	No
59762372003	ALPRAZOLAM 0.5 MG TABLET	5	10.00	0.04	0.02251	76%-100% Above	No	No
59762372004	ALPRAZOLAM 0.5 MG TABLET	5	30.00	0.03	0.02251	26%-50% Above	No	No
59762372004	ALPRAZOLAM 0.5 MG TABLET	5	40.00	0.07	0.02251	200% Above	No	No
59762372004	ALPRAZOLAM 0.5 MG TABLET	6	30.00	0.03	0.02253	26%-50% Above	No	No
59762372004	ALPRAZOLAM 0.5 MG TABLET	7	30.00	0.03	0.02207	26%-50% Above	No	No
59762372004	ALPRAZOLAM 0.5 MG TABLET	8	30.00	0.03	0.02233	26%-50% Above	No	No
59762372103	ALPRAZOLAM 1 MG TABLET	5	30.00	0.06	0.02517	101%-200% Above	No	No
59762444002	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.23	0.13230	76%-100% Above	No	No
59762444002	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	0.19	0.11381	51%-75% Above	No	No
59762444002	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	0.40	0.11381	200% Above	No	No
59762444002	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.00	0.53	0.11599	200% Above	No	No
59762500005	SULFASALAZINE 500 MG TABLET	5	540.00	0.14	0.19642	26%-50% Below	No	No
59762500801	MISOPROSTOL 200 MCG TABLET	6	1.00	1.09	0.72755	26%-50% Above	Yes	No
59762500801	MISOPROSTOL 200 MCG TABLET	6	7.00	0.64	0.72755	10%-25% Below	No	No
59762500801	MISOPROSTOL 200 MCG TABLET	7	8.00	0.66	0.74142	10%-25% Below	No	No
59762500802	MISOPROSTOL 200 MCG TABLET	5	2.00	0.78	0.68647	10%-25% Above	No	No
59762500802	MISOPROSTOL 200 MCG TABLET	7	2.00	0.10	0.74142	76%-100% Below	No	No
59762500802	MISOPROSTOL 200 MCG TABLET	8	2.00	0.93	0.73379	26%-50% Above	No	No
59779053664	BACITRACIN OIN 500/GM	7	28.00	0.41	.		Yes	No
59779087304	CVS NICOTINE LOZ 4MG MINT	4	48.00	0.20	.		Yes	No

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60219107601	AZATHIOPRINE 50 MG TABLET	5	135.00	0.21	0.13273	51%-75% Above	Yes	No
60219107601	AZATHIOPRINE 50 MG TABLET	7	90.00	0.15	0.12824	10%-25% Above	Yes	No
60219107601	AZATHIOPRINE 50 MG TABLET	8	135.00	0.21	0.12486	51%-75% 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	5	10.00	1.00	0.85931	10%-25% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	5	10.00	1.78	0.85931	101%-200% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	8	10.00	1.13	0.80641	26%-50% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	8	10.00	1.78	0.80641	101%-200% Above	Yes	No
60219136603	LOTEPREDNOL ETABONATE 0.2% DRP	4	5.00	1.40	30.45339	76%-100% Below	No	No
60219136603	LOTEPREDNOL ETABONATE 0.2% DRP	4	5.00	2.00	30.45339	76%-100% Below	No	No
60219146701	MEDROXYPROGESTERONE 150 MG/ML	5	1.00	1.20	19.30447	76%-100% Below	No	No
60219146701	MEDROXYPROGESTERONE 150 MG/ML	5	1.00	10.87	19.30447	26%-50% Below	No	No
60219146701	MEDROXYPROGESTERONE 150 MG/ML	7	1.00	11.99	18.45812	26%-50% Below	No	No
60219152301	TETRACYCLINE 500 MG CAPSULE	6	56.00	0.48	0.62749	10%-25% Below	No	No
60219158503	FLUOROMETHOLONE 0.1% EYE DROP	6	5.00	6.51	12.58057	26%-50% Below	No	No
60219167701	CHLORDIAZEPOXIDE-CLIDINIUM CAP	5	270.00	3.90	0.27151	200% Above	No	No
60219170501	PREDNISONE 1 MG TABLET	4	90.00	0.05	0.04028	10%-25% Above	No	No
60219170501	PREDNISONE 1 MG TABLET	5	270.00	0.05	0.04121	10%-25% Above	No	No
60219170501	PREDNISONE 1 MG TABLET	8	270.00	0.05	0.04137	10%-25% Above	No	No
60219170601	PREDNISONE 5 MG TABLET	4	5.00	0.06	0.03732	51%-75% Above	No	No
60219170601	PREDNISONE 5 MG TABLET	5	21.00	0.06	0.03674	51%-75% Above	No	No
60219170601	PREDNISONE 5 MG TABLET	6	21.00	0.06	0.03661	51%-75% Above	No	No
60219170601	PREDNISONE 5 MG TABLET	7	5.00	0.06	0.03583	51%-75% Above	No	No
60219170607	PREDNISONE 5 MG TABLET	4	5.00	0.06	0.03732	51%-75% Above	No	No
60219170607	PREDNISONE 5 MG TABLET	4	42.00	0.06	0.03732	51%-75% Above	No	No

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60219170607	PREDNISONE 5 MG TABLET	4	90.00	0.07	0.03732	76%-100% Above	No	No
60219170607	PREDNISONE 5 MG TABLET	5	48.00	0.10	0.03674	101%-200% Above	No	No
60219170607	PREDNISONE 5 MG TABLET	6	30.00	0.06	0.03661	51%-75% Above	No	No
60219170607	PREDNISONE 5 MG TABLET	6	40.00	0.06	0.03661	51%-75% Above	No	No
60219170607	PREDNISONE 5 MG TABLET	7	21.00	0.10	0.03583	101%-200% Above	No	No
60219170607	PREDNISONE 5 MG TABLET	7	30.00	0.06	0.03583	51%-75% Above	No	No
60219170607	PREDNISONE 5 MG TABLET	7	30.00	0.08	0.03583	101%-200% Above	Yes	No
60219170607	PREDNISONE 5 MG TABLET	8	10.00	0.12	0.03670	200% Above	No	No
60219170607	PREDNISONE 5 MG TABLET	8	15.00	0.06	0.03670	51%-75% Above	No	No
60219170607	PREDNISONE 5 MG TABLET	8	21.00	0.10	0.03670	101%-200% Above	No	No
60219170607	PREDNISONE 5 MG TABLET	8	30.00	0.06	0.03670	51%-75% Above	No	No
60219170607	PREDNISONE 5 MG TABLET	8	30.00	0.06	0.03670	51%-75% Above	Yes	No
60219170607	PREDNISONE 5 MG TABLET	8	30.00	0.09	0.03670	101%-200% Above	No	No
60219170607	PREDNISONE 5 MG TABLET	8	42.00	0.06	0.03670	51%-75% Above	No	No
60219170701	PREDNISONE 10 MG TABLET	4	30.00	0.11	0.05754	76%-100% Above	No	No
60219170701	PREDNISONE 10 MG TABLET	4	40.00	0.08	0.05754	26%-50% Above	Yes	No
60219170701	PREDNISONE 10 MG TABLET	5	10.00	0.08	0.05730	26%-50% Above	No	No
60219170701	PREDNISONE 10 MG TABLET	5	18.00	0.08	0.05730	26%-50% Above	No	No
60219170701	PREDNISONE 10 MG TABLET	5	21.00	0.08	0.05730	26%-50% Above	No	No
60219170701	PREDNISONE 10 MG TABLET	5	30.00	0.11	0.05730	76%-100% Above	No	No
60219170701	PREDNISONE 10 MG TABLET	6	10.00	0.08	0.05709	26%-50% Above	No	No
60219170701	PREDNISONE 10 MG TABLET	6	10.00	0.15	0.05709	101%-200% Above	Yes	No
60219170701	PREDNISONE 10 MG TABLET	6	20.00	0.10	0.05709	76%-100% Above	Yes	No
60219170701	PREDNISONE 10 MG TABLET	6	21.00	0.08	0.05709	26%-50% Above	Yes	No
60219170701	PREDNISONE 10 MG TABLET	6	28.00	0.10	0.05709	51%-75% Above	No	No

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60219170701	PREDNISONE 10 MG TABLET	6	30.00	0.08	0.05709	26%-50% Above	No	No
60219170701	PREDNISONE 10 MG TABLET	6	90.00	0.09	0.05709	51%-75% Above	No	No
60219170701	PREDNISONE 10 MG TABLET	7	10.00	0.08	0.05617	26%-50% Above	No	No
60219170701	PREDNISONE 10 MG TABLET	7	14.00	0.08	0.05617	26%-50% Above	No	No
60219170701	PREDNISONE 10 MG TABLET	7	48.00	0.12	0.05617	101%-200% Above	No	No
60219170701	PREDNISONE 10 MG TABLET	8	8.00	0.08	0.05604	26%-50% Above	No	No
60219170701	PREDNISONE 10 MG TABLET	8	14.00	0.12	0.05604	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	4	5.00	0.18	0.05754	200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	4	7.00	0.15	0.05754	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	4	16.00	0.11	0.05754	76%-100% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	4	18.00	0.08	0.05754	26%-50% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	4	18.00	0.13	0.05754	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	4	30.00	0.08	0.05754	26%-50% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	4	30.00	0.09	0.05754	51%-75% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	5	10.00	0.08	0.05730	26%-50% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	5	12.00	0.13	0.05730	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	5	15.00	0.08	0.05730	26%-50% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	5	20.00	0.08	0.05730	26%-50% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	5	21.00	0.08	0.05730	26%-50% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	5	21.00	0.12	0.05730	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	5	30.00	0.10	0.05730	51%-75% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	5	70.00	0.11	0.05730	76%-100% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	6	3.00	0.24	0.05709	200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	6	8.00	0.08	0.05709	26%-50% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	6	10.00	0.13	0.05709	101%-200% Above	No	No

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60219170705	PREDNISONE 10 MG TABLET	6	12.00	0.12	0.05709	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	6	18.00	0.16	0.05709	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	6	28.00	0.08	0.05709	26%-50% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	6	30.00	0.10	0.05709	51%-75% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	6	84.00	0.01	0.05709	76%-100% Below	No	No
60219170705	PREDNISONE 10 MG TABLET	6	91.00	0.10	0.05709	76%-100% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	7	3.00	0.03	0.05617	26%-50% Below	No	No
60219170705	PREDNISONE 10 MG TABLET	7	3.00	0.23	0.05617	200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	7	5.00	0.08	0.05617	26%-50% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	7	7.00	0.21	0.05617	200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	7	9.00	0.14	0.05617	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	7	10.00	0.13	0.05617	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	7	21.00	0.08	0.05617	26%-50% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	7	30.00	0.08	0.05617	26%-50% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	7	30.00	0.10	0.05617	76%-100% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	7	48.00	0.08	0.05617	26%-50% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	7	91.00	0.10	0.05617	76%-100% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	8	7.00	0.15	0.05604	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	8	10.00	0.08	0.05604	26%-50% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	8	10.00	0.15	0.05604	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	8	10.00	0.16	0.05604	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	8	12.00	0.12	0.05604	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	8	15.00	0.08	0.05604	26%-50% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	8	20.00	0.12	0.05604	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	8	30.00	0.10	0.05604	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	30.00	0.10	0.05604	76%-100% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	8	40.00	0.13	0.05604	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	7.00	0.11	0.07110	26%-50% 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	0.18	0.07110	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	4	15.00	0.11	0.07110	26%-50% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	5	3.00	0.34	0.07023	200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	5	5.00	0.11	0.07023	51%-75% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	5	5.00	0.22	0.07023	200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	5	5.00	0.29	0.07023	200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	5	6.00	0.11	0.07023	51%-75% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	5	6.00	0.19	0.07023	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	5	6.00	0.21	0.07023	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	5	7.00	0.11	0.07023	51%-75% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	5	7.00	0.19	0.07023	101%-200% Above	Yes	No
60219170801	PREDNISONE 20 MG TABLET	5	10.00	0.11	0.07023	51%-75% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	5	10.00	0.16	0.07023	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	5	10.00	0.18	0.07023	101%-200% Above	Yes	No
60219170801	PREDNISONE 20 MG TABLET	5	12.00	0.11	0.07023	51%-75% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	5	12.00	0.11	0.07023	51%-75% Above	Yes	No
60219170801	PREDNISONE 20 MG TABLET	5	14.00	0.20	0.07023	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	5	30.00	0.14	0.07023	76%-100% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	6	5.00	0.11	0.06765	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	5.00	0.21	0.06765	200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	6	5.00	0.27	0.06765	200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	6	7.00	0.18	0.06765	101%-200% Above	Yes	No
60219170801	PREDNISONE 20 MG TABLET	6	8.00	0.19	0.06765	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	6	8.00	0.19	0.06765	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	6	10.00	0.01	0.06765	76%-100% Below	No	No
60219170801	PREDNISONE 20 MG TABLET	6	10.00	0.02	0.06765	51%-75% Below	No	No
60219170801	PREDNISONE 20 MG TABLET	6	10.00	0.11	0.06765	51%-75% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	6	10.00	0.11	0.06765	51%-75% Above	Yes	No
60219170801	PREDNISONE 20 MG TABLET	6	10.00	0.18	0.06765	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	6	10.00	0.22	0.06765	200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	6	14.00	0.11	0.06765	51%-75% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	6	14.00	0.15	0.06765	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	7	2.00	0.11	0.06477	51%-75% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	7	3.00	0.26	0.06477	200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	7	5.00	0.21	0.06477	200% Above	Yes	No
60219170801	PREDNISONE 20 MG TABLET	7	7.00	0.11	0.06477	51%-75% Above	Yes	No
60219170801	PREDNISONE 20 MG TABLET	7	10.00	0.11	0.06477	51%-75% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	7	10.00	0.16	0.06477	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	7	10.00	0.16	0.06477	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	7	10.00	0.19	0.06477	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	7	12.00	0.18	0.06477	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	7	14.00	0.15	0.06477	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	7	14.00	0.17	0.06477	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	7	18.00	0.11	0.06477	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	21.00	0.11	0.06477	51%-75% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	7	45.00	0.12	0.06477	76%-100% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	8	3.00	0.11	0.06433	51%-75% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	8	5.00	0.20	0.06433	200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	8	5.00	0.25	0.06433	200% Above	Yes	No
60219170801	PREDNISONE 20 MG TABLET	8	7.00	0.11	0.06433	51%-75% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	8	9.00	0.17	0.06433	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	8	10.00	0.11	0.06433	51%-75% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	8	10.00	0.11	0.06433	51%-75% Above	Yes	No
60219170801	PREDNISONE 20 MG TABLET	8	10.00	0.17	0.06433	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	8	10.00	0.17	0.06433	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	8	10.00	0.17	0.06433	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	8	14.00	0.11	0.06433	51%-75% Above	Yes	No
60219170801	PREDNISONE 20 MG TABLET	8	14.00	0.16	0.06433	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	8	15.00	0.15	0.06433	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	8	21.00	0.11	0.06433	51%-75% Above	Yes	No
60219170801	PREDNISONE 20 MG TABLET	8	21.00	0.14	0.06433	101%-200% 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	5.00	0.20	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	21.00	0.14	0.07110	101%-200% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	5	4.00	0.11	0.07023	51%-75% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	5	5.00	0.11	0.07023	51%-75% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	5	5.00	0.25	0.07023	200% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	5	6.00	0.11	0.07023	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	7.00	0.11	0.07023	51%-75% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	5	10.00	0.11	0.07023	51%-75% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	5	10.00	0.16	0.07023	101%-200% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	5	18.00	0.14	0.07023	76%-100% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	6	5.00	0.11	0.06765	51%-75% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	6	10.00	0.11	0.06765	51%-75% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	6	14.00	0.11	0.06765	51%-75% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	6	20.00	0.11	0.06765	51%-75% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	7	4.00	0.11	0.06477	51%-75% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	7	5.00	0.11	0.06477	51%-75% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	7	6.00	0.11	0.06477	51%-75% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	7	8.00	0.11	0.06477	51%-75% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	7	10.00	0.11	0.06477	51%-75% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	7	14.00	0.11	0.06477	51%-75% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	7	15.00	0.11	0.06477	51%-75% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	7	30.00	0.13	0.06477	76%-100% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	8	8.00	0.17	0.06433	101%-200% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	8	10.00	0.11	0.06433	51%-75% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	8	10.00	0.16	0.06433	101%-200% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	8	14.00	0.11	0.06433	51%-75% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	8	15.00	0.11	0.06433	51%-75% Above	No	No
60219175103	SILDENAFIL 25 MG TABLET	8	30.00	1.11	0.12196	200% Above	Yes	No
60219175203	SILDENAFIL 50 MG TABLET	5	30.00	1.44	0.10347	200% Above	Yes	No
60219175203	SILDENAFIL 50 MG TABLET	6	30.00	1.44	0.10376	200% Above	Yes	No
60219175203	SILDENAFIL 50 MG TABLET	7	20.00	1.66	0.10273	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	20.00	1.66	0.10577	200% Above	Yes	No
60219175303	SILDENAFIL 100 MG TABLET	5	10.00	1.32	0.13168	200% Above	Yes	No
60219175303	SILDENAFIL 100 MG TABLET	6	10.00	1.49	0.12978	200% Above	Yes	No
60219175303	SILDENAFIL 100 MG TABLET	8	10.00	1.32	0.12762	200% Above	Yes	No
60219175303	SILDENAFIL 100 MG TABLET	8	30.00	1.14	0.12762	200% Above	Yes	No
60219204301	DEXAMETHASONE 4 MG TABLET	4	5.00	0.29	0.19210	26%-50% Above	No	No
60219204301	DEXAMETHASONE 4 MG TABLET	5	5.00	0.29	0.20711	26%-50% Above	No	No
60219204301	DEXAMETHASONE 4 MG TABLET	8	2.00	0.37	0.18758	76%-100% Above	No	No
60219204301	DEXAMETHASONE 4 MG TABLET	8	6.00	0.29	0.18758	51%-75% Above	No	No
60219205601	DEXAMETHASONE 2 MG TABLET	4	12.00	0.19	0.26379	26%-50% Below	No	No
60219205601	DEXAMETHASONE 2 MG TABLET	5	10.00	0.19	0.25646	26%-50% Below	No	No
60219205601	DEXAMETHASONE 2 MG TABLET	5	40.00	0.19	0.25646	26%-50% Below	No	No
60219205601	DEXAMETHASONE 2 MG TABLET	7	40.00	0.19	0.24705	10%-25% Below	No	No
60219205601	DEXAMETHASONE 2 MG TABLET	8	2.00	0.51	0.24609	101%-200% Above	No	No
60219208301	NEOMYCIN-POLYMYXIN-HC EAR SOLN	7	10.00	2.94	5.10211	26%-50% Below	No	No
60219208301	NEOMYCIN-POLYMYXIN-HC EAR SOLN	8	10.00	2.94	5.07540	26%-50% Below	No	No
60219209004	FAMOTIDINE 40 MG/5 ML SUSP	7	150.00	0.09	0.13700	26%-50% Below	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	4	7.00	0.11	0.02408	200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	4	12.00	0.05	0.02408	76%-100% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	4	60.00	0.05	0.02408	101%-200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	4	90.00	0.05	0.02408	101%-200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	4	120.00	0.02	0.02408	26%-50% Below	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	5	8.00	0.05	0.02365	101%-200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	5	10.00	0.05	0.02365	101%-200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	5	15.00	0.05	0.02365	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	25.00	0.05	0.02365	101%-200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	5	60.00	0.02	0.02365	26%-50% Below	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	5	60.00	0.05	0.02365	101%-200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	5	120.00	0.02	0.02365	26%-50% Below	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	5	240.00	0.05	0.02365	101%-200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	6	12.00	0.05	0.02371	101%-200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	6	20.00	0.04	0.02371	51%-75% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	6	20.00	0.05	0.02371	101%-200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	6	30.00	0.05	0.02371	101%-200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	6	60.00	0.02	0.02371	26%-50% Below	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	6	60.00	0.05	0.02371	101%-200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	6	90.00	0.05	0.02371	101%-200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	7	12.00	0.04	0.02351	51%-75% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	7	12.00	0.05	0.02351	101%-200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	7	12.00	0.06	0.02351	101%-200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	7	14.00	0.05	0.02351	101%-200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	7	15.00	0.05	0.02351	101%-200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	7	20.00	0.05	0.02351	101%-200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	7	22.00	0.05	0.02351	101%-200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	7	60.00	0.05	0.02351	101%-200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	7	90.00	0.05	0.02351	101%-200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	7	180.00	0.01	0.02351	51%-75% Below	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	8	28.00	0.05	0.02453	76%-100% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	8	60.00	0.05	0.02453	76%-100% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	8	90.00	0.05	0.02453	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60219234805	TRAMADOL HCL 50 MG TABLET	4	8.00	0.07	0.02408	101%-200% Above	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	4	21.00	0.05	0.02408	101%-200% Above	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	4	90.00	0.05	0.02408	101%-200% Above	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	5	9.00	0.05	0.02365	101%-200% Above	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	5	10.00	0.05	0.02365	101%-200% Above	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	5	90.00	0.05	0.02365	101%-200% Above	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	6	12.00	0.05	0.02371	101%-200% Above	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	6	14.00	0.05	0.02371	101%-200% Above	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	6	20.00	0.05	0.02371	76%-100% Above	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	6	30.00	0.03	0.02371	26%-50% Above	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	6	90.00	0.05	0.02371	101%-200% Above	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	7	8.00	0.05	0.02351	101%-200% Above	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	7	15.00	0.03	0.02351	26%-50% Above	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	7	16.00	0.04	0.02351	51%-75% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	4	60.00	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	90.00	0.05	0.02408	101%-200% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	5	21.00	0.05	0.02365	101%-200% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	5	30.00	0.05	0.02365	101%-200% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	6	10.00	0.05	0.02371	101%-200% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	6	14.00	0.05	0.02371	101%-200% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	6	26.00	0.05	0.02371	101%-200% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	6	30.00	0.05	0.02371	101%-200% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	6	40.00	0.05	0.02371	101%-200% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	6	60.00	0.05	0.02371	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	70.00	0.05	0.02371	101%-200% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	7	20.00	0.04	0.02351	51%-75% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	7	20.00	0.05	0.02351	101%-200% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	7	21.00	0.05	0.02351	101%-200% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	7	30.00	0.03	0.02351	10%-25% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	7	70.00	0.05	0.02351	101%-200% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	8	10.00	0.05	0.02453	76%-100% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	8	30.00	0.05	0.02453	76%-100% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	8	40.00	0.05	0.02453	76%-100% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	8	60.00	0.05	0.02453	76%-100% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	8	70.00	0.05	0.02453	76%-100% Above	No	No
60219395501	FOSFOMYCIN 3 GM SACHET	3	3.00	20.28	34.74483	26%-50% Below	No	No
60219395501	FOSFOMYCIN 3 GM SACHET	4	1.00	20.28	32.32141	26%-50% Below	No	No
60219395501	FOSFOMYCIN 3 GM SACHET	4	3.00	20.28	32.32141	26%-50% Below	No	No
60219395501	FOSFOMYCIN 3 GM SACHET	6	1.00	15.00	29.86952	26%-50% Below	No	No
60219395501	FOSFOMYCIN 3 GM SACHET	6	1.00	20.28	29.86952	26%-50% Below	No	No
60219552205	FENOFIBRATE 160 MG TABLET	6	30.00	0.06	0.11686	51%-75% Below	No	No
60219552209	FENOFIBRATE 160 MG TABLET	4	30.00	0.01	0.12586	76%-100% Below	No	No
60219552209	FENOFIBRATE 160 MG TABLET	5	30.00	0.01	0.12388	76%-100% Below	No	No
60219552209	FENOFIBRATE 160 MG TABLET	5	90.00	0.15	0.12388	10%-25% Above	No	No
60219552209	FENOFIBRATE 160 MG TABLET	6	90.00	0.15	0.11686	26%-50% Above	No	No
60219552209	FENOFIBRATE 160 MG TABLET	7	90.00	0.68	0.11192	200% Above	No	No
60219552209	FENOFIBRATE 160 MG TABLET	8	90.00	0.15	0.11290	26%-50% Above	No	No
60258015001	SF 5000 PLUS CRE 1.1%	4	51.00	0.15	.		No	No
60258015001	SF 5000 PLUS CRE 1.1%	6	51.00	0.15	.		No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60258015001	SF 5000 PLUS CRE 1.1%	7	51.00	0.15	.		No	No
60429002790	ATENOLOL TAB 25MG	5	90.00	0.05	.		No	No
60429042110	DICLOFENAC TAB 50MG DR	4	60.00	0.16	.		No	No
60432015016	HYDROXYZ HCL SYP 10MG/5ML	2	200.00	0.04	.		No	No
60505001406	DILT XR 120 MG CAPSULE	6	30.00	0.19	0.30594	26%-50% Below	No	No
60505001406	DILT XR 120 MG CAPSULE	8	90.00	0.19	0.31956	26%-50% Below	No	No
60505001606	DILT XR 240 MG CAPSULE	4	90.00	0.33	0.52240	26%-50% Below	No	No
60505001606	DILT XR 240 MG CAPSULE	6	90.00	0.26	0.53219	26%-50% Below	No	No
60505001606	DILT XR 240 MG CAPSULE	7	90.00	0.79	0.49001	51%-75% Above	No	No
60505003306	PENTOXIFYLLINE ER 400 MG TAB	5	60.00	0.13	0.24225	26%-50% Below	No	No
60505003901	ETODOLAC 200 MG CAPSULE	4	60.00	0.25	0.33428	10%-25% Below	Yes	No
60505003901	ETODOLAC 200 MG CAPSULE	5	60.00	0.25	0.36802	26%-50% Below	Yes	No
60505003901	ETODOLAC 200 MG CAPSULE	6	60.00	0.25	0.36378	26%-50% Below	Yes	No
60505003901	ETODOLAC 200 MG CAPSULE	7	180.00	0.21	0.34547	26%-50% Below	Yes	No
60505004101	ETODOLAC 400 MG TABLET	4	20.00	0.50	0.25914	76%-100% Above	No	No
60505009300	DOXAZOSIN MESYLATE 1 MG TAB	7	30.00	0.03	0.08264	51%-75% Below	Yes	No
60505009400	DOXAZOSIN MESYLATE 2 MG TAB	5	90.00	0.14	0.06854	101%-200% Above	No	No
60505009400	DOXAZOSIN MESYLATE 2 MG TAB	6	90.00	0.27	0.06712	200% Above	No	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	5	90.00	0.14	0.09632	26%-50% Above	No	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	6	90.00	0.17	0.09115	76%-100% Above	Yes	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	6	90.00	0.27	0.09115	101%-200% Above	No	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	7	30.00	0.14	0.08991	26%-50% Above	No	No
60505009501	DOXAZOSIN MESYLATE 4 MG TAB	5	30.00	0.14	0.09632	26%-50% Above	No	No
60505009501	DOXAZOSIN MESYLATE 4 MG TAB	5	90.00	0.14	0.09632	26%-50% Above	No	No
60505009501	DOXAZOSIN MESYLATE 4 MG TAB	7	30.00	0.14	0.08991	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60505014100	GLIPIZIDE 5 MG TABLET	4	90.00	0.06	0.03604	51%-75% Above	No	No
60505014100	GLIPIZIDE 5 MG TABLET	5	60.00	0.06	0.03581	51%-75% Above	No	No
60505014100	GLIPIZIDE 5 MG TABLET	6	60.00	0.06	0.03509	51%-75% Above	No	No
60505014100	GLIPIZIDE 5 MG TABLET	6	180.00	0.06	0.03509	51%-75% Above	Yes	No
60505014100	GLIPIZIDE 5 MG TABLET	7	60.00	0.06	0.03504	51%-75% Above	No	No
60505014100	GLIPIZIDE 5 MG TABLET	8	90.00	0.06	0.03498	76%-100% Above	No	No
60505014101	GLIPIZIDE 5 MG TABLET	5	15.00	0.06	0.03581	51%-75% Above	No	No
60505014101	GLIPIZIDE 5 MG TABLET	5	30.00	0.06	0.03581	51%-75% Above	No	No
60505014101	GLIPIZIDE 5 MG TABLET	6	30.00	0.06	0.03509	51%-75% Above	No	No
60505014101	GLIPIZIDE 5 MG TABLET	7	30.00	0.06	0.03504	51%-75% Above	No	No
60505014101	GLIPIZIDE 5 MG TABLET	7	60.00	0.06	0.03504	51%-75% Above	No	No
60505014101	GLIPIZIDE 5 MG TABLET	8	30.00	0.06	0.03498	51%-75% Above	No	No
60505014102	GLIPIZIDE 5 MG TABLET	4	60.00	0.06	0.03604	51%-75% Above	No	No
60505014102	GLIPIZIDE 5 MG TABLET	5	60.00	0.03	0.03581	10%-25% Below	No	No
60505014102	GLIPIZIDE 5 MG TABLET	5	60.00	0.06	0.03581	51%-75% Above	No	No
60505014102	GLIPIZIDE 5 MG TABLET	6	60.00	0.06	0.03509	51%-75% Above	No	No
60505014102	GLIPIZIDE 5 MG TABLET	6	90.00	0.02	0.03509	26%-50% Below	No	No
60505014102	GLIPIZIDE 5 MG TABLET	6	180.00	0.02	0.03509	26%-50% Below	No	No
60505014102	GLIPIZIDE 5 MG TABLET	6	180.00	0.06	0.03509	51%-75% Above	No	No
60505014102	GLIPIZIDE 5 MG TABLET	6	270.00	0.01	0.03509	51%-75% Below	No	No
60505014102	GLIPIZIDE 5 MG TABLET	7	60.00	0.06	0.03504	51%-75% Above	No	No
60505014102	GLIPIZIDE 5 MG TABLET	8	60.00	0.03	0.03498	10%-25% Below	No	No
60505014102	GLIPIZIDE 5 MG TABLET	8	60.00	0.06	0.03498	51%-75% Above	No	No
60505014108	GLIPIZIDE 5 MG TABLET	7	135.00	0.02	0.03504	26%-50% Below	No	No
60505014201	GLIPIZIDE 10 MG TABLET	4	60.00	0.03	0.04617	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	60.00	0.03	0.04603	26%-50% Below	No	No
60505014201	GLIPIZIDE 10 MG TABLET	6	60.00	0.03	0.04570	26%-50% Below	No	No
60505014201	GLIPIZIDE 10 MG TABLET	6	60.00	0.06	0.04570	26%-50% Above	No	No
60505014201	GLIPIZIDE 10 MG TABLET	8	180.00	0.06	0.04643	26%-50% Above	No	No
60505014202	GLIPIZIDE 10 MG TABLET	5	90.00	0.02	0.04603	26%-50% Below	No	No
60505014202	GLIPIZIDE 10 MG TABLET	5	90.00	0.06	0.04603	26%-50% Above	No	No
60505014202	GLIPIZIDE 10 MG TABLET	5	180.00	0.06	0.04603	26%-50% Above	No	No
60505014202	GLIPIZIDE 10 MG TABLET	7	90.00	0.03	0.04598	26%-50% Below	No	No
60505014202	GLIPIZIDE 10 MG TABLET	7	360.00	0.06	0.04598	26%-50% Above	No	No
60505014202	GLIPIZIDE 10 MG TABLET	8	60.00	0.03	0.04643	26%-50% Below	No	No
60505014202	GLIPIZIDE 10 MG TABLET	8	180.00	0.06	0.04643	26%-50% Above	No	No
60505014601	OMEPRAZOLE DR 40 MG CAPSULE	5	30.00	0.12	0.05068	101%-200% Above	No	No
60505014601	OMEPRAZOLE DR 40 MG CAPSULE	5	60.00	0.12	0.05068	101%-200% Above	No	No
60505014601	OMEPRAZOLE DR 40 MG CAPSULE	6	30.00	0.12	0.05046	101%-200% Above	No	No
60505014601	OMEPRAZOLE DR 40 MG CAPSULE	6	90.00	0.12	0.05046	101%-200% Above	No	No
60505014601	OMEPRAZOLE DR 40 MG CAPSULE	7	30.00	0.12	0.05015	101%-200% Above	No	No
60505014601	OMEPRAZOLE DR 40 MG CAPSULE	8	30.00	0.12	0.04942	101%-200% Above	No	No
60505015701	BUPROPION HCL 100 MG TABLET	8	30.00	0.17	0.11511	26%-50% Above	No	No
60505015801	BUPROPION HCL 75 MG TABLET	5	7.00	0.39	0.09643	200% Above	No	No
60505015801	BUPROPION HCL 75 MG TABLET	6	180.00	0.21	0.09555	101%-200% Above	No	No
60505015801	BUPROPION HCL 75 MG TABLET	7	30.00	0.35	0.09374	200% Above	No	No
60505015801	BUPROPION HCL 75 MG TABLET	8	14.00	0.29	0.09421	200% Above	No	No
60505016401	FLUVOXAMINE MALEATE 25 MG TAB	4	90.00	0.19	0.16444	10%-25% Above	Yes	No
60505016401	FLUVOXAMINE MALEATE 25 MG TAB	4	90.00	0.23	0.16444	26%-50% Above	Yes	No
60505016501	FLUVOXAMINE MALEATE 50 MG TAB	5	135.00	0.18	0.20869	10%-25% Below	Yes	No

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60505016501	FLUVOXAMINE MALEATE 50 MG TAB	8	135.00	0.18	0.19734	10%-25% Below	Yes	No
60505016501	FLUVOXAMINE MALEATE 50 MG TAB	8	180.00	0.17	0.19734	10%-25% Below	Yes	No
60505016601	FLUVOXAMINE MALEATE 100 MG TAB	4	90.00	0.15	0.24770	26%-50% Below	Yes	No
60505016601	FLUVOXAMINE MALEATE 100 MG TAB	5	90.00	0.21	0.24441	10%-25% Below	Yes	No
60505016601	FLUVOXAMINE MALEATE 100 MG TAB	5	180.00	0.13	0.24441	26%-50% Below	Yes	No
60505016601	FLUVOXAMINE MALEATE 100 MG TAB	7	180.00	0.21	0.24358	10%-25% Below	Yes	No
60505016601	FLUVOXAMINE MALEATE 100 MG TAB	8	90.00	0.21	0.24716	10%-25% Below	Yes	No
60505016601	FLUVOXAMINE MALEATE 100 MG TAB	8	90.00	0.21	0.24716	10%-25% Below	Yes	No
60505016805	PRAVASTATIN SODIUM 10 MG TAB	4	90.00	0.14	0.05935	101%-200% Above	No	No
60505016805	PRAVASTATIN SODIUM 10 MG TAB	7	90.00	0.14	0.05752	101%-200% Above	No	No
60505016809	PRAVASTATIN SODIUM 10 MG TAB	4	30.00	0.14	0.05935	101%-200% Above	No	No
60505016809	PRAVASTATIN SODIUM 10 MG TAB	4	90.00	0.01	0.05935	76%-100% Below	No	No
60505016809	PRAVASTATIN SODIUM 10 MG TAB	5	30.00	0.14	0.05961	101%-200% Above	No	No
60505016809	PRAVASTATIN SODIUM 10 MG TAB	5	90.00	0.14	0.05961	101%-200% Above	No	No
60505016809	PRAVASTATIN SODIUM 10 MG TAB	6	30.00	0.14	0.05937	101%-200% Above	No	No
60505016809	PRAVASTATIN SODIUM 10 MG TAB	6	90.00	0.03	0.05937	26%-50% Below	No	No
60505016809	PRAVASTATIN SODIUM 10 MG TAB	7	30.00	0.14	0.05752	101%-200% Above	No	No
60505016809	PRAVASTATIN SODIUM 10 MG TAB	7	90.00	0.03	0.05752	26%-50% Below	No	No
60505016809	PRAVASTATIN SODIUM 10 MG TAB	8	90.00	0.14	0.05695	101%-200% Above	No	No
60505016907	PRAVASTATIN SODIUM 20 MG TAB	4	30.00	0.13	0.06117	101%-200% Above	No	No
60505016907	PRAVASTATIN SODIUM 20 MG TAB	4	90.00	0.13	0.06117	101%-200% Above	No	No
60505016907	PRAVASTATIN SODIUM 20 MG TAB	5	30.00	0.13	0.06117	101%-200% Above	No	No
60505016907	PRAVASTATIN SODIUM 20 MG TAB	5	90.00	0.13	0.06117	101%-200% Above	No	No
60505016907	PRAVASTATIN SODIUM 20 MG TAB	6	90.00	0.10	0.06219	51%-75% Above	Yes	No
60505016907	PRAVASTATIN SODIUM 20 MG TAB	6	90.00	0.13	0.06219	101%-200% Above	No	No

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60505016907	PRAVASTATIN SODIUM 20 MG TAB	7	30.00	0.13	0.06253	101%-200% Above	No	No
60505016909	PRAVASTATIN SODIUM 20 MG TAB	7	13.00	0.13	0.06253	101%-200% Above	No	No
60505016909	PRAVASTATIN SODIUM 20 MG TAB	7	30.00	0.13	0.06253	101%-200% Above	No	No
60505016909	PRAVASTATIN SODIUM 20 MG TAB	8	30.00	0.13	0.06198	101%-200% Above	No	No
60505017007	PRAVASTATIN SODIUM 40 MG TAB	4	30.00	0.14	0.08439	51%-75% Above	No	No
60505017007	PRAVASTATIN SODIUM 40 MG TAB	4	90.00	0.01	0.08439	76%-100% 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	5	90.00	0.14	0.08456	51%-75% Above	No	No
60505017007	PRAVASTATIN SODIUM 40 MG TAB	6	90.00	0.01	0.08457	76%-100% Below	No	No
60505017007	PRAVASTATIN SODIUM 40 MG TAB	6	90.00	0.05	0.08457	26%-50% Below	No	No
60505017007	PRAVASTATIN SODIUM 40 MG TAB	7	90.00	0.01	0.08438	76%-100% Below	No	No
60505017007	PRAVASTATIN SODIUM 40 MG TAB	7	90.00	0.14	0.08438	51%-75% Above	No	No
60505017007	PRAVASTATIN SODIUM 40 MG TAB	7	90.00	0.18	0.08438	101%-200% Above	No	No
60505017009	PRAVASTATIN SODIUM 40 MG TAB	5	30.00	0.14	0.08456	51%-75% Above	No	No
60505017009	PRAVASTATIN SODIUM 40 MG TAB	5	90.00	0.14	0.08456	51%-75% Above	No	No
60505017009	PRAVASTATIN SODIUM 40 MG TAB	6	30.00	0.14	0.08457	51%-75% Above	No	No
60505017009	PRAVASTATIN SODIUM 40 MG TAB	6	90.00	0.05	0.08457	26%-50% Below	No	No
60505017009	PRAVASTATIN SODIUM 40 MG TAB	7	30.00	0.14	0.08438	51%-75% Above	No	No
60505017009	PRAVASTATIN SODIUM 40 MG TAB	8	30.00	0.14	0.08482	51%-75% Above	No	No
60505018300	CARBAMAZEPINE 200 MG TABLET	7	60.00	0.25	0.11701	101%-200% Above	No	No
60505018300	CARBAMAZEPINE 200 MG TABLET	7	180.00	0.13	0.11701	10%-25% Above	No	No
60505018300	CARBAMAZEPINE 200 MG TABLET	8	60.00	0.25	0.11904	101%-200% Above	No	No
60505024708	MIRTAZAPINE 15 MG TABLET	5	30.00	0.09	0.06655	26%-50% Above	No	No
60505024708	MIRTAZAPINE 15 MG TABLET	6	30.00	0.01	0.06575	76%-100% Below	No	No
60505024708	MIRTAZAPINE 15 MG TABLET	6	90.00	0.12	0.06575	76%-100% Above	No	No

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60505024801	MIRTAZAPINE 30 MG TABLET	7	90.00	0.12	0.08711	26%-50% Above	No	No
60505024808	MIRTAZAPINE 30 MG TABLET	7	30.00	0.11	0.08711	10%-25% Above	No	No
60505024808	MIRTAZAPINE 30 MG TABLET	8	30.00	0.11	0.08688	10%-25% Above	No	No
60505025102	TIZANIDINE HCL 2 MG TABLET	4	40.00	0.11	0.03075	200% Above	No	No
60505025102	TIZANIDINE HCL 2 MG TABLET	5	60.00	0.11	0.03085	200% Above	No	No
60505025103	TIZANIDINE HCL 2 MG TABLET	5	30.00	0.11	0.03085	200% Above	No	No
60505025103	TIZANIDINE HCL 2 MG TABLET	5	90.00	0.11	0.03085	200% Above	No	No
60505025103	TIZANIDINE HCL 2 MG TABLET	6	30.00	0.11	0.03086	200% Above	No	No
60505025103	TIZANIDINE HCL 2 MG TABLET	7	21.00	0.11	0.02988	200% Above	No	No
60505025103	TIZANIDINE HCL 2 MG TABLET	7	30.00	0.11	0.02988	200% Above	No	No
60505025103	TIZANIDINE HCL 2 MG TABLET	8	18.00	0.03	0.03059	10%-25% Below	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	4	30.00	0.09	0.03342	101%-200% Above	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	4	60.00	0.02	0.03342	26%-50% Below	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	4	90.00	0.09	0.03342	101%-200% Above	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	5	10.00	0.09	0.03385	101%-200% Above	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	5	30.00	0.02	0.03385	26%-50% Below	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	5	60.00	0.03	0.03385	10%-25% Below	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	5	90.00	0.09	0.03385	101%-200% Above	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	5	180.00	0.09	0.03385	101%-200% Above	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	6	10.00	0.09	0.03318	101%-200% Above	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	6	30.00	0.02	0.03318	26%-50% Below	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	6	45.00	0.09	0.03318	101%-200% Above	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	6	60.00	0.09	0.03318	101%-200% Above	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	7	14.00	0.09	0.03227	101%-200% Above	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	7	30.00	0.02	0.03227	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	30.00	0.09	0.03227	101%-200% Above	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	7	90.00	0.09	0.03227	101%-200% Above	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	8	90.00	0.09	0.03192	101%-200% Above	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	8	180.00	0.09	0.03192	101%-200% Above	No	No
60505025203	TIZANIDINE HCL 4 MG TABLET	4	90.00	0.09	0.03342	101%-200% Above	No	No
60505025203	TIZANIDINE HCL 4 MG TABLET	6	90.00	0.09	0.03318	101%-200% Above	No	No
60505025203	TIZANIDINE HCL 4 MG TABLET	7	90.00	0.09	0.03227	101%-200% Above	No	No
60505025701	DESMOPRESSIN ACETATE 0.1 MG TB	5	30.00	0.28	0.24084	10%-25% Above	Yes	No
60505025801	DESMOPRESSIN ACETATE 0.2 MG TB	2	30.00	0.27	0.35688	10%-25% Below	Yes	No
60505025801	DESMOPRESSIN ACETATE 0.2 MG TB	4	90.00	0.18	0.36314	26%-50% Below	Yes	No
60505025801	DESMOPRESSIN ACETATE 0.2 MG TB	5	30.00	0.27	0.37311	26%-50% Below	Yes	No
60505025801	DESMOPRESSIN ACETATE 0.2 MG TB	5	90.00	0.18	0.37311	51%-75% Below	Yes	No
60505025801	DESMOPRESSIN ACETATE 0.2 MG TB	6	30.00	0.27	0.37451	26%-50% Below	Yes	No
60505025801	DESMOPRESSIN ACETATE 0.2 MG TB	6	90.00	0.18	0.37451	51%-75% Below	Yes	No
60505025801	DESMOPRESSIN ACETATE 0.2 MG TB	7	30.00	0.27	0.37022	26%-50% Below	Yes	No
60505025801	DESMOPRESSIN ACETATE 0.2 MG TB	7	90.00	0.18	0.37022	51%-75% Below	Yes	No
60505025801	DESMOPRESSIN ACETATE 0.2 MG TB	8	30.00	0.27	0.37006	26%-50% Below	Yes	No
60505056000	OFLOXACIN 0.3% EYE DROPS	4	5.00	2.60	1.30038	76%-100% Above	Yes	No
60505056000	OFLOXACIN 0.3% EYE DROPS	5	10.00	0.77	1.31081	26%-50% Below	No	No
60505056000	OFLOXACIN 0.3% EYE DROPS	6	5.00	2.24	1.30929	51%-75% Above	Yes	No
60505056001	OFLOXACIN 0.3% EYE DROPS	5	10.00	0.71	1.13455	26%-50% Below	Yes	No
60505056001	OFLOXACIN 0.3% EYE DROPS	5	10.00	0.99	1.13455	10%-25% Below	Yes	No
60505082601	IPRATROPIUM 0.03% SPRAY	5	30.00	0.55	0.38628	26%-50% Above	No	No
60505082601	IPRATROPIUM 0.03% SPRAY	7	30.00	0.17	0.34876	51%-75% Below	No	No
60505082601	IPRATROPIUM 0.03% SPRAY	8	30.00	0.46	0.35477	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	15.00	1.00	0.83528	10%-25% Above	No	No
60505082701	IPRATROPIUM 0.06% SPRAY	5	15.00	0.67	0.83026	10%-25% Below	No	No
60505082701	IPRATROPIUM 0.06% SPRAY	5	15.00	1.00	0.83026	10%-25% Above	No	No
60505082701	IPRATROPIUM 0.06% SPRAY	6	15.00	0.56	0.83917	26%-50% Below	No	No
60505082701	IPRATROPIUM 0.06% SPRAY	6	45.00	0.56	0.83917	26%-50% Below	No	No
60505082701	IPRATROPIUM 0.06% SPRAY	7	15.00	0.06	0.80051	76%-100% 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	0.54	0.44734	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	0.20	0.44570	51%-75% Below	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	0.31	0.44570	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	0.51	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	0.56	0.44570	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	0.58	0.44570	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	0.62	0.44570	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	0.63	0.44570	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	0.63	0.44570	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	4	48.00	0.28	0.44570	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	5	16.00	0.28	0.44134	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	5	16.00	0.31	0.44134	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	5	16.00	0.51	0.44134	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	5	16.00	0.53	0.44134	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	16.00	0.54	0.44134	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	5	16.00	0.55	0.44134	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	5	16.00	0.56	0.44134	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	5	16.00	0.56	0.44134	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	5	16.00	0.56	0.44134	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	5	16.00	0.60	0.44134	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	5	16.00	0.63	0.44134	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	5	16.00	0.95	0.44134	101%-200% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	5	48.00	0.23	0.37989	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	5	48.00	0.28	0.44134	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	6	16.00	0.20	0.44210	51%-75% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	6	16.00	0.28	0.44210	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	6	16.00	0.32	0.45274	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	6	16.00	0.51	0.44210	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	6	16.00	0.54	0.44210	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	6	16.00	0.54	0.44210	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	6	16.00	0.56	0.44210	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	6	16.00	0.58	0.44210	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	6	16.00	0.58	0.44210	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	6	16.00	0.63	0.44210	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	6	16.00	0.63	0.44210	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	6	16.00	0.64	0.44210	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	6	16.00	0.95	0.44210	101%-200% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	6	48.00	0.28	0.44210	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	7	16.00	0.01	0.44251	76%-100% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	16.00	0.20	0.44251	51%-75% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	7	16.00	0.28	0.44251	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	7	16.00	0.31	0.44251	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	7	16.00	0.51	0.44251	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	7	16.00	0.54	0.44251	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	7	16.00	0.55	0.44251	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	7	16.00	0.56	0.44251	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	7	16.00	0.56	0.44251	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	7	16.00	0.58	0.44251	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	7	16.00	0.62	0.44251	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	7	16.00	0.63	0.44251	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	7	16.00	0.63	0.44251	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	7	16.00	0.64	0.44251	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	7	16.00	0.95	0.44251	101%-200% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	7	48.00	0.28	0.44251	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	8	16.00	0.20	0.44780	51%-75% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	8	16.00	0.28	0.44780	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	8	16.00	0.31	0.44780	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	8	16.00	0.31	0.44780	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	8	16.00	0.51	0.44780	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	8	16.00	0.52	0.44780	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	8	16.00	0.54	0.44780	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	8	16.00	0.56	0.44780	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	8	16.00	0.56	0.44780	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	8	16.00	0.56	0.44780	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	16.00	0.58	0.44780	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	8	16.00	0.62	0.44780	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	8	16.00	0.63	0.44780	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	8	16.00	0.73	0.44780	51%-75% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	8	16.00	0.95	0.44780	101%-200% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	8	32.00	0.28	0.44780	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	8	48.00	0.28	0.44780	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	8	48.00	0.95	0.44780	101%-200% Above	No	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	4	17.00	2.13	1.60658	26%-50% Above	No	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	4	51.00	0.97	1.60658	26%-50% Below	No	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	5	17.00	2.13	1.61389	26%-50% Above	No	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	6	17.00	2.13	1.59620	26%-50% Above	No	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	7	17.00	0.59	1.60592	51%-75% 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	0.28406	10%-25% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	4	30.00	0.91	0.28406	200% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	4	30.00	0.91	0.28406	200% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	5	30.00	0.17	0.27776	26%-50% Below	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	5	30.00	0.33	0.27776	10%-25% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	5	30.00	0.33	0.27776	10%-25% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	6	30.00	0.07	0.27875	51%-75% Below	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	6	30.00	0.17	0.27875	26%-50% Below	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	6	30.00	0.33	0.27875	10%-25% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	6	30.00	0.33	0.27875	10%-25% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	7	30.00	0.17	0.27911	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	30.00	0.33	0.27911	10%-25% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	7	30.00	0.67	0.27911	101%-200% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	8	30.00	0.17	0.27650	26%-50% Below	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	8	30.00	0.33	0.27650	10%-25% Above	No	No
60505095303	AZELASTIN-FLUTIC 137-50 MCG SPR	4	23.00	1.13	2.20148	26%-50% Below	Yes	No
60505095303	AZELASTIN-FLUTIC 137-50 MCG SPR	5	23.00	0.87	2.23366	51%-75% Below	No	No
60505095303	AZELASTIN-FLUTIC 137-50 MCG SPR	5	23.00	1.65	2.23366	10%-25% Below	No	No
60505095303	AZELASTIN-FLUTIC 137-50 MCG SPR	6	23.00	0.43	2.32481	76%-100% Below	No	No
60505095303	AZELASTIN-FLUTIC 137-50 MCG SPR	6	23.00	1.35	2.32481	26%-50% Below	No	No
60505095303	AZELASTIN-FLUTIC 137-50 MCG SPR	6	23.00	1.65	2.32481	26%-50% Below	No	No
60505095303	AZELASTIN-FLUTIC 137-50 MCG SPR	7	23.00	1.28	2.24581	26%-50% Below	No	No
60505131803	PAROXETINE CR 37.5 MG TABLET	4	180.00	0.73	0.40751	76%-100% Above	No	No
60505131803	PAROXETINE CR 37.5 MG TABLET	7	60.00	0.73	0.40918	76%-100% Above	No	No
60505132001	MIDODRINE HCL 2.5 MG TABLET	6	60.00	0.29	0.07175	200% Above	No	No
60505132001	MIDODRINE HCL 2.5 MG TABLET	6	90.00	0.17	0.07175	101%-200% Above	No	No
60505132101	MIDODRINE HCL 5 MG TABLET	5	90.00	0.01	0.11179	76%-100% Below	No	No
60505132101	MIDODRINE HCL 5 MG TABLET	7	90.00	0.29	0.11198	101%-200% Above	No	No
60505132305	PRAVASTATIN SODIUM 80 MG TAB	4	30.00	0.35	0.14898	101%-200% Above	No	No
60505132305	PRAVASTATIN SODIUM 80 MG TAB	5	90.00	0.35	0.15043	101%-200% Above	No	No
60505132305	PRAVASTATIN SODIUM 80 MG TAB	6	30.00	0.35	0.14956	101%-200% Above	No	No
60505132305	PRAVASTATIN SODIUM 80 MG TAB	6	90.00	0.09	0.14956	26%-50% Below	No	No
60505132305	PRAVASTATIN SODIUM 80 MG TAB	8	30.00	0.01	0.14800	76%-100% Below	No	No
60505132309	PRAVASTATIN SODIUM 80 MG TAB	5	90.00	0.08	0.15043	26%-50% Below	No	No
60505257808	ATORVASTATIN 10 MG TABLET	4	90.00	0.18	0.02483	200% Above	No	No
60505257808	ATORVASTATIN 10 MG TABLET	5	30.00	0.18	0.02497	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	90.00	0.01	0.02497	76%-100% Below	No	No
60505257808	ATORVASTATIN 10 MG TABLET	5	90.00	0.01	0.02497	51%-75% Below	No	No
60505257808	ATORVASTATIN 10 MG TABLET	5	90.00	0.18	0.02497	200% Above	No	No
60505257808	ATORVASTATIN 10 MG TABLET	6	30.00	0.01	0.02452	51%-75% Below	No	No
60505257808	ATORVASTATIN 10 MG TABLET	6	90.00	0.02	0.02452	10%-25% Below	No	No
60505257808	ATORVASTATIN 10 MG TABLET	6	90.00	0.18	0.02452	200% Above	No	No
60505257808	ATORVASTATIN 10 MG TABLET	7	90.00	0.18	0.02403	200% Above	No	No
60505257808	ATORVASTATIN 10 MG TABLET	8	90.00	0.01	0.02325	51%-75% Below	No	No
60505257809	ATORVASTATIN 10 MG TABLET	4	90.00	0.18	0.02483	200% Above	Yes	No
60505257809	ATORVASTATIN 10 MG TABLET	7	90.00	0.14	0.02403	200% Above	Yes	No
60505257908	ATORVASTATIN 20 MG TABLET	4	90.00	0.27	0.02872	200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	5	30.00	0.27	0.02902	200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	5	90.00	0.01	0.02902	51%-75% Below	No	No
60505257908	ATORVASTATIN 20 MG TABLET	5	90.00	0.27	0.02902	200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	6	30.00	0.27	0.02851	200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	6	90.00	0.05	0.02851	51%-75% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	6	90.00	0.27	0.02851	200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	7	30.00	0.27	0.02795	200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	7	90.00	0.27	0.02795	200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	8	30.00	0.27	0.02762	200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	8	90.00	0.27	0.02762	200% Above	No	No
60505257909	ATORVASTATIN 20 MG TABLET	4	90.00	0.01	0.02872	51%-75% Below	No	No
60505257909	ATORVASTATIN 20 MG TABLET	5	90.00	0.01	0.02902	51%-75% Below	Yes	No
60505257909	ATORVASTATIN 20 MG TABLET	5	90.00	0.27	0.02902	200% Above	No	No
60505257909	ATORVASTATIN 20 MG TABLET	5	90.00	0.27	0.02902	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	90.00	0.01	0.02795	51%-75% Below	Yes	No
60505257909	ATORVASTATIN 20 MG TABLET	7	90.00	0.01	0.02795	26%-50% Below	No	No
60505257909	ATORVASTATIN 20 MG TABLET	7	90.00	0.02	0.02795	10%-25% Below	No	No
60505257909	ATORVASTATIN 20 MG TABLET	7	90.00	0.02	0.02795	10%-25% Below	No	No
60505257909	ATORVASTATIN 20 MG TABLET	7	90.00	0.27	0.02795	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	5	30.00	0.12	0.03824	200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	5	30.00	0.15	0.03824	200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	5	90.00	0.12	0.03824	200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	5	90.00	0.14	0.03824	200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	6	30.00	0.12	0.03787	200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	6	90.00	0.12	0.03787	200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	7	30.00	0.12	0.03739	200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	7	30.00	0.13	0.03739	200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	7	90.00	0.12	0.03739	200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	8	30.00	0.12	0.03704	200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	8	90.00	0.12	0.03704	200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	8	90.00	0.16	0.03704	200% Above	No	No
60505258009	ATORVASTATIN 40 MG TABLET	5	90.00	0.13	0.03824	200% Above	Yes	No
60505258009	ATORVASTATIN 40 MG TABLET	8	90.00	0.13	0.03704	200% Above	Yes	No
60505258009	ATORVASTATIN 40 MG TABLET	8	90.00	0.16	0.03704	200% Above	No	No
60505264907	TIZANIDINE HCL 4 MG CAPSULE	6	21.00	0.71	0.09181	200% Above	No	No
60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	4	30.00	0.08	0.09559	10%-25% Below	No	No
60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	4	30.00	0.13	0.09559	26%-50% Above	No	No
60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	4	90.00	0.08	0.09559	10%-25% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	90.00	0.08	0.09790	10%-25% Below	Yes	No
60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	6	45.00	0.08	0.09605	10%-25% Below	Yes	No
60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	6	45.00	0.11	0.09605	10%-25% Above	Yes	No
60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	6	90.00	0.06	0.09605	26%-50% Below	Yes	No
60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	6	90.00	0.08	0.09605	10%-25% Below	Yes	No
60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	8	90.00	0.08	0.09827	10%-25% Below	Yes	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	4	30.00	0.08	0.09559	10%-25% Below	No	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	4	90.00	0.08	0.09559	10%-25% Below	No	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	5	30.00	0.01	0.09790	76%-100% Below	No	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	7	30.00	0.12	0.09800	10%-25% Above	No	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	7	90.00	0.05	0.09800	51%-75% Below	No	No
60505265901	TRAZODONE 300 MG TABLET	5	90.00	0.76	0.53498	26%-50% Above	Yes	No
60505267108	ATORVASTATIN 80 MG TABLET	6	30.00	0.17	0.07002	101%-200% Above	No	No
60505267108	ATORVASTATIN 80 MG TABLET	8	30.00	0.13	0.06924	76%-100% Above	No	No
60505267109	ATORVASTATIN 80 MG TABLET	5	90.00	0.13	0.07062	76%-100% Above	Yes	No
60505267109	ATORVASTATIN 80 MG TABLET	7	90.00	0.02	0.06918	51%-75% Below	Yes	No
60505267109	ATORVASTATIN 80 MG TABLET	7	90.00	0.13	0.06918	76%-100% Above	No	No
60505279500	IBANDRONATE SODIUM 150 MG TAB	6	1.00	8.28	2.80957	101%-200% Above	No	No
60505279500	IBANDRONATE SODIUM 150 MG TAB	7	1.00	8.28	2.75665	200% Above	No	No
60505327503	OLANZAPINE ODT 5 MG TABLET	4	30.00	0.02	0.31199	76%-100% Below	No	No
60505348903	AMLODIPINE-ATORVAST 10-40 MG	5	30.00	1.60	1.43859	10%-25% Above	No	No
60505348903	AMLODIPINE-ATORVAST 10-40 MG	6	90.00	2.60	1.43120	76%-100% Above	No	No
60505361405	VARENICLINE 1 MG TABLET	4	180.00	2.47	0.41109	200% Above	Yes	No
60505361405	VARENICLINE 1 MG TABLET	5	60.00	2.47	0.40263	200% Above	Yes	No
60505361405	VARENICLINE 1 MG TABLET	5	180.00	2.47	0.40263	200% Above	Yes	No

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60505361405	VARENICLINE 1 MG TABLET	8	180.00	1.87	0.35025	200% Above	Yes	No
60505364403	SITAGLIPTIN TAB 50MG	6	90.00	4.55	.		No	No
60505364503	SITAGLIPTIN TAB 100MG	6	30.00	7.15	.		No	No
60505364503	SITAGLIPTIN TAB 100MG	7	30.00	5.09	.		No	No
60505392701	GUANFACINE HCL ER 1 MG TABLET	3	30.00	0.08	0.17519	51%-75% Below	Yes	No
60505392701	GUANFACINE HCL ER 1 MG TABLET	4	30.00	0.17	0.14061	10%-25% Above	No	No
60505392701	GUANFACINE HCL ER 1 MG TABLET	4	30.00	0.33	0.14061	101%-200% Above	No	No
60505392701	GUANFACINE HCL ER 1 MG TABLET	4	30.00	0.50	0.14061	200% Above	No	No
60505392701	GUANFACINE HCL ER 1 MG TABLET	5	30.00	0.33	0.14621	101%-200% Above	No	No
60505392701	GUANFACINE HCL ER 1 MG TABLET	6	30.00	0.33	0.14411	101%-200% Above	No	No
60505392701	GUANFACINE HCL ER 1 MG TABLET	6	30.00	0.50	0.14411	200% Above	No	No
60505392701	GUANFACINE HCL ER 1 MG TABLET	7	30.00	0.17	0.13917	10%-25% Above	No	No
60505392701	GUANFACINE HCL ER 1 MG TABLET	7	30.00	0.33	0.13917	101%-200% Above	No	No
60505392701	GUANFACINE HCL ER 1 MG TABLET	7	30.00	0.50	0.13917	200% Above	No	No
60505392701	GUANFACINE HCL ER 1 MG TABLET	8	30.00	0.33	0.13245	101%-200% Above	No	No
60505392701	GUANFACINE HCL ER 1 MG TABLET	9	21.00	0.29	0.19405	26%-50% Above	Yes	No
60505392801	GUANFACINE HCL ER 2 MG TABLET	8	30.00	3.90	0.15730	200% Above	No	No
60505434806	DABIGATRAN ETEXILATE 150 MG CP	5	60.00	2.50	0.86605	101%-200% Above	Yes	No
60505434806	DABIGATRAN ETEXILATE 150 MG CP	8	180.00	1.43	0.82255	51%-75% Above	Yes	No
60505437203	VILAZODONE HCL 10 MG TABLET	5	30.00	0.17	0.99481	76%-100% Below	No	No
60505437203	VILAZODONE HCL 10 MG TABLET	5	90.00	1.67	0.99481	51%-75% Above	Yes	No
60505437203	VILAZODONE HCL 10 MG TABLET	6	30.00	0.17	0.94752	76%-100% Below	No	No
60505437303	VILAZODONE HCL 20 MG TABLET	4	30.00	0.50	0.85825	26%-50% Below	Yes	No
60505437303	VILAZODONE HCL 20 MG TABLET	5	30.00	0.50	0.85825	26%-50% Below	Yes	No
60505437303	VILAZODONE HCL 20 MG TABLET	6	90.00	2.05	0.82288	101%-200% Above	Yes	No

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60505437303	VILAZODONE HCL 20 MG TABLET	7	30.00	0.17	0.77620	76%-100% Below	No	No
60505437303	VILAZODONE HCL 20 MG TABLET	8	30.00	0.17	0.73490	76%-100% Below	No	No
60505437403	VILAZODONE HCL 40 MG TABLET	4	90.00	0.37	1.19168	51%-75% Below	No	No
60505437403	VILAZODONE HCL 40 MG TABLET	5	90.00	0.07	1.19837	76%-100% Below	No	No
60505437403	VILAZODONE HCL 40 MG TABLET	5	90.00	1.98	1.19837	51%-75% Above	Yes	No
60505437403	VILAZODONE HCL 40 MG TABLET	6	30.00	0.52	1.11772	51%-75% Below	Yes	No
60505437403	VILAZODONE HCL 40 MG TABLET	6	90.00	0.52	1.11772	51%-75% Below	Yes	No
60505437403	VILAZODONE HCL 40 MG TABLET	6	90.00	1.50	1.11772	26%-50% Above	Yes	No
60505437403	VILAZODONE HCL 40 MG TABLET	7	30.00	0.52	1.00748	26%-50% Below	Yes	No
60505437403	VILAZODONE HCL 40 MG TABLET	7	30.00	1.98	1.00748	76%-100% Above	No	No
60505437403	VILAZODONE HCL 40 MG TABLET	7	90.00	0.39	1.00748	51%-75% Below	No	No
60505437403	VILAZODONE HCL 40 MG TABLET	7	90.00	1.98	1.00748	76%-100% Above	Yes	No
60505437403	VILAZODONE HCL 40 MG TABLET	8	30.00	1.98	0.89952	101%-200% Above	No	No
60505472706	BRIVARACETAM 100 MG TABLET	8	180.00	0.22	0.25688	10%-25% Below	Yes	No
60505473901	LISDEXAMFETAMINE 10 MG CAPSULE	5	30.00	0.67	2.99614	76%-100% Below	No	No
60505473901	LISDEXAMFETAMINE 10 MG CAPSULE	7	30.00	0.50	2.78462	76%-100% Below	No	No
60505474001	LISDEXAMFETAMINE 20 MG CAPSULE	6	30.00	0.50	2.81237	76%-100% Below	No	No
60505474001	LISDEXAMFETAMINE 20 MG CAPSULE	6	30.00	1.50	2.81237	26%-50% Below	No	No
60505474001	LISDEXAMFETAMINE 20 MG CAPSULE	6	60.00	1.50	2.81237	26%-50% Below	No	No
60505474001	LISDEXAMFETAMINE 20 MG CAPSULE	7	60.00	1.55	2.74547	26%-50% Below	No	No
60505474101	LISDEXAMFETAMINE 30 MG CAPSULE	4	30.00	0.67	3.04859	76%-100% Below	No	No
60505474101	LISDEXAMFETAMINE 30 MG CAPSULE	4	30.00	8.00	3.04859	101%-200% Above	No	No
60505474101	LISDEXAMFETAMINE 30 MG CAPSULE	5	30.00	0.19	3.12473	76%-100% Below	No	No
60505474101	LISDEXAMFETAMINE 30 MG CAPSULE	5	30.00	1.68	3.12473	26%-50% Below	No	No
60505474101	LISDEXAMFETAMINE 30 MG CAPSULE	6	30.00	1.72	3.03663	26%-50% Below	No	No

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60505474101	LISDEXAMFETAMINE 30 MG CAPSULE	7	30.00	0.19	2.76686	76%-100% Below	No	No
60505474101	LISDEXAMFETAMINE 30 MG CAPSULE	7	30.00	0.33	2.76686	76%-100% Below	No	No
60505474101	LISDEXAMFETAMINE 30 MG CAPSULE	7	30.00	0.50	2.76686	76%-100% Below	No	No
60505474101	LISDEXAMFETAMINE 30 MG CAPSULE	7	30.00	1.72	2.76686	26%-50% Below	No	No
60505474101	LISDEXAMFETAMINE 30 MG CAPSULE	8	30.00	0.19	2.66398	76%-100% Below	No	No
60505474101	LISDEXAMFETAMINE 30 MG CAPSULE	8	30.00	0.33	2.66398	76%-100% Below	No	No
60505474101	LISDEXAMFETAMINE 30 MG CAPSULE	8	30.00	0.50	2.66398	76%-100% Below	No	No
60505474201	LISDEXAMFETAMINE 40 MG CAPSULE	4	30.00	0.33	2.93842	76%-100% Below	No	No
60505474201	LISDEXAMFETAMINE 40 MG CAPSULE	4	30.00	0.50	2.93842	76%-100% Below	No	No
60505474201	LISDEXAMFETAMINE 40 MG CAPSULE	4	30.00	8.00	2.93842	101%-200% Above	No	No
60505474201	LISDEXAMFETAMINE 40 MG CAPSULE	5	30.00	0.33	2.92284	76%-100% Below	No	No
60505474201	LISDEXAMFETAMINE 40 MG CAPSULE	5	30.00	0.97	2.92284	51%-75% Below	No	No
60505474201	LISDEXAMFETAMINE 40 MG CAPSULE	5	30.00	1.23	2.92284	51%-75% Below	No	No
60505474201	LISDEXAMFETAMINE 40 MG CAPSULE	6	30.00	0.33	2.81679	76%-100% Below	No	No
60505474201	LISDEXAMFETAMINE 40 MG CAPSULE	6	30.00	0.50	2.81679	76%-100% Below	No	No
60505474201	LISDEXAMFETAMINE 40 MG CAPSULE	6	30.00	0.97	2.81679	51%-75% Below	No	No
60505474201	LISDEXAMFETAMINE 40 MG CAPSULE	6	30.00	1.23	2.81679	51%-75% Below	No	No
60505474201	LISDEXAMFETAMINE 40 MG CAPSULE	7	30.00	0.33	2.72415	76%-100% Below	No	No
60505474201	LISDEXAMFETAMINE 40 MG CAPSULE	7	30.00	1.24	2.72415	51%-75% Below	No	No
60505474201	LISDEXAMFETAMINE 40 MG CAPSULE	7	30.00	1.61	2.72415	26%-50% Below	No	No
60505474201	LISDEXAMFETAMINE 40 MG CAPSULE	8	30.00	1.24	2.62982	51%-75% Below	No	No
60505474201	LISDEXAMFETAMINE 40 MG CAPSULE	8	30.00	1.61	2.62982	26%-50% Below	No	No
60505474301	LISDEXAMFETAMINE 50 MG CAPSULE	4	30.00	0.50	2.79284	76%-100% Below	No	No
60505474301	LISDEXAMFETAMINE 50 MG CAPSULE	4	30.00	8.00	2.79284	101%-200% Above	No	No
60505474301	LISDEXAMFETAMINE 50 MG CAPSULE	6	30.00	1.56	2.88660	26%-50% Below	No	No

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60505474301	LISDEXAMFETAMINE 50 MG CAPSULE	7	30.00	0.50	2.76500	76%-100% Below	No	No
60505474301	LISDEXAMFETAMINE 50 MG CAPSULE	7	30.00	1.59	2.76500	26%-50% Below	No	No
60505474301	LISDEXAMFETAMINE 50 MG CAPSULE	8	30.00	1.59	2.70424	26%-50% Below	No	No
60505474401	LISDEXAMFETAMINE 60 MG CAPSULE	4	30.00	0.18	2.94866	76%-100% Below	No	No
60505474401	LISDEXAMFETAMINE 60 MG CAPSULE	4	30.00	0.50	2.94866	76%-100% Below	No	No
60505474401	LISDEXAMFETAMINE 60 MG CAPSULE	5	30.00	0.67	2.97003	76%-100% Below	No	No
60505474401	LISDEXAMFETAMINE 60 MG CAPSULE	6	30.00	0.50	2.97451	76%-100% Below	No	No
60505474401	LISDEXAMFETAMINE 60 MG CAPSULE	6	30.00	0.67	2.97451	76%-100% Below	No	No
60505474401	LISDEXAMFETAMINE 60 MG CAPSULE	6	30.00	1.22	2.97451	51%-75% Below	No	No
60505474401	LISDEXAMFETAMINE 60 MG CAPSULE	7	30.00	0.33	2.86472	76%-100% Below	No	No
60505474401	LISDEXAMFETAMINE 60 MG CAPSULE	7	30.00	0.67	2.86472	76%-100% Below	No	No
60505474401	LISDEXAMFETAMINE 60 MG CAPSULE	7	30.00	1.14	2.86472	51%-75% Below	No	No
60505474401	LISDEXAMFETAMINE 60 MG CAPSULE	8	30.00	0.33	2.81282	76%-100% Below	No	No
60505474401	LISDEXAMFETAMINE 60 MG CAPSULE	8	30.00	0.67	2.81282	76%-100% Below	No	No
60505474401	LISDEXAMFETAMINE 60 MG CAPSULE	8	30.00	1.14	2.81282	51%-75% Below	No	No
60505474501	LISDEXAMFETAMINE 70 MG CAPSULE	5	30.00	1.61	2.97495	26%-50% Below	No	No
60505474501	LISDEXAMFETAMINE 70 MG CAPSULE	6	30.00	0.50	2.92336	76%-100% Below	No	No
60505474501	LISDEXAMFETAMINE 70 MG CAPSULE	6	30.00	5.32	2.92336	76%-100% Above	No	No
60505474501	LISDEXAMFETAMINE 70 MG CAPSULE	7	30.00	0.50	2.81172	76%-100% Below	No	No
60505474501	LISDEXAMFETAMINE 70 MG CAPSULE	8	30.00	0.50	2.75933	76%-100% Below	No	No
60505474501	LISDEXAMFETAMINE 70 MG CAPSULE	8	30.00	5.32	2.75933	76%-100% Above	No	No
60505485603	PRASUGREL 10 MG TABLET	6	30.00	0.50	0.28969	51%-75% Above	No	No
60505614804	CEFTRIAXONE 1 GM VIAL	8	2.00	1.07	1.19543	10%-25% Below	No	No
60505625101	DEXAMETHASONE 1 MG TABLET	5	1.00	0.09	0.15403	26%-50% Below	No	No
60505625101	DEXAMETHASONE 1 MG TABLET	6	1.00	0.09	0.15906	26%-50% Below	No	No

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60505625101	DEXAMETHASONE 1 MG TABLET	8	30.00	0.09	0.16250	26%-50% Below	No	No
60687039583	ALBUTEROL SUL 2.5 MG/3 ML SOLN	4	270.00	0.03	0.06584	26%-50% Below	No	No
60687039583	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	90.00	0.05	0.06342	26%-50% Below	No	No
60687039583	ALBUTEROL SUL 2.5 MG/3 ML SOLN	8	90.00	0.05	0.06053	10%-25% Below	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	4	5.00	3.00	4.81785	26%-50% Below	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	5	5.00	2.39	4.71402	26%-50% Below	Yes	No
60758011905	PREDNISOLONE AC 1% EYE DROP	5	10.00	2.39	4.71402	26%-50% Below	Yes	No
60758011905	PREDNISOLONE AC 1% EYE DROP	5	15.00	2.39	4.71402	26%-50% Below	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	5	15.00	2.39	4.71402	26%-50% Below	Yes	No
60758011905	PREDNISOLONE AC 1% EYE DROP	6	5.00	2.18	4.58227	51%-75% Below	Yes	No
60758011905	PREDNISOLONE AC 1% EYE DROP	6	5.00	2.39	4.58227	26%-50% Below	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	6	5.00	2.39	4.58227	26%-50% Below	Yes	No
60758011905	PREDNISOLONE AC 1% EYE DROP	7	5.00	2.18	4.45260	51%-75% Below	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	7	5.00	2.18	4.45260	51%-75% Below	Yes	No
60758011905	PREDNISOLONE AC 1% EYE DROP	7	5.00	2.39	4.45260	26%-50% Below	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	7	5.00	2.39	4.45260	26%-50% Below	Yes	No
60758011905	PREDNISOLONE AC 1% EYE DROP	7	10.00	2.39	4.45260	26%-50% Below	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	7	10.00	3.00	4.45260	26%-50% Below	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	8	5.00	2.39	4.58872	26%-50% Below	Yes	No
60758011905	PREDNISOLONE AC 1% EYE DROP	8	5.00	2.98	4.58872	26%-50% Below	Yes	No
60758011910	PREDNISOLONE AC 1% EYE DROP	4	10.00	2.17	4.69591	51%-75% Below	Yes	No
60758011910	PREDNISOLONE AC 1% EYE DROP	4	10.00	2.38	4.69591	26%-50% Below	Yes	No
60758011910	PREDNISOLONE AC 1% EYE DROP	7	10.00	2.38	4.28849	26%-50% Below	Yes	No
60758061525	GATIFLOXACIN SOL 0.5%	6	2.50	5.47	.		No	No
60793085001	LEVOXYL 25 MCG TABLET	6	90.00	0.35	0.75331	51%-75% Below	No	No

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60793085201	LEVOXYL 75 MCG TABLET	5	30.00	0.44	0.94516	51%-75% Below	No	No
60793085401	LEVOXYL 100 MCG TABLET	6	90.00	0.18	0.96931	76%-100% Below	Yes	No
60793085501	LEVOXYL 112 MCG TABLET	5	90.00	0.26	1.11728	76%-100% Below	No	No
60793085501	LEVOXYL 112 MCG TABLET	8	90.00	0.26	1.11698	76%-100% Below	No	No
60846080201	UNITHROID 50 MCG TABLET	4	102.00	0.29	4.18686	76%-100% Below	No	No
60846080201	UNITHROID 50 MCG TABLET	8	102.00	0.29	4.18240	76%-100% Below	No	No
60846080301	UNITHROID 75 MCG TABLET	4	90.00	0.90	4.19672	76%-100% Below	No	No
60846080301	UNITHROID 75 MCG TABLET	5	90.00	0.39	4.19853	76%-100% Below	Yes	No
60846080301	UNITHROID 75 MCG TABLET	5	90.00	0.39	4.19853	76%-100% Below	Yes	No
60846080301	UNITHROID 75 MCG TABLET	7	90.00	0.44	4.19716	76%-100% Below	No	No
60846080301	UNITHROID 75 MCG TABLET	8	90.00	0.26	4.19524	76%-100% Below	Yes	No
60846080401	UNITHROID 88 MCG TABLET	5	90.00	0.17	4.19160	76%-100% Below	Yes	No
60846080401	UNITHROID 88 MCG TABLET	5	90.00	0.90	4.19160	76%-100% Below	No	No
60846080401	UNITHROID 88 MCG TABLET	8	90.00	0.90	4.19110	76%-100% Below	No	No
60846080501	UNITHROID 100 MCG TABLET	5	30.00	0.36	4.20718	76%-100% Below	No	No
60846080501	UNITHROID 100 MCG TABLET	6	30.00	0.34	4.20757	76%-100% Below	No	No
60846080501	UNITHROID 100 MCG TABLET	6	30.00	0.36	4.20757	76%-100% Below	No	No
60846080501	UNITHROID 100 MCG TABLET	6	90.00	0.31	4.20757	76%-100% Below	Yes	No
60846080501	UNITHROID 100 MCG TABLET	8	30.00	0.34	4.20778	76%-100% Below	No	No
60951060285	ENDOCET 5-325 MG TABLET	6	30.00	0.06	0.11929	51%-75% Below	No	No
61145010118	DICLOFENAC TAB 50MG DR	2	60.00	0.17	.		No	No
61314004475	TRIFLURIDINE 1% EYE DROPS	4	7.50	18.62	22.83301	10%-25% Below	No	No
61314004475	TRIFLURIDINE 1% EYE DROPS	7	7.50	18.62	24.03034	10%-25% Below	No	No
61314012605	KETOROLAC 0.5% OPHTH SOLUTION	5	5.00	0.98	1.39907	26%-50% Below	Yes	No
61314014305	BRIMONIDINE 0.2% EYE DROP	8	30.00	0.47	0.82009	26%-50% Below	No	No

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61314014315	BRIMONIDINE 0.2% EYE DROP	5	15.00	0.56	0.49288	10%-25% Above	Yes	No
61314014315	BRIMONIDINE 0.2% EYE DROP	5	15.00	0.71	0.49288	26%-50% Above	No	No
61314014315	BRIMONIDINE 0.2% EYE DROP	7	15.00	0.56	0.49483	10%-25% Above	Yes	No
61314014315	BRIMONIDINE 0.2% EYE DROP	8	15.00	0.71	0.50862	26%-50% Above	No	No
61314022705	TIMOLOL MALEATE 0.5% EYE DROPS	4	5.00	0.71	1.05708	26%-50% Below	No	No
61314022705	TIMOLOL MALEATE 0.5% EYE DROPS	4	5.00	0.78	1.05708	26%-50% Below	No	No
61314022705	TIMOLOL MALEATE 0.5% EYE DROPS	5	5.00	0.71	1.05042	26%-50% Below	No	No
61314022705	TIMOLOL MALEATE 0.5% EYE DROPS	5	10.00	0.71	1.05042	26%-50% Below	No	No
61314022705	TIMOLOL MALEATE 0.5% EYE DROPS	6	5.00	0.71	1.04967	26%-50% Below	No	No
61314022705	TIMOLOL MALEATE 0.5% EYE DROPS	6	5.00	0.78	1.04967	10%-25% Below	No	No
61314022705	TIMOLOL MALEATE 0.5% EYE DROPS	6	5.00	0.81	1.04967	10%-25% Below	No	No
61314022705	TIMOLOL MALEATE 0.5% EYE DROPS	7	5.00	0.71	1.04056	26%-50% Below	No	No
61314022705	TIMOLOL MALEATE 0.5% EYE DROPS	8	5.00	0.71	1.05919	26%-50% Below	No	No
61314022705	TIMOLOL MALEATE 0.5% EYE DROPS	8	5.00	0.72	1.05919	26%-50% Below	No	No
61314022715	TIMOLOL MALEATE 0.5% EYE DROPS	6	15.00	0.69	0.79078	10%-25% Below	No	No
61314023710	CROMOLYN 4% EYE DROPS	4	10.00	0.47	0.60088	10%-25% Below	Yes	No
61314023710	CROMOLYN 4% EYE DROPS	5	10.00	0.34	0.57989	26%-50% Below	No	No
61314023710	CROMOLYN 4% EYE DROPS	5	10.00	0.34	0.57989	26%-50% Below	Yes	No
61314023710	CROMOLYN 4% EYE DROPS	7	10.00	0.34	0.56686	26%-50% Below	Yes	No
61314023710	CROMOLYN 4% EYE DROPS	8	10.00	0.34	0.58448	26%-50% Below	Yes	No
61314030802	AZELASTINE HCL 0.05% DROPS	4	6.00	1.24	0.87886	26%-50% Above	No	No
61314030802	AZELASTINE HCL 0.05% DROPS	4	6.00	2.50	0.87886	101%-200% Above	No	No
61314030802	AZELASTINE HCL 0.05% DROPS	6	6.00	0.90	1.05850	10%-25% Below	No	No
61314030802	AZELASTINE HCL 0.05% DROPS	6	6.00	1.24	0.90878	26%-50% Above	No	No
61314039601	CYCLOPENTOLATE 1% EYE DROPS	8	2.00	1.08	2.56679	51%-75% Below	Yes	No

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61314039603	CYCLOPENTOLATE 1% EYE DROPS	7	15.00	1.27	0.87320	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	5	2.50	2.18	1.59231	26%-50% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	5	7.50	2.18	1.59231	26%-50% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	6	2.50	2.18	1.59538	26%-50% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	6	2.50	2.38	1.59538	26%-50% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	6	5.00	2.38	1.59538	26%-50% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	7	2.50	2.18	1.57830	26%-50% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	7	2.50	2.38	1.57830	51%-75% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	7	5.00	2.66	1.57830	51%-75% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	7	7.50	2.18	1.57830	26%-50% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	8	2.50	2.18	1.56853	26%-50% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	8	5.00	2.69	1.56853	51%-75% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	8	7.50	2.13	1.56853	26%-50% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	4	10.00	0.29	0.45326	26%-50% Below	Yes	No
61314062810	POLYMYXIN B-TMP EYE DROPS	4	10.00	0.35	0.45326	10%-25% Below	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	4	10.00	0.72	0.45326	51%-75% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	5	10.00	0.35	0.45364	10%-25% Below	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	5	10.00	0.59	0.45364	26%-50% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	5	10.00	0.69	0.45364	51%-75% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	5	10.00	0.81	0.45364	76%-100% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	5	10.00	0.88	0.45364	76%-100% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	6	10.00	0.35	0.45266	10%-25% Below	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	6	10.00	0.59	0.45266	26%-50% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	6	10.00	0.75	0.45266	51%-75% Above	No	No

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61314062810	POLYMYXIN B-TMP EYE DROPS	6	10.00	0.76	0.45266	51%-75% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	6	10.00	0.87	0.45266	76%-100% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	7	10.00	0.35	0.45126	10%-25% Below	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	7	10.00	0.35	0.45126	10%-25% Below	Yes	No
61314062810	POLYMYXIN B-TMP EYE DROPS	7	10.00	0.67	0.45126	26%-50% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	7	10.00	0.69	0.45126	51%-75% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	7	10.00	0.81	0.45126	76%-100% Above	Yes	No
61314062810	POLYMYXIN B-TMP EYE DROPS	8	10.00	0.35	0.45188	10%-25% Below	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	8	10.00	0.65	0.45188	26%-50% Above	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	5	5.00	0.95	1.61164	26%-50% Below	No	No
61314063006	NEOMYC-POLYM-DEXAMETH EYE DROP	5	5.00	1.11	2.00472	26%-50% Below	No	No
61314063006	NEOMYC-POLYM-DEXAMETH EYE DROP	5	5.00	2.62	1.61164	51%-75% Above	No	No
61314063006	NEOMYC-POLYM-DEXAMETH EYE DROP	6	5.00	0.95	1.63280	26%-50% Below	No	No
61314063006	NEOMYC-POLYM-DEXAMETH EYE DROP	6	5.00	1.88	1.63280	10%-25% Above	No	No
61314063006	NEOMYC-POLYM-DEXAMETH EYE DROP	7	5.00	0.90	1.60807	26%-50% Below	No	No
61314063006	NEOMYC-POLYM-DEXAMETH EYE DROP	7	5.00	0.95	1.60807	26%-50% Below	No	No
61314063006	NEOMYC-POLYM-DEXAMETH EYE DROP	7	5.00	2.16	1.60807	26%-50% Above	No	No
61314063006	NEOMYC-POLYM-DEXAMETH EYE DROP	7	5.00	2.29	1.60807	26%-50% Above	No	No
61314063006	NEOMYC-POLYM-DEXAMETH EYE DROP	8	5.00	0.90	1.70371	26%-50% Below	No	No
61314063006	NEOMYC-POLYM-DEXAMETH EYE DROP	8	5.00	1.88	1.70371	10%-25% Above	No	No
61314063006	NEOMYC-POLYM-DEXAMETH EYE DROP	8	5.00	2.29	1.70371	26%-50% Above	No	No
61314063136	NEOMYC-POLYM-DEXAMET EYE OINTM	8	3.50	1.21	2.68724	51%-75% Below	Yes	No
61314063305	GENTAMICIN 0.3% EYE DROP	5	5.00	1.80	0.72343	101%-200% Above	Yes	No

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61314063305	GENTAMICIN 0.3% EYE DROP	6	5.00	0.81	0.73631	10%-25% Above	No	No
61314063705	PREDNISOLONE AC 1% EYE DROP	4	5.00	2.39	4.81785	26%-50% Below	No	No
61314063705	PREDNISOLONE AC 1% EYE DROP	6	5.00	2.39	4.58227	26%-50% Below	No	No
61314063705	PREDNISOLONE AC 1% EYE DROP	6	10.00	2.39	4.58227	26%-50% Below	No	No
61314063705	PREDNISOLONE AC 1% EYE DROP	6	15.00	2.39	4.58227	26%-50% Below	No	No
61314063705	PREDNISOLONE AC 1% EYE DROP	7	5.00	2.39	4.45260	26%-50% Below	No	No
61314063705	PREDNISOLONE AC 1% EYE DROP	7	10.00	3.00	4.45260	26%-50% Below	No	No
61314063705	PREDNISOLONE AC 1% EYE DROP	7	15.00	2.39	4.45260	26%-50% Below	No	No
61314063705	PREDNISOLONE AC 1% EYE DROP	8	5.00	2.98	4.58872	26%-50% Below	No	No
61314063705	PREDNISOLONE AC 1% EYE DROP	8	5.00	5.24	4.58872	10%-25% Above	No	No
61314063705	PREDNISOLONE AC 1% EYE DROP	8	5.00	5.96	4.58872	26%-50% Above	No	No
61314063710	PREDNISOLONE AC 1% EYE DROP	4	10.00	2.17	4.69591	51%-75% Below	No	No
61314063710	PREDNISOLONE AC 1% EYE DROP	7	10.00	2.38	4.28849	26%-50% Below	No	No
61314063715	PREDNISOLONE AC 1% EYE DROP	4	15.00	2.32	3.80526	26%-50% Below	No	No
61314064175	NEOMYCIN-POLY-HC EYE DROPS	5	7.50	14.22	18.84809	10%-25% Below	No	No
61314064305	TOBRAMYCIN 0.3% EYE DROP	5	5.00	0.59	1.01735	26%-50% Below	Yes	No
61314064305	TOBRAMYCIN 0.3% EYE DROP	6	5.00	1.37	1.07734	26%-50% Above	No	No
61314064305	TOBRAMYCIN 0.3% EYE DROP	8	5.00	0.59	1.15789	26%-50% Below	Yes	No
61314064511	NEOMYCIN-POLYMYXIN-HC EAR SUSP	3	10.00	1.00	4.03566	51%-75% Below	No	No
61314064511	NEOMYCIN-POLYMYXIN-HC EAR SUSP	4	10.00	2.08	4.01090	26%-50% Below	No	No
61314064511	NEOMYCIN-POLYMYXIN-HC EAR SUSP	5	10.00	1.50	3.93605	51%-75% Below	No	No
61314064511	NEOMYCIN-POLYMYXIN-HC EAR SUSP	7	10.00	2.08	3.77441	26%-50% Below	No	No
61314064511	NEOMYCIN-POLYMYXIN-HC EAR SUSP	8	10.00	2.08	3.78944	26%-50% Below	No	No
61314064705	TOBRAMYCIN-DEXAMETH OPHTH SUSP	7	5.00	3.64	4.30407	10%-25% Below	No	No
61314065605	CIPROFLOXACIN 0.3% EYE DROP	1	5.00	1.68	1.46187	10%-25% Above	No	No

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61314065605	CIPROFLOXACIN 0.3% EYE DROP	4	5.00	1.05	1.62304	26%-50% Below	No	No
61314065605	CIPROFLOXACIN 0.3% EYE DROP	5	5.00	1.86	1.61679	10%-25% Above	No	No
61314065605	CIPROFLOXACIN 0.3% EYE DROP	6	5.00	1.05	1.59232	26%-50% Below	No	No
61314065605	CIPROFLOXACIN 0.3% EYE DROP	7	5.00	1.05	1.55587	26%-50% Below	No	No
61314065605	CIPROFLOXACIN 0.3% EYE DROP	8	5.00	1.05	1.54649	26%-50% Below	No	No
61314065610	CIPROFLOXACIN 0.3% EYE DROP	5	10.00	1.43	0.89427	51%-75% Above	No	No
61314065610	CIPROFLOXACIN 0.3% EYE DROP	8	10.00	1.11	0.79895	26%-50% Above	No	No
61442010201	DICLOFENAC SOD DR 50 MG TAB	7	20.00	0.11	0.06414	51%-75% Above	No	No
61442010201	DICLOFENAC SOD DR 50 MG TAB	8	60.00	0.11	0.06229	76%-100% Above	No	No
61442010301	DICLOFENAC SOD DR 75 MG TAB	4	60.00	0.13	0.06651	76%-100% Above	No	No
61442010301	DICLOFENAC SOD DR 75 MG TAB	6	40.00	0.13	0.06602	76%-100% Above	No	No
61442010310	DICLOFENAC SOD DR 75 MG TAB	5	180.00	0.16	0.06665	101%-200% Above	No	No
61442012210	FAMOTIDINE 40 MG TABLET	4	90.00	0.11	0.05159	101%-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	5	30.00	0.14	0.03795	200% Above	No	No
61442014110	LOVASTATIN 10 MG TABLET	6	30.00	0.14	0.03785	200% Above	No	No
61442014110	LOVASTATIN 10 MG TABLET	7	30.00	0.14	0.03863	200% Above	No	No
61442014110	LOVASTATIN 10 MG TABLET	8	30.00	0.14	0.03716	200% Above	No	No
61442022601	DICLOFENAC SOD DR 50 MG TAB	5	90.00	0.04	0.06935	26%-50% Below	No	No
61442022610	DICLOFENAC SOD DR 50 MG TAB	4	20.00	0.25	0.06874	200% Above	No	No
61442022610	DICLOFENAC SOD DR 50 MG TAB	5	15.00	0.21	0.06935	200% Above	No	No
61442022610	DICLOFENAC SOD DR 50 MG TAB	7	60.00	0.11	0.06414	51%-75% Above	No	No
61442022660	DICLOFENAC SOD DR 50 MG TAB	7	14.00	0.11	0.06414	51%-75% Above	No	No
61442022710	DICLOFENAC SOD DR 75 MG TAB	7	180.00	0.10	0.06457	26%-50% Above	No	No
61442022760	DICLOFENAC SOD DR 75 MG TAB	5	60.00	0.14	0.06665	101%-200% Above	Yes	No

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61442022760	DICLOFENAC SOD DR 75 MG TAB	8	60.00	0.13	0.06357	101%-200% Above	Yes	No
61703035038	METHOTREXATE 50 MG/2 ML VIAL	4	4.00	2.49	3.34836	10%-25% Below	No	No
61703035038	METHOTREXATE 50 MG/2 ML VIAL	5	2.00	2.49	3.36020	26%-50% Below	No	No
61703035038	METHOTREXATE 50 MG/2 ML VIAL	6	8.00	2.49	3.26336	10%-25% Below	No	No
61703035038	METHOTREXATE 50 MG/2 ML VIAL	8	4.00	2.49	3.12830	10%-25% Below	No	No
61703035038	METHOTREXATE 50 MG/2 ML VIAL	8	8.00	3.51	3.12830	10%-25% Above	Yes	No
61874011530	VRAYLAR 1.5 MG CAPSULE	4	30.00	27.28	50.96495	26%-50% Below	No	No
61874011530	VRAYLAR 1.5 MG CAPSULE	6	30.00	27.35	50.91591	26%-50% Below	No	No
61958340101	YEZTUGO TAB 300MG	4	4.00	560.83	.		No	No
61958340101	YEZTUGO TAB 300MG	5	4.00	579.81	.		No	No
61958340101	YEZTUGO TAB 300MG	6	4.00	557.66	.		Yes	No
61958340101	YEZTUGO TAB 300MG	7	4.00	596.62	.		No	No
61958340201	YEZTUGO INJ 463.5MG	4	3.00	4486.66	.		No	No
61958340201	YEZTUGO INJ 463.5MG	6	3.00	4461.27	.		Yes	No
62037072501	METHYLPHENIDATE ER 18 MG TAB	4	30.00	1.56	0.59111	101%-200% Above	No	No
62037072501	METHYLPHENIDATE ER 18 MG TAB	7	30.00	1.56	0.59861	101%-200% Above	No	No
62037072701	METHYLPHENIDATE ER 54 MG TAB	6	30.00	0.46	0.83258	26%-50% Below	No	No
62037072701	METHYLPHENIDATE ER 54 MG TAB	8	30.00	0.46	0.80919	26%-50% Below	No	No
62037073401	METHYLPHENIDATE ER 27 MG TAB	5	30.00	1.62	0.63578	101%-200% Above	No	No
62037073401	METHYLPHENIDATE ER 27 MG TAB	6	30.00	1.62	0.64038	101%-200% Above	No	No
62037073401	METHYLPHENIDATE ER 27 MG TAB	6	60.00	1.62	0.64038	101%-200% Above	No	No
62037073401	METHYLPHENIDATE ER 27 MG TAB	7	30.00	1.62	0.63126	101%-200% Above	No	No
62037073401	METHYLPHENIDATE ER 27 MG TAB	7	60.00	1.62	0.63126	101%-200% Above	No	No
62037073401	METHYLPHENIDATE ER 27 MG TAB	8	60.00	1.62	0.64458	101%-200% Above	No	No
62135025037	PREDNISOLONE SOL 15MG/5ML	3	50.00	0.15	.		No	No

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62135025047	PREDNISOLONE 15 MG/5 ML SOLN	10	25.00	0.21	0.70592	51%-75% Below	No	No
62135025047	PREDNISOLONE SOL 15MG/5ML	2	20.00	0.15	.		No	No
62135098505	DOXYCYCLINE HYCLATE 100 MG CAP	6	20.00	0.75	0.11188	200% Above	No	No
62135098505	DOXYCYCLINE HYCLATE 100 MG CAP	7	20.00	0.21	0.10861	76%-100% Above	No	No
62175013643	OMEPRAZOLE CAP 40MG	7	90.00	0.12	.		No	No
62175030232	RABEPRAZOLE SOD DR 20 MG TAB	4	30.00	0.13	0.21449	26%-50% Below	No	No
62175030232	RABEPRAZOLE SOD DR 20 MG TAB	5	30.00	0.13	0.22577	26%-50% Below	No	No
62175030232	RABEPRAZOLE SOD DR 20 MG TAB	6	30.00	0.13	0.21740	26%-50% Below	No	No
62175030232	RABEPRAZOLE SOD DR 20 MG TAB	6	90.00	0.13	0.21740	26%-50% Below	No	No
62175030232	RABEPRAZOLE SOD DR 20 MG TAB	7	30.00	0.13	0.21342	26%-50% Below	No	No
62175030232	RABEPRAZOLE SOD DR 20 MG TAB	8	30.00	0.13	0.20930	26%-50% Below	No	No
62175031037	METHYLPHENIDATE ER 18 MG TAB	4	30.00	3.55	0.59111	200% Above	No	No
62175031037	METHYLPHENIDATE ER 18 MG TAB	5	30.00	3.55	0.61786	200% Above	No	No
62175031037	METHYLPHENIDATE ER 18 MG TAB	6	30.00	3.55	0.61923	200% Above	No	No
62175031037	METHYLPHENIDATE ER 18 MG TAB	7	30.00	3.55	0.59861	200% Above	No	No
62175047032	PAROXETINE ER 12.5 MG TABLET	6	30.00	0.21	0.49293	51%-75% Below	Yes	No
62175047032	PAROXETINE ER 12.5 MG TABLET	7	30.00	0.21	0.47678	51%-75% Below	Yes	No
62332000131	FAMOTIDINE 20 MG TABLET	5	30.00	0.04	0.03074	26%-50% Above	Yes	No
62332000131	FAMOTIDINE 20 MG TABLET	6	90.00	0.06	0.03016	101%-200% Above	Yes	No
62332000191	FAMOTIDINE 20 MG TABLET	4	60.00	0.01	0.03099	51%-75% Below	No	No
62332000191	FAMOTIDINE 20 MG TABLET	4	90.00	0.03	0.03099	10%-25% Below	No	No
62332000191	FAMOTIDINE 20 MG TABLET	6	60.00	0.03	0.03016	10%-25% Above	No	No
62332000191	FAMOTIDINE 20 MG TABLET	7	30.00	0.05	0.02971	51%-75% Above	No	No
62332000191	FAMOTIDINE 20 MG TABLET	7	30.00	0.08	0.02971	101%-200% Above	No	No
62332000191	FAMOTIDINE 20 MG TABLET	7	60.00	0.05	0.02971	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	60.00	0.08	0.02971	101%-200% Above	No	No
62332000191	FAMOTIDINE 20 MG TABLET	8	30.00	0.08	0.02862	101%-200% Above	No	No
62332000191	FAMOTIDINE 20 MG TABLET	8	60.00	0.08	0.02862	101%-200% Above	No	No
62332000231	FAMOTIDINE 40 MG TABLET	5	60.00	0.11	0.05165	101%-200% Above	Yes	No
62332000231	FAMOTIDINE 40 MG TABLET	5	90.00	0.11	0.05165	101%-200% Above	No	No
62332000231	FAMOTIDINE 40 MG TABLET	6	90.00	0.10	0.05098	101%-200% Above	Yes	No
62332000231	FAMOTIDINE 40 MG TABLET	6	180.00	0.11	0.05098	101%-200% Above	Yes	No
62332000231	FAMOTIDINE 40 MG TABLET	8	30.00	0.12	0.04941	101%-200% Above	Yes	No
62332000271	FAMOTIDINE 40 MG TABLET	4	90.00	0.11	0.05159	101%-200% Above	No	No
62332000271	FAMOTIDINE 40 MG TABLET	6	90.00	0.11	0.05098	101%-200% Above	No	No
62332000291	FAMOTIDINE 40 MG TABLET	4	1.00	0.55	0.05159	200% Above	No	No
62332000291	FAMOTIDINE 40 MG TABLET	4	90.00	0.11	0.05159	101%-200% Above	No	No
62332000291	FAMOTIDINE 40 MG TABLET	5	30.00	0.12	0.05165	101%-200% Above	No	No
62332000291	FAMOTIDINE 40 MG TABLET	5	90.00	0.10	0.05165	76%-100% Above	No	No
62332000291	FAMOTIDINE 40 MG TABLET	5	90.00	0.11	0.05165	101%-200% Above	No	No
62332000291	FAMOTIDINE 40 MG TABLET	6	30.00	0.11	0.05098	101%-200% Above	No	No
62332000291	FAMOTIDINE 40 MG TABLET	6	30.00	0.12	0.05098	101%-200% Above	No	No
62332000291	FAMOTIDINE 40 MG TABLET	6	30.00	0.12	0.05098	101%-200% Above	No	No
62332000291	FAMOTIDINE 40 MG TABLET	6	90.00	0.11	0.05098	101%-200% Above	No	No
62332000291	FAMOTIDINE 40 MG TABLET	6	90.00	0.11	0.05098	101%-200% Above	No	No
62332000291	FAMOTIDINE 40 MG TABLET	7	30.00	0.11	0.04982	101%-200% Above	No	No
62332000291	FAMOTIDINE 40 MG TABLET	7	90.00	0.11	0.04982	101%-200% Above	No	No
62332000291	FAMOTIDINE 40 MG TABLET	7	90.00	0.13	0.04982	101%-200% Above	No	No
62332000291	FAMOTIDINE 40 MG TABLET	8	30.00	0.11	0.04941	101%-200% Above	No	No
62332000291	FAMOTIDINE 40 MG TABLET	8	90.00	0.10	0.04941	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332000291	FAMOTIDINE 40 MG TABLET	8	180.00	0.11	0.04941	101%-200% Above	No	No
62332001131	VENLAFAXINE HCL 75 MG TABLET	5	90.00	0.10	0.08119	10%-25% Above	No	No
62332001131	VENLAFAXINE HCL 75 MG TABLET	8	90.00	0.10	0.08604	10%-25% Above	No	No
62332002431	FLUOXETINE HCL 40 MG CAPSULE	4	30.00	0.11	0.05279	101%-200% Above	No	No
62332002431	FLUOXETINE HCL 40 MG CAPSULE	5	30.00	0.11	0.05206	101%-200% Above	No	No
62332002431	FLUOXETINE HCL 40 MG CAPSULE	5	30.00	0.18	0.05206	200% Above	No	No
62332002431	FLUOXETINE HCL 40 MG CAPSULE	5	90.00	0.11	0.05206	101%-200% Above	No	No
62332002431	FLUOXETINE HCL 40 MG CAPSULE	5	90.00	0.18	0.05206	200% Above	No	No
62332002491	FLUOXETINE HCL 40 MG CAPSULE	6	90.00	0.12	0.05135	101%-200% Above	No	No
62332002491	FLUOXETINE HCL 40 MG CAPSULE	7	180.00	0.12	0.05015	101%-200% Above	No	No
62332002491	FLUOXETINE HCL 40 MG CAPSULE	8	90.00	0.11	0.04990	101%-200% Above	No	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	4	30.00	0.01	0.02106	51%-75% Below	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	4	30.00	0.09	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	60.00	0.12	0.02106	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	4	90.00	0.01	0.02106	51%-75% Below	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	0.06	0.02106	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	4	90.00	0.06	0.02106	101%-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	5	30.00	0.07	0.02120	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	5	30.00	0.12	0.02120	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	5	45.00	0.12	0.02120	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	5	90.00	0.01	0.02120	51%-75% Below	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	5	90.00	0.05	0.02120	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	90.00	0.06	0.02120	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	5	90.00	0.12	0.02120	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	6	30.00	0.01	0.02154	51%-75% Below	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	6	30.00	0.07	0.02154	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	6	30.00	0.12	0.02154	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	6	60.00	0.12	0.02154	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	6	90.00	0.01	0.02154	51%-75% Below	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	6	90.00	0.05	0.02154	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	6	90.00	0.06	0.02154	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	6	90.00	0.06	0.02154	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	6	90.00	0.07	0.02154	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	6	90.00	0.07	0.02154	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	6	90.00	0.09	0.02154	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	6	90.00	0.12	0.02154	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	7	30.00	0.12	0.02158	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	7	45.00	0.09	0.02158	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	7	60.00	0.12	0.02158	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	7	90.00	0.01	0.02158	51%-75% Below	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	7	90.00	0.05	0.02158	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	7	90.00	0.05	0.02158	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	7	90.00	0.06	0.02158	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	7	90.00	0.09	0.02158	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	8	30.00	0.12	0.02206	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	8	45.00	0.09	0.02206	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	8	60.00	0.12	0.02206	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	90.00	0.05	0.02206	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	8	90.00	0.05	0.02206	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	8	90.00	0.06	0.02206	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	8	90.00	0.09	0.02206	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	8	90.00	0.12	0.02206	200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	4	60.00	0.11	0.03343	200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	4	90.00	0.02	0.03343	51%-75% Below	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	135.00	0.07	0.03343	76%-100% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	5	15.00	0.02	0.03432	51%-75% Below	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	5	30.00	0.08	0.03432	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	5	30.00	0.09	0.03432	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	5	30.00	0.11	0.03432	200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	5	90.00	0.02	0.03432	51%-75% Below	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	5	90.00	0.06	0.03432	76%-100% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	5	90.00	0.07	0.03432	76%-100% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	5	90.00	0.08	0.03432	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	5	90.00	0.08	0.03432	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	5	90.00	0.11	0.03432	200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	5	180.00	0.11	0.03432	200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	6	90.00	0.07	0.03367	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	6	90.00	0.08	0.03367	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	6	90.00	0.08	0.03367	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	6	90.00	0.08	0.03367	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	90.00	0.08	0.03367	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	6	90.00	0.11	0.03367	200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	6	90.00	0.18	0.03367	200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	6	180.00	0.11	0.03367	200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	7	30.00	0.02	0.03327	51%-75% Below	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	7	90.00	0.02	0.03327	51%-75% Below	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	7	90.00	0.06	0.03327	76%-100% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	7	90.00	0.07	0.03327	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	7	90.00	0.08	0.03327	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	7	90.00	0.08	0.03327	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	7	90.00	0.08	0.03327	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	7	90.00	0.11	0.03327	200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	7	135.00	0.07	0.03327	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	8	30.00	0.11	0.03244	200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	8	60.00	0.11	0.03244	200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	8	90.00	0.06	0.03244	76%-100% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	8	90.00	0.06	0.03244	76%-100% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	8	90.00	0.07	0.03244	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	8	90.00	0.11	0.03244	200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	8	180.00	0.11	0.03244	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	30.00	0.13	0.04315	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	4	90.00	0.09	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

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	30.00	0.12	0.04415	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	5	30.00	0.13	0.04415	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	5	45.00	0.13	0.04415	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	5	90.00	0.02	0.04415	51%-75% Below	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	5	90.00	0.11	0.04415	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	5	90.00	0.11	0.04415	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	5	90.00	0.13	0.04415	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	6	30.00	0.11	0.04353	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	6	30.00	0.13	0.04353	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	6	90.00	0.02	0.04353	51%-75% Below	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	6	90.00	0.10	0.04353	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	6	90.00	0.11	0.04353	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	6	90.00	0.11	0.04353	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	6	90.00	0.13	0.04353	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	6	90.00	0.13	0.04353	200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	7	30.00	0.12	0.04370	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	7	30.00	0.13	0.04370	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	7	90.00	0.02	0.04370	51%-75% Below	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	7	90.00	0.09	0.04370	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	7	90.00	0.10	0.04370	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	7	90.00	0.10	0.04370	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	7	90.00	0.11	0.04370	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	7	90.00	0.13	0.04370	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	7	90.00	0.14	0.04370	200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	8	30.00	0.12	0.04396	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	30.00	0.13	0.04396	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	8	45.00	0.13	0.04396	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	8	90.00	0.02	0.04396	51%-75% Below	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	8	90.00	0.10	0.04396	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	8	90.00	0.10	0.04396	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	8	90.00	0.11	0.04396	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	8	90.00	0.11	0.04396	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	8	90.00	0.13	0.04396	101%-200% Above	Yes	No
62332003031	ROPINIROLE HCL 0.25 MG TABLET	7	30.00	0.11	0.04533	101%-200% Above	No	No
62332003131	ROPINIROLE HCL 0.5 MG TABLET	5	90.00	0.10	0.04347	101%-200% Above	No	No
62332003131	ROPINIROLE HCL 0.5 MG TABLET	6	90.00	0.10	0.04345	101%-200% Above	No	No
62332003131	ROPINIROLE HCL 0.5 MG TABLET	6	180.00	0.04	0.04345	10%-25% Below	No	No
62332003131	ROPINIROLE HCL 0.5 MG TABLET	8	90.00	0.02	0.04302	26%-50% Below	No	No
62332003131	ROPINIROLE HCL 0.5 MG TABLET	8	90.00	0.10	0.04302	101%-200% Above	No	No
62332003331	ROPINIROLE HCL 2 MG TABLET	7	90.00	0.13	0.06709	76%-100% Above	No	No
62332003431	ROPINIROLE HCL 3 MG TABLET	5	180.00	0.09	0.08430	10%-25% Above	No	No
62332003431	ROPINIROLE HCL 3 MG TABLET	6	90.00	0.03	0.08483	51%-75% Below	No	No
62332003431	ROPINIROLE HCL 3 MG TABLET	8	90.00	0.03	0.08059	51%-75% Below	No	No
62332003531	ROPINIROLE HCL 4 MG TABLET	5	180.00	0.03	0.08256	51%-75% Below	No	No
62332003631	ROPINIROLE HCL 5 MG TABLET	4	90.00	0.11	0.07815	26%-50% Above	No	No
62332003631	ROPINIROLE HCL 5 MG TABLET	7	90.00	0.11	0.08110	26%-50% Above	No	No
62332003631	ROPINIROLE HCL 5 MG TABLET	8	60.00	0.11	0.08322	26%-50% Above	No	No
62332003731	LAMOTRIGINE 25 MG TABLET	4	60.00	0.08	0.02939	101%-200% Above	No	No
62332003731	LAMOTRIGINE 25 MG TABLET	4	120.00	0.08	0.02939	101%-200% Above	No	No
62332003731	LAMOTRIGINE 25 MG TABLET	4	180.00	0.08	0.02939	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332003731	LAMOTRIGINE 25 MG TABLET	6	270.00	0.08	0.02828	101%-200% Above	No	No
62332003731	LAMOTRIGINE 25 MG TABLET	7	90.00	0.08	0.02764	101%-200% Above	No	No
62332003731	LAMOTRIGINE 25 MG TABLET	8	60.00	0.08	0.02705	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	4	90.00	0.06	0.04454	26%-50% Above	No	No
62332003831	LAMOTRIGINE 100 MG TABLET	5	30.00	0.09	0.04556	76%-100% Above	No	No
62332003831	LAMOTRIGINE 100 MG TABLET	6	30.00	0.09	0.04682	76%-100% Above	No	No
62332003831	LAMOTRIGINE 100 MG TABLET	6	180.00	0.09	0.04682	76%-100% Above	No	No
62332003831	LAMOTRIGINE 100 MG TABLET	6	210.00	0.09	0.04682	76%-100% Above	No	No
62332003831	LAMOTRIGINE 100 MG TABLET	7	30.00	0.07	0.04776	26%-50% Above	No	No
62332003831	LAMOTRIGINE 100 MG TABLET	7	30.00	0.09	0.04776	76%-100% Above	No	No
62332003831	LAMOTRIGINE 100 MG TABLET	8	30.00	0.09	0.04874	76%-100% Above	No	No
62332003960	LAMOTRIGINE 150 MG TABLET	8	30.00	0.08	0.07068	10%-25% Above	No	No
62332004060	LAMOTRIGINE 200 MG TABLET	7	90.00	0.18	0.08463	101%-200% Above	No	No
62332004590	VALSARTAN 80 MG TABLET	5	90.00	0.18	0.11141	51%-75% Above	No	No
62332004690	VALSARTAN 160 MG TABLET	8	60.00	0.28	0.11232	101%-200% Above	No	No
62332005471	CLONIDINE HCL 0.1 MG TABLET	4	30.00	0.04	0.02473	51%-75% Above	No	No
62332005471	CLONIDINE HCL 0.1 MG TABLET	5	30.00	0.04	0.02473	51%-75% Above	No	No
62332005471	CLONIDINE HCL 0.1 MG TABLET	6	30.00	0.04	0.02461	51%-75% Above	No	No
62332005471	CLONIDINE HCL 0.1 MG TABLET	7	30.00	0.04	0.02490	51%-75% Above	No	No
62332005471	CLONIDINE HCL 0.1 MG TABLET	7	180.00	0.04	0.02490	51%-75% Above	No	No
62332005471	CLONIDINE HCL 0.1 MG TABLET	8	30.00	0.02	0.02451	10%-25% Below	No	No
62332005471	CLONIDINE HCL 0.1 MG TABLET	8	30.00	0.04	0.02451	51%-75% Above	No	No
62332005491	CLONIDINE HCL 0.1 MG TABLET	5	30.00	0.04	0.02473	51%-75% Above	No	No
62332005491	CLONIDINE HCL 0.1 MG TABLET	7	60.00	0.04	0.02490	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	30.00	0.04	0.02451	51%-75% Above	No	No
62332005571	CLONIDINE HCL 0.2 MG TABLET	5	120.00	0.06	0.03337	76%-100% Above	No	No
62332005571	CLONIDINE HCL 0.2 MG TABLET	6	120.00	0.06	0.03250	76%-100% Above	No	No
62332005571	CLONIDINE HCL 0.2 MG TABLET	7	120.00	0.06	0.03183	101%-200% Above	No	No
62332005571	CLONIDINE HCL 0.2 MG TABLET	8	120.00	0.06	0.03191	101%-200% Above	No	No
62332005591	CLONIDINE HCL 0.2 MG TABLET	5	180.00	0.01	0.03337	51%-75% Below	No	No
62332005591	CLONIDINE HCL 0.2 MG TABLET	8	180.00	0.01	0.03191	51%-75% Below	No	No
62332006130	LEFLUNOMIDE 10 MG TABLET	7	30.00	0.02	0.30232	76%-100% Below	No	No
62332008390	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	6	30.00	0.14	0.21434	26%-50% Below	No	No
62332008390	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	7	30.00	0.14	0.21037	26%-50% Below	No	No
62332008390	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	8	30.00	0.14	0.20067	26%-50% Below	No	No
62332008531	FENOFIBRATE 134 MG CAPSULE	4	90.00	0.19	0.11099	51%-75% Above	No	No
62332008531	FENOFIBRATE 134 MG CAPSULE	5	30.00	0.19	0.11260	51%-75% Above	No	No
62332008531	FENOFIBRATE 134 MG CAPSULE	5	90.00	0.19	0.11260	51%-75% Above	No	No
62332008531	FENOFIBRATE 134 MG CAPSULE	7	30.00	0.19	0.11560	51%-75% Above	No	No
62332008531	FENOFIBRATE 134 MG CAPSULE	7	90.00	0.19	0.11560	51%-75% Above	No	No
62332008531	FENOFIBRATE 134 MG CAPSULE	7	90.00	0.50	0.11560	200% Above	No	No
62332008531	FENOFIBRATE 134 MG CAPSULE	8	30.00	0.19	0.11854	51%-75% Above	No	No
62332008631	FENOFIBRATE 200 MG CAPSULE	5	90.00	0.50	0.16790	101%-200% Above	No	No
62332009730	ARIPIPRAZOLE 2 MG TABLET	5	90.00	0.47	0.11262	200% Above	No	No
62332009730	ARIPIPRAZOLE 2 MG TABLET	7	30.00	0.47	0.10263	200% Above	No	No
62332009730	ARIPIPRAZOLE 2 MG TABLET	8	30.00	0.67	0.10341	200% Above	No	No
62332009731	ARIPIPRAZOLE 2 MG TABLET	4	30.00	0.47	0.11223	200% Above	No	No
62332009731	ARIPIPRAZOLE 2 MG TABLET	4	60.00	0.47	0.11223	200% Above	No	No
62332009731	ARIPIPRAZOLE 2 MG TABLET	6	60.00	0.47	0.10453	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	ARIPIPRAZOLE 5 MG TABLET	4	30.00	0.50	0.09968	200% Above	No	No
62332009830	ARIPIPRAZOLE 5 MG TABLET	4	30.00	0.56	0.09968	200% Above	No	No
62332009830	ARIPIPRAZOLE 5 MG TABLET	5	30.00	0.50	0.10587	200% Above	No	No
62332009830	ARIPIPRAZOLE 5 MG TABLET	5	30.00	0.56	0.10587	200% Above	No	No
62332009830	ARIPIPRAZOLE 5 MG TABLET	6	30.00	0.50	0.10736	200% Above	No	No
62332009830	ARIPIPRAZOLE 5 MG TABLET	6	30.00	0.56	0.10736	200% Above	No	No
62332009830	ARIPIPRAZOLE 5 MG TABLET	7	30.00	0.56	0.10702	200% Above	No	No
62332009830	ARIPIPRAZOLE 5 MG TABLET	7	90.00	0.56	0.10702	200% Above	No	No
62332009830	ARIPIPRAZOLE 5 MG TABLET	8	30.00	0.56	0.10406	200% Above	No	No
62332009831	ARIPIPRAZOLE 5 MG TABLET	4	45.00	0.56	0.09968	200% Above	No	No
62332009831	ARIPIPRAZOLE 5 MG TABLET	6	60.00	0.56	0.10736	200% Above	No	No
62332009831	ARIPIPRAZOLE 5 MG TABLET	6	90.00	0.56	0.10736	200% Above	No	No
62332009831	ARIPIPRAZOLE 5 MG TABLET	7	32.00	0.56	0.10702	200% Above	No	No
62332009930	ARIPIPRAZOLE 10 MG TABLET	5	30.00	0.50	0.09965	200% Above	No	No
62332009930	ARIPIPRAZOLE 10 MG TABLET	5	30.00	0.52	0.09965	200% Above	No	No
62332009930	ARIPIPRAZOLE 10 MG TABLET	6	30.00	0.50	0.09796	200% Above	No	No
62332009930	ARIPIPRAZOLE 10 MG TABLET	6	30.00	0.52	0.09796	200% Above	No	No
62332009930	ARIPIPRAZOLE 10 MG TABLET	7	30.00	0.52	0.09799	200% Above	No	No
62332009931	ARIPIPRAZOLE 10 MG TABLET	5	30.00	0.52	0.09965	200% Above	No	No
62332009931	ARIPIPRAZOLE 10 MG TABLET	6	30.00	0.52	0.09796	200% Above	No	No
62332009931	ARIPIPRAZOLE 10 MG TABLET	7	30.00	0.52	0.09799	200% Above	No	No
62332010030	ARIPIPRAZOLE 15 MG TABLET	5	30.00	0.33	0.13560	101%-200% Above	No	No
62332010030	ARIPIPRAZOLE 15 MG TABLET	5	90.00	0.33	0.13560	101%-200% Above	No	No
62332010030	ARIPIPRAZOLE 15 MG TABLET	6	30.00	0.33	0.12894	101%-200% Above	No	No
62332010030	ARIPIPRAZOLE 15 MG TABLET	7	30.00	0.33	0.12580	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332010030	ARIPIPRAZOLE 15 MG TABLET	7	45.00	0.52	0.12580	200% Above	No	No
62332010030	ARIPIPRAZOLE 15 MG TABLET	7	90.00	0.33	0.12580	101%-200% Above	No	No
62332010031	ARIPIPRAZOLE 15 MG TABLET	8	30.00	0.52	0.12506	200% Above	No	No
62332010031	ARIPIPRAZOLE 15 MG TABLET	8	45.00	0.52	0.12506	200% Above	No	No
62332010130	ARIPIPRAZOLE 20 MG TABLET	4	90.00	0.82	0.17419	200% Above	No	No
62332010130	ARIPIPRAZOLE 20 MG TABLET	7	90.00	0.82	0.16525	200% Above	No	No
62332010131	ARIPIPRAZOLE 20 MG TABLET	5	30.00	0.82	0.17529	200% Above	No	No
62332010131	ARIPIPRAZOLE 20 MG TABLET	6	30.00	0.82	0.17108	200% Above	No	No
62332010131	ARIPIPRAZOLE 20 MG TABLET	7	30.00	0.82	0.16525	200% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	1	180.00	0.05	0.01773	101%-200% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	4	30.00	0.05	0.01714	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	4	90.00	0.05	0.01714	101%-200% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	4	180.00	0.05	0.01714	101%-200% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	5	60.00	0.05	0.01716	101%-200% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	5	180.00	0.05	0.01716	101%-200% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	6	60.00	0.05	0.01704	101%-200% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	6	90.00	0.02	0.01704	10%-25% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	6	180.00	0.05	0.01704	101%-200% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	7	3.00	0.05	0.01639	101%-200% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	7	60.00	0.02	0.01639	26%-50% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	7	60.00	0.02	0.01639	26%-50% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	7	60.00	0.05	0.01639	101%-200% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	7	180.00	0.02	0.01639	10%-25% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	7	180.00	0.05	0.01639	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332011291	METOPROLOL TARTRATE 25 MG TAB	8	60.00	0.05	0.01597	101%-200% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	8	90.00	0.05	0.01597	101%-200% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	8	180.00	0.05	0.01597	101%-200% Above	No	No
62332011331	METOPROLOL TARTRATE 50 MG TAB	4	90.00	0.04	0.01928	101%-200% Above	No	No
62332011331	METOPROLOL TARTRATE 50 MG TAB	5	60.00	0.04	0.01909	101%-200% Above	No	No
62332011331	METOPROLOL TARTRATE 50 MG TAB	5	180.00	0.02	0.01909	10%-25% Below	No	No
62332011331	METOPROLOL TARTRATE 50 MG TAB	6	60.00	0.04	0.01891	101%-200% Above	No	No
62332011331	METOPROLOL TARTRATE 50 MG TAB	7	90.00	0.04	0.01857	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	5	30.00	0.04	0.01909	101%-200% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	5	60.00	0.04	0.01909	101%-200% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	6	30.00	0.04	0.01891	101%-200% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	6	60.00	0.04	0.01891	101%-200% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	6	90.00	0.04	0.01891	101%-200% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	6	180.00	0.04	0.01891	101%-200% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	7	30.00	0.04	0.01857	101%-200% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	7	60.00	0.04	0.01857	101%-200% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	7	180.00	0.04	0.01857	101%-200% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	8	30.00	0.04	0.01854	101%-200% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	8	60.00	0.02	0.01854	10%-25% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	8	60.00	0.04	0.01854	101%-200% Above	No	No
62332011431	METOPROLOL TARTRATE 100 MG TAB	4	180.00	0.06	0.02844	101%-200% Above	No	No
62332011431	METOPROLOL TARTRATE 100 MG TAB	7	180.00	0.06	0.02729	101%-200% Above	No	No
62332012690	PREGABALIN 300 MG CAPSULE	5	60.00	0.04	0.06523	26%-50% Below	No	No
62332014060	CELECOXIB 50 MG CAPSULE	4	60.00	0.21	0.10727	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332014060	CELECOXIB 50 MG CAPSULE	5	10.00	0.21	0.09961	101%-200% Above	Yes	No
62332014060	CELECOXIB 50 MG CAPSULE	5	60.00	0.08	0.09961	10%-25% Below	No	No
62332014131	CELECOXIB 100 MG CAPSULE	4	20.00	0.17	0.07308	101%-200% Above	Yes	No
62332014131	CELECOXIB 100 MG CAPSULE	4	30.00	0.33	0.07308	200% Above	Yes	No
62332014131	CELECOXIB 100 MG CAPSULE	4	30.00	0.50	0.07308	200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	4	60.00	0.08	0.07308	10%-25% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	4	60.00	0.16	0.07308	101%-200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	4	60.00	0.33	0.07308	200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	4	90.00	0.16	0.07308	101%-200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	5	30.00	0.33	0.07213	200% Above	Yes	No
62332014131	CELECOXIB 100 MG CAPSULE	5	60.00	0.08	0.07213	10%-25% Above	Yes	No
62332014131	CELECOXIB 100 MG CAPSULE	5	60.00	0.16	0.07213	101%-200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	5	60.00	0.16	0.07213	101%-200% Above	Yes	No
62332014131	CELECOXIB 100 MG CAPSULE	5	60.00	0.17	0.07213	101%-200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	5	60.00	0.33	0.07213	200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	5	180.00	0.16	0.07213	101%-200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	6	30.00	0.33	0.06930	200% Above	Yes	No
62332014131	CELECOXIB 100 MG CAPSULE	6	60.00	0.08	0.06930	10%-25% Above	Yes	No
62332014131	CELECOXIB 100 MG CAPSULE	6	60.00	0.16	0.06930	101%-200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	6	180.00	0.16	0.06930	101%-200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	7	10.00	0.17	0.06480	101%-200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	7	20.00	0.95	0.06480	200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	7	30.00	0.50	0.06480	200% Above	Yes	No
62332014131	CELECOXIB 100 MG CAPSULE	7	60.00	0.08	0.06480	26%-50% Above	Yes	No
62332014131	CELECOXIB 100 MG CAPSULE	7	60.00	0.16	0.06480	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	180.00	0.16	0.06480	101%-200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	7	180.00	0.22	0.06480	200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	8	8.00	0.85	0.06209	200% Above	Yes	No
62332014131	CELECOXIB 100 MG CAPSULE	8	60.00	0.16	0.06209	101%-200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	8	90.00	0.16	0.06209	101%-200% Above	No	No
62332014171	CELECOXIB 100 MG CAPSULE	4	30.00	0.16	0.07308	101%-200% Above	No	No
62332014171	CELECOXIB 100 MG CAPSULE	4	60.00	0.16	0.07308	101%-200% Above	No	No
62332014171	CELECOXIB 100 MG CAPSULE	5	30.00	0.16	0.07213	101%-200% Above	No	No
62332014171	CELECOXIB 100 MG CAPSULE	5	60.00	0.16	0.07213	101%-200% Above	No	No
62332014171	CELECOXIB 100 MG CAPSULE	6	30.00	0.16	0.06930	101%-200% Above	No	No
62332014171	CELECOXIB 100 MG CAPSULE	6	60.00	0.16	0.06930	101%-200% Above	No	No
62332014171	CELECOXIB 100 MG CAPSULE	6	60.00	0.25	0.06930	200% Above	No	No
62332014171	CELECOXIB 100 MG CAPSULE	7	30.00	0.16	0.06480	101%-200% Above	No	No
62332014171	CELECOXIB 100 MG CAPSULE	7	60.00	0.16	0.06480	101%-200% Above	No	No
62332014171	CELECOXIB 100 MG CAPSULE	7	60.00	0.25	0.06480	200% Above	No	No
62332014171	CELECOXIB 100 MG CAPSULE	8	30.00	0.16	0.06209	101%-200% Above	No	No
62332014171	CELECOXIB 100 MG CAPSULE	8	60.00	0.25	0.06209	200% Above	No	No
62332014171	CELECOXIB 100 MG CAPSULE	8	180.00	0.16	0.06209	101%-200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	4	30.00	0.16	0.08460	76%-100% Above	Yes	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	0.23	0.08460	101%-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	0.23	0.08460	101%-200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	5	10.00	0.23	0.08353	101%-200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	5	30.00	0.16	0.08353	76%-100% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	30.00	0.23	0.08353	101%-200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	5	30.00	0.23	0.08353	101%-200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	5	30.00	0.50	0.08353	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	5	30.00	0.50	0.08353	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	5	30.00	0.50	0.08353	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	5	30.00	0.66	0.08353	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	5	60.00	0.23	0.08353	101%-200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	5	90.00	0.23	0.08353	101%-200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	5	90.00	0.50	0.08353	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	5	180.00	0.23	0.08353	101%-200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	6	10.00	0.23	0.08074	101%-200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	6	30.00	0.23	0.08074	101%-200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	6	30.00	0.23	0.08074	101%-200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	6	30.00	0.50	0.08074	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	6	30.00	0.50	0.08074	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	6	60.00	0.23	0.08074	101%-200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	6	60.00	0.25	0.08074	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	6	90.00	0.23	0.08074	101%-200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	6	90.00	0.42	0.08074	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	7	30.00	0.02	0.07799	76%-100% Below	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	7	30.00	0.16	0.07799	101%-200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	7	30.00	0.23	0.07799	101%-200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	7	30.00	0.23	0.07799	101%-200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	7	30.00	0.33	0.07799	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	7	30.00	0.50	0.07799	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	40.00	0.23	0.07799	101%-200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	7	60.00	0.23	0.07799	101%-200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	7	60.00	0.23	0.07799	101%-200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	7	60.00	0.25	0.07799	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	7	90.00	0.23	0.07799	101%-200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	7	90.00	0.23	0.07799	101%-200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	7	120.00	0.02	0.07799	76%-100% Below	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	7	180.00	0.21	0.07799	101%-200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	7	180.00	0.23	0.07799	101%-200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	8	10.00	0.23	0.07599	101%-200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	8	30.00	0.17	0.07599	101%-200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	8	30.00	0.23	0.07599	101%-200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	8	30.00	0.23	0.07599	101%-200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	8	30.00	0.50	0.07599	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	8	30.00	0.50	0.07599	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	8	60.00	0.23	0.07599	101%-200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	8	60.00	0.25	0.07599	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	8	90.00	0.23	0.07599	101%-200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	8	90.00	0.23	0.07599	101%-200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	8	90.00	0.33	0.07599	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	8	90.00	0.42	0.07599	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	8	180.00	0.23	0.07599	101%-200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	4	15.00	0.23	0.08460	101%-200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	4	30.00	0.23	0.08460	101%-200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	4	30.00	0.50	0.08460	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	30.00	0.23	0.08353	101%-200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	5	30.00	0.33	0.08353	200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	5	30.00	0.50	0.08353	200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	5	40.00	0.23	0.08353	101%-200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	6	30.00	0.23	0.08074	101%-200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	6	30.00	0.50	0.08074	200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	7	30.00	0.23	0.07799	101%-200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	7	30.00	0.50	0.07799	200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	7	40.00	0.37	0.07799	200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	7	90.00	0.23	0.07799	101%-200% Above	No	No
62332014930	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	4	90.00	0.08	0.16747	51%-75% Below	No	No
62332014930	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	30.00	0.35	0.17506	76%-100% Above	No	No
62332014930	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	30.00	0.35	0.18174	76%-100% Above	No	No
62332014930	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	30.00	0.35	0.18416	76%-100% Above	No	No
62332014990	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	4	90.00	0.33	0.16747	76%-100% Above	No	No
62332014990	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	90.00	0.33	0.18053	76%-100% Above	No	No
62332015030	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	4	30.00	0.17	0.23356	26%-50% Below	No	No
62332015030	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	4	90.00	0.45	0.23356	76%-100% Above	No	No
62332015030	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	5	30.00	0.17	0.23307	26%-50% Below	No	No
62332015030	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	5	90.00	0.17	0.23307	26%-50% Below	No	No
62332015030	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	6	30.00	0.17	0.23792	26%-50% Below	No	No
62332015030	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	7	90.00	0.45	0.23436	76%-100% Above	No	No
62332015090	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	5	90.00	0.45	0.23307	76%-100% Above	No	No
62332015090	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	6	30.00	0.45	0.23792	76%-100% Above	No	No
62332015090	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	6	90.00	0.45	0.23792	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	30.00	0.45	0.23436	76%-100% Above	No	No
62332015090	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	8	30.00	0.45	0.23930	76%-100% Above	No	No
62332018091	TADALAFIL 20 MG TABLET	7	10.00	0.87	0.16256	200% Above	No	No
62332018091	TADALAFIL 20 MG TABLET	8	10.00	0.87	0.15815	200% Above	No	No
62332019030	FEBUXOSTAT 40 MG TABLET	5	30.00	1.36	0.21163	200% Above	No	No
62332019030	FEBUXOSTAT 40 MG TABLET	6	30.00	1.36	0.21277	200% Above	No	No
62332019030	FEBUXOSTAT 40 MG TABLET	6	90.00	1.36	0.21277	200% Above	No	No
62332019030	FEBUXOSTAT 40 MG TABLET	7	30.00	1.36	0.21156	200% Above	No	No
62332019860	ASENAPINE 5 MG TABLET SL	7	30.00	1.09	2.34787	51%-75% Below	Yes	No
62332019860	ASENAPINE 5 MG TABLET SL	8	30.00	1.09	2.14754	26%-50% Below	Yes	No
62332020590	AMLODIPINE-VALSARTAN 5-160 MG	4	30.00	0.28	0.44670	26%-50% Below	No	No
62332020590	AMLODIPINE-VALSARTAN 5-160 MG	5	30.00	0.28	0.41500	26%-50% Below	No	No
62332020590	AMLODIPINE-VALSARTAN 5-160 MG	5	90.00	0.33	0.41500	10%-25% Below	No	No
62332020590	AMLODIPINE-VALSARTAN 5-160 MG	6	30.00	0.28	0.37210	10%-25% Below	No	No
62332020830	AMLODIPINE-VALSARTAN 10-320 MG	6	10.00	0.32	0.55119	26%-50% Below	No	No
62332021030	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TB	7	90.00	0.59	0.33760	76%-100% Above	No	No
62332021130	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-25 MG TAB	5	90.00	0.04	0.36196	76%-100% Below	No	No
62332021230	AMLODIPINE-OLMESARTAN 5-20 MG	5	30.00	0.03	0.24237	76%-100% Below	No	No
62332021230	AMLODIPINE-OLMESARTAN 5-20 MG	6	30.00	0.03	0.24760	76%-100% Below	No	No
62332021230	AMLODIPINE-OLMESARTAN 5-20 MG	7	30.00	0.07	0.24450	51%-75% Below	No	No
62332021230	AMLODIPINE-OLMESARTAN 5-20 MG	8	30.00	0.75	0.22570	200% Above	No	No
62332021230	AMLODIPINE-OLMESARTAN 5-20 MG	8	90.00	0.42	0.22570	76%-100% Above	No	No
62332021430	AMLODIPINE-OLMESARTAN 10-20 MG	6	90.00	0.62	0.26262	101%-200% Above	No	No
62332021530	AMLODIPINE-OLMESARTAN 10-40 MG	4	90.00	1.06	0.35328	101%-200% Above	No	No
62332021530	AMLODIPINE-OLMESARTAN 10-40 MG	7	90.00	1.06	0.32945	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332021590	AMLODIPINE-OLMESARTAN 10-40 MG	6	90.00	1.06	0.34244	200% Above	No	No
62332023230	VILAZODONE HCL 10 MG TABLET	7	7.00	1.67	0.88191	76%-100% Above	No	No
62332023330	VILAZODONE HCL 20 MG TABLET	7	90.00	2.05	0.77620	101%-200% Above	No	No
62332023430	VILAZODONE HCL 40 MG TABLET	4	30.00	1.98	1.19168	51%-75% Above	No	No
62332023430	VILAZODONE HCL 40 MG TABLET	4	90.00	1.98	1.19168	51%-75% Above	No	No
62332023430	VILAZODONE HCL 40 MG TABLET	5	30.00	1.98	1.19837	51%-75% Above	No	No
62332023430	VILAZODONE HCL 40 MG TABLET	6	30.00	1.98	1.11772	76%-100% Above	No	No
62332023430	VILAZODONE HCL 40 MG TABLET	6	90.00	1.98	1.11772	76%-100% Above	No	No
62332023430	VILAZODONE HCL 40 MG TABLET	7	30.00	1.98	1.00748	76%-100% Above	No	No
62332024231	FLUOXETINE HCL 10 MG TABLET	7	90.00	0.21	0.06954	101%-200% Above	No	No
62332024490	FENOFIBRIC ACID DR 45 MG CAP	5	90.00	0.23	0.15079	26%-50% Above	Yes	No
62332024590	FENOFIBRIC ACID DR 135 MG CAP	6	90.00	0.53	0.28113	76%-100% Above	No	No
62332025050	DOXYCYCLINE MONO 100 MG CAP	5	20.00	0.19	0.23461	10%-25% Below	No	No
62332025050	DOXYCYCLINE MONO 100 MG CAP	6	20.00	0.19	0.23492	10%-25% Below	No	No
62332025118	AZITHROMYCIN 250 MG TABLET	4	6.00	0.42	0.28349	26%-50% Above	Yes	No
62332025118	AZITHROMYCIN 250 MG TABLET	4	6.00	0.65	0.28349	101%-200% Above	Yes	No
62332025118	AZITHROMYCIN 250 MG TABLET	5	6.00	0.47	0.28000	51%-75% Above	Yes	No
62332025118	AZITHROMYCIN 250 MG TABLET	5	6.00	0.65	0.28000	101%-200% Above	Yes	No
62332025118	AZITHROMYCIN 250 MG TABLET	6	6.00	0.45	0.27765	51%-75% Above	Yes	No
62332025118	AZITHROMYCIN 250 MG TABLET	8	6.00	0.65	0.26759	101%-200% Above	Yes	No
62332025130	AZITHROMYCIN 250 MG TABLET	7	6.00	0.65	0.26796	101%-200% Above	No	No
62332025209	AZITHROMYCIN 500 MG TABLET	6	3.00	0.93	0.60470	51%-75% Above	Yes	No
62332025209	AZITHROMYCIN 500 MG TABLET	8	3.00	1.15	0.56045	101%-200% Above	Yes	No
62332025230	AZITHROMYCIN 500 MG TABLET	5	10.00	1.15	0.59739	76%-100% Above	No	No
62332025230	AZITHROMYCIN 500 MG TABLET	6	2.00	0.96	0.60470	51%-75% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332025230	AZITHROMYCIN 500 MG TABLET	7	5.00	1.15	0.58506	76%-100% Above	No	No
62332025230	AZITHROMYCIN 500 MG TABLET	8	5.00	0.87	0.56045	51%-75% Above	No	No
62332025230	AZITHROMYCIN 500 MG TABLET	8	5.00	1.15	0.56045	101%-200% Above	No	No
62332025230	AZITHROMYCIN 500 MG TABLET	8	8.00	1.15	0.56045	101%-200% Above	No	No
62332034290	CANDESARTAN CILEXETIL 8 MG TAB	8	30.00	0.67	0.55281	10%-25% Above	No	No
62332034390	CANDESARTAN CILEXETIL 16 MG TB	4	90.00	0.44	0.50115	10%-25% Below	No	No
62332038231	TEMAZEPAM 30 MG CAPSULE	4	30.00	0.04	0.09224	51%-75% Below	Yes	No
62332038231	TEMAZEPAM 30 MG CAPSULE	4	30.00	0.18	0.09224	76%-100% Above	Yes	No
62332038231	TEMAZEPAM 30 MG CAPSULE	5	30.00	0.04	0.09245	51%-75% Below	Yes	No
62332038231	TEMAZEPAM 30 MG CAPSULE	5	30.00	0.18	0.09245	76%-100% Above	Yes	No
62332038231	TEMAZEPAM 30 MG CAPSULE	6	30.00	0.04	0.09220	51%-75% Below	Yes	No
62332038231	TEMAZEPAM 30 MG CAPSULE	6	30.00	0.18	0.09220	76%-100% Above	Yes	No
62332038231	TEMAZEPAM 30 MG CAPSULE	7	30.00	0.04	0.09101	51%-75% Below	Yes	No
62332038231	TEMAZEPAM 30 MG CAPSULE	7	30.00	0.18	0.09101	76%-100% Above	Yes	No
62332038231	TEMAZEPAM 30 MG CAPSULE	8	30.00	0.04	0.09078	51%-75% Below	Yes	No
62332038231	TEMAZEPAM 30 MG CAPSULE	8	30.00	0.18	0.09078	76%-100% Above	Yes	No
62332038590	MODAFINIL 100 MG TABLET	8	30.00	0.56	0.24196	101%-200% Above	No	No
62332038690	MODAFINIL 200 MG TABLET	4	30.00	0.31	0.35069	10%-25% Below	No	No
62332038690	MODAFINIL 200 MG TABLET	5	30.00	0.31	0.34900	10%-25% Below	No	No
62332038690	MODAFINIL 200 MG TABLET	6	30.00	0.31	0.35560	10%-25% Below	No	No
62332038690	MODAFINIL 200 MG TABLET	7	30.00	0.31	0.34919	10%-25% Below	No	No
62332039031	NITROFURANTOIN MCR 50 MG CAP	7	90.00	0.18	0.15608	10%-25% Above	No	No
62332040431	NADOLOL 80 MG TABLET	5	60.00	0.17	0.28481	26%-50% Below	No	No
62332040431	NADOLOL 80 MG TABLET	7	60.00	0.17	0.23612	26%-50% Below	No	No
62332048515	DESONIDE 0.05% OINTMENT	6	15.00	0.50	0.38291	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332048625	CLOBETASOL 0.05% SOLUTION	8	25.00	0.60	0.24371	101%-200% Above	Yes	No
62332049141	TIZANIDINE HCL 2 MG CAPSULE	5	60.00	0.17	0.09316	76%-100% Above	Yes	No
62332049141	TIZANIDINE HCL 2 MG CAPSULE	6	30.00	0.50	0.09312	200% Above	Yes	No
62332049241	TIZANIDINE HCL 4 MG CAPSULE	6	180.00	0.27	0.09181	101%-200% Above	Yes	No
62332050503	MOXIFLOXACIN 0.5% EYE DROPS	5	3.00	5.67	1.70890	200% Above	No	No
62332050503	MOXIFLOXACIN 0.5% EYE DROPS	5	3.00	8.09	1.70890	200% Above	No	No
62332050606	AZELASTINE HCL 0.05% DROPS	5	6.00	3.32	0.89468	200% Above	Yes	No
62332051805	TOBRAMYCIN 0.3% EYE DROP	4	5.00	1.22	0.84790	26%-50% Above	No	No
62332054715	CLOBETASOL 0.05% CREAM	6	15.00	0.67	0.18506	200% Above	No	No
62332054715	CLOBETASOL 0.05% CREAM	6	30.00	1.06	0.18506	200% Above	No	No
62332054715	CLOBETASOL 0.05% CREAM	6	45.00	1.06	0.18506	200% Above	No	No
62332054715	CLOBETASOL 0.05% CREAM	7	30.00	1.06	0.18389	200% Above	No	No
62332054715	CLOBETASOL 0.05% CREAM	8	15.00	0.67	0.18837	200% Above	No	No
62332054760	CLOBETASOL 0.05% CREAM	6	60.00	1.06	0.15040	200% Above	No	No
62332055645	SACUBITRIL-VALSARTAN 24-26 MG	5	180.00	0.65	0.53757	10%-25% Above	No	No
62332055645	SACUBITRIL-VALSARTAN 24-26 MG	8	180.00	0.65	0.49790	26%-50% Above	No	No
62332055760	SACUBITRIL-VALSARTAN 49-51 MG	4	60.00	0.63	0.57172	10%-25% Above	No	No
62332055760	SACUBITRIL-VALSARTAN 49-51 MG	5	60.00	0.63	0.54985	10%-25% Above	No	No
62332055760	SACUBITRIL-VALSARTAN 49-51 MG	6	60.00	0.63	0.54848	10%-25% Above	No	No
62332055760	SACUBITRIL-VALSARTAN 49-51 MG	7	60.00	0.63	0.52647	10%-25% Above	No	No
62332058231	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	7	30.00	0.18	0.21832	10%-25% Below	No	No
62332058631	AMANTADINE 100 MG TABLET	5	60.00	0.58	0.33055	51%-75% Above	No	No
62332058631	AMANTADINE 100 MG TABLET	6	60.00	0.90	0.31535	101%-200% Above	No	No
62332060125	KETOROLAC 60 MG/2 ML VIAL	5	12.00	1.00	0.51377	76%-100% Above	No	No
62332060331	BISOPROLOL FUMARATE 5 MG TAB	4	90.00	0.21	0.14339	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332060331	BISOPROLOL FUMARATE 5 MG TAB	7	90.00	0.21	0.12481	51%-75% Above	No	No
62332060615	NYSTATIN-TRIAMCINOLONE CREAM	8	15.00	0.89	0.28009	200% Above	No	No
62332060630	NYSTATIN-TRIAMCINOLONE CREAM	7	60.00	0.25	0.22243	10%-25% Above	No	No
62332063060	METRONIDAZOLE TOPICAL 1% GEL	4	60.00	0.44	0.67479	26%-50% Below	No	No
62332063060	METRONIDAZOLE TOPICAL 1% GEL	7	60.00	0.33	0.63600	26%-50% Below	Yes	No
62332063660	DABIGATRAN ETEXILATE 150 MG CP	6	60.00	1.89	0.85689	101%-200% Above	Yes	No
62332063660	DABIGATRAN ETEXILATE 150 MG CP	7	60.00	1.89	0.85276	101%-200% Above	Yes	No
62332063660	DABIGATRAN ETEXILATE 150 MG CP	8	60.00	1.43	0.82255	51%-75% Above	Yes	No
62332066360	DAPSONE 7.5% GEL PUMP	5	60.00	1.74	0.76157	101%-200% Above	No	No
62332073031	METHOTREXATE 2.5 MG TABLET	4	60.00	0.12	0.16046	10%-25% Below	No	No
62332073031	METHOTREXATE 2.5 MG TABLET	4	96.00	0.19	0.16046	10%-25% Above	Yes	No
62332073031	METHOTREXATE 2.5 MG TABLET	5	40.00	0.50	0.16406	200% Above	Yes	No
62332073031	METHOTREXATE 2.5 MG TABLET	5	104.00	0.29	0.16406	51%-75% Above	No	No
62332073031	METHOTREXATE 2.5 MG TABLET	6	28.00	0.53	0.16347	200% Above	Yes	No
62332073031	METHOTREXATE 2.5 MG TABLET	6	36.00	0.19	0.16347	10%-25% Above	Yes	No
62332073031	METHOTREXATE 2.5 MG TABLET	6	65.00	0.19	0.16347	10%-25% Above	Yes	No
62332073031	METHOTREXATE 2.5 MG TABLET	6	90.00	0.19	0.16347	10%-25% Above	Yes	No
62332073031	METHOTREXATE 2.5 MG TABLET	6	130.00	0.23	0.16347	26%-50% Above	Yes	No
62332073031	METHOTREXATE 2.5 MG TABLET	7	28.00	0.53	0.15836	200% Above	Yes	No
62332073031	METHOTREXATE 2.5 MG TABLET	7	60.00	0.01	0.15836	76%-100% Below	No	No
62332074531	GUANFACINE HCL ER 1 MG TABLET	4	30.00	0.10	0.17465	26%-50% Below	Yes	No
62332074531	GUANFACINE HCL ER 1 MG TABLET	4	30.00	0.11	0.17465	26%-50% Below	Yes	No
62332074531	GUANFACINE HCL ER 1 MG TABLET	5	30.00	0.11	0.17102	26%-50% Below	Yes	No
62332074531	GUANFACINE HCL ER 1 MG TABLET	5	30.00	0.17	0.14621	10%-25% Above	No	No
62332074531	GUANFACINE HCL ER 1 MG TABLET	5	30.00	0.17	0.14621	10%-25% Above	Yes	No

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62332074531	GUANFACINE HCL ER 1 MG TABLET	6	30.00	0.11	0.17716	26%-50% Below	Yes	No
62332074531	GUANFACINE HCL ER 1 MG TABLET	6	30.00	0.17	0.14411	10%-25% Above	No	No
62332074531	GUANFACINE HCL ER 1 MG TABLET	6	30.00	0.17	0.14411	10%-25% Above	Yes	No
62332074531	GUANFACINE HCL ER 1 MG TABLET	7	30.00	0.17	0.13917	10%-25% Above	No	No
62332074531	GUANFACINE HCL ER 1 MG TABLET	8	30.00	0.17	0.13245	26%-50% Above	No	No
62332074531	GUANFACINE HCL ER 1 MG TABLET	8	90.00	0.17	0.13245	26%-50% Above	Yes	No
62332074631	GUANFACINE HCL ER 2 MG TABLET	4	30.00	0.50	0.18442	101%-200% Above	Yes	No
62332074631	GUANFACINE HCL ER 2 MG TABLET	5	30.00	0.50	0.18061	101%-200% Above	Yes	No
62332074631	GUANFACINE HCL ER 2 MG TABLET	7	30.00	0.19	0.16586	10%-25% Above	No	No
62332074631	GUANFACINE HCL ER 2 MG TABLET	7	30.00	0.19	0.16586	10%-25% Above	Yes	No
62332074631	GUANFACINE HCL ER 2 MG TABLET	8	30.00	0.19	0.15730	10%-25% Above	No	No
62332074631	GUANFACINE HCL ER 2 MG TABLET	8	90.00	0.34	0.15730	101%-200% Above	Yes	No
62332074731	GUANFACINE HCL ER 3 MG TABLET	4	30.00	0.15	0.17640	10%-25% Below	Yes	No
62332074731	GUANFACINE HCL ER 3 MG TABLET	4	30.00	0.50	0.17640	101%-200% Above	Yes	No
62332074731	GUANFACINE HCL ER 3 MG TABLET	5	30.00	0.15	0.17143	10%-25% Below	Yes	No
62332074731	GUANFACINE HCL ER 3 MG TABLET	5	30.00	0.50	0.17143	101%-200% Above	Yes	No
62332074731	GUANFACINE HCL ER 3 MG TABLET	6	30.00	0.15	0.17134	10%-25% Below	Yes	No
62332074731	GUANFACINE HCL ER 3 MG TABLET	6	30.00	0.50	0.17134	101%-200% Above	Yes	No
62332074731	GUANFACINE HCL ER 3 MG TABLET	7	30.00	0.50	0.16358	200% Above	Yes	No
62332074831	GUANFACINE HCL ER 4 MG TABLET	4	30.00	0.50	0.16809	101%-200% Above	No	No
62332076430	AMLODIPINE-ATORVAST 10-40 MG	4	30.00	0.75	1.48750	26%-50% Below	No	No
62332076430	AMLODIPINE-ATORVAST 10-40 MG	6	30.00	0.75	1.43120	26%-50% Below	No	No
62332076430	AMLODIPINE-ATORVAST 10-40 MG	6	30.00	0.77	1.43120	26%-50% Below	No	No
62332076430	AMLODIPINE-ATORVAST 10-40 MG	7	30.00	0.77	1.41401	26%-50% Below	No	No
62332080745	TRETINOIN 0.1% CREAM	5	45.00	0.70	0.86759	10%-25% Below	Yes	No

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62332080745	TRETINOIN 0.1% CREAM	6	45.00	0.45	0.83155	26%-50% Below	Yes	No
62332080745	TRETINOIN 0.1% CREAM	6	45.00	0.70	0.83155	10%-25% Below	Yes	No
62332080920	TRETINOIN 0.025% CREAM	5	20.00	0.53	0.62972	10%-25% Below	No	No
62332080920	TRETINOIN 0.025% CREAM	7	20.00	0.71	0.56151	26%-50% Above	Yes	No
62332080920	TRETINOIN 0.025% CREAM	8	20.00	0.50	0.55354	10%-25% Below	Yes	No
62332080920	TRETINOIN 0.025% CREAM	8	20.00	0.71	0.55354	26%-50% Above	Yes	No
62332080920	TRETINOIN 0.025% CREAM	8	40.00	0.29	0.55354	26%-50% Below	Yes	No
62332080920	TRETINOIN 0.025% CREAM	8	40.00	0.37	0.55354	26%-50% Below	Yes	No
62332080945	TRETINOIN 0.025% CREAM	5	45.00	0.44	0.54145	10%-25% Below	Yes	No
62332080945	TRETINOIN 0.025% CREAM	6	45.00	0.71	0.48511	26%-50% Above	Yes	No
62332080945	TRETINOIN 0.025% CREAM	7	45.00	0.24	0.47614	26%-50% Below	Yes	No
62332080945	TRETINOIN 0.025% CREAM	7	45.00	0.33	0.47614	26%-50% Below	Yes	No
62332080945	TRETINOIN 0.025% CREAM	7	45.00	0.71	0.47614	26%-50% Above	No	No
62332080945	TRETINOIN 0.025% CREAM	8	45.00	0.71	0.46837	51%-75% Above	Yes	No
62332082430	DEXLANSOPRAZOLE DR 60 MG CAP	5	90.00	2.94	3.94190	10%-25% Below	Yes	No
62541040610	PANCREAZE CAP 37000	4	200.00	15.78	.		No	No
62541040610	PANCREAZE CAP 37000	5	300.00	15.78	.		No	No
62541040610	PANCREAZE CAP 37000	7	300.00	15.26	.		No	No
62559014901	METHYLTES/EE TAB 2.5-1.25	4	90.00	3.36	.		Yes	No
62559014901	METHYLTES/EE TAB 2.5-1.25	7	90.00	3.36	.		Yes	No
62559015001	EST ESTROGEN TAB MTEST HS	5	30.00	0.79	.		Yes	No
62559015710	POLYETHYLENE GLYCOL 3350 POWD	8	3.00	0.82	1.15468	26%-50% Below	No	No
62559025501	ACEBUTOLOL 200 MG CAPSULE	4	60.00	0.28	0.53884	26%-50% Below	No	No
62559025501	ACEBUTOLOL 200 MG CAPSULE	4	90.00	0.28	0.53884	26%-50% Below	No	No
62559025501	ACEBUTOLOL 200 MG CAPSULE	6	180.00	0.28	0.57533	51%-75% Below	No	No

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62559025501	ACEBUTOLOL 200 MG CAPSULE	7	30.00	0.28	0.59383	51%-75% Below	No	No
62559025501	ACEBUTOLOL 200 MG CAPSULE	7	180.00	0.28	0.59383	51%-75% Below	No	No
62559025501	ACEBUTOLOL 200 MG CAPSULE	8	30.00	0.28	0.61644	51%-75% Below	Yes	No
62559026530	TRANEXAMIC ACID 650 MG TABLET	5	30.00	2.37	0.89533	101%-200% Above	Yes	No
62559026530	TRANEXAMIC ACID 650 MG TABLET	6	9.00	1.66	0.88541	76%-100% Above	Yes	No
62559026530	TRANEXAMIC ACID 650 MG TABLET	6	12.00	0.59	0.88541	26%-50% Below	No	No
62559026530	TRANEXAMIC ACID 650 MG TABLET	6	30.00	0.59	0.88541	26%-50% Below	Yes	No
62559026530	TRANEXAMIC ACID 650 MG TABLET	7	21.00	0.59	0.84420	26%-50% Below	Yes	No
62559026530	TRANEXAMIC ACID 650 MG TABLET	7	30.00	0.66	0.84420	10%-25% Below	Yes	No
62559026530	TRANEXAMIC ACID 650 MG TABLET	8	12.00	0.59	0.85674	26%-50% Below	No	No
62559026530	TRANEXAMIC ACID 650 MG TABLET	8	30.00	0.50	0.85674	26%-50% Below	Yes	No
62559027630	NEBIVOLOL 5 MG TABLET	4	90.00	0.31	0.09997	200% Above	No	No
62559027630	NEBIVOLOL 5 MG TABLET	7	90.00	0.31	0.10520	101%-200% Above	No	No
62559038001	FLECAINIDE ACETATE 50 MG TAB	5	180.00	0.13	0.11326	10%-25% Above	No	No
62559038001	FLECAINIDE ACETATE 50 MG TAB	8	180.00	0.13	0.11176	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	5	60.00	0.23	0.18665	10%-25% Above	No	No
62559038101	FLECAINIDE ACETATE 100 MG TAB	5	180.00	0.23	0.18665	10%-25% Above	No	No
62559038101	FLECAINIDE ACETATE 100 MG TAB	6	60.00	0.23	0.18661	10%-25% Above	No	No
62559038101	FLECAINIDE ACETATE 100 MG TAB	6	180.00	0.23	0.18661	10%-25% Above	No	No
62559038101	FLECAINIDE ACETATE 100 MG TAB	6	200.00	0.23	0.18661	10%-25% Above	No	No
62559039050	VANCOMYCIN HCL 125 MG CAPSULE	5	40.00	2.15	1.47989	26%-50% Above	Yes	No
62559039050	VANCOMYCIN HCL 125 MG CAPSULE	6	10.00	0.69	1.48534	51%-75% Below	No	No
62559039050	VANCOMYCIN HCL 125 MG CAPSULE	6	37.00	0.54	1.48534	51%-75% Below	Yes	No
62559039050	VANCOMYCIN HCL 125 MG CAPSULE	6	40.00	0.54	1.48534	51%-75% Below	Yes	No

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62559039120	VANCOMYCIN HCL 250 MG CAPSULE	4	112.00	1.05	2.53828	51%-75% Below	No	No
62559041701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	5	30.00	0.15	0.22591	26%-50% Below	No	No
62559041701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	6	30.00	0.15	0.23782	26%-50% Below	No	No
62559041701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	6	90.00	0.15	0.23782	26%-50% Below	No	No
62559041701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	7	30.00	0.15	0.24785	26%-50% Below	No	No
62559041701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	7	90.00	0.14	0.24785	26%-50% Below	No	No
62559041701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	8	30.00	0.15	0.25363	26%-50% Below	No	No
62559041701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	8	90.00	0.44	0.25363	51%-75% Above	No	No
62559042101	HYOSCYAMINE SULF 0.125 MG TAB	4	20.00	0.25	0.17140	26%-50% Above	Yes	No
62559042101	HYOSCYAMINE SULF 0.125 MG TAB	6	90.00	0.11	0.16966	26%-50% Below	Yes	No
62559042201	HYOSCYAMINE 0.125 MG ODT	5	28.00	0.48	0.17222	101%-200% Above	Yes	No
62559042401	HYOSCYAMINE 0.125 MG TAB SL	4	10.00	0.72	0.20451	200% Above	Yes	No
62559042401	HYOSCYAMINE 0.125 MG TAB SL	4	21.00	0.72	0.20451	200% Above	Yes	No
62559042401	HYOSCYAMINE 0.125 MG TAB SL	5	30.00	0.69	0.20161	200% Above	Yes	No
62559042401	HYOSCYAMINE 0.125 MG TAB SL	5	270.00	0.48	0.20161	101%-200% Above	Yes	No
62559042401	HYOSCYAMINE 0.125 MG TAB SL	6	12.00	0.71	0.19676	200% Above	Yes	No
62559042401	HYOSCYAMINE 0.125 MG TAB SL	7	21.00	0.72	0.19620	200% Above	Yes	No
62559042401	HYOSCYAMINE 0.125 MG TAB SL	7	30.00	0.48	0.19620	101%-200% Above	Yes	No
62559042401	HYOSCYAMINE 0.125 MG TAB SL	8	30.00	0.48	0.18276	101%-200% Above	Yes	No
62559043001	HYDROCORTISONE 1% CREAM	8	28.40	0.27	0.56866	51%-75% Below	Yes	No
62559043130	HYDROCORTISONE 2.5% CREAM	4	30.00	0.14	0.23471	26%-50% Below	No	No
62559043130	HYDROCORTISONE 2.5% CREAM	5	30.00	0.12	0.23447	26%-50% Below	No	No
62559043130	HYDROCORTISONE 2.5% CREAM	5	30.00	0.32	0.23447	26%-50% Above	No	No
62559043130	HYDROCORTISONE 2.5% CREAM	6	30.00	0.11	0.23671	51%-75% Below	No	No
62559043130	HYDROCORTISONE 2.5% CREAM	6	30.00	0.12	0.23671	26%-50% Below	Yes	No

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62559043130	HYDROCORTISONE 2.5% CREAM	6	30.00	0.14	0.23671	26%-50% Below	No	No
62559043130	HYDROCORTISONE 2.5% CREAM	6	30.00	0.14	0.23671	26%-50% Below	Yes	No
62559043130	HYDROCORTISONE 2.5% CREAM	6	30.00	0.14	0.23671	26%-50% Below	No	No
62559043130	HYDROCORTISONE 2.5% CREAM	6	60.00	0.14	0.23671	26%-50% Below	No	No
62559043130	HYDROCORTISONE 2.5% CREAM	7	30.00	0.12	0.23609	51%-75% Below	No	No
62559043130	HYDROCORTISONE 2.5% CREAM	7	30.00	0.12	0.23609	26%-50% Below	No	No
62559043130	HYDROCORTISONE 2.5% CREAM	7	30.00	0.32	0.23609	26%-50% Above	Yes	No
62559043130	HYDROCORTISONE 2.5% CREAM	8	30.00	0.11	0.23654	51%-75% Below	No	No
62559043130	HYDROCORTISONE 2.5% CREAM	8	30.00	0.13	0.23654	26%-50% Below	No	No
62559043130	HYDROCORTISONE 2.5% CREAM	8	30.00	0.32	0.23654	26%-50% Above	Yes	No
62559051001	INDAPAMIDE 1.25 MG TABLET	4	30.00	0.23	0.10698	101%-200% Above	No	No
62559051001	INDAPAMIDE 1.25 MG TABLET	5	30.00	0.23	0.10907	101%-200% Above	No	No
62559051001	INDAPAMIDE 1.25 MG TABLET	6	90.00	0.01	0.10719	76%-100% Below	No	No
62559051001	INDAPAMIDE 1.25 MG TABLET	7	30.00	0.22	0.10574	101%-200% Above	No	No
62559051001	INDAPAMIDE 1.25 MG TABLET	8	30.00	0.22	0.10667	101%-200% Above	No	No
62559051101	INDAPAMIDE 2.5 MG TABLET	4	90.00	0.14	0.11608	10%-25% Above	Yes	No
62559051101	INDAPAMIDE 2.5 MG TABLET	5	30.00	0.14	0.11470	10%-25% Above	No	No
62559051101	INDAPAMIDE 2.5 MG TABLET	5	90.00	0.14	0.11470	10%-25% Above	No	No
62559051101	INDAPAMIDE 2.5 MG TABLET	5	90.00	0.23	0.11470	101%-200% Above	Yes	No
62559051101	INDAPAMIDE 2.5 MG TABLET	6	30.00	0.14	0.11126	26%-50% Above	No	No
62559051101	INDAPAMIDE 2.5 MG TABLET	6	90.00	0.14	0.11126	26%-50% Above	No	No
62559051101	INDAPAMIDE 2.5 MG TABLET	7	30.00	0.14	0.10987	26%-50% Above	No	No
62559051101	INDAPAMIDE 2.5 MG TABLET	8	30.00	0.14	0.11098	26%-50% Above	No	No
62559051101	INDAPAMIDE 2.5 MG TABLET	8	90.00	0.14	0.11098	26%-50% Above	No	No
62559051101	INDAPAMIDE 2.5 MG TABLET	8	90.00	0.22	0.11098	76%-100% Above	Yes	No

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62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	5	120.00	0.05	0.03852	10%-25% Above	Yes	No
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	7	120.00	0.03	0.03775	26%-50% Below	No	No
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	7	180.00	0.03	0.03775	26%-50% Below	Yes	No
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	8	118.00	0.03	0.03844	26%-50% Below	Yes	No
62559082001	MEXILETINE 150 MG CAPSULE	4	30.00	0.50	0.24772	101%-200% Above	No	No
62559082001	MEXILETINE 150 MG CAPSULE	5	30.00	0.50	0.25017	76%-100% Above	No	No
62559082001	MEXILETINE 150 MG CAPSULE	6	30.00	0.50	0.23867	101%-200% Above	No	No
62559082001	MEXILETINE 150 MG CAPSULE	7	30.00	0.50	0.22880	101%-200% Above	No	No
62559082001	MEXILETINE 150 MG CAPSULE	8	30.00	0.50	0.22656	101%-200% Above	No	No
62559099130	FLUCONAZOLE 100 MG TABLET	6	5.00	0.64	0.23643	101%-200% Above	No	No
62559099130	FLUCONAZOLE 100 MG TABLET	7	7.00	0.64	0.23307	101%-200% Above	No	No
62559099212	FLUCONAZOLE 150 MG TABLET	4	2.00	2.17	0.42729	200% Above	No	No
62559099330	FLUCONAZOLE 200 MG TABLET	5	3.00	0.93	0.42769	101%-200% Above	No	No
62756009140	MEDROXYPR AC SYN 150MG/ML	8	1.00	17.40	.		No	No
62756035664	ONDANSETRON ODT 8MG	5	10.00	0.14	.		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	5	7.50	1.33	7.39657	76%-100% Below	No	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	5	7.50	4.57	7.39657	26%-50% Below	No	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	5	7.50	6.33	7.39657	10%-25% Below	No	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	5	7.50	6.33	7.39657	10%-25% Below	Yes	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	5	7.50	13.45	7.39657	76%-100% Above	No	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	5	7.50	13.45	7.39657	76%-100% Above	Yes	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	6	7.50	0.70	7.34441	76%-100% Below	No	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	6	7.50	2.00	7.34441	51%-75% Below	No	No

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62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	6	7.50	3.70	7.34441	26%-50% Below	Yes	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	6	7.50	13.45	7.34441	76%-100% Above	No	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	6	7.50	13.45	7.34441	76%-100% Above	Yes	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	7	7.50	3.67	7.03284	26%-50% Below	Yes	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	7	7.50	13.45	7.03284	76%-100% Above	No	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	7	7.50	13.45	7.03284	76%-100% Above	Yes	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	8	7.50	0.70	6.94541	76%-100% Below	No	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	8	7.50	3.67	6.94541	26%-50% Below	Yes	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	8	7.50	4.04	6.94541	26%-50% Below	No	No
62756058988	LIOTHYRONINE SOD 5 MCG TAB	5	90.00	0.14	0.21877	26%-50% Below	No	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	90.00	0.56	0.66808	10%-25% Below	Yes	No
62756097083	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	5	45.00	0.56	0.67817	10%-25% Below	Yes	No
62756097083	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	5	60.00	0.56	0.67817	10%-25% Below	Yes	No
62756097083	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	6	45.00	0.56	0.66955	10%-25% Below	Yes	No
62756097083	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	7	45.00	0.56	0.63219	10%-25% Below	Yes	No
63044040101	VITAMIN D3 CAP 10,000IU	5	4.00	5.08	.		No	No
63304002662	DAPAGLIFLOZIN-METFORMIN ER 5-1,000 MG TABLET	5	60.00	0.23	5.84341	76%-100% Below	Yes	No
63304002662	DAPAGLIFLOZIN-METFORMIN ER 5-1,000 MG TABLET	6	60.00	0.23	5.82591	76%-100% Below	Yes	No
63304002662	DAPAGLIFLOZIN-METFORMIN ER 5-1,000 MG TABLET	7	60.00	0.23	0.47546	51%-75% Below	Yes	No
63304007601	POTASSIUM CL ER 10 MEQ TABLET	4	30.00	0.05	0.13386	51%-75% Below	Yes	No
63304007601	POTASSIUM CL ER 10 MEQ TABLET	4	90.00	0.12	0.13386	10%-25% Below	Yes	No
63304007601	POTASSIUM CL ER 10 MEQ TABLET	5	90.00	0.12	0.13803	10%-25% Below	Yes	No
63304007601	POTASSIUM CL ER 10 MEQ TABLET	5	120.00	0.12	0.13803	10%-25% Below	Yes	No
63304009001	POTASSIUM CL ER 10 MEQ CAPSULE	5	30.00	0.11	0.13526	10%-25% Below	No	No

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63304009001	POTASSIUM CL ER 10 MEQ CAPSULE	7	90.00	0.11	0.12909	10%-25% Below	No	No
63304045930	ONDANSETRON TAB 8MG	6	18.00	0.24	.		No	No
63304045930	ONDANSETRON TAB 8MG	7	18.00	0.24	.		No	No
63304045930	ONDANSETRON TAB 8MG	7	90.00	0.24	.		No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	5	14.00	0.26	0.17586	26%-50% Above	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	5	28.00	0.26	0.17586	26%-50% Above	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	5	30.00	0.26	0.17586	26%-50% Above	No	No
63304077205	LORAZEPAM 0.5 MG TABLET	6	30.00	0.04	0.03287	26%-50% Above	No	No
63304082790	ATORVASTATIN 10 MG TABLET	6	90.00	0.18	0.02452	200% Above	No	No
63304082890	ATORVASTATIN 20 MG TABLET	8	90.00	0.05	0.02762	51%-75% Above	No	No
63304098701	POTASSIUM CL ER 20 MEQ TABLET	4	60.00	0.17	0.13796	10%-25% Above	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	5	30.00	0.06	0.13670	51%-75% Below	Yes	No
63304098701	POTASSIUM CL ER 20 MEQ TABLET	5	30.00	0.16	0.13670	10%-25% Above	Yes	No
63304098701	POTASSIUM CL ER 20 MEQ TABLET	5	120.00	0.10	0.13670	10%-25% Below	Yes	No
63304098701	POTASSIUM CL ER 20 MEQ TABLET	6	90.00	0.10	0.13474	10%-25% Below	Yes	No
63304098701	POTASSIUM CL ER 20 MEQ TABLET	6	120.00	0.10	0.13474	10%-25% Below	Yes	No
63304098701	POTASSIUM CL ER 20 MEQ TABLET	7	90.00	0.09	0.13327	26%-50% Below	Yes	No
63304098701	POTASSIUM CL ER 20 MEQ TABLET	7	120.00	0.10	0.13327	10%-25% Below	Yes	No
63323004401	CYANOCOBALAMIN 1,000 MCG/ML VL	4	3.00	0.93	1.50471	26%-50% Below	No	No
63323004401	CYANOCOBALAMIN 1,000 MCG/ML VL	4	4.00	0.94	1.50471	26%-50% Below	No	No
63323004401	CYANOCOBALAMIN 1,000 MCG/ML VL	4	12.00	0.93	1.50471	26%-50% Below	No	No
63323004401	CYANOCOBALAMIN 1,000 MCG/ML VL	5	6.00	0.93	1.50475	26%-50% Below	No	No
63323004401	CYANOCOBALAMIN 1,000 MCG/ML VL	6	4.00	0.94	1.49146	26%-50% Below	No	No
63323004401	CYANOCOBALAMIN 1,000 MCG/ML VL	6	5.00	0.93	1.49146	26%-50% Below	No	No

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63323004401	CYANOCOBALAMIN 1,000 MCG/ML VL	7	3.00	0.93	1.47825	26%-50% Below	No	No
63323004401	CYANOCOBALAMIN 1,000 MCG/ML VL	7	4.00	0.94	1.47825	26%-50% Below	No	No
63323004401	CYANOCOBALAMIN 1,000 MCG/ML VL	8	1.00	0.93	1.49394	26%-50% Below	No	No
63323004401	CYANOCOBALAMIN 1,000 MCG/ML VL	8	3.00	0.93	1.49394	26%-50% Below	No	No
63323004401	CYANOCOBALAMIN 1,000 MCG/ML VL	8	4.00	0.94	1.49394	26%-50% Below	No	No
63323026110	PROGESTERONE 500 MG/10 ML VIAL	7	30.00	0.69	1.48419	51%-75% Below	No	No
64380011601	SOD SUL-POTASS SUL-MAG SUL SOL	4	354.00	0.07	0.10976	26%-50% Below	No	No
64380011601	SOD SUL-POTASS SUL-MAG SUL SOL	5	354.00	0.02	0.10899	76%-100% Below	No	No
64380011601	SOD SUL-POTASS SUL-MAG SUL SOL	5	354.00	0.07	0.10899	26%-50% Below	No	No
64380011601	SOD SUL-POTASS SUL-MAG SUL SOL	6	354.00	0.07	0.10537	26%-50% Below	No	No
64380011601	SOD SUL-POTASS SUL-MAG SUL SOL	7	354.00	0.01	0.09939	76%-100% Below	No	No
64380011601	SOD SUL-POTASS SUL-MAG SUL SOL	7	354.00	0.07	0.09939	26%-50% Below	No	No
64380011601	SOD SUL-POTASS SUL-MAG SUL SOL	8	354.00	0.07	0.09291	26%-50% Below	No	No
64380018801	ZAFIRLUKAST 20 MG TABLET	7	180.00	0.36	0.63593	26%-50% Below	No	No
64380019701	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE 5-160-12.5 MG TAB	4	90.00	2.82	6.77615	51%-75% Below	Yes	No
64380019701	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE 5-160-12.5 MG TAB	7	90.00	1.55	5.49441	51%-75% Below	Yes	No
64380019801	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE 5-160-25 MG TAB	7	30.00	1.48	4.73924	51%-75% Below	Yes	No
64380019801	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE 5-160-25 MG TAB	8	90.00	1.49	4.41441	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
64380019901	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE 10-160-12.5 MG TAB	5	90.00	7.60	5.74391	26%-50% Above	Yes	No
64380019901	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE 10-160-12.5 MG TAB	6	90.00	2.86	5.30367	26%-50% Below	Yes	No
64380019901	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE 10-160-12.5 MG TAB	7	90.00	2.86	5.09053	26%-50% Below	Yes	No
64380020101	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE 10-320-25 MG TAB	5	90.00	0.51	7.76718	76%-100% Below	No	No
64380020101	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE 10-320-25 MG TAB	7	90.00	0.33	7.19680	76%-100% Below	No	No
64380020101	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE 10-320-25 MG TAB	7	90.00	4.82	7.19680	26%-50% Below	Yes	No

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64380020401	DOXEPIN HCL 6 MG TABLET	8	30.00	0.33	1.44465	76%-100% Below	No	No
64380021201	METHIMAZOLE 5 MG TABLET	4	15.00	0.14	0.07183	76%-100% Above	No	No
64380021201	METHIMAZOLE 5 MG TABLET	4	30.00	0.11	0.07183	51%-75% Above	No	No
64380021201	METHIMAZOLE 5 MG TABLET	5	15.00	0.14	0.07198	76%-100% Above	No	No
64380021201	METHIMAZOLE 5 MG TABLET	5	30.00	0.11	0.07198	51%-75% Above	No	No
64380021201	METHIMAZOLE 5 MG TABLET	6	15.00	0.14	0.07217	76%-100% Above	No	No
64380021201	METHIMAZOLE 5 MG TABLET	7	15.00	0.14	0.07143	76%-100% Above	No	No
64380021201	METHIMAZOLE 5 MG TABLET	7	30.00	0.11	0.07143	51%-75% Above	No	No
64380021201	METHIMAZOLE 5 MG TABLET	8	15.00	0.13	0.07073	76%-100% Above	No	No
64380021301	METHIMAZOLE 10 MG TABLET	4	90.00	0.06	0.12008	51%-75% Below	No	No
64380021301	METHIMAZOLE 10 MG TABLET	5	90.00	0.15	0.12243	10%-25% Above	No	No
64380021301	METHIMAZOLE 10 MG TABLET	6	90.00	0.06	0.12533	51%-75% Below	No	No
64380021301	METHIMAZOLE 10 MG TABLET	7	120.00	0.04	0.12475	51%-75% Below	No	No
64380021301	METHIMAZOLE 10 MG TABLET	8	60.00	0.14	0.12463	10%-25% Above	No	No
64380021301	METHIMAZOLE 10 MG TABLET	8	120.00	0.04	0.12463	51%-75% Below	No	No
64380025901	OXYCODONE HCL (IR) 5 MG TABLET	5	15.00	0.06	0.08857	26%-50% Below	Yes	No
64380025901	OXYCODONE HCL (IR) 5 MG TABLET	5	24.00	0.05	0.08857	26%-50% Below	Yes	No
64380025901	OXYCODONE HCL (IR) 5 MG TABLET	6	30.00	0.05	0.08891	26%-50% Below	No	No
64380025901	OXYCODONE HCL (IR) 5 MG TABLET	7	30.00	0.10	0.08660	10%-25% Above	Yes	No
64380025901	OXYCODONE HCL (IR) 5 MG TABLET	8	12.00	0.10	0.08652	10%-25% Above	No	No
64380025901	OXYCODONE HCL (IR) 5 MG TABLET	8	30.00	0.10	0.08652	10%-25% Above	No	No
64380026001	OXYCODONE HCL (IR) 10 MG TAB	6	14.00	0.08	0.16542	51%-75% Below	Yes	No
64380026001	OXYCODONE HCL (IR) 10 MG TAB	6	21.00	0.08	0.16542	26%-50% Below	Yes	No
64380044001	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	28.00	0.21	0.13508	51%-75% Above	No	No
64380044001	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	25.00	0.20	0.13845	26%-50% Above	No	No

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64380044601	ACETAMINOPHEN-COD #3 TABLET	4	12.00	0.08	0.20903	51%-75% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	4	12.00	0.11	0.20903	26%-50% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	4	15.00	0.11	0.20903	26%-50% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	5	10.00	0.11	0.21439	26%-50% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	5	12.00	0.12	0.21439	26%-50% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	5	12.00	0.16	0.21439	10%-25% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	5	14.00	0.11	0.21439	26%-50% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	5	21.00	0.08	0.21439	51%-75% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	6	9.00	0.11	0.22362	51%-75% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	6	10.00	0.11	0.22362	51%-75% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	6	15.00	0.11	0.22362	51%-75% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	6	18.00	0.14	0.22362	26%-50% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	7	10.00	0.11	0.23295	51%-75% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	7	10.00	0.14	0.23295	26%-50% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	7	12.00	0.11	0.23295	51%-75% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	7	12.00	0.12	0.23295	26%-50% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	7	30.00	0.11	0.23295	51%-75% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	8	12.00	0.08	0.24320	51%-75% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	8	12.00	0.11	0.24320	51%-75% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	8	12.00	0.13	0.24320	26%-50% Below	No	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	8	16.00	0.13	0.24320	26%-50% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	8	20.00	0.11	0.24320	51%-75% Below	No	No
64380044701	ACETAMINOPHEN-COD #4 TABLET	8	56.00	0.21	0.38089	26%-50% Below	No	No
64380044701	ACETAMINOPHEN-COD #4 TABLET	8	105.00	0.14	0.38089	51%-75% Below	No	No
64380047301	ATOMOXETINE HCL 18 MG CAPSULE	5	30.00	0.56	0.48319	10%-25% Above	No	No

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64380047401	ATOMOXETINE HCL 25 MG CAPSULE	8	30.00	1.58	0.37764	200% Above	No	No
64380047501	ATOMOXETINE HCL 40 MG CAPSULE	4	90.00	0.28	0.49646	26%-50% Below	No	No
64380047601	ATOMOXETINE HCL 60 MG CAPSULE	4	30.00	1.82	0.53337	200% Above	No	No
64380047601	ATOMOXETINE HCL 60 MG CAPSULE	4	45.00	1.82	0.53337	200% Above	No	No
64380047601	ATOMOXETINE HCL 60 MG CAPSULE	6	30.00	1.82	0.49691	200% Above	No	No
64380047701	ATOMOXETINE HCL 80 MG CAPSULE	4	30.00	1.91	0.54187	200% Above	No	No
64380047701	ATOMOXETINE HCL 80 MG CAPSULE	5	30.00	1.91	0.55352	200% Above	No	No
64380047701	ATOMOXETINE HCL 80 MG CAPSULE	6	30.00	1.91	0.54891	200% Above	No	No
64380047701	ATOMOXETINE HCL 80 MG CAPSULE	7	30.00	1.91	0.55457	200% Above	No	No
64380071207	BENZONATATE 100 MG CAPSULE	4	15.00	0.18	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	30.00	0.15	0.07006	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	4	30.00	0.15	0.07006	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	4	30.00	0.20	0.07006	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	5	21.00	0.17	0.07124	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	5	21.00	0.19	0.07124	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	5	30.00	0.15	0.07124	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	5	30.00	0.28	0.07124	200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	5	45.00	0.19	0.07124	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	6	15.00	0.17	0.07078	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	6	20.00	0.17	0.07078	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	6	21.00	0.17	0.07078	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	6	30.00	0.04	0.07078	26%-50% Below	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	6	30.00	0.16	0.07078	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	6	42.00	0.17	0.07078	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	15.00	0.15	0.07050	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	7	20.00	0.15	0.07050	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	7	20.00	0.19	0.07050	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	7	30.00	0.15	0.07050	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	7	30.00	0.21	0.07050	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	7	40.00	0.15	0.07050	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	8	15.00	0.15	0.06878	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	8	20.00	0.15	0.06878	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	8	21.00	0.15	0.06878	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	8	30.00	0.15	0.06878	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	8	30.00	0.16	0.06878	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	8	30.00	0.17	0.06878	101%-200% Above	Yes	No
64380071306	BENZONATATE 200 MG CAPSULE	5	30.00	0.17	0.10609	51%-75% Above	No	No
64380071306	BENZONATATE 200 MG CAPSULE	8	30.00	0.17	0.10208	51%-75% Above	No	No
64380071307	BENZONATATE 200 MG CAPSULE	4	21.00	0.17	0.10646	51%-75% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	4	21.00	0.24	0.10646	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	4	21.00	0.27	0.10646	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	4	21.00	0.32	0.10646	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	4	30.00	0.16	0.10646	51%-75% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	4	30.00	0.23	0.10646	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	4	30.00	0.31	0.10646	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	5	10.00	0.17	0.10609	51%-75% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	5	15.00	0.17	0.10609	51%-75% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	5	15.00	0.30	0.10609	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	5	20.00	0.17	0.10609	51%-75% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	20.00	0.25	0.10609	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	5	20.00	0.32	0.10609	200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	5	21.00	0.23	0.10609	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	5	21.00	0.24	0.10609	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	5	21.00	0.30	0.10609	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	5	25.00	0.17	0.10609	51%-75% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	5	30.00	0.17	0.10609	51%-75% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	5	30.00	0.23	0.10609	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	5	30.00	0.31	0.10609	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	5	45.00	0.17	0.10609	51%-75% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	5	45.00	0.22	0.10609	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	6	20.00	0.17	0.10459	51%-75% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	6	30.00	0.16	0.10459	51%-75% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	6	30.00	0.17	0.10459	51%-75% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	6	30.00	0.29	0.10459	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	6	42.00	0.22	0.10459	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	6	42.00	0.27	0.10459	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	7	14.00	0.27	0.10306	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	7	21.00	0.17	0.10306	51%-75% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	7	21.00	0.23	0.10306	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	7	21.00	0.27	0.10306	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	7	30.00	0.17	0.10306	51%-75% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	7	30.00	0.30	0.10306	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	7	42.00	0.12	0.10306	10%-25% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	7	42.00	0.17	0.10306	51%-75% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	90.00	0.17	0.10306	51%-75% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	8	15.00	0.29	0.10208	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	8	20.00	0.17	0.10208	51%-75% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	8	21.00	0.27	0.10208	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	8	21.00	0.29	0.10208	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	8	30.00	0.17	0.10208	51%-75% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	8	45.00	0.22	0.10208	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	8	60.00	0.05	0.10208	26%-50% Below	Yes	No
64380072406	CALCITRIOL 0.5 MCG CAPSULE	6	102.00	0.44	0.25165	51%-75% Above	No	No
64380073102	GABAPENTIN 400 MG CAPSULE	8	180.00	0.02	0.03998	51%-75% Below	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	4	3.00	0.29	0.11845	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)	5	4.00	0.14	0.11663	10%-25% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.00	0.06	0.11663	51%-75% Below	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.00	0.29	0.11663	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	5	14.00	0.06	0.11663	51%-75% Below	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	6	6.00	0.29	0.11640	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.00	0.29	0.11640	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	7	3.00	0.29	0.11554	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.00	0.14	0.11554	10%-25% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.00	0.19	0.11554	51%-75% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.00	0.29	0.11554	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.00	0.14	0.11363	10%-25% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.00	0.29	0.11363	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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)	8	6.00	0.29	0.11363	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.00	0.29	0.11363	101%-200% Above	No	No
64380074108	BUSPIRONE HCL 5 MG TABLET	4	90.00	0.05	0.02199	101%-200% Above	No	No
64380074108	BUSPIRONE HCL 5 MG TABLET	4	270.00	0.05	0.02199	101%-200% Above	No	No
64380074108	BUSPIRONE HCL 5 MG TABLET	5	90.00	0.05	0.02204	101%-200% Above	No	No
64380074108	BUSPIRONE HCL 5 MG TABLET	6	60.00	0.05	0.02187	101%-200% Above	No	No
64380074108	BUSPIRONE HCL 5 MG TABLET	6	90.00	0.05	0.02187	101%-200% Above	No	No
64380074108	BUSPIRONE HCL 5 MG TABLET	7	90.00	0.05	0.02164	101%-200% Above	No	No
64380074108	BUSPIRONE HCL 5 MG TABLET	8	60.00	0.05	0.02175	101%-200% Above	No	No
64380074207	BUSPIRONE HCL 10 MG TABLET	5	120.00	0.05	0.02962	51%-75% Above	No	No
64380074207	BUSPIRONE HCL 10 MG TABLET	6	120.00	0.05	0.02917	51%-75% Above	No	No
64380074207	BUSPIRONE HCL 10 MG TABLET	8	60.00	0.04	0.02795	26%-50% Above	No	No
64380074207	BUSPIRONE HCL 10 MG TABLET	8	120.00	0.05	0.02795	76%-100% Above	No	No
64380074208	BUSPIRONE HCL 10 MG TABLET	4	90.00	0.05	0.02946	51%-75% Above	No	No
64380074208	BUSPIRONE HCL 10 MG TABLET	4	180.00	0.05	0.02946	51%-75% Above	No	No
64380074208	BUSPIRONE HCL 10 MG TABLET	4	270.00	0.05	0.02946	51%-75% Above	No	No
64380074208	BUSPIRONE HCL 10 MG TABLET	5	30.00	0.05	0.02962	51%-75% Above	No	No
64380074208	BUSPIRONE HCL 10 MG TABLET	6	30.00	0.05	0.02917	51%-75% Above	No	No
64380074208	BUSPIRONE HCL 10 MG TABLET	7	90.00	0.05	0.02861	51%-75% Above	No	No
64380074208	BUSPIRONE HCL 10 MG TABLET	7	180.00	0.05	0.02861	51%-75% Above	No	No
64380074705	PRAMIPEXOLE 0.25 MG TABLET	5	180.00	0.11	0.04698	101%-200% Above	Yes	No
64380074705	PRAMIPEXOLE 0.25 MG TABLET	8	30.00	0.08	0.04722	51%-75% Above	Yes	No
64380075302	GABAPENTIN 100 MG CAPSULE	8	30.00	0.05	0.02095	101%-200% Above	No	No
64380075402	GABAPENTIN 300 MG CAPSULE	7	20.00	0.06	0.03078	76%-100% Above	No	No
64380075402	GABAPENTIN 300 MG CAPSULE	7	180.00	0.06	0.03078	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64380075402	GABAPENTIN 300 MG CAPSULE	8	60.00	0.06	0.03015	101%-200% Above	No	No
64380075806	ACARBOSE 25 MG TABLET	4	180.00	0.09	0.15390	26%-50% Below	No	No
64380076006	ACARBOSE 100 MG TABLET	7	270.00	0.14	0.23161	26%-50% Below	No	No
64380076621	PEG-3350 AND ELECTROLYTES SOLN	4	4000.00	0.00	0.00465	26%-50% Below	No	No
64380076621	PEG-3350 AND ELECTROLYTES SOLN	7	4000.00	0.00	0.00461	26%-50% Below	No	No
64380076621	PEG-3350 AND ELECTROLYTES SOLN	7	4000.00	0.00	0.00461	26%-50% Below	No	No
64380078206	PREDNISONE 1 MG TABLET	8	13.00	0.01	0.04137	51%-75% Below	Yes	No
64380078306	PREDNISONE 5 MG TABLET	8	20.00	0.13	0.03670	200% Above	No	No
64380078306	PREDNISONE 5 MG TABLET	8	30.00	0.06	0.03670	51%-75% Above	No	No
64380078308	PREDNISONE 5 MG TABLET	5	60.00	0.06	0.03674	51%-75% Above	No	No
64380078308	PREDNISONE 5 MG TABLET	6	42.00	0.06	0.03661	51%-75% Above	No	No
64380078407	PREDNISONE 10 MG TABLET	7	18.00	0.08	0.05617	26%-50% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	3	30.00	0.04	0.05793	10%-25% Below	No	No
64380078408	PREDNISONE 10 MG TABLET	4	5.00	0.08	0.05754	26%-50% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	4	6.00	0.17	0.05754	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	4	9.00	0.08	0.05754	26%-50% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	4	10.00	0.14	0.05754	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	4	12.00	0.15	0.05754	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	4	18.00	0.12	0.05754	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	4	20.00	0.08	0.05754	26%-50% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	5	5.00	0.08	0.05730	26%-50% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	5	6.00	0.08	0.05730	26%-50% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	5	9.00	0.14	0.05730	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	5	10.00	0.08	0.05730	26%-50% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	5	10.00	0.13	0.05730	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	21.00	0.08	0.05730	26%-50% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	5	54.00	0.09	0.05730	51%-75% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	6	5.00	0.24	0.05709	200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	6	7.00	0.16	0.05709	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	6	10.00	0.13	0.05709	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	6	10.00	0.14	0.05709	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	6	10.00	0.14	0.05709	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	6	14.00	0.08	0.05709	26%-50% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	6	15.00	0.08	0.05709	26%-50% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	6	21.00	0.08	0.05709	26%-50% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	6	27.00	0.08	0.05709	26%-50% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	7	10.00	0.08	0.05617	26%-50% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	7	10.00	0.13	0.05617	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	7	14.00	0.08	0.05617	26%-50% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	7	14.00	0.12	0.05617	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	7	18.00	0.08	0.05617	26%-50% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	7	24.00	0.14	0.05617	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	7	30.00	0.08	0.05617	26%-50% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	8	5.00	0.24	0.05604	200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	8	10.00	0.08	0.05604	26%-50% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	8	14.00	0.12	0.05604	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	8	21.00	0.08	0.05604	26%-50% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	4	5.00	0.11	0.07110	51%-75% 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

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	10.00	0.17	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	5	5.00	0.11	0.07023	51%-75% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	5	6.00	0.11	0.07023	51%-75% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	5	6.00	0.20	0.07023	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	5	7.00	0.20	0.07023	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	5	10.00	0.11	0.07023	51%-75% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	5	10.00	0.16	0.07023	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	5	10.00	0.17	0.07023	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	5	10.00	0.17	0.07023	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	5	10.00	0.18	0.07023	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	5	12.00	0.11	0.07023	51%-75% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	5	23.00	0.14	0.07023	76%-100% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	6	5.00	0.11	0.06765	51%-75% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	6	6.00	0.11	0.06765	51%-75% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	6	7.00	0.20	0.06765	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	6	10.00	0.11	0.06765	51%-75% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	6	10.00	0.17	0.06765	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	6	14.00	0.11	0.06765	51%-75% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	7	6.00	0.21	0.06477	200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	7	7.00	0.19	0.06477	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	7	10.00	0.11	0.06477	51%-75% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	7	10.00	0.18	0.06477	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	7	15.00	0.11	0.06477	51%-75% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	7	15.00	0.14	0.06477	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	15.00	0.16	0.06477	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	8	3.00	0.11	0.06433	51%-75% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	8	5.00	0.24	0.06433	200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	8	6.00	0.11	0.06433	51%-75% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	8	7.00	0.18	0.06433	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	8	8.00	0.11	0.06433	51%-75% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	8	10.00	0.11	0.06433	51%-75% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	8	10.00	0.16	0.06433	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	8	10.00	0.17	0.06433	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	8	10.00	0.19	0.06433	200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	8	15.00	0.11	0.06433	51%-75% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	8	20.00	0.11	0.06433	51%-75% Above	No	No
64380078508	PREDNISONE 20 MG TABLET	4	5.00	0.11	0.07110	51%-75% Above	No	No
64380078508	PREDNISONE 20 MG TABLET	4	10.00	0.11	0.07110	26%-50% Above	No	No
64380078508	PREDNISONE 20 MG TABLET	4	10.00	0.18	0.07110	101%-200% Above	No	No
64380078508	PREDNISONE 20 MG TABLET	4	10.00	0.22	0.07110	200% Above	No	No
64380078508	PREDNISONE 20 MG TABLET	5	5.00	0.11	0.07023	51%-75% Above	No	No
64380078508	PREDNISONE 20 MG TABLET	5	8.00	0.11	0.07023	51%-75% Above	No	No
64380078508	PREDNISONE 20 MG TABLET	5	9.00	0.11	0.07023	51%-75% Above	No	No
64380078508	PREDNISONE 20 MG TABLET	6	10.00	0.11	0.06765	51%-75% Above	No	No
64380078508	PREDNISONE 20 MG TABLET	7	6.00	0.19	0.06477	101%-200% Above	No	No
64380078508	PREDNISONE 20 MG TABLET	7	15.00	0.11	0.06477	51%-75% Above	No	No
64380078508	PREDNISONE 20 MG TABLET	7	28.00	0.14	0.06477	101%-200% Above	No	No
64380078508	PREDNISONE 20 MG TABLET	8	10.00	0.11	0.06433	51%-75% Above	No	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	4	60.00	0.17	0.11222	26%-50% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64380078706	BUSPIRONE HCL 7.5 MG TABLET	4	60.00	0.25	0.11222	101%-200% Above	No	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	5	30.00	0.61	0.11083	200% Above	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	5	60.00	0.14	0.11083	10%-25% Above	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	6	10.00	0.73	0.11046	200% Above	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	6	30.00	0.50	0.11046	200% Above	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	6	60.00	0.14	0.11046	10%-25% Above	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	6	60.00	0.25	0.11046	101%-200% Above	No	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	6	90.00	0.17	0.11046	26%-50% Above	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	7	60.00	0.14	0.10694	26%-50% Above	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	7	90.00	0.17	0.10694	51%-75% Above	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	8	270.00	0.14	0.10458	26%-50% Above	Yes	No
64380079901	OSELTAMIVIR CAP 75MG	7	10.00	1.14	.		No	No
64380079901	OSELTAMIVIR CAP 75MG	8	10.00	1.78	.		No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	4	10.00	1.18	0.88807	26%-50% Above	No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	5	10.00	1.78	0.85931	101%-200% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	4	10.00	0.07	0.05689	10%-25% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	4	40.00	0.07	0.05689	10%-25% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	4	90.00	0.07	0.05689	10%-25% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	5	21.00	0.07	0.05674	10%-25% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	5	30.00	0.03	0.05674	26%-50% Below	Yes	No
64380080707	IBUPROFEN 800 MG TABLET	5	30.00	0.07	0.05674	10%-25% Above	Yes	No
64380080707	IBUPROFEN 800 MG TABLET	5	90.00	0.07	0.05674	10%-25% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	6	16.00	0.07	0.05605	10%-25% Above	Yes	No
64380080707	IBUPROFEN 800 MG TABLET	6	20.00	0.07	0.05605	10%-25% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	30.00	0.03	0.05605	26%-50% Below	Yes	No
64380080707	IBUPROFEN 800 MG TABLET	6	30.00	0.04	0.05605	26%-50% Below	Yes	No
64380080707	IBUPROFEN 800 MG TABLET	6	30.00	0.07	0.05605	10%-25% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	6	60.00	0.03	0.05605	26%-50% Below	Yes	No
64380080707	IBUPROFEN 800 MG TABLET	7	30.00	0.04	0.05567	26%-50% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	7	30.00	0.04	0.05567	10%-25% Below	Yes	No
64380080707	IBUPROFEN 800 MG TABLET	7	60.00	0.03	0.05567	26%-50% Below	Yes	No
64380080707	IBUPROFEN 800 MG TABLET	7	60.00	0.03	0.05567	26%-50% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	7	63.00	0.07	0.05567	10%-25% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	8	15.00	0.07	0.05850	10%-25% Above	Yes	No
64380080707	IBUPROFEN 800 MG TABLET	8	20.00	0.04	0.05850	26%-50% Below	Yes	No
64380080707	IBUPROFEN 800 MG TABLET	8	30.00	0.03	0.05850	26%-50% Below	Yes	No
64380080707	IBUPROFEN 800 MG TABLET	8	30.00	0.04	0.05850	26%-50% Below	Yes	No
64380080707	IBUPROFEN 800 MG TABLET	8	30.00	0.07	0.05850	10%-25% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	8	30.00	0.07	0.05850	10%-25% Above	Yes	No
64380080807	IBUPROFEN 600 MG TABLET	4	30.00	0.04	0.04417	10%-25% Below	Yes	No
64380080807	IBUPROFEN 600 MG TABLET	4	30.00	0.04	0.04417	10%-25% Below	Yes	No
64380080807	IBUPROFEN 600 MG TABLET	5	20.00	0.04	0.04428	10%-25% Below	Yes	No
64380080807	IBUPROFEN 600 MG TABLET	5	30.00	0.03	0.04428	26%-50% Below	Yes	No
64380080807	IBUPROFEN 600 MG TABLET	5	30.00	0.03	0.04428	26%-50% Below	Yes	No
64380080807	IBUPROFEN 600 MG TABLET	6	20.00	0.04	0.04430	10%-25% Below	Yes	No
64380080807	IBUPROFEN 600 MG TABLET	6	20.00	0.09	0.04430	101%-200% Above	Yes	No
64380080807	IBUPROFEN 600 MG TABLET	6	24.00	0.03	0.04430	10%-25% Below	Yes	No
64380080807	IBUPROFEN 600 MG TABLET	6	28.00	0.09	0.04430	101%-200% Above	Yes	No
64380080807	IBUPROFEN 600 MG TABLET	6	60.00	0.09	0.04430	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64380080807	IBUPROFEN 600 MG TABLET	7	12.00	0.09	0.04391	101%-200% Above	No	No
64380080807	IBUPROFEN 600 MG TABLET	7	30.00	0.09	0.04391	101%-200% Above	Yes	No
64380080807	IBUPROFEN 600 MG TABLET	8	15.00	0.09	0.04656	76%-100% Above	No	No
64380083406	ACETAZOLAMIDE 250 MG TABLET	4	30.00	0.36	0.13921	101%-200% Above	No	No
64380083406	ACETAZOLAMIDE 250 MG TABLET	5	30.00	0.36	0.13846	101%-200% Above	No	No
64380083406	ACETAZOLAMIDE 250 MG TABLET	6	10.00	1.28	0.13395	200% Above	No	No
64380083406	ACETAZOLAMIDE 250 MG TABLET	6	30.00	0.36	0.13395	101%-200% Above	No	No
64380083406	ACETAZOLAMIDE 250 MG TABLET	7	30.00	0.36	0.13296	101%-200% Above	No	No
64380087267	SEVELAMER CARBONATE 800 MG TAB	7	90.00	0.09	0.22011	51%-75% Below	No	No
64380088304	CINACALCET HCL 30 MG TABLET	4	30.00	5.74	0.39759	200% Above	No	No
64380088304	CINACALCET HCL 30 MG TABLET	6	30.00	5.74	0.40133	200% Above	No	No
64380090206	FLUOXETINE HCL 10 MG TABLET	4	45.00	0.33	0.06948	200% Above	Yes	No
64380090206	FLUOXETINE HCL 10 MG TABLET	7	42.00	0.12	0.06954	51%-75% Above	Yes	No
64380092201	DOXYCYCLINE MONO 100 MG CAP	7	30.00	0.29	0.23397	10%-25% Above	No	No
64380094906	PREDNISONE 50 MG TABLET	4	3.00	0.10	0.17803	26%-50% Below	Yes	No
64380094906	PREDNISONE 50 MG TABLET	5	30.00	0.10	0.17296	26%-50% Below	Yes	No
64380094906	PREDNISONE 50 MG TABLET	6	5.00	0.10	0.15307	26%-50% Below	Yes	No
64380094906	PREDNISONE 50 MG TABLET	6	5.00	0.22	0.15307	26%-50% Above	No	No
64380094906	PREDNISONE 50 MG TABLET	6	7.00	0.13	0.15307	10%-25% Below	Yes	No
64380094906	PREDNISONE 50 MG TABLET	7	3.00	0.10	0.15011	26%-50% Below	Yes	No
64380094906	PREDNISONE 50 MG TABLET	7	5.00	0.20	0.15011	26%-50% Above	No	No
64380094906	PREDNISONE 50 MG TABLET	7	7.00	0.17	0.15011	10%-25% Above	No	No
64380094906	PREDNISONE 50 MG TABLET	7	10.00	0.10	0.15011	26%-50% Below	No	No
64380094906	PREDNISONE 50 MG TABLET	8	3.00	0.20	0.15695	10%-25% Above	Yes	No
64380094906	PREDNISONE 50 MG TABLET	8	5.00	0.10	0.15695	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64380097106	HYDROCORTISONE 10 MG TABLET	5	75.00	0.11	0.19405	26%-50% Below	Yes	No
64380097106	HYDROCORTISONE 10 MG TABLET	6	75.00	0.11	0.18912	26%-50% Below	Yes	No
64380097106	HYDROCORTISONE 10 MG TABLET	7	75.00	0.11	0.18168	26%-50% Below	Yes	No
64764030020	ENTYVIO INJ 300MG	5	1.00	9176.68	.		No	No
64842102002	LONSURF TAB 20-8.19	8	40.00	285.43	.		No	No
64842102502	LONSURF TAB 15-6.14	8	40.00	214.07	.		No	No
64850030001	NALTREXONE 50 MG TABLET	5	15.00	0.63	1.21176	26%-50% Below	No	No
64850050001	DEXTROAMP-AMPHETAMINE 5 MG TAB	3	60.00	0.13	0.26988	51%-75% Below	No	No
64850050001	DEXTROAMP-AMPHETAMINE 5 MG TAB	4	30.00	0.18	0.23910	10%-25% Below	No	No
64850050001	DEXTROAMP-AMPHETAMINE 5 MG TAB	4	60.00	0.13	0.26782	26%-50% Below	No	No
64850050001	DEXTROAMP-AMPHETAMINE 5 MG TAB	5	30.00	0.18	0.25619	26%-50% Below	No	No
64850050001	DEXTROAMP-AMPHETAMINE 5 MG TAB	5	30.00	0.19	0.25619	26%-50% Below	No	No
64850050001	DEXTROAMP-AMPHETAMINE 5 MG TAB	5	30.00	0.21	0.25619	10%-25% Below	No	No
64850050001	DEXTROAMP-AMPHETAMINE 5 MG TAB	5	60.00	0.11	0.25619	51%-75% Below	Yes	No
64850050001	DEXTROAMP-AMPHETAMINE 5 MG TAB	5	75.00	0.11	0.25619	51%-75% Below	No	No
64850050001	DEXTROAMP-AMPHETAMINE 5 MG TAB	6	30.00	0.16	0.26240	26%-50% Below	No	No
64850050001	DEXTROAMP-AMPHETAMINE 5 MG TAB	6	30.00	0.18	0.26240	26%-50% Below	No	No
64850050001	DEXTROAMP-AMPHETAMINE 5 MG TAB	6	30.00	0.18	0.26240	26%-50% Below	No	No
64850050001	DEXTROAMP-AMPHETAMINE 5 MG TAB	7	30.00	0.11	0.26610	51%-75% Below	Yes	No
64850050001	DEXTROAMP-AMPHETAMINE 5 MG TAB	7	30.00	0.21	0.26610	10%-25% Below	No	No
64850050001	DEXTROAMP-AMPHETAMINE 5 MG TAB	8	30.00	0.16	0.26399	26%-50% Below	No	No
64850050001	DEXTROAMP-AMPHETAMINE 5 MG TAB	8	30.00	0.18	0.26399	26%-50% Below	No	No
64850050101	DEXTROAMP-AMPHETAM 7.5 MG TAB	7	30.00	0.17	0.25817	26%-50% Below	No	No
64850050101	DEXTROAMP-AMPHETAM 7.5 MG TAB	8	30.00	0.16	0.26122	26%-50% Below	No	No
64850050101	DEXTROAMP-AMPHETAM 7.5 MG TAB	8	30.00	0.17	0.26122	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	30.00	0.11	0.23643	51%-75% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	30.00	0.11	0.23643	51%-75% Below	Yes	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	30.00	0.19	0.23643	10%-25% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	30.00	0.21	0.23643	10%-25% Below	Yes	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	0.18	0.23643	10%-25% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	60.00	0.20	0.23643	10%-25% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	90.00	0.11	0.23643	51%-75% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	30.00	0.11	0.23662	51%-75% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	30.00	0.11	0.23662	51%-75% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	30.00	0.16	0.23662	26%-50% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	30.00	0.16	0.23662	26%-50% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	30.00	0.19	0.23662	10%-25% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	30.00	0.19	0.23662	10%-25% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	60.00	0.11	0.23662	51%-75% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	60.00	0.15	0.23662	26%-50% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	60.00	0.18	0.23662	10%-25% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	60.00	0.19	0.23662	10%-25% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	90.00	0.11	0.23662	51%-75% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	90.00	0.11	0.23662	51%-75% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	30.00	0.11	0.23620	51%-75% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	30.00	0.16	0.23620	26%-50% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	30.00	0.16	0.23620	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	30.00	0.19	0.23620	10%-25% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	60.00	0.11	0.23620	51%-75% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	60.00	0.11	0.23620	51%-75% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	60.00	0.18	0.23620	10%-25% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	75.00	0.11	0.23620	51%-75% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	90.00	0.11	0.23620	51%-75% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	90.00	0.11	0.23620	51%-75% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	30.00	0.02	0.23293	76%-100% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	30.00	0.10	0.23293	51%-75% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	30.00	0.11	0.23293	51%-75% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	30.00	0.11	0.23293	51%-75% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	30.00	0.16	0.23293	26%-50% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	30.00	0.18	0.23293	10%-25% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	30.00	0.18	0.23293	10%-25% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	60.00	0.10	0.23293	51%-75% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	60.00	0.11	0.23293	51%-75% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	60.00	0.18	0.23293	10%-25% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	75.00	0.11	0.23293	51%-75% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	90.00	0.11	0.23293	51%-75% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	90.00	0.11	0.23293	51%-75% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	30.00	0.10	0.23907	51%-75% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	30.00	0.11	0.23907	51%-75% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	30.00	0.11	0.23907	51%-75% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	30.00	0.18	0.23907	10%-25% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	30.00	0.19	0.23907	10%-25% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	60.00	0.11	0.23907	51%-75% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	60.00	0.11	0.23907	51%-75% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	60.00	0.15	0.23907	26%-50% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	60.00	0.17	0.23907	26%-50% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	60.00	0.18	0.23907	26%-50% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	90.00	0.01	0.23907	76%-100% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	90.00	0.11	0.23907	51%-75% Below	Yes	No
64850050301	DEXTROAMP-AMPHETAM 12.5 MG TAB	4	90.00	0.11	0.31807	51%-75% Below	Yes	No
64850050301	DEXTROAMP-AMPHETAM 12.5 MG TAB	7	90.00	0.09	0.33924	51%-75% Below	Yes	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	60.00	0.01	0.24786	76%-100% Below	No	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	4	60.00	0.14	0.24786	26%-50% Below	Yes	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	4	60.00	0.17	0.24786	26%-50% Below	Yes	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	5	30.00	0.11	0.25021	51%-75% Below	Yes	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	5	30.00	0.18	0.25021	26%-50% Below	Yes	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	5	60.00	0.11	0.25021	51%-75% Below	No	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	5	60.00	0.17	0.25021	26%-50% Below	No	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	5	90.00	0.11	0.25021	51%-75% Below	No	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	6	30.00	0.11	0.24231	51%-75% Below	Yes	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	6	60.00	0.01	0.24231	76%-100% Below	No	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	6	60.00	0.11	0.24231	51%-75% Below	No	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	6	60.00	0.11	0.24231	51%-75% Below	Yes	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	6	60.00	0.14	0.24231	26%-50% Below	Yes	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	6	60.00	0.17	0.24231	26%-50% Below	No	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	6	90.00	0.11	0.24231	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	30.00	0.11	0.23957	51%-75% Below	Yes	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	7	60.00	0.11	0.23957	51%-75% Below	Yes	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	7	60.00	0.17	0.23957	26%-50% Below	No	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	7	90.00	0.11	0.23957	51%-75% Below	Yes	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	8	30.00	0.11	0.23696	51%-75% Below	Yes	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	8	30.00	0.17	0.23696	26%-50% Below	Yes	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	8	60.00	0.13	0.23696	26%-50% Below	No	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	8	60.00	0.17	0.23696	26%-50% Below	No	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	8	60.00	0.17	0.23696	26%-50% Below	No	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	8	90.00	0.11	0.23696	51%-75% Below	No	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	8	180.00	0.18	0.23696	10%-25% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	30.00	0.11	0.30747	51%-75% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	30.00	0.11	0.30747	51%-75% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	30.00	0.16	0.30747	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	30.00	0.16	0.30747	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	30.00	0.19	0.30747	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	30.00	0.21	0.30747	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	30.00	0.46	0.30747	26%-50% Above	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	45.00	0.15	0.30747	51%-75% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	60.00	0.01	0.30747	76%-100% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	60.00	0.10	0.30747	51%-75% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	60.00	0.11	0.30747	51%-75% Below	No	No
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	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	60.00	0.17	0.30747	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.18	0.30747	26%-50% Below	No	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	4	90.00	0.11	0.30747	51%-75% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	90.00	0.11	0.30747	51%-75% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	120.00	0.11	0.30747	51%-75% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	30.00	0.11	0.30698	51%-75% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	30.00	0.16	0.30698	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	30.00	0.16	0.30698	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	30.00	0.18	0.30698	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	45.00	0.11	0.30698	51%-75% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.00	0.01	0.30698	76%-100% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.00	0.10	0.30698	51%-75% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.00	0.11	0.30698	51%-75% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.00	0.11	0.30698	51%-75% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.00	0.15	0.30698	51%-75% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.00	0.15	0.30698	51%-75% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.00	0.17	0.30698	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.00	0.18	0.30698	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.00	0.18	0.30698	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.00	0.18	0.30698	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.00	0.19	0.30698	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.00	0.20	0.30698	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.00	0.22	0.30698	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	75.00	0.17	0.30698	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	90.00	0.11	0.30698	51%-75% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	30.00	0.11	0.30391	51%-75% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	30.00	0.16	0.30391	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	30.00	0.16	0.30391	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	30.00	0.18	0.30391	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	30.00	0.19	0.30391	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	30.00	0.21	0.30391	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	45.00	0.11	0.30391	51%-75% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.00	0.11	0.30391	51%-75% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.00	0.11	0.30391	51%-75% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.00	0.15	0.30391	51%-75% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.00	0.15	0.30391	51%-75% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.00	0.18	0.30391	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.00	0.19	0.30391	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.00	0.22	0.30391	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	75.00	0.17	0.30391	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	90.00	0.11	0.30391	51%-75% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	180.00	0.11	0.30391	51%-75% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	30.00	0.10	0.29745	51%-75% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	30.00	0.11	0.29745	51%-75% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	30.00	0.17	0.29745	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	30.00	0.18	0.29745	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	30.00	0.21	0.29745	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	30.00	0.46	0.29745	51%-75% Above	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.00	0.01	0.29745	76%-100% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.00	0.11	0.29745	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	60.00	0.11	0.29745	51%-75% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.00	0.15	0.29745	51%-75% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.00	0.17	0.29745	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.00	0.17	0.29745	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.00	0.18	0.29745	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.00	0.22	0.29745	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	90.00	0.09	0.29745	51%-75% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	90.00	0.11	0.29745	51%-75% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	30.00	0.11	0.29462	51%-75% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	30.00	0.11	0.29462	51%-75% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	30.00	0.16	0.29462	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	30.00	0.18	0.29462	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	30.00	0.19	0.29462	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	45.00	0.18	0.29462	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.00	0.08	0.29462	51%-75% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.00	0.11	0.29462	51%-75% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.00	0.11	0.29462	51%-75% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.00	0.17	0.29462	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.00	0.17	0.29462	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.00	0.17	0.29462	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.00	0.18	0.29462	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.00	0.18	0.29462	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.00	0.19	0.29462	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.00	0.19	0.29462	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.00	0.22	0.29462	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	90.00	0.11	0.29462	51%-75% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	120.00	0.11	0.29462	51%-75% Below	Yes	No
64850050601	DEXTROAMP-AMPHETAMIN 30 MG TAB	4	30.00	0.16	0.31158	26%-50% Below	No	No
64850050601	DEXTROAMP-AMPHETAMIN 30 MG TAB	5	60.00	0.16	0.30571	26%-50% Below	No	No
64850050601	DEXTROAMP-AMPHETAMIN 30 MG TAB	5	60.00	0.17	0.30571	26%-50% Below	No	No
64850050601	DEXTROAMP-AMPHETAMIN 30 MG TAB	6	30.00	0.16	0.30483	26%-50% Below	No	No
64850050601	DEXTROAMP-AMPHETAMIN 30 MG TAB	7	30.00	0.16	0.29922	26%-50% Below	No	No
64850050601	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	30.00	0.17	0.30315	26%-50% Below	No	No
64850050601	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	60.00	0.16	0.30315	26%-50% Below	No	No
64850051001	DEXTROAMP-AMPHET ER 5 MG CAP	12	30.00	0.17	0.41994	51%-75% Below	No	No
64850051101	DEXTROAMP-AMPHET ER 10 MG CAP	4	30.00	0.67	0.51724	26%-50% Above	No	No
64850051101	DEXTROAMP-AMPHET ER 10 MG CAP	4	30.00	3.50	0.51724	200% Above	No	No
64850051101	DEXTROAMP-AMPHET ER 10 MG CAP	5	30.00	0.67	0.51419	26%-50% Above	No	No
64850051101	DEXTROAMP-AMPHET ER 10 MG CAP	5	30.00	3.50	0.51419	200% Above	No	No
64850051101	DEXTROAMP-AMPHET ER 10 MG CAP	6	30.00	3.50	0.53147	200% Above	No	No
64850051101	DEXTROAMP-AMPHET ER 10 MG CAP	7	30.00	0.33	0.51966	26%-50% Below	No	No
64850051101	DEXTROAMP-AMPHET ER 10 MG CAP	7	30.00	3.50	0.51966	200% Above	No	No
64850051101	DEXTROAMP-AMPHET ER 10 MG CAP	8	30.00	3.50	0.52724	200% Above	No	No
64850051201	DEXTROAMP-AMPHET ER 15 MG CAP	4	30.00	0.67	0.53855	10%-25% Above	No	No
64850051201	DEXTROAMP-AMPHET ER 15 MG CAP	5	30.00	3.50	0.55224	200% Above	No	No
64850051201	DEXTROAMP-AMPHET ER 15 MG CAP	6	30.00	0.33	0.55462	26%-50% Below	Yes	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	0.33	0.61069	26%-50% Below	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	4	30.00	0.50	0.61069	10%-25% Below	Yes	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	4	30.00	0.50	0.61069	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	30.00	3.50	0.61069	200% Above	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	5	30.00	0.03	0.59292	76%-100% Below	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	5	30.00	0.33	0.59292	26%-50% Below	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	5	30.00	0.50	0.59292	10%-25% Below	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	5	30.00	0.50	0.59292	10%-25% Below	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	5	30.00	0.67	0.59292	10%-25% Above	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	5	30.00	3.50	0.59292	200% Above	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	5	30.00	3.50	0.59292	200% Above	Yes	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	5	30.00	4.92	0.59292	200% Above	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	5	60.00	0.17	0.59292	51%-75% Below	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	6	30.00	0.03	0.61181	76%-100% Below	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	6	30.00	0.33	0.61181	26%-50% Below	Yes	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	6	30.00	0.33	0.61181	26%-50% Below	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	6	30.00	0.50	0.61181	10%-25% Below	Yes	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	6	30.00	0.50	0.61181	10%-25% Below	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	6	30.00	3.50	0.61181	200% Above	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	6	30.00	3.50	0.61181	200% Above	Yes	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	6	30.00	4.92	0.61181	200% Above	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	7	30.00	0.50	0.57228	10%-25% Below	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	7	30.00	0.50	0.57228	10%-25% Below	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	7	30.00	0.67	0.57228	10%-25% Above	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	7	30.00	3.50	0.57228	200% Above	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	7	30.00	3.50	0.57228	200% Above	Yes	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	7	30.00	4.92	0.57228	200% Above	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	8	30.00	0.03	0.59100	76%-100% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	30.00	0.33	0.59100	26%-50% Below	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	8	30.00	0.33	0.59100	26%-50% Below	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	8	30.00	0.50	0.59100	10%-25% Below	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	8	30.00	3.50	0.59100	200% Above	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	8	60.00	0.17	0.59100	51%-75% Below	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	8	60.00	3.50	0.59100	200% Above	No	No
64850051401	DEXTROAMP-AMPHET ER 25 MG CAP	5	30.00	0.33	0.54438	26%-50% Below	Yes	No
64850051401	DEXTROAMP-AMPHET ER 25 MG CAP	7	30.00	0.33	0.51367	26%-50% Below	No	No
64850051401	DEXTROAMP-AMPHET ER 25 MG CAP	7	60.00	3.50	0.51367	200% Above	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	4	30.00	0.50	0.55958	10%-25% Below	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	4	30.00	0.67	0.55958	10%-25% Above	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	4	30.00	3.50	0.55958	200% Above	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	4	30.00	3.50	0.55958	200% Above	Yes	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	5	30.00	0.33	0.54992	26%-50% Below	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	5	30.00	0.67	0.54992	10%-25% Above	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	5	30.00	3.50	0.54992	200% Above	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	6	30.00	0.33	0.52268	26%-50% Below	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	6	30.00	0.67	0.52268	26%-50% Above	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	6	30.00	3.50	0.52268	200% Above	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	6	60.00	0.33	0.52268	26%-50% Below	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	7	30.00	0.33	0.47364	26%-50% Below	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	7	30.00	0.67	0.47364	26%-50% Above	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	7	30.00	3.50	0.47364	200% Above	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	7	30.00	3.50	0.47364	200% Above	Yes	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	8	30.00	0.33	0.46891	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	30.00	0.67	0.46891	26%-50% Above	No	No
64850055101	LISDEXAMFETAMINE 20 MG CAPSULE	4	30.00	7.78	2.55885	200% Above	No	No
64850055101	LISDEXAMFETAMINE 20 MG CAPSULE	5	30.00	1.46	2.73182	26%-50% Below	No	No
64850055101	LISDEXAMFETAMINE 20 MG CAPSULE	6	30.00	1.50	2.81237	26%-50% Below	No	No
64850055101	LISDEXAMFETAMINE 20 MG CAPSULE	7	30.00	1.55	2.74547	26%-50% Below	No	No
64850055101	LISDEXAMFETAMINE 20 MG CAPSULE	8	30.00	1.55	2.59686	26%-50% Below	No	No
64850055201	LISDEXAMFETAMINE 30 MG CAPSULE	4	84.00	7.78	3.04859	101%-200% Above	No	No
64850055201	LISDEXAMFETAMINE 30 MG CAPSULE	5	30.00	1.68	3.12473	26%-50% Below	No	No
64850055201	LISDEXAMFETAMINE 30 MG CAPSULE	6	30.00	1.72	3.03663	26%-50% Below	No	No
64850055201	LISDEXAMFETAMINE 30 MG CAPSULE	7	30.00	1.72	2.76686	26%-50% Below	No	No
64850055201	LISDEXAMFETAMINE 30 MG CAPSULE	8	30.00	1.72	2.66398	26%-50% Below	No	No
64850055301	LISDEXAMFETAMINE 40 MG CAPSULE	4	30.00	7.78	2.93842	101%-200% Above	No	No
64850055301	LISDEXAMFETAMINE 40 MG CAPSULE	5	30.00	1.23	2.92284	51%-75% Below	No	No
64850055301	LISDEXAMFETAMINE 40 MG CAPSULE	6	30.00	1.23	2.81679	51%-75% Below	No	No
64850055301	LISDEXAMFETAMINE 40 MG CAPSULE	6	30.00	1.50	2.81679	26%-50% Below	No	No
64850055301	LISDEXAMFETAMINE 40 MG CAPSULE	6	30.00	1.61	2.81679	26%-50% Below	No	No
64850055301	LISDEXAMFETAMINE 40 MG CAPSULE	7	30.00	1.61	2.72415	26%-50% Below	No	No
64850055301	LISDEXAMFETAMINE 40 MG CAPSULE	8	30.00	1.61	2.62982	26%-50% Below	No	No
64850055401	LISDEXAMFETAMINE 50 MG CAPSULE	5	30.00	1.56	2.84456	26%-50% Below	No	No
64850055401	LISDEXAMFETAMINE 50 MG CAPSULE	7	30.00	1.56	2.76500	26%-50% Below	No	No
64850055401	LISDEXAMFETAMINE 50 MG CAPSULE	7	30.00	1.59	2.76500	26%-50% Below	No	No
64850055501	LISDEXAMFETAMINE 60 MG CAPSULE	5	90.00	1.62	2.97003	26%-50% Below	No	No
64850055601	LISDEXAMFETAMINE 70 MG CAPSULE	4	30.00	3.34	2.93212	10%-25% Above	No	No
64850055601	LISDEXAMFETAMINE 70 MG CAPSULE	5	30.00	0.17	2.97495	76%-100% Below	No	No
64850055601	LISDEXAMFETAMINE 70 MG CAPSULE	5	30.00	1.58	2.97495	26%-50% Below	No	No

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64850055601	LISDEXAMFETAMINE 70 MG CAPSULE	5	30.00	1.61	2.97495	26%-50% Below	No	No
64850055601	LISDEXAMFETAMINE 70 MG CAPSULE	6	30.00	0.10	2.92336	76%-100% Below	No	No
64850055601	LISDEXAMFETAMINE 70 MG CAPSULE	6	30.00	0.17	2.92336	76%-100% Below	No	No
64850055601	LISDEXAMFETAMINE 70 MG CAPSULE	6	30.00	1.64	2.92336	26%-50% Below	No	No
64850055601	LISDEXAMFETAMINE 70 MG CAPSULE	7	30.00	0.10	2.81172	76%-100% Below	No	No
64850055601	LISDEXAMFETAMINE 70 MG CAPSULE	7	30.00	0.17	2.81172	76%-100% Below	No	No
64850055601	LISDEXAMFETAMINE 70 MG CAPSULE	8	30.00	0.10	2.75933	76%-100% Below	No	No
64850055601	LISDEXAMFETAMINE 70 MG CAPSULE	8	30.00	0.17	2.75933	76%-100% Below	No	No
64850055601	LISDEXAMFETAMINE 70 MG CAPSULE	8	30.00	1.64	2.75933	26%-50% Below	No	No
64850064201	ACETAMINOPHEN-COD #3 TABLET	4	12.00	0.14	0.20903	26%-50% Below	No	No
64850064201	ACETAMINOPHEN-COD #3 TABLET	5	16.00	0.11	0.21439	26%-50% Below	Yes	No
64850064301	ACETAMINOPHEN-COD #4 TABLET	4	120.00	0.15	0.39105	51%-75% Below	No	No
64850064301	ACETAMINOPHEN-COD #4 TABLET	5	40.00	0.15	0.38547	51%-75% Below	No	No
64950034316	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG/15 ML SOLUTION	4	100.00	0.13	0.23268	26%-50% Below	No	No
64950034316	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG/15 ML SOLUTION	5	25.00	0.10	0.21987	51%-75% Below	No	No
64950034316	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG/15 ML SOLUTION	5	100.00	0.13	0.21987	26%-50% Below	No	No
64950034316	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG/15 ML SOLUTION	6	120.00	0.13	0.21435	26%-50% Below	No	No
64950037147	HYDROCODONE-HOMATROPINE SOLN	5	200.00	0.01	0.09910	76%-100% Below	No	No
64950037316	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG/15 ML SOLUTION	7	150.00	0.10	0.23490	51%-75% Below	Yes	No
64950037316	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG/15 ML SOLUTION	8	400.00	0.10	0.24502	51%-75% Below	Yes	No
64950038114	CIPROFLOXACIN 0.2% OTIC SOLN	7	42.00	3.81	6.60139	26%-50% Below	No	No
64980015603	RISAQUAD-2 CAP	4	14.00	1.96	.		No	No
64980020901	OXYBUTYNIN CL ER 5 MG TABLET	4	90.00	0.23	0.09007	101%-200% Above	Yes	No
64980020901	OXYBUTYNIN CL ER 5 MG TABLET	5	10.00	0.23	0.08961	101%-200% Above	Yes	No
64980020901	OXYBUTYNIN CL ER 5 MG TABLET	6	30.00	0.23	0.08749	101%-200% Above	No	No

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64980020901	OXYBUTYNIN CL ER 5 MG TABLET	6	90.00	0.23	0.08749	101%-200% Above	Yes	No
64980020901	OXYBUTYNIN CL ER 5 MG TABLET	8	90.00	0.50	0.08166	200% Above	Yes	No
64980021001	OXYBUTYNIN CL ER 10 MG TABLET	5	90.00	0.25	0.10309	101%-200% Above	Yes	No
64980021101	OXYBUTYNIN CL ER 15 MG TABLET	5	30.00	0.29	0.11615	101%-200% Above	Yes	No
64980026501	METHIMAZOLE 10 MG TABLET	4	60.00	0.08	0.12008	26%-50% Below	Yes	No
64980026501	METHIMAZOLE 10 MG TABLET	5	60.00	0.08	0.12243	26%-50% Below	Yes	No
64980026501	METHIMAZOLE 10 MG TABLET	6	30.00	0.15	0.12533	10%-25% Above	Yes	No
64980026501	METHIMAZOLE 10 MG TABLET	7	30.00	0.15	0.12475	10%-25% Above	Yes	No
64980027903	GLIPIZIDE ER 2.5 MG TABLET	5	90.00	0.15	0.10328	26%-50% Above	Yes	No
64980027903	GLIPIZIDE ER 2.5 MG TABLET	7	90.00	0.09	0.10215	10%-25% Below	Yes	No
64980027903	GLIPIZIDE ER 2.5 MG TABLET	8	90.00	0.12	0.10115	10%-25% Above	Yes	No
64980028001	GLIPIZIDE ER 5 MG TABLET	6	90.00	0.12	0.07614	51%-75% Above	Yes	No
64980028005	GLIPIZIDE ER 5 MG TABLET	5	30.00	0.09	0.07756	10%-25% Above	No	No
64980028005	GLIPIZIDE ER 5 MG TABLET	5	90.00	0.09	0.07756	10%-25% Above	No	No
64980028005	GLIPIZIDE ER 5 MG TABLET	6	10.00	0.09	0.07614	10%-25% Above	No	No
64980028005	GLIPIZIDE ER 5 MG TABLET	6	30.00	0.09	0.07614	10%-25% Above	No	No
64980028005	GLIPIZIDE ER 5 MG TABLET	6	90.00	0.09	0.07614	10%-25% Above	No	No
64980028005	GLIPIZIDE ER 5 MG TABLET	7	30.00	0.09	0.07512	10%-25% Above	No	No
64980028005	GLIPIZIDE ER 5 MG TABLET	7	90.00	0.09	0.07512	10%-25% Above	No	No
64980028005	GLIPIZIDE ER 5 MG TABLET	8	10.00	0.09	0.07274	10%-25% Above	No	No
64980028005	GLIPIZIDE ER 5 MG TABLET	8	30.00	0.09	0.07274	10%-25% Above	No	No
64980028101	GLIPIZIDE ER 10 MG TABLET	4	30.00	0.11	0.12970	10%-25% Below	No	No
64980028101	GLIPIZIDE ER 10 MG TABLET	4	90.00	0.11	0.12970	10%-25% Below	Yes	No
64980028101	GLIPIZIDE ER 10 MG TABLET	4	90.00	0.20	0.12970	51%-75% Above	Yes	No
64980028101	GLIPIZIDE ER 10 MG TABLET	4	180.00	0.24	0.12970	76%-100% Above	Yes	No

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64980028101	GLIPIZIDE ER 10 MG TABLET	5	14.00	0.11	0.13039	10%-25% Below	Yes	No
64980028101	GLIPIZIDE ER 10 MG TABLET	5	30.00	0.11	0.13039	10%-25% Below	No	No
64980028101	GLIPIZIDE ER 10 MG TABLET	5	90.00	0.11	0.13039	10%-25% Below	No	No
64980028101	GLIPIZIDE ER 10 MG TABLET	5	90.00	0.20	0.13039	51%-75% Above	Yes	No
64980028101	GLIPIZIDE ER 10 MG TABLET	5	180.00	0.11	0.13039	10%-25% Below	No	No
64980028101	GLIPIZIDE ER 10 MG TABLET	5	180.00	0.11	0.13039	10%-25% Below	Yes	No
64980028101	GLIPIZIDE ER 10 MG TABLET	7	90.00	0.20	0.12549	51%-75% Above	Yes	No
64980028101	GLIPIZIDE ER 10 MG TABLET	7	180.00	0.11	0.12549	10%-25% Below	No	No
64980028101	GLIPIZIDE ER 10 MG TABLET	7	180.00	0.11	0.12549	10%-25% Below	Yes	No
64980028101	GLIPIZIDE ER 10 MG TABLET	7	180.00	0.24	0.12549	76%-100% Above	Yes	No
64980028101	GLIPIZIDE ER 10 MG TABLET	8	180.00	0.11	0.12260	10%-25% Below	No	No
64980028105	GLIPIZIDE ER 10 MG TABLET	4	90.00	0.11	0.12970	10%-25% Below	No	No
64980028105	GLIPIZIDE ER 10 MG TABLET	6	90.00	0.11	0.12831	10%-25% Below	No	No
64980028105	GLIPIZIDE ER 10 MG TABLET	6	180.00	0.11	0.12831	10%-25% Below	No	No
64980032005	TRIAMCINOLONE 0.1% PASTE	4	15.00	1.87	2.73154	26%-50% Below	No	No
64980033104	FLUOCINOLONE 0.01% BODY OIL	8	118.28	0.08	0.17765	51%-75% Below	No	No
64980033104	FLUOCINOLONE 0.01% BODY OIL	8	118.28	0.13	0.17765	26%-50% Below	No	No
64980034214	ALENDRONATE SODIUM 70 MG TAB	4	12.00	0.71	0.25681	101%-200% Above	No	No
64980034214	ALENDRONATE SODIUM 70 MG TAB	6	4.00	0.71	0.25981	101%-200% Above	No	No
64980034214	ALENDRONATE SODIUM 70 MG TAB	6	12.00	0.71	0.25981	101%-200% Above	No	No
64980034214	ALENDRONATE SODIUM 70 MG TAB	7	4.00	0.52	0.25708	101%-200% Above	No	No
64980034214	ALENDRONATE SODIUM 70 MG TAB	7	4.00	0.71	0.25708	101%-200% Above	No	No
64980034214	ALENDRONATE SODIUM 70 MG TAB	7	12.00	0.71	0.25708	101%-200% Above	No	No
64980034214	ALENDRONATE SODIUM 70 MG TAB	8	4.00	0.71	0.25788	101%-200% Above	No	No
64980037503	ATOMOXETINE HCL 25 MG CAPSULE	7	60.00	1.58	0.38537	200% Above	No	No

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64980037603	ATOMOXETINE HCL 40 MG CAPSULE	7	30.00	0.21	0.45925	51%-75% Below	No	No
64980037703	ATOMOXETINE HCL 60 MG CAPSULE	8	30.00	1.82	0.49752	200% Above	No	No
64980041209	PREGABALIN 75 MG CAPSULE	4	90.00	0.03	0.05088	26%-50% Below	No	No
64980041209	PREGABALIN 75 MG CAPSULE	5	90.00	0.03	0.05002	26%-50% Below	No	No
64980041209	PREGABALIN 75 MG CAPSULE	7	60.00	0.03	0.04942	26%-50% Below	No	No
64980041209	PREGABALIN 75 MG CAPSULE	8	60.00	0.03	0.05049	26%-50% Below	No	No
64980041209	PREGABALIN 75 MG CAPSULE	8	90.00	0.03	0.05049	26%-50% Below	No	No
64980041210	PREGABALIN 75 MG CAPSULE	5	30.00	0.31	0.05002	200% Above	No	No
64980041210	PREGABALIN 75 MG CAPSULE	6	30.00	0.31	0.04990	200% Above	No	No
64980041210	PREGABALIN 75 MG CAPSULE	7	30.00	0.31	0.04942	200% Above	No	No
64980041409	PREGABALIN 150 MG CAPSULE	6	60.00	0.03	0.05050	26%-50% Below	No	No
64980041409	PREGABALIN 150 MG CAPSULE	7	60.00	0.03	0.04891	26%-50% Below	No	No
64980041409	PREGABALIN 150 MG CAPSULE	8	60.00	0.03	0.05105	26%-50% Below	No	No
64980041410	PREGABALIN 150 MG CAPSULE	5	180.00	0.32	0.05055	200% Above	No	No
64980041410	PREGABALIN 150 MG CAPSULE	7	90.00	0.32	0.04891	200% Above	No	No
64980041509	PREGABALIN 200 MG CAPSULE	5	60.00	0.04	0.05740	26%-50% Below	No	No
64980041509	PREGABALIN 200 MG CAPSULE	6	60.00	0.04	0.05728	26%-50% Below	No	No
64980041509	PREGABALIN 200 MG CAPSULE	7	60.00	0.04	0.05638	26%-50% Below	No	No
64980041509	PREGABALIN 200 MG CAPSULE	8	60.00	0.04	0.05655	26%-50% Below	No	No
64980042712	TINIDAZOLE 500 MG TABLET	7	8.00	1.10	2.12112	26%-50% Below	No	No
64980042712	TINIDAZOLE 500 MG TABLET	8	8.00	1.10	2.19872	26%-50% Below	No	No
64980043001	CEFIXIME TAB 400MG	8	1.00	18.18	.		No	No
64980043110	OXYBUTYNIN 5 MG TABLET	4	60.00	0.25	0.04836	200% Above	No	No
64980043110	OXYBUTYNIN 5 MG TABLET	7	60.00	0.25	0.04688	200% Above	No	No
64980043110	OXYBUTYNIN 5 MG TABLET	8	60.00	0.25	0.04729	200% Above	No	No

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64980043205	OFLOXACIN 0.3% EAR DROPS	7	5.00	3.32	1.07221	200% Above	No	No
64980043810	ATENOLOL 50 MG TABLET	4	90.00	0.07	0.02553	101%-200% Above	No	No
64980043810	ATENOLOL 50 MG TABLET	6	90.00	0.11	0.02468	200% Above	No	No
64980044801	NEOMYCIN-POLYMYXIN-HC EAR SUSP	6	10.00	2.08	3.82686	26%-50% Below	No	No
64980050448	CYPROHEPTADINE 2 MG/5 ML SYRUP	5	30.00	0.03	0.04120	10%-25% Below	No	No
64980050448	CYPROHEPTADINE 2 MG/5 ML SYRUP	5	210.00	0.02	0.04120	26%-50% Below	No	No
64980050448	CYPROHEPTADINE 2 MG/5 ML SYRUP	6	90.00	0.02	0.04111	51%-75% Below	No	No
64980050448	CYPROHEPTADINE 2 MG/5 ML SYRUP	6	210.00	0.02	0.04111	26%-50% Below	No	No
64980050448	CYPROHEPTADINE 2 MG/5 ML SYRUP	7	300.00	0.02	0.04085	26%-50% Below	No	No
64980051110	CLINDAMYCIN (PEDI) 75 MG/5 ML	5	300.00	0.07	0.14112	51%-75% Below	Yes	No
64980051110	CLINDAMYCIN (PEDI) 75 MG/5 ML	7	300.00	0.07	0.12740	26%-50% Below	Yes	No
64980051305	TIMOLOL MALEATE 0.25% EYE DROP	6	10.00	0.33	0.63048	26%-50% Below	Yes	No
64980051305	TIMOLOL MALEATE 0.25% EYE DROP	8	10.00	0.33	0.66101	26%-50% Below	Yes	No
64980051401	TIMOLOL MALEATE 0.5% EYE DROPS	4	10.00	0.63	0.75194	10%-25% Below	Yes	No
64980051401	TIMOLOL MALEATE 0.5% EYE DROPS	4	30.00	0.62	0.75194	10%-25% Below	Yes	No
64980051401	TIMOLOL MALEATE 0.5% EYE DROPS	5	30.00	0.62	0.75535	10%-25% Below	Yes	No
64980051405	TIMOLOL MALEATE 0.5% EYE DROPS	4	5.00	0.71	1.05708	26%-50% Below	No	No
64980051405	TIMOLOL MALEATE 0.5% EYE DROPS	7	10.00	0.72	1.04056	26%-50% Below	No	No
64980051405	TIMOLOL MALEATE 0.5% EYE DROPS	8	5.00	0.71	1.05919	26%-50% Below	No	No
64980051415	TIMOLOL MALEATE 0.5% EYE DROPS	5	15.00	0.56	0.79615	26%-50% Below	Yes	No
64980051415	TIMOLOL MALEATE 0.5% EYE DROPS	7	15.00	0.39	0.77959	26%-50% Below	Yes	No
64980051415	TIMOLOL MALEATE 0.5% EYE DROPS	8	15.00	0.56	0.76026	26%-50% Below	Yes	No
64980051505	OFLOXACIN 0.3% EYE DROPS	6	5.00	1.89	1.30929	26%-50% Above	No	No
64980051625	LATANOPROST 0.005% EYE DROPS	8	2.50	1.96	1.56853	10%-25% Above	Yes	No
64980052810	SODIUM BICARB 650 MG TABLET	7	60.00	0.20	0.01304	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64980052810	SODIUM BICARB 650 MG TABLET	8	180.00	0.08	0.01295	200% Above	Yes	No
64980056201	FUROSEMIDE 20 MG TABLET	5	30.00	0.03	0.02749	10%-25% Above	No	No
64980056201	FUROSEMIDE 20 MG TABLET	6	30.00	0.03	0.02721	10%-25% Above	No	No
64980056201	FUROSEMIDE 20 MG TABLET	7	30.00	0.03	0.02711	10%-25% Above	No	No
64980056201	FUROSEMIDE 20 MG TABLET	8	30.00	0.03	0.02676	10%-25% Above	No	No
64980056210	FUROSEMIDE 20 MG TABLET	3	5.00	0.09	0.02703	200% Above	No	No
64980056210	FUROSEMIDE 20 MG TABLET	4	30.00	0.01	0.02696	51%-75% Below	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	4	30.00	0.03	0.02696	10%-25% 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	0.02	0.02696	10%-25% Below	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	5	7.00	0.03	0.02749	10%-25% Above	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	5	30.00	0.03	0.02749	10%-25% Above	No	No
64980056210	FUROSEMIDE 20 MG TABLET	5	30.00	0.03	0.02749	10%-25% Above	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	5	30.00	0.04	0.02749	26%-50% Above	No	No
64980056210	FUROSEMIDE 20 MG TABLET	5	30.00	0.04	0.02749	26%-50% Above	No	No
64980056210	FUROSEMIDE 20 MG TABLET	5	90.00	0.01	0.02749	51%-75% Below	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	5	90.00	0.02	0.02749	26%-50% Below	No	No
64980056210	FUROSEMIDE 20 MG TABLET	5	90.00	0.02	0.02749	26%-50% Below	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	5	90.00	0.03	0.02749	10%-25% Above	No	No
64980056210	FUROSEMIDE 20 MG TABLET	5	90.00	0.03	0.02749	10%-25% Above	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	6	15.00	0.03	0.02721	10%-25% Above	No	No
64980056210	FUROSEMIDE 20 MG TABLET	6	30.00	0.03	0.02721	10%-25% Above	No	No
64980056210	FUROSEMIDE 20 MG TABLET	6	30.00	0.03	0.02721	10%-25% Above	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	6	90.00	0.01	0.02721	51%-75% Below	No	No
64980056210	FUROSEMIDE 20 MG TABLET	6	90.00	0.02	0.02721	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	90.00	0.03	0.02721	10%-25% Above	No	No
64980056210	FUROSEMIDE 20 MG TABLET	6	90.00	0.03	0.02721	10%-25% Above	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	6	180.00	0.02	0.02721	26%-50% Below	No	No
64980056210	FUROSEMIDE 20 MG TABLET	7	4.00	0.21	0.02711	200% Above	No	No
64980056210	FUROSEMIDE 20 MG TABLET	7	7.00	0.03	0.02711	26%-50% Above	No	No
64980056210	FUROSEMIDE 20 MG TABLET	7	10.00	0.03	0.02711	10%-25% Above	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	7	30.00	0.03	0.02711	10%-25% Above	No	No
64980056210	FUROSEMIDE 20 MG TABLET	7	30.00	0.03	0.02711	10%-25% Above	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	7	30.00	0.03	0.02711	10%-25% Above	No	No
64980056210	FUROSEMIDE 20 MG TABLET	7	90.00	0.02	0.02711	10%-25% Below	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	7	90.00	0.03	0.02711	10%-25% Above	No	No
64980056210	FUROSEMIDE 20 MG TABLET	7	210.00	0.03	0.02711	10%-25% Above	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	8	30.00	0.03	0.02676	10%-25% Above	No	No
64980056210	FUROSEMIDE 20 MG TABLET	8	30.00	0.03	0.02676	10%-25% Above	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	8	30.00	0.03	0.02676	10%-25% Above	No	No
64980056210	FUROSEMIDE 20 MG TABLET	8	90.00	0.02	0.02676	26%-50% Below	No	No
64980056210	FUROSEMIDE 20 MG TABLET	8	90.00	0.02	0.02676	26%-50% Below	No	No
64980056310	FUROSEMIDE 40 MG TABLET	4	30.00	0.01	0.03167	51%-75% Below	No	No
64980056310	FUROSEMIDE 40 MG TABLET	4	30.00	0.04	0.03167	10%-25% Above	No	No
64980056310	FUROSEMIDE 40 MG TABLET	5	30.00	0.04	0.03173	26%-50% Above	No	No
64980056310	FUROSEMIDE 40 MG TABLET	5	180.00	0.03	0.03173	10%-25% Below	Yes	No
64980056310	FUROSEMIDE 40 MG TABLET	5	180.00	0.03	0.03173	10%-25% Below	Yes	No
64980056310	FUROSEMIDE 40 MG TABLET	6	30.00	0.04	0.03067	26%-50% Above	No	No
64980056310	FUROSEMIDE 40 MG TABLET	6	90.00	0.02	0.03067	26%-50% Below	No	No
64980056310	FUROSEMIDE 40 MG TABLET	6	90.00	0.02	0.03067	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	90.00	0.03	0.03067	10%-25% Below	Yes	No
64980056310	FUROSEMIDE 40 MG TABLET	6	90.00	0.04	0.03067	10%-25% Above	No	No
64980056310	FUROSEMIDE 40 MG TABLET	6	90.00	0.04	0.03067	10%-25% Above	Yes	No
64980056310	FUROSEMIDE 40 MG TABLET	7	30.00	0.03	0.03000	10%-25% Above	Yes	No
64980056310	FUROSEMIDE 40 MG TABLET	7	60.00	0.04	0.03000	26%-50% Above	No	No
64980056310	FUROSEMIDE 40 MG TABLET	7	90.00	0.02	0.03000	26%-50% Below	No	No
64980056310	FUROSEMIDE 40 MG TABLET	8	30.00	0.03	0.02929	10%-25% Above	Yes	No
64980056310	FUROSEMIDE 40 MG TABLET	8	30.00	0.04	0.02929	26%-50% Above	No	No
64980056310	FUROSEMIDE 40 MG TABLET	8	60.00	0.04	0.02929	26%-50% Above	No	No
64980056310	FUROSEMIDE 40 MG TABLET	8	90.00	0.02	0.02929	26%-50% Below	Yes	No
64980056310	FUROSEMIDE 40 MG TABLET	8	180.00	0.03	0.02929	10%-25% Below	Yes	No
64980058103	VENLAFAXINE HCL ER 225 MG TAB	5	90.00	1.82	0.52931	200% Above	No	No
64980059248	LACTULOSE 10 GM/15 ML SOLUTION	3	300.00	0.01	0.01289	10%-25% 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	4	2365.00	0.01	0.01301	26%-50% Below	Yes	No
64980059248	LACTULOSE 10 GM/15 ML SOLUTION	6	1350.00	0.01	0.01313	26%-50% Below	No	No
64980059248	LACTULOSE 10 GM/15 ML SOLUTION	7	450.00	0.01	0.01314	26%-50% Below	No	No
64980059248	LACTULOSE 10 GM/15 ML SOLUTION	8	240.00	0.01	0.01321	26%-50% Below	No	No
64980060412	LEVETIRACETAM 250 MG TABLET	4	60.00	0.07	0.05825	10%-25% Above	Yes	No
64980060412	LEVETIRACETAM 250 MG TABLET	5	60.00	0.07	0.05862	10%-25% Above	Yes	No
64980060512	LEVETIRACETAM 500 MG TABLET	4	120.00	0.07	0.07798	10%-25% Below	Yes	No
64980060512	LEVETIRACETAM 500 MG TABLET	5	90.00	0.07	0.07804	10%-25% Below	Yes	No
64980060512	LEVETIRACETAM 500 MG TABLET	5	180.00	0.11	0.07804	26%-50% Above	Yes	No
64980060512	LEVETIRACETAM 500 MG TABLET	5	360.00	0.09	0.07804	10%-25% Above	Yes	No
64980060512	LEVETIRACETAM 500 MG TABLET	7	180.00	0.10	0.07506	26%-50% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64980060612	LEVETIRACETAM 750 MG TABLET	4	60.00	0.19	0.11697	51%-75% Above	Yes	No
64980060612	LEVETIRACETAM 750 MG TABLET	5	60.00	0.19	0.11666	51%-75% Above	Yes	No
64980060612	LEVETIRACETAM 750 MG TABLET	5	90.00	0.09	0.11666	10%-25% Below	Yes	No
64980060612	LEVETIRACETAM 750 MG TABLET	5	360.00	0.09	0.11666	10%-25% Below	Yes	No
64980060612	LEVETIRACETAM 750 MG TABLET	6	60.00	0.19	0.11643	51%-75% Above	Yes	No
64980060612	LEVETIRACETAM 750 MG TABLET	7	60.00	0.19	0.11324	51%-75% Above	Yes	No
64980060612	LEVETIRACETAM 750 MG TABLET	8	60.00	0.09	0.11054	10%-25% Below	Yes	No
64980060612	LEVETIRACETAM 750 MG TABLET	8	90.00	0.09	0.11054	10%-25% Below	Yes	No
64980060706	LEVETIRACETAM 1,000 MG TABLET	5	180.00	0.07	0.16303	51%-75% Below	Yes	No
64980060706	LEVETIRACETAM 1,000 MG TABLET	5	180.00	0.25	0.16303	51%-75% Above	Yes	No
64980060706	LEVETIRACETAM 1,000 MG TABLET	5	270.00	0.12	0.16303	26%-50% Below	No	No
64980061410	TRAMADOL HCL 50 MG TABLET	6	90.00	0.05	0.02371	101%-200% Above	No	No
64980061410	TRAMADOL HCL 50 MG TABLET	7	15.00	0.04	0.02351	76%-100% Above	No	No
64980061410	TRAMADOL HCL 50 MG TABLET	7	30.00	0.05	0.02351	101%-200% Above	No	No
64980061410	TRAMADOL HCL 50 MG TABLET	8	20.00	0.03	0.02453	10%-25% Above	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	4	16.00	0.05	0.02408	101%-200% Above	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	4	20.00	0.05	0.02408	101%-200% Above	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	4	20.00	0.08	0.02408	200% Above	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	4	90.00	0.01	0.02408	26%-50% Below	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	5	8.00	0.07	0.02365	101%-200% Above	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	5	10.00	0.05	0.02365	101%-200% Above	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	5	12.00	0.01	0.02365	51%-75% Below	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	5	30.00	0.05	0.02365	101%-200% Above	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	5	90.00	0.01	0.02365	26%-50% Below	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	5	120.00	0.05	0.02365	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	180.00	0.05	0.02365	101%-200% Above	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	6	28.00	0.05	0.02371	101%-200% Above	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	6	30.00	0.05	0.02371	101%-200% Above	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	6	90.00	0.01	0.02371	26%-50% Below	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	6	120.00	0.05	0.02371	101%-200% Above	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	6	180.00	0.05	0.02371	101%-200% Above	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	7	12.00	0.05	0.02351	101%-200% Above	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	7	12.00	0.07	0.02351	200% Above	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	7	20.00	0.01	0.02351	51%-75% Below	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	7	30.00	0.05	0.02351	101%-200% Above	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	7	90.00	0.01	0.02351	26%-50% Below	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	7	120.00	0.05	0.02351	101%-200% Above	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	7	180.00	0.05	0.02351	101%-200% Above	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	8	12.00	0.05	0.02453	76%-100% Above	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	8	12.00	0.05	0.02453	76%-100% Above	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	8	12.00	0.07	0.02453	101%-200% Above	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	8	25.00	0.05	0.02453	76%-100% Above	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	8	90.00	0.01	0.02453	26%-50% Below	No	No
64980064503	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	6	90.00	0.04	0.08612	26%-50% Below	No	No
64980064503	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	6	180.00	0.04	0.08612	51%-75% Below	Yes	No
64980064503	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	7	90.00	0.04	0.08380	26%-50% Below	No	No
64980064503	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	7	180.00	0.04	0.08380	51%-75% Below	Yes	No
64980064503	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	7	540.00	0.04	0.08380	26%-50% Below	Yes	No
64980065501	CYCLOBENZAPRINE 5 MG TABLET	7	30.00	0.09	0.02112	200% Above	No	No
64980065501	CYCLOBENZAPRINE 5 MG TABLET	8	15.00	0.09	0.02145	200% Above	No	No

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64980065501	CYCLOBENZAPRINE 5 MG TABLET	8	30.00	0.09	0.02145	200% Above	No	No
64980065501	CYCLOBENZAPRINE 5 MG TABLET	8	60.00	0.01	0.02145	26%-50% Below	Yes	No
64980065710	CYCLOBENZAPRINE 10 MG TABLET	7	10.00	0.09	0.01731	200% Above	No	No
64980065710	CYCLOBENZAPRINE 10 MG TABLET	7	30.00	0.09	0.01731	200% Above	No	No
64980065710	CYCLOBENZAPRINE 10 MG TABLET	7	90.00	0.09	0.01731	200% Above	No	No
64980067201	TRAZODONE 50 MG TABLET	6	30.00	0.07	0.03247	76%-100% Above	No	No
64980067201	TRAZODONE 50 MG TABLET	6	30.00	0.08	0.03247	101%-200% Above	No	No
64980067201	TRAZODONE 50 MG TABLET	6	60.00	0.08	0.03247	101%-200% Above	No	No
64980067201	TRAZODONE 50 MG TABLET	6	90.00	0.06	0.03247	76%-100% Above	No	No
64980067201	TRAZODONE 50 MG TABLET	6	90.00	0.08	0.03247	101%-200% Above	No	No
64980067201	TRAZODONE 50 MG TABLET	7	30.00	0.08	0.03186	101%-200% Above	No	No
64980067201	TRAZODONE 50 MG TABLET	7	60.00	0.08	0.03186	101%-200% Above	No	No
64980067201	TRAZODONE 50 MG TABLET	7	90.00	0.05	0.03186	51%-75% Above	No	No
64980067201	TRAZODONE 50 MG TABLET	8	30.00	0.08	0.03124	101%-200% Above	No	No
64980067201	TRAZODONE 50 MG TABLET	8	60.00	0.08	0.03124	101%-200% Above	No	No
64980067201	TRAZODONE 50 MG TABLET	8	180.00	0.08	0.03124	101%-200% Above	No	No
64980067301	TRAZODONE 100 MG TABLET	5	90.00	0.09	0.05035	76%-100% Above	No	No
64980067301	TRAZODONE 100 MG TABLET	6	60.00	0.09	0.04949	76%-100% Above	No	No
64980067301	TRAZODONE 100 MG TABLET	8	30.00	0.09	0.05057	76%-100% 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	60.00	0.11	0.03540	200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.09	0.03540	101%-200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.11	0.03540	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	30.00	0.10	0.03611	101%-200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	0.11	0.03611	200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	0.11	0.03611	200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	0.12	0.03611	200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.00	0.01	0.03611	51%-75% Below	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.00	0.08	0.03611	101%-200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.00	0.09	0.03611	101%-200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.00	0.11	0.03611	200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	5	180.00	0.10	0.03611	101%-200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	6	14.00	0.11	0.03608	200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	0.10	0.03608	101%-200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	0.11	0.03608	101%-200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	0.11	0.03608	200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	0.11	0.03608	200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	0.12	0.03608	200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	0.08	0.03608	101%-200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	0.08	0.03608	101%-200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	0.09	0.03608	101%-200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	0.10	0.03608	101%-200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	0.11	0.03608	200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	6	180.00	0.11	0.03608	200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.00	0.10	0.03597	101%-200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.00	0.11	0.03597	200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.00	0.11	0.03597	200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.00	0.12	0.03597	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	60.00	0.10	0.03597	101%-200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.00	0.08	0.03597	101%-200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.00	0.09	0.03597	101%-200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.00	0.11	0.03597	200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.00	0.10	0.03522	101%-200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.00	0.10	0.03522	101%-200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.00	0.11	0.03522	200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.00	0.11	0.03522	200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.00	0.11	0.03522	200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	0.08	0.03522	101%-200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	0.08	0.03522	101%-200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	0.09	0.03522	101%-200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	0.11	0.03522	200% Above	No	No
65162002309	LISDEXAMFETAMINE 20 MG CAPSULE	4	30.00	2.27	2.55885	10%-25% Below	No	No
65162002309	LISDEXAMFETAMINE 20 MG CAPSULE	5	30.00	0.17	2.73182	76%-100% Below	No	No
65162002309	LISDEXAMFETAMINE 20 MG CAPSULE	5	30.00	0.33	2.73182	76%-100% Below	No	No
65162002309	LISDEXAMFETAMINE 20 MG CAPSULE	5	30.00	1.12	2.73182	51%-75% Below	No	No
65162002309	LISDEXAMFETAMINE 20 MG CAPSULE	5	30.00	1.28	2.73182	51%-75% Below	No	No
65162002309	LISDEXAMFETAMINE 20 MG CAPSULE	7	30.00	1.09	2.74547	51%-75% Below	No	No
65162002309	LISDEXAMFETAMINE 20 MG CAPSULE	7	30.00	1.12	2.74547	51%-75% Below	No	No
65162002309	LISDEXAMFETAMINE 20 MG CAPSULE	8	30.00	1.05	2.59686	51%-75% Below	No	No
65162002309	LISDEXAMFETAMINE 20 MG CAPSULE	8	30.00	1.55	2.59686	26%-50% Below	No	No
65162002409	LISDEXAMFETAMINE 30 MG CAPSULE	4	90.00	0.38	3.04859	76%-100% Below	No	No
65162002409	LISDEXAMFETAMINE 30 MG CAPSULE	5	30.00	0.01	3.12473	76%-100% Below	No	No
65162002409	LISDEXAMFETAMINE 30 MG CAPSULE	5	30.00	0.17	3.12473	76%-100% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65162002409	LISDEXAMFETAMINE 30 MG CAPSULE	5	30.00	0.50	3.12473	76%-100% Below	No	No
65162002409	LISDEXAMFETAMINE 30 MG CAPSULE	5	30.00	1.68	3.12473	26%-50% Below	No	No
65162002409	LISDEXAMFETAMINE 30 MG CAPSULE	6	30.00	0.17	3.03663	76%-100% Below	No	No
65162002509	LISDEXAMFETAMINE 40 MG CAPSULE	4	30.00	0.39	2.93842	76%-100% Below	No	No
65162002509	LISDEXAMFETAMINE 40 MG CAPSULE	4	30.00	0.67	2.93842	76%-100% Below	No	No
65162002509	LISDEXAMFETAMINE 40 MG CAPSULE	5	30.00	0.33	2.92284	76%-100% Below	No	No
65162002509	LISDEXAMFETAMINE 40 MG CAPSULE	5	30.00	0.50	2.92284	76%-100% Below	No	No
65162002509	LISDEXAMFETAMINE 40 MG CAPSULE	5	30.00	0.67	2.92284	76%-100% Below	No	No
65162002509	LISDEXAMFETAMINE 40 MG CAPSULE	5	30.00	1.23	2.92284	51%-75% Below	No	No
65162002509	LISDEXAMFETAMINE 40 MG CAPSULE	6	14.00	1.23	2.81679	51%-75% Below	No	No
65162002509	LISDEXAMFETAMINE 40 MG CAPSULE	6	30.00	0.50	2.81679	76%-100% Below	No	No
65162002509	LISDEXAMFETAMINE 40 MG CAPSULE	6	30.00	0.67	2.81679	76%-100% Below	No	No
65162002509	LISDEXAMFETAMINE 40 MG CAPSULE	6	30.00	1.61	2.81679	26%-50% Below	No	No
65162002509	LISDEXAMFETAMINE 40 MG CAPSULE	7	30.00	0.80	2.72415	51%-75% Below	No	No
65162002509	LISDEXAMFETAMINE 40 MG CAPSULE	8	30.00	1.61	2.62982	26%-50% Below	No	No
65162002609	LISDEXAMFETAMINE 50 MG CAPSULE	4	30.00	0.67	2.79284	76%-100% Below	No	No
65162002609	LISDEXAMFETAMINE 50 MG CAPSULE	5	30.00	0.50	2.84456	76%-100% Below	No	No
65162002609	LISDEXAMFETAMINE 50 MG CAPSULE	6	30.00	0.50	2.88660	76%-100% Below	No	No
65162002609	LISDEXAMFETAMINE 50 MG CAPSULE	7	30.00	0.50	2.76500	76%-100% Below	No	No
65162002609	LISDEXAMFETAMINE 50 MG CAPSULE	7	30.00	0.79	2.76500	51%-75% Below	No	No
65162002609	LISDEXAMFETAMINE 50 MG CAPSULE	7	90.00	0.79	2.76500	51%-75% Below	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	8.00	2.94866	101%-200% Above	No	No
65162002709	LISDEXAMFETAMINE 60 MG CAPSULE	5	30.00	0.50	2.97003	76%-100% Below	No	No
65162002709	LISDEXAMFETAMINE 60 MG CAPSULE	5	30.00	1.62	2.97003	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	30.00	1.63	2.97451	26%-50% Below	No	No
65162002709	LISDEXAMFETAMINE 60 MG CAPSULE	7	30.00	1.64	2.86472	26%-50% Below	No	No
65162002709	LISDEXAMFETAMINE 60 MG CAPSULE	8	30.00	1.64	2.81282	26%-50% Below	No	No
65162002809	LISDEXAMFETAMINE 70 MG CAPSULE	5	30.00	0.50	2.97495	76%-100% Below	No	No
65162002809	LISDEXAMFETAMINE 70 MG CAPSULE	5	30.00	1.61	2.97495	26%-50% Below	No	No
65162002809	LISDEXAMFETAMINE 70 MG CAPSULE	6	30.00	5.32	2.92336	76%-100% Above	No	No
65162002809	LISDEXAMFETAMINE 70 MG CAPSULE	7	30.00	5.32	2.81172	76%-100% Above	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	24.00	0.11	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	4	90.00	0.11	0.20903	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	4	120.00	0.11	0.20903	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	5	14.00	0.12	0.21439	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	5	15.00	0.11	0.21439	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	5	16.00	0.11	0.21439	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	5	28.00	0.11	0.21439	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	5	60.00	0.11	0.21439	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	5	90.00	0.11	0.21439	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	5	120.00	0.11	0.21439	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	6	12.00	0.11	0.22362	51%-75% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	6	12.00	0.12	0.22362	26%-50% Below	Yes	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	6	28.00	0.11	0.22362	51%-75% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	6	60.00	0.11	0.22362	51%-75% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	6	90.00	0.11	0.22362	51%-75% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	6	120.00	0.11	0.22362	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	2.00	0.32	0.23295	26%-50% Above	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	7	8.00	0.11	0.23295	51%-75% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	7	12.00	0.11	0.23295	51%-75% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	7	12.00	0.13	0.23295	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	7	20.00	0.13	0.23295	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	7	60.00	0.11	0.23295	51%-75% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	7	90.00	0.11	0.23295	51%-75% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	7	120.00	0.11	0.23295	51%-75% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	8	10.00	0.11	0.24320	51%-75% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	8	10.00	0.14	0.24320	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	8	15.00	0.11	0.24320	51%-75% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	8	16.00	0.11	0.24320	51%-75% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	8	60.00	0.11	0.24320	51%-75% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	8	90.00	0.11	0.24320	51%-75% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	8	120.00	0.11	0.24320	51%-75% Below	No	No
65162004710	OXYCODONE HCL (IR) 5 MG TABLET	5	12.00	0.10	0.08857	10%-25% Above	No	No
65162004710	OXYCODONE HCL (IR) 5 MG TABLET	6	1.00	0.38	0.08891	200% Above	Yes	No
65162004710	OXYCODONE HCL (IR) 5 MG TABLET	7	15.00	0.10	0.08660	10%-25% Above	No	No
65162004710	OXYCODONE HCL (IR) 5 MG TABLET	8	15.00	0.10	0.08652	10%-25% Above	Yes	No
65162005703	RALOXIFENE HCL 60 MG TABLET	4	90.00	0.31	0.23968	26%-50% Above	Yes	No
65162005703	RALOXIFENE HCL 60 MG TABLET	7	90.00	0.31	0.23875	26%-50% Above	Yes	No
65162005827	SEVELAMER CARBONATE 800 MG TAB	5	630.00	0.61	0.22723	101%-200% Above	No	No
65162006205	SUCRALFATE 1 GM/10 ML SUSP	5	1200.00	0.10	0.11791	10%-25% Below	No	No
65162010110	GABAPENTIN 100 MG CAPSULE	5	42.00	0.05	0.02117	101%-200% Above	No	No
65162010110	GABAPENTIN 100 MG CAPSULE	5	90.00	0.05	0.02117	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65162010110	GABAPENTIN 100 MG CAPSULE	8	90.00	0.05	0.02095	101%-200% Above	No	No
65162010111	GABAPENTIN 100 MG CAPSULE	6	90.00	0.01	0.02098	51%-75% Below	Yes	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	0.05	0.02107	101%-200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	4	90.00	0.01	0.02107	26%-50% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	4	90.00	0.05	0.02107	101%-200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	4	120.00	0.05	0.02107	101%-200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	4	180.00	0.05	0.02107	101%-200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	5	21.00	0.04	0.02117	76%-100% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	5	60.00	0.01	0.02117	51%-75% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	5	60.00	0.05	0.02117	101%-200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	5	90.00	0.01	0.02117	26%-50% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	5	90.00	0.01	0.02117	26%-50% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	5	90.00	0.05	0.02117	101%-200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	5	180.00	0.05	0.02117	101%-200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	5	270.00	0.05	0.02117	101%-200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	6	30.00	0.05	0.02098	101%-200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	6	42.00	0.05	0.02098	101%-200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	6	60.00	0.01	0.02098	51%-75% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	6	60.00	0.05	0.02098	101%-200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	6	90.00	0.01	0.02098	26%-50% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	6	90.00	0.05	0.02098	101%-200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	6	120.00	0.05	0.02098	101%-200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	6	180.00	0.05	0.02098	101%-200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	6	270.00	0.05	0.02098	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	30.00	0.05	0.02075	101%-200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	7	60.00	0.01	0.02075	51%-75% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	7	60.00	0.02	0.02075	26%-50% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	7	90.00	0.01	0.02075	26%-50% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	7	90.00	0.05	0.02075	101%-200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	7	180.00	0.05	0.02075	101%-200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	8	42.00	0.05	0.02095	101%-200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	8	60.00	0.02	0.02095	26%-50% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	8	60.00	0.05	0.02095	101%-200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	8	90.00	0.05	0.02095	101%-200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	8	120.00	0.05	0.02095	101%-200% Above	No	No
65162010211	GABAPENTIN 300 MG CAPSULE	4	90.00	0.03	0.03246	10%-25% Below	Yes	No
65162010211	GABAPENTIN 300 MG CAPSULE	5	30.00	0.06	0.03246	76%-100% Above	Yes	No
65162010211	GABAPENTIN 300 MG CAPSULE	5	90.00	0.03	0.03246	10%-25% Below	Yes	No
65162010211	GABAPENTIN 300 MG CAPSULE	5	90.00	0.03	0.03246	10%-25% Below	Yes	No
65162010211	GABAPENTIN 300 MG CAPSULE	6	24.00	0.06	0.03245	76%-100% Above	Yes	No
65162010211	GABAPENTIN 300 MG CAPSULE	7	270.00	0.05	0.03078	51%-75% Above	Yes	No
65162010211	GABAPENTIN 300 MG CAPSULE	8	27.00	0.04	0.03015	10%-25% Above	Yes	No
65162010250	GABAPENTIN 300 MG CAPSULE	4	30.00	0.06	0.03246	76%-100% Above	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	0.01	0.03246	51%-75% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	4	90.00	0.03	0.03246	10%-25% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	4	90.00	0.06	0.03246	76%-100% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	4	180.00	0.06	0.03246	76%-100% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	4	270.00	0.06	0.03246	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	360.00	0.06	0.03246	76%-100% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	5	21.00	0.04	0.03246	10%-25% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	5	30.00	0.06	0.03246	76%-100% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	5	60.00	0.06	0.03246	76%-100% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	5	90.00	0.01	0.03246	51%-75% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	5	90.00	0.02	0.03246	10%-25% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	5	90.00	0.06	0.03246	76%-100% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	5	180.00	0.06	0.03246	76%-100% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	5	270.00	0.06	0.03246	76%-100% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	6	15.00	0.05	0.03245	26%-50% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	6	30.00	0.06	0.03245	76%-100% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	6	60.00	0.06	0.03245	76%-100% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	6	90.00	0.01	0.03245	51%-75% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	6	90.00	0.03	0.03245	10%-25% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	6	90.00	0.04	0.03245	10%-25% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	6	90.00	0.06	0.03245	76%-100% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	6	180.00	0.03	0.03245	10%-25% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	6	180.00	0.06	0.03245	76%-100% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	6	270.00	0.03	0.03245	10%-25% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	6	270.00	0.06	0.03245	76%-100% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	7	14.00	0.06	0.03078	76%-100% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	7	30.00	0.03	0.03078	10%-25% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	7	30.00	0.06	0.03078	76%-100% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	7	60.00	0.06	0.03078	76%-100% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	7	90.00	0.01	0.03078	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	90.00	0.06	0.03078	76%-100% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	7	180.00	0.06	0.03078	76%-100% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	7	270.00	0.06	0.03078	76%-100% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	8	30.00	0.04	0.03015	10%-25% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	8	30.00	0.06	0.03015	101%-200% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	8	60.00	0.06	0.03015	101%-200% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	8	90.00	0.06	0.03015	101%-200% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	8	270.00	0.06	0.03015	101%-200% Above	No	No
65162010350	GABAPENTIN 400 MG CAPSULE	4	60.00	0.07	0.03959	51%-75% Above	No	No
65162010350	GABAPENTIN 400 MG CAPSULE	4	90.00	0.07	0.03959	51%-75% Above	No	No
65162010350	GABAPENTIN 400 MG CAPSULE	4	270.00	0.07	0.03959	51%-75% Above	No	No
65162010350	GABAPENTIN 400 MG CAPSULE	5	90.00	0.03	0.04066	26%-50% Below	No	No
65162010350	GABAPENTIN 400 MG CAPSULE	6	60.00	0.07	0.04104	51%-75% Above	No	No
65162010350	GABAPENTIN 400 MG CAPSULE	6	90.00	0.07	0.04104	51%-75% Above	No	No
65162010350	GABAPENTIN 400 MG CAPSULE	7	180.00	0.07	0.04063	51%-75% Above	No	No
65162010350	GABAPENTIN 400 MG CAPSULE	7	270.00	0.07	0.04063	51%-75% Above	No	No
65162010350	GABAPENTIN 400 MG CAPSULE	8	60.00	0.07	0.03998	51%-75% Above	No	No
65162011510	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	12.00	0.09	0.13822	26%-50% Below	Yes	No
65162011511	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	15.00	0.11	0.13809	10%-25% Below	No	No
65162011550	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	60.00	0.16	0.13822	10%-25% Above	No	No
65162012608	LYLLANA 0.025 MG PATCH	4	8.00	3.55	7.04050	26%-50% Below	No	No
65162012608	LYLLANA 0.025 MG PATCH	4	8.00	3.55	7.04050	26%-50% Below	Yes	No
65162012608	LYLLANA 0.025 MG PATCH	5	24.00	3.15	7.65232	51%-75% Below	Yes	No
65162012608	LYLLANA 0.025 MG PATCH	5	24.00	3.57	7.65232	51%-75% Below	No	No
65162014908	LYLLANA 0.05 MG PATCH	5	8.00	1.25	7.69084	76%-100% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	8.00	3.33	7.69084	51%-75% Below	No	No
65162014908	LYLLANA 0.05 MG PATCH	5	16.00	2.86	7.69084	51%-75% Below	Yes	No
65162014908	LYLLANA 0.05 MG PATCH	6	8.00	2.33	7.76775	51%-75% Below	No	No
65162014908	LYLLANA 0.05 MG PATCH	6	8.00	3.33	7.76775	51%-75% Below	No	No
65162014908	LYLLANA 0.05 MG PATCH	8	8.00	0.63	8.22229	76%-100% Below	No	No
65162014908	LYLLANA 0.05 MG PATCH	8	8.00	3.64	8.22229	51%-75% Below	No	No
65162015008	LYLLANA 0.075 MG PATCH	4	8.00	3.57	6.90662	26%-50% Below	No	No
65162015008	LYLLANA 0.075 MG PATCH	4	8.00	3.57	6.90662	26%-50% Below	Yes	No
65162015008	LYLLANA 0.075 MG PATCH	5	8.00	3.57	6.88522	26%-50% Below	Yes	No
65162016906	MEMANTINE HCL 10 MG TABLET	5	180.00	0.10	0.06562	51%-75% Above	Yes	No
65162018910	NAPROXEN 375 MG TABLET	7	20.00	0.03	0.05670	51%-75% Below	Yes	No
65162019011	NAPROXEN 500 MG TABLET	4	30.00	0.04	0.06325	26%-50% Below	No	No
65162019011	NAPROXEN 500 MG TABLET	4	30.00	0.08	0.06325	26%-50% Above	No	No
65162019011	NAPROXEN 500 MG TABLET	4	60.00	0.08	0.06325	26%-50% Above	No	No
65162019011	NAPROXEN 500 MG TABLET	5	14.00	0.08	0.06254	26%-50% Above	No	No
65162019011	NAPROXEN 500 MG TABLET	5	20.00	0.04	0.06254	26%-50% Below	No	No
65162019011	NAPROXEN 500 MG TABLET	5	20.00	0.08	0.06254	26%-50% Above	No	No
65162019011	NAPROXEN 500 MG TABLET	5	28.00	0.04	0.06254	26%-50% Below	No	No
65162019011	NAPROXEN 500 MG TABLET	5	30.00	0.08	0.06254	26%-50% Above	No	No
65162019011	NAPROXEN 500 MG TABLET	5	60.00	0.03	0.06254	26%-50% Below	No	No
65162019011	NAPROXEN 500 MG TABLET	5	60.00	0.08	0.06254	26%-50% Above	No	No
65162019011	NAPROXEN 500 MG TABLET	6	60.00	0.08	0.06252	26%-50% Above	No	No
65162019011	NAPROXEN 500 MG TABLET	7	14.00	0.08	0.05933	26%-50% Above	No	No
65162019011	NAPROXEN 500 MG TABLET	7	15.00	0.08	0.05933	26%-50% Above	No	No
65162019011	NAPROXEN 500 MG TABLET	7	30.00	0.04	0.05933	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	60.00	0.08	0.05933	26%-50% Above	No	No
65162019011	NAPROXEN 500 MG TABLET	8	14.00	0.08	0.05799	26%-50% Above	No	No
65162019011	NAPROXEN 500 MG TABLET	8	20.00	0.05	0.05799	10%-25% Below	No	No
65162019011	NAPROXEN 500 MG TABLET	8	20.00	0.08	0.05799	26%-50% Above	No	No
65162019011	NAPROXEN 500 MG TABLET	8	30.00	0.08	0.05799	26%-50% Above	No	No
65162019050	NAPROXEN 500 MG TABLET	4	20.00	0.04	0.06325	26%-50% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	4	30.00	0.03	0.06325	26%-50% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	4	30.00	0.04	0.06325	26%-50% 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	0.03	0.06325	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	4	60.00	0.08	0.06325	26%-50% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	5	10.00	0.08	0.06254	26%-50% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	5	14.00	0.08	0.06254	26%-50% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	5	20.00	0.08	0.06254	26%-50% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	5	28.00	0.08	0.06254	26%-50% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	5	30.00	0.03	0.06254	26%-50% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	5	30.00	0.08	0.06254	26%-50% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	5	60.00	0.03	0.06254	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	5	60.00	0.03	0.06254	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	5	60.00	0.03	0.06254	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	5	60.00	0.08	0.06254	26%-50% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	6	20.00	0.04	0.06252	26%-50% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	6	20.00	0.06	0.06252	10%-25% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	6	20.00	0.08	0.06252	26%-50% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	6	30.00	0.04	0.06252	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	60.00	0.03	0.06252	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	6	60.00	0.03	0.06252	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	6	60.00	0.08	0.06252	26%-50% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	7	10.00	0.08	0.05933	26%-50% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	7	20.00	0.08	0.05933	26%-50% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	7	60.00	0.03	0.05933	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	7	60.00	0.03	0.05933	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	7	60.00	0.03	0.05933	26%-50% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	7	60.00	0.08	0.05933	26%-50% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	7	180.00	0.02	0.05933	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	8	14.00	0.08	0.05799	26%-50% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	8	20.00	0.04	0.05799	26%-50% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	8	20.00	0.08	0.05799	26%-50% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	8	30.00	0.03	0.05799	26%-50% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	8	30.00	0.08	0.05799	26%-50% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	8	60.00	0.03	0.05799	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	8	60.00	0.03	0.05799	26%-50% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	8	60.00	0.08	0.05799	26%-50% Above	Yes	No
65162020710	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	10.00	0.10	0.17341	26%-50% Below	Yes	No
65162020710	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	90.00	0.13	0.17341	10%-25% Below	Yes	No
65162020710	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	90.00	0.13	0.17535	10%-25% Below	Yes	No
65162020710	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	120.00	0.13	0.17535	10%-25% Below	Yes	No
65162020710	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	5.00	0.13	0.17695	10%-25% Below	Yes	No
65162020710	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	30.00	0.13	0.17695	10%-25% Below	Yes	No
65162020710	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	60.00	0.07	0.17695	51%-75% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	120.00	0.13	0.17695	10%-25% Below	Yes	No
65162020710	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	90.00	0.13	0.17381	10%-25% Below	Yes	No
65162020710	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	90.00	0.13	0.18245	26%-50% Below	Yes	No
65162020710	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	120.00	0.13	0.18245	26%-50% Below	Yes	No
65162022808	LYLLANA 0.1 MG PATCH	4	8.00	3.52	6.86102	26%-50% Below	No	No
65162022808	LYLLANA 0.1 MG PATCH	5	16.00	6.30	7.07807	10%-25% Below	No	No
65162022808	LYLLANA 0.1 MG PATCH	7	8.00	3.13	7.74416	51%-75% Below	Yes	No
65162022808	LYLLANA 0.1 MG PATCH	8	8.00	3.89	8.22921	51%-75% Below	Yes	No
65162024709	CHLORTHALIDONE 25 MG TABLET	7	90.00	0.22	0.08478	101%-200% Above	No	No
65162025009	CHLORTHALIDONE 50 MG TABLET	4	30.00	0.17	0.13145	26%-50% Above	No	No
65162025009	CHLORTHALIDONE 50 MG TABLET	5	30.00	0.17	0.13399	26%-50% Above	No	No
65162025009	CHLORTHALIDONE 50 MG TABLET	6	30.00	0.17	0.12528	26%-50% Above	No	No
65162025009	CHLORTHALIDONE 50 MG TABLET	8	30.00	0.17	0.12095	26%-50% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	6	14.00	0.09	0.04590	101%-200% Above	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	5	3.00	3.39	32.38073	76%-100% Below	No	No
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	5	3.00	17.71	32.38073	26%-50% Below	No	No
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	5	9.00	3.39	32.38073	76%-100% Below	No	No
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	6	3.00	17.71	32.23132	26%-50% Below	No	No
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	7	3.00	17.71	32.32442	26%-50% Below	No	No
65162036018	MESALAMINE 800 MG DR TABLET	6	90.00	2.61	4.32048	26%-50% Below	No	No
65162044110	MECLIZINE 12.5 MG TABLET	5	14.00	0.04	0.04612	10%-25% Below	No	No
65162044110	MECLIZINE 12.5 MG TABLET	6	14.00	0.04	0.04643	10%-25% Below	No	No
65162044110	MECLIZINE 12.5 MG TABLET	7	14.00	0.04	0.04651	10%-25% Below	No	No
65162046410	IBUPROFEN 400 MG TABLET	7	90.00	0.07	0.03887	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65162046550	IBUPROFEN 600 MG TABLET	6	16.00	0.09	0.04430	101%-200% Above	No	No
65162046550	IBUPROFEN 600 MG TABLET	7	12.00	0.09	0.04391	101%-200% Above	No	No
65162046550	IBUPROFEN 600 MG TABLET	8	60.00	0.09	0.04656	76%-100% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	4	30.00	0.01	0.05689	76%-100% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	4	30.00	0.04	0.05689	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	4	30.00	0.07	0.05689	10%-25% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	4	50.00	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	5	16.00	0.05	0.05674	10%-25% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	5	20.00	0.07	0.05674	10%-25% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	5	21.00	0.05	0.05674	10%-25% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	5	24.00	0.05	0.05674	10%-25% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	5	30.00	0.01	0.05674	76%-100% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	5	30.00	0.04	0.05674	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	5	30.00	0.07	0.05674	10%-25% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	5	45.00	0.03	0.05674	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	5	60.00	0.03	0.05674	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	5	90.00	0.03	0.05674	51%-75% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	5	90.00	0.07	0.05674	10%-25% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	6	12.00	0.07	0.05605	10%-25% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	6	15.00	0.07	0.05605	10%-25% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	6	28.00	0.07	0.05605	10%-25% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	6	30.00	0.04	0.05605	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	6	30.00	0.04	0.05605	10%-25% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	6	90.00	0.03	0.05605	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	90.00	0.07	0.05605	10%-25% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	6	120.00	0.07	0.05605	10%-25% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	7	12.00	0.07	0.05567	10%-25% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	7	20.00	0.07	0.05567	10%-25% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	7	21.00	0.04	0.05567	10%-25% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	7	30.00	0.07	0.05567	10%-25% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	7	40.00	0.04	0.05567	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	7	60.00	0.07	0.05567	10%-25% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	7	90.00	0.02	0.05567	51%-75% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	7	90.00	0.03	0.05567	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	7	90.00	0.07	0.05567	10%-25% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	8	30.00	0.04	0.05850	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	8	30.00	0.07	0.05850	10%-25% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	8	90.00	0.03	0.05850	51%-75% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	8	90.00	0.03	0.05850	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	5	1.00	27.78	48.54106	26%-50% Below	No	No
65162046935	ELURYNG VAGINAL RING	6	1.00	19.45	47.89079	51%-75% Below	No	No
65162046935	ELURYNG VAGINAL RING	6	1.00	27.78	47.89079	26%-50% Below	No	No
65162046935	ELURYNG VAGINAL RING	6	3.00	27.78	47.89079	26%-50% Below	No	No
65162046935	ELURYNG VAGINAL RING	7	1.00	27.78	47.25469	26%-50% Below	No	No
65162046935	ELURYNG VAGINAL RING	7	1.00	30.56	47.25469	26%-50% Below	No	No
65162046935	ELURYNG VAGINAL RING	8	1.00	27.78	47.17165	26%-50% Below	No	No
65162046935	ELURYNG VAGINAL RING	8	1.00	30.56	47.17165	26%-50% Below	No	No
65162047505	NORETHINDRONE 5 MG TABLET	6	30.00	0.16	0.29877	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65162047509	NORETHINDRONE 5 MG TABLET	5	180.00	0.36	0.29880	10%-25% Above	Yes	No
65162047509	NORETHINDRONE 5 MG TABLET	8	180.00	0.20	0.29484	26%-50% Below	Yes	No
65162047810	NITROFUR MON CAP 100MG	5	10.00	0.99	.		No	No
65162055310	METAXALONE 800 MG TABLET	4	60.00	0.20	0.39572	26%-50% Below	Yes	No
65162055310	METAXALONE 800 MG TABLET	7	30.00	0.33	0.40925	10%-25% Below	Yes	No
65162062711	TRAMADOL HCL 50 MG TABLET	5	14.00	0.05	0.02365	101%-200% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	6	28.00	0.05	0.02371	101%-200% Above	No	No
65162062750	TRAMADOL HCL 50 MG TABLET	6	28.00	0.03	0.02371	26%-50% Above	No	No
65162063609	PANTOPRAZOLE SOD DR 20 MG TAB	5	30.00	0.13	0.04485	101%-200% Above	No	No
65162063609	PANTOPRAZOLE SOD DR 20 MG TAB	5	90.00	0.09	0.04485	76%-100% Above	No	No
65162063609	PANTOPRAZOLE SOD DR 20 MG TAB	5	90.00	0.13	0.04485	101%-200% Above	No	No
65162063609	PANTOPRAZOLE SOD DR 20 MG TAB	6	30.00	0.13	0.04361	200% Above	No	No
65162063609	PANTOPRAZOLE SOD DR 20 MG TAB	7	20.00	0.12	0.04338	101%-200% Above	No	No
65162063609	PANTOPRAZOLE SOD DR 20 MG TAB	7	30.00	0.13	0.04338	200% Above	No	No
65162063609	PANTOPRAZOLE SOD DR 20 MG TAB	8	20.00	0.12	0.04278	101%-200% Above	No	No
65162063609	PANTOPRAZOLE SOD DR 20 MG TAB	8	30.00	0.13	0.04278	200% Above	No	No
65162063609	PANTOPRAZOLE SOD DR 20 MG TAB	8	90.00	0.13	0.04278	200% Above	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	4	30.00	0.87	0.28406	200% Above	No	No
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	5	30.00	0.17	0.27776	26%-50% Below	No	No
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	5	30.00	0.17	0.27776	26%-50% Below	No	No
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	5	30.00	0.74	0.27776	101%-200% Above	No	No
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	6	30.00	0.17	0.27875	26%-50% Below	No	No
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	6	30.00	0.87	0.27875	200% Above	No	No
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	7	30.00	0.17	0.27911	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	30.00	0.17	0.27911	26%-50% Below	No	No
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	7	30.00	0.33	0.27911	10%-25% Above	No	No
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	7	30.00	0.50	0.27911	76%-100% Above	No	No
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	8	30.00	0.17	0.27650	26%-50% Below	No	No
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	8	30.00	0.33	0.27650	10%-25% Above	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	4	120.00	0.03	0.03887	26%-50% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	5	60.00	0.03	0.03852	26%-50% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	5	100.00	0.03	0.03852	26%-50% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	5	120.00	0.03	0.03852	26%-50% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	6	140.00	0.03	0.03834	26%-50% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	6	200.00	0.03	0.03834	26%-50% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	7	100.00	0.04	0.03775	10%-25% Above	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	7	120.00	0.03	0.03775	26%-50% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	7	140.00	0.03	0.03775	26%-50% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	7	150.00	0.05	0.03775	10%-25% Above	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	7	200.00	0.04	0.03775	10%-25% Above	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	8	100.00	0.03	0.03844	26%-50% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	8	100.00	0.04	0.03844	10%-25% Above	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	8	180.00	0.03	0.03844	26%-50% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	8	240.00	0.03	0.03844	26%-50% Below	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	4	7.00	1.54	0.14780	200% Above	Yes	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	4	10.00	0.99	0.14780	200% Above	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	4	12.00	0.07	0.14780	51%-75% Below	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	4	12.00	2.24	0.14780	200% Above	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	5	6.00	1.43	0.14780	200% Above	No	No

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65162068110	PHENAZOPYRIDINE 100 MG TAB	5	6.00	1.54	0.14780	200% Above	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	5	6.00	1.54	0.14780	200% Above	Yes	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	5	12.00	1.54	0.14780	200% Above	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	5	15.00	1.54	0.14780	200% Above	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	5	15.00	1.54	0.14780	200% Above	Yes	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	5	21.00	1.54	0.14780	200% Above	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	6	6.00	1.54	0.15008	200% Above	Yes	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	6	6.00	2.30	0.15008	200% Above	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	6	10.00	1.49	0.15008	200% Above	Yes	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	6	12.00	1.54	0.15008	200% Above	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	7	6.00	1.43	0.14948	200% Above	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	7	6.00	1.54	0.14948	200% Above	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	7	6.00	2.25	0.14948	200% Above	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	7	9.00	1.54	0.14948	200% Above	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	7	10.00	1.54	0.14948	200% Above	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	7	12.00	1.54	0.14948	200% Above	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	7	30.00	0.50	0.14948	200% Above	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	8	6.00	1.54	0.15002	200% Above	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	8	8.00	1.54	0.15002	200% Above	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	8	10.00	1.54	0.15002	200% Above	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	8	12.00	1.25	0.15002	200% Above	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	8	16.00	0.43	0.15002	101%-200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	4	6.00	2.28	0.17530	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	4	6.00	2.28	0.17530	200% Above	Yes	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	4	6.00	3.27	0.17530	200% Above	Yes	No

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65162068210	PHENAZOPYRIDINE 200 MG TAB	4	9.00	1.11	0.17530	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	4	9.00	2.28	0.17530	200% Above	Yes	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	4	15.00	0.99	0.17530	200% Above	Yes	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	5	9.00	1.90	0.18168	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	5	15.00	2.28	0.18168	200% Above	Yes	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	5	18.00	2.28	0.18168	200% Above	Yes	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	6	6.00	1.65	0.18370	200% Above	Yes	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	6	6.00	2.48	0.18370	200% Above	Yes	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	6	6.00	3.27	0.18370	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	6	6.00	3.27	0.18370	200% Above	Yes	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	6	9.00	1.67	0.18370	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	6	9.00	1.86	0.18370	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	6	9.00	3.29	0.18370	200% Above	Yes	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	6	12.00	1.87	0.18370	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	6	20.00	0.50	0.18370	101%-200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	6	30.00	0.33	0.18370	76%-100% Above	Yes	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	6	30.00	2.28	0.18370	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	7	6.00	1.65	0.17808	200% Above	Yes	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	7	6.00	2.06	0.17808	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	7	6.00	2.28	0.17808	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	7	6.00	2.28	0.17808	200% Above	Yes	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	7	6.00	2.50	0.17808	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	7	6.00	3.29	0.17808	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	7	9.00	2.28	0.17808	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	7	9.00	2.28	0.17808	200% Above	Yes	No

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65162068210	PHENAZOPYRIDINE 200 MG TAB	7	12.00	2.28	0.17808	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	7	12.00	3.24	0.17808	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	7	20.00	2.28	0.17808	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	8	3.00	0.32	0.17658	76%-100% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	8	6.00	0.82	0.17658	200% Above	Yes	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	8	6.00	1.85	0.17658	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	8	9.00	0.33	0.17658	76%-100% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	8	10.00	2.28	0.17658	200% Above	Yes	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	8	15.00	1.00	0.17658	200% Above	No	No
65162069179	ONDANSETRON 4 MG/5 ML SOLUTION	5	34.00	0.12	0.29595	51%-75% Below	No	No
65162069179	ONDANSETRON 4 MG/5 ML SOLUTION	6	25.00	0.18	0.28905	26%-50% Below	No	No
65162070588	ESCITALOPRAM OXALATE 5 MG/5 ML	7	600.00	0.05	0.13924	51%-75% Below	No	No
65162075750	DIVALPROEX SOD ER 500 MG TAB	7	30.00	0.34	0.17594	76%-100% Above	No	No
65162076210	WARFARIN SODIUM 2 MG TABLET	6	12.00	0.10	0.07835	10%-25% Above	No	No
65162076210	WARFARIN SODIUM 2 MG TABLET	8	4.00	0.10	0.08667	10%-25% Above	No	No
65162076510	WARFARIN SODIUM 4 MG TABLET	4	90.00	0.12	0.08595	26%-50% Above	No	No
65162076510	WARFARIN SODIUM 4 MG TABLET	7	30.00	0.12	0.09689	26%-50% Above	No	No
65162076510	WARFARIN SODIUM 4 MG TABLET	7	90.00	0.12	0.09689	26%-50% Above	No	No
65162076610	WARFARIN SODIUM 5 MG TABLET	4	30.00	0.09	0.08505	10%-25% Above	No	No
65162076610	WARFARIN SODIUM 5 MG TABLET	5	30.00	0.09	0.08496	10%-25% Above	No	No
65162076610	WARFARIN SODIUM 5 MG TABLET	5	42.00	0.21	0.08496	101%-200% Above	No	No
65162076610	WARFARIN SODIUM 5 MG TABLET	5	45.00	0.09	0.08496	10%-25% Above	No	No
65162076610	WARFARIN SODIUM 5 MG TABLET	6	30.00	0.22	0.08760	101%-200% Above	No	No
65162076610	WARFARIN SODIUM 5 MG TABLET	7	30.00	0.22	0.08883	101%-200% Above	No	No
65162076810	WARFARIN SODIUM 7.5 MG TABLET	4	30.00	0.12	0.08892	26%-50% Above	No	No

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65162076810	WARFARIN SODIUM 7.5 MG TABLET	4	90.00	0.12	0.08892	26%-50% Above	No	No
65162076810	WARFARIN SODIUM 7.5 MG TABLET	5	30.00	0.12	0.09051	26%-50% Above	No	No
65162076810	WARFARIN SODIUM 7.5 MG TABLET	7	30.00	0.12	0.08911	26%-50% Above	No	No
65162076910	WARFARIN SODIUM 10 MG TABLET	5	26.00	0.12	0.10530	10%-25% Above	No	No
65162076910	WARFARIN SODIUM 10 MG TABLET	6	26.00	0.12	0.10098	10%-25% Above	No	No
65162076910	WARFARIN SODIUM 10 MG TABLET	7	26.00	0.12	0.09911	10%-25% Above	No	No
65162076910	WARFARIN SODIUM 10 MG TABLET	7	54.00	0.26	0.09911	101%-200% Above	No	No
65162077810	BUDESONIDE EC 3 MG CAPSULE	7	90.00	0.25	0.49789	26%-50% Below	Yes	No
65162080710	PROGESTERONE 100 MG CAPSULE	5	30.00	0.16	0.21535	10%-25% Below	Yes	No
65162080710	PROGESTERONE 100 MG CAPSULE	5	90.00	0.17	0.21535	10%-25% Below	No	No
65162080710	PROGESTERONE 100 MG CAPSULE	7	90.00	0.50	0.22729	101%-200% Above	Yes	No
65162080710	PROGESTERONE 100 MG CAPSULE	8	60.00	0.62	0.23117	101%-200% Above	No	No
65162080810	PROGESTERONE 200 MG CAPSULE	6	90.00	0.31	0.42438	26%-50% Below	Yes	No
65162083594	ACYCLOVIR 5% OINTMENT	7	15.00	1.00	0.51535	76%-100% Above	No	No
65162083594	ACYCLOVIR 5% OINTMENT	8	15.00	1.00	0.53621	76%-100% Above	No	No
65162089023	OLOPATADINE 665 MCG NASAL SPRY	5	30.50	0.49	0.93959	26%-50% Below	No	No
65162089023	OLOPATADINE 665 MCG NASAL SPRY	7	30.50	0.33	0.86075	51%-75% Below	No	No
65162089023	OLOPATADINE 665 MCG NASAL SPRY	8	30.50	0.49	0.86777	26%-50% Below	No	No
65162089129	MOMETASONE FUROATE 50 MCG SPRY	7	17.00	1.27	1.60592	10%-25% Below	No	No
65162089603	ARIPIPRAZOLE 2 MG TABLET	5	30.00	0.47	0.11262	200% Above	No	No
65162089603	ARIPIPRAZOLE 2 MG TABLET	6	30.00	0.47	0.10453	200% Above	No	No
65162089603	ARIPIPRAZOLE 2 MG TABLET	7	30.00	0.47	0.10263	200% Above	No	No
65162089703	ARIPIPRAZOLE 5 MG TABLET	6	30.00	0.50	0.10736	200% Above	No	No
65162089703	ARIPIPRAZOLE 5 MG TABLET	7	30.00	0.50	0.10702	200% Above	No	No
65162091174	DICLOFENAC 1.5% TOPICAL SOLN	5	150.00	0.07	0.12486	26%-50% Below	No	No

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65162091838	LIDOCAINE 5% OINTMENT	5	35.44	0.10	0.15888	26%-50% Below	No	No
65162091838	LIDOCAINE 5% OINTMENT	7	35.44	0.10	0.15891	26%-50% Below	No	No
65162094903	LAMOTRIGINE ER 25 MG TABLET	5	180.00	0.21	0.36192	26%-50% Below	Yes	No
65162095603	LAMOTRIGINE ER 50 MG TABLET	6	90.00	0.42	0.54502	10%-25% Below	Yes	No
65162098908	DOTTI 0.025 MG PATCH	5	24.00	3.55	7.65232	51%-75% Below	Yes	No
65162098908	DOTTI 0.025 MG PATCH	6	8.00	3.15	7.75858	51%-75% Below	Yes	No
65162098908	DOTTI 0.025 MG PATCH	7	8.00	3.89	7.83016	26%-50% Below	No	No
65162099003	LAMOTRIGINE ER 300 MG TABLET	5	30.00	0.64	1.20164	26%-50% Below	Yes	No
65162099003	LAMOTRIGINE ER 300 MG TABLET	6	30.00	0.60	1.21329	26%-50% Below	Yes	No
65162099003	LAMOTRIGINE ER 300 MG TABLET	7	30.00	0.60	1.19204	26%-50% Below	Yes	No
65162099003	LAMOTRIGINE ER 300 MG TABLET	8	30.00	0.60	1.21326	26%-50% Below	Yes	No
65162099208	DOTTI 0.0375 MG PATCH	6	24.00	3.57	7.80907	51%-75% Below	No	No
65162099208	DOTTI 0.0375 MG PATCH	7	24.00	4.04	8.02861	26%-50% Below	No	No
65162099308	DOTTI 0.05 MG PATCH	4	8.00	3.32	7.33071	51%-75% Below	No	No
65162099308	DOTTI 0.05 MG PATCH	5	8.00	3.33	7.69084	51%-75% Below	No	No
65162099308	DOTTI 0.05 MG PATCH	5	8.00	3.33	7.69084	51%-75% Below	No	No
65162099308	DOTTI 0.05 MG PATCH	5	8.00	5.38	7.69084	26%-50% Below	No	No
65162099308	DOTTI 0.05 MG PATCH	6	8.00	3.33	7.76775	51%-75% Below	No	No
65162099308	DOTTI 0.05 MG PATCH	6	8.00	5.38	7.76775	26%-50% Below	No	No
65162099308	DOTTI 0.05 MG PATCH	7	8.00	0.36	7.97659	76%-100% Below	No	No
65162099308	DOTTI 0.05 MG PATCH	7	8.00	3.33	7.97659	51%-75% Below	No	No
65162099308	DOTTI 0.05 MG PATCH	7	8.00	3.63	7.97659	51%-75% Below	No	No
65162099308	DOTTI 0.05 MG PATCH	7	24.00	5.30	7.97659	26%-50% Below	No	No
65162099308	DOTTI 0.05 MG PATCH	8	8.00	3.64	8.22229	51%-75% Below	No	No
65162099508	DOTTI 0.075 MG PATCH	5	8.00	3.57	6.88522	26%-50% Below	No	No

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65162099508	DOTTI 0.075 MG PATCH	5	8.00	3.59	6.88522	26%-50% Below	No	No
65162099508	DOTTI 0.075 MG PATCH	5	8.00	3.59	6.88522	26%-50% Below	Yes	No
65162099508	DOTTI 0.075 MG PATCH	6	8.00	3.60	7.30317	26%-50% Below	No	No
65162099508	DOTTI 0.075 MG PATCH	6	8.00	3.60	7.30317	26%-50% Below	Yes	No
65162099508	DOTTI 0.075 MG PATCH	7	8.00	3.60	7.69336	51%-75% 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	4	8.00	3.46	6.86102	26%-50% Below	No	No
65162099708	DOTTI 0.1 MG PATCH	4	8.00	3.52	6.86102	26%-50% Below	No	No
65162099708	DOTTI 0.1 MG PATCH	5	8.00	3.52	7.07807	26%-50% Below	No	No
65162099708	DOTTI 0.1 MG PATCH	5	8.00	3.52	7.07807	26%-50% Below	No	No
65162099708	DOTTI 0.1 MG PATCH	5	24.00	3.51	7.07807	26%-50% Below	No	No
65162099708	DOTTI 0.1 MG PATCH	6	8.00	3.54	7.32807	51%-75% Below	No	No
65162099708	DOTTI 0.1 MG PATCH	7	8.00	3.76	7.74416	51%-75% Below	No	No
65162099708	DOTTI 0.1 MG PATCH	7	24.00	3.81	7.74416	26%-50% Below	No	No
65162099708	DOTTI 0.1 MG PATCH	8	8.00	3.81	8.22921	51%-75% Below	No	No
65649000330	TRULANCE TAB 3MG	5	90.00	20.39	.		No	No
65649000330	TRULANCE TAB 3MG	6	30.00	20.15	.		No	No
65649000330	TRULANCE TAB 3MG	6	90.00	18.84	.		No	No
65649000330	TRULANCE TAB 3MG	6	90.00	19.72	.		Yes	No
65649000330	TRULANCE TAB 3MG	6	90.00	20.15	.		No	No
65649000330	TRULANCE TAB 3MG	6	90.00	20.39	.		No	No
65649000330	TRULANCE TAB 3MG	6	90.00	20.51	.		Yes	No
65649000330	TRULANCE TAB 3MG	7	90.00	19.72	.		No	No
65649000330	TRULANCE TAB 3MG	8	90.00	20.39	.		No	No
65649015090	RELISTOR TAB 150MG	6	90.00	32.07	.		No	No

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65649015090	RELISTOR TAB 150MG	7	90.00	32.07	.		No	No
65649030302	XIFAXAN TAB 550MG	4	42.00	59.29	.		No	No
65649030302	XIFAXAN TAB 550MG	5	30.00	60.34	.		No	No
65649030302	XIFAXAN TAB 550MG	5	30.00	66.32	.		No	No
65649030302	XIFAXAN TAB 550MG	5	42.00	60.34	.		No	No
65649030302	XIFAXAN TAB 550MG	5	42.00	63.79	.		Yes	No
65649030302	XIFAXAN TAB 550MG	6	14.00	63.79	.		Yes	No
65649030302	XIFAXAN TAB 550MG	6	42.00	60.92	.		No	No
65649030302	XIFAXAN TAB 550MG	6	42.00	63.79	.		No	No
65649030302	XIFAXAN TAB 550MG	7	30.00	66.32	.		No	No
65649030302	XIFAXAN TAB 550MG	7	42.00	64.15	.		No	No
65649030302	XIFAXAN TAB 550MG	7	42.00	66.32	.		No	No
65649030302	XIFAXAN TAB 550MG	8	30.00	66.32	.		No	No
65649030302	XIFAXAN TAB 550MG	8	42.00	63.54	.		Yes	No
65702028810	ACCU-CHEK LNC FASTCLIX	4	102.00	0.12	.		No	No
65702040010	ACCU-CHEK DEV SOFTCLIX	5	1.00	6.29	.		Yes	No
65702040710	ACCU-CHEK TES AVIVA PL	6	100.00	1.41	.		No	No
65702040810	ACCU-CHEK TES AVIVA PL	4	400.00	1.48	.		Yes	No
65702040810	ACCU-CHEK TES AVIVA PL	7	400.00	1.48	.		Yes	No
65702071110	ACCU-CHEK TES GUIDE	4	50.00	0.39	.		Yes	No
65702071110	ACCU-CHEK TES GUIDE	5	50.00	0.38	.		No	No
65702071110	ACCU-CHEK TES GUIDE	5	50.00	0.38	.		No	No
65702071110	ACCU-CHEK TES GUIDE	5	50.00	0.39	.		No	No
65702071110	ACCU-CHEK TES GUIDE	5	50.00	0.39	.		No	No
65702071110	ACCU-CHEK TES GUIDE	5	50.00	0.39	.		Yes	No

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65702071110	ACCU-CHEK TES GUIDE	5	100.00	0.38	.		No	No
65702071110	ACCU-CHEK TES GUIDE	5	150.00	0.38	.		No	No
65702071110	ACCU-CHEK TES GUIDE	6	50.00	0.38	.		No	No
65702071110	ACCU-CHEK TES GUIDE	6	50.00	0.39	.		No	No
65702071110	ACCU-CHEK TES GUIDE	6	100.00	0.38	.		No	No
65702071110	ACCU-CHEK TES GUIDE	6	100.00	0.39	.		Yes	No
65702071110	ACCU-CHEK TES GUIDE	6	150.00	0.38	.		No	No
65702071110	ACCU-CHEK TES GUIDE	6	400.00	0.39	.		Yes	No
65702071110	ACCU-CHEK TES GUIDE	7	50.00	0.38	.		No	No
65702071110	ACCU-CHEK TES GUIDE	7	50.00	0.38	.		No	No
65702071110	ACCU-CHEK TES GUIDE	7	50.00	0.39	.		No	No
65702071110	ACCU-CHEK TES GUIDE	7	50.00	0.39	.		No	No
65702071110	ACCU-CHEK TES GUIDE	7	50.00	0.39	.		No	No
65702071110	ACCU-CHEK TES GUIDE	7	100.00	0.36	.		No	No
65702071110	ACCU-CHEK TES GUIDE	7	100.00	0.39	.		No	No
65702071110	ACCU-CHEK TES GUIDE	7	100.00	0.39	.		Yes	No
65702071110	ACCU-CHEK TES GUIDE	7	200.00	0.39	.		No	No
65702071110	ACCU-CHEK TES GUIDE	8	100.00	0.39	.		Yes	No
65702071110	ACCU-CHEK TES GUIDE	8	150.00	0.39	.		Yes	No
65702071110	ACCU-CHEK TES GUIDE	8	350.00	0.39	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	4	100.00	0.36	.		No	No
65702071210	ACCU-CHEK TES GUIDE	4	100.00	0.39	.		No	No
65702071210	ACCU-CHEK TES GUIDE	4	100.00	0.39	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	4	200.00	0.38	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	4	200.00	0.39	.		Yes	No

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65702071210	ACCU-CHEK TES GUIDE	4	300.00	0.39	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	4	400.00	0.38	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	5	100.00	0.36	.		No	No
65702071210	ACCU-CHEK TES GUIDE	5	100.00	0.38	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	5	100.00	0.38	.		No	No
65702071210	ACCU-CHEK TES GUIDE	5	100.00	0.39	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	5	100.00	0.39	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	5	200.00	0.36	.		No	No
65702071210	ACCU-CHEK TES GUIDE	5	200.00	0.38	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	5	200.00	0.39	.		No	No
65702071210	ACCU-CHEK TES GUIDE	5	300.00	0.39	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	6	100.00	0.36	.		No	No
65702071210	ACCU-CHEK TES GUIDE	6	100.00	0.38	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	6	100.00	0.39	.		No	No
65702071210	ACCU-CHEK TES GUIDE	6	100.00	0.39	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	6	200.00	0.38	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	6	200.00	0.38	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	6	200.00	0.39	.		No	No
65702071210	ACCU-CHEK TES GUIDE	6	300.00	0.38	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	7	100.00	0.36	.		No	No
65702071210	ACCU-CHEK TES GUIDE	7	100.00	0.36	.		No	No
65702071210	ACCU-CHEK TES GUIDE	7	100.00	0.38	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	7	100.00	0.38	.		No	No
65702071210	ACCU-CHEK TES GUIDE	7	100.00	0.39	.		No	No
65702071210	ACCU-CHEK TES GUIDE	7	100.00	0.39	.		Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	100.00	0.39	.		No	No
65702071210	ACCU-CHEK TES GUIDE	7	100.00	0.39	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	7	200.00	0.39	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	7	200.00	0.39	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	7	300.00	0.39	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	7	400.00	0.38	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	8	100.00	0.38	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	8	100.00	0.38	.		No	No
65702071210	ACCU-CHEK TES GUIDE	8	100.00	0.39	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	8	100.00	0.39	.		No	No
65702071210	ACCU-CHEK TES GUIDE	8	100.00	0.39	.		No	No
65702071210	ACCU-CHEK TES GUIDE	8	100.00	0.39	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	8	200.00	0.36	.		No	No
65702071210	ACCU-CHEK TES GUIDE	8	200.00	0.38	.		Yes	No
65702072910	ACCU-CHEK KIT GUIDE	5	1.00	21.70	.		No	No
65702072910	ACCU-CHEK KIT GUIDE	5	1.00	22.72	.		Yes	No
65702072910	ACCU-CHEK KIT GUIDE	6	1.00	22.72	.		Yes	No
65702072910	ACCU-CHEK KIT GUIDE	6	1.00	23.34	.		Yes	No
65702072910	ACCU-CHEK KIT GUIDE	7	1.00	23.21	.		No	No
65702072910	ACCU-CHEK KIT GUIDE	7	1.00	23.51	.		No	No
65702072910	ACCU-CHEK KIT GUIDE	7	1.00	23.62	.		Yes	No
65702073110	ACCU-CHEK KIT GUIDE ME	4	1.00	9.48	.		Yes	No
65702073110	ACCU-CHEK KIT GUIDE ME	5	1.00	9.29	.		No	No
65702073110	ACCU-CHEK KIT GUIDE ME	5	1.00	9.53	.		No	No
65702073110	ACCU-CHEK KIT GUIDE ME	5	1.00	9.99	.		Yes	No

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65702073110	ACCU-CHEK KIT GUIDE ME	6	1.00	9.48	.		No	No
65702073110	ACCU-CHEK KIT GUIDE ME	6	1.00	9.48	.		Yes	No
65702073110	ACCU-CHEK KIT GUIDE ME	6	1.00	9.65	.		Yes	No
65702073110	ACCU-CHEK KIT GUIDE ME	6	1.00	10.04	.		No	No
65702073110	ACCU-CHEK KIT GUIDE ME	7	1.00	9.68	.		No	No
65702073110	ACCU-CHEK KIT GUIDE ME	7	1.00	9.85	.		Yes	No
65702073110	ACCU-CHEK KIT GUIDE ME	8	1.00	9.05	.		No	No
65702073110	ACCU-CHEK KIT GUIDE ME	8	1.00	9.59	.		No	No
65702073110	ACCU-CHEK KIT GUIDE ME	8	1.00	9.85	.		No	No
65862000501	CITALOPRAM HBR 10 MG TABLET	7	90.00	0.12	0.02426	200% Above	Yes	No
65862000501	CITALOPRAM HBR 10 MG TABLET	8	90.00	0.09	0.02464	200% Above	Yes	No
65862000505	CITALOPRAM HBR 10 MG TABLET	5	30.00	0.12	0.02555	200% Above	No	No
65862000505	CITALOPRAM HBR 10 MG TABLET	5	90.00	0.12	0.02555	200% Above	No	No
65862000505	CITALOPRAM HBR 10 MG TABLET	6	30.00	0.05	0.02472	101%-200% Above	No	No
65862000505	CITALOPRAM HBR 10 MG TABLET	7	90.00	0.03	0.02426	26%-50% Above	No	No
65862000505	CITALOPRAM HBR 10 MG TABLET	8	90.00	0.12	0.02464	200% Above	No	No
65862000601	CITALOPRAM HBR 20 MG TABLET	8	30.00	0.11	0.02900	200% Above	No	No
65862000605	CITALOPRAM HBR 20 MG TABLET	5	30.00	0.05	0.02876	76%-100% Above	No	No
65862000605	CITALOPRAM HBR 20 MG TABLET	5	135.00	0.11	0.02876	200% Above	No	No
65862000605	CITALOPRAM HBR 20 MG TABLET	6	30.00	0.11	0.02840	200% Above	No	No
65862000605	CITALOPRAM HBR 20 MG TABLET	7	30.00	0.11	0.02844	200% Above	No	No
65862000605	CITALOPRAM HBR 20 MG TABLET	7	90.00	0.02	0.02844	10%-25% Below	No	No
65862000605	CITALOPRAM HBR 20 MG TABLET	7	90.00	0.04	0.02844	10%-25% Above	No	No
65862000605	CITALOPRAM HBR 20 MG TABLET	8	90.00	0.11	0.02900	200% Above	No	No
65862000605	CITALOPRAM HBR 20 MG TABLET	8	135.00	0.11	0.02900	200% Above	No	No

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65862000701	CITALOPRAM HBR 40 MG TABLET	4	90.00	0.11	0.04366	101%-200% Above	No	No
65862000701	CITALOPRAM HBR 40 MG TABLET	5	30.00	0.11	0.04305	101%-200% Above	No	No
65862000701	CITALOPRAM HBR 40 MG TABLET	5	90.00	0.11	0.04305	101%-200% Above	No	No
65862000701	CITALOPRAM HBR 40 MG TABLET	7	30.00	0.11	0.04211	101%-200% Above	No	No
65862000705	CITALOPRAM HBR 40 MG TABLET	5	90.00	0.03	0.04305	10%-25% Below	No	No
65862000705	CITALOPRAM HBR 40 MG TABLET	5	90.00	0.11	0.04305	101%-200% Above	No	No
65862000705	CITALOPRAM HBR 40 MG TABLET	7	90.00	0.08	0.04211	76%-100% Above	No	No
65862000705	CITALOPRAM HBR 40 MG TABLET	8	90.00	0.03	0.04200	10%-25% Below	No	No
65862000899	METFORMIN HCL 500 MG TABLET	4	90.00	0.02	0.01394	26%-50% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	4	90.00	0.06	0.01394	200% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	5	30.00	0.01	0.01397	26%-50% Below	Yes	No
65862001005	METFORMIN HCL 1,000 MG TABLET	8	180.00	0.05	0.02313	101%-200% Above	No	No
65862001101	SERTRALINE HCL 25 MG TABLET	4	30.00	0.01	0.02999	51%-75% Below	Yes	No
65862001101	SERTRALINE HCL 25 MG TABLET	4	60.00	0.11	0.02999	200% Above	Yes	No
65862001101	SERTRALINE HCL 25 MG TABLET	4	90.00	0.05	0.02999	26%-50% Above	Yes	No
65862001101	SERTRALINE HCL 25 MG TABLET	4	90.00	0.05	0.02999	76%-100% Above	Yes	No
65862001101	SERTRALINE HCL 25 MG TABLET	4	90.00	0.06	0.02999	76%-100% Above	Yes	No
65862001101	SERTRALINE HCL 25 MG TABLET	4	90.00	0.11	0.02999	200% Above	Yes	No
65862001101	SERTRALINE HCL 25 MG TABLET	5	7.00	0.01	0.02978	51%-75% Below	Yes	No
65862001101	SERTRALINE HCL 25 MG TABLET	5	30.00	0.01	0.02978	51%-75% Below	Yes	No
65862001101	SERTRALINE HCL 25 MG TABLET	5	60.00	0.11	0.02978	200% Above	Yes	No
65862001101	SERTRALINE HCL 25 MG TABLET	5	90.00	0.05	0.02978	51%-75% Above	Yes	No
65862001101	SERTRALINE HCL 25 MG TABLET	5	90.00	0.11	0.02978	200% Above	Yes	No
65862001101	SERTRALINE HCL 25 MG TABLET	6	30.00	0.06	0.02864	101%-200% Above	Yes	No
65862001101	SERTRALINE HCL 25 MG TABLET	6	30.00	0.11	0.02864	200% Above	Yes	No

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65862001101	SERTRALINE HCL 25 MG TABLET	6	90.00	0.04	0.02864	26%-50% Above	Yes	No
65862001101	SERTRALINE HCL 25 MG TABLET	6	90.00	0.05	0.02864	51%-75% Above	Yes	No
65862001101	SERTRALINE HCL 25 MG TABLET	6	90.00	0.11	0.02864	200% Above	Yes	No
65862001101	SERTRALINE HCL 25 MG TABLET	7	30.00	0.07	0.02856	101%-200% Above	Yes	No
65862001101	SERTRALINE HCL 25 MG TABLET	7	30.00	0.11	0.02856	200% Above	Yes	No
65862001101	SERTRALINE HCL 25 MG TABLET	7	90.00	0.05	0.02856	51%-75% Above	Yes	No
65862001101	SERTRALINE HCL 25 MG TABLET	7	90.00	0.06	0.02856	76%-100% Above	Yes	No
65862001101	SERTRALINE HCL 25 MG TABLET	7	90.00	0.06	0.02856	101%-200% Above	Yes	No
65862001101	SERTRALINE HCL 25 MG TABLET	7	90.00	0.11	0.02856	200% Above	Yes	No
65862001101	SERTRALINE HCL 25 MG TABLET	8	21.00	0.11	0.02818	200% Above	Yes	No
65862001101	SERTRALINE HCL 25 MG TABLET	8	30.00	0.11	0.02818	200% Above	Yes	No
65862001101	SERTRALINE HCL 25 MG TABLET	8	60.00	0.06	0.02818	76%-100% Above	Yes	No
65862001101	SERTRALINE HCL 25 MG TABLET	8	90.00	0.05	0.02818	51%-75% Above	Yes	No
65862001105	SERTRALINE HCL 25 MG TABLET	4	30.00	0.05	0.02999	51%-75% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	4	30.00	0.11	0.02999	200% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	5	30.00	0.06	0.02978	101%-200% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	5	30.00	0.11	0.02978	200% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	6	15.00	0.11	0.02864	200% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	7	15.00	0.11	0.02856	200% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	7	90.00	0.05	0.02856	76%-100% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	8	15.00	0.11	0.02818	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	5	90.00	0.10	0.03457	101%-200% Above	No	No
65862001201	SERTRALINE HCL 50 MG TABLET	8	30.00	0.10	0.03445	101%-200% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	4	30.00	0.01	0.03450	51%-75% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	30.00	0.06	0.03450	51%-75% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	4	30.00	0.10	0.03450	101%-200% Above	No	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	0.10	0.03450	101%-200% Above	Yes	No
65862001205	SERTRALINE HCL 50 MG TABLET	4	90.00	0.03	0.03450	10%-25% Below	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	5	30.00	0.01	0.03457	51%-75% Below	Yes	No
65862001205	SERTRALINE HCL 50 MG TABLET	5	30.00	0.05	0.03457	26%-50% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	5	30.00	0.05	0.03457	26%-50% Above	Yes	No
65862001205	SERTRALINE HCL 50 MG TABLET	5	30.00	0.10	0.03457	101%-200% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	5	30.00	0.10	0.03457	101%-200% Above	Yes	No
65862001205	SERTRALINE HCL 50 MG TABLET	5	45.00	0.01	0.03457	51%-75% Below	Yes	No
65862001205	SERTRALINE HCL 50 MG TABLET	5	45.00	0.04	0.03457	10%-25% Above	Yes	No
65862001205	SERTRALINE HCL 50 MG TABLET	5	90.00	0.04	0.03457	10%-25% Above	Yes	No
65862001205	SERTRALINE HCL 50 MG TABLET	5	90.00	0.10	0.03457	101%-200% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	5	90.00	0.10	0.03457	101%-200% Above	Yes	No
65862001205	SERTRALINE HCL 50 MG TABLET	5	135.00	0.10	0.03457	101%-200% Above	Yes	No
65862001205	SERTRALINE HCL 50 MG TABLET	5	180.00	0.10	0.03457	101%-200% Above	Yes	No
65862001205	SERTRALINE HCL 50 MG TABLET	6	30.00	0.05	0.03430	26%-50% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	6	30.00	0.10	0.03430	101%-200% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	6	30.00	0.10	0.03430	101%-200% Above	Yes	No
65862001205	SERTRALINE HCL 50 MG TABLET	6	45.00	0.01	0.03430	51%-75% Below	Yes	No
65862001205	SERTRALINE HCL 50 MG TABLET	6	90.00	0.01	0.03430	51%-75% Below	Yes	No
65862001205	SERTRALINE HCL 50 MG TABLET	6	90.00	0.04	0.03430	26%-50% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	90.00	0.07	0.03430	101%-200% Above	Yes	No
65862001205	SERTRALINE HCL 50 MG TABLET	6	90.00	0.10	0.03430	101%-200% Above	Yes	No
65862001205	SERTRALINE HCL 50 MG TABLET	7	30.00	0.05	0.03468	26%-50% Above	Yes	No
65862001205	SERTRALINE HCL 50 MG TABLET	7	30.00	0.06	0.03468	51%-75% Above	Yes	No
65862001205	SERTRALINE HCL 50 MG TABLET	7	30.00	0.10	0.03468	101%-200% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	7	30.00	0.10	0.03468	101%-200% Above	Yes	No
65862001205	SERTRALINE HCL 50 MG TABLET	7	90.00	0.04	0.03468	10%-25% Above	Yes	No
65862001205	SERTRALINE HCL 50 MG TABLET	7	90.00	0.04	0.03468	26%-50% Above	Yes	No
65862001205	SERTRALINE HCL 50 MG TABLET	7	90.00	0.05	0.03468	26%-50% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	7	90.00	0.07	0.03468	101%-200% Above	Yes	No
65862001205	SERTRALINE HCL 50 MG TABLET	7	90.00	0.10	0.03468	101%-200% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	7	90.00	0.10	0.03468	101%-200% Above	Yes	No
65862001205	SERTRALINE HCL 50 MG TABLET	7	135.00	0.10	0.03468	101%-200% Above	Yes	No
65862001205	SERTRALINE HCL 50 MG TABLET	7	180.00	0.01	0.03468	51%-75% Below	Yes	No
65862001205	SERTRALINE HCL 50 MG TABLET	8	30.00	0.05	0.03445	26%-50% Above	Yes	No
65862001205	SERTRALINE HCL 50 MG TABLET	8	30.00	0.10	0.03445	101%-200% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	8	30.00	0.10	0.03445	101%-200% Above	Yes	No
65862001205	SERTRALINE HCL 50 MG TABLET	8	60.00	0.01	0.03445	51%-75% Below	Yes	No
65862001205	SERTRALINE HCL 50 MG TABLET	8	90.00	0.05	0.03445	26%-50% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	8	90.00	0.10	0.03445	101%-200% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	8	90.00	0.10	0.03445	101%-200% Above	Yes	No
65862001205	SERTRALINE HCL 50 MG TABLET	8	180.00	0.06	0.03445	51%-75% Above	Yes	No
65862001230	SERTRALINE HCL 50 MG TABLET	5	90.00	0.02	0.03457	51%-75% Below	No	No
65862001301	SERTRALINE HCL 100 MG TABLET	6	90.00	0.12	0.05065	101%-200% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	4	30.00	0.01	0.04965	51%-75% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	30.00	0.12	0.04965	101%-200% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	4	45.00	0.12	0.04965	101%-200% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	4	60.00	0.07	0.04965	26%-50% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	4	90.00	0.01	0.04965	51%-75% Below	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	4	90.00	0.12	0.04965	101%-200% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	4	90.00	0.12	0.04965	101%-200% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	4	135.00	0.07	0.04965	26%-50% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	5	30.00	0.01	0.04983	51%-75% Below	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	5	30.00	0.07	0.04983	26%-50% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	5	30.00	0.08	0.04983	51%-75% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	5	30.00	0.12	0.04983	101%-200% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	5	45.00	0.01	0.04983	51%-75% Below	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	5	45.00	0.12	0.04983	101%-200% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	5	60.00	0.07	0.04983	26%-50% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	5	90.00	0.01	0.04983	51%-75% Below	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	5	90.00	0.06	0.04983	10%-25% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	5	90.00	0.08	0.04983	51%-75% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	5	90.00	0.08	0.04983	51%-75% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	5	90.00	0.12	0.04983	101%-200% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	5	135.00	0.12	0.04983	101%-200% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	5	180.00	0.07	0.04983	26%-50% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	6	30.00	0.01	0.05065	51%-75% Below	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	6	30.00	0.07	0.05065	26%-50% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	6	30.00	0.12	0.05065	101%-200% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	6	45.00	0.12	0.05065	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	60.00	0.07	0.05065	26%-50% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	6	90.00	0.06	0.05065	10%-25% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	6	90.00	0.12	0.05065	101%-200% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	6	135.00	0.01	0.05065	51%-75% Below	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	6	135.00	0.12	0.05065	101%-200% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	6	180.00	0.06	0.05065	10%-25% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	6	180.00	0.07	0.05065	26%-50% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	6	180.00	0.09	0.05065	51%-75% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	6	180.00	0.12	0.05065	101%-200% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	7	30.00	0.01	0.05087	51%-75% Below	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	7	30.00	0.07	0.05087	26%-50% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	7	30.00	0.12	0.05087	101%-200% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	7	45.00	0.01	0.05087	51%-75% Below	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	7	45.00	0.12	0.05087	101%-200% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	7	60.00	0.07	0.05087	26%-50% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	7	90.00	0.02	0.05087	51%-75% Below	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	7	90.00	0.06	0.05087	10%-25% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	7	90.00	0.08	0.05087	51%-75% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	7	90.00	0.09	0.05087	51%-75% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	7	90.00	0.12	0.05087	101%-200% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	7	135.00	0.09	0.05087	51%-75% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	7	135.00	0.12	0.05087	101%-200% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	7	180.00	0.06	0.05087	10%-25% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	7	180.00	0.12	0.05087	101%-200% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	8	30.00	0.01	0.05042	51%-75% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	30.00	0.07	0.05042	26%-50% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	8	30.00	0.12	0.05042	101%-200% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	8	30.00	0.12	0.05042	101%-200% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	8	45.00	0.01	0.05042	51%-75% Below	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	8	45.00	0.07	0.05042	26%-50% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	8	45.00	0.12	0.05042	101%-200% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	8	45.00	0.12	0.05042	101%-200% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	8	60.00	0.07	0.05042	26%-50% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	8	90.00	0.01	0.05042	51%-75% Below	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	8	90.00	0.09	0.05042	51%-75% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	8	90.00	0.12	0.05042	101%-200% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	8	180.00	0.06	0.05042	10%-25% Above	Yes	No
65862001401	AMOXICILLIN 500 MG TABLET	4	21.00	0.11	0.09683	10%-25% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	4	21.00	0.20	0.09683	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	4	28.00	0.17	0.09683	51%-75% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	4	30.00	0.17	0.09683	51%-75% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	4	40.00	0.19	0.09683	76%-100% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	5	15.00	0.21	0.08940	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	5	20.00	0.20	0.08940	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	5	21.00	0.11	0.08940	26%-50% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	5	21.00	0.20	0.08940	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	5	23.00	0.21	0.08940	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	5	30.00	0.01	0.08940	76%-100% Below	No	No
65862001401	AMOXICILLIN 500 MG TABLET	6	4.00	0.05	0.08983	26%-50% Below	Yes	No
65862001401	AMOXICILLIN 500 MG TABLET	6	12.00	0.28	0.08983	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	20.00	0.18	0.08983	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	6	21.00	0.11	0.08983	26%-50% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	6	21.00	0.20	0.08983	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	6	30.00	0.17	0.08983	76%-100% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	7	15.00	0.11	0.08621	26%-50% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	7	15.00	0.24	0.08621	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	7	16.00	0.11	0.08621	26%-50% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	7	20.00	0.11	0.08621	26%-50% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	7	20.00	0.20	0.08621	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	7	21.00	0.11	0.08621	26%-50% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	7	21.00	0.19	0.08621	101%-200% Above	Yes	No
65862001401	AMOXICILLIN 500 MG TABLET	7	21.00	0.20	0.08621	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	7	21.00	0.20	0.08621	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	7	21.00	0.20	0.08621	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	7	23.00	0.21	0.08621	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	7	28.00	0.23	0.08621	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	7	28.00	0.25	0.08621	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	7	40.00	0.11	0.08621	26%-50% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	8	4.00	0.11	0.08885	26%-50% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	8	20.00	0.18	0.08885	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	8	21.00	0.20	0.08885	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	8	28.00	0.11	0.08885	26%-50% Above	Yes	No
65862001401	AMOXICILLIN 500 MG TABLET	8	30.00	0.20	0.08885	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	8	84.00	0.06	0.08885	26%-50% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	4	14.00	0.13	0.15460	10%-25% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	14.00	0.19	0.15460	10%-25% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	4	20.00	0.12	0.15460	10%-25% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	4	20.00	0.12	0.15460	10%-25% Below	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	5	10.00	0.19	0.15530	10%-25% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	5	10.00	0.19	0.15530	10%-25% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	5	14.00	0.08	0.15530	26%-50% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	5	14.00	0.13	0.15530	10%-25% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	5	14.00	0.19	0.15530	10%-25% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	5	14.00	0.19	0.15530	10%-25% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	5	20.00	0.13	0.15530	10%-25% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	5	20.00	0.19	0.15530	10%-25% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	5	20.00	0.19	0.15530	10%-25% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	5	28.00	0.19	0.15530	10%-25% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	6	14.00	0.14	0.15688	10%-25% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	6	14.00	0.19	0.15688	10%-25% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	6	20.00	0.12	0.15688	10%-25% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	6	20.00	0.13	0.15688	10%-25% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	6	20.00	0.14	0.15688	10%-25% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	6	20.00	0.14	0.15688	10%-25% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	6	20.00	0.19	0.15688	10%-25% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	6	20.00	0.19	0.15688	10%-25% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	6	28.00	0.19	0.15688	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	10.00	0.19	0.15587	10%-25% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	7	14.00	0.13	0.15587	10%-25% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	7	14.00	0.19	0.15587	10%-25% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	7	14.00	0.19	0.15587	10%-25% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	7	20.00	0.12	0.15587	10%-25% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	7	20.00	0.13	0.15587	10%-25% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	7	20.00	0.18	0.15587	10%-25% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	7	20.00	0.19	0.15587	10%-25% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	7	20.00	0.19	0.15587	10%-25% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	7	22.00	0.19	0.15587	10%-25% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	8	10.00	0.14	0.15590	10%-25% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	8	10.00	0.19	0.15590	10%-25% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	8	10.00	0.19	0.15590	10%-25% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	8	14.00	0.12	0.15590	10%-25% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	8	14.00	0.19	0.15590	10%-25% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	8	20.00	0.12	0.15590	10%-25% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	8	20.00	0.13	0.15590	10%-25% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	8	20.00	0.13	0.15590	10%-25% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	8	20.00	0.14	0.15590	10%-25% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	8	20.00	0.19	0.15590	10%-25% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	8	20.00	0.19	0.15590	10%-25% Above	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	40.00	0.05	0.08321	26%-50% Below	Yes	No
65862001705	AMOXICILLIN 500 MG CAPSULE	5	20.00	0.05	0.09222	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	30.00	0.06	0.08150	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	6	9.00	0.10	0.08013	10%-25% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	6	14.00	0.04	0.08013	26%-50% Below	Yes	No
65862001705	AMOXICILLIN 500 MG CAPSULE	6	20.00	0.06	0.08013	10%-25% Below	Yes	No
65862001705	AMOXICILLIN 500 MG CAPSULE	6	20.00	0.07	0.08013	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	6	21.00	0.06	0.08013	10%-25% Below	Yes	No
65862001705	AMOXICILLIN 500 MG CAPSULE	6	21.00	0.06	0.08013	10%-25% Below	Yes	No
65862001705	AMOXICILLIN 500 MG CAPSULE	6	21.00	0.07	0.08013	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	6	22.00	0.06	0.08013	10%-25% Below	Yes	No
65862001705	AMOXICILLIN 500 MG CAPSULE	6	24.00	0.06	0.08013	10%-25% Below	Yes	No
65862001705	AMOXICILLIN 500 MG CAPSULE	6	30.00	0.06	0.08013	26%-50% Below	Yes	No
65862001705	AMOXICILLIN 500 MG CAPSULE	6	30.00	0.06	0.08013	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	7	20.00	0.06	0.07777	10%-25% Below	Yes	No
65862001705	AMOXICILLIN 500 MG CAPSULE	7	20.00	0.06	0.07777	10%-25% Below	Yes	No
65862001705	AMOXICILLIN 500 MG CAPSULE	7	21.00	0.06	0.07777	10%-25% Below	Yes	No
65862001705	AMOXICILLIN 500 MG CAPSULE	7	21.00	0.06	0.07777	10%-25% Below	Yes	No
65862001705	AMOXICILLIN 500 MG CAPSULE	7	21.00	0.07	0.07777	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	7	21.00	0.07	0.07777	10%-25% Below	Yes	No
65862001705	AMOXICILLIN 500 MG CAPSULE	7	21.00	0.09	0.07777	10%-25% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	7	28.00	0.06	0.07777	26%-50% Below	Yes	No
65862001705	AMOXICILLIN 500 MG CAPSULE	7	28.00	0.06	0.07777	10%-25% Below	Yes	No
65862001705	AMOXICILLIN 500 MG CAPSULE	7	30.00	0.06	0.07777	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	7	30.00	0.06	0.07777	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	7	30.00	0.07	0.07777	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	7	60.00	0.05	0.07777	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	15.00	0.07	0.07828	10%-25% Below	Yes	No
65862001705	AMOXICILLIN 500 MG CAPSULE	8	20.00	0.07	0.07828	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	8	21.00	0.06	0.07828	10%-25% Below	Yes	No
65862001705	AMOXICILLIN 500 MG CAPSULE	8	21.00	0.07	0.07828	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	11	20.00	0.04	0.08974	51%-75% Below	No	No
65862001901	CEPHALEXIN 500 MG CAPSULE	4	21.00	0.16	0.12184	26%-50% Above	No	No
65862001905	CEPHALEXIN 500 MG CAPSULE	4	30.00	0.16	0.12184	26%-50% Above	No	No
65862001905	CEPHALEXIN 500 MG CAPSULE	5	56.00	0.16	0.12141	26%-50% Above	No	No
65862001905	CEPHALEXIN 500 MG CAPSULE	7	56.00	0.16	0.12037	26%-50% Above	No	No
65862005090	SIMVASTATIN 5 MG TABLET	4	30.00	0.12	0.02872	200% Above	No	No
65862005090	SIMVASTATIN 5 MG TABLET	5	30.00	0.12	0.02928	200% Above	No	No
65862005090	SIMVASTATIN 5 MG TABLET	6	30.00	0.12	0.02890	200% Above	No	No
65862005090	SIMVASTATIN 5 MG TABLET	7	30.00	0.12	0.02922	200% Above	No	No
65862005190	SIMVASTATIN 10 MG TABLET	6	45.00	0.01	0.02784	26%-50% Below	No	No
65862005299	SIMVASTATIN 20 MG TABLET	4	90.00	0.22	0.03002	200% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	2	100.00	0.06	0.03731	26%-50% Above	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	200.00	0.02	0.03370	26%-50% Below	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	5	100.00	0.02	0.03347	26%-50% Below	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	5	100.00	0.02	0.03347	26%-50% Below	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	5	200.00	0.02	0.03347	26%-50% Below	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	6	100.00	0.02	0.03351	26%-50% Below	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	6	200.00	0.02	0.03351	26%-50% Below	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	7	200.00	0.02	0.03361	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	8	100.00	0.02	0.03383	26%-50% Below	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	8	200.00	0.02	0.03383	26%-50% Below	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	12	300.00	0.06	0.03579	51%-75% Above	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	4	150.00	0.02	0.03912	51%-75% Below	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	5	75.00	0.02	0.03900	51%-75% Below	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	5	75.00	0.02	0.03900	26%-50% Below	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	5	150.00	0.02	0.03900	26%-50% Below	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	6	150.00	0.02	0.03863	26%-50% Below	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	6	150.00	0.02	0.03863	26%-50% Below	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	7	150.00	0.02	0.03876	26%-50% Below	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	7	225.00	0.02	0.03876	26%-50% Below	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	8	225.00	0.02	0.03924	51%-75% Below	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	10	75.00	0.06	0.03190	76%-100% Above	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	10	150.00	0.00	0.03941	76%-100% Below	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	11	75.00	0.01	0.04117	76%-100% Below	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	6	20.00	0.25	0.12441	76%-100% Above	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	7	20.00	0.25	0.12469	76%-100% Above	No	No
65862007705	CIPROFLOXACIN HCL 500 MG TAB	4	20.00	0.25	0.11064	101%-200% Above	No	No
65862007930	TERBINAFINE HCL 250 MG TABLET	4	21.00	0.11	0.14087	10%-25% Below	Yes	No
65862007930	TERBINAFINE HCL 250 MG TABLET	4	84.00	0.05	0.14087	51%-75% Below	Yes	No
65862007930	TERBINAFINE HCL 250 MG TABLET	5	30.00	0.12	0.13850	10%-25% Below	Yes	No
65862007930	TERBINAFINE HCL 250 MG TABLET	5	90.00	0.18	0.13850	26%-50% Above	Yes	No
65862007930	TERBINAFINE HCL 250 MG TABLET	6	30.00	0.10	0.13407	10%-25% Below	No	No
65862007930	TERBINAFINE HCL 250 MG TABLET	7	14.00	0.16	0.13243	10%-25% Above	Yes	No
65862007930	TERBINAFINE HCL 250 MG TABLET	7	21.00	0.11	0.13243	10%-25% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862007930	TERBINAFINE HCL 250 MG TABLET	7	24.00	0.18	0.13243	26%-50% Above	Yes	No
65862007930	TERBINAFINE HCL 250 MG TABLET	7	30.00	0.10	0.13243	26%-50% Below	Yes	No
65862007930	TERBINAFINE HCL 250 MG TABLET	7	30.00	0.12	0.13243	10%-25% Below	Yes	No
65862007930	TERBINAFINE HCL 250 MG TABLET	7	45.00	0.11	0.13243	10%-25% Below	No	No
65862007930	TERBINAFINE HCL 250 MG TABLET	7	90.00	0.10	0.13243	26%-50% Below	Yes	No
65862007930	TERBINAFINE HCL 250 MG TABLET	7	90.00	0.11	0.13243	10%-25% Below	Yes	No
65862007930	TERBINAFINE HCL 250 MG TABLET	7	90.00	0.18	0.13243	26%-50% Above	Yes	No
65862007930	TERBINAFINE HCL 250 MG TABLET	8	5.00	0.18	0.13560	26%-50% Above	Yes	No
65862007930	TERBINAFINE HCL 250 MG TABLET	8	7.00	0.18	0.13560	26%-50% Above	No	No
65862007930	TERBINAFINE HCL 250 MG TABLET	8	10.00	0.18	0.13560	26%-50% Above	No	No
65862007930	TERBINAFINE HCL 250 MG TABLET	8	30.00	0.10	0.13560	26%-50% Below	Yes	No
65862008501	CEFADROXIL 500 MG CAPSULE	4	4.00	0.20	0.28603	26%-50% Below	No	No
65862008501	CEFADROXIL 500 MG CAPSULE	7	20.00	0.15	0.27624	26%-50% Below	No	No
65862011701	BENAZEPRIL HCL 20 MG TABLET	4	90.00	0.06	0.07576	10%-25% Below	No	No
65862011701	BENAZEPRIL HCL 20 MG TABLET	7	90.00	0.06	0.07854	10%-25% Below	No	No
65862012701	TORSEMIDE 20 MG TABLET	4	60.00	0.10	0.07330	26%-50% Above	No	No
65862012701	TORSEMIDE 20 MG TABLET	5	60.00	0.10	0.07294	26%-50% Above	No	No
65862012701	TORSEMIDE 20 MG TABLET	6	60.00	0.10	0.07074	26%-50% Above	No	No
65862012701	TORSEMIDE 20 MG TABLET	7	60.00	0.10	0.06828	26%-50% Above	No	No
65862013399	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.00	0.02	0.01196	26%-50% Above	No	No
65862014305	CARVEDILOL 6.25 MG TABLET	1	60.00	0.03	0.01972	51%-75% Above	No	No
65862014636	SUMATRIPTAN SUCC 25 MG TABLET	4	9.00	0.84	0.26045	200% Above	No	No
65862014636	SUMATRIPTAN SUCC 25 MG TABLET	5	20.00	0.50	0.27255	76%-100% Above	No	No
65862014636	SUMATRIPTAN SUCC 25 MG TABLET	6	9.00	0.46	0.28419	51%-75% Above	No	No
65862014636	SUMATRIPTAN SUCC 25 MG TABLET	7	9.00	0.46	0.27560	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	4	10.00	0.44	0.33593	26%-50% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	4	27.00	0.52	0.33593	51%-75% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	5	8.00	0.67	0.34058	76%-100% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	5	9.00	0.44	0.34058	26%-50% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	5	9.00	0.68	0.34058	76%-100% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	5	10.00	0.44	0.34058	26%-50% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	5	12.00	0.42	0.34058	10%-25% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	6	9.00	0.44	0.33192	26%-50% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	6	27.00	0.44	0.33192	26%-50% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	7	8.00	0.44	0.31274	26%-50% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	7	8.00	0.67	0.31274	101%-200% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	7	9.00	0.44	0.31274	26%-50% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	7	12.00	0.70	0.31274	101%-200% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	8	9.00	0.44	0.29945	26%-50% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	8	10.00	0.69	0.29945	101%-200% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	8	12.00	0.44	0.29945	26%-50% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	4	9.00	0.56	0.43221	26%-50% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	4	10.00	0.55	0.43221	26%-50% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	5	9.00	0.13	0.43654	51%-75% Below	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	5	9.00	0.56	0.43654	26%-50% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	6	8.00	0.65	0.43415	26%-50% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	6	9.00	0.13	0.43415	51%-75% Below	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	6	9.00	0.75	0.43415	51%-75% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	7	9.00	0.63	0.43386	26%-50% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	8	3.00	0.75	0.43089	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	9.00	0.34	0.43089	10%-25% Below	No	No
65862014901	FINASTERIDE 5 MG TABLET	8	23.00	0.17	0.06839	101%-200% Above	Yes	No
65862014905	FINASTERIDE 5 MG TABLET	7	30.00	0.17	0.06822	101%-200% Above	No	No
65862014905	FINASTERIDE 5 MG TABLET	8	15.00	0.17	0.06839	101%-200% Above	No	No
65862014905	FINASTERIDE 5 MG TABLET	8	22.00	0.17	0.06839	101%-200% Above	No	No
65862014930	FINASTERIDE 5 MG TABLET	5	30.00	0.17	0.06945	101%-200% Above	No	No
65862014930	FINASTERIDE 5 MG TABLET	6	30.00	0.17	0.06886	101%-200% Above	No	No
65862014930	FINASTERIDE 5 MG TABLET	7	30.00	0.17	0.06822	101%-200% Above	No	No
65862014930	FINASTERIDE 5 MG TABLET	8	30.00	0.17	0.06839	101%-200% Above	No	No
65862014990	FINASTERIDE 5 MG TABLET	4	30.00	0.14	0.06976	101%-200% Above	No	No
65862014990	FINASTERIDE 5 MG TABLET	4	30.00	0.17	0.06976	101%-200% Above	Yes	No
65862014990	FINASTERIDE 5 MG TABLET	4	90.00	0.03	0.06976	51%-75% Below	Yes	No
65862014990	FINASTERIDE 5 MG TABLET	4	90.00	0.05	0.06976	10%-25% Below	Yes	No
65862014990	FINASTERIDE 5 MG TABLET	4	90.00	0.17	0.06976	101%-200% Above	Yes	No
65862014990	FINASTERIDE 5 MG TABLET	5	30.00	0.14	0.06945	101%-200% Above	No	No
65862014990	FINASTERIDE 5 MG TABLET	5	30.00	0.17	0.06945	101%-200% Above	No	No
65862014990	FINASTERIDE 5 MG TABLET	5	90.00	0.17	0.06945	101%-200% Above	Yes	No
65862014990	FINASTERIDE 5 MG TABLET	6	15.00	0.17	0.06886	101%-200% Above	No	No
65862014990	FINASTERIDE 5 MG TABLET	6	30.00	0.14	0.06886	101%-200% Above	No	No
65862014990	FINASTERIDE 5 MG TABLET	6	90.00	0.11	0.06886	51%-75% Above	Yes	No
65862014990	FINASTERIDE 5 MG TABLET	6	90.00	0.17	0.06886	101%-200% Above	Yes	No
65862014990	FINASTERIDE 5 MG TABLET	7	15.00	0.17	0.06822	101%-200% Above	No	No
65862014990	FINASTERIDE 5 MG TABLET	7	30.00	0.14	0.06822	101%-200% Above	No	No
65862014990	FINASTERIDE 5 MG TABLET	7	60.00	0.17	0.06822	101%-200% Above	Yes	No
65862014990	FINASTERIDE 5 MG TABLET	7	90.00	0.03	0.06822	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	90.00	0.05	0.06822	10%-25% Below	Yes	No
65862014990	FINASTERIDE 5 MG TABLET	7	90.00	0.10	0.06822	26%-50% Above	Yes	No
65862014990	FINASTERIDE 5 MG TABLET	7	90.00	0.17	0.06822	101%-200% Above	Yes	No
65862014990	FINASTERIDE 5 MG TABLET	8	30.00	0.13	0.06839	76%-100% Above	No	No
65862014990	FINASTERIDE 5 MG TABLET	8	90.00	0.11	0.06839	51%-75% Above	Yes	No
65862014990	FINASTERIDE 5 MG TABLET	8	90.00	0.12	0.06839	51%-75% Above	No	No
65862014990	FINASTERIDE 5 MG TABLET	8	90.00	0.13	0.06839	76%-100% Above	Yes	No
65862014990	FINASTERIDE 5 MG TABLET	8	90.00	0.17	0.06839	101%-200% Above	No	No
65862014990	FINASTERIDE 5 MG TABLET	8	90.00	0.17	0.06839	101%-200% Above	Yes	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	4	30.00	0.13	0.03473	200% Above	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	4	90.00	0.02	0.03473	26%-50% Below	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	5	30.00	0.13	0.03392	200% Above	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	6	30.00	0.13	0.03402	200% Above	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	7	30.00	0.13	0.03365	200% Above	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	7	90.00	0.13	0.03365	200% Above	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	8	30.00	0.13	0.03469	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	4	90.00	0.24	0.03854	200% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	5	15.00	0.07	0.03888	51%-75% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.00	0.24	0.03888	200% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	5	90.00	0.24	0.03888	200% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.00	0.24	0.03860	200% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	6	90.00	0.24	0.03860	200% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	7	15.00	0.07	0.03875	51%-75% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.00	0.24	0.03875	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	90.00	0.24	0.03875	200% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.00	0.24	0.03895	200% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	8	90.00	0.02	0.03895	26%-50% Below	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	8	90.00	0.24	0.03895	200% Above	No	No
65862016099	ZOLPIDEM TARTRATE 10 MG TABLET	4	30.00	0.03	0.03854	10%-25% Below	No	No
65862016099	ZOLPIDEM TARTRATE 10 MG TABLET	4	30.00	0.24	0.03854	200% Above	No	No
65862016099	ZOLPIDEM TARTRATE 10 MG TABLET	5	10.00	0.06	0.03888	26%-50% Above	No	No
65862016099	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.00	0.02	0.03888	51%-75% Below	No	No
65862016099	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.00	0.24	0.03888	200% Above	No	No
65862016099	ZOLPIDEM TARTRATE 10 MG TABLET	6	18.00	0.24	0.03860	200% Above	No	No
65862016099	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.00	0.03	0.03860	10%-25% Below	No	No
65862016099	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.00	0.24	0.03860	200% Above	No	No
65862016099	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.00	0.03	0.03875	10%-25% Below	No	No
65862016099	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.00	0.24	0.03875	200% Above	No	No
65862016099	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.00	0.03	0.03895	10%-25% Below	No	No
65862016099	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.00	0.24	0.03895	200% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	4	270.00	0.11	0.02266	200% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	5	45.00	0.11	0.02204	200% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	5	60.00	0.11	0.02204	200% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	6	60.00	0.11	0.02143	200% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	7	60.00	0.11	0.02109	200% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	8	60.00	0.11	0.02168	200% Above	No	No
65862016901	ATENOLOL 50 MG TABLET	5	90.00	0.07	0.02539	101%-200% Above	No	No
65862016901	ATENOLOL 50 MG TABLET	5	90.00	0.11	0.02539	200% Above	No	No
65862016901	ATENOLOL 50 MG TABLET	6	90.00	0.01	0.02468	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	90.00	0.07	0.02539	101%-200% Above	No	No
65862016999	ATENOLOL 50 MG TABLET	7	2.00	0.11	0.02404	200% Above	No	No
65862017160	TOPIRAMATE 25 MG TABLET	4	30.00	0.07	0.02574	101%-200% Above	No	No
65862017160	TOPIRAMATE 25 MG TABLET	6	90.00	0.01	0.02538	51%-75% Below	No	No
65862017160	TOPIRAMATE 25 MG TABLET	7	90.00	0.07	0.02550	101%-200% Above	No	No
65862017260	TOPIRAMATE 50 MG TABLET	5	30.00	0.09	0.03498	101%-200% Above	No	No
65862017260	TOPIRAMATE 50 MG TABLET	6	30.00	0.09	0.03448	101%-200% Above	No	No
65862017260	TOPIRAMATE 50 MG TABLET	6	60.00	0.09	0.03448	101%-200% Above	No	No
65862017260	TOPIRAMATE 50 MG TABLET	6	90.00	0.09	0.03448	101%-200% Above	Yes	No
65862017260	TOPIRAMATE 50 MG TABLET	6	180.00	0.09	0.03448	101%-200% Above	No	No
65862017260	TOPIRAMATE 50 MG TABLET	6	270.00	0.05	0.03448	26%-50% Above	No	No
65862017260	TOPIRAMATE 50 MG TABLET	7	30.00	0.09	0.03359	101%-200% Above	No	No
65862017260	TOPIRAMATE 50 MG TABLET	7	60.00	0.09	0.03359	101%-200% Above	No	No
65862017260	TOPIRAMATE 50 MG TABLET	8	30.00	0.09	0.03504	101%-200% Above	No	No
65862017360	TOPIRAMATE 100 MG TABLET	4	60.00	0.01	0.05982	76%-100% Below	No	No
65862017360	TOPIRAMATE 100 MG TABLET	5	180.00	0.08	0.05949	26%-50% Above	No	No
65862017360	TOPIRAMATE 100 MG TABLET	7	60.00	0.08	0.05555	26%-50% Above	No	No
65862017601	PENICILLIN VK 500 MG TABLET	6	40.00	0.17	0.10337	51%-75% Above	No	No
65862017601	PENICILLIN VK 500 MG TABLET	7	28.00	0.17	0.10367	51%-75% Above	No	No
65862017601	PENICILLIN VK 500 MG TABLET	7	40.00	0.17	0.10367	51%-75% Above	No	No
65862017601	PENICILLIN VK 500 MG TABLET	8	40.00	0.12	0.10587	10%-25% 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
65862017760	CEFDINIR 300 MG CAPSULE	4	20.00	0.75	0.46278	51%-75% Above	No	No
65862017760	CEFDINIR 300 MG CAPSULE	5	14.00	0.25	0.46025	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	20.00	0.25	0.46025	26%-50% Below	No	No
65862017760	CEFDINIR 300 MG CAPSULE	5	20.00	0.25	0.46025	26%-50% Below	Yes	No
65862017760	CEFDINIR 300 MG CAPSULE	6	14.00	0.25	0.45814	26%-50% Below	No	No
65862017760	CEFDINIR 300 MG CAPSULE	6	14.00	0.93	0.45814	101%-200% Above	No	No
65862017760	CEFDINIR 300 MG CAPSULE	6	20.00	0.25	0.45814	26%-50% Below	No	No
65862017760	CEFDINIR 300 MG CAPSULE	7	14.00	0.25	0.46228	26%-50% Below	No	No
65862017760	CEFDINIR 300 MG CAPSULE	7	20.00	0.25	0.46228	26%-50% Below	No	No
65862017760	CEFDINIR 300 MG CAPSULE	7	20.00	0.95	0.46228	101%-200% Above	No	No
65862017760	CEFDINIR 300 MG CAPSULE	8	10.00	0.25	0.45930	26%-50% Below	No	No
65862017760	CEFDINIR 300 MG CAPSULE	8	20.00	0.21	0.45930	51%-75% Below	No	No
65862017760	CEFDINIR 300 MG CAPSULE	8	20.00	0.25	0.45930	26%-50% Below	No	No
65862017760	CEFDINIR 300 MG CAPSULE	8	20.00	0.75	0.45930	51%-75% Above	Yes	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	5	21.00	0.31	0.17586	51%-75% Above	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	6	21.00	0.32	0.17244	76%-100% Above	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	6	28.00	0.24	0.17244	26%-50% Above	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	6	30.00	0.26	0.17244	51%-75% Above	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	6	40.00	0.26	0.17244	26%-50% Above	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	7	14.00	0.25	0.16804	26%-50% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	4	5.00	0.10	0.06330	51%-75% Above	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	4	10.00	0.19	0.06330	101%-200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	4	12.00	0.19	0.06330	101%-200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	4	12.00	0.19	0.06330	101%-200% Above	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	4	15.00	0.06	0.06330	10%-25% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	4	15.00	0.19	0.06330	101%-200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	4	18.00	0.01	0.06330	76%-100% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	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	0.06	0.06330	10%-25% Below	Yes	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	4	18.00	0.19	0.06330	101%-200% Above	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	5	10.00	0.07	0.06409	10%-25% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	5	10.00	0.19	0.06409	101%-200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	5	15.00	0.05	0.06409	10%-25% Below	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	5	15.00	0.19	0.06409	101%-200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	5	18.00	0.05	0.06409	10%-25% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	5	18.00	0.05	0.06409	10%-25% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	5	18.00	0.05	0.06409	10%-25% Below	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	5	18.00	0.06	0.06409	10%-25% Below	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	5	18.00	0.19	0.06409	101%-200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	5	18.00	0.19	0.06409	101%-200% Above	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	6	3.00	0.18	0.06312	101%-200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	6	10.00	0.07	0.06312	10%-25% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	6	10.00	0.10	0.06312	26%-50% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	6	12.00	0.19	0.06312	101%-200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	6	12.00	0.19	0.06312	101%-200% Above	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	6	14.00	0.05	0.06312	10%-25% Below	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	6	15.00	0.01	0.06312	76%-100% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	6	18.00	0.01	0.06312	76%-100% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	6	18.00	0.05	0.06312	26%-50% Below	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	6	18.00	0.05	0.06312	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	18.00	0.05	0.06312	10%-25% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	6	18.00	0.05	0.06312	10%-25% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	6	18.00	0.05	0.06312	10%-25% Below	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	6	18.00	0.19	0.06312	101%-200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	6	18.00	0.19	0.06312	101%-200% Above	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	6	30.00	0.05	0.06312	26%-50% Below	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	7	3.00	0.18	0.06125	101%-200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	7	8.00	0.19	0.06125	200% Above	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	7	10.00	0.03	0.06125	26%-50% Below	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	7	10.00	0.07	0.06125	10%-25% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	7	10.00	0.19	0.06125	200% Above	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	7	12.00	0.19	0.06125	200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	7	14.00	0.07	0.06125	10%-25% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	7	15.00	0.03	0.06125	26%-50% Below	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	7	15.00	0.19	0.06125	200% Above	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	7	18.00	0.05	0.06125	10%-25% Below	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	7	18.00	0.19	0.06125	200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	7	18.00	0.19	0.06125	200% Above	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	7	20.00	0.03	0.06125	26%-50% Below	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	7	20.00	0.05	0.06125	10%-25% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	7	20.00	0.19	0.06125	200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	7	20.00	0.19	0.06125	200% Above	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	7	30.00	0.03	0.06125	51%-75% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	7	30.00	0.04	0.06125	26%-50% Below	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	7	30.00	0.05	0.06125	10%-25% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	30.00	0.12	0.06125	76%-100% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	7	30.00	0.19	0.06125	200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	7	60.00	0.04	0.06125	26%-50% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	7	60.00	0.19	0.06125	200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	7	60.00	0.19	0.06125	200% Above	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	8	3.00	0.04	0.05966	26%-50% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	8	10.00	0.19	0.05966	200% Above	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	8	15.00	0.19	0.05966	200% Above	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	8	18.00	0.07	0.05966	10%-25% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	8	20.00	0.19	0.05966	200% Above	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	8	26.00	0.05	0.05966	10%-25% Below	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	8	28.00	0.04	0.05966	26%-50% Below	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	8	30.00	0.04	0.05966	26%-50% Below	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	8	30.00	0.04	0.05966	26%-50% Below	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	8	30.00	0.05	0.05966	10%-25% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	8	30.00	0.19	0.05966	200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	8	30.00	0.19	0.05966	200% Above	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	11	6.00	0.03	0.05748	26%-50% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	4	14.00	0.24	0.08953	101%-200% Above	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	4	15.00	0.24	0.08953	101%-200% Above	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	4	18.00	0.01	0.08953	76%-100% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	4	18.00	0.06	0.08953	26%-50% Below	Yes	No
65862018830	ONDANSETRON HCL 8 MG TABLET	4	18.00	0.06	0.08953	26%-50% Below	Yes	No
65862018830	ONDANSETRON HCL 8 MG TABLET	4	18.00	0.07	0.08953	10%-25% Below	Yes	No
65862018830	ONDANSETRON HCL 8 MG TABLET	4	18.00	0.24	0.08953	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	18.00	0.24	0.08953	101%-200% Above	Yes	No
65862018830	ONDANSETRON HCL 8 MG TABLET	5	15.00	0.07	0.08961	10%-25% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	5	18.00	0.01	0.08961	76%-100% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	5	18.00	0.02	0.08961	76%-100% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	5	18.00	0.05	0.08961	26%-50% Below	Yes	No
65862018830	ONDANSETRON HCL 8 MG TABLET	5	18.00	0.06	0.08961	26%-50% Below	Yes	No
65862018830	ONDANSETRON HCL 8 MG TABLET	5	18.00	0.06	0.08961	26%-50% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	5	18.00	0.06	0.08961	26%-50% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	5	18.00	0.24	0.08961	101%-200% Above	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	5	18.00	0.24	0.08961	101%-200% Above	Yes	No
65862018830	ONDANSETRON HCL 8 MG TABLET	5	20.00	0.05	0.08961	26%-50% Below	Yes	No
65862018830	ONDANSETRON HCL 8 MG TABLET	6	15.00	0.24	0.08806	101%-200% Above	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	6	18.00	0.04	0.08806	51%-75% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	6	18.00	0.06	0.08806	26%-50% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	6	18.00	0.06	0.08806	26%-50% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	6	18.00	0.06	0.08806	26%-50% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	6	18.00	0.06	0.08806	26%-50% Below	Yes	No
65862018830	ONDANSETRON HCL 8 MG TABLET	6	18.00	0.24	0.08806	101%-200% Above	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	6	18.00	0.24	0.08806	101%-200% Above	Yes	No
65862018830	ONDANSETRON HCL 8 MG TABLET	7	2.00	0.26	0.08451	200% Above	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	7	9.00	0.24	0.08451	101%-200% Above	Yes	No
65862018830	ONDANSETRON HCL 8 MG TABLET	7	18.00	0.04	0.08451	26%-50% Below	Yes	No
65862018830	ONDANSETRON HCL 8 MG TABLET	7	18.00	0.06	0.08451	26%-50% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	7	18.00	0.24	0.08451	101%-200% Above	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	7	18.00	0.24	0.08451	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	20.00	0.24	0.08451	101%-200% Above	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	7	30.00	0.04	0.08451	26%-50% Below	Yes	No
65862018830	ONDANSETRON HCL 8 MG TABLET	7	30.00	0.05	0.08451	26%-50% Below	Yes	No
65862018830	ONDANSETRON HCL 8 MG TABLET	7	30.00	0.24	0.08451	101%-200% Above	Yes	No
65862018830	ONDANSETRON HCL 8 MG TABLET	7	60.00	0.04	0.08451	26%-50% Below	Yes	No
65862018830	ONDANSETRON HCL 8 MG TABLET	8	6.00	0.24	0.08122	101%-200% Above	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	8	15.00	0.06	0.08122	10%-25% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	8	16.00	0.04	0.08122	26%-50% Below	Yes	No
65862018830	ONDANSETRON HCL 8 MG TABLET	8	18.00	0.06	0.08122	26%-50% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	8	18.00	0.24	0.08122	101%-200% Above	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	8	18.00	0.24	0.08122	101%-200% Above	Yes	No
65862018830	ONDANSETRON HCL 8 MG TABLET	8	20.00	0.06	0.08122	26%-50% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	8	30.00	0.05	0.08122	26%-50% Below	Yes	No
65862018830	ONDANSETRON HCL 8 MG TABLET	8	30.00	0.05	0.08122	26%-50% Below	Yes	No
65862018830	ONDANSETRON HCL 8 MG TABLET	8	30.00	0.05	0.08122	26%-50% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	8	30.00	0.24	0.08122	101%-200% Above	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	8	30.00	0.24	0.08122	101%-200% Above	Yes	No
65862018830	ONDANSETRON HCL 8 MG TABLET	8	60.00	0.24	0.08122	101%-200% Above	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	8	90.00	0.24	0.08122	101%-200% Above	No	No
65862019105	CYCLOBENZAPRINE 10 MG TABLET	5	90.00	0.01	0.01770	10%-25% Below	No	No
65862019105	CYCLOBENZAPRINE 10 MG TABLET	6	90.00	0.01	0.01768	26%-50% Below	No	No
65862019105	CYCLOBENZAPRINE 10 MG TABLET	7	90.00	0.01	0.01731	26%-50% Below	No	No
65862019105	CYCLOBENZAPRINE 10 MG TABLET	8	90.00	0.01	0.01695	10%-25% Below	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	5	30.00	0.01	0.03640	51%-75% Below	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	5	30.00	0.02	0.03640	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	30.00	0.01	0.03543	51%-75% Below	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	7	30.00	0.01	0.03579	51%-75% Below	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	7	30.00	0.02	0.03579	26%-50% Below	No	No
65862019299	FLUOXETINE HCL 10 MG CAPSULE	4	30.00	0.11	0.03706	101%-200% Above	No	No
65862019299	FLUOXETINE HCL 10 MG CAPSULE	5	30.00	0.11	0.03640	101%-200% Above	No	No
65862019299	FLUOXETINE HCL 10 MG CAPSULE	6	30.00	0.11	0.03543	200% Above	No	No
65862019299	FLUOXETINE HCL 10 MG CAPSULE	7	30.00	0.11	0.03579	200% Above	No	No
65862019299	FLUOXETINE HCL 10 MG CAPSULE	8	30.00	0.11	0.03625	101%-200% Above	No	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	4	90.00	0.08	0.02973	101%-200% Above	No	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	5	30.00	0.02	0.02999	26%-50% Below	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	6	90.00	0.02	0.02918	10%-25% Below	No	No
65862019401	FLUOXETINE HCL 40 MG CAPSULE	4	30.00	0.16	0.05279	200% Above	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	5	90.00	0.06	0.02120	101%-200% Above	No	No
65862020190	LOSARTAN POTASSIUM 25 MG TAB	5	90.00	0.12	0.02120	200% Above	No	No
65862020190	LOSARTAN POTASSIUM 25 MG TAB	6	90.00	0.04	0.02154	76%-100% Above	No	No
65862020190	LOSARTAN POTASSIUM 25 MG TAB	7	90.00	0.01	0.02158	51%-75% Below	No	No
65862020190	LOSARTAN POTASSIUM 25 MG TAB	7	90.00	0.04	0.02158	76%-100% Above	No	No
65862020190	LOSARTAN POTASSIUM 25 MG TAB	7	90.00	0.12	0.02158	200% Above	No	No
65862020190	LOSARTAN POTASSIUM 25 MG TAB	8	90.00	0.04	0.02206	51%-75% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	4	30.00	0.08	0.02106	200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	4	30.00	0.12	0.02106	200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	4	90.00	0.01	0.02106	51%-75% Below	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	4	90.00	0.04	0.02106	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	4	90.00	0.06	0.02106	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	90.00	0.12	0.02106	200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	5	30.00	0.08	0.02120	200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	5	30.00	0.12	0.02120	200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	5	90.00	0.05	0.02120	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	5	90.00	0.06	0.02120	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	5	90.00	0.06	0.02120	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	5	90.00	0.12	0.02120	200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	6	30.00	0.08	0.02154	200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	6	30.00	0.12	0.02154	200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	6	90.00	0.05	0.02154	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	6	90.00	0.06	0.02154	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	6	90.00	0.07	0.02154	200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	6	180.00	0.12	0.02154	200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	7	30.00	0.08	0.02158	200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	7	30.00	0.12	0.02158	200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	7	60.00	0.06	0.02158	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	7	90.00	0.01	0.02158	51%-75% Below	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	7	90.00	0.05	0.02158	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	7	90.00	0.12	0.02158	200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	8	30.00	0.08	0.02206	200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	8	30.00	0.12	0.02206	200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	8	60.00	0.06	0.02206	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	8	90.00	0.05	0.02206	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	8	90.00	0.05	0.02206	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	8	90.00	0.06	0.02206	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	90.00	0.12	0.02206	200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	8	180.00	0.12	0.02206	200% Above	No	No
65862020290	LOSARTAN POTASSIUM 50 MG TAB	5	90.00	0.01	0.03432	51%-75% Below	No	No
65862020290	LOSARTAN POTASSIUM 50 MG TAB	5	90.00	0.07	0.03432	101%-200% Above	No	No
65862020290	LOSARTAN POTASSIUM 50 MG TAB	6	90.00	0.11	0.03367	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	90.00	0.07	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	5	30.00	0.11	0.03432	200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	5	30.00	0.11	0.03432	200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	5	90.00	0.07	0.03432	76%-100% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	5	90.00	0.08	0.03432	101%-200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	5	90.00	0.11	0.03432	200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	6	30.00	0.11	0.03367	200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	6	90.00	0.06	0.03367	76%-100% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	6	90.00	0.08	0.03367	101%-200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	7	30.00	0.08	0.03327	101%-200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	7	30.00	0.11	0.03327	200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	7	90.00	0.07	0.03327	101%-200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	7	90.00	0.11	0.03327	200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	7	180.00	0.08	0.03327	101%-200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	8	30.00	0.08	0.03244	101%-200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	8	30.00	0.08	0.03244	101%-200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	8	30.00	0.09	0.03244	101%-200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	8	30.00	0.11	0.03244	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	90.00	0.06	0.03244	76%-100% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	8	90.00	0.07	0.03244	101%-200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	8	90.00	0.11	0.03244	200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	8	180.00	0.11	0.03244	200% Above	No	No
65862020390	LOSARTAN POTASSIUM 100 MG TAB	4	90.00	0.02	0.04315	51%-75% Below	No	No
65862020390	LOSARTAN POTASSIUM 100 MG TAB	5	30.00	0.11	0.04415	101%-200% Above	No	No
65862020390	LOSARTAN POTASSIUM 100 MG TAB	5	90.00	0.11	0.04415	101%-200% Above	No	No
65862020390	LOSARTAN POTASSIUM 100 MG TAB	5	90.00	0.13	0.04415	101%-200% Above	No	No
65862020390	LOSARTAN POTASSIUM 100 MG TAB	7	30.00	0.02	0.04370	51%-75% Below	No	No
65862020390	LOSARTAN POTASSIUM 100 MG TAB	8	90.00	0.13	0.04396	101%-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	0.08	0.04315	76%-100% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	4	90.00	0.11	0.04315	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	4	90.00	0.13	0.04315	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	5	30.00	0.13	0.04415	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	5	30.00	0.14	0.04415	200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	5	90.00	0.12	0.04415	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	5	90.00	0.12	0.04415	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	5	90.00	0.13	0.04415	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	6	30.00	0.12	0.04353	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	6	30.00	0.13	0.04353	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	6	30.00	0.13	0.04353	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	6	90.00	0.12	0.04353	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	6	90.00	0.12	0.04353	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	6	90.00	0.13	0.04353	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	90.00	0.13	0.04353	200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	7	30.00	0.13	0.04370	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	7	30.00	0.13	0.04370	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	7	40.00	0.13	0.04370	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	7	90.00	0.11	0.04370	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	8	30.00	0.13	0.04396	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	8	90.00	0.11	0.04396	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	8	90.00	0.12	0.04396	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	8	90.00	0.12	0.04396	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	8	90.00	0.13	0.04396	101%-200% Above	No	No
65862021105	MINOCYCLINE 100 MG CAPSULE	6	30.00	0.18	0.36150	26%-50% Below	No	No
65862021105	MINOCYCLINE 100 MG CAPSULE	7	30.00	0.18	0.36164	26%-50% Below	No	No
65862021401	ZALEPLON 5 MG CAPSULE	8	30.00	0.22	0.14445	51%-75% Above	Yes	No
65862021801	CEFDINIR 125 MG/5 ML SUSP	5	100.00	0.12	0.09888	10%-25% Above	Yes	No
65862021801	CEFDINIR 125 MG/5 ML SUSP	7	100.00	0.12	0.10286	10%-25% Above	Yes	No
65862021901	CEFDINIR 250 MG/5 ML SUSP	4	100.00	0.15	0.11593	26%-50% Above	No	No
65862021901	CEFDINIR 250 MG/5 ML SUSP	4	100.00	0.24	0.11593	101%-200% 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	5	60.00	0.24	0.12549	76%-100% Above	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	5	60.00	0.25	0.12549	76%-100% Above	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	6	60.00	0.24	0.12535	76%-100% Above	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	7	60.00	0.24	0.12323	76%-100% Above	No	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	7	60.00	0.24	0.12323	76%-100% Above	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	8	60.00	0.24	0.11949	76%-100% Above	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	8	60.00	0.25	0.11949	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	60.00	0.77	0.11949	200% Above	Yes	No
65862022660	CLARITHROMYCIN 500 MG TABLET	4	28.00	0.20	0.50214	51%-75% Below	Yes	No
65862022660	CLARITHROMYCIN 500 MG TABLET	4	28.00	0.27	0.50214	26%-50% Below	No	No
65862022660	CLARITHROMYCIN 500 MG TABLET	5	14.00	0.27	0.48838	26%-50% Below	No	No
65862022660	CLARITHROMYCIN 500 MG TABLET	6	20.00	0.27	0.46392	26%-50% Below	No	No
65862022660	CLARITHROMYCIN 500 MG TABLET	6	28.00	0.27	0.46392	26%-50% Below	Yes	No
65862022660	CLARITHROMYCIN 500 MG TABLET	6	30.00	0.27	0.46392	26%-50% Below	Yes	No
65862022660	CLARITHROMYCIN 500 MG TABLET	7	20.00	0.20	0.44800	51%-75% Below	Yes	No
65862022660	CLARITHROMYCIN 500 MG TABLET	7	20.00	0.27	0.44800	26%-50% Below	No	No
65862022660	CLARITHROMYCIN 500 MG TABLET	7	28.00	0.27	0.44800	26%-50% Below	Yes	No
65862022660	CLARITHROMYCIN 500 MG TABLET	8	28.00	0.53	0.45580	10%-25% Above	No	No
65862022701	LAMOTRIGINE 25 MG TABLET	5	30.00	0.06	0.02919	101%-200% Above	No	No
65862022701	LAMOTRIGINE 25 MG TABLET	6	42.00	0.06	0.02828	101%-200% Above	No	No
65862022701	LAMOTRIGINE 25 MG TABLET	6	60.00	0.08	0.02828	101%-200% Above	No	No
65862022701	LAMOTRIGINE 25 MG TABLET	7	42.00	0.06	0.02764	101%-200% Above	No	No
65862022701	LAMOTRIGINE 25 MG TABLET	7	270.00	0.08	0.02764	101%-200% Above	No	No
65862022801	LAMOTRIGINE 100 MG TABLET	5	90.00	0.09	0.04556	76%-100% Above	No	No
65862023703	IBANDRONATE SODIUM 150 MG TAB	8	3.00	12.50	2.75242	200% Above	Yes	No
65862024608	LEVETIRACETAM 500 MG TABLET	5	60.00	0.01	0.07804	76%-100% Below	No	No
65862024608	LEVETIRACETAM 500 MG TABLET	5	60.00	0.12	0.07804	51%-75% Above	No	No
65862024608	LEVETIRACETAM 500 MG TABLET	6	60.00	0.01	0.07631	76%-100% Below	No	No
65862024608	LEVETIRACETAM 500 MG TABLET	6	60.00	0.04	0.07631	26%-50% Below	No	No
65862024608	LEVETIRACETAM 500 MG TABLET	6	60.00	0.12	0.07631	51%-75% Above	No	No
65862024608	LEVETIRACETAM 500 MG TABLET	7	60.00	0.04	0.07506	26%-50% Below	No	No
65862024608	LEVETIRACETAM 500 MG TABLET	7	60.00	0.12	0.07506	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862024608	LEVETIRACETAM 500 MG TABLET	8	30.00	0.12	0.07391	51%-75% Above	No	No
65862024708	LEVETIRACETAM 750 MG TABLET	4	120.00	0.09	0.11697	10%-25% Below	No	No
65862024708	LEVETIRACETAM 750 MG TABLET	8	60.00	0.09	0.11054	10%-25% Below	No	No
65862025047	LEVETIRACETAM 100 MG/ML SOLN	4	120.00	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	5	450.00	0.01	0.03031	51%-75% Below	No	No
65862025047	LEVETIRACETAM 100 MG/ML SOLN	6	450.00	0.01	0.03007	51%-75% Below	No	No
65862025047	LEVETIRACETAM 100 MG/ML SOLN	7	450.00	0.01	0.03022	51%-75% Below	No	No
65862029390	ROSUVASTATIN CALCIUM 5 MG TAB	5	90.00	0.25	0.03496	200% Above	No	No
65862029399	ROSUVASTATIN CALCIUM 5 MG TAB	4	90.00	0.25	0.03453	200% Above	No	No
65862029399	ROSUVASTATIN CALCIUM 5 MG TAB	5	90.00	0.25	0.03496	200% Above	No	No
65862029399	ROSUVASTATIN CALCIUM 5 MG TAB	6	90.00	0.01	0.03479	51%-75% Below	No	No
65862029399	ROSUVASTATIN CALCIUM 5 MG TAB	6	90.00	0.25	0.03479	200% Above	No	No
65862029399	ROSUVASTATIN CALCIUM 5 MG TAB	7	30.00	0.01	0.03397	51%-75% Below	No	No
65862029399	ROSUVASTATIN CALCIUM 5 MG TAB	7	90.00	0.01	0.03397	51%-75% Below	No	No
65862029399	ROSUVASTATIN CALCIUM 5 MG TAB	7	90.00	0.25	0.03397	200% Above	No	No
65862029399	ROSUVASTATIN CALCIUM 5 MG TAB	8	90.00	0.25	0.03330	200% Above	No	No
65862029490	ROSUVASTATIN CALCIUM 10 MG TAB	4	90.00	0.22	0.03787	200% Above	No	No
65862029490	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.00	0.22	0.03834	200% Above	No	No
65862029490	ROSUVASTATIN CALCIUM 10 MG TAB	7	90.00	0.22	0.03797	200% Above	No	No
65862029499	ROSUVASTATIN CALCIUM 10 MG TAB	4	90.00	0.01	0.03787	51%-75% Below	No	No
65862029499	ROSUVASTATIN CALCIUM 10 MG TAB	4	90.00	0.02	0.03787	26%-50% Below	No	No
65862029499	ROSUVASTATIN CALCIUM 10 MG TAB	4	90.00	0.22	0.03787	200% Above	No	No
65862029499	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.00	0.01	0.03840	51%-75% Below	No	No
65862029499	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.00	0.22	0.03840	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862029499	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.00	0.22	0.03840	200% Above	Yes	No
65862029499	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.00	0.01	0.03834	51%-75% Below	No	No
65862029499	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.00	0.17	0.03834	200% Above	No	No
65862029499	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.00	0.22	0.03834	200% Above	No	No
65862029499	ROSUVASTATIN CALCIUM 10 MG TAB	7	30.00	0.22	0.03797	200% Above	No	No
65862029499	ROSUVASTATIN CALCIUM 10 MG TAB	7	90.00	0.01	0.03797	51%-75% Below	No	No
65862029499	ROSUVASTATIN CALCIUM 10 MG TAB	7	90.00	0.22	0.03797	200% Above	No	No
65862029499	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.00	0.01	0.03699	51%-75% Below	No	No
65862029499	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.00	0.17	0.03699	200% Above	No	No
65862029590	ROSUVASTATIN CALCIUM 20 MG TAB	4	90.00	0.22	0.04807	200% Above	No	No
65862029590	ROSUVASTATIN CALCIUM 20 MG TAB	5	90.00	0.22	0.04763	200% Above	No	No
65862029590	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.00	0.01	0.04702	76%-100% Below	No	No
65862029590	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.00	0.22	0.04551	200% Above	No	No
65862029599	ROSUVASTATIN CALCIUM 20 MG TAB	4	90.00	0.22	0.04807	200% Above	No	No
65862029599	ROSUVASTATIN CALCIUM 20 MG TAB	5	90.00	0.22	0.04763	200% Above	No	No
65862029599	ROSUVASTATIN CALCIUM 20 MG TAB	5	90.00	0.22	0.04763	200% Above	Yes	No
65862029599	ROSUVASTATIN CALCIUM 20 MG TAB	6	90.00	0.01	0.04702	76%-100% Below	No	No
65862029599	ROSUVASTATIN CALCIUM 20 MG TAB	6	90.00	0.22	0.04702	200% Above	No	No
65862029599	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.00	0.22	0.04551	200% Above	Yes	No
65862029599	ROSUVASTATIN CALCIUM 20 MG TAB	8	90.00	0.22	0.04489	200% Above	No	No
65862029599	ROSUVASTATIN CALCIUM 20 MG TAB	8	90.00	0.32	0.04489	200% Above	Yes	No
65862029690	ROSUVASTATIN CALCIUM 40 MG TAB	4	10.00	1.00	0.05907	200% Above	No	No
65862029690	ROSUVASTATIN CALCIUM 40 MG TAB	5	30.00	0.35	0.06215	200% Above	No	No
65862029699	ROSUVASTATIN CALCIUM 40 MG TAB	5	30.00	0.50	0.06215	200% Above	Yes	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	4	12.00	0.41	0.25681	51%-75% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862032904	ALENDRONATE SODIUM 70 MG TAB	4	12.00	0.71	0.25681	101%-200% Above	Yes	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	5	4.00	0.57	0.25968	101%-200% Above	Yes	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	5	12.00	0.71	0.25968	101%-200% Above	Yes	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	6	4.00	0.57	0.25981	101%-200% Above	Yes	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	6	12.00	0.54	0.25981	101%-200% Above	Yes	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	6	12.00	0.71	0.25981	101%-200% Above	Yes	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	7	12.00	0.41	0.25708	51%-75% Above	Yes	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	7	12.00	0.44	0.25708	51%-75% Above	Yes	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	7	12.00	0.71	0.25708	101%-200% Above	Yes	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	8	4.00	0.71	0.25788	101%-200% Above	Yes	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	8	12.00	0.41	0.25788	51%-75% Above	Yes	No
65862035430	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 200-300 MG TAB	6	90.00	26.46	0.45662	200% Above	Yes	No
65862035705	CLOPIDOGREL 75 MG TABLET	4	30.00	0.02	0.04802	26%-50% Below	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	4	30.00	0.09	0.04802	76%-100% 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	0.06	0.04802	26%-50% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	4	90.00	0.07	0.04802	51%-75% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	4	90.00	0.08	0.04802	51%-75% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	4	90.00	0.10	0.04802	101%-200% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	5	30.00	0.10	0.04832	101%-200% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	5	90.00	0.10	0.04832	101%-200% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	6	8.00	0.10	0.04768	101%-200% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	6	30.00	0.02	0.04768	26%-50% Below	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	6	30.00	0.10	0.04768	101%-200% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	6	90.00	0.07	0.04768	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	90.00	0.10	0.04768	101%-200% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	7	19.00	0.09	0.04688	76%-100% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	7	30.00	0.09	0.04688	76%-100% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	7	30.00	0.10	0.04688	101%-200% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	7	90.00	0.02	0.04688	26%-50% Below	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	7	90.00	0.06	0.04688	26%-50% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	7	90.00	0.10	0.04688	101%-200% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	8	30.00	0.01	0.04704	51%-75% Below	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	8	30.00	0.10	0.04704	101%-200% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	8	90.00	0.07	0.04704	26%-50% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	8	90.00	0.10	0.04704	101%-200% Above	No	No
65862035790	CLOPIDOGREL 75 MG TABLET	4	90.00	0.07	0.04802	26%-50% Above	No	No
65862037301	ESCITALOPRAM 5 MG TABLET	6	30.00	0.10	0.04215	101%-200% Above	Yes	No
65862037301	ESCITALOPRAM 5 MG TABLET	7	30.00	0.10	0.04234	101%-200% Above	Yes	No
65862037301	ESCITALOPRAM 5 MG TABLET	7	90.00	0.09	0.04234	101%-200% Above	Yes	No
65862037301	ESCITALOPRAM 5 MG TABLET	8	90.00	0.08	0.04192	76%-100% Above	Yes	No
65862037305	ESCITALOPRAM 5 MG TABLET	4	30.00	0.12	0.04127	101%-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	5	30.00	0.13	0.03977	200% Above	No	No
65862037405	ESCITALOPRAM 10 MG TABLET	5	30.00	0.13	0.03977	200% Above	Yes	No
65862037405	ESCITALOPRAM 10 MG TABLET	5	90.00	0.13	0.03977	200% Above	No	No
65862037405	ESCITALOPRAM 10 MG TABLET	6	30.00	0.13	0.03941	200% Above	No	No
65862037405	ESCITALOPRAM 10 MG TABLET	6	90.00	0.13	0.03941	200% Above	Yes	No
65862037405	ESCITALOPRAM 10 MG TABLET	6	135.00	0.13	0.03941	200% Above	Yes	No
65862037405	ESCITALOPRAM 10 MG TABLET	7	30.00	0.10	0.03914	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	30.00	0.13	0.03914	200% Above	No	No
65862037405	ESCITALOPRAM 10 MG TABLET	8	90.00	0.08	0.03940	101%-200% Above	Yes	No
65862037501	ESCITALOPRAM 20 MG TABLET	5	60.00	0.11	0.06332	76%-100% Above	No	No
65862037505	ESCITALOPRAM 20 MG TABLET	7	90.00	0.11	0.06372	76%-100% Above	Yes	No
65862037505	ESCITALOPRAM 20 MG TABLET	8	90.00	0.09	0.06278	26%-50% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	4	4.00	0.27	0.13980	76%-100% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	4	8.00	0.12	0.13980	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	4	10.00	0.10	0.13980	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	4	10.00	0.11	0.13980	10%-25% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	4	10.00	0.12	0.13980	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	4	10.00	0.26	0.13980	76%-100% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	4	12.00	0.10	0.13980	26%-50% 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	12.00	0.12	0.13980	10%-25% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	4	12.00	0.26	0.13980	76%-100% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	4	14.00	0.09	0.13980	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	4	15.00	0.09	0.13980	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	4	15.00	0.26	0.13980	76%-100% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	4	18.00	0.06	0.13980	51%-75% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	4	18.00	0.09	0.13980	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	4	18.00	0.09	0.13980	26%-50% 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	0.12	0.13980	10%-25% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	4	18.00	0.26	0.13980	76%-100% Above	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	4	18.00	0.26	0.13980	76%-100% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	2.00	0.38	0.13346	101%-200% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	5.00	0.19	0.13346	26%-50% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	5.00	0.22	0.13346	51%-75% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	6.00	0.27	0.13346	76%-100% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	8.00	0.26	0.13346	76%-100% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	9.00	0.26	0.13346	76%-100% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	10.00	0.06	0.13346	51%-75% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	10.00	0.12	0.13346	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	10.00	0.26	0.13346	76%-100% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	12.00	0.06	0.13346	51%-75% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	12.00	0.10	0.13346	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	12.00	0.10	0.13346	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	12.00	0.11	0.13346	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	12.00	0.26	0.13346	76%-100% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	15.00	0.26	0.13346	76%-100% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	18.00	0.06	0.13346	51%-75% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	18.00	0.09	0.13346	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	18.00	0.09	0.13346	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	18.00	0.09	0.13346	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	18.00	0.26	0.13346	76%-100% Above	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	18.00	0.26	0.13346	76%-100% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	4.00	0.27	0.12773	101%-200% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	5.00	0.20	0.12773	51%-75% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	6.00	0.27	0.12773	101%-200% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	10.00	0.10	0.12773	10%-25% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	10.00	0.26	0.12773	101%-200% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	12.00	0.10	0.12773	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	12.00	0.11	0.12773	10%-25% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	12.00	0.11	0.12773	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	12.00	0.11	0.12773	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	12.00	0.26	0.12773	101%-200% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	14.00	0.10	0.12773	10%-25% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	15.00	0.26	0.12773	101%-200% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	18.00	0.01	0.12773	76%-100% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	18.00	0.06	0.12773	51%-75% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	18.00	0.09	0.12773	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	18.00	0.09	0.12773	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	18.00	0.09	0.12773	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	18.00	0.11	0.12773	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	18.00	0.26	0.12773	101%-200% Above	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	18.00	0.26	0.12773	101%-200% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	20.00	0.01	0.12773	76%-100% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	4.00	0.27	0.12182	101%-200% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	5.00	0.14	0.12182	10%-25% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	6.00	0.14	0.12182	10%-25% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	6.00	0.27	0.12182	101%-200% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	8.00	0.02	0.12182	76%-100% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	8.00	0.26	0.12182	101%-200% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	9.00	0.11	0.12182	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	9.00	0.26	0.12182	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	10.00	0.10	0.12182	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	12.00	0.26	0.12182	101%-200% Above	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	12.00	0.26	0.12182	101%-200% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	14.00	0.09	0.12182	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	15.00	0.06	0.12182	51%-75% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	15.00	0.09	0.12182	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	15.00	0.26	0.12182	101%-200% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	18.00	0.01	0.12182	76%-100% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	18.00	0.06	0.12182	51%-75% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	18.00	0.09	0.12182	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	18.00	0.09	0.12182	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	18.00	0.09	0.12182	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	18.00	0.10	0.12182	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	18.00	0.26	0.12182	101%-200% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	20.00	0.10	0.12182	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	20.00	0.26	0.12182	101%-200% Above	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	20.00	0.26	0.12182	101%-200% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	21.00	0.06	0.12182	51%-75% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	30.00	0.08	0.12182	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	30.00	0.26	0.12182	101%-200% Above	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	30.00	0.26	0.12182	101%-200% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	90.00	0.26	0.12182	101%-200% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	8	8.00	0.26	0.12080	101%-200% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	8	9.00	0.26	0.12080	101%-200% Above	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	8	10.00	0.10	0.12080	10%-25% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	10.00	0.26	0.12080	101%-200% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	8	12.00	0.01	0.12080	76%-100% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	8	12.00	0.10	0.12080	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	8	12.00	0.10	0.12080	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	8	12.00	0.26	0.12080	101%-200% Above	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	8	12.00	0.26	0.12080	101%-200% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	8	15.00	0.01	0.12080	76%-100% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	8	15.00	0.10	0.12080	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	8	15.00	0.26	0.12080	101%-200% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	8	18.00	0.09	0.12080	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	8	18.00	0.26	0.12080	101%-200% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	8	20.00	0.09	0.12080	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	8	20.00	0.09	0.12080	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	8	20.00	0.26	0.12080	101%-200% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	8	30.00	0.08	0.12080	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	8	30.00	0.10	0.12080	10%-25% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	4	3.00	0.33	0.17543	76%-100% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	4	5.00	0.15	0.17543	10%-25% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	4	5.00	0.27	0.17543	51%-75% Above	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	4	6.00	0.16	0.17543	10%-25% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	4	10.00	0.27	0.17543	51%-75% Above	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	4	12.00	0.12	0.17543	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	4	12.00	0.27	0.17543	51%-75% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	4	12.00	0.27	0.17543	51%-75% Above	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	4	15.00	0.27	0.17543	51%-75% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862039110	ONDANSETRON ODT 8 MG TABLET	4	18.00	0.10	0.17543	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	4	18.00	0.10	0.17543	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	4	18.00	0.10	0.17543	26%-50% Below	No	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	0.11	0.17543	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	4	18.00	0.12	0.17543	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	4	18.00	0.14	0.17543	10%-25% Below	No	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
65862039110	ONDANSETRON ODT 8 MG TABLET	5	9.00	0.15	0.17517	10%-25% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	5	9.00	0.27	0.17517	51%-75% Above	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	5	12.00	0.12	0.17517	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	5	12.00	0.12	0.17517	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	5	15.00	0.10	0.17517	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	5	15.00	0.27	0.17517	51%-75% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	5	15.00	0.27	0.17517	51%-75% Above	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	5	18.00	0.10	0.17517	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	5	18.00	0.10	0.17517	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	5	18.00	0.10	0.17517	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	5	18.00	0.11	0.17517	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	5	18.00	0.11	0.17517	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	5	18.00	0.12	0.17517	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	5	18.00	0.27	0.17517	51%-75% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	5	18.00	0.27	0.17517	51%-75% Above	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	6	6.00	0.20	0.17103	10%-25% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	6.00	0.27	0.17103	51%-75% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	6	10.00	0.12	0.17103	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	6	10.00	0.14	0.17103	10%-25% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	6	15.00	0.11	0.17103	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	6	15.00	0.27	0.17103	51%-75% Above	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	6	18.00	0.10	0.17103	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	6	18.00	0.10	0.17103	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	6	18.00	0.10	0.17103	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	6	18.00	0.10	0.17103	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	6	18.00	0.11	0.17103	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	6	18.00	0.11	0.17103	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	6	18.00	0.27	0.17103	51%-75% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	6	18.00	0.27	0.17103	51%-75% Above	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	7	10.00	0.12	0.16270	10%-25% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	7	10.00	0.27	0.16270	51%-75% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	7	18.00	0.09	0.16270	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	7	18.00	0.09	0.16270	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	7	18.00	0.10	0.16270	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	7	18.00	0.10	0.16270	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	7	18.00	0.11	0.16270	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	7	18.00	0.27	0.16270	51%-75% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	7	20.00	0.27	0.16270	51%-75% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	7	20.00	0.27	0.16270	51%-75% Above	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	7	24.00	0.10	0.16270	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	7	30.00	0.09	0.16270	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	30.00	0.09	0.16270	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	7	30.00	0.10	0.16270	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	7	30.00	0.10	0.16270	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	7	30.00	0.27	0.16270	51%-75% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	7	30.00	0.27	0.16270	51%-75% Above	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	7	60.00	0.27	0.16270	51%-75% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	8	15.00	0.10	0.16163	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	8	15.00	0.27	0.16163	51%-75% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	8	18.00	0.09	0.16163	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	8	18.00	0.10	0.16163	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	8	18.00	0.11	0.16163	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	8	18.00	0.27	0.16163	51%-75% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	8	20.00	0.11	0.16163	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	8	20.00	0.27	0.16163	51%-75% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	8	21.00	0.11	0.16163	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	8	30.00	0.27	0.16163	51%-75% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	8	60.00	0.27	0.16163	51%-75% Above	Yes	No
65862041901	SULFAMETHOXAZOLE-TMP SS TABLET	5	14.00	0.13	0.03952	200% Above	Yes	No
65862041901	SULFAMETHOXAZOLE-TMP SS TABLET	7	14.00	0.13	0.03873	200% Above	No	No
65862041901	SULFAMETHOXAZOLE-TMP SS TABLET	8	28.00	0.13	0.03973	200% Above	Yes	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	4	10.00	0.09	0.04668	101%-200% Above	No	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	6	14.00	0.09	0.04590	101%-200% Above	No	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	6	28.00	0.09	0.04590	101%-200% Above	No	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	7	20.00	0.09	0.04533	101%-200% Above	No	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	8	6.00	0.09	0.04478	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	14.00	0.09	0.04478	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	3	14.00	0.03	0.06277	26%-50% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	4	2.00	0.10	0.04668	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	4	6.00	0.01	0.04668	76%-100% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	4	6.00	0.08	0.04668	51%-75% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	4	10.00	0.07	0.04668	26%-50% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	4	10.00	0.09	0.04668	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	4	14.00	0.02	0.04668	26%-50% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	4	14.00	0.05	0.04668	10%-25% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	4	14.00	0.07	0.04668	26%-50% Above	Yes	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	0.09	0.04668	76%-100% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	4	30.00	0.09	0.04668	76%-100% Above	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	56.00	0.03	0.04668	26%-50% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	6.00	0.09	0.04619	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	6.00	0.09	0.04619	101%-200% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	6.00	0.13	0.04619	101%-200% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	7.00	0.09	0.04619	101%-200% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	10.00	0.06	0.04619	26%-50% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	10.00	0.09	0.04619	76%-100% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	10.00	0.09	0.04619	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	10.00	0.09	0.04619	101%-200% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	12.00	0.07	0.04619	51%-75% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	14.00	0.05	0.04619	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	14.00	0.05	0.04619	10%-25% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	14.00	0.05	0.04619	10%-25% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	14.00	0.07	0.04619	51%-75% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	14.00	0.07	0.04619	51%-75% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	14.00	0.09	0.04619	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	14.00	0.09	0.04619	101%-200% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	20.00	0.09	0.04619	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	20.00	0.09	0.04619	101%-200% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	30.00	0.02	0.04619	26%-50% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	30.00	0.03	0.04619	26%-50% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	40.00	0.09	0.04619	101%-200% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	56.00	0.09	0.04619	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	60.00	0.03	0.04619	26%-50% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	6.00	0.09	0.04590	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	10.00	0.01	0.04590	76%-100% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	10.00	0.01	0.04590	51%-75% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	10.00	0.07	0.04590	26%-50% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	10.00	0.07	0.04590	26%-50% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	10.00	0.09	0.04590	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	14.00	0.06	0.04590	26%-50% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	14.00	0.07	0.04590	51%-75% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	14.00	0.08	0.04590	51%-75% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	14.00	0.09	0.04590	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	14.00	0.09	0.04590	101%-200% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	20.00	0.04	0.04590	10%-25% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	20.00	0.09	0.04590	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	20.00	0.09	0.04590	101%-200% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	28.00	0.04	0.04590	10%-25% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	28.00	0.04	0.04590	10%-25% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	28.00	0.09	0.04590	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	30.00	0.02	0.04590	26%-50% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	30.00	0.03	0.04590	10%-25% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	30.00	0.04	0.04590	10%-25% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	42.00	0.09	0.04590	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	60.00	0.03	0.04590	26%-50% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	60.00	0.09	0.04590	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	6.00	0.02	0.04533	26%-50% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	6.00	0.08	0.04533	51%-75% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	6.00	0.09	0.04533	101%-200% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	6.00	0.10	0.04533	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	10.00	0.02	0.04533	26%-50% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	10.00	0.06	0.04533	10%-25% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	10.00	0.09	0.04533	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	10.00	0.09	0.04533	101%-200% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	12.00	0.06	0.04533	26%-50% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	12.00	0.09	0.04533	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	14.00	0.02	0.04533	26%-50% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	14.00	0.05	0.04533	10%-25% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	14.00	0.05	0.04533	10%-25% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	14.00	0.05	0.04533	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	14.00	0.06	0.04533	26%-50% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	14.00	0.07	0.04533	51%-75% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	14.00	0.09	0.04533	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	14.00	0.09	0.04533	101%-200% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	20.00	0.02	0.04533	26%-50% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	20.00	0.04	0.04533	10%-25% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	20.00	0.04	0.04533	10%-25% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	20.00	0.09	0.04533	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	20.00	0.09	0.04533	101%-200% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	28.00	0.09	0.04533	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	60.00	0.03	0.04533	26%-50% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	4.00	0.09	0.04478	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	6.00	0.09	0.04478	101%-200% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	10.00	0.09	0.04478	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	14.00	0.07	0.04478	26%-50% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	14.00	0.07	0.04478	51%-75% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	14.00	0.09	0.04478	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	14.00	0.09	0.04478	101%-200% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	18.00	0.09	0.04478	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	20.00	0.04	0.04478	10%-25% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	20.00	0.06	0.04478	26%-50% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	20.00	0.09	0.04478	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	20.00	0.09	0.04478	101%-200% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	28.00	0.09	0.04478	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	30.00	0.09	0.04478	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	60.00	0.03	0.04478	26%-50% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	60.00	0.09	0.04478	101%-200% Above	No	No
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	60.00	0.33	0.22965	26%-50% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	5	30.00	0.27	0.22894	10%-25% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	5	60.00	0.33	0.22894	26%-50% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	5	90.00	0.27	0.22894	10%-25% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	5	90.00	0.43	0.22894	76%-100% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	6	30.00	0.27	0.22588	10%-25% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	6	90.00	0.33	0.22588	26%-50% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	7	12.00	0.45	0.22276	101%-200% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	7	14.00	0.27	0.22276	10%-25% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	7	30.00	0.27	0.22276	10%-25% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	7	30.00	0.42	0.22276	76%-100% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	7	90.00	0.27	0.22276	10%-25% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	7	90.00	0.40	0.22276	76%-100% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	7	90.00	0.43	0.22276	76%-100% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	8	6.00	0.49	0.22403	101%-200% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	8	10.00	0.27	0.22403	10%-25% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	8	14.00	0.27	0.22403	10%-25% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	8	30.00	0.27	0.22403	10%-25% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	8	30.00	0.41	0.22403	76%-100% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	4	30.00	0.33	0.22965	26%-50% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	4	30.00	0.36	0.22965	51%-75% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	4	90.00	0.27	0.22965	10%-25% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862044890	VALACYCLOVIR HCL 500 MG TABLET	4	90.00	0.34	0.22965	26%-50% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	5	6.00	0.49	0.22894	101%-200% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	5	12.00	0.58	0.22894	101%-200% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	5	30.00	0.44	0.22894	76%-100% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	5	60.00	0.03	0.22894	76%-100% Below	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	5	90.00	0.27	0.22894	10%-25% Above	Yes	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	6	6.00	0.27	0.22588	10%-25% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	6	30.00	0.33	0.22588	26%-50% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	6	30.00	0.44	0.22588	76%-100% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	6	60.00	0.03	0.22588	76%-100% Below	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	6	60.00	0.27	0.22588	10%-25% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	7	30.00	0.41	0.22276	76%-100% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	8	90.00	0.26	0.22403	10%-25% Above	Yes	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	8	90.00	0.27	0.22403	10%-25% Above	No	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	4	4.00	1.03	0.40626	101%-200% Above	No	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	4	5.00	0.93	0.40626	101%-200% Above	No	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	4	21.00	0.48	0.40626	10%-25% Above	No	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	4	28.00	0.52	0.40626	26%-50% Above	Yes	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	5	4.00	1.03	0.40719	101%-200% Above	No	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	5	5.00	0.93	0.40719	101%-200% Above	No	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	5	28.00	0.52	0.40719	26%-50% Above	Yes	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	5	30.00	0.67	0.40719	51%-75% Above	No	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	6	28.00	0.52	0.41046	10%-25% Above	No	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	6	30.00	0.50	0.41046	10%-25% Above	No	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	7	4.00	1.03	0.40422	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	7	30.00	0.52	0.40422	26%-50% Above	Yes	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	7	30.00	0.88	0.40422	101%-200% Above	No	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	8	4.00	1.03	0.40461	101%-200% Above	No	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	8	30.00	0.88	0.40461	101%-200% Above	No	No
65862045560	ALPRAZOLAM ER 1 MG TABLET	6	90.00	0.14	0.17232	10%-25% Below	No	No
65862045560	ALPRAZOLAM ER 1 MG TABLET	7	90.00	0.14	0.15894	10%-25% Below	No	No
65862046730	FAMCICLOVIR 500 MG TABLET	4	21.00	0.71	0.84072	10%-25% Below	No	No
65862046890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	5	90.00	0.36	0.06184	200% Above	No	No
65862046890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	6	90.00	0.13	0.06214	101%-200% Above	No	No
65862046890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	6	90.00	0.22	0.06214	200% Above	Yes	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	4	90.00	0.16	0.07510	101%-200% Above	No	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	4	90.00	0.33	0.07510	200% Above	No	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	5	30.00	0.16	0.07542	101%-200% Above	No	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	5	90.00	0.28	0.07542	200% Above	No	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	6	90.00	0.16	0.07551	101%-200% Above	No	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	7	30.00	0.01	0.07417	76%-100% Below	No	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	7	90.00	0.16	0.07417	101%-200% Above	No	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	8	90.00	0.16	0.07495	101%-200% Above	No	No
65862046999	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	5	30.00	0.13	0.07542	76%-100% Above	No	No
65862046999	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	6	30.00	0.01	0.07551	76%-100% Below	No	No
65862046999	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	6	30.00	0.13	0.07551	76%-100% Above	No	No
65862046999	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	6	30.00	0.16	0.07551	101%-200% Above	No	No
65862046999	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	7	30.00	0.16	0.07417	101%-200% Above	No	No
65862046999	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	8	30.00	0.13	0.07495	76%-100% Above	No	No
65862046999	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	8	90.00	0.16	0.07495	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862047030	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	90.00	0.15	0.08110	76%-100% Above	No	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	4	30.00	0.50	0.08092	200% Above	No	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	4	90.00	0.15	0.08092	76%-100% Above	Yes	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	30.00	0.42	0.08110	200% Above	No	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	90.00	0.15	0.08110	76%-100% Above	No	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	90.00	0.33	0.08110	200% Above	No	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	90.00	0.40	0.08110	200% Above	No	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	90.00	0.33	0.07979	200% Above	No	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	90.00	0.11	0.07712	26%-50% Above	Yes	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	8	90.00	0.33	0.07833	200% Above	No	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	8	90.00	0.40	0.07833	200% Above	No	No
65862047501	RAMIPRIL 2.5 MG CAPSULE	6	30.00	0.13	0.04740	101%-200% Above	No	No
65862047501	RAMIPRIL 2.5 MG CAPSULE	6	90.00	0.13	0.04740	101%-200% Above	No	No
65862047501	RAMIPRIL 2.5 MG CAPSULE	8	30.00	0.13	0.04604	101%-200% Above	No	No
65862047705	RAMIPRIL 10 MG CAPSULE	6	90.00	0.11	0.07349	51%-75% Above	No	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	5	150.00	0.06	0.05660	10%-25% Above	Yes	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	6	200.00	0.03	0.05698	26%-50% Below	No	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	7	180.00	0.06	0.05585	10%-25% Above	No	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	7	200.00	0.03	0.05585	26%-50% Below	No	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	8	154.00	0.03	0.05513	51%-75% Below	Yes	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	8	200.00	0.08	0.05513	26%-50% Above	No	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	8	588.00	0.02	0.05513	51%-75% Below	No	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	14.00	0.24	0.29298	10%-25% Below	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	4	20.00	0.41	0.29298	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	10.00	0.42	0.30144	26%-50% Above	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	5	14.00	0.24	0.30144	10%-25% Below	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	5	14.00	0.36	0.30144	10%-25% Above	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	5	14.00	0.44	0.30144	26%-50% Above	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	5	20.00	0.24	0.30144	10%-25% Below	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	5	28.00	0.15	0.30144	51%-75% Below	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	6	10.00	0.24	0.30203	10%-25% Below	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	6	14.00	0.24	0.30203	10%-25% Below	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	6	15.00	0.24	0.30203	10%-25% Below	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	6	30.00	0.24	0.30203	10%-25% Below	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	7	10.00	0.24	0.29347	10%-25% Below	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	7	14.00	0.24	0.29347	10%-25% Below	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	7	14.00	0.41	0.29347	26%-50% Above	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	7	14.00	0.49	0.29347	51%-75% Above	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	7	20.00	0.42	0.29347	26%-50% Above	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	7	21.00	0.24	0.29347	10%-25% Below	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	7	21.00	0.24	0.29347	10%-25% Below	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	7	30.00	0.38	0.29347	26%-50% Above	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	8	10.00	0.24	0.27011	10%-25% Below	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	8	20.00	0.24	0.27011	10%-25% Below	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	8	20.00	0.40	0.27011	26%-50% Above	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	8	21.00	0.24	0.27011	10%-25% Below	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	8	30.00	0.40	0.27011	26%-50% Above	Yes	No
65862050301	AMOX-CLAV 875-125 MG TABLET	1	8.00	0.24	0.27974	10%-25% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.24	0.28438	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	20.00	0.44	0.28438	51%-75% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	5	10.00	0.24	0.28188	10%-25% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	5	10.00	0.37	0.28188	26%-50% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	5	14.00	0.24	0.28188	10%-25% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	5	14.00	0.38	0.28188	26%-50% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	5	20.00	0.24	0.28188	10%-25% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	5	20.00	0.35	0.28188	10%-25% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	5	20.00	0.40	0.28188	26%-50% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	6	6.00	0.24	0.27470	10%-25% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	6	14.00	0.24	0.27470	10%-25% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	6	14.00	0.31	0.27470	10%-25% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	6	20.00	0.02	0.27470	76%-100% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	6	20.00	0.24	0.27470	10%-25% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	6	20.00	0.35	0.27470	26%-50% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	6	20.00	0.38	0.27470	26%-50% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	7	10.00	0.37	0.27809	26%-50% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	7	14.00	0.24	0.27809	10%-25% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	7	14.00	0.35	0.27809	10%-25% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	7	14.00	0.36	0.27809	26%-50% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	7	14.00	0.38	0.27809	26%-50% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	7	20.00	0.24	0.27809	10%-25% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	7	20.00	0.41	0.27809	26%-50% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	8	14.00	0.24	0.28558	10%-25% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	8	14.00	0.31	0.28558	10%-25% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	8	20.00	0.24	0.28558	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	20.00	0.25	0.28558	10%-25% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	8	20.00	0.25	0.28558	10%-25% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	8	20.00	0.36	0.28558	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	4.00	0.24	0.28438	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	14.00	0.24	0.28438	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	14.00	0.24	0.28438	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	14.00	0.31	0.28438	10%-25% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	14.00	0.35	0.28438	10%-25% 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	14.00	0.41	0.28438	26%-50% Above	Yes	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	0.34	0.28438	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.35	0.28438	10%-25% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.36	0.28438	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.38	0.28438	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.40	0.28438	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.41	0.28438	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.44	0.28438	51%-75% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	6.00	0.40	0.28188	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	10.00	0.24	0.28188	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	10.00	0.24	0.28188	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	10.00	0.36	0.28188	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	10.00	0.43	0.28188	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	14.00	0.14	0.28188	51%-75% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	14.00	0.24	0.28188	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	14.00	0.24	0.28188	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	14.00	0.31	0.28188	10%-25% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	14.00	0.35	0.28188	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	14.00	0.36	0.28188	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	14.00	0.38	0.28188	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	14.00	0.41	0.28188	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	16.00	0.38	0.28188	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	20.00	0.24	0.28188	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	20.00	0.24	0.28188	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	20.00	0.25	0.28188	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	20.00	0.34	0.28188	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	20.00	0.36	0.28188	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	20.00	0.37	0.28188	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	20.00	0.38	0.28188	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	20.00	0.39	0.28188	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	20.00	0.40	0.28188	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	20.00	0.40	0.28188	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	28.00	0.24	0.28188	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	28.00	0.37	0.28188	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	6.00	0.43	0.27470	51%-75% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	10.00	0.24	0.27470	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	10.00	0.24	0.27470	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	14.00	0.14	0.27470	26%-50% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	14.00	0.24	0.27470	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	14.00	0.24	0.27470	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	14.00	0.31	0.27470	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	14.00	0.31	0.27470	10%-25% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	14.00	0.35	0.27470	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	14.00	0.35	0.27470	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	14.00	0.36	0.27470	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	14.00	0.38	0.27470	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	14.00	0.48	0.27470	51%-75% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	20.00	0.24	0.27470	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	20.00	0.24	0.27470	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	20.00	0.25	0.27470	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	20.00	0.34	0.27470	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	20.00	0.35	0.27470	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	20.00	0.36	0.27470	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	20.00	0.37	0.27470	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	20.00	0.38	0.27470	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	20.00	0.40	0.27470	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	28.00	0.24	0.27470	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	8.00	0.45	0.27809	51%-75% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	10.00	0.24	0.27809	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	10.00	0.42	0.27809	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	10.00	0.44	0.27809	51%-75% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	14.00	0.08	0.27809	51%-75% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	14.00	0.14	0.27809	51%-75% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	14.00	0.24	0.27809	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	14.00	0.24	0.27809	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	14.00	0.31	0.27809	10%-25% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	14.00	0.31	0.27809	10%-25% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	14.00	0.34	0.27809	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	14.00	0.35	0.27809	10%-25% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	14.00	0.36	0.27809	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	14.00	0.37	0.27809	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	14.00	0.41	0.27809	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	14.00	0.41	0.27809	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	20.00	0.24	0.27809	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	20.00	0.24	0.27809	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	20.00	0.25	0.27809	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	20.00	0.25	0.27809	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	20.00	0.33	0.27809	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	20.00	0.34	0.27809	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	20.00	0.35	0.27809	10%-25% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	20.00	0.36	0.27809	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	20.00	0.39	0.27809	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	20.00	0.40	0.27809	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	20.00	0.47	0.27809	51%-75% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	28.00	0.24	0.27809	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	28.00	0.34	0.27809	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	10.00	0.08	0.28558	51%-75% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	10.00	0.24	0.28558	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	10.00	0.35	0.28558	10%-25% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	14.00	0.24	0.28558	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	14.00	0.24	0.28558	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	14.00	0.35	0.28558	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	14.00	0.37	0.28558	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	14.00	0.37	0.28558	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	20.00	0.24	0.28558	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	20.00	0.24	0.28558	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	20.00	0.25	0.28558	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	20.00	0.33	0.28558	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	20.00	0.34	0.28558	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	20.00	0.38	0.28558	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	20.00	0.40	0.28558	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	20.00	0.40	0.28558	26%-50% Above	Yes	No
65862051205	PIOGLITAZONE HCL 15 MG TABLET	7	30.00	0.04	0.06614	26%-50% Below	No	No
65862051305	PIOGLITAZONE HCL 30 MG TABLET	8	20.00	0.14	0.09032	51%-75% Above	No	No
65862051330	PIOGLITAZONE HCL 30 MG TABLET	4	20.00	0.14	0.09227	26%-50% Above	No	No
65862051330	PIOGLITAZONE HCL 30 MG TABLET	4	30.00	0.15	0.09227	51%-75% Above	No	No
65862051330	PIOGLITAZONE HCL 30 MG TABLET	4	90.00	0.13	0.09227	26%-50% Above	No	No
65862051330	PIOGLITAZONE HCL 30 MG TABLET	4	90.00	0.14	0.09227	26%-50% Above	No	No
65862051330	PIOGLITAZONE HCL 30 MG TABLET	5	10.00	0.14	0.09248	26%-50% Above	No	No
65862051330	PIOGLITAZONE HCL 30 MG TABLET	5	20.00	0.14	0.09248	26%-50% Above	No	No
65862051330	PIOGLITAZONE HCL 30 MG TABLET	5	30.00	0.15	0.09248	51%-75% Above	No	No
65862051330	PIOGLITAZONE HCL 30 MG TABLET	5	90.00	0.14	0.09248	26%-50% Above	Yes	No
65862051330	PIOGLITAZONE HCL 30 MG TABLET	6	20.00	0.14	0.08947	51%-75% Above	No	No
65862051330	PIOGLITAZONE HCL 30 MG TABLET	6	30.00	0.15	0.08947	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862051330	PIOGLITAZONE HCL 30 MG TABLET	6	90.00	0.14	0.08947	51%-75% Above	No	No
65862051330	PIOGLITAZONE HCL 30 MG TABLET	7	20.00	0.14	0.08882	51%-75% Above	No	No
65862051330	PIOGLITAZONE HCL 30 MG TABLET	7	30.00	0.15	0.08882	51%-75% Above	No	No
65862051330	PIOGLITAZONE HCL 30 MG TABLET	8	90.00	0.10	0.09032	10%-25% Above	Yes	No
65862051501	NAPROXEN SODIUM 275 MG TAB	4	60.00	0.08	0.22243	51%-75% Below	Yes	No
65862051601	NAPROXEN SODIUM 550 MG TAB	7	20.00	0.41	0.22869	76%-100% Above	Yes	No
65862052201	NAPROXEN 500 MG TABLET	5	30.00	0.05	0.06254	10%-25% Below	No	No
65862052205	NAPROXEN 500 MG TABLET	5	20.00	0.04	0.06254	26%-50% Below	No	No
65862052205	NAPROXEN 500 MG TABLET	5	20.00	0.08	0.06254	26%-50% Above	No	No
65862052205	NAPROXEN 500 MG TABLET	6	20.00	0.08	0.06252	26%-50% Above	No	No
65862052205	NAPROXEN 500 MG TABLET	6	24.00	0.08	0.06252	26%-50% Above	No	No
65862052205	NAPROXEN 500 MG TABLET	7	20.00	0.04	0.05933	26%-50% Below	No	No
65862052205	NAPROXEN 500 MG TABLET	7	30.00	0.04	0.05933	26%-50% Below	No	No
65862052205	NAPROXEN 500 MG TABLET	8	60.00	0.08	0.05799	26%-50% Above	No	No
65862052305	GABAPENTIN 600 MG TABLET	4	90.00	0.06	0.06919	10%-25% Below	No	No
65862052305	GABAPENTIN 600 MG TABLET	4	270.00	0.02	0.06919	51%-75% Below	No	No
65862052305	GABAPENTIN 600 MG TABLET	5	60.00	0.03	0.06824	51%-75% Below	No	No
65862052305	GABAPENTIN 600 MG TABLET	5	405.00	0.06	0.06824	10%-25% Below	No	No
65862052305	GABAPENTIN 600 MG TABLET	6	60.00	0.03	0.06683	51%-75% Below	No	No
65862052305	GABAPENTIN 600 MG TABLET	6	360.00	0.06	0.06683	10%-25% Below	No	No
65862052305	GABAPENTIN 600 MG TABLET	7	270.00	0.03	0.06456	26%-50% Below	No	No
65862052305	GABAPENTIN 600 MG TABLET	8	90.00	0.06	0.06379	10%-25% Below	No	No
65862052405	GABAPENTIN 800 MG TABLET	4	90.00	0.06	0.09868	26%-50% Below	No	No
65862052405	GABAPENTIN 800 MG TABLET	5	120.00	0.06	0.09799	26%-50% Below	No	No
65862052405	GABAPENTIN 800 MG TABLET	6	90.00	0.06	0.09632	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	150.00	0.06	0.09632	26%-50% Below	No	No
65862052405	GABAPENTIN 800 MG TABLET	7	90.00	0.06	0.09381	26%-50% Below	No	No
65862052660	PIOGLITAZONE-METFORMIN 15-850	4	60.00	0.40	0.27840	26%-50% Above	Yes	No
65862052660	PIOGLITAZONE-METFORMIN 15-850	6	90.00	0.40	0.29317	26%-50% Above	Yes	No
65862052730	VENLAFAXINE HCL ER 37.5 MG CAP	7	30.00	0.11	0.08174	26%-50% Above	No	No
65862052730	VENLAFAXINE HCL ER 37.5 MG CAP	8	30.00	0.11	0.07948	26%-50% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	4	90.00	0.13	0.08586	51%-75% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	5	30.00	0.13	0.08650	51%-75% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	6	30.00	0.12	0.08500	26%-50% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	6	30.00	0.13	0.08500	51%-75% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	6	90.00	0.13	0.08500	51%-75% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	6	180.00	0.13	0.08500	51%-75% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	7	30.00	0.12	0.08174	26%-50% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	7	30.00	0.13	0.08174	51%-75% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	7	42.00	0.13	0.08174	51%-75% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	7	90.00	0.13	0.08174	51%-75% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	8	90.00	0.13	0.07948	51%-75% Above	No	No
65862052799	VENLAFAXINE HCL ER 37.5 MG CAP	4	30.00	0.13	0.08586	51%-75% Above	No	No
65862052799	VENLAFAXINE HCL ER 37.5 MG CAP	6	30.00	0.13	0.08500	51%-75% Above	No	No
65862052799	VENLAFAXINE HCL ER 37.5 MG CAP	6	90.00	0.13	0.08500	51%-75% Above	No	No
65862052799	VENLAFAXINE HCL ER 37.5 MG CAP	7	30.00	0.13	0.08174	51%-75% Above	No	No
65862052799	VENLAFAXINE HCL ER 37.5 MG CAP	7	90.00	0.13	0.08174	51%-75% Above	No	No
65862052799	VENLAFAXINE HCL ER 37.5 MG CAP	8	90.00	0.13	0.07948	51%-75% Above	No	No
65862052830	VENLAFAXINE HCL ER 75 MG CAP	6	90.00	0.11	0.08217	26%-50% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	4	30.00	0.11	0.08791	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862052890	VENLAFAXINE HCL ER 75 MG CAP	4	90.00	0.11	0.08791	10%-25% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	5	30.00	0.11	0.08503	26%-50% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	5	90.00	0.11	0.08503	26%-50% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	5	90.00	0.13	0.08503	51%-75% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	6	30.00	0.11	0.08217	26%-50% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	6	90.00	0.10	0.08217	10%-25% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	6	90.00	0.11	0.08217	26%-50% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	7	30.00	0.11	0.08077	26%-50% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	7	90.00	0.11	0.08077	26%-50% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	7	90.00	0.13	0.08077	51%-75% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	7	270.00	0.11	0.08077	26%-50% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	8	30.00	0.11	0.07939	26%-50% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	8	30.00	0.13	0.07939	51%-75% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	8	30.00	0.14	0.07939	76%-100% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	8	90.00	0.11	0.07939	26%-50% Above	No	No
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	4	30.00	0.15	0.08791	51%-75% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	4	90.00	0.11	0.08791	10%-25% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	5	30.00	0.11	0.08503	26%-50% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	5	270.00	0.11	0.08503	26%-50% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	6	30.00	0.11	0.08217	26%-50% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	6	30.00	0.15	0.08217	76%-100% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	6	90.00	0.11	0.08217	26%-50% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	7	30.00	0.11	0.08077	26%-50% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	7	30.00	0.15	0.08077	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	42.00	0.11	0.08077	26%-50% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	7	90.00	0.11	0.08077	26%-50% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	7	90.00	0.15	0.08077	76%-100% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	8	30.00	0.11	0.07939	26%-50% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	8	30.00	0.15	0.07939	76%-100% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	8	270.00	0.11	0.07939	26%-50% Above	No	No
65862053401	AMOX-CLAV 400-57 MG/5 ML SUSP	4	200.00	0.05	0.05825	10%-25% Below	Yes	No
65862053401	AMOX-CLAV 400-57 MG/5 ML SUSP	6	100.00	0.15	0.05786	101%-200% Above	No	No
65862053401	AMOX-CLAV 400-57 MG/5 ML SUSP	11	100.00	0.06	0.05459	10%-25% Above	No	No
65862053450	AMOX-CLAV 400-57 MG/5 ML SUSP	6	100.00	0.06	0.08007	10%-25% Below	No	No
65862053475	AMOX-CLAV 400-57 MG/5 ML SUSP	4	225.00	0.06	0.06894	10%-25% Below	No	No
65862053475	AMOX-CLAV 400-57 MG/5 ML SUSP	6	150.00	0.06	0.06863	10%-25% Below	No	No
65862053502	AMOX-CLAV 600-42.9 MG/5 ML SUS	6	200.00	0.04	0.06090	26%-50% Below	No	No
65862053502	AMOX-CLAV 600-42.9 MG/5 ML SUS	8	200.00	0.04	0.06080	26%-50% Below	Yes	No
65862053513	AMOX-CLAV 600-42.9 MG/5 ML SUS	4	125.00	0.04	0.06297	26%-50% Below	No	No
65862053513	AMOX-CLAV 600-42.9 MG/5 ML SUS	4	125.00	0.04	0.07052	26%-50% Below	No	No
65862053513	AMOX-CLAV 600-42.9 MG/5 ML SUS	6	125.00	0.04	0.06257	26%-50% Below	No	No
65862053513	AMOX-CLAV 600-42.9 MG/5 ML SUS	6	375.00	0.04	0.06257	26%-50% Below	No	No
65862053513	AMOX-CLAV 600-42.9 MG/5 ML SUS	7	125.00	0.04	0.05910	26%-50% Below	No	No
65862053513	AMOX-CLAV 600-42.9 MG/5 ML SUS	8	125.00	0.04	0.05891	26%-50% Below	No	No
65862053513	AMOX-CLAV 600-42.9 MG/5 ML SUS	8	125.00	0.07	0.05891	10%-25% Above	No	No
65862053575	AMOX-CLAV 600-42.9 MG/5 ML SUS	3	75.00	0.01	0.07328	76%-100% Below	No	No
65862053575	AMOX-CLAV 600-42.9 MG/5 ML SUS	5	75.00	0.08	0.06979	10%-25% Above	No	No
65862053575	AMOX-CLAV 600-42.9 MG/5 ML SUS	6	75.00	0.04	0.06958	26%-50% Below	No	No
65862053575	AMOX-CLAV 600-42.9 MG/5 ML SUS	6	75.00	0.09	0.06958	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862053575	AMOX-CLAV 600-42.9 MG/5 ML SUS	7	150.00	0.04	0.06741	26%-50% Below	Yes	No
65862053750	LEVOFLOXACIN 500 MG TABLET	6	7.00	0.41	0.13976	101%-200% Above	No	No
65862053750	LEVOFLOXACIN 500 MG TABLET	8	10.00	0.41	0.13392	200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	4	15.00	0.12	0.04493	101%-200% Above	Yes	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	4	30.00	0.10	0.04493	101%-200% Above	Yes	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	4	30.00	0.10	0.04493	101%-200% Above	Yes	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	4	30.00	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	4	90.00	0.13	0.04493	101%-200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	4	90.00	0.13	0.04493	101%-200% Above	Yes	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	5	30.00	0.10	0.04485	101%-200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	5	30.00	0.13	0.04485	101%-200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	5	60.00	0.13	0.04485	101%-200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	5	90.00	0.06	0.04485	26%-50% Above	Yes	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	5	90.00	0.08	0.04485	76%-100% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	5	90.00	0.08	0.04485	76%-100% Above	Yes	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	5	90.00	0.09	0.04485	101%-200% Above	Yes	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	5	90.00	0.13	0.04485	101%-200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	5	90.00	0.13	0.04485	101%-200% Above	Yes	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	6	30.00	0.11	0.04361	101%-200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	6	30.00	0.13	0.04361	200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	6	60.00	0.13	0.04361	200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	6	90.00	0.02	0.04361	51%-75% Below	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	6	90.00	0.09	0.04361	76%-100% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	7	28.00	0.10	0.04338	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	30.00	0.10	0.04338	101%-200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	7	30.00	0.11	0.04338	101%-200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	7	30.00	0.13	0.04338	200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	7	90.00	0.09	0.04338	101%-200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	7	90.00	0.09	0.04338	101%-200% Above	Yes	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	7	90.00	0.13	0.04338	200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	8	15.00	0.13	0.04278	200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	8	30.00	0.09	0.04278	101%-200% Above	Yes	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	8	30.00	0.11	0.04278	101%-200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	8	30.00	0.13	0.04278	200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	8	90.00	0.13	0.04278	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	0.10	0.03540	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	4	60.00	0.17	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	5	30.00	0.11	0.03611	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.00	0.09	0.03611	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.00	0.11	0.03611	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	0.11	0.03608	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	6	60.00	0.11	0.03608	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	6	60.00	0.17	0.03608	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	0.07	0.03608	76%-100% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	0.11	0.03608	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.00	0.11	0.03597	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	7	34.00	0.29	0.03597	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	90.00	0.09	0.03597	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.00	0.11	0.03597	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.00	0.11	0.03522	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	8	60.00	0.11	0.03522	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	8	60.00	0.17	0.03522	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	0.10	0.03522	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	0.11	0.03522	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	3	30.00	0.11	0.03540	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.10	0.03540	101%-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	60.00	0.09	0.03540	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	4	60.00	0.11	0.03540	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.06	0.03540	51%-75% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.09	0.03540	101%-200% Above	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	5	30.00	0.02	0.03611	51%-75% Below	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	0.07	0.03611	76%-100% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	0.11	0.03611	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	0.11	0.03611	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	0.12	0.03611	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	5	60.00	0.09	0.03611	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	5	60.00	0.11	0.03611	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.00	0.11	0.03611	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	30.00	0.02	0.03608	51%-75% Below	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	0.10	0.03608	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	0.11	0.03608	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	0.11	0.03608	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	0.14	0.03608	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	6	60.00	0.02	0.03608	26%-50% Below	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	6	60.00	0.09	0.03608	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	6	60.00	0.11	0.03608	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	0.02	0.03608	51%-75% Below	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	0.09	0.03608	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	0.10	0.03608	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	0.10	0.03608	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	0.10	0.03608	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	0.10	0.03608	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	0.11	0.03608	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	6	180.00	0.11	0.03608	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	7	14.00	0.11	0.03597	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.00	0.11	0.03597	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.00	0.11	0.03597	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.00	0.11	0.03597	200% Above	Yes	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.00	0.14	0.03597	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	7	60.00	0.09	0.03597	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	7	60.00	0.11	0.03597	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.00	0.02	0.03597	26%-50% Below	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.00	0.09	0.03597	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	90.00	0.09	0.03597	101%-200% Above	Yes	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.00	0.10	0.03597	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.00	0.11	0.03597	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.00	0.12	0.03597	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	7	180.00	0.11	0.03597	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.00	0.05	0.03522	26%-50% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.00	0.11	0.03522	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	8	60.00	0.03	0.03522	10%-25% Below	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	8	60.00	0.11	0.03522	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	0.06	0.03522	51%-75% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	0.09	0.03522	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	0.09	0.03522	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	0.09	0.03522	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	0.10	0.03522	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	0.11	0.03522	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	0.11	0.03522	200% Above	Yes	No
65862056790	MONTELUKAST SOD 4 MG TAB CHEW	4	30.00	0.15	0.07560	76%-100% Above	Yes	No
65862056790	MONTELUKAST SOD 4 MG TAB CHEW	6	30.00	0.15	0.06995	101%-200% Above	Yes	No
65862056790	MONTELUKAST SOD 4 MG TAB CHEW	7	30.00	0.15	0.06890	101%-200% Above	Yes	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	4	30.00	0.15	0.06890	101%-200% Above	Yes	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	4	30.00	0.23	0.06890	200% Above	Yes	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	4	90.00	0.15	0.06890	101%-200% Above	Yes	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	5	90.00	0.22	0.06936	200% Above	Yes	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	6	90.00	0.15	0.06848	101%-200% Above	Yes	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	8	30.00	0.15	0.06892	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	8	90.00	0.21	0.06892	200% Above	Yes	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	8	90.00	0.22	0.06892	200% Above	Yes	No
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	0.16	0.04349	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	4	30.00	0.21	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	0.12	0.04349	101%-200% 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	4	90.00	0.14	0.04349	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	14.00	0.04	0.04249	10%-25% Below	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	30.00	0.12	0.04249	101%-200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	30.00	0.18	0.04249	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	90.00	0.02	0.04249	26%-50% Below	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	90.00	0.05	0.04249	26%-50% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	90.00	0.12	0.04249	101%-200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	90.00	0.17	0.04249	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	90.00	0.19	0.04249	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	90.00	0.20	0.04249	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	90.00	0.20	0.04249	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	90.00	0.22	0.04249	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	6	30.00	0.12	0.04193	101%-200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	6	30.00	0.16	0.04193	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	6	30.00	0.18	0.04193	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	6	90.00	0.02	0.04193	26%-50% Below	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	6	90.00	0.12	0.04193	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	90.00	0.14	0.04193	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	6	90.00	0.17	0.04193	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	7	30.00	0.02	0.04027	26%-50% Below	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	7	30.00	0.12	0.04027	101%-200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	7	30.00	0.16	0.04027	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	7	90.00	0.02	0.04027	26%-50% Below	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	7	90.00	0.02	0.04027	26%-50% Below	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	7	90.00	0.05	0.04027	26%-50% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	7	90.00	0.09	0.04027	101%-200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	7	90.00	0.12	0.04027	101%-200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	7	90.00	0.14	0.04027	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	7	90.00	0.17	0.04027	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	7	90.00	0.22	0.04027	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	8	30.00	0.12	0.04154	101%-200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	8	30.00	0.16	0.04154	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	8	90.00	0.02	0.04154	26%-50% Below	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	8	90.00	0.05	0.04154	26%-50% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	8	90.00	0.09	0.04154	101%-200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	8	90.00	0.12	0.04154	101%-200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	8	90.00	0.17	0.04154	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	8	90.00	0.19	0.04154	200% Above	Yes	No
65862059401	DIVALPROEX SOD ER 250 MG TAB	7	30.00	0.16	0.13538	10%-25% Above	Yes	No
65862059501	DIVALPROEX SOD ER 500 MG TAB	5	180.00	0.31	0.18706	51%-75% Above	Yes	No
65862059501	DIVALPROEX SOD ER 500 MG TAB	5	360.00	0.08	0.18706	51%-75% Below	Yes	No
65862059501	DIVALPROEX SOD ER 500 MG TAB	7	30.00	0.31	0.17594	76%-100% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	1	30.00	0.10	0.05214	76%-100% Above	No	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	2	90.00	0.08	0.05215	51%-75% Above	No	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	4	180.00	0.14	0.05054	101%-200% Above	No	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.00	0.02	0.04942	51%-75% Below	No	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.00	0.14	0.04942	101%-200% Above	No	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	5	90.00	0.14	0.04942	101%-200% Above	No	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.00	0.14	0.04945	101%-200% Above	No	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	6	90.00	0.14	0.04945	101%-200% Above	No	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.00	0.14	0.04961	101%-200% Above	No	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	7	90.00	0.14	0.04961	101%-200% Above	No	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	7	180.00	0.14	0.04961	101%-200% Above	No	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	8	14.00	0.40	0.05093	200% Above	No	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	8	30.00	0.14	0.05093	101%-200% Above	No	No
65862059805	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	4	30.00	0.34	0.05054	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	4	90.00	0.14	0.05054	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	4	90.00	0.17	0.05054	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	4	90.00	0.33	0.05054	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	5	7.00	0.14	0.04942	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	5	20.00	0.14	0.04942	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.00	0.14	0.04942	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	5	60.00	0.14	0.04942	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	5	90.00	0.14	0.04942	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	5	90.00	0.17	0.04942	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	90.00	0.33	0.04942	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	5	180.00	0.16	0.04942	200% Above	Yes	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	6	7.00	0.14	0.04945	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.00	0.14	0.04945	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	6	60.00	0.14	0.04945	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	6	90.00	0.14	0.04945	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	6	180.00	0.14	0.04945	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	7	7.00	0.14	0.04961	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.00	0.14	0.04961	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	7	60.00	0.14	0.04961	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	7	90.00	0.14	0.04961	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	7	90.00	0.34	0.04961	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	7	90.00	0.35	0.04961	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	7	180.00	0.33	0.04961	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	8	7.00	0.14	0.05093	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	8	14.00	0.38	0.05093	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	8	30.00	0.14	0.05093	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	8	60.00	0.17	0.05093	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	8	90.00	0.14	0.05093	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	8	90.00	0.17	0.05093	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	8	90.00	0.35	0.05093	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	8	180.00	0.16	0.05093	200% Above	Yes	No
65862059912	RIZATRIPTAN 5 MG TABLET	6	12.00	1.08	0.35907	200% Above	No	No
65862060012	RIZATRIPTAN 10 MG TABLET	4	10.00	1.00	0.47345	101%-200% Above	No	No
65862060012	RIZATRIPTAN 10 MG TABLET	5	12.00	1.06	0.43107	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862060012	RIZATRIPTAN 10 MG TABLET	5	15.00	0.97	0.43107	101%-200% Above	Yes	No
65862060012	RIZATRIPTAN 10 MG TABLET	5	27.00	0.95	0.43107	101%-200% Above	Yes	No
65862060012	RIZATRIPTAN 10 MG TABLET	6	9.00	1.00	0.38951	101%-200% Above	No	No
65862060012	RIZATRIPTAN 10 MG TABLET	6	12.00	0.82	0.38951	101%-200% Above	Yes	No
65862060012	RIZATRIPTAN 10 MG TABLET	6	12.00	1.06	0.38951	101%-200% Above	No	No
65862060012	RIZATRIPTAN 10 MG TABLET	7	9.00	0.40	0.35961	10%-25% Above	No	No
65862060012	RIZATRIPTAN 10 MG TABLET	7	9.00	1.17	0.35961	200% Above	Yes	No
65862060012	RIZATRIPTAN 10 MG TABLET	7	12.00	0.08	0.35961	76%-100% Below	No	No
65862060012	RIZATRIPTAN 10 MG TABLET	7	12.00	0.40	0.35961	10%-25% Above	No	No
65862060012	RIZATRIPTAN 10 MG TABLET	7	12.00	0.94	0.35961	101%-200% Above	Yes	No
65862060012	RIZATRIPTAN 10 MG TABLET	7	12.00	1.06	0.35961	101%-200% Above	No	No
65862060012	RIZATRIPTAN 10 MG TABLET	7	27.00	0.74	0.35961	101%-200% Above	Yes	No
65862060012	RIZATRIPTAN 10 MG TABLET	7	30.00	0.40	0.35961	10%-25% Above	Yes	No
65862060012	RIZATRIPTAN 10 MG TABLET	8	9.00	0.99	0.35239	101%-200% Above	Yes	No
65862060012	RIZATRIPTAN 10 MG TABLET	8	12.00	0.40	0.35239	10%-25% Above	Yes	No
65862060012	RIZATRIPTAN 10 MG TABLET	8	15.00	0.94	0.35239	101%-200% Above	Yes	No
65862060012	RIZATRIPTAN 10 MG TABLET	8	20.00	0.40	0.35239	10%-25% Above	Yes	No
65862060012	RIZATRIPTAN 10 MG TABLET	8	27.00	0.74	0.35239	101%-200% Above	Yes	No
65862060012	RIZATRIPTAN 10 MG TABLET	8	27.00	0.96	0.35239	101%-200% Above	Yes	No
65862060230	MODAFINIL 200 MG TABLET	8	30.00	0.31	0.34830	10%-25% Below	Yes	No
65862060330	MOXIFLOXACIN HCL 400 MG TABLET	7	7.00	0.92	1.33896	26%-50% Below	No	No
65862060330	MOXIFLOXACIN HCL 400 MG TABLET	8	7.00	0.92	1.34281	26%-50% Below	No	No
65862062590	RIZATRIPTAN 5 MG ODT	8	11.00	0.45	0.51501	10%-25% Below	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	4	6.00	0.44	0.28349	51%-75% Above	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	4	6.00	0.65	0.28349	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	14.00	0.64	0.28349	101%-200% Above	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	5	5.00	0.45	0.28000	51%-75% Above	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	5	6.00	0.49	0.28000	51%-75% Above	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	5	6.00	0.57	0.28000	101%-200% Above	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	5	6.00	0.65	0.28000	101%-200% Above	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	6	4.00	0.48	0.27765	51%-75% Above	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	6	6.00	0.44	0.27765	51%-75% Above	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	6	6.00	0.49	0.27765	51%-75% Above	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	6	6.00	0.65	0.27765	101%-200% Above	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	7	6.00	0.44	0.26796	51%-75% Above	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	7	6.00	0.65	0.26796	101%-200% Above	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	7	8.00	0.45	0.26796	51%-75% Above	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	8	6.00	0.65	0.26759	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	0.40	0.28349	26%-50% Above	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	5	1.00	0.64	0.28000	101%-200% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	5	6.00	0.40	0.28000	26%-50% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	5	6.00	0.44	0.28000	51%-75% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	5	6.00	0.47	0.28000	51%-75% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	5	6.00	0.48	0.28000	51%-75% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	5	6.00	0.65	0.28000	101%-200% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	6	6.00	0.40	0.27765	26%-50% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	6	6.00	0.42	0.27765	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	6.00	0.44	0.27765	51%-75% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	6	6.00	0.45	0.27765	51%-75% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	6	6.00	0.47	0.27765	51%-75% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	6	6.00	0.59	0.27765	101%-200% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	6	6.00	0.65	0.27765	101%-200% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	7	6.00	0.45	0.26796	51%-75% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	7	6.00	0.45	0.26796	51%-75% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	7	6.00	0.65	0.26796	101%-200% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	7	12.00	0.64	0.26796	101%-200% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	8	6.00	0.45	0.26759	51%-75% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	8	6.00	0.45	0.26759	51%-75% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	8	6.00	0.65	0.26759	101%-200% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	9	6.00	0.23	0.35827	26%-50% Below	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	2	6.00	0.45	0.36217	10%-25% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	4	6.00	0.41	0.28349	26%-50% Above	No	No
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	0.44	0.28349	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	4	6.00	0.45	0.28349	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	4	6.00	0.47	0.28349	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	4	6.00	0.49	0.28349	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	4	6.00	0.57	0.28349	76%-100% 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	4	12.00	0.64	0.28349	101%-200% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	5	6.00	0.41	0.28000	26%-50% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	5	6.00	0.44	0.28000	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	6.00	0.45	0.28000	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	5	6.00	0.47	0.28000	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	5	6.00	0.49	0.28000	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	5	6.00	0.50	0.28000	76%-100% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	5	6.00	0.52	0.28000	76%-100% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	5	6.00	0.55	0.28000	76%-100% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	5	6.00	0.57	0.28000	101%-200% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	5	6.00	0.57	0.28000	101%-200% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	5	6.00	0.65	0.28000	101%-200% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	5	12.00	0.64	0.28000	101%-200% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	6	6.00	0.40	0.27765	26%-50% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	6	6.00	0.44	0.27765	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	6	6.00	0.49	0.27765	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	6	6.00	0.61	0.27765	101%-200% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	6	6.00	0.65	0.27765	101%-200% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	7	6.00	0.04	0.26796	76%-100% Below	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	7	6.00	0.40	0.26796	26%-50% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	7	6.00	0.42	0.26796	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	7	6.00	0.49	0.26796	76%-100% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	7	6.00	0.50	0.26796	76%-100% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	7	6.00	0.52	0.26796	76%-100% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	7	6.00	0.57	0.26796	101%-200% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	7	6.00	0.65	0.26796	101%-200% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	8	6.00	0.40	0.26759	26%-50% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	8	6.00	0.43	0.26759	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	6.00	0.44	0.26759	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	8	6.00	0.45	0.26759	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	8	6.00	0.46	0.26759	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	8	6.00	0.47	0.26759	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	8	6.00	0.50	0.26759	76%-100% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	8	6.00	0.51	0.26759	76%-100% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	8	6.00	0.65	0.26759	101%-200% Above	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	4	3.00	1.05	0.59082	76%-100% Above	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	4	3.00	1.15	0.59082	76%-100% Above	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	4	4.00	0.95	0.59082	51%-75% Above	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	4	5.00	1.15	0.59082	76%-100% Above	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	4	10.00	1.15	0.59082	76%-100% Above	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	5	2.00	1.15	0.59739	76%-100% Above	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	5	3.00	1.15	0.59739	76%-100% Above	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	5	5.00	0.87	0.59739	26%-50% Above	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	5	7.00	1.15	0.59739	76%-100% Above	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	6	2.00	1.07	0.60470	76%-100% Above	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	6	2.00	1.15	0.60470	76%-100% Above	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	6	5.00	1.15	0.60470	76%-100% Above	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	7	2.00	1.15	0.58506	76%-100% Above	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	7	3.00	0.84	0.58506	26%-50% Above	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	7	5.00	1.15	0.58506	76%-100% Above	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	8	1.00	1.15	0.56045	101%-200% Above	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	8	3.00	1.15	0.56045	101%-200% Above	No	No
65862064264	AZITHROMYCIN 500 MG TABLET	4	3.00	0.83	0.59082	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862066230	ARIPIPRAZOLE 5 MG TABLET	4	90.00	0.56	0.09968	200% Above	No	No
65862066230	ARIPIPRAZOLE 5 MG TABLET	6	90.00	0.42	0.10736	200% Above	Yes	No
65862066230	ARIPIPRAZOLE 5 MG TABLET	8	90.00	0.56	0.10406	200% Above	No	No
65862066330	ARIPIPRAZOLE 10 MG TABLET	7	90.00	0.52	0.09799	200% Above	No	No
65862066430	ARIPIPRAZOLE 15 MG TABLET	4	90.00	0.33	0.13412	101%-200% Above	No	No
65862067601	ALPRAZOLAM 0.25 MG TABLET	4	45.00	0.04	0.02435	76%-100% Above	No	No
65862067601	ALPRAZOLAM 0.25 MG TABLET	5	60.00	0.04	0.02430	76%-100% Above	No	No
65862067601	ALPRAZOLAM 0.25 MG TABLET	6	45.00	0.04	0.02477	51%-75% Above	No	No
65862067601	ALPRAZOLAM 0.25 MG TABLET	7	15.00	0.04	0.02448	76%-100% Above	No	No
65862067601	ALPRAZOLAM 0.25 MG TABLET	7	60.00	0.04	0.02448	76%-100% Above	No	No
65862067601	ALPRAZOLAM 0.25 MG TABLET	8	14.00	0.04	0.02388	76%-100% Above	No	No
65862067601	ALPRAZOLAM 0.25 MG TABLET	8	30.00	0.03	0.02388	26%-50% Above	Yes	No
65862067601	ALPRAZOLAM 0.25 MG TABLET	8	45.00	0.04	0.02388	76%-100% Above	No	No
65862067605	ALPRAZOLAM 0.25 MG TABLET	4	20.00	0.04	0.02435	76%-100% Above	No	No
65862067605	ALPRAZOLAM 0.25 MG TABLET	4	30.00	0.02	0.02435	10%-25% Below	No	No
65862067605	ALPRAZOLAM 0.25 MG TABLET	4	30.00	0.04	0.02435	76%-100% Above	No	No
65862067605	ALPRAZOLAM 0.25 MG TABLET	5	20.00	0.04	0.02430	76%-100% Above	No	No
65862067605	ALPRAZOLAM 0.25 MG TABLET	5	30.00	0.02	0.02430	10%-25% Below	No	No
65862067605	ALPRAZOLAM 0.25 MG TABLET	5	30.00	0.04	0.02430	76%-100% Above	No	No
65862067605	ALPRAZOLAM 0.25 MG TABLET	5	90.00	0.04	0.02430	76%-100% Above	No	No
65862067605	ALPRAZOLAM 0.25 MG TABLET	6	30.00	0.02	0.02477	10%-25% Below	No	No
65862067605	ALPRAZOLAM 0.25 MG TABLET	6	30.00	0.02	0.02477	10%-25% Below	No	No
65862067605	ALPRAZOLAM 0.25 MG TABLET	6	30.00	0.04	0.02477	76%-100% Above	No	No
65862067605	ALPRAZOLAM 0.25 MG TABLET	6	90.00	0.04	0.02477	51%-75% Above	No	No
65862067605	ALPRAZOLAM 0.25 MG TABLET	7	30.00	0.04	0.02448	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	60.00	0.04	0.02448	76%-100% Above	No	No
65862067605	ALPRAZOLAM 0.25 MG TABLET	8	30.00	0.02	0.02388	10%-25% Below	No	No
65862067605	ALPRAZOLAM 0.25 MG TABLET	8	30.00	0.04	0.02388	76%-100% Above	No	No
65862067605	ALPRAZOLAM 0.25 MG TABLET	8	90.00	0.04	0.02388	76%-100% Above	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	4	30.00	0.04	0.02435	76%-100% Above	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	4	45.00	0.04	0.02435	76%-100% Above	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	4	60.00	0.02	0.02435	26%-50% Below	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	4	60.00	0.04	0.02435	76%-100% Above	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	5	60.00	0.02	0.02430	26%-50% Below	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	6	30.00	0.04	0.02477	76%-100% Above	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	7	30.00	0.04	0.02448	76%-100% Above	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	7	35.00	0.04	0.02448	76%-100% Above	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	8	30.00	0.04	0.02388	76%-100% Above	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	4	60.00	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	5	2.00	0.08	0.02251	200% Above	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	5	20.00	0.01	0.02251	51%-75% Below	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	5	30.00	0.07	0.02251	200% Above	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	5	40.00	0.07	0.02251	200% Above	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	5	60.00	0.07	0.02251	200% Above	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	5	90.00	0.07	0.02251	200% Above	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	6	30.00	0.07	0.02253	200% Above	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	6	60.00	0.07	0.02253	200% Above	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	6	90.00	0.07	0.02253	200% Above	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	7	20.00	0.01	0.02207	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	30.00	0.07	0.02207	200% Above	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	7	60.00	0.07	0.02207	200% Above	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	7	90.00	0.07	0.02207	200% Above	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	8	6.00	0.08	0.02233	200% Above	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	8	30.00	0.07	0.02233	200% Above	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	8	40.00	0.07	0.02233	200% Above	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	8	60.00	0.07	0.02233	200% Above	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	8	90.00	0.07	0.02233	200% Above	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	4	60.00	0.07	0.02280	200% Above	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	5	60.00	0.07	0.02251	200% Above	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	5	90.00	0.07	0.02251	200% Above	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	6	30.00	0.07	0.02253	200% Above	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	6	60.00	0.07	0.02253	200% Above	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	6	90.00	0.07	0.02253	200% Above	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	7	30.00	0.07	0.02207	200% Above	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	7	60.00	0.07	0.02207	200% Above	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	7	90.00	0.07	0.02207	200% Above	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	7	91.00	0.07	0.02207	200% Above	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	8	30.00	0.07	0.02233	200% Above	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	8	60.00	0.02	0.02233	10%-25% Below	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	8	60.00	0.07	0.02233	200% Above	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	8	90.00	0.07	0.02233	200% Above	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	4	45.00	0.07	0.02280	200% Above	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	4	60.00	0.07	0.02280	200% Above	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	5	10.00	0.08	0.02251	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862067799	ALPRAZOLAM 0.5 MG TABLET	5	30.00	0.07	0.02251	200% Above	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	5	60.00	0.07	0.02251	200% Above	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	5	90.00	0.07	0.02251	200% Above	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	6	30.00	0.07	0.02253	200% Above	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	6	60.00	0.02	0.02253	26%-50% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	6	60.00	0.07	0.02253	200% Above	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	7	26.00	0.07	0.02207	200% Above	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	7	30.00	0.07	0.02207	200% Above	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	7	45.00	0.07	0.02207	200% Above	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	7	60.00	0.02	0.02207	10%-25% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	7	60.00	0.07	0.02207	200% Above	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	8	30.00	0.07	0.02233	200% Above	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	8	60.00	0.07	0.02233	200% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	4	2.00	0.07	0.02668	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	40.00	0.06	0.02668	101%-200% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	4	45.00	0.06	0.02668	101%-200% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	4	60.00	0.06	0.02668	101%-200% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	4	90.00	0.06	0.02668	101%-200% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	5	30.00	0.06	0.02517	101%-200% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	5	60.00	0.06	0.02517	101%-200% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	5	90.00	0.01	0.02517	26%-50% Below	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	5	90.00	0.06	0.02517	101%-200% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	5	180.00	0.06	0.02517	101%-200% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	6	30.00	0.06	0.02461	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	45.00	0.06	0.02461	101%-200% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	6	60.00	0.06	0.02461	101%-200% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	6	90.00	0.01	0.02461	26%-50% Below	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	6	90.00	0.06	0.02461	101%-200% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	7	1.00	0.76	0.02401	200% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	7	10.00	0.06	0.02401	101%-200% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	7	30.00	0.06	0.02401	101%-200% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	7	45.00	0.06	0.02401	101%-200% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	7	90.00	0.02	0.02401	26%-50% Below	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	7	270.00	0.06	0.02401	101%-200% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	8	30.00	0.06	0.02418	101%-200% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	8	60.00	0.06	0.02418	101%-200% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	8	90.00	0.02	0.02418	26%-50% Below	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	8	90.00	0.06	0.02418	101%-200% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	8	180.00	0.06	0.02418	101%-200% Above	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	4	60.00	0.06	0.02668	101%-200% Above	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	5	30.00	0.03	0.02517	10%-25% Above	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	5	45.00	0.06	0.02517	101%-200% Above	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	5	60.00	0.06	0.02517	101%-200% Above	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	5	90.00	0.01	0.02517	26%-50% Below	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	6	30.00	0.03	0.02461	10%-25% Above	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	6	45.00	0.06	0.02461	101%-200% Above	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	6	60.00	0.06	0.02461	101%-200% Above	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	6	90.00	0.01	0.02461	26%-50% Below	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	7	45.00	0.06	0.02401	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	60.00	0.06	0.02401	101%-200% Above	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	7	90.00	0.01	0.02401	26%-50% Below	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	8	30.00	0.03	0.02418	10%-25% Above	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	8	30.00	0.06	0.02418	101%-200% Above	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	8	45.00	0.06	0.02418	101%-200% Above	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	8	60.00	0.06	0.02418	101%-200% Above	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	8	135.00	0.01	0.02418	26%-50% Below	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	4	30.00	0.06	0.02668	101%-200% Above	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	5	4.00	0.06	0.02517	101%-200% Above	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	5	30.00	0.06	0.02517	101%-200% Above	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	5	60.00	0.06	0.02517	101%-200% Above	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	6	30.00	0.06	0.02461	101%-200% Above	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	6	60.00	0.06	0.02461	101%-200% Above	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	6	90.00	0.05	0.02461	76%-100% Above	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	7	10.00	0.05	0.02401	76%-100% Above	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	7	60.00	0.06	0.02401	101%-200% Above	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	8	1.00	0.06	0.02418	101%-200% Above	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	8	60.00	0.06	0.02418	101%-200% Above	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	8	90.00	0.05	0.02418	76%-100% Above	No	No
65862067905	ALPRAZOLAM 2 MG TABLET	5	30.00	0.07	0.04742	51%-75% Above	Yes	No
65862067905	ALPRAZOLAM 2 MG TABLET	6	30.00	0.07	0.04786	51%-75% Above	Yes	No
65862067905	ALPRAZOLAM 2 MG TABLET	7	30.00	0.07	0.04860	51%-75% Above	Yes	No
65862069299	PHENYTOIN SOD EXT 100 MG CAP	4	450.00	0.08	0.14257	26%-50% Below	No	No
65862069299	PHENYTOIN SOD EXT 100 MG CAP	6	270.00	0.08	0.14555	26%-50% Below	No	No
65862069299	PHENYTOIN SOD EXT 100 MG CAP	8	120.00	0.12	0.14709	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862069299	PHENYTOIN SOD EXT 100 MG CAP	8	450.00	0.08	0.14709	26%-50% Below	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	4	90.00	0.20	0.12253	51%-75% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	5	7.00	0.21	0.11964	51%-75% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	5	30.00	0.21	0.11964	51%-75% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	6	30.00	0.21	0.11695	76%-100% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	6	90.00	0.19	0.11695	51%-75% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	7	30.00	0.21	0.11520	76%-100% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	7	90.00	0.20	0.11520	51%-75% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	7	90.00	0.21	0.11520	76%-100% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	8	30.00	0.21	0.11623	76%-100% Above	No	No
65862069730	VENLAFAXINE HCL ER 150 MG CAP	4	30.00	0.21	0.12253	51%-75% Above	No	No
65862069730	VENLAFAXINE HCL ER 150 MG CAP	6	30.00	0.21	0.11695	76%-100% Above	No	No
65862069730	VENLAFAXINE HCL ER 150 MG CAP	6	90.00	0.16	0.11695	26%-50% Above	No	No
65862069730	VENLAFAXINE HCL ER 150 MG CAP	6	180.00	0.17	0.11695	26%-50% 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	5	30.00	0.21	0.11964	51%-75% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	5	30.00	0.21	0.11964	51%-75% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	5	90.00	0.21	0.11964	51%-75% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	6	30.00	0.21	0.11695	76%-100% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	6	90.00	0.14	0.11695	10%-25% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	6	90.00	0.21	0.11695	76%-100% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	7	30.00	0.21	0.11520	76%-100% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	7	90.00	0.21	0.11520	76%-100% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	7	180.00	0.21	0.11520	76%-100% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	8	7.00	0.21	0.11623	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862069790	VENLAFAXINE HCL ER 150 MG CAP	8	30.00	0.17	0.11623	26%-50% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	8	90.00	0.21	0.11623	76%-100% Above	No	No
65862070020	CEFUROXIME AXETIL 500 MG TAB	5	4.00	0.26	0.38454	26%-50% Below	No	No
65862070020	CEFUROXIME AXETIL 500 MG TAB	5	10.00	0.26	0.38454	26%-50% Below	No	No
65862070020	CEFUROXIME AXETIL 500 MG TAB	6	4.00	0.26	0.37229	26%-50% Below	No	No
65862070020	CEFUROXIME AXETIL 500 MG TAB	6	14.00	1.06	0.37229	101%-200% Above	No	No
65862070020	CEFUROXIME AXETIL 500 MG TAB	6	42.00	0.26	0.37229	26%-50% Below	No	No
65862070020	CEFUROXIME AXETIL 500 MG TAB	7	4.00	0.26	0.37784	26%-50% Below	No	No
65862070020	CEFUROXIME AXETIL 500 MG TAB	7	10.00	0.26	0.37784	26%-50% Below	No	No
65862070020	CEFUROXIME AXETIL 500 MG TAB	8	14.00	0.26	0.37860	26%-50% Below	No	No
65862070060	CEFUROXIME AXETIL 500 MG TAB	5	14.00	0.26	0.38454	26%-50% Below	No	No
65862070060	CEFUROXIME AXETIL 500 MG TAB	6	14.00	0.02	0.37229	76%-100% Below	No	No
65862070060	CEFUROXIME AXETIL 500 MG TAB	6	14.00	0.26	0.37229	26%-50% Below	No	No
65862070060	CEFUROXIME AXETIL 500 MG TAB	6	20.00	0.26	0.37229	26%-50% Below	No	No
65862070060	CEFUROXIME AXETIL 500 MG TAB	7	60.00	0.08	0.37784	76%-100% Below	No	No
65862070060	CEFUROXIME AXETIL 500 MG TAB	8	14.00	0.26	0.37860	26%-50% Below	No	No
65862070701	AMOXICILLIN 250 MG/5 ML SUSP	5	100.00	0.02	0.02436	26%-50% Below	No	No
65862070701	AMOXICILLIN 250 MG/5 ML SUSP	6	300.00	0.01	0.02448	26%-50% Below	No	No
65862070701	AMOXICILLIN 250 MG/5 ML SUSP	8	200.00	0.01	0.02424	26%-50% Below	No	No
65862070901	RALOXIFENE HCL 60 MG TABLET	5	90.00	0.31	0.24044	26%-50% Above	No	No
65862072130	RABEPRAZOLE SOD DR 20 MG TAB	5	30.00	0.13	0.22577	26%-50% Below	No	No
65862072130	RABEPRAZOLE SOD DR 20 MG TAB	6	30.00	0.13	0.21740	26%-50% Below	No	No
65862072130	RABEPRAZOLE SOD DR 20 MG TAB	7	30.00	0.13	0.21342	26%-50% Below	No	No
65862073730	AMLODIPINE-VALSARTAN 5-160 MG	8	90.00	0.33	0.27577	10%-25% Above	No	No
65862074030	AMLODIPINE-VALSARTAN 10-320 MG	5	30.00	0.32	0.61978	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862074030	AMLODIPINE-VALSARTAN 10-320 MG	6	30.00	0.32	0.55119	26%-50% Below	No	No
65862074030	AMLODIPINE-VALSARTAN 10-320 MG	6	90.00	0.32	0.55119	26%-50% Below	No	No
65862074030	AMLODIPINE-VALSARTAN 10-320 MG	7	30.00	0.32	0.47989	26%-50% Below	No	No
65862074030	AMLODIPINE-VALSARTAN 10-320 MG	8	30.00	0.32	0.44953	26%-50% Below	No	No
65862074290	OLMESARTAN MEDOXOMIL 20 MG TAB	4	90.00	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
65862074290	OLMESARTAN MEDOXOMIL 20 MG TAB	5	90.00	0.21	0.07796	101%-200% Above	Yes	No
65862074290	OLMESARTAN MEDOXOMIL 20 MG TAB	6	30.00	0.21	0.07963	101%-200% Above	Yes	No
65862074290	OLMESARTAN MEDOXOMIL 20 MG TAB	6	45.00	0.16	0.07963	76%-100% Above	Yes	No
65862074290	OLMESARTAN MEDOXOMIL 20 MG TAB	6	90.00	0.21	0.07963	101%-200% Above	Yes	No
65862074290	OLMESARTAN MEDOXOMIL 20 MG TAB	7	45.00	0.21	0.08133	101%-200% Above	Yes	No
65862074290	OLMESARTAN MEDOXOMIL 20 MG TAB	7	90.00	0.21	0.08133	101%-200% Above	Yes	No
65862074290	OLMESARTAN MEDOXOMIL 20 MG TAB	7	90.00	0.22	0.08133	101%-200% Above	Yes	No
65862074290	OLMESARTAN MEDOXOMIL 20 MG TAB	7	90.00	0.33	0.08133	200% Above	Yes	No
65862074290	OLMESARTAN MEDOXOMIL 20 MG TAB	8	90.00	0.21	0.08105	101%-200% Above	Yes	No
65862074330	OLMESARTAN MEDOXOMIL 40 MG TAB	4	90.00	0.33	0.11752	101%-200% Above	No	No
65862074390	OLMESARTAN MEDOXOMIL 40 MG TAB	4	90.00	0.34	0.11752	101%-200% Above	Yes	No
65862074390	OLMESARTAN MEDOXOMIL 40 MG TAB	5	30.00	0.03	0.11439	51%-75% Below	Yes	No
65862074390	OLMESARTAN MEDOXOMIL 40 MG TAB	5	30.00	0.34	0.11439	101%-200% Above	Yes	No
65862074390	OLMESARTAN MEDOXOMIL 40 MG TAB	5	90.00	0.03	0.11439	51%-75% Below	Yes	No
65862074390	OLMESARTAN MEDOXOMIL 40 MG TAB	5	90.00	0.34	0.11439	101%-200% Above	Yes	No
65862074390	OLMESARTAN MEDOXOMIL 40 MG TAB	6	30.00	0.03	0.11014	51%-75% Below	Yes	No
65862074390	OLMESARTAN MEDOXOMIL 40 MG TAB	6	90.00	0.03	0.11014	51%-75% Below	Yes	No
65862074390	OLMESARTAN MEDOXOMIL 40 MG TAB	6	90.00	0.22	0.11014	101%-200% Above	Yes	No
65862074390	OLMESARTAN MEDOXOMIL 40 MG TAB	6	90.00	0.34	0.11014	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862074390	OLMESARTAN MEDOXOMIL 40 MG TAB	7	30.00	0.03	0.10938	51%-75% Below	Yes	No
65862074390	OLMESARTAN MEDOXOMIL 40 MG TAB	7	90.00	0.26	0.10938	101%-200% Above	Yes	No
65862074390	OLMESARTAN MEDOXOMIL 40 MG TAB	7	90.00	0.33	0.10938	200% Above	Yes	No
65862074390	OLMESARTAN MEDOXOMIL 40 MG TAB	7	90.00	0.34	0.10938	200% Above	Yes	No
65862075890	PREGABALIN 25 MG CAPSULE	4	270.00	0.31	0.04425	200% Above	No	No
65862075890	PREGABALIN 25 MG CAPSULE	5	30.00	0.31	0.04396	200% Above	No	No
65862075890	PREGABALIN 25 MG CAPSULE	5	90.00	0.31	0.04396	200% Above	No	No
65862075890	PREGABALIN 25 MG CAPSULE	6	90.00	0.31	0.04276	200% Above	No	No
65862075890	PREGABALIN 25 MG CAPSULE	7	60.00	0.31	0.04088	200% Above	No	No
65862075890	PREGABALIN 25 MG CAPSULE	7	90.00	0.31	0.04088	200% Above	No	No
65862075990	PREGABALIN 50 MG CAPSULE	5	30.00	0.31	0.04588	200% Above	No	No
65862075990	PREGABALIN 50 MG CAPSULE	5	90.00	0.31	0.04588	200% Above	No	No
65862075990	PREGABALIN 50 MG CAPSULE	6	30.00	0.31	0.04634	200% Above	No	No
65862075990	PREGABALIN 50 MG CAPSULE	6	45.00	0.01	0.04634	51%-75% Below	No	No
65862075990	PREGABALIN 50 MG CAPSULE	6	120.00	0.31	0.04634	200% Above	No	No
65862075990	PREGABALIN 50 MG CAPSULE	7	30.00	0.31	0.04604	200% Above	No	No
65862075990	PREGABALIN 50 MG CAPSULE	7	90.00	0.31	0.04604	200% Above	No	No
65862075990	PREGABALIN 50 MG CAPSULE	8	30.00	0.31	0.04705	200% Above	No	No
65862075990	PREGABALIN 50 MG CAPSULE	8	45.00	0.01	0.04705	51%-75% Below	No	No
65862075990	PREGABALIN 50 MG CAPSULE	8	90.00	0.31	0.04705	200% Above	No	No
65862076090	PREGABALIN 75 MG CAPSULE	4	30.00	0.02	0.05088	51%-75% Below	No	No
65862076090	PREGABALIN 75 MG CAPSULE	4	60.00	0.31	0.05088	200% Above	No	No
65862076090	PREGABALIN 75 MG CAPSULE	4	90.00	0.31	0.05088	200% Above	No	No
65862076090	PREGABALIN 75 MG CAPSULE	5	30.00	0.02	0.05002	51%-75% Below	No	No
65862076090	PREGABALIN 75 MG CAPSULE	6	30.00	0.01	0.04990	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	180.00	0.31	0.04990	200% Above	No	No
65862076090	PREGABALIN 75 MG CAPSULE	7	30.00	0.01	0.04942	51%-75% Below	No	No
65862076090	PREGABALIN 75 MG CAPSULE	7	60.00	0.31	0.04942	200% Above	No	No
65862076090	PREGABALIN 75 MG CAPSULE	7	180.00	0.31	0.04942	200% Above	No	No
65862076090	PREGABALIN 75 MG CAPSULE	8	30.00	0.01	0.05049	51%-75% Below	No	No
65862076190	PREGABALIN 100 MG CAPSULE	4	60.00	0.04	0.05447	26%-50% Below	No	No
65862076190	PREGABALIN 100 MG CAPSULE	5	60.00	0.04	0.05320	26%-50% Below	No	No
65862076190	PREGABALIN 100 MG CAPSULE	5	90.00	0.31	0.05320	200% Above	No	No
65862076190	PREGABALIN 100 MG CAPSULE	5	180.00	0.31	0.05320	200% Above	No	No
65862076190	PREGABALIN 100 MG CAPSULE	6	60.00	0.04	0.05310	26%-50% Below	No	No
65862076190	PREGABALIN 100 MG CAPSULE	6	90.00	0.31	0.05310	200% Above	No	No
65862076190	PREGABALIN 100 MG CAPSULE	7	60.00	0.03	0.05293	26%-50% Below	No	No
65862076190	PREGABALIN 100 MG CAPSULE	7	90.00	0.31	0.05293	200% Above	No	No
65862076190	PREGABALIN 100 MG CAPSULE	8	60.00	0.03	0.05465	26%-50% Below	No	No
65862076190	PREGABALIN 100 MG CAPSULE	8	90.00	0.31	0.05465	200% Above	No	No
65862076290	PREGABALIN 150 MG CAPSULE	5	60.00	0.03	0.05055	26%-50% Below	No	No
65862076290	PREGABALIN 150 MG CAPSULE	7	90.00	0.03	0.04891	26%-50% Below	No	No
65862076390	PREGABALIN 200 MG CAPSULE	4	90.00	0.30	0.05865	200% Above	No	No
65862076390	PREGABALIN 200 MG CAPSULE	5	90.00	0.30	0.05740	200% Above	No	No
65862076390	PREGABALIN 200 MG CAPSULE	6	90.00	0.30	0.05728	200% Above	No	No
65862076390	PREGABALIN 200 MG CAPSULE	7	60.00	0.04	0.05638	26%-50% Below	No	No
65862076390	PREGABALIN 200 MG CAPSULE	7	90.00	0.30	0.05638	200% Above	No	No
65862076390	PREGABALIN 200 MG CAPSULE	8	90.00	0.30	0.05655	200% Above	No	No
65862076490	PREGABALIN 225 MG CAPSULE	4	56.00	0.04	0.05620	26%-50% Below	No	No
65862076490	PREGABALIN 225 MG CAPSULE	5	56.00	0.04	0.05559	26%-50% Below	No	No

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65862076490	PREGABALIN 225 MG CAPSULE	5	60.00	0.32	0.05559	200% Above	No	No
65862076490	PREGABALIN 225 MG CAPSULE	6	56.00	0.04	0.05553	26%-50% Below	No	No
65862076490	PREGABALIN 225 MG CAPSULE	6	60.00	0.32	0.05553	200% Above	No	No
65862076490	PREGABALIN 225 MG CAPSULE	7	56.00	0.04	0.05431	10%-25% Below	No	No
65862076490	PREGABALIN 225 MG CAPSULE	7	60.00	0.32	0.05431	200% Above	No	No
65862076490	PREGABALIN 225 MG CAPSULE	8	56.00	0.03	0.05620	26%-50% Below	No	No
65862076890	FENOFIBRATE 48 MG TABLET	4	30.00	0.14	0.08276	51%-75% Above	No	No
65862076890	FENOFIBRATE 48 MG TABLET	5	30.00	0.23	0.08557	101%-200% Above	No	No
65862076890	FENOFIBRATE 48 MG TABLET	6	30.00	0.14	0.08389	51%-75% Above	No	No
65862076890	FENOFIBRATE 48 MG TABLET	6	30.00	0.23	0.08389	101%-200% Above	No	No
65862076890	FENOFIBRATE 48 MG TABLET	6	90.00	0.14	0.08389	51%-75% Above	No	No
65862076890	FENOFIBRATE 48 MG TABLET	7	30.00	0.23	0.08224	101%-200% Above	No	No
65862076890	FENOFIBRATE 48 MG TABLET	8	30.00	0.23	0.08136	101%-200% Above	No	No
65862076990	FENOFIBRATE 145 MG TABLET	4	30.00	0.27	0.11850	101%-200% Above	No	No
65862076990	FENOFIBRATE 145 MG TABLET	5	30.00	0.27	0.11985	101%-200% Above	No	No
65862076990	FENOFIBRATE 145 MG TABLET	5	90.00	0.17	0.11985	26%-50% Above	No	No
65862076990	FENOFIBRATE 145 MG TABLET	5	90.00	0.27	0.11985	101%-200% Above	No	No
65862076990	FENOFIBRATE 145 MG TABLET	5	90.00	0.44	0.11985	200% Above	No	No
65862076990	FENOFIBRATE 145 MG TABLET	6	30.00	0.01	0.11983	76%-100% Below	No	No
65862076990	FENOFIBRATE 145 MG TABLET	6	30.00	0.27	0.11983	101%-200% Above	No	No
65862076990	FENOFIBRATE 145 MG TABLET	6	90.00	0.27	0.11983	101%-200% Above	No	No
65862076990	FENOFIBRATE 145 MG TABLET	7	30.00	1.91	0.11977	200% Above	No	No
65862076990	FENOFIBRATE 145 MG TABLET	7	90.00	0.27	0.11977	101%-200% Above	No	No
65862076990	FENOFIBRATE 145 MG TABLET	8	30.00	1.91	0.12141	200% Above	No	No
65862076990	FENOFIBRATE 145 MG TABLET	8	45.00	0.27	0.12141	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862076990	FENOFIBRATE 145 MG TABLET	8	90.00	0.27	0.12141	101%-200% Above	No	No
65862077685	MILI 0.25-0.035 MG TABLET	4	28.00	0.01	0.12601	76%-100% Below	No	No
65862077685	MILI 0.25-0.035 MG TABLET	4	28.00	0.07	0.12601	26%-50% Below	No	No
65862077685	MILI 0.25-0.035 MG TABLET	5	28.00	0.01	0.12543	76%-100% Below	No	No
65862077685	MILI 0.25-0.035 MG TABLET	5	28.00	0.06	0.12543	26%-50% Below	Yes	No
65862077685	MILI 0.25-0.035 MG TABLET	5	84.00	0.07	0.12543	26%-50% Below	No	No
65862077685	MILI 0.25-0.035 MG TABLET	5	84.00	0.24	0.12543	76%-100% Above	Yes	No
65862077685	MILI 0.25-0.035 MG TABLET	6	28.00	0.01	0.12572	76%-100% Below	No	No
65862077685	MILI 0.25-0.035 MG TABLET	6	84.00	0.01	0.12572	76%-100% Below	No	No
65862077685	MILI 0.25-0.035 MG TABLET	6	84.00	0.06	0.12572	26%-50% Below	Yes	No
65862077685	MILI 0.25-0.035 MG TABLET	7	28.00	0.03	0.12195	51%-75% Below	No	No
65862077685	MILI 0.25-0.035 MG TABLET	7	84.00	0.24	0.12195	76%-100% Above	Yes	No
65862077685	MILI 0.25-0.035 MG TABLET	8	28.00	0.06	0.11901	26%-50% Below	Yes	No
65862077885	TRI-LO-MILI TABLET	5	28.00	0.01	0.10724	76%-100% Below	No	No
65862077885	TRI-LO-MILI TABLET	5	28.00	0.19	0.10724	76%-100% Above	No	No
65862077885	TRI-LO-MILI TABLET	5	84.00	0.19	0.10724	76%-100% Above	No	No
65862077885	TRI-LO-MILI TABLET	6	28.00	0.01	0.10493	76%-100% Below	No	No
65862077885	TRI-LO-MILI TABLET	6	28.00	0.04	0.10493	51%-75% Below	No	No
65862077885	TRI-LO-MILI TABLET	6	28.00	0.07	0.10493	26%-50% Below	No	No
65862077885	TRI-LO-MILI TABLET	6	28.00	0.19	0.10493	76%-100% Above	No	No
65862077885	TRI-LO-MILI TABLET	6	84.00	0.01	0.10493	76%-100% Below	No	No
65862077885	TRI-LO-MILI TABLET	6	84.00	0.19	0.10493	76%-100% Above	No	No
65862077885	TRI-LO-MILI TABLET	7	28.00	0.07	0.10463	26%-50% Below	No	No
65862077885	TRI-LO-MILI TABLET	8	28.00	0.07	0.10828	26%-50% Below	No	No
65862077885	TRI-LO-MILI TABLET	8	28.00	0.19	0.10828	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862077930	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	90.00	0.08	0.18416	51%-75% Below	No	No
65862078090	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	4	30.00	0.45	0.23356	76%-100% Above	No	No
65862078090	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	5	30.00	0.45	0.23307	76%-100% Above	No	No
65862078090	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	5	90.00	0.45	0.23307	76%-100% Above	Yes	No
65862078190	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	5	90.00	0.43	0.23432	76%-100% Above	Yes	No
65862078201	METHENAMINE HIPP 1 GM TABLET	8	30.00	0.17	0.31137	26%-50% Below	No	No
65862078490	ESOMEPRAZOLE MAG DR 40 MG CAP	4	90.00	0.42	0.13636	200% Above	No	No
65862078490	ESOMEPRAZOLE MAG DR 40 MG CAP	6	90.00	0.42	0.12657	200% Above	No	No
65862080730	ARMODAFINIL 250 MG TABLET	5	30.00	0.44	0.92996	51%-75% Below	Yes	No
65862080730	ARMODAFINIL 250 MG TABLET	6	30.00	0.44	0.94715	51%-75% Below	Yes	No
65862080730	ARMODAFINIL 250 MG TABLET	7	30.00	0.44	0.93518	51%-75% Below	Yes	No
65862082530	SAXAGLIPTIN HCL 2.5 MG TABLET	4	90.00	0.70	1.28328	26%-50% Below	Yes	No
65862082530	SAXAGLIPTIN HCL 2.5 MG TABLET	4	90.00	1.11	1.28328	10%-25% Below	Yes	No
65862082530	SAXAGLIPTIN HCL 2.5 MG TABLET	7	90.00	0.59	1.12670	26%-50% Below	Yes	No
65862082630	SAXAGLIPTIN HCL 5 MG TABLET	5	30.00	0.20	1.14124	76%-100% Below	No	No
65862082630	SAXAGLIPTIN HCL 5 MG TABLET	5	90.00	0.71	1.14124	26%-50% Below	Yes	No
65862082630	SAXAGLIPTIN HCL 5 MG TABLET	6	90.00	0.57	1.11764	26%-50% Below	Yes	No
65862082630	SAXAGLIPTIN HCL 5 MG TABLET	6	90.00	0.84	1.11764	10%-25% Below	Yes	No
65862082630	SAXAGLIPTIN HCL 5 MG TABLET	7	30.00	0.69	1.05374	26%-50% Below	No	No
65862082630	SAXAGLIPTIN HCL 5 MG TABLET	7	90.00	0.84	1.05374	10%-25% Below	Yes	No
65862082930	PRASUGREL 5 MG TABLET	7	90.00	1.87	0.26063	200% Above	Yes	No
65862083030	PRASUGREL 10 MG TABLET	4	30.00	0.16	0.30613	26%-50% Below	Yes	No
65862083030	PRASUGREL 10 MG TABLET	4	90.00	0.88	0.30613	101%-200% Above	No	No
65862083030	PRASUGREL 10 MG TABLET	5	30.00	0.02	0.30558	76%-100% Below	No	No
65862083030	PRASUGREL 10 MG TABLET	5	30.00	0.16	0.30558	26%-50% Below	Yes	No

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65862083030	PRASUGREL 10 MG TABLET	5	47.00	0.88	0.30558	101%-200% Above	No	No
65862083030	PRASUGREL 10 MG TABLET	5	60.00	0.88	0.30558	101%-200% Above	No	No
65862083030	PRASUGREL 10 MG TABLET	5	90.00	0.88	0.30558	101%-200% Above	No	No
65862083030	PRASUGREL 10 MG TABLET	6	30.00	0.02	0.28969	76%-100% Below	No	No
65862083030	PRASUGREL 10 MG TABLET	6	30.00	0.16	0.28969	26%-50% Below	Yes	No
65862083030	PRASUGREL 10 MG TABLET	6	30.00	0.88	0.28969	200% Above	No	No
65862083030	PRASUGREL 10 MG TABLET	6	90.00	0.17	0.28969	26%-50% Below	No	No
65862083030	PRASUGREL 10 MG TABLET	6	90.00	0.22	0.28969	10%-25% Below	No	No
65862083030	PRASUGREL 10 MG TABLET	6	90.00	0.88	0.28969	200% Above	No	No
65862083030	PRASUGREL 10 MG TABLET	6	90.00	0.88	0.28969	200% Above	Yes	No
65862083030	PRASUGREL 10 MG TABLET	7	30.00	0.12	0.27464	51%-75% Below	No	No
65862083030	PRASUGREL 10 MG TABLET	7	90.00	0.67	0.27464	101%-200% Above	Yes	No
65862083030	PRASUGREL 10 MG TABLET	7	90.00	0.88	0.27464	200% Above	No	No
65862083030	PRASUGREL 10 MG TABLET	8	30.00	0.33	0.26161	26%-50% Above	No	No
65862083030	PRASUGREL 10 MG TABLET	8	90.00	0.12	0.26161	51%-75% Below	No	No
65862084003	MOXIFLOXACIN 0.5% EYE DROPS	7	3.00	5.67	1.57200	200% Above	No	No
65862084401	CLOZAPINE 25 MG TABLET	6	90.00	0.18	0.24791	26%-50% Below	No	No
65862084401	CLOZAPINE 25 MG TABLET	7	90.00	0.18	0.24867	26%-50% Below	No	No
65862085430	AMLODIPINE-OLMESARTAN 5-20 MG	4	90.00	1.05	0.23474	200% Above	No	No
65862085430	AMLODIPINE-OLMESARTAN 5-20 MG	7	90.00	1.05	0.24450	200% Above	No	No
65862085530	AMLODIPINE-OLMESARTAN 5-40 MG	5	90.00	0.56	0.28493	76%-100% Above	No	No
65862085530	AMLODIPINE-OLMESARTAN 5-40 MG	7	90.00	1.14	0.30276	200% Above	No	No
65862085730	AMLODIPINE-OLMESARTAN 10-40 MG	4	90.00	1.06	0.35328	101%-200% Above	No	No
65862085825	ALBUTEROL SUL 2.5 MG/3 ML SOLN	4	150.00	0.02	0.06064	51%-75% Below	No	No
65862085825	ALBUTEROL SUL 2.5 MG/3 ML SOLN	4	150.00	0.03	0.06064	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862085825	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	75.00	0.03	0.05870	26%-50% Below	No	No
65862085825	ALBUTEROL SUL 2.5 MG/3 ML SOLN	8	75.00	0.03	0.05943	26%-50% Below	No	No
65862085901	FAMOTIDINE 20 MG TABLET	4	20.00	0.05	0.03099	51%-75% 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	30.00	0.08	0.03099	101%-200% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	4	60.00	0.08	0.03099	101%-200% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	4	90.00	0.03	0.03099	10%-25% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	4	90.00	0.08	0.03099	101%-200% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	5	30.00	0.08	0.03074	101%-200% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	5	42.00	0.08	0.03074	101%-200% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	5	60.00	0.08	0.03074	101%-200% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	5	90.00	0.03	0.03074	10%-25% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	5	180.00	0.08	0.03074	101%-200% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	6	30.00	0.04	0.03016	26%-50% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	6	30.00	0.08	0.03016	101%-200% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	6	42.00	0.08	0.03016	101%-200% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	6	90.00	0.08	0.03016	101%-200% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	6	180.00	0.08	0.03016	101%-200% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	7	28.00	0.04	0.02971	26%-50% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	7	30.00	0.05	0.02971	51%-75% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	7	30.00	0.08	0.02971	101%-200% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	7	90.00	0.06	0.02971	101%-200% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	7	90.00	0.08	0.02971	101%-200% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	8	14.00	0.05	0.02862	76%-100% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	8	15.00	0.05	0.02862	76%-100% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	20.00	0.04	0.02862	51%-75% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	8	30.00	0.05	0.02862	51%-75% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	8	30.00	0.08	0.02862	101%-200% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	8	60.00	0.03	0.02862	10%-25% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	8	90.00	0.03	0.02862	10%-25% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	8	90.00	0.08	0.02862	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	4	30.00	0.12	0.05159	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	4	30.00	0.13	0.05159	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	4	60.00	0.02	0.05159	51%-75% Below	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	4	90.00	0.11	0.05159	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	4	180.00	0.11	0.05159	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	5	30.00	0.11	0.05165	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	5	30.00	0.12	0.05165	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	5	30.00	0.12	0.05165	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	5	30.00	0.13	0.05165	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	5	60.00	0.02	0.05165	51%-75% Below	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	5	90.00	0.02	0.05165	51%-75% Below	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	5	90.00	0.11	0.05165	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	5	90.00	0.11	0.05165	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	5	90.00	0.12	0.05165	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	5	180.00	0.08	0.05165	51%-75% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	5	180.00	0.10	0.05165	76%-100% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	5	180.00	0.11	0.05165	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	6	5.00	0.21	0.05098	200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	6	30.00	0.11	0.05098	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	30.00	0.12	0.05098	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	6	60.00	0.02	0.05098	51%-75% Below	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	6	90.00	0.09	0.05098	51%-75% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	6	90.00	0.10	0.05098	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	6	90.00	0.11	0.05098	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	6	90.00	0.11	0.05098	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	6	180.00	0.10	0.05098	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	6	180.00	0.12	0.05098	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	7	30.00	0.11	0.04982	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	7	30.00	0.12	0.04982	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	7	60.00	0.02	0.04982	51%-75% Below	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	7	90.00	0.02	0.04982	51%-75% Below	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	7	90.00	0.09	0.04982	51%-75% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	7	90.00	0.11	0.04982	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	7	180.00	0.08	0.04982	51%-75% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	7	180.00	0.11	0.04982	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	8	10.00	0.11	0.04941	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	8	30.00	0.11	0.04941	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	8	60.00	0.02	0.04941	51%-75% Below	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	8	90.00	0.02	0.04941	51%-75% Below	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	8	90.00	0.09	0.04941	51%-75% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	8	90.00	0.11	0.04941	101%-200% Above	Yes	No
65862086495	SIMPESSE 0.15-0.03-0.01 MG TAB	4	91.00	0.06	0.12443	51%-75% Below	Yes	No
65862086495	SIMPESSE 0.15-0.03-0.01 MG TAB	5	91.00	0.06	0.13489	51%-75% Below	Yes	No
65862086495	SIMPESSE 0.15-0.03-0.01 MG TAB	7	91.00	0.06	0.13282	51%-75% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862087830	SOLIFENACIN 5 MG TABLET	5	90.00	0.22	0.18168	10%-25% Above	Yes	No
65862087830	SOLIFENACIN 5 MG TABLET	6	90.00	0.60	0.17289	200% Above	Yes	No
65862089788	NYLIA 7-7-7-28 TABLET	5	28.00	0.02	0.25658	76%-100% Below	No	No
65862089788	NYLIA 7-7-7-28 TABLET	5	84.00	0.16	0.25658	26%-50% Below	No	No
65862089788	NYLIA 7-7-7-28 TABLET	6	28.00	0.02	0.24503	76%-100% Below	No	No
65862089788	NYLIA 7-7-7-28 TABLET	7	28.00	0.02	0.24945	76%-100% Below	No	No
65862089788	NYLIA 7-7-7-28 TABLET	7	84.00	0.16	0.24945	26%-50% Below	No	No
65862089788	NYLIA 7-7-7-28 TABLET	8	28.00	0.02	0.23463	76%-100% Below	No	No
65862090801	CELECOXIB 100 MG CAPSULE	5	180.00	0.16	0.07213	101%-200% Above	Yes	No
65862090801	CELECOXIB 100 MG CAPSULE	8	60.00	0.08	0.06209	26%-50% Above	Yes	No
65862090901	CELECOXIB 200 MG CAPSULE	5	30.00	0.23	0.08353	101%-200% Above	Yes	No
65862090901	CELECOXIB 200 MG CAPSULE	5	60.00	0.23	0.08353	101%-200% Above	Yes	No
65862092201	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	8	12.00	0.19	0.10556	76%-100% Above	No	No
65862092205	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	7	18.00	0.18	0.10144	76%-100% Above	Yes	No
65862092585	INCASSIA 0.35 MG TABLET	5	84.00	0.01	0.09431	76%-100% Below	No	No
65862092730	FINASTERIDE 1 MG TABLET	4	30.00	0.15	0.04227	200% Above	Yes	No
65862092730	FINASTERIDE 1 MG TABLET	5	30.00	0.15	0.04209	200% Above	Yes	No
65862092730	FINASTERIDE 1 MG TABLET	5	90.00	0.15	0.04209	200% Above	Yes	No
65862092730	FINASTERIDE 1 MG TABLET	8	90.00	0.15	0.04260	200% Above	Yes	No
65862092901	NITROFURANTOIN MONO-MCR 100 MG	4	10.00	1.00	0.32469	200% Above	No	No
65862092901	NITROFURANTOIN MONO-MCR 100 MG	4	10.00	1.20	0.32469	200% Above	No	No
65862092901	NITROFURANTOIN MONO-MCR 100 MG	4	28.00	0.54	0.32469	51%-75% Above	No	No
65862092901	NITROFURANTOIN MONO-MCR 100 MG	5	10.00	0.96	0.32261	101%-200% Above	No	No
65862092901	NITROFURANTOIN MONO-MCR 100 MG	6	7.00	0.94	0.30785	200% Above	No	No
65862092901	NITROFURANTOIN MONO-MCR 100 MG	6	10.00	1.00	0.30785	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862092901	NITROFURANTOIN MONO-MCR 100 MG	6	14.00	0.34	0.30785	10%-25% Above	No	No
65862092901	NITROFURANTOIN MONO-MCR 100 MG	6	14.00	0.36	0.30785	10%-25% Above	No	No
65862092901	NITROFURANTOIN MONO-MCR 100 MG	7	14.00	0.34	0.30153	10%-25% Above	No	No
65862092901	NITROFURANTOIN MONO-MCR 100 MG	7	14.00	0.94	0.30153	200% Above	No	No
65862092901	NITROFURANTOIN MONO-MCR 100 MG	7	20.00	1.13	0.30153	200% Above	No	No
65862092901	NITROFURANTOIN MONO-MCR 100 MG	8	10.00	0.34	0.29780	10%-25% Above	No	No
65862092901	NITROFURANTOIN MONO-MCR 100 MG	8	10.00	1.00	0.29780	200% Above	No	No
65862092901	NITROFURANTOIN MONO-MCR 100 MG	8	10.00	1.12	0.29780	200% Above	No	No
65862092901	NITROFURANTOIN MONO-MCR 100 MG	8	14.00	0.34	0.29780	10%-25% Above	No	No
65862092901	NITROFURANTOIN MONO-MCR 100 MG	8	14.00	0.36	0.29780	10%-25% Above	No	No
65862092901	NITROFURANTOIN MONO-MCR 100 MG	8	20.00	0.34	0.29780	10%-25% Above	No	No
65862093488	AUROVELA 24 FE 1 MG-20 MCG TAB	4	28.00	0.14	0.21521	26%-50% Below	No	No
65862093488	AUROVELA 24 FE 1 MG-20 MCG TAB	5	28.00	0.14	0.21008	26%-50% Below	No	No
65862093488	AUROVELA 24 FE 1 MG-20 MCG TAB	5	56.00	0.14	0.21008	26%-50% Below	No	No
65862093488	AUROVELA 24 FE 1 MG-20 MCG TAB	5	84.00	0.14	0.21008	26%-50% Below	No	No
65862093488	AUROVELA 24 FE 1 MG-20 MCG TAB	6	28.00	0.14	0.20340	26%-50% Below	No	No
65862093488	AUROVELA 24 FE 1 MG-20 MCG TAB	6	84.00	0.02	0.20340	76%-100% Below	No	No
65862093488	AUROVELA 24 FE 1 MG-20 MCG TAB	6	84.00	0.14	0.20340	26%-50% Below	No	No
65862093488	AUROVELA 24 FE 1 MG-20 MCG TAB	7	28.00	0.14	0.18642	10%-25% Below	No	No
65862093488	AUROVELA 24 FE 1 MG-20 MCG TAB	7	84.00	0.14	0.18642	10%-25% Below	No	No
65862093488	AUROVELA 24 FE 1 MG-20 MCG TAB	8	28.00	0.14	0.18603	10%-25% Below	No	No
65862093488	AUROVELA 24 FE 1 MG-20 MCG TAB	8	84.00	0.14	0.18603	10%-25% Below	No	No
65862093574	AUROVELA 21 1.5-30 TABLET	4	84.00	0.19	0.34622	26%-50% Below	Yes	No
65862093574	AUROVELA 21 1.5-30 TABLET	5	84.00	0.21	0.34554	26%-50% Below	Yes	No
65862093574	AUROVELA 21 1.5-30 TABLET	8	21.00	0.17	0.34267	26%-50% Below	Yes	No

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65862093574	AUROVELA 21 1.5-30 TABLET	8	63.00	0.20	0.34267	26%-50% Below	Yes	No
65862093988	AUROVELA 1 MG-20 MCG TABLET	4	84.00	0.09	0.16522	26%-50% Below	Yes	No
65862093988	AUROVELA 1 MG-20 MCG TABLET	5	84.00	0.08	0.16969	51%-75% Below	Yes	No
65862093988	AUROVELA 1 MG-20 MCG TABLET	5	84.00	0.09	0.16969	26%-50% Below	Yes	No
65862093988	AUROVELA 1 MG-20 MCG TABLET	6	21.00	0.08	0.17414	51%-75% Below	Yes	No
65862093988	AUROVELA 1 MG-20 MCG TABLET	6	21.00	0.09	0.17414	26%-50% Below	No	No
65862093988	AUROVELA 1 MG-20 MCG TABLET	6	84.00	0.08	0.17414	51%-75% Below	Yes	No
65862093988	AUROVELA 1 MG-20 MCG TABLET	7	63.00	0.32	0.17735	76%-100% Above	No	No
65862093988	AUROVELA 1 MG-20 MCG TABLET	7	84.00	0.07	0.17735	51%-75% Below	Yes	No
65862094088	AUROVELA FE 1-20 TABLET	4	28.00	0.06	0.12836	26%-50% Below	Yes	No
65862094088	AUROVELA FE 1-20 TABLET	4	28.00	0.35	0.12836	101%-200% Above	No	No
65862094088	AUROVELA FE 1-20 TABLET	5	28.00	0.02	0.13075	76%-100% Below	No	No
65862094088	AUROVELA FE 1-20 TABLET	5	28.00	0.07	0.13075	26%-50% Below	No	No
65862094088	AUROVELA FE 1-20 TABLET	5	84.00	0.20	0.13075	26%-50% Above	No	No
65862094088	AUROVELA FE 1-20 TABLET	6	84.00	0.02	0.13114	76%-100% Below	No	No
65862094088	AUROVELA FE 1-20 TABLET	6	84.00	0.05	0.13114	51%-75% Below	Yes	No
65862094088	AUROVELA FE 1-20 TABLET	6	84.00	0.20	0.13114	26%-50% Above	No	No
65862094088	AUROVELA FE 1-20 TABLET	7	84.00	0.02	0.13020	76%-100% Below	No	No
65862094088	AUROVELA FE 1-20 TABLET	7	84.00	0.07	0.13020	26%-50% Below	Yes	No
65862094088	AUROVELA FE 1-20 TABLET	8	28.00	0.04	0.13087	51%-75% Below	No	No
65862094188	AUROVELA FE 1.5 MG-30 MCG TAB	4	28.00	0.01	0.14287	76%-100% Below	No	No
65862094188	AUROVELA FE 1.5 MG-30 MCG TAB	4	84.00	0.05	0.14287	51%-75% Below	No	No
65862094188	AUROVELA FE 1.5 MG-30 MCG TAB	5	28.00	0.01	0.14788	76%-100% Below	No	No
65862094188	AUROVELA FE 1.5 MG-30 MCG TAB	6	28.00	0.01	0.14120	76%-100% Below	No	No
65862094188	AUROVELA FE 1.5 MG-30 MCG TAB	7	28.00	0.01	0.13623	76%-100% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	84.00	0.05	0.13623	51%-75% Below	No	No
65862094601	DORZOLAMIDE-TIMOLOL EYE DROPS	8	10.00	0.49	0.89098	26%-50% Below	Yes	No
65862096701	ESZOPICLONE 1 MG TABLET	5	30.00	0.50	0.09169	200% Above	Yes	No
65862096730	ESZOPICLONE 1 MG TABLET	4	30.00	0.30	0.09486	200% Above	No	No
65862096801	ESZOPICLONE 2 MG TABLET	6	30.00	0.57	0.09321	200% Above	No	No
65862096801	ESZOPICLONE 2 MG TABLET	6	30.00	0.61	0.09321	200% Above	No	No
65862096801	ESZOPICLONE 2 MG TABLET	7	30.00	0.57	0.09181	200% Above	No	No
65862096901	ESZOPICLONE 3 MG TABLET	4	30.00	0.50	0.09060	200% Above	No	No
65862096901	ESZOPICLONE 3 MG TABLET	5	30.00	0.50	0.08947	200% Above	No	No
65862096901	ESZOPICLONE 3 MG TABLET	5	90.00	0.21	0.08947	101%-200% Above	No	No
65862096901	ESZOPICLONE 3 MG TABLET	6	30.00	0.50	0.08732	200% Above	No	No
65862096901	ESZOPICLONE 3 MG TABLET	7	30.00	0.50	0.08482	200% Above	No	No
65862096901	ESZOPICLONE 3 MG TABLET	8	90.00	0.21	0.08581	101%-200% Above	No	No
65862097603	TELMISARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TB	5	90.00	0.17	0.36260	51%-75% Below	Yes	No
65862098601	POTASSIUM CL ER 8 MEQ TABLET	6	36.00	0.13	0.11532	10%-25% Above	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	4	90.00	0.04	0.08864	26%-50% Below	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	5	2.00	0.36	0.08823	200% Above	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	5	30.00	0.06	0.08823	26%-50% Below	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	6	30.00	0.06	0.08826	26%-50% Below	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	7	90.00	0.04	0.08496	26%-50% Below	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	7	90.00	0.05	0.08496	26%-50% Below	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	7	120.00	0.04	0.08496	26%-50% Below	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	7	180.00	0.09	0.08496	10%-25% Above	Yes	No
66689030516	SUCRALFATE 1 GM/10 ML SUSP	5	300.00	0.10	0.11088	10%-25% Below	No	No
66689030516	SUCRALFATE 1 GM/10 ML SUSP	6	300.00	0.10	0.11443	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	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	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	4	42.50	0.71	0.40019	76%-100% Above	Yes	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	5	42.50	0.20	0.38605	26%-50% Below	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	5	42.50	0.47	0.38605	10%-25% Above	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	5	42.50	0.82	0.38605	101%-200% Above	No	No
66993000210	ESTRADIOL 0.01% CREAM	5	42.50	0.82	0.38605	101%-200% Above	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	6	42.50	0.20	0.38876	26%-50% Below	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	6	42.50	0.82	0.38876	101%-200% Above	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	7	42.50	0.20	0.38016	26%-50% Below	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	7	42.50	0.22	0.38016	26%-50% Below	No	No
66993000210	ESTRADIOL 0.01% CREAM	7	42.50	0.62	0.38016	51%-75% Above	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	7	42.50	0.82	0.38016	101%-200% Above	No	No
66993000210	ESTRADIOL 0.01% CREAM	7	85.00	0.82	0.38016	101%-200% Above	No	No
66993000210	ESTRADIOL 0.01% CREAM	8	42.50	0.23	0.42567	26%-50% Below	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	8	42.50	0.67	0.42567	51%-75% Above	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	8	42.50	0.71	0.42567	51%-75% Above	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	8	42.50	0.77	0.42567	76%-100% Above	No	No
66993000210	ESTRADIOL 0.01% CREAM	8	42.50	0.82	0.42567	76%-100% Above	Yes	No
66993007996	FLUTICASONE PROPIONATE HFA 110 MCG INHALER	5	12.00	6.65	13.51174	26%-50% Below	Yes	No
66993007996	FLUTICASONE PROPIONATE HFA 110 MCG INHALER	6	12.00	6.65	13.51472	26%-50% Below	Yes	No
66993008096	FLUTICASONE PROPIONATE HFA 220 MCG INHALER	7	12.00	10.49	21.71466	51%-75% Below	Yes	No
66993016897	FLUTICASONE ELLIPTA 200 MCG INH	5	30.00	2.66	5.67739	51%-75% Below	Yes	No

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66993029702	CONJUGATED ESTROGEN 0.625 MG TB	7	90.00	4.72	5.67849	10%-25% Below	No	No
66993037083	MEDROXYPROGESTERONE 150 MG/ML	5	1.00	9.68	19.30447	26%-50% Below	Yes	No
66993037083	MEDROXYPROGESTERONE 150 MG/ML	6	1.00	9.68	18.75967	26%-50% Below	Yes	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	4	1.00	11.06	25.62457	51%-75% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	5	1.00	9.94	25.60298	51%-75% Below	Yes	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	5	1.00	11.06	25.60298	51%-75% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	6	1.00	7.71	26.89520	51%-75% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	7	1.00	11.06	28.30894	51%-75% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	7	1.00	11.06	28.30894	51%-75% Below	Yes	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	8	1.00	11.06	28.49134	51%-75% Below	No	No
66993045630	DAPAGLIFLOZIN 5 MG TABLET	5	90.00	1.25	11.42184	76%-100% Below	No	No
66993045630	DAPAGLIFLOZIN 5 MG TABLET	6	30.00	11.72	0.18453	200% Above	No	No
66993045730	DAPAGLIFLOZIN 10 MG TABLET	6	30.00	1.68	0.20494	200% Above	No	No
66993045730	DAPAGLIFLOZIN 10 MG TABLET	7	90.00	1.68	0.20494	200% Above	No	No
66993045730	DAPAGLIFLOZIN 10 MG TABLET	8	30.00	0.50	0.20494	101%-200% Above	No	No
66993060536	ETONOGESTREL-EE VAGINAL RING	4	1.00	27.78	49.16742	26%-50% Below	No	No
66993060536	ETONOGESTREL-EE VAGINAL RING	4	1.00	27.78	49.16742	26%-50% Below	Yes	No
66993060536	ETONOGESTREL-EE VAGINAL RING	4	3.00	27.78	49.16742	26%-50% Below	Yes	No
66993060536	ETONOGESTREL-EE VAGINAL RING	5	1.00	5.33	48.54106	76%-100% Below	No	No
66993060536	ETONOGESTREL-EE VAGINAL RING	5	1.00	27.78	48.54106	26%-50% Below	No	No
66993060536	ETONOGESTREL-EE VAGINAL RING	5	1.00	27.78	48.54106	26%-50% Below	Yes	No
66993060536	ETONOGESTREL-EE VAGINAL RING	5	3.00	5.33	48.54106	76%-100% Below	No	No
66993060536	ETONOGESTREL-EE VAGINAL RING	5	3.00	24.23	48.54106	26%-50% Below	Yes	No
66993060536	ETONOGESTREL-EE VAGINAL RING	5	3.00	27.78	48.54106	26%-50% Below	No	No
66993060536	ETONOGESTREL-EE VAGINAL RING	6	1.00	5.33	47.89079	76%-100% Below	No	No

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66993060536	ETONOGESTREL-EE VAGINAL RING	6	1.00	27.78	47.89079	26%-50% Below	No	No
66993060536	ETONOGESTREL-EE VAGINAL RING	6	1.00	27.78	47.89079	26%-50% Below	Yes	No
66993060536	ETONOGESTREL-EE VAGINAL RING	6	3.00	27.78	47.89079	26%-50% Below	No	No
66993060536	ETONOGESTREL-EE VAGINAL RING	6	3.00	27.78	47.89079	26%-50% Below	Yes	No
66993060536	ETONOGESTREL-EE VAGINAL RING	7	1.00	27.78	47.25469	26%-50% Below	No	No
66993060536	ETONOGESTREL-EE VAGINAL RING	7	3.00	5.33	47.25469	76%-100% Below	No	No
66993060536	ETONOGESTREL-EE VAGINAL RING	7	3.00	13.89	47.25469	51%-75% Below	No	No
66993060536	ETONOGESTREL-EE VAGINAL RING	7	3.00	24.23	47.25469	26%-50% Below	Yes	No
66993060536	ETONOGESTREL-EE VAGINAL RING	7	3.00	27.78	47.25469	26%-50% Below	No	No
66993060536	ETONOGESTREL-EE VAGINAL RING	8	1.00	27.78	47.17165	26%-50% Below	No	No
66993060704	MIRTAZAPINE 15 MG TABLET	5	45.00	0.12	0.06655	76%-100% Above	No	No
66993072757	SULFAMETHOXAZOLE-TMP SUSP	4	140.00	0.06	0.05642	10%-25% Above	No	No
66993072757	SULFAMETHOXAZOLE-TMP SUSP	7	120.00	0.06	0.05585	10%-25% Above	No	No
66993072757	SULFAMETHOXAZOLE-TMP SUSP	8	220.00	0.03	0.05513	26%-50% Below	No	No
66993087861	CALCIPOTRIENE 0.005% OINTMENT	5	60.00	1.11	2.12789	26%-50% Below	No	No
67457088701	MEDROXYPROGESTERONE 150 MG/ML	5	1.00	10.87	20.41344	26%-50% Below	No	No
67457088799	MEDROXYPROGESTERONE 150 MG/ML	6	1.00	10.87	18.75967	26%-50% Below	No	No
67544000253	APAP/CODEINE TAB 300-30MG	6	60.00	0.11	.		No	No
67544000253	APAP/CODEINE TAB 300-30MG	7	60.00	0.11	.		No	No
67877012405	SILVER SULFADIAZINE 1% CREAM	7	50.00	0.11	0.25399	51%-75% Below	No	No
67877012425	SILVER SULFADIAZINE 1% CREAM	7	50.00	0.01	0.31579	76%-100% Below	No	No
67877012440	SILVER SULFADIAZINE 1% CREAM	6	50.00	0.08	0.12686	26%-50% Below	No	No
67877012440	SILVER SULFADIAZINE 1% CREAM	7	400.00	0.05	0.12689	51%-75% Below	Yes	No
67877012440	SILVER SULFADIAZINE 1% CREAM	7	400.00	0.08	0.12689	26%-50% Below	No	No
67877012450	SILVER SULFADIAZINE 1% CREAM	4	50.00	0.11	0.24257	51%-75% Below	Yes	No

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67877012450	SILVER SULFADIAZINE 1% CREAM	5	50.00	0.11	0.24986	51%-75% Below	Yes	No
67877012450	SILVER SULFADIAZINE 1% CREAM	6	50.00	0.11	0.25104	51%-75% Below	No	No
67877012450	SILVER SULFADIAZINE 1% CREAM	7	50.00	0.08	0.25399	51%-75% Below	Yes	No
67877012450	SILVER SULFADIAZINE 1% CREAM	7	50.00	0.11	0.25399	51%-75% Below	No	No
67877012450	SILVER SULFADIAZINE 1% CREAM	8	50.00	0.11	0.25514	51%-75% Below	No	No
67877012450	SILVER SULFADIAZINE 1% CREAM	8	50.00	0.11	0.25514	51%-75% Below	Yes	No
67877012485	SILVER SULFADIAZINE 1% CREAM	4	85.00	0.08	0.25194	51%-75% Below	No	No
67877012485	SILVER SULFADIAZINE 1% CREAM	5	85.00	0.06	0.25190	51%-75% Below	No	No
67877012485	SILVER SULFADIAZINE 1% CREAM	5	85.00	0.08	0.25190	51%-75% Below	No	No
67877012485	SILVER SULFADIAZINE 1% CREAM	6	85.00	0.11	0.24864	51%-75% Below	No	No
67877012485	SILVER SULFADIAZINE 1% CREAM	8	85.00	0.11	0.26216	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	5	30.00	0.03	0.07928	51%-75% Below	No	No
67877014601	TEMAZEPAM 15 MG CAPSULE	5	30.00	0.14	0.07928	51%-75% Above	No	No
67877014601	TEMAZEPAM 15 MG CAPSULE	5	45.00	0.04	0.07928	51%-75% Below	No	No
67877014601	TEMAZEPAM 15 MG CAPSULE	6	30.00	0.03	0.07860	51%-75% Below	No	No
67877014601	TEMAZEPAM 15 MG CAPSULE	6	30.00	0.04	0.07860	51%-75% Below	No	No
67877014601	TEMAZEPAM 15 MG CAPSULE	7	30.00	0.03	0.07931	51%-75% Below	No	No
67877014601	TEMAZEPAM 15 MG CAPSULE	7	30.00	0.04	0.07931	51%-75% Below	No	No
67877014601	TEMAZEPAM 15 MG CAPSULE	7	30.00	0.14	0.07931	51%-75% Above	No	No
67877014601	TEMAZEPAM 15 MG CAPSULE	8	30.00	0.14	0.07910	51%-75% Above	No	No
67877014605	TEMAZEPAM 15 MG CAPSULE	4	30.00	0.14	0.07924	51%-75% Above	No	No
67877014605	TEMAZEPAM 15 MG CAPSULE	5	30.00	0.14	0.07928	51%-75% Above	No	No
67877014605	TEMAZEPAM 15 MG CAPSULE	6	30.00	0.14	0.07860	51%-75% Above	No	No
67877014605	TEMAZEPAM 15 MG CAPSULE	7	30.00	0.14	0.07931	51%-75% Above	No	No

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67877014605	TEMAZEPAM 15 MG CAPSULE	8	30.00	0.14	0.07910	51%-75% Above	No	No
67877014701	TEMAZEPAM 30 MG CAPSULE	5	30.00	0.18	0.09245	76%-100% Above	No	No
67877014701	TEMAZEPAM 30 MG CAPSULE	6	30.00	0.18	0.09220	76%-100% Above	No	No
67877014701	TEMAZEPAM 30 MG CAPSULE	6	90.00	0.18	0.09220	76%-100% Above	No	No
67877014701	TEMAZEPAM 30 MG CAPSULE	7	30.00	0.18	0.09101	76%-100% Above	No	No
67877014705	TEMAZEPAM 30 MG CAPSULE	5	30.00	0.18	0.09245	76%-100% Above	No	No
67877014705	TEMAZEPAM 30 MG CAPSULE	6	30.00	0.18	0.09220	76%-100% Above	No	No
67877014705	TEMAZEPAM 30 MG CAPSULE	7	30.00	0.18	0.09101	76%-100% Above	No	No
67877014705	TEMAZEPAM 30 MG CAPSULE	8	30.00	0.18	0.09078	76%-100% Above	No	No
67877015901	METFORMIN HCL ER 500 MG TABLET	6	120.00	0.05	0.02979	76%-100% Above	No	No
67877015905	METFORMIN HCL ER 500 MG TABLET	4	90.00	0.03	0.02933	10%-25% Above	No	No
67877015905	METFORMIN HCL ER 500 MG TABLET	4	90.00	0.05	0.02933	76%-100% Above	Yes	No
67877015905	METFORMIN HCL ER 500 MG TABLET	5	90.00	0.05	0.02990	76%-100% Above	No	No
67877015905	METFORMIN HCL ER 500 MG TABLET	5	180.00	0.05	0.02990	76%-100% Above	No	No
67877015905	METFORMIN HCL ER 500 MG TABLET	5	360.00	0.05	0.02990	76%-100% Above	No	No
67877015905	METFORMIN HCL ER 500 MG TABLET	7	30.00	0.05	0.02932	76%-100% Above	No	No
67877015905	METFORMIN HCL ER 500 MG TABLET	7	90.00	0.03	0.02932	10%-25% Above	No	No
67877015905	METFORMIN HCL ER 500 MG TABLET	7	90.00	0.05	0.02932	76%-100% Above	Yes	No
67877015905	METFORMIN HCL ER 500 MG TABLET	8	30.00	0.04	0.02879	26%-50% Above	No	No
67877015905	METFORMIN HCL ER 500 MG TABLET	8	180.00	0.05	0.02879	76%-100% Above	No	No
67877015905	METFORMIN HCL ER 500 MG TABLET	8	180.00	0.05	0.02879	76%-100% Above	No	No
67877015905	METFORMIN HCL ER 500 MG TABLET	8	360.00	0.05	0.02879	76%-100% Above	No	No
67877019705	AMLODIPINE BESYLATE 2.5 MG TAB	6	30.00	0.12	0.01063	200% Above	No	No
67877019710	AMLODIPINE BESYLATE 2.5 MG TAB	4	90.00	0.12	0.01138	200% Above	Yes	No
67877019790	AMLODIPINE BESYLATE 2.5 MG TAB	6	90.00	0.02	0.01063	51%-75% Above	No	No

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67877019805	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	0.11	0.01036	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	0.02	0.01036	76%-100% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	5	30.00	0.11	0.01048	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	5	90.00	0.11	0.01048	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	7	30.00	0.11	0.01030	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	8	30.00	0.11	0.01012	200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	0.03	0.01036	101%-200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	0.03	0.01036	101%-200% Above	Yes	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	0.11	0.01036	200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	0.02	0.01036	76%-100% Above	Yes	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	0.11	0.01036	200% Above	Yes	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	5	30.00	0.03	0.01048	101%-200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	5	30.00	0.03	0.01048	101%-200% Above	Yes	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	5	90.00	0.11	0.01048	200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	5	90.00	0.11	0.01048	200% Above	Yes	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	7	30.00	0.03	0.01030	101%-200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	7	90.00	0.11	0.01030	200% Above	No	No
67877019890	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	0.01	0.01036	26%-50% Above	No	No
67877019890	AMLODIPINE BESYLATE 5 MG TAB	7	90.00	0.11	0.01030	200% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	0.01	0.01545	26%-50% Below	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	0.02	0.01539	26%-50% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	8	90.00	0.03	0.01503	76%-100% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	0.04	0.01531	101%-200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	0.11	0.01531	200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	0.11	0.01531	200% Above	Yes	No

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67877019910	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	0.11	0.01531	200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	5	30.00	0.04	0.01545	101%-200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	5	30.00	0.11	0.01545	200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	0.02	0.01545	26%-50% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	0.11	0.01545	200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	6	30.00	0.04	0.01522	101%-200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	6	30.00	0.11	0.01522	200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	7	30.00	0.04	0.01539	101%-200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	8	30.00	0.04	0.01503	101%-200% Above	No	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	4	14.00	0.26	0.38512	26%-50% Below	Yes	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	4	14.00	1.55	0.38512	200% Above	Yes	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	4	20.00	0.26	0.38512	26%-50% Below	No	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	5	10.00	0.26	0.38454	26%-50% Below	Yes	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	5	14.00	0.26	0.38454	26%-50% Below	Yes	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	5	14.00	1.06	0.38454	101%-200% Above	Yes	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	6	14.00	0.26	0.37229	26%-50% Below	Yes	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	7	14.00	0.43	0.48671	10%-25% Below	No	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	7	14.00	1.27	0.37784	200% Above	Yes	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	8	20.00	0.25	0.37860	26%-50% Below	Yes	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	8	20.00	0.26	0.37860	26%-50% Below	No	No
67877021901	CEPHALEXIN 500 MG CAPSULE	5	14.00	0.10	0.12141	10%-25% Below	No	No
67877021901	CEPHALEXIN 500 MG CAPSULE	5	20.00	0.16	0.12141	26%-50% Above	No	No
67877021901	CEPHALEXIN 500 MG CAPSULE	6	4.00	0.16	0.12166	26%-50% Above	No	No
67877021901	CEPHALEXIN 500 MG CAPSULE	6	10.00	0.16	0.12166	26%-50% Above	No	No
67877021901	CEPHALEXIN 500 MG CAPSULE	6	28.00	0.16	0.12166	26%-50% Above	No	No

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67877021901	CEPHALEXIN 500 MG CAPSULE	7	4.00	0.16	0.12037	26%-50% Above	No	No
67877021901	CEPHALEXIN 500 MG CAPSULE	7	20.00	0.16	0.12037	26%-50% Above	No	No
67877021901	CEPHALEXIN 500 MG CAPSULE	7	28.00	0.16	0.12037	26%-50% Above	No	No
67877021901	CEPHALEXIN 500 MG CAPSULE	8	4.00	0.16	0.12098	26%-50% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	4	14.00	0.09	0.12184	26%-50% Below	No	No
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	0.09	0.12184	10%-25% Below	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	0.09	0.12409	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	4	21.00	0.09	0.12184	10%-25% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	4	28.00	0.07	0.12184	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	4	30.00	0.07	0.12184	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	4	30.00	0.08	0.12184	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	4	30.00	0.16	0.12184	26%-50% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	4	56.00	0.16	0.12184	26%-50% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	4	90.00	0.06	0.12184	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	5	9.00	0.16	0.12141	26%-50% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	5	10.00	0.15	0.12141	10%-25% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	5	14.00	0.10	0.12141	10%-25% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	5	14.00	0.16	0.12141	26%-50% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	5	20.00	0.09	0.12141	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	5	20.00	0.16	0.12141	26%-50% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	5	21.00	0.08	0.12141	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	5	21.00	0.16	0.12141	26%-50% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	5	28.00	0.07	0.12141	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	28.00	0.16	0.12141	26%-50% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	5	30.00	0.16	0.12141	26%-50% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	6	3.00	0.21	0.12166	51%-75% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	6	6.00	0.16	0.12166	26%-50% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	6	9.00	0.16	0.12166	26%-50% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	6	14.00	0.09	0.12166	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	6	14.00	0.10	0.12166	10%-25% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	6	14.00	0.16	0.12166	26%-50% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	6	20.00	0.01	0.12166	76%-100% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	6	21.00	0.08	0.12166	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	6	21.00	0.16	0.12166	26%-50% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	6	24.00	0.08	0.12166	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	6	28.00	0.07	0.12166	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	6	28.00	0.16	0.12166	26%-50% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	6	30.00	0.16	0.12166	26%-50% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	6	42.00	0.07	0.12166	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	7	10.00	0.16	0.12037	26%-50% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	7	14.00	0.09	0.12037	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	7	14.00	0.16	0.12037	26%-50% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	7	15.00	0.16	0.12037	26%-50% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	7	20.00	0.16	0.12037	26%-50% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	7	21.00	0.09	0.12037	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	7	21.00	0.16	0.12037	26%-50% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	7	28.00	0.09	0.12037	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	7	28.00	0.16	0.12037	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	40.00	0.16	0.12037	26%-50% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	8	8.00	0.16	0.12098	26%-50% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	8	14.00	0.09	0.12098	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	8	15.00	0.16	0.12098	26%-50% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	8	28.00	0.16	0.12098	26%-50% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	8	30.00	0.09	0.12098	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	8	40.00	0.16	0.12098	26%-50% Above	No	No
67877022005	CEPHALEXIN 250 MG CAPSULE	5	40.00	0.08	0.09582	10%-25% Below	No	No
67877022201	GABAPENTIN 100 MG CAPSULE	4	60.00	0.05	0.02107	101%-200% Above	No	No
67877022201	GABAPENTIN 100 MG CAPSULE	5	90.00	0.05	0.02117	101%-200% Above	No	No
67877022201	GABAPENTIN 100 MG CAPSULE	6	60.00	0.05	0.02098	101%-200% Above	No	No
67877022201	GABAPENTIN 100 MG CAPSULE	6	90.00	0.05	0.02098	101%-200% Above	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	4	60.00	0.02	0.02107	10%-25% Below	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	4	270.00	0.01	0.02107	51%-75% Below	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	5	120.00	0.01	0.02117	51%-75% Below	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	7	30.00	0.05	0.02075	101%-200% Above	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	7	270.00	0.01	0.02075	26%-50% Below	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	8	15.00	0.03	0.02095	51%-75% Above	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	5	90.00	0.06	0.03246	76%-100% Above	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	5	180.00	0.02	0.03246	10%-25% Below	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	5	270.00	0.06	0.03246	76%-100% Above	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	6	60.00	0.02	0.03245	26%-50% Below	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	7	180.00	0.02	0.03078	26%-50% Below	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	7	450.00	0.06	0.03078	76%-100% Above	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	4	30.00	0.06	0.03246	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877022305	GABAPENTIN 300 MG CAPSULE	5	1.00	0.06	0.03246	76%-100% Above	Yes	No
67877022305	GABAPENTIN 300 MG CAPSULE	5	30.00	0.06	0.03246	76%-100% Above	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	6	30.00	0.05	0.03245	26%-50% Above	Yes	No
67877022305	GABAPENTIN 300 MG CAPSULE	6	30.00	0.06	0.03245	76%-100% Above	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	6	120.00	0.06	0.03245	76%-100% Above	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	7	30.00	0.06	0.03078	76%-100% Above	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	7	90.00	0.06	0.03078	76%-100% Above	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	7	120.00	0.06	0.03078	76%-100% Above	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	8	90.00	0.06	0.03015	101%-200% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	4	60.00	0.06	0.03246	76%-100% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	4	90.00	0.06	0.03246	76%-100% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	5	30.00	0.06	0.03246	76%-100% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	5	60.00	0.06	0.03246	76%-100% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	5	90.00	0.06	0.03246	76%-100% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	6	30.00	0.06	0.03245	76%-100% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	6	42.00	0.06	0.03245	76%-100% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	6	60.00	0.06	0.03245	76%-100% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	6	90.00	0.06	0.03245	76%-100% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	6	180.00	0.06	0.03245	76%-100% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	7	60.00	0.06	0.03078	76%-100% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	7	90.00	0.06	0.03078	76%-100% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	8	90.00	0.06	0.03015	101%-200% Above	No	No
67877022405	GABAPENTIN 400 MG CAPSULE	4	60.00	0.03	0.03959	26%-50% Below	No	No
67877022405	GABAPENTIN 400 MG CAPSULE	4	180.00	0.02	0.03959	51%-75% Below	No	No
67877022405	GABAPENTIN 400 MG CAPSULE	5	60.00	0.03	0.04066	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877022405	GABAPENTIN 400 MG CAPSULE	5	180.00	0.02	0.04066	51%-75% Below	No	No
67877022405	GABAPENTIN 400 MG CAPSULE	6	60.00	0.03	0.04104	26%-50% Below	No	No
67877022405	GABAPENTIN 400 MG CAPSULE	6	180.00	0.02	0.04104	51%-75% Below	No	No
67877022405	GABAPENTIN 400 MG CAPSULE	7	60.00	0.03	0.04063	26%-50% Below	No	No
67877022405	GABAPENTIN 400 MG CAPSULE	7	180.00	0.02	0.04063	51%-75% Below	No	No
67877022405	GABAPENTIN 400 MG CAPSULE	8	60.00	0.03	0.03998	26%-50% Below	No	No
67877022501	MYCOPHENOLATE 500 MG TABLET	6	120.00	0.11	0.27166	51%-75% Below	Yes	No
67877024201	QUETIAPINE FUMARATE 25 MG TAB	4	30.00	0.01	0.02892	51%-75% Below	No	No
67877024201	QUETIAPINE FUMARATE 25 MG TAB	4	30.00	0.10	0.02892	200% Above	No	No
67877024201	QUETIAPINE FUMARATE 25 MG TAB	5	30.00	0.01	0.02760	51%-75% Below	No	No
67877024201	QUETIAPINE FUMARATE 25 MG TAB	5	30.00	0.10	0.02760	200% Above	No	No
67877024201	QUETIAPINE FUMARATE 25 MG TAB	5	60.00	0.01	0.02760	51%-75% Below	No	No
67877024201	QUETIAPINE FUMARATE 25 MG TAB	6	30.00	0.01	0.02649	51%-75% Below	No	No
67877024201	QUETIAPINE FUMARATE 25 MG TAB	6	30.00	0.10	0.02649	200% Above	No	No
67877024201	QUETIAPINE FUMARATE 25 MG TAB	6	60.00	0.10	0.02649	200% Above	No	No
67877024201	QUETIAPINE FUMARATE 25 MG TAB	6	90.00	0.10	0.02649	200% Above	No	No
67877024201	QUETIAPINE FUMARATE 25 MG TAB	7	30.00	0.10	0.02399	200% Above	No	No
67877024201	QUETIAPINE FUMARATE 25 MG TAB	8	30.00	0.10	0.02293	200% Above	No	No
67877024210	QUETIAPINE FUMARATE 25 MG TAB	4	30.00	0.10	0.02892	200% Above	No	No
67877024210	QUETIAPINE FUMARATE 25 MG TAB	5	30.00	0.10	0.02760	200% Above	No	No
67877024210	QUETIAPINE FUMARATE 25 MG TAB	6	60.00	0.01	0.02649	51%-75% Below	No	No
67877024210	QUETIAPINE FUMARATE 25 MG TAB	8	30.00	0.10	0.02293	200% Above	No	No
67877024601	QUETIAPINE FUMARATE 200 MG TAB	6	90.00	0.12	0.08661	26%-50% Above	No	No
67877024901	QUETIAPINE FUMARATE 50 MG TAB	4	30.00	0.11	0.03114	200% Above	No	No
67877024901	QUETIAPINE FUMARATE 50 MG TAB	6	30.00	0.11	0.03021	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877024910	QUETIAPINE FUMARATE 50 MG TAB	6	30.00	0.11	0.03021	200% Above	No	No
67877024910	QUETIAPINE FUMARATE 50 MG TAB	7	30.00	0.11	0.02821	200% Above	No	No
67877024910	QUETIAPINE FUMARATE 50 MG TAB	7	60.00	0.11	0.02821	200% Above	No	No
67877024910	QUETIAPINE FUMARATE 50 MG TAB	7	90.00	0.11	0.02821	200% Above	No	No
67877025010	QUETIAPINE FUMARATE 100 MG TAB	6	30.00	0.12	0.05124	101%-200% Above	No	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	4	30.00	0.17	0.08256	76%-100% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	5	30.00	0.05	0.08272	26%-50% Below	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	5	60.00	0.05	0.08272	26%-50% Below	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	5	120.00	0.05	0.08272	26%-50% Below	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	6	30.00	0.05	0.08375	26%-50% Below	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	6	30.00	0.21	0.08375	101%-200% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	6	60.00	0.05	0.08375	26%-50% Below	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	6	60.00	0.15	0.08375	76%-100% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	6	360.00	0.05	0.08375	26%-50% Below	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	7	30.00	0.16	0.08137	76%-100% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	7	60.00	0.05	0.08137	26%-50% Below	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	7	60.00	0.17	0.08137	101%-200% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	8	60.00	0.05	0.08026	26%-50% Below	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	8	90.00	0.15	0.08026	76%-100% Above	Yes	No
67877025145	TRIAMCINOLONE 0.1% CREAM	4	80.00	0.06	0.02955	101%-200% Above	No	No
67877025145	TRIAMCINOLONE 0.1% CREAM	7	454.00	0.03	0.02860	10%-25% Above	Yes	No
67877025145	TRIAMCINOLONE 0.1% CREAM	8	454.00	0.03	0.02796	10%-25% Above	Yes	No
67877027605	CLOPIDOGREL 75 MG TABLET	5	90.00	0.07	0.04832	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877027605	CLOPIDOGREL 75 MG TABLET	7	90.00	0.07	0.04688	26%-50% Above	No	No
67877027605	CLOPIDOGREL 75 MG TABLET	8	90.00	0.07	0.04704	26%-50% Above	No	No
67877028660	RILUZOLE 50 MG TABLET	6	60.00	1.23	0.29448	200% Above	Yes	No
67877028660	RILUZOLE 50 MG TABLET	7	60.00	1.23	0.29254	200% Above	Yes	No
67877028810	FINASTERIDE 5 MG TABLET	5	30.00	0.14	0.06945	76%-100% Above	No	No
67877028810	FINASTERIDE 5 MG TABLET	5	30.00	0.17	0.06945	101%-200% Above	No	No
67877028810	FINASTERIDE 5 MG TABLET	6	30.00	0.13	0.06886	76%-100% Above	No	No
67877028810	FINASTERIDE 5 MG TABLET	6	30.00	0.14	0.06886	76%-100% Above	No	No
67877028810	FINASTERIDE 5 MG TABLET	6	30.00	0.17	0.06886	101%-200% Above	No	No
67877028810	FINASTERIDE 5 MG TABLET	6	90.00	0.17	0.06886	101%-200% Above	No	No
67877028810	FINASTERIDE 5 MG TABLET	7	30.00	0.14	0.06822	76%-100% Above	No	No
67877028810	FINASTERIDE 5 MG TABLET	7	30.00	0.17	0.06822	101%-200% Above	No	No
67877028810	FINASTERIDE 5 MG TABLET	8	30.00	0.14	0.06839	76%-100% Above	No	No
67877028810	FINASTERIDE 5 MG TABLET	8	30.00	0.17	0.06839	101%-200% Above	No	No
67877028890	FINASTERIDE 5 MG TABLET	6	23.00	0.17	0.06886	101%-200% Above	Yes	No
67877029860	CHOLESTYRAM POW 4GM PKT	4	90.00	0.50	.		No	No
67877029860	CHOLESTYRAMINE PACKET	7	30.00	0.50	0.67206	26%-50% Below	Yes	No
67877029860	CHOLESTYRAMINE PACKET	8	30.00	0.45	0.77241	26%-50% Below	Yes	No
67877031780	TRIAMCINOLONE 0.025% CREAM	5	80.00	0.12	0.05236	101%-200% Above	No	No
67877031815	TRIAMCINOLONE 0.5% CREAM	5	15.00	0.28	0.19566	26%-50% Above	Yes	No
67877031815	TRIAMCINOLONE 0.5% CREAM	6	45.00	0.14	0.19334	10%-25% Below	No	No
67877031815	TRIAMCINOLONE 0.5% CREAM	7	45.00	0.14	0.18879	10%-25% Below	No	No
67877031815	TRIAMCINOLONE 0.5% CREAM	8	30.00	0.08	0.18887	51%-75% Below	No	No
67877031901	IBUPROFEN 400 MG TABLET	6	21.00	0.04	0.03974	10%-25% Below	No	No
67877032001	IBUPROFEN 600 MG TABLET	5	21.00	0.09	0.04428	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877032001	IBUPROFEN 600 MG TABLET	6	21.00	0.06	0.04430	26%-50% Above	No	No
67877032005	IBUPROFEN 600 MG TABLET	4	24.00	0.09	0.04417	101%-200% Above	No	No
67877032005	IBUPROFEN 600 MG TABLET	5	20.00	0.09	0.04428	101%-200% Above	No	No
67877032005	IBUPROFEN 600 MG TABLET	5	30.00	0.09	0.04428	101%-200% Above	No	No
67877032005	IBUPROFEN 600 MG TABLET	5	90.00	0.09	0.04428	101%-200% Above	Yes	No
67877032005	IBUPROFEN 600 MG TABLET	6	20.00	0.09	0.04430	101%-200% Above	No	No
67877032005	IBUPROFEN 600 MG TABLET	6	21.00	0.09	0.04430	101%-200% Above	No	No
67877032005	IBUPROFEN 600 MG TABLET	7	30.00	0.02	0.04391	51%-75% Below	No	No
67877032101	IBUPROFEN 800 MG TABLET	4	30.00	0.07	0.05689	10%-25% Above	No	No
67877032101	IBUPROFEN 800 MG TABLET	4	32.00	0.05	0.05689	10%-25% Below	No	No
67877032101	IBUPROFEN 800 MG TABLET	6	30.00	0.05	0.05605	10%-25% Below	No	No
67877032101	IBUPROFEN 800 MG TABLET	6	30.00	0.07	0.05605	10%-25% Above	No	No
67877032101	IBUPROFEN 800 MG TABLET	7	30.00	0.07	0.05567	10%-25% Above	No	No
67877032101	IBUPROFEN 800 MG TABLET	7	60.00	0.07	0.05567	10%-25% Above	No	No
67877032101	IBUPROFEN 800 MG TABLET	7	120.00	0.07	0.05567	10%-25% Above	No	No
67877032101	IBUPROFEN 800 MG TABLET	7	180.00	0.02	0.05567	51%-75% Below	No	No
67877032101	IBUPROFEN 800 MG TABLET	8	30.00	0.07	0.05850	10%-25% Above	No	No
67877032105	IBUPROFEN 800 MG TABLET	4	15.00	0.02	0.05689	51%-75% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	4	90.00	0.07	0.05689	10%-25% Above	No	No
67877032105	IBUPROFEN 800 MG TABLET	5	30.00	0.07	0.05674	10%-25% Above	No	No
67877032105	IBUPROFEN 800 MG TABLET	5	40.00	0.07	0.05674	10%-25% Above	No	No
67877032105	IBUPROFEN 800 MG TABLET	5	90.00	0.07	0.05674	10%-25% Above	No	No
67877032105	IBUPROFEN 800 MG TABLET	6	30.00	0.07	0.05605	10%-25% Above	No	No
67877032105	IBUPROFEN 800 MG TABLET	6	90.00	0.07	0.05605	10%-25% Above	No	No
67877032105	IBUPROFEN 800 MG TABLET	6	270.00	0.06	0.05605	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877032105	IBUPROFEN 800 MG TABLET	7	21.00	0.02	0.05567	51%-75% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	7	21.00	0.07	0.05567	10%-25% Above	No	No
67877032105	IBUPROFEN 800 MG TABLET	7	42.00	0.06	0.05567	10%-25% Above	No	No
67877032105	IBUPROFEN 800 MG TABLET	7	90.00	0.06	0.05567	10%-25% Above	No	No
67877032105	IBUPROFEN 800 MG TABLET	7	90.00	0.07	0.05567	10%-25% Above	No	No
67877032105	IBUPROFEN 800 MG TABLET	8	16.00	0.06	0.05850	10%-25% Above	No	No
67877032105	IBUPROFEN 800 MG TABLET	8	21.00	0.07	0.05850	10%-25% Above	No	No
67877032105	IBUPROFEN 800 MG TABLET	8	90.00	0.07	0.05850	10%-25% Above	No	No
67877039230	NEBIVOLOL 5 MG TABLET	8	90.00	0.50	0.11194	200% Above	Yes	No
67877041401	METFORMIN HCL ER 750 MG TABLET	4	180.00	0.08	0.05565	26%-50% Above	No	No
67877041401	METFORMIN HCL ER 750 MG TABLET	7	180.00	0.08	0.05481	26%-50% Above	No	No
67877041401	METFORMIN HCL ER 750 MG TABLET	8	30.00	0.10	0.05417	76%-100% Above	No	No
67877041920	LINEZOLID 600 MG TABLET	6	14.00	0.82	1.42524	26%-50% Below	Yes	No
67877041920	LINEZOLID 600 MG TABLET	8	18.00	0.82	1.38177	26%-50% Below	No	No
67877041920	LINEZOLID 600 MG TABLET	8	60.00	0.68	1.38177	26%-50% Below	Yes	No
67877043003	ARIPIPRAZOLE 2 MG TABLET	5	30.00	0.47	0.11262	200% Above	No	No
67877043003	ARIPIPRAZOLE 2 MG TABLET	6	30.00	0.47	0.10453	200% Above	No	No
67877043003	ARIPIPRAZOLE 2 MG TABLET	7	30.00	0.47	0.10263	200% Above	No	No
67877043003	ARIPIPRAZOLE 2 MG TABLET	8	30.00	0.47	0.10341	200% Above	No	No
67877043005	ARIPIPRAZOLE 2 MG TABLET	4	30.00	0.47	0.11223	200% Above	No	No
67877043103	ARIPIPRAZOLE 5 MG TABLET	4	30.00	0.56	0.09968	200% Above	No	No
67877043103	ARIPIPRAZOLE 5 MG TABLET	5	30.00	0.50	0.10587	200% Above	No	No
67877043103	ARIPIPRAZOLE 5 MG TABLET	6	30.00	0.03	0.10736	51%-75% Below	No	No
67877043103	ARIPIPRAZOLE 5 MG TABLET	8	30.00	0.50	0.10406	200% Above	No	No
67877043105	ARIPIPRAZOLE 5 MG TABLET	5	30.00	0.56	0.10587	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877043105	ARIPIPRAZOLE 5 MG TABLET	8	30.00	0.56	0.10406	200% Above	No	No
67877044390	RABEPRAZOLE SOD DR 20 MG TAB	4	60.00	0.13	0.21449	26%-50% Below	No	No
67877044390	RABEPRAZOLE SOD DR 20 MG TAB	5	60.00	0.13	0.22577	26%-50% Below	No	No
67877044390	RABEPRAZOLE SOD DR 20 MG TAB	6	60.00	0.13	0.21740	26%-50% Below	No	No
67877044390	RABEPRAZOLE SOD DR 20 MG TAB	7	60.00	0.13	0.21342	26%-50% Below	No	No
67877044390	RABEPRAZOLE SOD DR 20 MG TAB	8	90.00	0.13	0.20930	26%-50% Below	No	No
67877044530	OLMESARTAN MEDOXOMIL 5 MG TAB	5	60.00	0.25	0.05769	200% Above	No	No
67877044530	OLMESARTAN MEDOXOMIL 5 MG TAB	5	90.00	0.20	0.05769	200% Above	No	No
67877044530	OLMESARTAN MEDOXOMIL 5 MG TAB	5	270.00	0.11	0.05769	76%-100% Above	No	No
67877044530	OLMESARTAN MEDOXOMIL 5 MG TAB	6	60.00	0.25	0.05628	200% Above	No	No
67877044530	OLMESARTAN MEDOXOMIL 5 MG TAB	7	60.00	0.25	0.05592	200% Above	No	No
67877044530	OLMESARTAN MEDOXOMIL 5 MG TAB	8	90.00	0.20	0.05512	200% Above	No	No
67877044530	OLMESARTAN MEDOXOMIL 5 MG TAB	8	270.00	0.11	0.05512	101%-200% Above	No	No
67877044630	OLMESARTAN MEDOXOMIL 20 MG TAB	7	90.00	0.21	0.08133	101%-200% Above	No	No
67877044630	OLMESARTAN MEDOXOMIL 20 MG TAB	8	30.00	0.21	0.08105	101%-200% Above	No	No
67877044630	OLMESARTAN MEDOXOMIL 20 MG TAB	8	90.00	0.44	0.08105	200% Above	No	No
67877044690	OLMESARTAN MEDOXOMIL 20 MG TAB	4	30.00	0.21	0.07438	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	5	30.00	0.21	0.07796	101%-200% Above	No	No
67877044690	OLMESARTAN MEDOXOMIL 20 MG TAB	5	60.00	0.21	0.07796	101%-200% Above	No	No
67877044690	OLMESARTAN MEDOXOMIL 20 MG TAB	5	90.00	0.01	0.07796	76%-100% Below	No	No
67877044690	OLMESARTAN MEDOXOMIL 20 MG TAB	5	90.00	0.21	0.07796	101%-200% Above	No	No
67877044690	OLMESARTAN MEDOXOMIL 20 MG TAB	6	30.00	0.21	0.07963	101%-200% Above	No	No
67877044690	OLMESARTAN MEDOXOMIL 20 MG TAB	6	30.00	0.50	0.07963	200% Above	No	No
67877044690	OLMESARTAN MEDOXOMIL 20 MG TAB	6	90.00	0.21	0.07963	101%-200% Above	No	No

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67877044690	OLMESARTAN MEDOXOMIL 20 MG TAB	6	90.00	0.33	0.07963	200% Above	No	No
67877044690	OLMESARTAN MEDOXOMIL 20 MG TAB	7	30.00	0.21	0.08133	101%-200% Above	No	No
67877044690	OLMESARTAN MEDOXOMIL 20 MG TAB	7	30.00	0.50	0.08133	200% Above	No	No
67877044690	OLMESARTAN MEDOXOMIL 20 MG TAB	7	90.00	0.21	0.08133	101%-200% Above	No	No
67877044690	OLMESARTAN MEDOXOMIL 20 MG TAB	8	90.00	0.21	0.08105	101%-200% Above	No	No
67877044730	OLMESARTAN MEDOXOMIL 40 MG TAB	5	30.00	0.01	0.11439	76%-100% Below	No	No
67877044790	OLMESARTAN MEDOXOMIL 40 MG TAB	4	90.00	0.34	0.11752	101%-200% Above	No	No
67877044790	OLMESARTAN MEDOXOMIL 40 MG TAB	5	30.00	0.34	0.11439	101%-200% Above	No	No
67877044790	OLMESARTAN MEDOXOMIL 40 MG TAB	7	90.00	0.34	0.10938	200% Above	No	No
67877044790	OLMESARTAN MEDOXOMIL 40 MG TAB	8	90.00	0.34	0.10828	200% Above	No	No
67877046205	PREGABALIN 25 MG CAPSULE	5	90.00	0.31	0.04396	200% Above	No	No
67877046305	PREGABALIN 50 MG CAPSULE	7	60.00	0.31	0.04604	200% Above	No	No
67877046405	PREGABALIN 75 MG CAPSULE	6	8.00	0.31	0.04990	200% Above	No	No
67877048230	TELMISARTAN 20 MG TABLET	5	90.00	0.22	0.10587	101%-200% Above	Yes	No
67877048230	TELMISARTAN 20 MG TABLET	6	90.00	0.22	0.10702	101%-200% Above	No	No
67877048230	TELMISARTAN 20 MG TABLET	7	60.00	0.22	0.10384	101%-200% Above	Yes	No
67877048230	TELMISARTAN 20 MG TABLET	7	90.00	0.22	0.10384	101%-200% Above	Yes	No
67877048230	TELMISARTAN 20 MG TABLET	7	90.00	0.33	0.10384	200% Above	No	No
67877048230	TELMISARTAN 20 MG TABLET	8	90.00	0.05	0.10387	26%-50% Below	Yes	No
67877048330	TELMISARTAN 40 MG TABLET	4	30.00	0.15	0.18076	10%-25% Below	No	No
67877048330	TELMISARTAN 40 MG TABLET	4	90.00	0.15	0.18076	10%-25% Below	Yes	No
67877048330	TELMISARTAN 40 MG TABLET	5	30.00	0.15	0.17330	10%-25% Below	No	No
67877048430	TELMISARTAN 80 MG TABLET	5	135.00	0.22	0.15165	26%-50% Above	Yes	No
67877048430	TELMISARTAN 80 MG TABLET	6	30.00	0.23	0.14853	51%-75% Above	No	No
67877048430	TELMISARTAN 80 MG TABLET	7	30.00	0.23	0.14734	51%-75% Above	No	No

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67877048430	TELMISARTAN 80 MG TABLET	8	30.00	0.23	0.15626	26%-50% 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	0.33	0.07238	200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	4	30.00	0.50	0.07238	200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	4	90.00	0.22	0.07238	200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	4	90.00	0.30	0.07238	200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	5	30.00	0.01	0.07149	76%-100% Below	No	No
67877049005	EZETIMIBE 10 MG TABLET	5	30.00	0.17	0.07149	101%-200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	5	30.00	0.30	0.07149	200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	5	30.00	0.33	0.07149	200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	5	30.00	0.50	0.07149	200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	5	30.00	0.50	0.07149	200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	5	30.00	0.66	0.07149	200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	5	90.00	0.01	0.07149	76%-100% Below	No	No
67877049005	EZETIMIBE 10 MG TABLET	5	90.00	0.22	0.07149	200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	5	90.00	0.30	0.07149	200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	6	30.00	0.30	0.06910	200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	6	30.00	0.33	0.06910	200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	6	30.00	0.50	0.06910	200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	6	30.00	0.50	0.06910	200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	6	30.00	0.66	0.06910	200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	6	90.00	0.01	0.06910	76%-100% Below	No	No
67877049005	EZETIMIBE 10 MG TABLET	6	90.00	0.30	0.06910	200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	6	90.00	0.33	0.06910	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	30.00	0.01	0.06719	76%-100% Below	No	No
67877049005	EZETIMIBE 10 MG TABLET	7	30.00	0.30	0.06719	200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	7	30.00	0.33	0.06719	200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	7	30.00	0.50	0.06719	200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	7	30.00	0.50	0.06719	200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	7	90.00	0.01	0.06719	76%-100% Below	No	No
67877049005	EZETIMIBE 10 MG TABLET	7	90.00	0.30	0.06719	200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	8	30.00	0.30	0.06747	200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	8	30.00	0.33	0.06747	200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	8	30.00	0.50	0.06747	200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	8	30.00	0.50	0.06747	200% Above	No	No
67877049090	EZETIMIBE 10 MG TABLET	4	30.00	0.16	0.07238	101%-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	0.30	0.07238	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	4	90.00	0.32	0.07238	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	4	90.00	0.33	0.07238	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	5	30.00	0.02	0.07149	51%-75% Below	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	5	30.00	0.16	0.07149	101%-200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	5	30.00	0.30	0.07149	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	5	90.00	0.02	0.07149	51%-75% Below	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	5	90.00	0.22	0.07149	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	5	90.00	0.30	0.07149	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	5	90.00	0.33	0.07149	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	6	30.00	0.02	0.06910	51%-75% Below	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	6	30.00	0.16	0.06910	101%-200% Above	Yes	No

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67877049090	EZETIMIBE 10 MG TABLET	6	30.00	0.30	0.06910	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	6	90.00	0.02	0.06910	51%-75% Below	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	6	90.00	0.08	0.06910	10%-25% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	6	90.00	0.28	0.06910	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	6	90.00	0.30	0.06910	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	6	90.00	0.43	0.06910	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	7	30.00	0.16	0.06719	101%-200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	7	30.00	0.30	0.06719	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	7	90.00	0.02	0.06719	51%-75% Below	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	7	90.00	0.17	0.06719	101%-200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	7	90.00	0.22	0.06719	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	7	90.00	0.30	0.06719	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	7	90.00	0.32	0.06719	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	7	90.00	0.33	0.06719	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	8	30.00	0.16	0.06747	101%-200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	8	90.00	0.02	0.06747	51%-75% Below	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	8	90.00	0.22	0.06747	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	8	90.00	0.30	0.06747	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	8	90.00	0.32	0.06747	200% Above	Yes	No
67877049160	TICAGRELOR 90 MG TABLET	5	60.00	0.52	0.29117	76%-100% Above	No	No
67877049160	TICAGRELOR 90 MG TABLET	6	60.00	0.52	0.28360	76%-100% Above	No	No
67877049160	TICAGRELOR 90 MG TABLET	7	60.00	0.52	0.27956	76%-100% Above	No	No
67877049301	AZATHIOPRINE 50 MG TABLET	4	30.00	0.16	0.13337	10%-25% Above	Yes	No
67877049301	AZATHIOPRINE 50 MG TABLET	5	30.00	0.16	0.13273	10%-25% Above	Yes	No
67877049301	AZATHIOPRINE 50 MG TABLET	7	30.00	0.16	0.12824	26%-50% Above	Yes	No

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67877049301	AZATHIOPRINE 50 MG TABLET	8	30.00	0.16	0.12486	26%-50% Above	Yes	No
67877049930	AMLODIPINE-OLMESARTAN 5-20 MG	5	30.00	0.50	0.24237	101%-200% Above	Yes	No
67877049930	AMLODIPINE-OLMESARTAN 5-20 MG	5	90.00	0.42	0.24237	51%-75% Above	No	No
67877049930	AMLODIPINE-OLMESARTAN 5-20 MG	8	30.00	0.12	0.22570	26%-50% Below	Yes	No
67877050230	AMLODIPINE-OLMESARTAN 10-40 MG	6	90.00	0.02	0.34244	76%-100% Below	No	No
67877050651	COLESEVELAM 625 MG TABLET	5	180.00	0.47	0.26944	51%-75% Above	No	No
67877050890	EZETIMIBE-SIMVASTATIN 10-20 MG	7	90.00	1.22	0.26687	200% Above	Yes	No
67877051090	EZETIMIBE-SIMVASTATIN 10-80 MG	8	90.00	0.22	0.34920	26%-50% Below	No	No
67877052830	SOLIFENACIN 10 MG TABLET	8	30.00	0.78	0.17539	200% Above	No	No
67877054360	CEFDINIR 300 MG CAPSULE	4	14.00	0.25	0.46278	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	4	20.00	0.25	0.46278	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	5	10.00	0.92	0.46025	76%-100% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	5	10.00	1.06	0.46025	101%-200% Above	No	No
67877054360	CEFDINIR 300 MG CAPSULE	5	14.00	0.25	0.46025	26%-50% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	5	14.00	0.25	0.46025	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	5	20.00	0.25	0.46025	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	5	20.00	0.25	0.46025	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	5	20.00	0.75	0.46025	51%-75% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	5	20.00	0.89	0.46025	76%-100% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	5	42.00	0.25	0.46025	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	6	20.00	0.25	0.45814	26%-50% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	6	20.00	0.25	0.45814	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	6	20.00	0.72	0.45814	51%-75% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	6	20.00	0.72	0.45814	51%-75% Above	No	No
67877054360	CEFDINIR 300 MG CAPSULE	6	28.00	0.53	0.45814	10%-25% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	14.00	0.25	0.46228	26%-50% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	7	14.00	0.25	0.46228	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	7	14.00	0.71	0.46228	51%-75% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	7	20.00	0.25	0.46228	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	8	16.00	0.25	0.45930	26%-50% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	8	20.00	0.25	0.45930	26%-50% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	8	20.00	0.25	0.45930	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	8	20.00	0.75	0.45930	51%-75% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	8	20.00	0.94	0.45930	101%-200% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	8	28.00	0.53	0.45930	10%-25% Above	Yes	No
67877054568	CEPHALEXIN 250 MG/5 ML SUSP	6	200.00	0.08	0.05138	26%-50% Above	No	No
67877054568	CEPHALEXIN 250 MG/5 ML SUSP	7	200.00	0.08	0.05113	26%-50% Above	No	No
67877054588	CEPHALEXIN 250 MG/5 ML SUSP	4	300.00	0.04	0.07444	26%-50% Below	No	No
67877054588	CEPHALEXIN 250 MG/5 ML SUSP	5	100.00	0.04	0.07803	51%-75% Below	No	No
67877054888	CEFDINIR 250 MG/5 ML SUSP	4	100.00	0.24	0.11593	101%-200% Above	No	No
67877054888	CEFDINIR 250 MG/5 ML SUSP	5	100.00	0.15	0.11914	10%-25% Above	No	No
67877054888	CEFDINIR 250 MG/5 ML SUSP	6	100.00	0.15	0.12104	10%-25% Above	No	No
67877054888	CEFDINIR 250 MG/5 ML SUSP	7	100.00	0.24	0.11875	101%-200% Above	No	No
67877054898	CEFDINIR 250 MG/5 ML SUSP	1	60.00	0.01	0.12999	76%-100% Below	No	No
67877054898	CEFDINIR 250 MG/5 ML SUSP	4	60.00	0.24	0.12493	76%-100% Above	No	No
67877054898	CEFDINIR 250 MG/5 ML SUSP	7	60.00	0.24	0.12323	76%-100% Above	No	No
67877054898	CEFDINIR 250 MG/5 ML SUSP	8	60.00	0.24	0.11949	76%-100% Above	No	No
67877056110	METFORMIN HCL 500 MG TABLET	6	180.00	0.06	0.01398	200% Above	No	No
67877057301	BENZONATATE 100 MG CAPSULE	4	21.00	0.15	0.07006	101%-200% Above	No	No
67877057301	BENZONATATE 100 MG CAPSULE	5	21.00	0.20	0.07124	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	21.00	0.15	0.07050	101%-200% Above	No	No
67877057301	BENZONATATE 100 MG CAPSULE	7	30.00	0.15	0.07050	101%-200% Above	No	No
67877057301	BENZONATATE 100 MG CAPSULE	8	15.00	0.15	0.06878	101%-200% Above	No	No
67877057301	BENZONATATE 100 MG CAPSULE	8	20.00	0.19	0.06878	101%-200% Above	No	No
67877057305	BENZONATATE 100 MG CAPSULE	4	10.00	0.15	0.07006	101%-200% Above	No	No
67877057305	BENZONATATE 100 MG CAPSULE	5	30.00	0.15	0.07124	101%-200% Above	No	No
67877057305	BENZONATATE 100 MG CAPSULE	5	60.00	0.08	0.07124	10%-25% Above	No	No
67877057305	BENZONATATE 100 MG CAPSULE	6	30.00	0.15	0.07078	101%-200% Above	No	No
67877057305	BENZONATATE 100 MG CAPSULE	7	30.00	0.20	0.07050	101%-200% Above	No	No
67877057305	BENZONATATE 100 MG CAPSULE	8	30.00	0.15	0.06878	101%-200% Above	No	No
67877057501	BENZONATATE 200 MG CAPSULE	5	30.00	0.17	0.10609	51%-75% Above	No	No
67877057501	BENZONATATE 200 MG CAPSULE	6	30.00	0.17	0.10459	51%-75% Above	No	No
67877057501	BENZONATATE 200 MG CAPSULE	7	21.00	0.17	0.10306	51%-75% Above	No	No
67877057505	BENZONATATE 200 MG CAPSULE	4	15.00	0.17	0.10646	51%-75% Above	No	No
67877057505	BENZONATATE 200 MG CAPSULE	4	20.00	0.17	0.10646	51%-75% Above	No	No
67877057505	BENZONATATE 200 MG CAPSULE	4	21.00	0.28	0.10646	101%-200% Above	No	No
67877057505	BENZONATATE 200 MG CAPSULE	4	30.00	0.17	0.10646	51%-75% Above	No	No
67877057505	BENZONATATE 200 MG CAPSULE	5	21.00	0.17	0.10609	51%-75% Above	No	No
67877057505	BENZONATATE 200 MG CAPSULE	5	30.00	0.17	0.10609	51%-75% Above	No	No
67877057505	BENZONATATE 200 MG CAPSULE	6	30.00	0.17	0.10459	51%-75% Above	No	No
67877057505	BENZONATATE 200 MG CAPSULE	6	45.00	0.17	0.10459	51%-75% Above	No	No
67877057505	BENZONATATE 200 MG CAPSULE	6	90.00	0.17	0.10459	51%-75% Above	No	No
67877057505	BENZONATATE 200 MG CAPSULE	7	30.00	0.17	0.10306	51%-75% Above	No	No
67877057505	BENZONATATE 200 MG CAPSULE	7	30.00	0.23	0.10306	101%-200% Above	No	No
67877057505	BENZONATATE 200 MG CAPSULE	7	30.00	0.26	0.10306	101%-200% Above	No	No

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67877057505	BENZONATATE 200 MG CAPSULE	7	30.00	0.28	0.10306	101%-200% Above	No	No
67877057505	BENZONATATE 200 MG CAPSULE	7	42.00	0.17	0.10306	51%-75% Above	No	No
67877057505	BENZONATATE 200 MG CAPSULE	8	30.00	0.29	0.10208	101%-200% Above	No	No
67877058433	CEFIXIME 400 MG CAPSULE	6	2.00	6.62	10.09148	26%-50% Below	No	No
67877058433	CEFIXIME 400 MG CAPSULE	8	2.00	8.24	9.91730	10%-25% Below	No	No
67877058450	CEFIXIME 400 MG CAPSULE	4	5.00	3.00	10.60968	51%-75% Below	No	No
67877058450	CEFIXIME 400 MG CAPSULE	6	2.00	3.87	10.09148	51%-75% Below	No	No
67877058450	CEFIXIME 400 MG CAPSULE	8	2.00	3.87	9.91730	51%-75% Below	No	No
67877058901	COLCHICINE 0.6 MG TABLET	4	30.00	0.90	0.12992	200% Above	No	No
67877058901	COLCHICINE 0.6 MG TABLET	4	90.00	0.90	0.12992	200% Above	No	No
67877058901	COLCHICINE 0.6 MG TABLET	5	15.00	0.67	0.13354	200% Above	No	No
67877058901	COLCHICINE 0.6 MG TABLET	5	60.00	0.90	0.13354	200% Above	No	No
67877058901	COLCHICINE 0.6 MG TABLET	6	60.00	0.33	0.12874	101%-200% Above	No	No
67877058901	COLCHICINE 0.6 MG TABLET	7	30.00	0.50	0.12239	200% Above	No	No
67877058901	COLCHICINE 0.6 MG TABLET	7	30.00	0.90	0.12239	200% Above	No	No
67877058901	COLCHICINE 0.6 MG TABLET	8	30.00	0.90	0.11823	200% Above	No	No
67877059001	METOPROLOL SUCC ER 25 MG TAB	4	30.00	0.11	0.05863	76%-100% Above	No	No
67877059001	METOPROLOL SUCC ER 25 MG TAB	5	30.00	0.11	0.05865	76%-100% Above	No	No
67877059001	METOPROLOL SUCC ER 25 MG TAB	5	90.00	0.11	0.05865	76%-100% Above	No	No
67877059001	METOPROLOL SUCC ER 25 MG TAB	6	90.00	0.11	0.05549	101%-200% Above	No	No
67877059001	METOPROLOL SUCC ER 25 MG TAB	7	30.00	0.11	0.04953	101%-200% Above	No	No
67877059001	METOPROLOL SUCC ER 25 MG TAB	7	60.00	0.11	0.04953	101%-200% Above	No	No
67877059001	METOPROLOL SUCC ER 25 MG TAB	8	30.00	0.11	0.04985	101%-200% Above	No	No
67877059001	METOPROLOL SUCC ER 25 MG TAB	8	90.00	0.11	0.04985	101%-200% Above	No	No
67877059005	METOPROLOL SUCC ER 25 MG TAB	4	15.00	0.11	0.05863	76%-100% Above	No	No

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67877059005	METOPROLOL SUCC ER 25 MG TAB	4	30.00	0.22	0.05863	200% Above	No	No
67877059005	METOPROLOL SUCC ER 25 MG TAB	4	90.00	0.11	0.05863	76%-100% Above	No	No
67877059005	METOPROLOL SUCC ER 25 MG TAB	5	30.00	0.01	0.05865	76%-100% Below	No	No
67877059005	METOPROLOL SUCC ER 25 MG TAB	5	90.00	0.01	0.05865	76%-100% Below	No	No
67877059005	METOPROLOL SUCC ER 25 MG TAB	5	90.00	0.11	0.05865	76%-100% Above	No	No
67877059005	METOPROLOL SUCC ER 25 MG TAB	5	90.00	0.21	0.05865	200% Above	No	No
67877059005	METOPROLOL SUCC ER 25 MG TAB	7	90.00	0.11	0.04953	101%-200% Above	No	No
67877059101	METOPROLOL SUCC ER 50 MG TAB	5	90.00	0.21	0.05393	200% Above	No	No
67877059101	METOPROLOL SUCC ER 50 MG TAB	6	90.00	0.21	0.05788	200% Above	No	No
67877059101	METOPROLOL SUCC ER 50 MG TAB	7	90.00	0.21	0.05874	200% Above	No	No
67877059105	METOPROLOL SUCC ER 50 MG TAB	4	90.00	0.15	0.05251	101%-200% Above	No	No
67877059201	METOPROLOL SUCC ER 100 MG TAB	8	90.00	0.17	0.09145	76%-100% Above	No	No
67877059205	METOPROLOL SUCC ER 100 MG TAB	5	90.00	0.15	0.08603	76%-100% Above	No	No
67877060930	DAPAGLIFLOZIN 10 MG TABLET	6	90.00	1.68	0.20494	200% Above	No	No
67877061015	TIZANIDINE HCL 2 MG CAPSULE	8	90.00	0.26	0.08247	200% Above	No	No
67877061930	DAPAGLIFLOZIN-METFORMIN ER 5-500 MG TABLET	7	30.00	0.17	0.68796	51%-75% Below	No	No
67877061930	DAPAGLIFLOZIN-METFORMIN ER 5-500 MG TABLET	8	30.00	0.17	0.70622	76%-100% Below	No	No
67877062230	DAPAGLIFLOZIN-METFORMIN ER 10-1,000 MG TABLET	6	90.00	2.09	11.68308	76%-100% Below	No	No
67877067001	MORPHINE SULFATE IR 15 MG TAB	6	12.00	0.13	0.23543	26%-50% Below	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	3	45.00	0.16	0.08534	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	5	15.00	0.16	0.08885	76%-100% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	5	30.00	0.16	0.08885	76%-100% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	5	45.00	0.16	0.08885	76%-100% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	5	90.00	0.16	0.08885	76%-100% Above	No	No

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67877069601	CHLORTHALIDONE 25 MG TABLET	6	15.00	0.16	0.08822	76%-100% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	6	30.00	0.16	0.08822	76%-100% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	6	90.00	0.16	0.08822	76%-100% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	7	15.00	0.16	0.08478	76%-100% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	7	30.00	0.16	0.08478	76%-100% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	7	90.00	0.16	0.08478	76%-100% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	8	13.00	0.16	0.08397	76%-100% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	8	30.00	0.16	0.08397	76%-100% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	8	45.00	0.16	0.08397	76%-100% Above	No	No
67877069610	CHLORTHALIDONE 25 MG TABLET	4	45.00	0.16	0.09012	76%-100% Above	No	No
67877069610	CHLORTHALIDONE 25 MG TABLET	5	10.00	0.16	0.08885	76%-100% Above	No	No
67877069610	CHLORTHALIDONE 25 MG TABLET	5	90.00	0.16	0.08885	76%-100% Above	No	No
67877069610	CHLORTHALIDONE 25 MG TABLET	5	90.00	0.33	0.08885	200% Above	No	No
67877069610	CHLORTHALIDONE 25 MG TABLET	6	90.00	0.16	0.08822	76%-100% Above	No	No
67877069610	CHLORTHALIDONE 25 MG TABLET	7	45.00	0.16	0.08478	76%-100% Above	No	No
67877069610	CHLORTHALIDONE 25 MG TABLET	7	90.00	0.12	0.08478	26%-50% Above	No	No
67877069610	CHLORTHALIDONE 25 MG TABLET	8	30.00	0.16	0.08397	76%-100% Above	No	No
67877069610	CHLORTHALIDONE 25 MG TABLET	8	45.00	0.16	0.08397	76%-100% Above	No	No
67877069701	CHLORTHALIDONE 50 MG TABLET	4	45.00	0.17	0.13145	26%-50% Above	No	No
67877069701	CHLORTHALIDONE 50 MG TABLET	5	90.00	0.17	0.13399	26%-50% Above	No	No
67877072592	SOD SUL-POTASS SUL-MAG SUL SOL	4	354.00	0.01	0.10976	76%-100% Below	No	No
67877072592	SOD SUL-POTASS SUL-MAG SUL SOL	5	354.00	0.01	0.10899	76%-100% Below	No	No
67877072592	SOD SUL-POTASS SUL-MAG SUL SOL	7	354.00	0.01	0.09939	76%-100% Below	No	No
67877072592	SOD SUL-POTASS SUL-MAG SUL SOL	8	354.00	0.07	0.09291	26%-50% Below	No	No
67877074554	VARENICLINE STARTING MONTH BOX	7	53.00	0.32	0.47257	26%-50% Below	No	No

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67877075360	DRONABINOL CAP 2.5MG	4	75.00	0.17	.		No	No
67877075360	DRONABINOL CAP 2.5MG	6	120.00	0.17	.		No	No
67877075560	DRONABINOL CAP 10MG	4	60.00	2.91	.		No	No
67877075758	NIFEDIPINE ER 30 MG TABLET	4	30.00	0.12	0.13135	10%-25% Below	No	No
67877077589	FAMOTIDINE 40 MG/5 ML SUSP	4	50.00	0.28	0.14337	76%-100% Above	Yes	No
67877077589	FAMOTIDINE 40 MG/5 ML SUSP	5	50.00	0.34	0.14331	101%-200% Above	Yes	No
67877077589	FAMOTIDINE 40 MG/5 ML SUSP	6	50.00	0.34	0.14400	101%-200% Above	Yes	No
67877077589	FAMOTIDINE 40 MG/5 ML SUSP	7	50.00	0.34	0.13700	101%-200% Above	Yes	No
67877084201	FAMOTIDINE 20 MG TABLET	4	60.00	0.01	0.03099	51%-75% Below	No	No
67877084201	FAMOTIDINE 20 MG TABLET	5	60.00	0.01	0.03074	51%-75% Below	No	No
67877084201	FAMOTIDINE 20 MG TABLET	6	60.00	0.01	0.03016	51%-75% Below	No	No
67877084201	FAMOTIDINE 20 MG TABLET	7	60.00	0.01	0.02971	51%-75% Below	No	No
67877084201	FAMOTIDINE 20 MG TABLET	7	90.00	0.05	0.02971	76%-100% Above	No	No
67877084201	FAMOTIDINE 20 MG TABLET	8	60.00	0.01	0.02862	51%-75% Below	No	No
67877084210	FAMOTIDINE 20 MG TABLET	4	60.00	0.08	0.03099	101%-200% Above	No	No
67877084210	FAMOTIDINE 20 MG TABLET	5	30.00	0.08	0.03074	101%-200% Above	No	No
67877084210	FAMOTIDINE 20 MG TABLET	5	60.00	0.08	0.03074	101%-200% Above	No	No
67877084210	FAMOTIDINE 20 MG TABLET	5	90.00	0.08	0.03074	101%-200% Above	Yes	No
67877084210	FAMOTIDINE 20 MG TABLET	6	30.00	0.08	0.03016	101%-200% Above	No	No
67877084210	FAMOTIDINE 20 MG TABLET	6	60.00	0.08	0.03016	101%-200% Above	No	No
67877084210	FAMOTIDINE 20 MG TABLET	6	90.00	0.06	0.03016	101%-200% Above	Yes	No
67877084210	FAMOTIDINE 20 MG TABLET	7	60.00	0.08	0.02971	101%-200% Above	No	No
67877084210	FAMOTIDINE 20 MG TABLET	8	60.00	0.08	0.02862	101%-200% Above	No	No
67877084210	FAMOTIDINE 20 MG TABLET	8	90.00	0.08	0.02862	101%-200% Above	Yes	No
67877087920	CEFPODOXIME 200 MG TABLET	4	8.00	1.86	1.42940	26%-50% Above	Yes	No

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67877087920	CEFPODOXIME 200 MG TABLET	5	14.00	0.96	1.45762	26%-50% Below	Yes	No
67877088901	FAMOTIDINE 40 MG TABLET	4	30.00	0.11	0.05159	101%-200% Above	No	No
67877088901	FAMOTIDINE 40 MG TABLET	4	30.00	0.14	0.05159	101%-200% Above	No	No
67877088901	FAMOTIDINE 40 MG TABLET	5	30.00	0.11	0.05165	101%-200% Above	No	No
67877088901	FAMOTIDINE 40 MG TABLET	5	30.00	0.11	0.05165	101%-200% Above	No	No
67877088901	FAMOTIDINE 40 MG TABLET	5	30.00	0.14	0.05165	101%-200% Above	No	No
67877088901	FAMOTIDINE 40 MG TABLET	6	30.00	0.11	0.05098	101%-200% Above	No	No
67877088901	FAMOTIDINE 40 MG TABLET	6	30.00	0.14	0.05098	101%-200% Above	No	No
67877088901	FAMOTIDINE 40 MG TABLET	7	30.00	0.11	0.04982	101%-200% Above	No	No
67877088901	FAMOTIDINE 40 MG TABLET	7	30.00	0.14	0.04982	101%-200% Above	No	No
67877088901	FAMOTIDINE 40 MG TABLET	7	90.00	0.11	0.04982	101%-200% Above	No	No
67877088901	FAMOTIDINE 40 MG TABLET	8	30.00	0.11	0.04941	101%-200% Above	No	No
67877088901	FAMOTIDINE 40 MG TABLET	8	30.00	0.13	0.04941	101%-200% Above	No	No
67877088901	FAMOTIDINE 40 MG TABLET	8	60.00	0.15	0.04941	200% Above	No	No
67877088905	FAMOTIDINE 40 MG TABLET	5	90.00	0.02	0.05165	51%-75% Below	No	No
67877088905	FAMOTIDINE 40 MG TABLET	5	90.00	0.11	0.05165	101%-200% Above	No	No
67877088905	FAMOTIDINE 40 MG TABLET	5	90.00	0.13	0.05165	101%-200% Above	No	No
67877088905	FAMOTIDINE 40 MG TABLET	6	30.00	0.11	0.05098	101%-200% Above	No	No
67877088905	FAMOTIDINE 40 MG TABLET	6	90.00	0.04	0.05098	10%-25% Below	No	No
67877088905	FAMOTIDINE 40 MG TABLET	6	90.00	0.10	0.05098	76%-100% Above	Yes	No
67877088905	FAMOTIDINE 40 MG TABLET	7	30.00	0.11	0.04982	101%-200% Above	No	No
67877088905	FAMOTIDINE 40 MG TABLET	7	90.00	0.01	0.04982	51%-75% Below	No	No
67877088905	FAMOTIDINE 40 MG TABLET	8	30.00	0.11	0.04941	101%-200% Above	No	No
67877088905	FAMOTIDINE 40 MG TABLET	8	30.00	0.12	0.04941	101%-200% Above	No	No
67877088905	FAMOTIDINE 40 MG TABLET	8	90.00	0.01	0.04941	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877089201	CEPHALEXIN 500 MG TABLET	4	28.00	2.70	1.28841	101%-200% Above	No	No
67877089201	CEPHALEXIN 500 MG TABLET	5	10.00	1.50	1.29241	10%-25% Above	No	No
67877089201	CEPHALEXIN 500 MG TABLET	7	28.00	2.54	1.28280	76%-100% Above	No	No
67877089201	CEPHALEXIN 500 MG TABLET	8	14.00	2.49	1.28124	76%-100% Above	No	No
67877090005	AMLODIPINE BESYLATE 2.5 MG TAB	8	90.00	0.02	0.01027	51%-75% Above	No	No
67877090010	AMLODIPINE BESYLATE 2.5 MG TAB	5	30.00	0.12	0.01136	200% Above	No	No
67877090010	AMLODIPINE BESYLATE 2.5 MG TAB	7	30.00	0.04	0.01018	200% Above	Yes	No
67877090010	AMLODIPINE BESYLATE 2.5 MG TAB	7	90.00	0.02	0.01018	51%-75% Above	No	No
67877090010	AMLODIPINE BESYLATE 2.5 MG TAB	7	90.00	0.09	0.01018	200% Above	Yes	No
67877090010	AMLODIPINE BESYLATE 2.5 MG TAB	8	30.00	0.04	0.01027	200% Above	Yes	No
67877090090	AMLODIPINE BESYLATE 2.5 MG TAB	4	90.00	0.12	0.01138	200% Above	No	No
67877090090	AMLODIPINE BESYLATE 2.5 MG TAB	5	90.00	0.12	0.01136	200% Above	No	No
67877090090	AMLODIPINE BESYLATE 2.5 MG TAB	7	90.00	0.12	0.01018	200% Above	No	No
67877090090	AMLODIPINE BESYLATE 2.5 MG TAB	8	90.00	0.12	0.01027	200% Above	No	No
67877090110	AMLODIPINE BESYLATE 5 MG TAB	8	30.00	0.11	0.01012	200% Above	No	No
67877090110	AMLODIPINE BESYLATE 5 MG TAB	8	90.00	0.09	0.01012	200% Above	Yes	No
67877090110	AMLODIPINE BESYLATE 5 MG TAB	8	90.00	0.11	0.01012	200% Above	No	No
67877090110	AMLODIPINE TAB 5MG	6	30.00	0.11	.		No	No
67877090110	AMLODIPINE TAB 5MG	6	90.00	0.01	.		No	No
67877090110	AMLODIPINE TAB 5MG	6	90.00	0.01	.		Yes	No
67877090110	AMLODIPINE TAB 5MG	6	90.00	0.02	.		Yes	No
67877090110	AMLODIPINE TAB 5MG	6	90.00	0.02	.		No	No
67877090110	AMLODIPINE TAB 5MG	6	90.00	0.09	.		Yes	No
67877090110	AMLODIPINE TAB 5MG	6	90.00	0.11	.		No	No
67877090110	AMLODIPINE TAB 5MG	7	30.00	0.03	.		No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877090110	AMLODIPINE TAB 5MG	7	30.00	0.11	.		No	No
67877090110	AMLODIPINE TAB 5MG	7	90.00	0.02	.		Yes	No
67877090110	AMLODIPINE TAB 5MG	7	90.00	0.02	.		No	No
67877090210	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	0.03	0.01531	101%-200% Above	No	No
67877090210	AMLODIPINE BESYLATE 10 MG TAB	5	30.00	0.11	0.01545	200% Above	No	No
67877090210	AMLODIPINE BESYLATE 10 MG TAB	5	30.00	0.11	0.01545	200% Above	Yes	No
67877090210	AMLODIPINE BESYLATE 10 MG TAB	5	87.00	0.11	0.01545	200% Above	No	No
67877090210	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	0.11	0.01545	200% Above	No	No
67877090210	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	0.11	0.01545	200% Above	Yes	No
67877090210	AMLODIPINE BESYLATE 10 MG TAB	6	30.00	0.11	0.01522	200% Above	No	No
67877090210	AMLODIPINE BESYLATE 10 MG TAB	7	30.00	0.04	0.01539	101%-200% Above	No	No
67877090210	AMLODIPINE BESYLATE 10 MG TAB	7	30.00	0.11	0.01539	200% Above	No	No
67877090210	AMLODIPINE BESYLATE 10 MG TAB	7	30.00	0.11	0.01539	200% Above	Yes	No
67877090210	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	0.02	0.01539	26%-50% Above	Yes	No
67877090210	AMLODIPINE BESYLATE 10 MG TAB	8	25.00	0.11	0.01503	200% Above	No	No
67877090210	AMLODIPINE BESYLATE 10 MG TAB	8	30.00	0.11	0.01503	200% Above	No	No
67877090210	AMLODIPINE BESYLATE 10 MG TAB	8	90.00	0.11	0.01503	200% Above	Yes	No
67877093205	METFORMIN HCL 1,000 MG TABLET	5	180.00	0.05	0.02457	101%-200% Above	No	No
67877093210	METFORMIN HCL 1,000 MG TABLET	4	56.00	0.05	0.02487	101%-200% Above	No	No
67877093210	METFORMIN HCL 1,000 MG TABLET	6	56.00	0.05	0.02366	101%-200% Above	No	No
67877093210	METFORMIN HCL 1,000 MG TABLET	8	56.00	0.05	0.02313	101%-200% Above	No	No
67877095060	SACUBITRIL-VALSARTAN 97-103 MG	8	180.00	0.08	0.59319	76%-100% Below	No	No
68001011203	LANSOPRAZOLE DR 30 MG CAPSULE	4	90.00	0.13	0.10802	10%-25% Above	No	No
68001011203	LANSOPRAZOLE DR 30 MG CAPSULE	8	30.00	0.13	0.10705	10%-25% Above	No	No
68001011205	LANSOPRAZOLE DR 30 MG CAPSULE	4	30.00	0.44	0.10802	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001011205	LANSOPRAZOLE DR 30 MG CAPSULE	4	90.00	0.13	0.10802	10%-25% Above	No	No
68001011205	LANSOPRAZOLE DR 30 MG CAPSULE	5	90.00	0.13	0.10746	10%-25% Above	No	No
68001011205	LANSOPRAZOLE DR 30 MG CAPSULE	7	90.00	0.13	0.10894	10%-25% Above	No	No
68001013000	AMLODIPINE-BENAZEPRIL 10-20 MG	4	90.00	0.13	0.11604	10%-25% Above	No	No
68001013000	AMLODIPINE-BENAZEPRIL 10-20 MG	7	30.00	0.13	0.11478	10%-25% Above	No	No
68001013100	AMLODIPINE-BENAZEPRIL 10-40 MG	5	90.00	0.14	0.15162	10%-25% Below	No	No
68001013300	AMLODIPINE-BENAZEPRIL 5-10 MG	4	30.00	0.12	0.10071	10%-25% Above	No	No
68001013400	AMLODIPINE-BENAZEPRIL 5-20 MG	6	90.00	0.14	0.10399	26%-50% Above	No	No
68001015103	CARVEDILOL 12.5 MG TABLET	4	60.00	0.06	0.02100	101%-200% Above	No	No
68001015103	CARVEDILOL 12.5 MG TABLET	4	180.00	0.02	0.02100	10%-25% Above	No	No
68001015103	CARVEDILOL 12.5 MG TABLET	4	180.00	0.06	0.02100	101%-200% Above	No	No
68001015103	CARVEDILOL 12.5 MG TABLET	5	60.00	0.06	0.02104	101%-200% Above	No	No
68001015103	CARVEDILOL 12.5 MG TABLET	5	180.00	0.06	0.02104	101%-200% Above	No	No
68001015103	CARVEDILOL 12.5 MG TABLET	6	60.00	0.06	0.02085	101%-200% Above	No	No
68001015103	CARVEDILOL 12.5 MG TABLET	7	60.00	0.02	0.02235	26%-50% Below	No	No
68001015103	CARVEDILOL 12.5 MG TABLET	7	60.00	0.06	0.02094	101%-200% Above	No	No
68001015103	CARVEDILOL 12.5 MG TABLET	7	180.00	0.06	0.02094	101%-200% Above	No	No
68001015103	CARVEDILOL 12.5 MG TABLET	8	60.00	0.01	0.02196	26%-50% Below	No	No
68001015103	CARVEDILOL 12.5 MG TABLET	8	60.00	0.06	0.02139	101%-200% Above	No	No
68001015103	CARVEDILOL 12.5 MG TABLET	8	180.00	0.06	0.02139	101%-200% Above	No	No
68001015200	CARVEDILOL 25 MG TABLET	4	180.00	0.05	0.03153	51%-75% Above	No	No
68001015200	CARVEDILOL 25 MG TABLET	5	180.00	0.05	0.03190	51%-75% Above	No	No
68001015203	CARVEDILOL 25 MG TABLET	4	60.00	0.05	0.03153	51%-75% Above	No	No
68001015203	CARVEDILOL 25 MG TABLET	4	180.00	0.05	0.03153	51%-75% Above	No	No
68001015203	CARVEDILOL 25 MG TABLET	5	60.00	0.05	0.03190	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001015203	CARVEDILOL 25 MG TABLET	5	60.00	0.05	0.03190	51%-75% Above	No	No
68001015203	CARVEDILOL 25 MG TABLET	6	90.00	0.05	0.03199	51%-75% Above	No	No
68001015203	CARVEDILOL 25 MG TABLET	6	180.00	0.04	0.03199	10%-25% Above	No	No
68001015203	CARVEDILOL 25 MG TABLET	7	180.00	0.04	0.03235	26%-50% Above	No	No
68001015203	CARVEDILOL 25 MG TABLET	7	180.00	0.05	0.03235	51%-75% Above	No	No
68001015203	CARVEDILOL 25 MG TABLET	8	180.00	0.05	0.03211	51%-75% Above	No	No
68001015300	CARVEDILOL 3.125 MG TABLET	6	180.00	0.06	0.01701	200% Above	No	No
68001015303	CARVEDILOL 3.125 MG TABLET	5	60.00	0.06	0.01742	200% Above	No	No
68001015303	CARVEDILOL 3.125 MG TABLET	5	180.00	0.06	0.01742	200% Above	No	No
68001015303	CARVEDILOL 3.125 MG TABLET	6	60.00	0.06	0.01701	200% Above	No	No
68001015303	CARVEDILOL 3.125 MG TABLET	7	60.00	0.06	0.01672	200% Above	No	No
68001015303	CARVEDILOL 3.125 MG TABLET	7	180.00	0.06	0.01672	200% Above	No	No
68001015303	CARVEDILOL 3.125 MG TABLET	8	60.00	0.06	0.01675	200% Above	No	No
68001015303	CARVEDILOL 3.125 MG TABLET	8	180.00	0.06	0.01675	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	5	180.00	0.03	0.01867	26%-50% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	5	180.00	0.03	0.01867	76%-100% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	5	180.00	0.05	0.01867	101%-200% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	6	60.00	0.05	0.01840	101%-200% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	7	60.00	0.05	0.01838	101%-200% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	8	180.00	0.03	0.01810	26%-50% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	10	60.00	0.01	0.01967	26%-50% Below	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	12	60.00	0.01	0.01997	51%-75% Below	No	No
68001015504	ANASTROZOLE 1 MG TABLET	5	2.00	0.59	0.13822	200% Above	No	No
68001015504	ANASTROZOLE 1 MG TABLET	5	8.00	0.59	0.13822	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001015504	ANASTROZOLE 1 MG TABLET	5	90.00	0.59	0.13822	200% Above	No	No
68001015504	ANASTROZOLE 1 MG TABLET	6	2.00	0.59	0.13736	200% Above	No	No
68001015504	ANASTROZOLE 1 MG TABLET	6	4.00	0.12	0.13736	10%-25% Below	No	No
68001015504	ANASTROZOLE 1 MG TABLET	6	8.00	0.59	0.13736	200% Above	No	No
68001015504	ANASTROZOLE 1 MG TABLET	7	4.00	0.12	0.13552	10%-25% Below	No	No
68001015504	ANASTROZOLE 1 MG TABLET	7	8.00	0.59	0.13552	200% Above	No	No
68001015504	ANASTROZOLE 1 MG TABLET	7	13.00	0.59	0.13552	200% Above	No	No
68001016100	PROMETHAZINE 12.5 MG TABLET	4	15.00	0.11	0.05113	101%-200% Above	No	No
68001016100	PROMETHAZINE 12.5 MG TABLET	6	30.00	0.11	0.04770	101%-200% Above	No	No
68001016100	PROMETHAZINE 12.5 MG TABLET	7	30.00	0.11	0.04992	101%-200% Above	No	No
68001016200	PROMETHAZINE 25 MG TABLET	4	15.00	0.09	0.04708	76%-100% Above	No	No
68001016200	PROMETHAZINE 25 MG TABLET	4	20.00	0.09	0.04708	76%-100% Above	No	No
68001016200	PROMETHAZINE 25 MG TABLET	4	30.00	0.03	0.04708	26%-50% Below	No	No
68001016200	PROMETHAZINE 25 MG TABLET	5	60.00	0.03	0.04766	26%-50% Below	No	No
68001016200	PROMETHAZINE 25 MG TABLET	6	20.00	0.09	0.04619	101%-200% Above	No	No
68001016200	PROMETHAZINE 25 MG TABLET	7	12.00	0.07	0.04552	26%-50% Above	No	No
68001016200	PROMETHAZINE 25 MG TABLET	7	20.00	0.03	0.04552	10%-25% Below	No	No
68001016200	PROMETHAZINE 25 MG TABLET	7	40.00	0.09	0.04552	101%-200% Above	No	No
68001016203	PROMETHAZINE 25 MG TABLET	4	10.00	0.09	0.04708	76%-100% Above	No	No
68001016203	PROMETHAZINE 25 MG TABLET	4	30.00	0.09	0.04708	76%-100% Above	No	No
68001016203	PROMETHAZINE 25 MG TABLET	4	120.00	0.02	0.04708	26%-50% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	5	2.00	0.10	0.04766	76%-100% Above	No	No
68001016203	PROMETHAZINE 25 MG TABLET	5	15.00	0.09	0.04766	76%-100% Above	No	No
68001016203	PROMETHAZINE 25 MG TABLET	5	20.00	0.02	0.04766	26%-50% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	5	30.00	0.09	0.04766	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	60.00	0.03	0.04766	26%-50% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	6	10.00	0.09	0.04619	101%-200% Above	No	No
68001016203	PROMETHAZINE 25 MG TABLET	6	30.00	0.09	0.04619	101%-200% Above	No	No
68001016203	PROMETHAZINE 25 MG TABLET	6	60.00	0.04	0.04619	10%-25% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	6	90.00	0.09	0.04619	101%-200% Above	No	No
68001016203	PROMETHAZINE 25 MG TABLET	7	6.00	0.10	0.04552	101%-200% Above	No	No
68001016203	PROMETHAZINE 25 MG TABLET	7	12.00	0.09	0.04552	101%-200% Above	No	No
68001016203	PROMETHAZINE 25 MG TABLET	7	15.00	0.09	0.04552	101%-200% Above	No	No
68001016203	PROMETHAZINE 25 MG TABLET	7	28.00	0.09	0.04552	101%-200% Above	No	No
68001016203	PROMETHAZINE 25 MG TABLET	7	30.00	0.09	0.04552	101%-200% Above	No	No
68001016203	PROMETHAZINE 25 MG TABLET	7	40.00	0.09	0.04552	101%-200% Above	No	No
68001016203	PROMETHAZINE 25 MG TABLET	7	60.00	0.04	0.04552	10%-25% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	7	90.00	0.09	0.04552	101%-200% Above	No	No
68001016203	PROMETHAZINE 25 MG TABLET	8	2.00	0.10	0.04544	101%-200% Above	No	No
68001016203	PROMETHAZINE 25 MG TABLET	8	28.00	0.09	0.04544	101%-200% Above	No	No
68001016203	PROMETHAZINE 25 MG TABLET	8	30.00	0.09	0.04544	101%-200% Above	No	No
68001016203	PROMETHAZINE 25 MG TABLET	8	60.00	0.04	0.04544	10%-25% Below	No	No
68001018000	QUETIAPINE FUMARATE 50 MG TAB	4	90.00	0.11	0.03114	200% Above	No	No
68001018000	QUETIAPINE FUMARATE 50 MG TAB	7	90.00	0.11	0.02821	200% Above	No	No
68001018000	QUETIAPINE FUMARATE 50 MG TAB	7	180.00	0.11	0.02821	200% Above	No	No
68001018008	QUETIAPINE FUMARATE 50 MG TAB	4	90.00	0.11	0.03114	200% Above	No	No
68001018008	QUETIAPINE FUMARATE 50 MG TAB	7	60.00	0.11	0.02821	200% Above	No	No
68001018100	QUETIAPINE FUMARATE 400 MG TAB	7	30.00	0.12	0.15997	10%-25% Below	No	No
68001018103	QUETIAPINE FUMARATE 400 MG TAB	4	30.00	0.12	0.18187	26%-50% Below	No	No
68001018103	QUETIAPINE FUMARATE 400 MG TAB	5	30.00	0.12	0.17750	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001018103	QUETIAPINE FUMARATE 400 MG TAB	6	30.00	0.12	0.16624	26%-50% Below	No	No
68001018103	QUETIAPINE FUMARATE 400 MG TAB	7	30.00	0.12	0.15997	10%-25% Below	No	No
68001018103	QUETIAPINE FUMARATE 400 MG TAB	8	30.00	0.12	0.15480	10%-25% Below	No	No
68001018200	QUETIAPINE FUMARATE 200 MG TAB	5	90.00	0.12	0.08823	26%-50% Above	No	No
68001018200	QUETIAPINE FUMARATE 200 MG TAB	8	90.00	0.12	0.08566	26%-50% Above	No	No
68001018203	QUETIAPINE FUMARATE 200 MG TAB	8	30.00	0.12	0.08566	26%-50% Above	No	No
68001018408	QUETIAPINE FUMARATE 100 MG TAB	7	30.00	0.12	0.05025	101%-200% Above	No	No
68001018500	QUETIAPINE FUMARATE 25 MG TAB	5	30.00	0.10	0.02760	200% Above	No	No
68001018500	QUETIAPINE FUMARATE 25 MG TAB	5	120.00	0.10	0.02760	200% Above	No	No
68001018500	QUETIAPINE FUMARATE 25 MG TAB	6	30.00	0.10	0.02649	200% Above	No	No
68001018500	QUETIAPINE FUMARATE 25 MG TAB	6	90.00	0.10	0.02649	200% Above	No	No
68001018500	QUETIAPINE FUMARATE 25 MG TAB	7	30.00	0.10	0.02399	200% Above	No	No
68001018500	QUETIAPINE FUMARATE 25 MG TAB	7	120.00	0.10	0.02399	200% Above	No	No
68001018500	QUETIAPINE FUMARATE 25 MG TAB	8	30.00	0.10	0.02293	200% Above	No	No
68001018508	QUETIAPINE FUMARATE 25 MG TAB	7	60.00	0.08	0.02399	200% Above	No	No
68001023700	CLONIDINE HCL 0.1 MG TABLET	6	60.00	0.04	0.02461	51%-75% Above	No	No
68001023700	CLONIDINE HCL 0.1 MG TABLET	7	60.00	0.04	0.02490	51%-75% Above	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	4	30.00	0.04	0.02473	51%-75% Above	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	4	60.00	0.04	0.02473	51%-75% Above	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	4	270.00	0.04	0.02473	51%-75% Above	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	5	30.00	0.01	0.02473	51%-75% Below	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	5	90.00	0.04	0.02473	51%-75% Above	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	5	180.00	0.04	0.02473	51%-75% Above	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	5	360.00	0.01	0.02473	51%-75% Below	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	6	30.00	0.01	0.02461	51%-75% Below	No	No

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68001023703	CLONIDINE HCL 0.1 MG TABLET	6	60.00	0.04	0.02461	51%-75% Above	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	6	90.00	0.04	0.02461	51%-75% Above	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	7	15.00	0.04	0.02490	51%-75% Above	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	7	30.00	0.01	0.02490	51%-75% Below	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	7	30.00	0.04	0.02490	51%-75% Above	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	7	60.00	0.04	0.02490	51%-75% Above	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	7	90.00	0.04	0.02490	51%-75% Above	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	7	270.00	0.04	0.02490	51%-75% Above	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	7	360.00	0.02	0.02490	10%-25% Below	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	8	30.00	0.04	0.02451	51%-75% Above	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	8	60.00	0.04	0.02451	51%-75% Above	No	No
68001023800	CLONIDINE HCL 0.2 MG TABLET	5	30.00	0.07	0.03337	76%-100% Above	No	No
68001023800	CLONIDINE HCL 0.2 MG TABLET	7	30.00	0.07	0.03183	101%-200% Above	No	No
68001023800	CLONIDINE HCL 0.2 MG TABLET	8	30.00	0.07	0.03191	101%-200% Above	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	5	30.00	0.03	0.03337	10%-25% Below	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	5	30.00	0.03	0.03337	10%-25% Below	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	5	30.00	0.07	0.03337	76%-100% Above	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	5	180.00	0.06	0.03337	76%-100% Above	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	6	30.00	0.03	0.03250	10%-25% Below	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	6	30.00	0.03	0.03250	10%-25% Below	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	6	30.00	0.03	0.03250	10%-25% Below	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	6	60.00	0.02	0.03250	26%-50% Below	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	7	30.00	0.03	0.03183	10%-25% Below	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	7	45.00	0.06	0.03183	101%-200% Above	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	7	60.00	0.02	0.03183	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	30.00	0.03	0.03191	10%-25% Below	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	8	45.00	0.06	0.03191	101%-200% Above	No	No
68001023900	CLONIDINE HCL 0.3 MG TABLET	4	30.00	0.08	0.03911	76%-100% Above	No	No
68001023900	CLONIDINE HCL 0.3 MG TABLET	5	30.00	0.08	0.04049	76%-100% Above	No	No
68001023900	CLONIDINE HCL 0.3 MG TABLET	5	90.00	0.08	0.04049	76%-100% Above	No	No
68001023900	CLONIDINE HCL 0.3 MG TABLET	6	30.00	0.03	0.04044	26%-50% Below	No	No
68001023900	CLONIDINE HCL 0.3 MG TABLET	6	30.00	0.03	0.04044	10%-25% Below	No	No
68001023900	CLONIDINE HCL 0.3 MG TABLET	6	30.00	0.08	0.04044	76%-100% Above	No	No
68001023900	CLONIDINE HCL 0.3 MG TABLET	7	30.00	0.03	0.04119	10%-25% Below	No	No
68001023900	CLONIDINE HCL 0.3 MG TABLET	7	30.00	0.08	0.04119	76%-100% Above	No	No
68001023900	CLONIDINE HCL 0.3 MG TABLET	8	30.00	0.08	0.04021	76%-100% Above	No	No
68001023900	CLONIDINE HCL 0.3 MG TABLET	8	90.00	0.08	0.04021	76%-100% Above	No	No
68001024300	ZONISAMIDE 50 MG CAPSULE	5	60.00	0.11	0.09714	10%-25% Above	No	No
68001024300	ZONISAMIDE 50 MG CAPSULE	6	60.00	0.11	0.09495	10%-25% Above	No	No
68001024300	ZONISAMIDE 50 MG CAPSULE	7	60.00	0.11	0.09480	10%-25% Above	No	No
68001024400	ZONISAMIDE 100 MG CAPSULE	7	180.00	0.07	0.10754	26%-50% Below	No	No
68001024500	ATOVAQUONE-PROGUANIL 250-100 MG TABLET	6	21.00	0.61	1.61292	51%-75% Below	No	No
68001024515	ATOVAQUONE-PROGUANIL 250-100 MG TABLET	4	24.00	0.61	1.54304	51%-75% Below	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	5	8.00	0.11	0.13346	10%-25% Below	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	5	12.00	0.26	0.13346	76%-100% Above	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	5	18.00	0.26	0.13346	76%-100% Above	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	6	12.00	0.26	0.12773	101%-200% Above	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	6	18.00	0.26	0.12773	101%-200% Above	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	7	4.00	0.27	0.12182	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	18.00	0.26	0.12182	101%-200% Above	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	7	20.00	0.26	0.12182	101%-200% Above	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	7	28.00	0.26	0.12182	101%-200% Above	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	7	30.00	0.26	0.12182	101%-200% Above	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	8	10.00	0.26	0.12080	101%-200% Above	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	8	12.00	0.26	0.12080	101%-200% Above	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	8	15.00	0.10	0.12080	10%-25% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	4	5.00	0.26	0.13980	76%-100% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	4	8.00	0.26	0.13980	76%-100% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	4	10.00	0.12	0.13980	10%-25% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	4	12.00	0.26	0.13980	76%-100% Above	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	5	2.00	0.27	0.13346	76%-100% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	5	6.00	0.18	0.13346	26%-50% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	5	8.00	0.26	0.13346	76%-100% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	5	9.00	0.26	0.13346	76%-100% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	5	15.00	0.26	0.13346	76%-100% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	5	18.00	0.06	0.13346	51%-75% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	5	18.00	0.26	0.13346	76%-100% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	6	18.00	0.06	0.12773	26%-50% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	6	18.00	0.26	0.12773	101%-200% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	7	10.00	0.26	0.12182	101%-200% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	7	15.00	0.26	0.12182	101%-200% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	7	18.00	0.26	0.12182	101%-200% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	7	20.00	0.26	0.12182	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	21.00	0.26	0.12182	101%-200% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	7	30.00	0.26	0.12182	101%-200% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	7	90.00	0.06	0.12182	26%-50% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	7	90.00	0.26	0.12182	101%-200% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	8	8.00	0.26	0.12080	101%-200% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	8	10.00	0.26	0.12080	101%-200% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	8	12.00	0.26	0.12080	101%-200% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	8	15.00	0.26	0.12080	101%-200% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	8	20.00	0.26	0.12080	101%-200% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	8	24.00	0.26	0.12080	101%-200% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	8	30.00	0.26	0.12080	101%-200% Above	No	No
68001024704	ONDANSETRON ODT 8 MG TABLET	4	18.00	0.27	0.17543	51%-75% Above	No	No
68001024704	ONDANSETRON ODT 8 MG TABLET	5	12.00	0.27	0.17517	51%-75% Above	No	No
68001024704	ONDANSETRON ODT 8 MG TABLET	5	18.00	0.27	0.17517	51%-75% Above	No	No
68001024704	ONDANSETRON ODT 8 MG TABLET	6	12.00	0.27	0.17103	51%-75% Above	No	No
68001024704	ONDANSETRON ODT 8 MG TABLET	6	18.00	0.27	0.17103	51%-75% Above	No	No
68001024704	ONDANSETRON ODT 8 MG TABLET	7	15.00	0.27	0.16270	51%-75% Above	No	No
68001024704	ONDANSETRON ODT 8 MG TABLET	7	20.00	0.27	0.16270	51%-75% Above	No	No
68001024704	ONDANSETRON ODT 8 MG TABLET	7	30.00	0.27	0.16270	51%-75% Above	No	No
68001024704	ONDANSETRON ODT 8 MG TABLET	8	15.00	0.27	0.16163	51%-75% Above	No	No
68001024704	ONDANSETRON ODT 8 MG TABLET	8	30.00	0.27	0.16163	51%-75% Above	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	4	6.00	0.27	0.17543	51%-75% Above	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	5	10.00	0.11	0.17517	26%-50% Below	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	5	10.00	0.27	0.17517	51%-75% Above	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	5	18.00	0.27	0.17517	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	15.00	0.27	0.17103	51%-75% Above	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	6	18.00	0.27	0.17103	51%-75% Above	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	7	10.00	0.11	0.16270	26%-50% Below	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	7	15.00	0.27	0.16270	51%-75% Above	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	7	18.00	0.27	0.16270	51%-75% Above	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	7	20.00	0.27	0.16270	51%-75% Above	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	7	30.00	0.27	0.16270	51%-75% Above	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	7	60.00	0.27	0.16270	51%-75% Above	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	8	21.00	0.27	0.16163	51%-75% Above	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	8	30.00	0.27	0.16163	51%-75% Above	No	No
68001025204	FLUCONAZOLE 100 MG TABLET	4	7.00	0.64	0.23591	101%-200% Above	No	No
68001025204	FLUCONAZOLE 100 MG TABLET	6	5.00	0.64	0.23643	101%-200% Above	No	No
68001025204	FLUCONAZOLE 100 MG TABLET	8	5.00	0.64	0.22770	101%-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	1.29	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	4	4.00	2.17	0.42729	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	5	1.00	0.30	0.42280	26%-50% Below	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	5	1.00	1.44	0.42280	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	5	1.00	2.16	0.42280	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	5	2.00	2.17	0.42280	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	5	3.00	2.16	0.42280	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	5	5.00	2.16	0.42280	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	5	6.00	2.17	0.42280	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	1.00	2.16	0.41614	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	6	2.00	2.17	0.41614	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	6	3.00	2.16	0.41614	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	6	4.00	2.17	0.41614	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	6	8.00	2.17	0.41614	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	7	1.00	2.16	0.40319	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	7	2.00	2.17	0.40319	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	7	3.00	0.23	0.40319	26%-50% Below	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	7	3.00	2.16	0.40319	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	7	7.00	2.16	0.40319	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	7	8.00	2.17	0.40319	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	8	1.00	2.16	0.43349	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	8	2.00	2.17	0.43349	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	8	3.00	2.16	0.43349	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	8	4.00	2.17	0.43349	200% Above	No	No
68001025404	FLUCONAZOLE 200 MG TABLET	4	2.00	0.93	0.42204	101%-200% Above	No	No
68001025404	FLUCONAZOLE 200 MG TABLET	4	6.00	0.93	0.42204	101%-200% Above	No	No
68001025404	FLUCONAZOLE 200 MG TABLET	5	4.00	0.93	0.42769	101%-200% Above	No	No
68001025404	FLUCONAZOLE 200 MG TABLET	6	1.00	0.93	0.42669	101%-200% Above	No	No
68001025404	FLUCONAZOLE 200 MG TABLET	6	4.00	0.93	0.42669	101%-200% Above	No	No
68001025404	FLUCONAZOLE 200 MG TABLET	6	11.00	0.93	0.42669	101%-200% Above	No	No
68001025404	FLUCONAZOLE 200 MG TABLET	6	30.00	0.93	0.42669	101%-200% Above	No	No
68001025404	FLUCONAZOLE 200 MG TABLET	7	4.00	0.93	0.42745	101%-200% Above	No	No
68001028000	DICLOFENAC SOD DR 50 MG TAB	7	30.00	0.11	0.06414	51%-75% Above	No	No
68001028006	DICLOFENAC SOD DR 50 MG TAB	5	60.00	0.11	0.06935	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	60.00	0.11	0.06414	51%-75% Above	No	No
68001028006	DICLOFENAC SOD DR 50 MG TAB	8	60.00	0.11	0.06229	76%-100% 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	5	30.00	0.11	0.06935	51%-75% Above	No	No
68001028008	DICLOFENAC SOD DR 50 MG TAB	5	60.00	0.11	0.06935	51%-75% Above	No	No
68001028008	DICLOFENAC SOD DR 50 MG TAB	6	30.00	0.11	0.06731	51%-75% Above	No	No
68001028008	DICLOFENAC SOD DR 50 MG TAB	7	30.00	0.11	0.06414	51%-75% Above	No	No
68001028008	DICLOFENAC SOD DR 50 MG TAB	7	60.00	0.11	0.06414	51%-75% Above	No	No
68001028008	DICLOFENAC SOD DR 50 MG TAB	7	90.00	0.11	0.06414	51%-75% Above	No	No
68001028100	DICLOFENAC SOD DR 75 MG TAB	4	180.00	0.10	0.06651	26%-50% Above	No	No
68001028100	DICLOFENAC SOD DR 75 MG TAB	6	20.00	0.19	0.06602	101%-200% Above	No	No
68001028100	DICLOFENAC SOD DR 75 MG TAB	7	180.00	0.10	0.06457	26%-50% Above	No	No
68001028103	DICLOFENAC SOD DR 75 MG TAB	4	20.00	0.04	0.06651	26%-50% Below	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	5	30.00	0.10	0.06665	26%-50% Above	No	No
68001028103	DICLOFENAC SOD DR 75 MG TAB	5	60.00	0.10	0.06665	26%-50% Above	No	No
68001028103	DICLOFENAC SOD DR 75 MG TAB	6	60.00	0.10	0.06602	26%-50% Above	No	No
68001028103	DICLOFENAC SOD DR 75 MG TAB	7	20.00	0.10	0.06457	26%-50% Above	No	No
68001028103	DICLOFENAC SOD DR 75 MG TAB	7	28.00	0.10	0.06457	26%-50% Above	No	No
68001028103	DICLOFENAC SOD DR 75 MG TAB	7	60.00	0.10	0.06457	26%-50% Above	No	No
68001028103	DICLOFENAC SOD DR 75 MG TAB	8	60.00	0.10	0.06357	51%-75% Above	No	No
68001028108	DICLOFENAC SOD DR 75 MG TAB	4	60.00	0.10	0.06651	26%-50% Above	No	No
68001028108	DICLOFENAC SOD DR 75 MG TAB	5	60.00	0.10	0.06665	26%-50% Above	No	No
68001028108	DICLOFENAC SOD DR 75 MG TAB	6	14.00	0.10	0.06602	26%-50% Above	No	No
68001028108	DICLOFENAC SOD DR 75 MG TAB	6	60.00	0.10	0.06602	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	180.00	0.10	0.06602	26%-50% Above	No	No
68001028108	DICLOFENAC SOD DR 75 MG TAB	7	14.00	0.15	0.06457	101%-200% Above	No	No
68001028108	DICLOFENAC SOD DR 75 MG TAB	7	60.00	0.10	0.06457	26%-50% Above	No	No
68001030900	BUPROPION HCL 100 MG TABLET	5	60.00	0.09	0.11698	10%-25% Below	No	No
68001030900	BUPROPION HCL 100 MG TABLET	6	60.00	0.09	0.11610	10%-25% Below	No	No
68001030900	BUPROPION HCL 100 MG TABLET	7	360.00	0.09	0.11386	10%-25% Below	No	No
68001031400	LOVASTATIN 10 MG TABLET	5	90.00	0.05	0.03795	26%-50% Above	No	No
68001031400	LOVASTATIN 10 MG TABLET	8	90.00	0.05	0.03716	26%-50% Above	No	No
68001031500	LOVASTATIN 20 MG TABLET	4	90.00	0.05	0.04282	10%-25% Above	No	No
68001031500	LOVASTATIN 20 MG TABLET	5	30.00	0.15	0.04339	200% Above	No	No
68001031500	LOVASTATIN 20 MG TABLET	5	90.00	0.15	0.04339	200% Above	No	No
68001031500	LOVASTATIN 20 MG TABLET	6	30.00	0.15	0.04388	200% Above	No	No
68001031500	LOVASTATIN 20 MG TABLET	7	30.00	0.15	0.04349	200% Above	No	No
68001031500	LOVASTATIN 20 MG TABLET	8	30.00	0.15	0.04304	200% Above	No	No
68001031500	LOVASTATIN 20 MG TABLET	8	90.00	0.05	0.04304	10%-25% Above	No	No
68001032703	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	4	90.00	0.08	0.09559	10%-25% Below	No	No
68001032703	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	6	45.00	0.08	0.09605	10%-25% Below	No	No
68001032703	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	6	90.00	0.08	0.09605	10%-25% Below	No	No
68001032703	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	7	90.00	0.08	0.09800	10%-25% Below	No	No
68001032703	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	8	90.00	0.08	0.09827	10%-25% Below	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	5	90.00	0.05	0.01449	200% Above	No	No
68001033200	LISINOPRIL 2.5 MG TABLET	6	90.00	0.05	0.01443	200% Above	No	No
68001033200	LISINOPRIL 2.5 MG TABLET	7	90.00	0.01	0.01444	10%-25% Below	No	No
68001033200	LISINOPRIL 2.5 MG TABLET	7	90.00	0.05	0.01444	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	90.00	0.05	0.01424	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	5	30.00	0.09	0.01481	200% Above	No	No
68001033308	LISINOPRIL 5 MG TABLET	5	90.00	0.09	0.01481	200% Above	No	No
68001033308	LISINOPRIL 5 MG TABLET	6	30.00	0.09	0.01479	200% Above	No	No
68001033308	LISINOPRIL 5 MG TABLET	6	90.00	0.09	0.01479	200% Above	No	No
68001033308	LISINOPRIL 5 MG TABLET	7	30.00	0.09	0.01467	200% Above	No	No
68001033308	LISINOPRIL 5 MG TABLET	7	90.00	0.09	0.01467	200% Above	No	No
68001033308	LISINOPRIL 5 MG TABLET	8	30.00	0.09	0.01480	200% Above	No	No
68001033308	LISINOPRIL 5 MG TABLET	8	90.00	0.09	0.01480	200% Above	No	No
68001033400	LISINOPRIL 10 MG TABLET	7	90.00	0.09	0.01865	200% Above	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	5	14.00	0.09	0.01897	200% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	5	30.00	0.01	0.01897	26%-50% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	5	30.00	0.09	0.01897	200% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	5	90.00	0.09	0.01897	200% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	6	30.00	0.01	0.01880	26%-50% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	6	30.00	0.09	0.01880	200% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	6	90.00	0.02	0.01880	10%-25% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	6	90.00	0.09	0.01880	200% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	7	30.00	0.01	0.01865	26%-50% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	7	30.00	0.09	0.01865	200% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	7	90.00	0.09	0.01865	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	30.00	0.09	0.01832	200% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	8	90.00	0.09	0.01832	200% 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	4	135.00	0.09	0.02587	200% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	5	30.00	0.01	0.02585	51%-75% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	5	30.00	0.04	0.02585	26%-50% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	5	30.00	0.09	0.02585	200% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	5	90.00	0.04	0.02585	26%-50% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	5	90.00	0.09	0.02585	200% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	6	30.00	0.01	0.02575	51%-75% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	6	30.00	0.09	0.02575	200% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	6	90.00	0.02	0.02575	10%-25% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	6	90.00	0.09	0.02575	200% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	7	30.00	0.01	0.02578	51%-75% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	7	30.00	0.02	0.02578	26%-50% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	7	30.00	0.04	0.02578	26%-50% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	7	30.00	0.09	0.02578	200% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	7	60.00	0.09	0.02578	200% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	7	90.00	0.09	0.02578	200% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	8	30.00	0.02	0.02572	26%-50% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	8	30.00	0.09	0.02572	200% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	8	60.00	0.09	0.02572	200% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	8	90.00	0.09	0.02572	200% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	8	135.00	0.09	0.02572	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	30.00	0.10	0.05549	76%-100% Above	No	No
68001033600	LISINOPRIL 30 MG TABLET	6	30.00	0.10	0.05531	76%-100% Above	No	No
68001033600	LISINOPRIL 30 MG TABLET	7	90.00	0.10	0.05417	76%-100% Above	No	No
68001033600	LISINOPRIL 30 MG TABLET	8	90.00	0.10	0.05413	76%-100% Above	No	No
68001035600	METOPROLOL SUCC ER 25 MG TAB	4	90.00	0.11	0.05863	76%-100% Above	No	No
68001035600	METOPROLOL SUCC ER 25 MG TAB	5	30.00	0.11	0.05865	76%-100% Above	No	No
68001035600	METOPROLOL SUCC ER 25 MG TAB	5	30.00	0.25	0.05865	200% Above	No	No
68001035600	METOPROLOL SUCC ER 25 MG TAB	6	90.00	0.11	0.05549	101%-200% Above	No	No
68001035600	METOPROLOL SUCC ER 25 MG TAB	7	90.00	0.11	0.04953	101%-200% 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	4	90.00	0.11	0.05863	76%-100% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	4	90.00	0.21	0.05863	200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	5	30.00	0.11	0.05865	76%-100% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	6	15.00	0.11	0.05549	101%-200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	6	90.00	0.11	0.05549	101%-200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	7	30.00	0.11	0.04953	101%-200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	8	30.00	0.11	0.04985	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	4	90.00	0.17	0.04349	200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	4	90.00	0.19	0.04349	200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	5	14.00	0.12	0.04249	101%-200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	5	30.00	0.12	0.04249	101%-200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	5	90.00	0.12	0.04249	101%-200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	6	30.00	0.12	0.04193	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	90.00	0.12	0.04193	101%-200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	7	30.00	0.12	0.04027	101%-200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	7	90.00	0.12	0.04027	101%-200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	7	90.00	0.17	0.04027	200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	7	90.00	0.19	0.04027	200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	8	30.00	0.12	0.04154	101%-200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	8	34.00	0.12	0.04154	101%-200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	8	90.00	0.12	0.04154	101%-200% Above	No	No
68001036105	MONTELUKAST SOD 10 MG TABLET	4	30.00	0.21	0.04349	200% Above	No	No
68001036105	MONTELUKAST SOD 10 MG TABLET	4	90.00	0.17	0.04349	200% Above	No	No
68001036105	MONTELUKAST SOD 10 MG TABLET	5	30.00	0.21	0.04249	200% Above	No	No
68001036105	MONTELUKAST SOD 10 MG TABLET	6	30.00	0.21	0.04193	200% Above	No	No
68001036105	MONTELUKAST SOD 10 MG TABLET	7	30.00	0.19	0.04027	200% Above	No	No
68001036105	MONTELUKAST SOD 10 MG TABLET	8	30.00	0.19	0.04154	200% Above	No	No
68001036105	MONTELUKAST SOD 10 MG TABLET	8	90.00	0.17	0.04154	200% Above	No	No
68001036206	CEFDINIR 300 MG CAPSULE	4	14.00	0.25	0.46278	26%-50% Below	No	No
68001036206	CEFDINIR 300 MG CAPSULE	5	6.00	0.25	0.46025	26%-50% Below	No	No
68001036206	CEFDINIR 300 MG CAPSULE	5	10.00	0.25	0.46025	26%-50% Below	No	No
68001036206	CEFDINIR 300 MG CAPSULE	5	14.00	0.25	0.46025	26%-50% Below	No	No
68001036206	CEFDINIR 300 MG CAPSULE	5	20.00	0.25	0.46025	26%-50% Below	No	No
68001036206	CEFDINIR 300 MG CAPSULE	5	28.00	0.25	0.46025	26%-50% Below	No	No
68001036206	CEFDINIR 300 MG CAPSULE	6	10.00	0.25	0.45814	26%-50% Below	No	No
68001036206	CEFDINIR 300 MG CAPSULE	6	14.00	0.25	0.45814	26%-50% Below	No	No
68001036206	CEFDINIR 300 MG CAPSULE	6	20.00	0.35	0.45814	10%-25% Below	No	No
68001036206	CEFDINIR 300 MG CAPSULE	7	20.00	0.25	0.46228	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001036206	CEFDINIR 300 MG CAPSULE	8	14.00	0.25	0.45930	26%-50% Below	No	No
68001036500	METRONIDAZOLE 500 MG TABLET	4	14.00	0.16	0.10224	51%-75% Above	No	No
68001036500	METRONIDAZOLE 500 MG TABLET	5	14.00	0.16	0.10077	51%-75% Above	No	No
68001036500	METRONIDAZOLE 500 MG TABLET	5	21.00	0.16	0.10077	51%-75% Above	No	No
68001036500	METRONIDAZOLE 500 MG TABLET	6	14.00	0.16	0.10048	51%-75% Above	No	No
68001036500	METRONIDAZOLE 500 MG TABLET	6	30.00	0.16	0.10048	51%-75% Above	No	No
68001036500	METRONIDAZOLE 500 MG TABLET	7	14.00	0.16	0.10025	51%-75% Above	No	No
68001036500	METRONIDAZOLE 500 MG TABLET	7	21.00	0.16	0.10025	51%-75% Above	No	No
68001036500	METRONIDAZOLE 500 MG TABLET	7	30.00	0.16	0.10025	51%-75% Above	No	No
68001036500	METRONIDAZOLE 500 MG TABLET	8	14.00	0.16	0.10116	51%-75% Above	No	No
68001036503	METRONIDAZOLE 500 MG TABLET	4	14.00	0.16	0.10224	51%-75% Above	No	No
68001036503	METRONIDAZOLE 500 MG TABLET	4	14.00	0.34	0.10224	200% Above	No	No
68001036503	METRONIDAZOLE 500 MG TABLET	5	14.00	0.16	0.10077	51%-75% Above	No	No
68001036503	METRONIDAZOLE 500 MG TABLET	5	21.00	0.16	0.10077	51%-75% Above	No	No
68001036503	METRONIDAZOLE 500 MG TABLET	6	4.00	0.16	0.10048	51%-75% Above	No	No
68001036503	METRONIDAZOLE 500 MG TABLET	6	14.00	0.34	0.10048	200% Above	No	No
68001036503	METRONIDAZOLE 500 MG TABLET	6	28.00	0.16	0.10048	51%-75% Above	No	No
68001036503	METRONIDAZOLE 500 MG TABLET	7	14.00	0.15	0.13298	10%-25% Above	No	No
68001036503	METRONIDAZOLE 500 MG TABLET	7	30.00	0.16	0.10025	51%-75% Above	No	No
68001038203	LABETALOL HCL 200 MG TABLET	4	60.00	0.09	0.14258	26%-50% Below	No	No
68001038203	LABETALOL HCL 200 MG TABLET	4	180.00	0.09	0.14258	26%-50% Below	No	No
68001038203	LABETALOL HCL 200 MG TABLET	5	60.00	0.09	0.14527	26%-50% Below	No	No
68001038203	LABETALOL HCL 200 MG TABLET	6	60.00	0.09	0.14422	26%-50% Below	No	No
68001038203	LABETALOL HCL 200 MG TABLET	6	180.00	0.09	0.14422	26%-50% Below	No	No
68001038203	LABETALOL HCL 200 MG TABLET	7	180.00	0.09	0.14285	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001039700	FAMOTIDINE 20 MG TABLET	4	90.00	0.03	0.03099	10%-25% Below	No	No
68001039700	FAMOTIDINE 20 MG TABLET	4	90.00	0.08	0.03099	101%-200% Above	No	No
68001039700	FAMOTIDINE 20 MG TABLET	5	60.00	0.04	0.03074	10%-25% Above	No	No
68001039700	FAMOTIDINE 20 MG TABLET	7	60.00	0.04	0.02971	10%-25% 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	90.00	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	5	60.00	0.08	0.03074	101%-200% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	5	90.00	0.04	0.03074	26%-50% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	5	90.00	0.08	0.03074	101%-200% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	5	100.00	0.08	0.03074	101%-200% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	5	180.00	0.08	0.03074	101%-200% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	6	14.00	0.08	0.03016	101%-200% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	6	30.00	0.10	0.03068	200% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	6	60.00	0.08	0.03016	101%-200% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	6	180.00	0.08	0.03016	101%-200% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	7	14.00	0.08	0.02971	101%-200% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	7	60.00	0.08	0.02971	101%-200% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	7	90.00	0.08	0.02971	101%-200% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	8	60.00	0.08	0.02862	101%-200% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	8	90.00	0.08	0.02862	101%-200% Above	No	No
68001039800	FAMOTIDINE 40 MG TABLET	4	30.00	0.11	0.05159	101%-200% Above	No	No
68001039800	FAMOTIDINE 40 MG TABLET	6	30.00	0.11	0.05098	101%-200% Above	No	No
68001039800	FAMOTIDINE 40 MG TABLET	7	30.00	0.12	0.04982	101%-200% Above	No	No
68001039800	FAMOTIDINE 40 MG TABLET	7	90.00	0.11	0.04982	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	30.00	0.11	0.05159	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	4	60.00	0.11	0.05159	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	4	90.00	0.11	0.05159	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	4	90.00	0.12	0.05159	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	5	30.00	0.07	0.05165	26%-50% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	5	30.00	0.11	0.05165	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	5	60.00	0.11	0.05165	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	5	90.00	0.11	0.05165	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	6	30.00	0.11	0.05098	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	6	30.00	0.16	0.05098	200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	6	90.00	0.11	0.05098	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	6	180.00	0.11	0.05098	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	7	30.00	0.07	0.04982	26%-50% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	7	30.00	0.11	0.04982	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	7	60.00	0.11	0.04982	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	7	90.00	0.11	0.04982	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	7	90.00	0.12	0.04982	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	7	90.00	0.15	0.04982	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	8	30.00	0.07	0.04941	26%-50% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	8	30.00	0.11	0.04941	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	8	30.00	0.12	0.04941	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	8	60.00	0.11	0.04941	101%-200% Above	No	No
68001039908	FLUOXETINE HCL 10 MG CAPSULE	4	30.00	0.11	0.03706	101%-200% Above	No	No
68001039908	FLUOXETINE HCL 10 MG CAPSULE	5	90.00	0.11	0.03640	101%-200% Above	No	No
68001039908	FLUOXETINE HCL 10 MG CAPSULE	7	90.00	0.11	0.03579	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	30.00	0.11	0.03625	101%-200% Above	No	No
68001039908	FLUOXETINE HCL 10 MG CAPSULE	8	90.00	0.11	0.03625	101%-200% Above	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	4	90.00	0.02	0.02973	26%-50% Below	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	6	90.00	0.08	0.02918	101%-200% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	4	30.00	0.11	0.05279	101%-200% Above	No	No
68001040303	LEVETIRACETAM 500 MG TABLET	4	60.00	0.04	0.07798	51%-75% Below	No	No
68001040303	LEVETIRACETAM 500 MG TABLET	4	180.00	0.07	0.07798	10%-25% Below	No	No
68001040303	LEVETIRACETAM 500 MG TABLET	5	180.00	0.04	0.07804	51%-75% Below	No	No
68001040303	LEVETIRACETAM 500 MG TABLET	8	180.00	0.04	0.07391	51%-75% Below	No	No
68001040307	LEVETIRACETAM 500 MG TABLET	5	450.00	0.07	0.07804	10%-25% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	4	30.00	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	135.00	0.06	0.06919	10%-25% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	5	30.00	0.06	0.06824	10%-25% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	5	60.00	0.06	0.06824	10%-25% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	5	90.00	0.06	0.06824	10%-25% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	5	180.00	0.06	0.06824	10%-25% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	5	270.00	0.06	0.06824	10%-25% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	6	30.00	0.06	0.06683	10%-25% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	6	60.00	0.06	0.06683	10%-25% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	6	135.00	0.06	0.06683	10%-25% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	6	180.00	0.06	0.06683	10%-25% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	7	30.00	0.02	0.06456	51%-75% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	7	90.00	0.06	0.06456	10%-25% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	7	180.00	0.06	0.06456	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001041103	GABAPENTIN 600 MG TABLET	8	30.00	0.06	0.06379	10%-25% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	8	180.00	0.06	0.06379	10%-25% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	8	270.00	0.06	0.06379	10%-25% Below	No	No
68001041203	GABAPENTIN 800 MG TABLET	4	120.00	0.06	0.09868	26%-50% Below	No	No
68001041203	GABAPENTIN 800 MG TABLET	5	30.00	0.06	0.09799	26%-50% Below	No	No
68001041203	GABAPENTIN 800 MG TABLET	5	120.00	0.06	0.09799	26%-50% Below	No	No
68001041203	GABAPENTIN 800 MG TABLET	5	280.00	0.06	0.09799	26%-50% Below	No	No
68001041203	GABAPENTIN 800 MG TABLET	6	30.00	0.06	0.09632	26%-50% Below	No	No
68001041203	GABAPENTIN 800 MG TABLET	6	120.00	0.06	0.09632	26%-50% Below	No	No
68001041203	GABAPENTIN 800 MG TABLET	7	120.00	0.06	0.09381	26%-50% Below	No	No
68001041203	GABAPENTIN 800 MG TABLET	8	60.00	0.06	0.09004	26%-50% Below	No	No
68001041203	GABAPENTIN 800 MG TABLET	8	90.00	0.06	0.09004	26%-50% Below	No	No
68001043000	RAMIPRIL 5 MG CAPSULE	5	90.00	0.11	0.05555	76%-100% Above	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	4	30.00	0.05	0.06308	10%-25% Below	No	No
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	5	30.00	0.05	0.06400	10%-25% Below	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	5	30.00	0.09	0.06400	26%-50% Above	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	5	90.00	0.09	0.06400	26%-50% Above	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	6	30.00	0.09	0.06398	26%-50% Above	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	6	90.00	0.09	0.06398	26%-50% Above	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	6	180.00	0.09	0.06398	26%-50% Above	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	7	30.00	0.09	0.06534	26%-50% Above	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	7	90.00	0.09	0.06534	26%-50% Above	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	8	30.00	0.09	0.06293	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	90.00	0.09	0.06293	26%-50% Above	No	No
68001043897	LORATADINE 10 MG TABLET	5	30.00	0.03	0.05293	51%-75% Below	No	No
68001043897	LORATADINE 10 MG TABLET	6	30.00	0.03	0.05248	51%-75% Below	No	No
68001043897	LORATADINE 10 MG TABLET	7	30.00	0.03	0.05231	51%-75% Below	No	No
68001043897	LORATADINE 10 MG TABLET	8	30.00	0.03	0.05315	51%-75% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	4	10.00	0.15	0.24801	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	4	30.00	0.15	0.24801	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	5	30.00	0.15	0.24434	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	5	60.00	0.15	0.24434	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	5	90.00	0.15	0.24434	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	6	30.00	0.15	0.24448	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	6	60.00	0.15	0.24448	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	7	30.00	0.15	0.23781	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	7	60.00	0.15	0.23781	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	7	90.00	0.15	0.23781	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	7	90.00	0.17	0.23781	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	7	180.00	0.15	0.23781	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	8	30.00	0.15	0.24066	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	8	60.00	0.15	0.24066	26%-50% Below	No	No
68001044998	LORATADINE 5 MG/5 ML SOLUTION	1	150.00	0.03	0.03906	26%-50% Below	No	No
68001044998	LORATADINE 5 MG/5 ML SOLUTION	3	150.00	0.03	0.03968	10%-25% Below	No	No
68001044998	LORATADINE 5 MG/5 ML SOLUTION	6	150.00	0.03	0.04269	26%-50% Below	No	No
68001048485	FULVESTRANT INJ 250/5ML	7	10.00	117.27	.		No	No
68001048485	FULVESTRANT INJ 250/5ML	8	10.00	117.27	.		No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001048500	METAXALONE 800 MG TABLET	6	21.00	0.63	0.39262	51%-75% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	4	30.00	0.06	0.04738	10%-25% 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	4	180.00	0.10	0.04738	101%-200% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	5	30.00	0.06	0.04718	26%-50% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	5	30.00	0.06	0.04718	26%-50% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	5	30.00	0.10	0.04718	101%-200% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	5	90.00	0.10	0.04718	101%-200% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	6	30.00	0.06	0.04591	26%-50% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	6	30.00	0.06	0.04591	26%-50% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	6	30.00	0.10	0.04591	101%-200% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	6	90.00	0.10	0.04591	101%-200% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	7	30.00	0.06	0.04593	26%-50% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	7	30.00	0.06	0.04593	26%-50% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	7	30.00	0.10	0.04593	101%-200% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	7	90.00	0.04	0.04593	10%-25% Below	No	No
68001048608	LISINOPRIL 40 MG TABLET	7	90.00	0.10	0.04593	101%-200% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	7	180.00	0.10	0.04593	101%-200% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	8	30.00	0.06	0.04594	26%-50% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	8	30.00	0.10	0.04594	101%-200% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	8	90.00	0.04	0.04594	10%-25% Below	No	No
68001048608	LISINOPRIL 40 MG TABLET	8	90.00	0.10	0.04594	101%-200% Above	No	No
68001050003	METOPROLOL SUCC ER 25 MG TAB	4	30.00	0.11	0.05863	76%-100% Above	No	No
68001050003	METOPROLOL SUCC ER 25 MG TAB	5	30.00	0.03	0.05865	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001050003	METOPROLOL SUCC ER 25 MG TAB	5	30.00	0.11	0.05865	76%-100% Above	No	No
68001050003	METOPROLOL SUCC ER 25 MG TAB	6	30.00	0.02	0.05549	51%-75% Below	No	No
68001050003	METOPROLOL SUCC ER 25 MG TAB	6	45.00	0.11	0.05549	101%-200% Above	No	No
68001050003	METOPROLOL SUCC ER 25 MG TAB	6	60.00	0.11	0.05549	101%-200% Above	No	No
68001050003	METOPROLOL SUCC ER 25 MG TAB	6	90.00	0.11	0.05549	101%-200% Above	No	No
68001050003	METOPROLOL SUCC ER 25 MG TAB	6	90.00	0.21	0.05549	200% Above	No	No
68001050003	METOPROLOL SUCC ER 25 MG TAB	6	180.00	0.11	0.05549	101%-200% Above	No	No
68001050003	METOPROLOL SUCC ER 25 MG TAB	7	15.00	0.11	0.04953	101%-200% Above	No	No
68001050003	METOPROLOL SUCC ER 25 MG TAB	7	30.00	0.02	0.04953	26%-50% Below	No	No
68001050003	METOPROLOL SUCC ER 25 MG TAB	7	30.00	0.11	0.04953	101%-200% Above	No	No
68001050003	METOPROLOL SUCC ER 25 MG TAB	7	45.00	0.11	0.04953	101%-200% Above	No	No
68001050003	METOPROLOL SUCC ER 25 MG TAB	7	60.00	0.11	0.04953	101%-200% Above	No	No
68001050003	METOPROLOL SUCC ER 25 MG TAB	7	90.00	0.02	0.04953	26%-50% Below	No	No
68001050003	METOPROLOL SUCC ER 25 MG TAB	7	90.00	0.11	0.04953	101%-200% Above	No	No
68001050003	METOPROLOL SUCC ER 25 MG TAB	7	90.00	0.21	0.04953	200% Above	No	No
68001050003	METOPROLOL SUCC ER 25 MG TAB	7	90.00	0.22	0.04953	200% Above	No	No
68001050003	METOPROLOL SUCC ER 25 MG TAB	8	15.00	0.11	0.04985	101%-200% Above	No	No
68001050003	METOPROLOL SUCC ER 25 MG TAB	8	30.00	0.11	0.04985	101%-200% Above	No	No
68001050003	METOPROLOL SUCC ER 25 MG TAB	8	45.00	0.11	0.04985	101%-200% Above	No	No
68001050003	METOPROLOL SUCC ER 25 MG TAB	8	60.00	0.11	0.04985	101%-200% Above	No	No
68001050103	METOPROLOL SUCC ER 50 MG TAB	4	30.00	0.11	0.05251	101%-200% Above	No	No
68001050103	METOPROLOL SUCC ER 50 MG TAB	5	30.00	0.11	0.05393	76%-100% Above	No	No
68001050103	METOPROLOL SUCC ER 50 MG TAB	5	180.00	0.11	0.05393	76%-100% Above	No	No
68001050103	METOPROLOL SUCC ER 50 MG TAB	6	30.00	0.11	0.05788	76%-100% Above	No	No
68001050103	METOPROLOL SUCC ER 50 MG TAB	6	90.00	0.11	0.05788	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001050103	METOPROLOL SUCC ER 50 MG TAB	6	180.00	0.11	0.05788	76%-100% Above	No	No
68001050103	METOPROLOL SUCC ER 50 MG TAB	7	30.00	0.11	0.05874	76%-100% Above	No	No
68001050103	METOPROLOL SUCC ER 50 MG TAB	7	90.00	0.11	0.05874	76%-100% Above	No	No
68001050103	METOPROLOL SUCC ER 50 MG TAB	7	90.00	0.19	0.05874	200% Above	No	No
68001050103	METOPROLOL SUCC ER 50 MG TAB	8	30.00	0.11	0.05705	76%-100% Above	No	No
68001050103	METOPROLOL SUCC ER 50 MG TAB	8	90.00	0.11	0.05705	76%-100% Above	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	4	15.00	0.15	0.08130	76%-100% Above	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	4	90.00	0.15	0.08130	76%-100% Above	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	5	15.00	0.15	0.08603	51%-75% Above	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	5	30.00	0.05	0.08603	26%-50% Below	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	5	30.00	0.15	0.08603	51%-75% Above	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	5	30.00	0.42	0.08603	200% Above	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	5	90.00	0.15	0.08603	76%-100% Above	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	6	15.00	0.15	0.09059	51%-75% Above	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	6	30.00	0.05	0.09059	26%-50% Below	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	6	30.00	0.15	0.09059	51%-75% Above	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	6	30.00	0.42	0.09059	200% Above	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	6	90.00	0.15	0.09059	51%-75% Above	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	7	15.00	0.15	0.09662	51%-75% Above	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	7	30.00	0.15	0.09662	51%-75% Above	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	7	30.00	0.42	0.09662	200% Above	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	7	90.00	0.15	0.09662	51%-75% Above	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	8	15.00	0.15	0.09145	51%-75% Above	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	8	30.00	0.42	0.09145	200% Above	No	No
68001050300	METOPROLOL SUCC ER 200 MG TAB	4	135.00	0.28	0.17764	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001050300	METOPROLOL SUCC ER 200 MG TAB	8	135.00	0.28	0.18702	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	7	30.00	0.06	0.12674	26%-50% Below	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	7	30.00	0.09	0.08496	10%-25% Above	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	7	60.00	0.09	0.08496	10%-25% Above	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	7	90.00	0.09	0.08496	10%-25% Above	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	8	30.00	0.09	0.08375	10%-25% Above	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	8	90.00	0.09	0.08375	10%-25% Above	No	No
68001056603	POTASSIUM CL ER 10 MEQ TABLET	5	60.00	0.12	0.13803	10%-25% Below	No	No
68001056603	POTASSIUM CL ER 10 MEQ TABLET	6	60.00	0.12	0.13488	10%-25% Below	No	No
68001056700	POTASSIUM CL ER 20 MEQ TABLET	4	5.00	0.10	0.13796	10%-25% Below	No	No
68001056700	POTASSIUM CL ER 20 MEQ TABLET	7	30.00	0.10	0.13327	10%-25% Below	No	No
68001056703	POTASSIUM CL ER 20 MEQ TABLET	4	60.00	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
68001056703	POTASSIUM CL ER 20 MEQ TABLET	5	30.00	0.10	0.13670	10%-25% Below	No	No
68001056703	POTASSIUM CL ER 20 MEQ TABLET	5	90.00	0.10	0.13670	10%-25% Below	No	No
68001056703	POTASSIUM CL ER 20 MEQ TABLET	5	180.00	0.10	0.13670	10%-25% Below	No	No
68001056703	POTASSIUM CL ER 20 MEQ TABLET	6	90.00	0.10	0.13474	10%-25% Below	No	No
68001056703	POTASSIUM CL ER 20 MEQ TABLET	7	10.00	0.10	0.13327	10%-25% Below	No	No
68001056703	POTASSIUM CL ER 20 MEQ TABLET	7	30.00	0.10	0.13327	10%-25% Below	No	No
68001056703	POTASSIUM CL ER 20 MEQ TABLET	7	90.00	0.10	0.13327	10%-25% Below	No	No
68001056703	POTASSIUM CL ER 20 MEQ TABLET	7	90.00	0.25	0.13327	76%-100% Above	No	No
68001056703	POTASSIUM CL ER 20 MEQ TABLET	8	10.00	0.10	0.13505	10%-25% Below	No	No
68001056703	POTASSIUM CL ER 20 MEQ TABLET	8	30.00	0.10	0.13505	10%-25% Below	No	No
68001056703	POTASSIUM CL ER 20 MEQ TABLET	8	90.00	0.10	0.13505	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001056806	CLONIDINE HCL ER 0.1 MG TABLET	4	30.00	0.55	0.25366	101%-200% Above	No	No
68001056806	CLONIDINE HCL ER 0.1 MG TABLET	5	60.00	0.55	0.25159	101%-200% Above	No	No
68001056806	CLONIDINE HCL ER 0.1 MG TABLET	6	60.00	0.55	0.24358	101%-200% Above	No	No
68001056806	CLONIDINE HCL ER 0.1 MG TABLET	7	30.00	0.55	0.22901	101%-200% Above	No	No
68001057400	DESMOPRESSIN ACETATE 0.1 MG TB	7	60.00	0.21	0.23822	10%-25% Below	No	No
68001058403	GLIMEPIRIDE 1 MG TABLET	8	90.00	0.08	0.02389	200% Above	No	No
68001058600	GLIMEPIRIDE 4 MG TABLET	5	180.00	0.17	0.05182	200% Above	No	No
68001058600	GLIMEPIRIDE 4 MG TABLET	6	90.00	0.17	0.05243	200% Above	No	No
68001058600	GLIMEPIRIDE 4 MG TABLET	8	135.00	0.16	0.05144	200% Above	No	No
68001058603	GLIMEPIRIDE 4 MG TABLET	5	135.00	0.08	0.05182	51%-75% Above	No	No
68001058603	GLIMEPIRIDE 4 MG TABLET	8	90.00	0.17	0.05144	200% Above	No	No
68001058603	GLIMEPIRIDE 4 MG TABLET	8	135.00	0.08	0.05144	51%-75% Above	No	No
68001059100	ESCITALOPRAM 5 MG TABLET	4	30.00	0.12	0.04127	101%-200% Above	No	No
68001059100	ESCITALOPRAM 5 MG TABLET	5	30.00	0.12	0.04188	101%-200% Above	No	No
68001059100	ESCITALOPRAM 5 MG TABLET	5	90.00	0.12	0.04188	101%-200% Above	No	No
68001059100	ESCITALOPRAM 5 MG TABLET	6	90.00	0.12	0.04215	101%-200% Above	No	No
68001059100	ESCITALOPRAM 5 MG TABLET	7	90.00	0.07	0.04234	51%-75% Above	No	No
68001059200	ESCITALOPRAM 10 MG TABLET	4	30.00	0.13	0.04013	200% Above	No	No
68001059200	ESCITALOPRAM 10 MG TABLET	4	90.00	0.13	0.04013	200% Above	No	No
68001059200	ESCITALOPRAM 10 MG TABLET	5	30.00	0.13	0.03977	200% Above	No	No
68001059200	ESCITALOPRAM 10 MG TABLET	5	90.00	0.13	0.03977	200% Above	No	No
68001059200	ESCITALOPRAM 10 MG TABLET	6	30.00	0.13	0.03941	200% Above	No	No
68001059200	ESCITALOPRAM 10 MG TABLET	7	30.00	0.13	0.03914	200% Above	No	No
68001059200	ESCITALOPRAM 10 MG TABLET	7	90.00	0.13	0.03914	200% Above	No	No
68001059200	ESCITALOPRAM 10 MG TABLET	8	90.00	0.11	0.03940	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001059208	ESCITALOPRAM 10 MG TABLET	4	30.00	0.09	0.04013	101%-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	4	60.00	0.13	0.04013	200% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	4	90.00	0.13	0.04013	200% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	5	30.00	0.09	0.03977	101%-200% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	5	30.00	0.13	0.03977	200% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	5	90.00	0.13	0.03977	200% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	5	135.00	0.13	0.03977	200% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	6	30.00	0.13	0.03941	200% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	6	90.00	0.09	0.03941	101%-200% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	6	90.00	0.13	0.03941	200% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	7	30.00	0.13	0.03914	200% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	7	60.00	0.13	0.03914	200% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	7	90.00	0.13	0.03914	200% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	8	30.00	0.13	0.03940	200% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	8	90.00	0.13	0.03940	200% Above	No	No
68001059300	ESCITALOPRAM 20 MG TABLET	4	30.00	0.11	0.06129	76%-100% Above	No	No
68001059300	ESCITALOPRAM 20 MG TABLET	4	90.00	0.11	0.06129	76%-100% Above	No	No
68001059300	ESCITALOPRAM 20 MG TABLET	4	135.00	0.11	0.06129	76%-100% Above	No	No
68001059300	ESCITALOPRAM 20 MG TABLET	4	180.00	0.11	0.06129	76%-100% Above	No	No
68001059300	ESCITALOPRAM 20 MG TABLET	5	30.00	0.11	0.06332	76%-100% Above	No	No
68001059300	ESCITALOPRAM 20 MG TABLET	5	90.00	0.11	0.06332	76%-100% Above	No	No
68001059300	ESCITALOPRAM 20 MG TABLET	6	90.00	0.11	0.06389	76%-100% Above	No	No
68001059300	ESCITALOPRAM 20 MG TABLET	7	30.00	0.11	0.06372	76%-100% Above	No	No
68001059300	ESCITALOPRAM 20 MG TABLET	7	90.00	0.11	0.06372	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	180.00	0.11	0.06372	76%-100% Above	No	No
68001059300	ESCITALOPRAM 20 MG TABLET	8	30.00	0.11	0.06278	76%-100% Above	No	No
68001059300	ESCITALOPRAM 20 MG TABLET	8	90.00	0.11	0.06278	76%-100% Above	No	No
68001059300	ESCITALOPRAM 20 MG TABLET	8	135.00	0.11	0.06278	76%-100% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	4	30.00	0.11	0.06129	76%-100% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	4	45.00	0.11	0.06129	76%-100% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	4	60.00	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	4	90.00	0.12	0.06129	76%-100% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	5	30.00	0.11	0.06332	76%-100% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	5	45.00	0.11	0.06332	76%-100% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	5	90.00	0.11	0.06332	76%-100% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	6	30.00	0.11	0.06389	76%-100% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	6	45.00	0.11	0.06389	76%-100% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	6	60.00	0.11	0.06389	76%-100% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	6	90.00	0.11	0.06389	76%-100% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	6	90.00	0.12	0.06389	76%-100% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	6	90.00	0.13	0.06389	101%-200% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	6	180.00	0.11	0.06389	76%-100% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	7	30.00	0.11	0.06372	76%-100% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	7	45.00	0.11	0.06372	76%-100% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	7	90.00	0.11	0.06372	76%-100% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	8	30.00	0.11	0.06278	76%-100% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	8	30.00	0.14	0.06278	101%-200% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	8	45.00	0.11	0.06278	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	90.00	0.11	0.06278	76%-100% Above	No	No
68001059406	DULOXETINE HCL DR 20 MG CAP	5	180.00	0.22	0.12772	51%-75% Above	No	No
68001059406	DULOXETINE HCL DR 20 MG CAP	7	60.00	0.13	0.11612	10%-25% Above	No	No
68001059406	DULOXETINE HCL DR 20 MG CAP	7	180.00	0.22	0.11612	76%-100% Above	No	No
68001059508	DULOXETINE HCL DR 30 MG CAP	4	30.00	0.04	0.09517	51%-75% Below	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	90.00	0.11	0.09517	10%-25% Above	No	No
68001059508	DULOXETINE HCL DR 30 MG CAP	5	30.00	0.11	0.09840	10%-25% Above	No	No
68001059508	DULOXETINE HCL DR 30 MG CAP	6	30.00	0.05	0.10077	51%-75% Below	No	No
68001059508	DULOXETINE HCL DR 30 MG CAP	6	30.00	0.11	0.10077	10%-25% Above	No	No
68001059508	DULOXETINE HCL DR 30 MG CAP	6	60.00	0.11	0.10077	10%-25% Above	No	No
68001059508	DULOXETINE HCL DR 30 MG CAP	6	270.00	0.11	0.10077	10%-25% Above	No	No
68001059508	DULOXETINE HCL DR 30 MG CAP	7	30.00	0.05	0.10141	51%-75% Below	No	No
68001059604	DULOXETINE HCL DR 60 MG CAP	4	30.00	0.14	0.12286	10%-25% Above	No	No
68001059604	DULOXETINE HCL DR 60 MG CAP	6	30.00	0.14	0.12954	10%-25% Above	No	No
68001059604	DULOXETINE HCL DR 60 MG CAP	7	30.00	0.14	0.12914	10%-25% Above	No	No
68001059608	DULOXETINE HCL DR 60 MG CAP	4	30.00	0.06	0.12286	51%-75% Below	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	90.00	0.14	0.12286	10%-25% Above	No	No
68001059608	DULOXETINE HCL DR 60 MG CAP	5	30.00	0.06	0.13065	51%-75% Below	No	No
68001059608	DULOXETINE HCL DR 60 MG CAP	6	30.00	0.06	0.12954	51%-75% Below	No	No
68001059608	DULOXETINE HCL DR 60 MG CAP	6	30.00	0.14	0.12954	10%-25% Above	No	No
68001059608	DULOXETINE HCL DR 60 MG CAP	6	90.00	0.14	0.12954	10%-25% Above	No	No
68001059608	DULOXETINE HCL DR 60 MG CAP	6	180.00	0.14	0.12954	10%-25% Above	No	No
68001059608	DULOXETINE HCL DR 60 MG CAP	7	30.00	0.06	0.12914	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001059608	DULOXETINE HCL DR 60 MG CAP	7	30.00	0.14	0.12914	10%-25% Above	No	No
68001059608	DULOXETINE HCL DR 60 MG CAP	7	180.00	0.14	0.12914	10%-25% Above	No	No
68001059608	DULOXETINE HCL DR 60 MG CAP	8	30.00	0.14	0.12934	10%-25% Above	No	No
68001059608	DULOXETINE HCL DR 60 MG CAP	8	90.00	0.14	0.12934	10%-25% Above	No	No
68001060400	NITROFURANTOIN MCR 50 MG CAP	4	30.00	0.18	0.14106	26%-50% Above	No	No
68001060400	NITROFURANTOIN MCR 50 MG CAP	5	30.00	0.18	0.13959	26%-50% Above	No	No
68001060400	NITROFURANTOIN MCR 50 MG CAP	6	30.00	0.18	0.15272	10%-25% Above	No	No
68001060400	NITROFURANTOIN MCR 50 MG CAP	7	30.00	0.18	0.15608	10%-25% Above	No	No
68001060400	NITROFURANTOIN MCR 50 MG CAP	7	30.00	0.41	0.15608	101%-200% Above	No	No
68001060400	NITROFURANTOIN MCR 50 MG CAP	7	90.00	0.18	0.15608	10%-25% Above	No	No
68001060400	NITROFURANTOIN MCR 50 MG CAP	8	30.00	0.18	0.15869	10%-25% Above	No	No
68001060400	NITROFURANTOIN MCR 50 MG CAP	8	30.00	0.41	0.15869	101%-200% Above	No	No
68001060600	NITROFURANTOIN MONO-MCR 100 MG	4	14.00	0.71	0.32469	101%-200% Above	No	No
68001060600	NITROFURANTOIN MONO-MCR 100 MG	5	14.00	0.93	0.32261	101%-200% Above	No	No
68001060600	NITROFURANTOIN MONO-MCR 100 MG	6	10.00	0.34	0.30785	10%-25% Above	No	No
68001060600	NITROFURANTOIN MONO-MCR 100 MG	6	14.00	0.34	0.30785	10%-25% Above	No	No
68001060600	NITROFURANTOIN MONO-MCR 100 MG	6	14.00	1.06	0.30785	200% Above	No	No
68001060600	NITROFURANTOIN MONO-MCR 100 MG	7	10.00	0.34	0.30153	10%-25% Above	No	No
68001060600	NITROFURANTOIN MONO-MCR 100 MG	7	14.00	0.34	0.30153	10%-25% Above	No	No
68001060600	NITROFURANTOIN MONO-MCR 100 MG	7	14.00	1.06	0.30153	200% Above	No	No
68001060600	NITROFURANTOIN MONO-MCR 100 MG	8	10.00	0.34	0.29780	10%-25% Above	No	No
68001060600	NITROFURANTOIN MONO-MCR 100 MG	8	10.00	0.99	0.29780	200% Above	No	No
68001060600	NITROFURANTOIN MONO-MCR 100 MG	8	14.00	0.34	0.29780	10%-25% Above	No	No
68001060600	NITROFURANTOIN MONO-MCR 100 MG	8	14.00	0.71	0.29780	101%-200% Above	No	No
68001061200	DICLOFENAC SOD ER 100 MG TAB	5	30.00	0.36	0.73145	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001061200	DICLOFENAC SOD ER 100 MG TAB	5	30.00	0.40	0.73145	26%-50% Below	No	No
68001061200	DICLOFENAC SOD ER 100 MG TAB	5	90.00	0.40	0.73145	26%-50% Below	No	No
68001061200	DICLOFENAC SOD ER 100 MG TAB	6	30.00	0.40	0.71035	26%-50% Below	No	No
68001061200	DICLOFENAC SOD ER 100 MG TAB	6	30.00	0.40	0.71035	26%-50% Below	No	No
68001061200	DICLOFENAC SOD ER 100 MG TAB	7	30.00	0.40	0.68303	26%-50% Below	No	No
68001061200	DICLOFENAC SOD ER 100 MG TAB	7	90.00	0.40	0.68303	26%-50% Below	No	No
68001061303	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.43	0.07697	200% Above	No	No
68001061303	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.50	0.07697	200% Above	No	No
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	5	30.00	0.43	0.07895	200% Above	No	No
68001061303	BUPROPION HCL XL 150 MG TABLET	5	90.00	0.17	0.07895	101%-200% Above	No	No
68001061303	BUPROPION HCL XL 150 MG TABLET	5	90.00	0.43	0.07895	200% Above	No	No
68001061303	BUPROPION HCL XL 150 MG TABLET	6	30.00	0.43	0.07787	200% Above	No	No
68001061303	BUPROPION HCL XL 150 MG TABLET	6	30.00	0.50	0.07787	200% Above	No	No
68001061303	BUPROPION HCL XL 150 MG TABLET	7	30.00	0.42	0.10163	200% Above	No	No
68001061303	BUPROPION HCL XL 150 MG TABLET	7	30.00	0.43	0.07775	200% Above	No	No
68001061303	BUPROPION HCL XL 150 MG TABLET	7	30.00	0.50	0.07775	200% Above	No	No
68001061303	BUPROPION HCL XL 150 MG TABLET	7	90.00	0.43	0.07775	200% Above	No	No
68001061303	BUPROPION HCL XL 150 MG TABLET	8	30.00	0.43	0.07872	200% Above	No	No
68001061303	BUPROPION HCL XL 150 MG TABLET	8	90.00	0.04	0.07872	26%-50% Below	No	No
68001061303	BUPROPION HCL XL 150 MG TABLET	8	90.00	0.43	0.07872	200% Above	No	No
68001061305	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.43	0.07697	200% Above	No	No
68001061305	BUPROPION HCL XL 150 MG TABLET	4	90.00	0.43	0.07697	200% Above	No	No
68001061305	BUPROPION HCL XL 150 MG TABLET	5	90.00	0.43	0.07895	200% Above	No	No
68001061305	BUPROPION HCL XL 150 MG TABLET	6	90.00	0.33	0.07787	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001061305	BUPROPION HCL XL 150 MG TABLET	6	90.00	0.43	0.07787	200% Above	No	No
68001061305	BUPROPION HCL XL 150 MG TABLET	6	180.00	0.43	0.07787	200% Above	No	No
68001061305	BUPROPION HCL XL 150 MG TABLET	7	30.00	0.43	0.07775	200% Above	No	No
68001061305	BUPROPION HCL XL 150 MG TABLET	7	90.00	0.43	0.07775	200% Above	No	No
68001061305	BUPROPION HCL XL 150 MG TABLET	8	30.00	0.43	0.07872	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	5	30.00	0.33	0.11542	101%-200% Above	No	No
68001061403	BUPROPION HCL XL 300 MG TABLET	5	30.00	0.39	0.11542	200% Above	No	No
68001061403	BUPROPION HCL XL 300 MG TABLET	5	90.00	0.39	0.11542	200% Above	No	No
68001061403	BUPROPION HCL XL 300 MG TABLET	6	30.00	0.33	0.11150	101%-200% Above	No	No
68001061403	BUPROPION HCL XL 300 MG TABLET	6	30.00	0.39	0.11150	200% Above	No	No
68001061403	BUPROPION HCL XL 300 MG TABLET	6	90.00	0.39	0.11150	200% Above	No	No
68001061403	BUPROPION HCL XL 300 MG TABLET	7	30.00	0.39	0.10412	200% Above	No	No
68001061403	BUPROPION HCL XL 300 MG TABLET	7	90.00	0.39	0.10412	200% Above	No	No
68001061403	BUPROPION HCL XL 300 MG TABLET	8	30.00	0.33	0.10137	200% Above	No	No
68001061403	BUPROPION HCL XL 300 MG TABLET	8	90.00	0.39	0.10137	200% Above	No	No
68001061404	BUPROPION HCL XL 300 MG TABLET	5	30.00	0.39	0.11542	200% Above	No	No
68001061404	BUPROPION HCL XL 300 MG TABLET	5	90.00	0.17	0.11542	26%-50% Above	No	No
68001061404	BUPROPION HCL XL 300 MG TABLET	5	90.00	0.39	0.11542	200% Above	No	No
68001061404	BUPROPION HCL XL 300 MG TABLET	6	30.00	0.39	0.11150	200% Above	No	No
68001061404	BUPROPION HCL XL 300 MG TABLET	7	30.00	0.39	0.10412	200% Above	No	No
68001061404	BUPROPION HCL XL 300 MG TABLET	8	90.00	0.17	0.10137	51%-75% Above	No	No
68001061405	BUPROPION HCL XL 300 MG TABLET	4	90.00	0.44	0.11025	200% Above	No	No
68001061405	BUPROPION HCL XL 300 MG TABLET	5	90.00	0.39	0.11542	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	14.00	0.64	0.10412	200% Above	No	No
68001061405	BUPROPION HCL XL 300 MG TABLET	8	90.00	0.39	0.10137	200% Above	No	No
68001061405	BUPROPION HCL XL 300 MG TABLET	8	90.00	0.44	0.10137	200% Above	No	No
68001061903	POTASSIUM CL ER 10 MEQ CAPSULE	4	90.00	0.11	0.13651	10%-25% Below	No	No
68001061903	POTASSIUM CL ER 10 MEQ CAPSULE	6	30.00	0.11	0.13312	10%-25% Below	No	No
68001062401	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	0.19	0.11381	51%-75% Above	No	No
68001062401	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.00	0.19	0.11333	51%-75% Above	No	No
68001062401	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.00	0.62	0.11333	200% Above	No	No
68001062401	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	0.19	0.11242	51%-75% Above	No	No
68001062401	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	0.47	0.11242	200% Above	No	No
68001062401	METHYLPREDNISOLONE 4 MG DOSEPK	7	1.00	0.19	0.11599	51%-75% Above	No	No
68001062401	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.00	0.19	0.11599	51%-75% Above	No	No
68001062401	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.00	0.47	0.11599	200% Above	No	No
68001062401	METHYLPREDNISOLONE 4 MG DOSEPK	7	24.00	0.19	0.11599	51%-75% Above	No	No
68001062401	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.00	0.19	0.12579	51%-75% Above	No	No
68001065317	ZENATANE 20 MG CAPSULE	5	30.00	0.99	1.91420	26%-50% Below	No	No
68001065417	ZENATANE 30 MG CAPSULE	5	60.00	2.42	2.06437	10%-25% Above	No	No
68001065417	ZENATANE 30 MG CAPSULE	6	60.00	2.42	2.09934	10%-25% Above	No	No
68001065417	ZENATANE 30 MG CAPSULE	8	60.00	2.42	2.17435	10%-25% Above	No	No
68001065517	ZENATANE 40 MG CAPSULE	5	30.00	1.27	2.18087	26%-50% Below	No	No
68001065517	ZENATANE 40 MG CAPSULE	6	30.00	1.27	2.16722	26%-50% Below	No	No
68001065517	ZENATANE 40 MG CAPSULE	7	30.00	1.20	2.15679	26%-50% Below	No	No
68001067000	FLUOXETINE HCL 10 MG CAPSULE	5	90.00	0.11	0.03640	101%-200% Above	No	No
68001067000	FLUOXETINE HCL 10 MG CAPSULE	8	90.00	0.02	0.03625	26%-50% Below	No	No
68001067008	FLUOXETINE HCL 10 MG CAPSULE	4	30.00	0.11	0.03706	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001067008	FLUOXETINE HCL 10 MG CAPSULE	5	30.00	0.11	0.03640	101%-200% Above	No	No
68001067008	FLUOXETINE HCL 10 MG CAPSULE	5	90.00	0.11	0.03640	101%-200% Above	No	No
68001067008	FLUOXETINE HCL 10 MG CAPSULE	6	30.00	0.11	0.03543	200% Above	No	No
68001067008	FLUOXETINE HCL 10 MG CAPSULE	6	90.00	0.11	0.03543	200% Above	No	No
68001067008	FLUOXETINE HCL 10 MG CAPSULE	7	30.00	0.11	0.03579	200% Above	No	No
68001067008	FLUOXETINE HCL 10 MG CAPSULE	8	30.00	0.11	0.03625	101%-200% Above	No	No
68001067100	FLUOXETINE HCL 20 MG CAPSULE	4	30.00	0.04	0.02973	10%-25% Above	No	No
68001067100	FLUOXETINE HCL 20 MG CAPSULE	5	30.00	0.04	0.02999	10%-25% Above	No	No
68001067100	FLUOXETINE HCL 20 MG CAPSULE	5	90.00	0.08	0.02999	101%-200% Above	No	No
68001067100	FLUOXETINE HCL 20 MG CAPSULE	6	30.00	0.04	0.02918	10%-25% Above	No	No
68001067100	FLUOXETINE HCL 20 MG CAPSULE	6	90.00	0.08	0.02918	101%-200% Above	No	No
68001067100	FLUOXETINE HCL 20 MG CAPSULE	8	90.00	0.08	0.02885	101%-200% Above	No	No
68001067108	FLUOXETINE HCL 20 MG CAPSULE	4	30.00	0.01	0.02973	51%-75% Below	No	No
68001067108	FLUOXETINE HCL 20 MG CAPSULE	4	30.00	0.08	0.02973	101%-200% Above	No	No
68001067108	FLUOXETINE HCL 20 MG CAPSULE	4	90.00	0.02	0.02973	10%-25% Below	No	No
68001067108	FLUOXETINE HCL 20 MG CAPSULE	4	90.00	0.08	0.02973	101%-200% Above	No	No
68001067108	FLUOXETINE HCL 20 MG CAPSULE	5	30.00	0.08	0.02999	101%-200% Above	No	No
68001067108	FLUOXETINE HCL 20 MG CAPSULE	5	90.00	0.02	0.02999	26%-50% Below	No	No
68001067108	FLUOXETINE HCL 20 MG CAPSULE	5	90.00	0.08	0.02999	101%-200% Above	No	No
68001067108	FLUOXETINE HCL 20 MG CAPSULE	6	30.00	0.08	0.02918	101%-200% Above	No	No
68001067108	FLUOXETINE HCL 20 MG CAPSULE	6	90.00	0.02	0.02918	26%-50% Below	No	No
68001067108	FLUOXETINE HCL 20 MG CAPSULE	6	90.00	0.03	0.02918	10%-25% Above	No	No
68001067108	FLUOXETINE HCL 20 MG CAPSULE	7	30.00	0.04	0.02903	26%-50% Above	No	No
68001067108	FLUOXETINE HCL 20 MG CAPSULE	7	30.00	0.08	0.02903	101%-200% Above	No	No
68001067108	FLUOXETINE HCL 20 MG CAPSULE	8	30.00	0.04	0.02885	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001067108	FLUOXETINE HCL 20 MG CAPSULE	8	30.00	0.04	0.02885	26%-50% Above	No	No
68001067108	FLUOXETINE HCL 20 MG CAPSULE	8	30.00	0.08	0.02885	101%-200% Above	No	No
68001067108	FLUOXETINE HCL 20 MG CAPSULE	8	90.00	0.02	0.02885	26%-50% Below	No	No
68001067108	FLUOXETINE HCL 20 MG CAPSULE	8	90.00	0.08	0.02885	101%-200% Above	No	No
68001067203	FLUOXETINE HCL 40 MG CAPSULE	4	90.00	0.11	0.05279	101%-200% Above	No	No
68001067203	FLUOXETINE HCL 40 MG CAPSULE	4	180.00	0.11	0.05279	101%-200% Above	No	No
68001067203	FLUOXETINE HCL 40 MG CAPSULE	5	30.00	0.11	0.05206	101%-200% Above	No	No
68001067203	FLUOXETINE HCL 40 MG CAPSULE	5	60.00	0.11	0.05206	101%-200% Above	No	No
68001067203	FLUOXETINE HCL 40 MG CAPSULE	5	90.00	0.11	0.05206	101%-200% Above	No	No
68001067203	FLUOXETINE HCL 40 MG CAPSULE	5	180.00	0.11	0.05206	101%-200% Above	No	No
68001067203	FLUOXETINE HCL 40 MG CAPSULE	6	30.00	0.11	0.05135	101%-200% Above	No	No
68001067203	FLUOXETINE HCL 40 MG CAPSULE	6	90.00	0.11	0.05135	101%-200% Above	No	No
68001067203	FLUOXETINE HCL 40 MG CAPSULE	6	90.00	0.16	0.05135	200% Above	No	No
68001067203	FLUOXETINE HCL 40 MG CAPSULE	6	180.00	0.11	0.05135	101%-200% Above	No	No
68001067203	FLUOXETINE HCL 40 MG CAPSULE	7	30.00	0.11	0.05015	101%-200% Above	No	No
68001067203	FLUOXETINE HCL 40 MG CAPSULE	7	30.00	0.17	0.05015	200% Above	No	No
68001067203	FLUOXETINE HCL 40 MG CAPSULE	7	60.00	0.11	0.05015	101%-200% Above	No	No
68001067203	FLUOXETINE HCL 40 MG CAPSULE	7	90.00	0.11	0.05015	101%-200% Above	No	No
68001067203	FLUOXETINE HCL 40 MG CAPSULE	7	180.00	0.11	0.05015	101%-200% Above	No	No
68001067203	FLUOXETINE HCL 40 MG CAPSULE	8	30.00	0.11	0.04990	101%-200% Above	No	No
68001067203	FLUOXETINE HCL 40 MG CAPSULE	8	30.00	0.17	0.04990	200% Above	No	No
68001067203	FLUOXETINE HCL 40 MG CAPSULE	8	90.00	0.11	0.04990	101%-200% Above	No	No
68001067203	FLUOXETINE HCL 40 MG CAPSULE	8	180.00	0.11	0.04990	101%-200% Above	No	No
68001068403	METOPROL SUC TAB 25MG ER	4	30.00	0.03	.		No	No
68001068403	METOPROL SUC TAB 25MG ER	4	30.00	0.11	.		No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001068403	METOPROL SUC TAB 25MG ER	4	60.00	0.11	.		No	No
68001068403	METOPROLOL SUCC ER 25 MG TAB	5	15.00	0.11	0.05865	76%-100% Above	No	No
68001068403	METOPROLOL SUCC ER 25 MG TAB	5	30.00	0.11	0.05865	76%-100% Above	No	No
68001068403	METOPROLOL SUCC ER 25 MG TAB	5	60.00	0.11	0.05865	76%-100% Above	No	No
68001068403	METOPROLOL SUCC ER 25 MG TAB	7	90.00	0.11	0.04953	101%-200% Above	No	No
68001068503	METOPROL SUC TAB 50MG ER	4	30.00	0.11	.		No	No
68001068503	METOPROLOL SUCC ER 50 MG TAB	5	90.00	0.11	0.05393	76%-100% Above	No	No
68001068503	METOPROLOL SUCC ER 50 MG TAB	6	90.00	0.19	0.05788	200% Above	No	No
68012030930	UCERIS TAB 9MG	8	30.00	57.01	.		No	No
68047018616	NOHIST-DM LIQUID	6	100.00	0.15	0.06723	101%-200% Above	Yes	No
68047025301	OSCIMIN SL 0.125 MG TABLET	7	30.00	0.37	0.19620	76%-100% Above	No	No
68094048070	METFORMIN HCL 1,000 MG TABLET	5	60.00	0.03	0.02457	26%-50% Above	No	No
68094048960	GABAPENTIN 800 MG TABLET	7	270.00	0.05	0.09381	26%-50% Below	No	No
68094079903	AZITHROMYCIN 500 MG TABLET	8	5.00	0.85	0.56045	51%-75% Above	No	No
68094079903	AZITHROMYCIN 500 MG TABLET	8	5.00	0.98	0.56045	51%-75% Above	No	No
68094079930	AZITHROMYCIN 500 MG TABLET	4	5.00	0.72	0.59082	10%-25% Above	No	No
68094079930	AZITHROMYCIN 500 MG TABLET	4	5.00	0.76	0.59082	26%-50% Above	No	No
68094079930	AZITHROMYCIN 500 MG TABLET	5	3.00	0.48	0.59739	10%-25% Below	No	No
68094079930	AZITHROMYCIN 500 MG TABLET	5	5.00	0.46	0.59739	10%-25% Below	No	No
68094079930	AZITHROMYCIN 500 MG TABLET	5	6.00	0.48	0.59739	10%-25% Below	No	No
68094079930	AZITHROMYCIN 500 MG TABLET	7	5.00	0.74	0.58506	26%-50% Above	No	No
68094079930	AZITHROMYCIN 500 MG TABLET	7	5.00	0.76	0.58506	26%-50% Above	No	No
68094079930	AZITHROMYCIN 500 MG TABLET	7	7.00	0.48	0.58506	10%-25% Below	No	No
68094080450	METFORMIN HCL ER 750 MG TABLET	5	30.00	0.05	0.05528	10%-25% Below	No	No
68094080450	METFORMIN HCL ER 750 MG TABLET	6	30.00	0.05	0.05484	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68094080450	METFORMIN HCL ER 750 MG TABLET	7	30.00	0.05	0.05481	10%-25% Below	No	No
68094090006	AZITHROMYCIN 250 MG TABLET	3	6.00	0.34	0.28827	10%-25% 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	5	6.00	0.16	0.28000	26%-50% Below	No	No
68094090006	AZITHROMYCIN 250 MG TABLET	5	6.00	0.41	0.28000	26%-50% Above	No	No
68094090006	AZITHROMYCIN 250 MG TABLET	6	6.00	0.41	0.27765	26%-50% Above	No	No
68094090006	AZITHROMYCIN 250 MG TABLET	7	6.00	0.41	0.26796	51%-75% Above	No	No
68094090006	AZITHROMYCIN 250 MG TABLET	7	6.00	0.45	0.26796	51%-75% Above	No	No
68094090006	AZITHROMYCIN 250 MG TABLET	8	6.00	0.41	0.26759	51%-75% Above	No	No
68094090018	AZITHROMYCIN 250 MG TABLET	5	6.00	0.34	0.28000	10%-25% Above	No	No
68094090018	AZITHROMYCIN 250 MG TABLET	6	6.00	0.34	0.27765	10%-25% Above	No	No
68094090018	AZITHROMYCIN 250 MG TABLET	6	6.00	0.40	0.27765	26%-50% Above	No	No
68094090018	AZITHROMYCIN 250 MG TABLET	8	6.00	0.22	0.26759	10%-25% Below	No	No
68094090030	AZITHROMYCIN 250 MG TABLET	5	6.00	0.31	0.28000	10%-25% Above	No	No
68094090030	AZITHROMYCIN 250 MG TABLET	5	14.00	0.31	0.28000	10%-25% Above	No	No
68094090950	NALTREXONE 50 MG TABLET	5	30.00	0.63	1.21176	26%-50% Below	No	No
68094090950	NALTREXONE 50 MG TABLET	6	30.00	0.63	1.19104	26%-50% Below	No	No
68180011402	LEVETIRACETAM 750 MG TABLET	5	60.00	0.19	0.11666	51%-75% Above	No	No
68180011402	LEVETIRACETAM 750 MG TABLET	6	60.00	0.19	0.11643	51%-75% Above	No	No
68180011402	LEVETIRACETAM 750 MG TABLET	7	60.00	0.19	0.11324	51%-75% Above	No	No
68180011807	LEVETIRACETAM ER 750 MG TABLET	4	60.00	0.14	0.24315	26%-50% Below	Yes	No
68180011807	LEVETIRACETAM ER 750 MG TABLET	6	60.00	0.14	0.24086	26%-50% Below	Yes	No
68180011807	LEVETIRACETAM ER 750 MG TABLET	8	60.00	0.14	0.21040	26%-50% Below	Yes	No
68180012101	CEPHALEXIN 250 MG CAPSULE	4	90.00	0.14	0.09505	51%-75% Above	Yes	No
68180012101	CEPHALEXIN 250 MG CAPSULE	5	20.00	0.09	0.09582	10%-25% Below	Yes	No

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68180012101	CEPHALEXIN 250 MG CAPSULE	7	40.00	0.14	0.09555	26%-50% Above	Yes	No
68180012101	CEPHALEXIN 250 MG CAPSULE	7	90.00	0.14	0.09555	26%-50% Above	Yes	No
68180012101	CEPHALEXIN 250 MG CAPSULE	8	40.00	0.14	0.09205	51%-75% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	4	9.00	0.10	0.12184	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	4	10.00	0.10	0.12184	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	4	14.00	0.08	0.12184	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	4	14.00	0.16	0.12184	26%-50% Above	No	No
68180012202	CEPHALEXIN 500 MG CAPSULE	4	14.00	0.16	0.12184	26%-50% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	4	20.00	0.09	0.12184	26%-50% Below	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	21.00	0.16	0.12184	26%-50% Above	No	No
68180012202	CEPHALEXIN 500 MG CAPSULE	4	28.00	0.16	0.12184	26%-50% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	4	40.00	0.07	0.12184	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	5	9.00	0.16	0.12141	26%-50% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	5	10.00	0.10	0.12141	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	5	10.00	0.16	0.12141	26%-50% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	5	14.00	0.16	0.12141	26%-50% Above	No	No
68180012202	CEPHALEXIN 500 MG CAPSULE	5	14.00	0.16	0.12141	26%-50% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	5	15.00	0.08	0.12141	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	5	20.00	0.08	0.12141	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	5	20.00	0.08	0.12141	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	5	20.00	0.09	0.12141	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	5	20.00	0.16	0.12141	26%-50% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	5	21.00	0.08	0.12141	26%-50% Below	Yes	No

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68180012202	CEPHALEXIN 500 MG CAPSULE	5	21.00	0.16	0.12141	26%-50% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	5	28.00	0.08	0.12141	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	5	28.00	0.16	0.12141	26%-50% Above	No	No
68180012202	CEPHALEXIN 500 MG CAPSULE	5	28.00	0.16	0.12141	26%-50% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	5	40.00	0.06	0.12141	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	6	12.00	0.16	0.12166	26%-50% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	6	14.00	0.10	0.12166	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	6	14.00	0.16	0.12166	26%-50% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	6	20.00	0.16	0.12166	26%-50% Above	No	No
68180012202	CEPHALEXIN 500 MG CAPSULE	6	20.00	0.16	0.12166	26%-50% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	6	21.00	0.16	0.12166	26%-50% Above	No	No
68180012202	CEPHALEXIN 500 MG CAPSULE	6	21.00	0.16	0.12166	26%-50% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	6	28.00	0.16	0.12166	26%-50% Above	No	No
68180012202	CEPHALEXIN 500 MG CAPSULE	7	14.00	0.08	0.12037	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	7	14.00	0.09	0.12037	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	7	14.00	0.16	0.12037	26%-50% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	7	15.00	0.08	0.12037	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	7	20.00	0.08	0.12037	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	7	20.00	0.16	0.12037	26%-50% Above	No	No
68180012202	CEPHALEXIN 500 MG CAPSULE	7	21.00	0.16	0.12037	26%-50% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	7	28.00	0.08	0.12037	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	7	28.00	0.16	0.12037	26%-50% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	7	30.00	0.07	0.12037	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	7	30.00	0.07	0.12037	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	7	30.00	0.16	0.12037	26%-50% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	40.00	0.16	0.12037	26%-50% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	8	10.00	0.09	0.12098	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	8	14.00	0.16	0.12098	26%-50% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	8	15.00	0.16	0.12098	26%-50% Above	No	No
68180012202	CEPHALEXIN 500 MG CAPSULE	8	20.00	0.08	0.12098	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	8	20.00	0.16	0.12098	26%-50% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	8	21.00	0.07	0.12098	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	8	21.00	0.16	0.12098	26%-50% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	8	28.00	0.07	0.12098	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	8	28.00	0.08	0.12098	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	8	28.00	0.16	0.12098	26%-50% Above	No	No
68180012202	CEPHALEXIN 500 MG CAPSULE	8	28.00	0.16	0.12098	26%-50% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	8	30.00	0.16	0.12098	26%-50% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	8	40.00	0.16	0.12098	26%-50% Above	Yes	No
68180015001	FAMOTIDINE 40 MG/5 ML SUSP	5	50.00	0.28	0.14331	76%-100% Above	No	No
68180015001	FAMOTIDINE 40 MG/5 ML SUSP	7	50.00	0.25	0.13700	76%-100% Above	No	No
68180015106	MIRABEGRON ER 25 MG TABLET	4	90.00	0.58	9.43444	76%-100% Below	No	No
68180015106	MIRABEGRON ER 25 MG TABLET	6	30.00	6.63	9.43316	26%-50% Below	No	No
68180015109	MIRABEGRON ER 25 MG TABLET	6	90.00	6.63	9.43316	26%-50% Below	No	No
68180015206	MIRABEGRON ER 50 MG TABLET	6	90.00	0.44	9.75392	76%-100% Below	No	No
68180015206	MIRABEGRON ER 50 MG TABLET	7	30.00	6.63	9.62685	26%-50% Below	No	No
68180015209	MIRABEGRON ER 50 MG TABLET	7	90.00	6.63	9.62685	26%-50% Below	No	No
68180015301	DESLORATADINE 5 MG TABLET	6	7.00	0.47	0.26114	76%-100% Above	No	No
68180015301	DESLORATADINE 5 MG TABLET	6	90.00	0.51	0.26114	76%-100% Above	No	No
68180015301	DESLORATADINE 5 MG TABLET	7	90.00	0.19	0.26149	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180015302	DESLORATADINE 5 MG TABLET	8	90.00	0.19	0.25526	10%-25% Below	No	No
68180018001	CEFADROXIL 500 MG CAPSULE	4	10.00	0.13	0.28603	51%-75% Below	Yes	No
68180018001	CEFADROXIL 500 MG CAPSULE	4	14.00	0.16	0.28603	26%-50% Below	Yes	No
68180018001	CEFADROXIL 500 MG CAPSULE	4	20.00	0.26	0.28603	10%-25% Below	Yes	No
68180018001	CEFADROXIL 500 MG CAPSULE	6	10.00	0.13	0.28433	51%-75% Below	Yes	No
68180018001	CEFADROXIL 500 MG CAPSULE	6	28.00	0.12	0.28433	51%-75% Below	Yes	No
68180018001	CEFADROXIL 500 MG CAPSULE	6	44.00	0.14	0.28433	51%-75% Below	No	No
68180018001	CEFADROXIL 500 MG CAPSULE	7	6.00	0.48	0.27624	51%-75% Above	No	No
68180018001	CEFADROXIL 500 MG CAPSULE	7	14.00	0.12	0.27624	51%-75% Below	Yes	No
68180018001	CEFADROXIL 500 MG CAPSULE	8	20.00	0.16	0.27805	26%-50% Below	Yes	No
68180018008	CEFADROXIL 500 MG CAPSULE	4	14.00	0.26	0.28603	10%-25% Below	No	No
68180021509	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	5	30.00	0.03	0.06184	51%-75% Below	No	No
68180021509	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	6	30.00	0.03	0.06214	51%-75% Below	No	No
68180021509	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	6	90.00	0.13	0.06214	101%-200% Above	No	No
68180021509	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	7	30.00	0.03	0.06015	51%-75% Below	No	No
68180021609	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	4	90.00	0.17	0.07510	101%-200% Above	No	No
68180021609	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	7	90.00	0.17	0.07417	101%-200% Above	No	No
68180023301	AMLODIPINE BESYLATE 2.5 MG TAB	5	30.00	0.12	0.01136	200% Above	No	No
68180023301	AMLODIPINE BESYLATE 2.5 MG TAB	6	90.00	0.12	0.01063	200% Above	No	No
68180023302	AMLODIPINE BESYLATE 2.5 MG TAB	7	30.00	0.00	0.01018	51%-75% Below	No	No
68180023302	AMLODIPINE BESYLATE 2.5 MG TAB	7	90.00	0.12	0.01018	200% Above	No	No
68180023302	AMLODIPINE BESYLATE 2.5 MG TAB	8	90.00	0.12	0.01027	200% Above	No	No
68180026002	DIVALPROEX SOD ER 250 MG TAB	7	30.00	0.24	0.13538	51%-75% Above	No	No
68180028101	ETHAMBUTOL HCL 400 MG TABLET	5	135.00	0.25	0.47280	26%-50% Below	No	No
68180028101	ETHAMBUTOL HCL 400 MG TABLET	6	135.00	0.25	0.46382	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180028101	ETHAMBUTOL HCL 400 MG TABLET	7	135.00	0.25	0.47120	26%-50% Below	No	No
68180029407	DULOXETINE HCL DR 20 MG CAP	7	30.00	0.13	0.11612	10%-25% Above	No	No
68180029407	DULOXETINE HCL DR 20 MG CAP	8	30.00	0.13	0.11726	10%-25% Above	No	No
68180029503	DULOXETINE HCL DR 30 MG CAP	5	30.00	0.50	0.09840	200% Above	No	No
68180029503	DULOXETINE HCL DR 30 MG CAP	6	30.00	0.50	0.10077	200% Above	No	No
68180029503	DULOXETINE HCL DR 30 MG CAP	6	60.00	0.11	0.10077	10%-25% Above	No	No
68180029503	DULOXETINE HCL DR 30 MG CAP	6	90.00	0.11	0.10077	10%-25% Above	No	No
68180029503	DULOXETINE HCL DR 30 MG CAP	6	90.00	0.42	0.10077	200% Above	No	No
68180029503	DULOXETINE HCL DR 30 MG CAP	8	60.00	0.17	0.10584	51%-75% Above	No	No
68180029506	DULOXETINE HCL DR 30 MG CAP	4	60.00	0.11	0.09517	10%-25% Above	No	No
68180029506	DULOXETINE HCL DR 30 MG CAP	8	90.00	0.50	0.10584	200% Above	No	No
68180029509	DULOXETINE HCL DR 30 MG CAP	6	30.00	0.11	0.10077	10%-25% Above	No	No
68180029509	DULOXETINE HCL DR 30 MG CAP	6	90.00	0.50	0.10077	200% Above	No	No
68180029509	DULOXETINE HCL DR 30 MG CAP	7	30.00	1.09	0.10141	200% 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	4	60.00	0.14	0.12286	10%-25% Above	No	No
68180029603	DULOXETINE HCL DR 60 MG CAP	4	60.00	0.17	0.12286	26%-50% Above	No	No
68180029603	DULOXETINE HCL DR 60 MG CAP	5	30.00	0.33	0.13065	101%-200% Above	No	No
68180029603	DULOXETINE HCL DR 60 MG CAP	5	30.00	0.45	0.13065	200% Above	No	No
68180029603	DULOXETINE HCL DR 60 MG CAP	6	30.00	0.14	0.12954	10%-25% Above	No	No
68180029603	DULOXETINE HCL DR 60 MG CAP	6	30.00	0.45	0.12954	200% Above	No	No
68180029603	DULOXETINE HCL DR 60 MG CAP	6	90.00	0.14	0.12954	10%-25% Above	No	No
68180029603	DULOXETINE HCL DR 60 MG CAP	6	180.00	0.11	0.12954	10%-25% Below	No	No
68180029603	DULOXETINE HCL DR 60 MG CAP	7	30.00	0.14	0.12914	10%-25% Above	No	No
68180029603	DULOXETINE HCL DR 60 MG CAP	7	90.00	0.14	0.12914	10%-25% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180029603	DULOXETINE HCL DR 60 MG CAP	7	180.00	0.11	0.12914	10%-25% Below	Yes	No
68180029603	DULOXETINE HCL DR 60 MG CAP	8	30.00	0.14	0.12934	10%-25% Above	No	No
68180029603	DULOXETINE HCL DR 60 MG CAP	8	30.00	0.45	0.12934	200% Above	No	No
68180029603	DULOXETINE HCL DR 60 MG CAP	8	90.00	0.17	0.12934	26%-50% Above	No	No
68180029606	DULOXETINE HCL DR 60 MG CAP	6	90.00	1.09	0.12954	200% Above	No	No
68180029609	DULOXETINE HCL DR 60 MG CAP	6	60.00	0.50	0.12954	200% Above	No	No
68180029706	DULOXETINE HCL DR 40 MG CAP	8	90.00	0.42	1.37666	51%-75% Below	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	30.00	0.50	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	4	90.00	0.48	0.07697	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	5	30.00	0.23	0.07895	101%-200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	5	30.00	0.43	0.07895	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	5	90.00	0.43	0.07895	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	6	30.00	0.23	0.07787	101%-200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	6	30.00	0.43	0.07787	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	7	30.00	0.23	0.07775	101%-200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	7	30.00	0.43	0.07775	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	8	30.00	0.43	0.07872	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	8	30.00	0.50	0.07872	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	8	90.00	0.43	0.07872	200% Above	No	No
68180031906	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.50	0.07697	200% Above	No	No
68180031906	BUPROPION HCL XL 150 MG TABLET	5	30.00	0.50	0.07895	200% Above	No	No
68180031906	BUPROPION HCL XL 150 MG TABLET	6	30.00	0.50	0.07787	200% Above	No	No
68180031906	BUPROPION HCL XL 150 MG TABLET	7	30.00	0.50	0.07775	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	30.00	0.03	0.07697	51%-75% Below	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.43	0.07697	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	4	90.00	0.28	0.07697	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	4	90.00	0.48	0.07697	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	5	30.00	0.17	0.07895	101%-200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	5	30.00	0.50	0.07895	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	5	30.00	0.50	0.07895	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	5	30.00	0.66	0.07895	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	5	90.00	0.43	0.07895	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	5	90.00	0.66	0.07895	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	6	30.00	0.43	0.07787	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	6	30.00	0.50	0.07787	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	6	30.00	0.50	0.07787	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	6	180.00	0.25	0.07787	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	7	30.00	0.33	0.07775	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	7	30.00	0.43	0.07775	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	7	30.00	0.66	0.07775	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	8	30.00	0.50	0.07872	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	8	90.00	0.43	0.07872	200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	4	30.00	0.39	0.11025	200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	4	90.00	0.33	0.11025	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	4	90.00	0.42	0.11025	200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	5	30.00	0.23	0.11542	76%-100% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	5	30.00	0.33	0.11542	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	30.00	0.39	0.11542	200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	5	90.00	0.17	0.11542	26%-50% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	5	90.00	0.33	0.11542	101%-200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	6	30.00	0.17	0.11150	26%-50% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	6	30.00	0.23	0.11150	101%-200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	6	30.00	0.39	0.11150	200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	6	90.00	0.01	0.11150	76%-100% Below	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	6	90.00	0.33	0.11150	101%-200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	6	90.00	0.39	0.11150	200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	7	30.00	0.23	0.10412	101%-200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	7	30.00	0.39	0.10412	200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	7	60.00	0.33	0.10412	200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	7	90.00	0.33	0.10412	200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	7	90.00	0.39	0.10412	200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	7	90.00	0.42	0.10412	200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	8	30.00	0.39	0.10137	200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	8	90.00	0.17	0.10137	51%-75% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	8	90.00	0.39	0.10137	200% Above	No	No
68180032009	BUPROPION HCL XL 300 MG TABLET	6	90.00	0.39	0.11150	200% Above	No	No
68180032009	BUPROPION HCL XL 300 MG TABLET	7	30.00	0.39	0.10412	200% Above	No	No
68180032009	BUPROPION HCL XL 300 MG TABLET	7	90.00	0.39	0.10412	200% Above	No	No
68180034606	DARUNAVIR 800 MG TABLET	4	30.00	9.01	2.12157	200% Above	No	No
68180035209	SERTRALINE HCL 50 MG TABLET	5	90.00	0.04	0.03457	10%-25% Above	No	No
68180035209	SERTRALINE HCL 50 MG TABLET	7	90.00	0.04	0.03468	10%-25% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	6	30.00	0.02	0.05065	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	30.00	0.09	0.05087	51%-75% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	11	30.00	0.10	0.05183	76%-100% Above	Yes	No
68180037609	LOSARTAN POTASSIUM 25 MG TAB	4	30.00	0.01	0.02106	51%-75% Below	No	No
68180037609	LOSARTAN POTASSIUM 25 MG TAB	4	90.00	0.12	0.02106	200% Above	No	No
68180037609	LOSARTAN POTASSIUM 25 MG TAB	5	30.00	0.01	0.02120	51%-75% Below	No	No
68180037609	LOSARTAN POTASSIUM 25 MG TAB	6	90.00	0.01	0.02154	51%-75% Below	No	No
68180037609	LOSARTAN POTASSIUM 25 MG TAB	7	90.00	0.01	0.02158	51%-75% Below	No	No
68180037709	LOSARTAN POTASSIUM 50 MG TAB	5	90.00	0.08	0.03432	101%-200% Above	No	No
68180037709	LOSARTAN POTASSIUM 50 MG TAB	7	30.00	0.07	0.03327	101%-200% Above	No	No
68180037709	LOSARTAN POTASSIUM 50 MG TAB	8	90.00	0.11	0.03244	200% Above	No	No
68180038909	FENOFIBRATE 145 MG TABLET	4	30.00	0.16	0.11850	26%-50% Above	Yes	No
68180038909	FENOFIBRATE 145 MG TABLET	4	90.00	0.32	0.11850	101%-200% Above	Yes	No
68180038909	FENOFIBRATE 145 MG TABLET	5	30.00	0.16	0.11985	26%-50% Above	Yes	No
68180038909	FENOFIBRATE 145 MG TABLET	5	90.00	0.27	0.11985	101%-200% Above	Yes	No
68180038909	FENOFIBRATE 145 MG TABLET	6	30.00	0.16	0.11983	26%-50% Above	Yes	No
68180038909	FENOFIBRATE 145 MG TABLET	6	30.00	0.33	0.11983	101%-200% Above	Yes	No
68180038909	FENOFIBRATE 145 MG TABLET	6	90.00	0.04	0.11983	51%-75% Below	No	No
68180038909	FENOFIBRATE 145 MG TABLET	6	90.00	0.06	0.11983	51%-75% Below	Yes	No
68180038909	FENOFIBRATE 145 MG TABLET	6	90.00	0.27	0.11983	101%-200% Above	Yes	No
68180038909	FENOFIBRATE 145 MG TABLET	7	90.00	0.33	0.11977	101%-200% Above	Yes	No
68180038909	FENOFIBRATE 145 MG TABLET	8	30.00	0.16	0.12141	26%-50% Above	Yes	No
68180038909	FENOFIBRATE 145 MG TABLET	8	90.00	0.27	0.12141	101%-200% Above	Yes	No
68180040401	CEFPROZIL 500 MG TABLET	4	14.00	0.46	0.93840	51%-75% Below	Yes	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	4	3.00	5.00	1.79395	101%-200% Above	No	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	4	3.00	5.67	1.79395	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	5	3.00	0.54	1.70890	51%-75% Below	Yes	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	5	3.00	3.30	1.70890	76%-100% Above	Yes	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	5	3.00	5.00	1.70890	101%-200% Above	No	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	5	3.00	5.67	1.70890	200% Above	No	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	5	3.00	5.67	1.70890	200% Above	Yes	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	6	3.00	5.67	1.64320	200% Above	No	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	6	3.00	5.67	1.64320	200% Above	Yes	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	7	3.00	5.67	1.57200	200% Above	No	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	7	3.00	7.96	1.57200	200% Above	Yes	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	8	3.00	3.33	1.53864	101%-200% Above	No	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	8	3.00	5.00	1.53864	200% Above	No	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	8	3.00	5.67	1.53864	200% Above	No	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	8	3.00	5.67	1.53864	200% Above	Yes	No
68180042308	CEFIXIME 400 MG CAPSULE	4	2.00	4.85	10.60968	51%-75% Below	Yes	No
68180042308	CEFIXIME 400 MG CAPSULE	7	2.00	6.62	9.97084	26%-50% Below	No	No
68180042308	CEFIXIME 400 MG CAPSULE	7	2.00	6.62	9.97084	26%-50% Below	Yes	No
68180043601	BROMFENAC SODIUM 0.09% EYE DRP	5	1.70	2.94	16.05726	76%-100% Below	No	No
68180044101	CEPHALEXIN 250 MG/5 ML SUSP	5	100.00	0.04	0.07803	51%-75% Below	No	No
68180044101	CEPHALEXIN 250 MG/5 ML SUSP	6	100.00	0.04	0.07898	51%-75% Below	No	No
68180044101	CEPHALEXIN 250 MG/5 ML SUSP	6	100.00	0.04	0.07898	51%-75% Below	Yes	No
68180044101	CEPHALEXIN 250 MG/5 ML SUSP	6	100.00	0.10	0.07898	10%-25% Above	Yes	No
68180044101	CEPHALEXIN 250 MG/5 ML SUSP	7	100.00	0.04	0.07625	26%-50% Below	No	No
68180044101	CEPHALEXIN 250 MG/5 ML SUSP	7	100.00	0.15	0.07625	101%-200% Above	Yes	No
68180044101	CEPHALEXIN 250 MG/5 ML SUSP	8	100.00	0.04	0.07503	26%-50% Below	No	No
68180044101	CEPHALEXIN 250 MG/5 ML SUSP	8	100.00	0.05	0.07503	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180044101	CEPHALEXIN 250 MG/5 ML SUSP	12	300.00	0.02	0.07881	76%-100% Below	No	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	2	200.00	0.03	0.05663	26%-50% Below	Yes	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	4	200.00	0.03	0.05132	26%-50% Below	Yes	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	5	200.00	0.04	0.05171	26%-50% Below	Yes	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	6	200.00	0.04	0.05138	26%-50% Below	Yes	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	6	200.00	0.07	0.05138	26%-50% Above	Yes	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	7	200.00	0.04	0.05113	26%-50% Below	No	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	7	200.00	0.04	0.05113	26%-50% Below	Yes	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	8	200.00	0.04	0.05076	10%-25% Below	Yes	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	8	200.00	0.07	0.05076	26%-50% Above	Yes	No
68180044501	QUETIAPINE FUMARATE 25 MG TAB	4	30.00	0.10	0.02892	200% Above	No	No
68180044501	QUETIAPINE FUMARATE 25 MG TAB	4	60.00	0.10	0.02892	200% Above	No	No
68180044501	QUETIAPINE FUMARATE 25 MG TAB	4	180.00	0.01	0.02892	51%-75% Below	No	No
68180044501	QUETIAPINE FUMARATE 25 MG TAB	5	30.00	0.10	0.02760	200% Above	No	No
68180044501	QUETIAPINE FUMARATE 25 MG TAB	6	30.00	0.10	0.02649	200% Above	No	No
68180044501	QUETIAPINE FUMARATE 25 MG TAB	6	60.00	0.07	0.02649	101%-200% Above	No	No
68180044501	QUETIAPINE FUMARATE 25 MG TAB	6	90.00	0.08	0.02649	101%-200% Above	No	No
68180044501	QUETIAPINE FUMARATE 25 MG TAB	7	30.00	0.10	0.02399	200% Above	No	No
68180044501	QUETIAPINE FUMARATE 25 MG TAB	7	60.00	0.01	0.02399	51%-75% Below	No	No
68180044501	QUETIAPINE FUMARATE 25 MG TAB	7	60.00	0.07	0.02399	200% Above	No	No
68180044501	QUETIAPINE FUMARATE 25 MG TAB	7	60.00	0.10	0.02399	200% Above	No	No
68180044501	QUETIAPINE FUMARATE 25 MG TAB	7	90.00	0.10	0.02399	200% Above	No	No
68180044501	QUETIAPINE FUMARATE 25 MG TAB	8	30.00	0.10	0.02293	200% Above	No	No
68180044501	QUETIAPINE FUMARATE 25 MG TAB	8	180.00	0.09	0.02293	200% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	4	60.00	0.11	0.03114	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180044601	QUETIAPINE FUMARATE 50 MG TAB	5	30.00	0.11	0.03039	200% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	5	30.00	0.12	0.03039	200% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	5	30.00	0.13	0.03039	200% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	5	90.00	0.11	0.03039	200% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	6	30.00	0.11	0.03021	200% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	6	30.00	0.12	0.03021	200% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	6	30.00	0.13	0.03021	200% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	6	60.00	0.11	0.03021	200% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	6	90.00	0.13	0.03021	200% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	7	30.00	0.11	0.02821	200% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	7	30.00	0.12	0.02821	200% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	7	30.00	0.12	0.02821	200% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	7	30.00	0.13	0.02821	200% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	7	90.00	0.10	0.02821	200% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	7	90.00	0.11	0.02821	200% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	8	30.00	0.12	0.02822	200% Above	No	No
68180044603	QUETIAPINE FUMARATE 50 MG TAB	6	30.00	0.13	0.03021	200% Above	No	No
68180044603	QUETIAPINE FUMARATE 50 MG TAB	7	30.00	0.11	0.02821	200% Above	No	No
68180044603	QUETIAPINE FUMARATE 50 MG TAB	7	30.00	0.13	0.02821	200% Above	No	No
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	90.00	0.12	0.05168	101%-200% Above	No	No
68180044701	QUETIAPINE FUMARATE 100 MG TAB	5	30.00	0.12	0.05260	101%-200% Above	No	No
68180044701	QUETIAPINE FUMARATE 100 MG TAB	5	60.00	0.13	0.05260	101%-200% Above	No	No
68180044701	QUETIAPINE FUMARATE 100 MG TAB	5	90.00	0.01	0.05260	76%-100% Below	No	No
68180044701	QUETIAPINE FUMARATE 100 MG TAB	6	30.00	0.12	0.05124	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	60.00	0.12	0.05124	101%-200% Above	No	No
68180044701	QUETIAPINE FUMARATE 100 MG TAB	6	60.00	0.13	0.05124	101%-200% Above	No	No
68180044701	QUETIAPINE FUMARATE 100 MG TAB	6	90.00	0.01	0.05124	76%-100% Below	No	No
68180044701	QUETIAPINE FUMARATE 100 MG TAB	7	30.00	0.12	0.05025	101%-200% Above	No	No
68180044701	QUETIAPINE FUMARATE 100 MG TAB	7	60.00	0.13	0.05025	101%-200% Above	No	No
68180044701	QUETIAPINE FUMARATE 100 MG TAB	8	30.00	0.12	0.04932	101%-200% Above	No	No
68180044703	QUETIAPINE FUMARATE 100 MG TAB	4	30.00	0.12	0.05168	101%-200% Above	No	No
68180044703	QUETIAPINE FUMARATE 100 MG TAB	5	30.00	0.12	0.05260	101%-200% Above	No	No
68180044703	QUETIAPINE FUMARATE 100 MG TAB	5	60.00	0.11	0.05260	101%-200% Above	No	No
68180044703	QUETIAPINE FUMARATE 100 MG TAB	6	90.00	0.12	0.05124	101%-200% Above	No	No
68180044703	QUETIAPINE FUMARATE 100 MG TAB	7	30.00	0.12	0.05025	101%-200% Above	No	No
68180044703	QUETIAPINE FUMARATE 100 MG TAB	7	90.00	0.12	0.05025	101%-200% Above	No	No
68180044703	QUETIAPINE FUMARATE 100 MG TAB	8	30.00	0.13	0.04932	101%-200% Above	No	No
68180044703	QUETIAPINE FUMARATE 100 MG TAB	8	30.00	0.15	0.04932	200% Above	No	No
68180044703	QUETIAPINE FUMARATE 100 MG TAB	8	60.00	0.12	0.04932	101%-200% Above	No	No
68180044801	QUETIAPINE FUMARATE 200 MG TAB	4	30.00	0.14	0.08720	51%-75% Above	No	No
68180044801	QUETIAPINE FUMARATE 200 MG TAB	6	90.00	0.12	0.08661	26%-50% Above	No	No
68180044801	QUETIAPINE FUMARATE 200 MG TAB	8	30.00	0.14	0.08566	51%-75% Above	No	No
68180044907	QUETIAPINE FUMARATE 300 MG TAB	5	90.00	0.01	0.14646	76%-100% Below	No	No
68180044907	QUETIAPINE FUMARATE 300 MG TAB	7	30.00	0.36	0.13601	101%-200% Above	No	No
68180045001	QUETIAPINE FUMARATE 400 MG TAB	6	90.00	0.01	0.16624	76%-100% Below	No	No
68180045501	AMLODIPINE BESYLATE 5 MG TAB	8	90.00	0.11	0.01012	200% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	0.11	0.01036	200% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	4	45.00	0.11	0.01036	200% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	0.01	0.01036	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	90.00	0.02	0.01036	76%-100% 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	5	30.00	0.03	0.01048	101%-200% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	5	30.00	0.11	0.01048	200% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	5	90.00	0.02	0.01048	76%-100% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	5	90.00	0.11	0.01048	200% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	6	30.00	0.11	0.01023	200% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	0.01	0.01023	26%-50% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	0.02	0.01023	51%-75% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	0.02	0.01023	76%-100% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	0.02	0.01023	76%-100% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	0.11	0.01023	200% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	7	30.00	0.01	0.01030	51%-75% Below	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	7	30.00	0.03	0.01030	101%-200% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	7	30.00	0.11	0.01030	200% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	7	90.00	0.01	0.01030	26%-50% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	7	90.00	0.01	0.01030	26%-50% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	7	90.00	0.02	0.01030	76%-100% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	7	90.00	0.02	0.01030	101%-200% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	7	90.00	0.11	0.01030	200% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	8	30.00	0.01	0.01012	26%-50% Below	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	8	30.00	0.11	0.01012	200% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	8	90.00	0.02	0.01012	76%-100% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	8	90.00	0.02	0.01012	101%-200% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	8	90.00	0.11	0.01012	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180045901	AMLODIPINE-BENAZEPRIL 5-20 MG	5	90.00	0.31	0.10531	101%-200% Above	Yes	No
68180045901	AMLODIPINE-BENAZEPRIL 5-20 MG	6	90.00	0.14	0.10399	26%-50% Above	No	No
68180045901	AMLODIPINE-BENAZEPRIL 5-20 MG	7	30.00	0.14	0.10412	26%-50% 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	45.00	0.01	0.05463	76%-100% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	4	90.00	0.21	0.05463	200% Above	No	No
68180046403	SIMVASTATIN 40 MG TABLET	5	30.00	0.21	0.05389	200% Above	No	No
68180046403	SIMVASTATIN 40 MG TABLET	5	90.00	0.21	0.05389	200% Above	No	No
68180046403	SIMVASTATIN 40 MG TABLET	6	30.00	0.21	0.05345	200% Above	No	No
68180046403	SIMVASTATIN 40 MG TABLET	6	90.00	0.01	0.05345	76%-100% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	6	90.00	0.03	0.05345	26%-50% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	6	90.00	0.16	0.05345	200% Above	No	No
68180046403	SIMVASTATIN 40 MG TABLET	6	90.00	0.21	0.05345	200% Above	No	No
68180046403	SIMVASTATIN 40 MG TABLET	7	30.00	0.21	0.05382	200% Above	No	No
68180046403	SIMVASTATIN 40 MG TABLET	7	90.00	0.21	0.05382	200% Above	No	No
68180046403	SIMVASTATIN 40 MG TABLET	8	30.00	0.21	0.05427	200% Above	No	No
68180046403	SIMVASTATIN 40 MG TABLET	8	90.00	0.21	0.05427	200% Above	No	No
68180046409	SIMVASTATIN 40 MG TABLET	8	90.00	0.21	0.05427	200% Above	No	No
68180046503	SIMVASTATIN 80 MG TABLET	6	90.00	0.13	0.09964	10%-25% Above	No	No
68180046703	LOVASTATIN 10 MG TABLET	5	30.00	0.14	0.03795	200% Above	No	No
68180046703	LOVASTATIN 10 MG TABLET	6	90.00	0.01	0.03785	51%-75% Below	No	No
68180046703	LOVASTATIN 10 MG TABLET	7	90.00	0.14	0.03863	200% Above	No	No
68180046707	LOVASTATIN 10 MG TABLET	4	30.00	0.14	0.03680	200% Above	No	No
68180046707	LOVASTATIN 10 MG TABLET	5	30.00	0.14	0.03795	200% Above	No	No
68180046707	LOVASTATIN 10 MG TABLET	5	90.00	0.14	0.03795	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180046707	LOVASTATIN 10 MG TABLET	6	30.00	0.14	0.03785	200% Above	No	No
68180046707	LOVASTATIN 10 MG TABLET	7	90.00	0.14	0.03863	200% Above	No	No
68180046803	LOVASTATIN 20 MG TABLET	4	90.00	0.15	0.04282	200% Above	No	No
68180046803	LOVASTATIN 20 MG TABLET	7	90.00	0.15	0.04349	200% Above	No	No
68180046807	LOVASTATIN 20 MG TABLET	7	90.00	0.15	0.04349	200% Above	Yes	No
68180046903	LOVASTATIN 40 MG TABLET	7	180.00	0.14	0.05645	101%-200% Above	No	No
68180046907	LOVASTATIN 40 MG TABLET	5	90.00	0.14	0.05649	101%-200% Above	Yes	No
68180046907	LOVASTATIN 40 MG TABLET	8	90.00	0.14	0.05581	101%-200% Above	Yes	No
68180046907	LOVASTATIN 40 MG TABLET	12	90.00	0.02	0.05412	51%-75% Below	Yes	No
68180047201	AMLODIPINE-BENAZEPRIL 10-20 MG	6	90.00	0.17	0.11711	26%-50% Above	No	No
68180047201	AMLODIPINE-BENAZEPRIL 10-20 MG	7	90.00	0.10	0.11478	10%-25% Below	Yes	No
68180047201	AMLODIPINE-BENAZEPRIL 10-20 MG	8	30.00	0.13	0.11540	10%-25% Above	No	No
68180047201	AMLODIPINE-BENAZEPRIL 10-20 MG	8	30.00	0.13	0.11540	10%-25% Above	Yes	No
68180047301	AMLODIPINE-BENAZEPRIL 10-40 MG	4	90.00	0.14	0.15622	10%-25% Below	No	No
68180047301	AMLODIPINE-BENAZEPRIL 10-40 MG	5	90.00	0.01	0.15162	76%-100% Below	No	No
68180047301	AMLODIPINE-BENAZEPRIL 10-40 MG	5	90.00	0.33	0.15162	101%-200% Above	No	No
68180047301	AMLODIPINE-BENAZEPRIL 10-40 MG	6	90.00	0.10	0.15199	26%-50% Below	Yes	No
68180047301	AMLODIPINE-BENAZEPRIL 10-40 MG	6	90.00	0.22	0.15199	26%-50% Above	No	No
68180047301	AMLODIPINE-BENAZEPRIL 10-40 MG	6	90.00	0.30	0.15199	76%-100% Above	Yes	No
68180047301	AMLODIPINE-BENAZEPRIL 10-40 MG	7	90.00	0.10	0.15080	26%-50% Below	Yes	No
68180047802	SIMVASTATIN 10 MG TABLET	5	90.00	0.01	0.02861	51%-75% Below	Yes	No
68180047802	SIMVASTATIN 10 MG TABLET	5	90.00	0.13	0.02861	200% Above	No	No
68180047802	SIMVASTATIN 10 MG TABLET	7	30.00	0.01	0.02813	26%-50% Below	No	No
68180047802	SIMVASTATIN 10 MG TABLET	7	30.00	0.13	0.02813	200% Above	No	No
68180047802	SIMVASTATIN 10 MG TABLET	7	90.00	0.01	0.02813	51%-75% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180047802	SIMVASTATIN 10 MG TABLET	8	30.00	0.13	0.02792	200% Above	No	No
68180047802	SIMVASTATIN 10 MG TABLET	8	90.00	0.13	0.02792	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	4	90.00	0.13	0.02802	200% Above	No	No
68180047803	SIMVASTATIN 10 MG TABLET	5	30.00	0.13	0.02861	200% Above	No	No
68180047803	SIMVASTATIN 10 MG TABLET	5	90.00	0.13	0.02861	200% Above	No	No
68180047803	SIMVASTATIN 10 MG TABLET	6	30.00	0.13	0.02784	200% Above	No	No
68180047803	SIMVASTATIN 10 MG TABLET	6	90.00	0.01	0.02784	51%-75% Below	No	No
68180047803	SIMVASTATIN 10 MG TABLET	6	90.00	0.13	0.02784	200% Above	No	No
68180047803	SIMVASTATIN 10 MG TABLET	7	30.00	0.13	0.02813	200% Above	No	No
68180047803	SIMVASTATIN 10 MG TABLET	8	30.00	0.13	0.02792	200% Above	No	No
68180047902	SIMVASTATIN 20 MG TABLET	5	14.00	0.22	0.02983	200% Above	No	No
68180047902	SIMVASTATIN 20 MG TABLET	6	90.00	0.22	0.02969	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	4	90.00	0.01	0.03002	51%-75% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	4	90.00	0.02	0.03002	26%-50% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	4	90.00	0.22	0.03002	200% Above	No	No
68180047903	SIMVASTATIN 20 MG TABLET	4	90.00	0.22	0.03002	200% Above	Yes	No
68180047903	SIMVASTATIN 20 MG TABLET	5	30.00	0.22	0.02983	200% Above	No	No
68180047903	SIMVASTATIN 20 MG TABLET	5	90.00	0.22	0.02983	200% Above	No	No
68180047903	SIMVASTATIN 20 MG TABLET	6	30.00	0.22	0.02969	200% Above	No	No
68180047903	SIMVASTATIN 20 MG TABLET	6	90.00	0.02	0.02969	10%-25% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	6	90.00	0.22	0.02969	200% Above	No	No
68180047903	SIMVASTATIN 20 MG TABLET	7	30.00	0.04	0.02956	26%-50% Above	No	No
68180047903	SIMVASTATIN 20 MG TABLET	7	30.00	0.22	0.02956	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180047903	SIMVASTATIN 20 MG TABLET	7	90.00	0.22	0.02956	200% Above	No	No
68180047903	SIMVASTATIN 20 MG TABLET	8	30.00	0.22	0.03092	200% Above	No	No
68180047903	SIMVASTATIN 20 MG TABLET	8	90.00	0.22	0.03092	200% Above	No	No
68180051201	LISINOPRIL 2.5 MG TABLET	6	90.00	0.04	0.01443	101%-200% Above	Yes	No
68180051202	LISINOPRIL 2.5 MG TABLET	5	90.00	0.01	0.01449	26%-50% Below	No	No
68180051202	LISINOPRIL 2.5 MG TABLET	7	90.00	0.05	0.01444	200% Above	No	No
68180051202	LISINOPRIL 2.5 MG TABLET	8	90.00	0.01	0.01424	10%-25% Below	No	No
68180051301	LISINOPRIL 5 MG TABLET	6	90.00	0.07	0.01479	200% Above	Yes	No
68180051301	LISINOPRIL 5 MG TABLET	6	90.00	0.09	0.01479	200% Above	No	No
68180051301	LISINOPRIL 5 MG TABLET	6	90.00	0.09	0.01479	200% Above	Yes	No
68180051301	LISINOPRIL 5 MG TABLET	7	30.00	0.09	0.01467	200% Above	No	No
68180051301	LISINOPRIL 5 MG TABLET	8	90.00	0.09	0.01480	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	0.04	0.01475	101%-200% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	5	30.00	0.00	0.01481	51%-75% Below	No	No
68180051303	LISINOPRIL 5 MG TABLET	5	30.00	0.03	0.01481	76%-100% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	5	30.00	0.03	0.01481	76%-100% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	5	30.00	0.09	0.01481	200% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	5	90.00	0.01	0.01481	10%-25% Below	No	No
68180051303	LISINOPRIL 5 MG TABLET	6	30.00	0.00	0.01479	51%-75% Below	No	No
68180051303	LISINOPRIL 5 MG TABLET	6	30.00	0.03	0.01479	76%-100% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	6	30.00	0.03	0.01479	76%-100% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	6	90.00	0.00	0.01479	51%-75% Below	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	6	90.00	0.02	0.01479	26%-50% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	6	90.00	0.07	0.01479	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	90.00	0.09	0.01479	200% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	7	30.00	0.00	0.01467	51%-75% Below	No	No
68180051303	LISINOPRIL 5 MG TABLET	7	30.00	0.03	0.01467	76%-100% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	7	30.00	0.09	0.01467	200% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	7	90.00	0.01	0.01467	10%-25% Below	No	No
68180051303	LISINOPRIL 5 MG TABLET	8	7.00	0.09	0.01480	200% Above	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	8	30.00	0.03	0.01480	76%-100% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	8	90.00	0.02	0.01480	26%-50% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	8	90.00	0.09	0.01480	200% Above	No	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	4	90.00	0.02	0.02844	26%-50% Below	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	4	90.00	0.05	0.02844	51%-75% Above	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	5	30.00	0.05	0.02869	51%-75% Above	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	5	90.00	0.01	0.02869	51%-75% Below	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	5	90.00	0.01	0.02869	51%-75% Below	No	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	5	90.00	0.05	0.02869	51%-75% Above	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	6	30.00	0.05	0.02853	51%-75% Above	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	6	90.00	0.04	0.02853	26%-50% Above	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	6	90.00	0.05	0.02853	51%-75% Above	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	7	30.00	0.05	0.02873	51%-75% Above	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	7	90.00	0.02	0.02873	26%-50% Below	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	7	90.00	0.05	0.02873	51%-75% Above	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	8	30.00	0.05	0.02888	51%-75% Above	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	8	90.00	0.02	0.02888	10%-25% Below	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	8	90.00	0.05	0.02888	51%-75% Above	Yes	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	4	30.00	0.05	0.02844	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	90.00	0.02	0.02844	26%-50% Below	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	4	90.00	0.02	0.02844	10%-25% Below	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	5	30.00	0.05	0.02869	51%-75% Above	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	5	90.00	0.05	0.02869	51%-75% Above	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	6	30.00	0.05	0.02853	51%-75% Above	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	6	90.00	0.02	0.02853	26%-50% Below	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	7	30.00	0.05	0.02873	51%-75% Above	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	8	30.00	0.05	0.02888	51%-75% Above	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	8	90.00	0.01	0.02888	51%-75% Below	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	8	90.00	0.02	0.02888	26%-50% Below	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	8	90.00	0.05	0.02888	51%-75% Above	No	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	30.00	0.07	0.03703	76%-100% Above	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	90.00	0.03	0.03703	10%-25% Below	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	90.00	0.07	0.03703	76%-100% Above	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	30.00	0.07	0.03701	76%-100% Above	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	90.00	0.03	0.03701	10%-25% Below	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	90.00	0.05	0.03701	26%-50% Above	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	90.00	0.07	0.03701	76%-100% Above	No	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	90.00	0.07	0.03701	76%-100% Above	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	180.00	0.01	0.03701	51%-75% Below	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	90.00	0.02	0.03660	26%-50% Below	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	90.00	0.07	0.03660	76%-100% Above	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	12	90.00	0.02	0.04135	51%-75% Below	Yes	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	4	30.00	0.07	0.03677	76%-100% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	4	30.00	0.15	0.03677	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	90.00	0.07	0.03677	76%-100% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	4	180.00	0.07	0.03677	76%-100% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	30.00	0.07	0.03703	76%-100% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	60.00	0.01	0.03703	51%-75% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	60.00	0.07	0.03703	76%-100% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	90.00	0.07	0.03703	76%-100% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	180.00	0.07	0.03703	76%-100% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	30.00	0.07	0.03701	76%-100% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	30.00	0.15	0.03701	200% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	90.00	0.07	0.03701	76%-100% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	180.00	0.07	0.03701	76%-100% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	30.00	0.07	0.03713	76%-100% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	30.00	0.15	0.03713	200% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	90.00	0.07	0.03713	76%-100% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	180.00	0.07	0.03713	76%-100% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	30.00	0.07	0.03660	76%-100% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	30.00	0.15	0.03660	200% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	90.00	0.07	0.03660	76%-100% Above	No	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	4	30.00	0.01	0.04012	51%-75% Below	No	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	4	90.00	0.03	0.04012	10%-25% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	4	90.00	0.03	0.04012	10%-25% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	4	90.00	0.07	0.04012	51%-75% Above	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	5	30.00	0.07	0.04037	51%-75% Above	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	5	90.00	0.02	0.04037	51%-75% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	5	90.00	0.03	0.04037	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	90.00	0.07	0.04037	51%-75% Above	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	6	30.00	0.07	0.03989	51%-75% Above	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	6	90.00	0.07	0.03989	51%-75% Above	No	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	6	135.00	0.07	0.03989	51%-75% Above	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	7	30.00	0.07	0.04004	51%-75% Above	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	7	90.00	0.02	0.04004	26%-50% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	7	90.00	0.03	0.04004	10%-25% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	7	90.00	0.03	0.04004	10%-25% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	7	90.00	0.05	0.04004	26%-50% Above	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	7	90.00	0.07	0.04004	51%-75% Above	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	8	30.00	0.07	0.04048	51%-75% Above	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	8	90.00	0.02	0.04048	26%-50% Below	Yes	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	4	30.00	0.07	0.04012	51%-75% Above	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	4	60.00	0.07	0.04012	51%-75% Above	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	4	90.00	0.07	0.04012	51%-75% Above	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	5	30.00	0.07	0.04037	51%-75% Above	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	5	90.00	0.07	0.04037	51%-75% Above	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	5	180.00	0.07	0.04037	51%-75% Above	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	6	30.00	0.07	0.03989	51%-75% Above	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	6	90.00	0.07	0.03989	51%-75% Above	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	7	30.00	0.07	0.04004	51%-75% Above	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	8	30.00	0.07	0.04048	51%-75% Above	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	8	90.00	0.07	0.04048	51%-75% Above	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	8	270.00	0.07	0.04048	51%-75% Above	No	No
68180054503	NYSTATIN-TRIAMCINOLONE CREAM	6	60.00	0.10	0.20775	51%-75% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180056801	TRANDOLAPRIL 4 MG TABLET	6	180.00	0.28	0.18029	51%-75% Above	No	No
68180059001	RAMIPRIL 5 MG CAPSULE	6	90.00	0.06	0.05488	10%-25% Above	Yes	No
68180059101	RAMIPRIL 10 MG CAPSULE	4	90.00	0.11	0.07358	51%-75% Above	Yes	No
68180059101	RAMIPRIL 10 MG CAPSULE	4	180.00	0.11	0.07358	51%-75% Above	Yes	No
68180059101	RAMIPRIL 10 MG CAPSULE	5	30.00	0.09	0.07457	10%-25% Above	Yes	No
68180059101	RAMIPRIL 10 MG CAPSULE	7	180.00	0.08	0.07497	10%-25% Above	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	4	14.00	0.76	0.44861	51%-75% Above	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	4	30.00	0.76	0.44861	51%-75% Above	Yes	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	5	14.00	0.76	0.44910	51%-75% Above	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	5	30.00	0.76	0.44910	51%-75% Above	No	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	5	30.00	0.76	0.44910	51%-75% Above	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	5	90.00	0.50	0.44910	10%-25% Above	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	5	90.00	0.76	0.44910	51%-75% Above	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	5	270.00	0.21	0.44910	51%-75% Below	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	6	30.00	0.76	0.42476	76%-100% Above	No	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	6	30.00	0.76	0.42476	76%-100% Above	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	6	90.00	0.76	0.42476	76%-100% Above	No	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	7	14.00	0.76	0.40455	76%-100% Above	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	7	30.00	0.76	0.40455	76%-100% Above	No	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	7	30.00	0.76	0.40455	76%-100% Above	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	7	90.00	0.50	0.40455	10%-25% Above	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	7	90.00	0.76	0.40455	76%-100% Above	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	8	30.00	0.76	0.39504	76%-100% Above	No	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	8	90.00	0.50	0.39504	26%-50% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	270.00	0.20	0.39504	26%-50% Below	Yes	No
68180059306	DESVENLAFAXINE SUCCNT ER 100 MG	4	90.00	0.50	0.42872	10%-25% Above	Yes	No
68180059306	DESVENLAFAXINE SUCCNT ER 100 MG	4	90.00	0.82	0.42872	76%-100% Above	Yes	No
68180059306	DESVENLAFAXINE SUCCNT ER 100 MG	5	30.00	0.82	0.42640	76%-100% Above	No	No
68180059306	DESVENLAFAXINE SUCCNT ER 100 MG	6	30.00	0.82	0.42047	76%-100% Above	No	No
68180059306	DESVENLAFAXINE SUCCNT ER 100 MG	6	30.00	0.82	0.42047	76%-100% Above	Yes	No
68180059306	DESVENLAFAXINE SUCCNT ER 100 MG	7	30.00	0.82	0.41733	76%-100% Above	Yes	No
68180060406	DESVENLAFAXINE SUCCNT ER 25 MG	4	14.00	0.66	0.44024	26%-50% Above	Yes	No
68180060406	DESVENLAFAXINE SUCCNT ER 25 MG	4	30.00	0.20	0.44024	51%-75% Below	Yes	No
68180060406	DESVENLAFAXINE SUCCNT ER 25 MG	4	30.00	0.66	0.44024	26%-50% Above	No	No
68180060406	DESVENLAFAXINE SUCCNT ER 25 MG	4	30.00	0.66	0.44024	26%-50% Above	Yes	No
68180060406	DESVENLAFAXINE SUCCNT ER 25 MG	4	63.00	0.24	0.44024	26%-50% Below	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	5	30.00	0.20	0.44410	51%-75% Below	Yes	No
68180060406	DESVENLAFAXINE SUCCNT ER 25 MG	5	30.00	0.24	0.44410	26%-50% Below	No	No
68180060406	DESVENLAFAXINE SUCCNT ER 25 MG	5	30.00	0.66	0.44410	26%-50% Above	No	No
68180060406	DESVENLAFAXINE SUCCNT ER 25 MG	5	30.00	0.66	0.44410	26%-50% Above	Yes	No
68180060406	DESVENLAFAXINE SUCCNT ER 25 MG	5	90.00	0.66	0.44410	26%-50% Above	No	No
68180060406	DESVENLAFAXINE SUCCNT ER 25 MG	6	14.00	0.66	0.44588	26%-50% Above	No	No
68180060406	DESVENLAFAXINE SUCCNT ER 25 MG	6	30.00	0.20	0.44588	51%-75% Below	Yes	No
68180060406	DESVENLAFAXINE SUCCNT ER 25 MG	6	30.00	0.66	0.44588	26%-50% Above	No	No
68180060406	DESVENLAFAXINE SUCCNT ER 25 MG	6	30.00	0.66	0.44588	26%-50% Above	Yes	No
68180060406	DESVENLAFAXINE SUCCNT ER 25 MG	6	60.00	0.66	0.44588	26%-50% Above	Yes	No
68180060406	DESVENLAFAXINE SUCCNT ER 25 MG	6	90.00	0.50	0.44588	10%-25% Above	Yes	No
68180060406	DESVENLAFAXINE SUCCNT ER 25 MG	6	90.00	0.66	0.44588	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180060406	DESVENLAFAXINE SUCCNT ER 25 MG	7	30.00	0.66	0.43447	51%-75% Above	No	No
68180060406	DESVENLAFAXINE SUCCNT ER 25 MG	7	30.00	0.66	0.43447	51%-75% Above	Yes	No
68180060406	DESVENLAFAXINE SUCCNT ER 25 MG	7	90.00	0.66	0.43447	51%-75% Above	No	No
68180060406	DESVENLAFAXINE SUCCNT ER 25 MG	8	30.00	0.66	0.41164	51%-75% Above	No	No
68180060406	DESVENLAFAXINE SUCCNT ER 25 MG	8	90.00	0.66	0.41164	51%-75% Above	No	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	4	14.00	0.26	0.23036	10%-25% Above	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	4	14.00	0.29	0.23036	26%-50% Above	No	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	4	14.00	0.34	0.23036	26%-50% Above	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	4	14.00	0.36	0.23036	51%-75% Above	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	4	20.00	0.19	0.23036	10%-25% Below	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	4	28.00	0.19	0.23036	10%-25% Below	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	5	14.00	0.32	0.23461	26%-50% Above	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	5	23.00	0.19	0.23461	10%-25% Below	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	5	28.00	0.19	0.23461	10%-25% Below	No	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	6	10.00	0.36	0.23492	51%-75% Above	No	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	6	14.00	0.26	0.23492	10%-25% Above	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	6	20.00	0.19	0.23492	10%-25% Below	No	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	6	20.00	0.19	0.23492	10%-25% Below	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	7	2.00	0.44	0.23397	76%-100% Above	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	7	28.00	0.19	0.23397	10%-25% Below	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	7	60.00	0.19	0.23397	10%-25% Below	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	7	90.00	0.11	0.23397	51%-75% Below	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	8	14.00	0.19	0.23230	10%-25% Below	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	8	14.00	0.26	0.23230	10%-25% Above	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	8	20.00	0.19	0.23230	10%-25% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	30.00	0.19	0.23230	10%-25% Below	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	8	60.00	0.19	0.23230	10%-25% Below	Yes	No
68180065701	DOXYCYCLINE 25 MG/5 ML SUSP	4	120.00	0.15	0.23356	26%-50% Below	No	No
68180065701	DOXYCYCLINE 25 MG/5 ML SUSP	5	120.00	0.15	0.22581	26%-50% Below	No	No
68180065701	DOXYCYCLINE 25 MG/5 ML SUSP	6	60.00	0.20	0.22522	10%-25% Below	No	No
68180065906	RIFAMPIN 300 MG CAPSULE	4	8.00	0.39	0.68055	26%-50% Below	No	No
68180069706	TRAMADOL HCL ER 100 MG TABLET	4	30.00	0.33	0.95242	51%-75% Below	No	No
68180069706	TRAMADOL HCL ER 100 MG TABLET	4	30.00	0.58	0.95242	26%-50% Below	No	No
68180069706	TRAMADOL HCL ER 100 MG TABLET	5	30.00	0.33	0.96362	51%-75% Below	No	No
68180069706	TRAMADOL HCL ER 100 MG TABLET	5	30.00	0.52	0.96362	26%-50% Below	No	No
68180069706	TRAMADOL HCL ER 100 MG TABLET	6	30.00	0.33	0.96721	51%-75% Below	No	No
68180069706	TRAMADOL HCL ER 100 MG TABLET	6	30.00	0.53	0.96721	26%-50% Below	No	No
68180069706	TRAMADOL HCL ER 100 MG TABLET	7	30.00	0.33	0.94973	51%-75% Below	No	No
68180069706	TRAMADOL HCL ER 100 MG TABLET	7	30.00	0.53	0.94973	26%-50% Below	No	No
68180069706	TRAMADOL HCL ER 100 MG TABLET	8	30.00	0.33	0.90125	51%-75% Below	No	No
68180069806	TRAMADOL HCL ER 200 MG TABLET	5	30.00	0.90	1.31079	26%-50% Below	No	No
68180069806	TRAMADOL HCL ER 200 MG TABLET	7	30.00	0.74	1.24436	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	4	20.00	0.25	0.46278	26%-50% Below	No	No
68180071160	CEFDINIR 300 MG CAPSULE	4	20.00	0.95	0.46278	101%-200% Above	No	No
68180071160	CEFDINIR 300 MG CAPSULE	5	14.00	0.25	0.46025	26%-50% Below	No	No
68180071160	CEFDINIR 300 MG CAPSULE	5	20.00	0.25	0.46025	26%-50% Below	No	No
68180071160	CEFDINIR 300 MG CAPSULE	5	20.00	0.35	0.46025	10%-25% Below	No	No
68180071160	CEFDINIR 300 MG CAPSULE	6	10.00	0.25	0.45814	26%-50% Below	No	No
68180071160	CEFDINIR 300 MG CAPSULE	7	14.00	0.25	0.46228	26%-50% Below	No	No

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68180071160	CEFDINIR 300 MG CAPSULE	7	20.00	0.25	0.46228	26%-50% Below	No	No
68180071160	CEFDINIR 300 MG CAPSULE	7	20.00	0.95	0.46228	101%-200% Above	No	No
68180071160	CEFDINIR 300 MG CAPSULE	8	14.00	0.73	0.45930	51%-75% Above	No	No
68180071160	CEFDINIR 300 MG CAPSULE	8	20.00	0.25	0.45930	26%-50% Below	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	0.03	0.01531	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	0.11	0.01531	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	0.02	0.01531	26%-50% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	0.11	0.01531	200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	0.11	0.01531	200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	5	30.00	0.04	0.01545	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	5	30.00	0.05	0.01545	200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	5	30.00	0.11	0.01545	200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	0.02	0.01545	26%-50% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	0.03	0.01545	51%-75% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	0.11	0.01545	200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	6	30.00	0.03	0.01522	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	6	30.00	0.04	0.01522	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	6	30.00	0.11	0.01522	200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	6	30.00	0.11	0.01522	200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	6	90.00	0.02	0.01522	26%-50% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	6	90.00	0.02	0.01522	51%-75% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	6	90.00	0.11	0.01522	200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	7	30.00	0.01	0.01539	26%-50% Below	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	7	30.00	0.04	0.01539	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	30.00	0.04	0.01539	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	7	30.00	0.11	0.01539	200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	7	60.00	0.03	0.01539	76%-100% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	0.01	0.01539	26%-50% Below	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	0.02	0.01539	26%-50% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	0.03	0.01539	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	0.11	0.01539	200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	8	28.00	0.11	0.01503	200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	8	30.00	0.04	0.01503	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	8	30.00	0.11	0.01503	200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	8	90.00	0.02	0.01503	10%-25% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	8	90.00	0.02	0.01503	26%-50% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	8	90.00	0.11	0.01503	200% Above	No	No
68180072109	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	0.03	0.01545	76%-100% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	1	120.00	0.16	0.12698	10%-25% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	4	60.00	0.17	0.12493	26%-50% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	4	60.00	0.23	0.12493	76%-100% 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	5	60.00	0.17	0.12549	26%-50% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	5	60.00	0.24	0.12549	76%-100% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	5	120.00	0.07	0.12549	26%-50% Below	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	6	60.00	0.17	0.12535	26%-50% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	8	60.00	0.29	0.11949	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	5	100.00	0.15	0.11914	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	100.00	0.24	0.11914	101%-200% Above	No	No
68180072305	CEFDINIR 250 MG/5 ML SUSP	5	200.00	0.24	0.11914	101%-200% Above	No	No
68180072305	CEFDINIR 250 MG/5 ML SUSP	6	200.00	0.24	0.12104	76%-100% Above	No	No
68180074109	SILODOSIN 8 MG CAPSULE	5	30.00	0.57	0.31084	76%-100% Above	Yes	No
68180074109	SILODOSIN 8 MG CAPSULE	6	30.00	0.57	0.31626	76%-100% Above	Yes	No
68180074109	SILODOSIN 8 MG CAPSULE	7	30.00	0.57	0.30821	76%-100% Above	Yes	No
68180075501	AMLODIPINE-BENAZEPRIL 2.5-10	7	90.00	0.05	0.10615	51%-75% Below	No	No
68180075601	AMLODIPINE-BENAZEPRIL 5-10 MG	4	90.00	0.12	0.10071	10%-25% Above	No	No
68180075601	AMLODIPINE-BENAZEPRIL 5-10 MG	6	30.00	0.12	0.10323	10%-25% Above	No	No
68180075601	AMLODIPINE-BENAZEPRIL 5-10 MG	6	90.00	0.06	0.10323	26%-50% Below	No	No
68180075601	AMLODIPINE-BENAZEPRIL 5-10 MG	7	90.00	0.12	0.10206	10%-25% Above	No	No
68180075601	AMLODIPINE-BENAZEPRIL 5-10 MG	8	90.00	0.05	0.10242	51%-75% Below	No	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	0.50	0.11086	200% Above	No	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	4	30.00	1.65	0.11086	200% Above	No	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	5	30.00	0.16	0.11303	26%-50% Above	Yes	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	5	30.00	0.17	0.11303	26%-50% Above	No	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	5	30.00	0.17	0.11303	26%-50% Above	Yes	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	5	30.00	0.17	0.11303	26%-50% Above	No	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	5	30.00	0.40	0.11303	200% Above	No	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	5	90.00	0.17	0.11303	26%-50% Above	Yes	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	6	7.00	1.86	0.11237	200% Above	Yes	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	6	15.00	0.06	0.11237	26%-50% Below	Yes	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	6	30.00	0.16	0.11237	26%-50% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	30.00	0.17	0.11237	26%-50% Above	No	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	6	30.00	0.17	0.11237	26%-50% Above	Yes	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	6	30.00	0.17	0.11237	26%-50% Above	No	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	6	30.00	0.33	0.11237	101%-200% Above	No	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	6	90.00	0.50	0.11237	200% Above	No	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	7	15.00	0.06	0.10623	26%-50% Below	Yes	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	7	30.00	0.17	0.10623	51%-75% Above	No	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	7	30.00	0.17	0.10623	51%-75% Above	Yes	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	7	30.00	0.33	0.10623	200% Above	No	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	7	30.00	0.50	0.10623	200% Above	Yes	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	8	30.00	0.16	0.10595	51%-75% Above	Yes	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	8	30.00	0.17	0.10595	51%-75% Above	No	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	8	30.00	0.17	0.10595	51%-75% Above	Yes	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	8	30.00	0.33	0.10595	200% Above	No	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	8	30.00	0.50	0.10595	200% Above	No	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	8	90.00	0.17	0.10595	51%-75% Above	No	No
68180083773	TRI-LO-MARZIA TABLET	4	84.00	0.01	0.11024	76%-100% Below	No	No
68180083773	TRI-LO-MARZIA TABLET	5	84.00	0.19	0.10724	76%-100% Above	Yes	No
68180083773	TRI-LO-MARZIA TABLET	6	84.00	0.19	0.10493	76%-100% Above	Yes	No
68180084073	NORG-ETHIN ESTRA 0.25-0.035 MG	4	28.00	0.07	0.12601	26%-50% Below	No	No
68180084073	NORG-ETHIN ESTRA 0.25-0.035 MG	5	28.00	0.07	0.12543	26%-50% Below	No	No
68180084073	NORG-ETHIN ESTRA 0.25-0.035 MG	6	84.00	0.07	0.12572	26%-50% Below	No	No
68180084313	LEVONORGESTREL-ETH ESTRAD 0.15 MG-0.03 MG TABLET	8	91.00	0.08	0.22077	51%-75% Below	Yes	No
68180084473	KURVELO-28 TABLET	4	28.00	0.06	0.11738	26%-50% Below	No	No
68180084473	KURVELO-28 TABLET	5	28.00	0.06	0.11411	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180084473	KURVELO-28 TABLET	5	84.00	0.06	0.11411	26%-50% Below	No	No
68180084473	KURVELO-28 TABLET	6	28.00	0.06	0.11253	26%-50% Below	No	No
68180084473	KURVELO-28 TABLET	6	84.00	0.01	0.11253	76%-100% Below	No	No
68180084473	KURVELO-28 TABLET	7	28.00	0.06	0.10897	26%-50% Below	No	No
68180084473	KURVELO-28 TABLET	8	28.00	0.06	0.11278	26%-50% Below	No	No
68180085473	LEVONOR-ETH ESTRAD 0.1-0.02 MG	6	56.00	0.02	0.15613	76%-100% Below	No	No
68180086106	AZITHROMYCIN 250 MG TABLET	4	4.00	0.65	0.28349	101%-200% Above	Yes	No
68180086106	AZITHROMYCIN 250 MG TABLET	5	1.00	0.64	0.28000	101%-200% Above	Yes	No
68180086106	AZITHROMYCIN 250 MG TABLET	5	4.00	0.45	0.28000	51%-75% Above	Yes	No
68180086106	AZITHROMYCIN 250 MG TABLET	5	4.00	0.65	0.28000	101%-200% Above	Yes	No
68180086106	AZITHROMYCIN 250 MG TABLET	5	5.00	0.64	0.28000	101%-200% Above	No	No
68180086106	AZITHROMYCIN 250 MG TABLET	5	6.00	0.65	0.28000	101%-200% Above	No	No
68180086106	AZITHROMYCIN 250 MG TABLET	6	6.00	0.51	0.27765	76%-100% Above	Yes	No
68180086106	AZITHROMYCIN 250 MG TABLET	6	12.00	0.64	0.27765	101%-200% Above	No	No
68180086106	AZITHROMYCIN 250 MG TABLET	7	4.00	0.65	0.26796	101%-200% Above	Yes	No
68180086106	AZITHROMYCIN 250 MG TABLET	7	14.00	0.45	0.26796	51%-75% Above	No	No
68180086106	AZITHROMYCIN 250 MG TABLET	7	14.00	0.64	0.26796	101%-200% Above	No	No
68180086106	AZITHROMYCIN 250 MG TABLET	8	3.00	0.64	0.26759	101%-200% Above	Yes	No
68180086106	AZITHROMYCIN 250 MG TABLET	8	5.00	0.64	0.26759	101%-200% Above	No	No
68180086106	AZITHROMYCIN 250 MG TABLET	8	6.00	0.65	0.26759	101%-200% Above	Yes	No
68180086106	AZITHROMYCIN 250 MG TABLET	8	12.00	0.64	0.26759	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	0.45	0.28349	51%-75% Above	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	4	6.00	0.45	0.28349	51%-75% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	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	5	6.00	0.10	0.28000	51%-75% Below	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	5	6.00	0.15	0.28000	26%-50% Below	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	5	6.00	0.40	0.28000	26%-50% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	5	6.00	0.41	0.28000	26%-50% Above	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	5	6.00	0.42	0.28000	26%-50% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	5	6.00	0.47	0.28000	51%-75% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	5	6.00	0.48	0.28000	51%-75% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	5	6.00	0.55	0.28000	76%-100% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	5	6.00	0.65	0.28000	101%-200% Above	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	5	6.00	0.65	0.28000	101%-200% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	6	6.00	0.39	0.27765	26%-50% Above	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	6	6.00	0.40	0.27765	26%-50% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	6	6.00	0.42	0.27765	51%-75% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	6	6.00	0.47	0.27765	51%-75% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	6	6.00	0.49	0.27765	51%-75% Above	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	6	6.00	0.59	0.27765	101%-200% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	6	6.00	0.65	0.27765	101%-200% Above	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	6	6.00	0.65	0.27765	101%-200% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	7	6.00	0.39	0.26796	26%-50% Above	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	7	6.00	0.41	0.26796	51%-75% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	7	6.00	0.42	0.26796	51%-75% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	7	6.00	0.47	0.26796	51%-75% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	7	6.00	0.59	0.26796	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	6.00	0.65	0.26796	101%-200% Above	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	7	6.00	0.65	0.26796	101%-200% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	8	6.00	0.10	0.26759	51%-75% Below	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	8	6.00	0.39	0.26759	26%-50% Above	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	8	6.00	0.41	0.26759	51%-75% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	8	6.00	0.42	0.26759	51%-75% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	8	6.00	0.43	0.26759	51%-75% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	8	6.00	0.44	0.26759	51%-75% Above	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	8	6.00	0.47	0.26759	51%-75% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	8	6.00	0.65	0.26759	101%-200% Above	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	8	6.00	0.65	0.26759	101%-200% Above	Yes	No
68180086206	AZITHROMYCIN 500 MG TABLET	4	5.00	0.85	0.59082	26%-50% Above	Yes	No
68180086206	AZITHROMYCIN 500 MG TABLET	5	2.00	1.02	0.59739	51%-75% Above	Yes	No
68180086206	AZITHROMYCIN 500 MG TABLET	5	2.00	1.15	0.59739	76%-100% Above	No	No
68180086206	AZITHROMYCIN 500 MG TABLET	5	5.00	1.15	0.59739	76%-100% Above	No	No
68180086206	AZITHROMYCIN 500 MG TABLET	6	2.00	1.15	0.60470	76%-100% Above	Yes	No
68180086206	AZITHROMYCIN 500 MG TABLET	6	5.00	0.85	0.60470	26%-50% Above	Yes	No
68180086206	AZITHROMYCIN 500 MG TABLET	6	5.00	1.15	0.60470	76%-100% Above	Yes	No
68180086206	AZITHROMYCIN 500 MG TABLET	7	2.00	1.15	0.58506	76%-100% Above	Yes	No
68180086206	AZITHROMYCIN 500 MG TABLET	7	5.00	1.15	0.58506	76%-100% Above	No	No
68180086206	AZITHROMYCIN 500 MG TABLET	8	5.00	1.15	0.56045	101%-200% Above	Yes	No
68180086211	AZITHROMYCIN 500 MG TABLET	4	3.00	0.83	0.59082	26%-50% Above	Yes	No
68180086211	AZITHROMYCIN 500 MG TABLET	6	2.00	1.15	0.60470	76%-100% Above	Yes	No
68180086211	AZITHROMYCIN 500 MG TABLET	6	3.00	0.83	0.60470	26%-50% Above	Yes	No
68180086211	AZITHROMYCIN 500 MG TABLET	6	3.00	1.15	0.60470	76%-100% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180086211	AZITHROMYCIN 500 MG TABLET	7	3.00	1.15	0.58506	76%-100% Above	Yes	No
68180086473	BLISOVI 24 FE TABLET	4	28.00	0.14	0.21521	26%-50% Below	No	No
68180086473	BLISOVI 24 FE TABLET	4	84.00	0.10	0.21521	51%-75% Below	Yes	No
68180086473	BLISOVI 24 FE TABLET	5	28.00	0.01	0.21008	76%-100% Below	No	No
68180086473	BLISOVI 24 FE TABLET	5	28.00	0.14	0.21008	26%-50% Below	No	No
68180086473	BLISOVI 24 FE TABLET	5	28.00	0.14	0.21008	26%-50% Below	Yes	No
68180086473	BLISOVI 24 FE TABLET	6	84.00	0.01	0.20340	76%-100% Below	No	No
68180086473	BLISOVI 24 FE TABLET	6	84.00	0.14	0.20340	26%-50% Below	No	No
68180086473	BLISOVI 24 FE TABLET	7	84.00	0.10	0.18642	26%-50% Below	Yes	No
68180086573	BLISOVI FE 1-20 TABLET	5	84.00	0.06	0.13075	51%-75% Below	Yes	No
68180086573	BLISOVI FE 1-20 TABLET	5	84.00	0.07	0.13075	26%-50% Below	Yes	No
68180086871	DROSPIRENONE-EE 3-0.03 MG TAB	7	28.00	0.12	0.14450	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	5	28.00	0.09	0.15811	26%-50% Below	No	No
68180086873	DROSPIRENONE-EE 3-0.03 MG TAB	5	28.00	0.09	0.15811	26%-50% Below	No	No
68180086873	DROSPIRENONE-EE 3-0.03 MG TAB	5	28.00	0.12	0.15811	26%-50% Below	No	No
68180086873	DROSPIRENONE-EE 3-0.03 MG TAB	5	84.00	0.12	0.15811	26%-50% Below	No	No
68180086873	DROSPIRENONE-EE 3-0.03 MG TAB	6	28.00	0.09	0.15382	26%-50% Below	No	No
68180086873	DROSPIRENONE-EE 3-0.03 MG TAB	6	28.00	0.09	0.15382	26%-50% Below	No	No
68180086873	DROSPIRENONE-EE 3-0.03 MG TAB	6	28.00	0.12	0.15382	10%-25% Below	No	No
68180086873	DROSPIRENONE-EE 3-0.03 MG TAB	6	84.00	0.10	0.15382	26%-50% Below	No	No
68180086873	DROSPIRENONE-EE 3-0.03 MG TAB	6	84.00	0.12	0.15382	10%-25% Below	No	No
68180086873	DROSPIRENONE-EE 3-0.03 MG TAB	7	28.00	0.09	0.14450	26%-50% Below	No	No
68180086873	DROSPIRENONE-EE 3-0.03 MG TAB	7	28.00	0.12	0.14450	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180086873	DROSPIRENONE-EE 3-0.03 MG TAB	7	84.00	0.12	0.14450	10%-25% Below	No	No
68180086913	BLISOVI FE 1.5-30 TABLET	5	28.00	0.05	0.14788	51%-75% Below	No	No
68180086913	BLISOVI FE 1.5-30 TABLET	6	28.00	0.05	0.14120	51%-75% Below	No	No
68180086913	BLISOVI FE 1.5-30 TABLET	6	84.00	0.05	0.14120	51%-75% Below	No	No
68180086913	BLISOVI FE 1.5-30 TABLET	7	28.00	0.05	0.13623	51%-75% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	4	28.00	0.01	0.09225	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	5	28.00	0.01	0.09431	76%-100% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	5	28.00	0.06	0.09431	26%-50% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	6	28.00	0.06	0.09425	26%-50% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	7	28.00	0.05	0.09315	26%-50% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	7	28.00	0.06	0.09315	26%-50% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	7	28.00	0.06	0.09315	26%-50% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	8	28.00	0.05	0.09065	26%-50% Below	No	No
68180087773	JENCYCLA 0.35 MG TABLET	4	28.00	0.01	0.09225	76%-100% Below	No	No
68180087773	JENCYCLA 0.35 MG TABLET	4	28.00	0.05	0.09225	26%-50% Below	No	No
68180087773	JENCYCLA 0.35 MG TABLET	4	84.00	0.01	0.09225	76%-100% Below	No	No
68180087773	JENCYCLA 0.35 MG TABLET	5	28.00	0.05	0.09431	26%-50% Below	No	No
68180087773	JENCYCLA 0.35 MG TABLET	5	28.00	0.06	0.09431	26%-50% Below	No	No
68180087773	JENCYCLA 0.35 MG TABLET	5	84.00	0.06	0.09431	26%-50% Below	No	No
68180087773	JENCYCLA 0.35 MG TABLET	6	28.00	0.05	0.09425	26%-50% Below	No	No
68180087773	JENCYCLA 0.35 MG TABLET	6	28.00	0.06	0.09425	26%-50% Below	No	No
68180087773	JENCYCLA 0.35 MG TABLET	6	84.00	0.06	0.09425	26%-50% Below	No	No
68180087773	JENCYCLA 0.35 MG TABLET	7	28.00	0.05	0.09315	26%-50% Below	No	No
68180087773	JENCYCLA 0.35 MG TABLET	7	28.00	0.06	0.09315	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	84.00	0.01	0.09315	76%-100% Below	No	No
68180087773	JENCYCLA 0.35 MG TABLET	8	84.00	0.06	0.09065	26%-50% Below	No	No
68180088671	NIKKI 3 MG-0.02 MG TABLET	5	28.00	0.13	0.17961	26%-50% Below	No	No
68180088671	NIKKI 3 MG-0.02 MG TABLET	6	28.00	0.13	0.18947	26%-50% Below	No	No
68180088671	NIKKI 3 MG-0.02 MG TABLET	7	28.00	0.13	0.19335	26%-50% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	4	28.00	0.09	0.16558	26%-50% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	4	28.00	0.13	0.16558	10%-25% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	4	84.00	0.08	0.16558	26%-50% Below	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	4	84.00	0.13	0.16558	10%-25% Below	No	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	5	28.00	0.09	0.17961	26%-50% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	5	28.00	0.13	0.17961	26%-50% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	5	84.00	0.01	0.17961	76%-100% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	5	84.00	0.08	0.17961	51%-75% Below	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	5	84.00	0.13	0.17961	26%-50% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	5	84.00	0.13	0.17961	26%-50% Below	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	5	112.00	0.13	0.17961	26%-50% Below	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	6	28.00	0.13	0.18947	26%-50% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	6	28.00	0.15	0.18947	10%-25% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	6	84.00	0.08	0.18947	51%-75% Below	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	6	84.00	0.13	0.18947	26%-50% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	6	84.00	0.13	0.18947	26%-50% Below	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	6	84.00	0.24	0.18947	10%-25% Above	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	7	28.00	0.08	0.19335	51%-75% Below	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	7	28.00	0.13	0.19335	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	28.00	0.15	0.19335	10%-25% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	7	84.00	0.08	0.19335	51%-75% Below	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	7	84.00	0.10	0.19335	26%-50% Below	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	7	84.00	0.13	0.19335	26%-50% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	8	28.00	0.15	0.18951	10%-25% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	8	84.00	0.07	0.18951	51%-75% Below	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	8	84.00	0.08	0.18951	51%-75% Below	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	8	84.00	0.13	0.18951	26%-50% Below	Yes	No
68180089513	TURQOZ-28 TABLET	4	28.00	0.21	0.30544	26%-50% Below	No	No
68180089513	TURQOZ-28 TABLET	5	28.00	0.02	0.29910	76%-100% Below	No	No
68180089513	TURQOZ-28 TABLET	5	28.00	0.21	0.29910	26%-50% Below	No	No
68180089513	TURQOZ-28 TABLET	5	84.00	0.21	0.29910	26%-50% Below	No	No
68180089513	TURQOZ-28 TABLET	6	28.00	0.02	0.29084	76%-100% Below	No	No
68180089513	TURQOZ-28 TABLET	6	28.00	0.21	0.29084	26%-50% Below	No	No
68180089513	TURQOZ-28 TABLET	6	84.00	0.21	0.29084	26%-50% Below	No	No
68180089513	TURQOZ-28 TABLET	7	28.00	0.21	0.28407	26%-50% Below	No	No
68180089513	TURQOZ-28 TABLET	7	28.00	0.33	0.28407	10%-25% Above	No	No
68180089513	TURQOZ-28 TABLET	7	84.00	0.02	0.28407	76%-100% Below	No	No
68180089513	TURQOZ-28 TABLET	8	28.00	0.21	0.29301	26%-50% Below	No	No
68180089513	TURQOZ-28 TABLET	8	28.00	0.33	0.29301	10%-25% Above	No	No
68180094111	TESTOSTERONE 1.62% GEL PUMP	4	75.00	0.20	0.44588	51%-75% Below	Yes	No
68180094111	TESTOSTERONE 1.62% GEL PUMP	6	225.00	0.57	0.47714	10%-25% Above	Yes	No
68180094111	TESTOSTERONE 1.62% GEL PUMP	7	375.00	0.57	0.47515	10%-25% Above	Yes	No
68180095004	DESOXIMETASONE 0.25% CREAM	5	100.00	0.20	0.41453	51%-75% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	4	8.50	1.09	1.70516	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	8.50	1.10	1.70516	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	4	8.50	1.16	1.70516	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	4	8.50	1.31	1.70516	10%-25% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	4	17.00	1.10	1.70516	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	4	25.50	2.26	1.70516	26%-50% Above	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	5	8.50	1.10	1.65349	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	5	8.50	1.16	1.65349	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	5	8.50	1.30	1.65349	10%-25% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	5	8.50	2.26	1.65349	26%-50% Above	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	6	8.50	1.09	1.59857	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	6	8.50	1.10	1.59857	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	6	8.50	1.16	1.59857	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	6	8.50	1.30	1.59857	10%-25% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	6	8.50	1.76	1.59857	10%-25% Above	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	6	8.50	2.26	1.59857	26%-50% Above	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	7	8.50	1.10	1.53595	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	7	8.50	2.26	1.53595	26%-50% Above	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	8	8.50	1.09	1.55291	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	8	8.50	1.10	1.55291	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	8	8.50	2.26	1.55291	26%-50% Above	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	8	17.00	1.10	1.55291	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	12	9.00	1.04	1.90691	26%-50% Below	No	No
68180096501	LEVOTHYROXINE 25 MCG TABLET	7	90.00	0.01	0.03587	51%-75% Below	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	4	30.00	0.05	0.03796	10%-25% Above	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	4	90.00	0.02	0.03796	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180096503	LEVOTHYROXINE 25 MCG TABLET	5	30.00	0.05	0.03733	10%-25% Above	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	5	30.00	0.05	0.03733	26%-50% Above	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	5	30.00	0.05	0.03733	26%-50% Above	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	5	30.00	0.12	0.03733	200% Above	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	5	90.00	0.12	0.03733	200% Above	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	6	30.00	0.04	0.03624	10%-25% Above	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	6	30.00	0.05	0.03624	10%-25% Above	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	6	30.00	0.05	0.03624	26%-50% Above	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	6	30.00	0.12	0.03624	200% Above	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	6	45.00	0.04	0.03624	10%-25% Above	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	7	30.00	0.04	0.03587	10%-25% Above	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	7	30.00	0.05	0.03587	26%-50% Above	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	7	30.00	0.05	0.03587	26%-50% Above	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	7	30.00	0.12	0.03587	200% Above	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	8	30.00	0.05	0.03568	26%-50% Above	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	8	30.00	0.12	0.03568	200% Above	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	8	90.00	0.12	0.03568	200% Above	No	No
68180096509	LEVOTHYROXINE 25 MCG TABLET	4	45.00	0.12	0.03796	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	5	45.00	0.12	0.03733	200% Above	No	No
68180096509	LEVOTHYROXINE 25 MCG TABLET	5	90.00	0.12	0.03733	200% Above	No	No
68180096509	LEVOTHYROXINE 25 MCG TABLET	6	30.00	0.12	0.03624	200% Above	No	No
68180096509	LEVOTHYROXINE 25 MCG TABLET	6	45.00	0.12	0.03624	200% Above	No	No
68180096509	LEVOTHYROXINE 25 MCG TABLET	6	90.00	0.12	0.03624	200% Above	No	No
68180096509	LEVOTHYROXINE 25 MCG TABLET	7	30.00	0.12	0.03587	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	45.00	0.12	0.03587	200% Above	No	No
68180096509	LEVOTHYROXINE 25 MCG TABLET	7	60.00	0.12	0.03587	200% Above	No	No
68180096509	LEVOTHYROXINE 25 MCG TABLET	7	90.00	0.12	0.03587	200% Above	No	No
68180096509	LEVOTHYROXINE 25 MCG TABLET	8	30.00	0.12	0.03568	200% Above	No	No
68180096601	LEVOTHYROXINE 50 MCG TABLET	4	90.00	0.03	0.04736	26%-50% Below	No	No
68180096601	LEVOTHYROXINE 50 MCG TABLET	4	200.00	0.03	0.04736	26%-50% Below	No	No
68180096601	LEVOTHYROXINE 50 MCG TABLET	5	30.00	0.15	0.04623	200% Above	No	No
68180096601	LEVOTHYROXINE 50 MCG TABLET	5	90.00	0.01	0.04623	51%-75% Below	No	No
68180096601	LEVOTHYROXINE 50 MCG TABLET	5	90.00	0.03	0.04623	26%-50% Below	No	No
68180096601	LEVOTHYROXINE 50 MCG TABLET	6	90.00	0.03	0.04483	26%-50% Below	No	No
68180096601	LEVOTHYROXINE 50 MCG TABLET	7	30.00	0.15	0.04323	200% Above	No	No
68180096601	LEVOTHYROXINE 50 MCG TABLET	8	30.00	0.15	0.04062	200% Above	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	4	30.00	0.15	0.04736	200% Above	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	4	90.00	0.02	0.04736	51%-75% Below	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	4	90.00	0.15	0.04736	200% Above	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	5	30.00	0.15	0.04623	200% Above	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	5	90.00	0.03	0.04623	26%-50% Below	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	5	90.00	0.15	0.04623	200% Above	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	6	30.00	0.15	0.04483	200% Above	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	6	90.00	0.15	0.04483	200% Above	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	7	30.00	0.15	0.04323	200% Above	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	7	90.00	0.15	0.04323	200% Above	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	8	30.00	0.15	0.04062	200% Above	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	8	60.00	0.15	0.04062	200% Above	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	8	90.00	0.15	0.04062	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	10	30.00	0.15	0.05223	101%-200% Above	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	5	30.00	0.15	0.04623	200% Above	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	6	90.00	0.15	0.04483	200% Above	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	7	90.00	0.03	0.04323	26%-50% Below	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	7	90.00	0.05	0.04323	10%-25% Above	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	8	90.00	0.03	0.04062	10%-25% Below	No	No
68180096701	LEVOTHYROXINE 75 MCG TABLET	5	30.00	0.31	0.04892	200% Above	No	No
68180096701	LEVOTHYROXINE 75 MCG TABLET	6	30.00	0.31	0.04882	200% Above	No	No
68180096701	LEVOTHYROXINE 75 MCG TABLET	6	90.00	0.03	0.04882	26%-50% Below	No	No
68180096701	LEVOTHYROXINE 75 MCG TABLET	7	90.00	0.01	0.04763	51%-75% Below	No	No
68180096701	LEVOTHYROXINE 75 MCG TABLET	7	90.00	0.31	0.04763	200% Above	No	No
68180096701	LEVOTHYROXINE 75 MCG TABLET	8	90.00	0.03	0.04633	26%-50% Below	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	0.03	0.04924	26%-50% Below	No	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	5	30.00	0.31	0.04892	200% Above	No	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	5	36.00	0.31	0.04892	200% Above	No	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	5	90.00	0.27	0.04892	200% Above	No	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	5	90.00	0.31	0.04892	200% Above	No	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	6	30.00	0.31	0.04882	200% Above	No	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	6	90.00	0.05	0.04882	10%-25% Above	No	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	7	30.00	0.31	0.04763	200% Above	No	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	7	90.00	0.03	0.04763	26%-50% Below	No	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	7	90.00	0.31	0.04763	200% Above	No	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	8	90.00	0.27	0.04633	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180096709	LEVOTHYROXINE 75 MCG TABLET	4	30.00	0.31	0.04924	200% Above	No	No
68180096709	LEVOTHYROXINE 75 MCG TABLET	6	30.00	0.31	0.04882	200% Above	No	No
68180096801	LEVOTHYROXINE 88 MCG TABLET	5	90.00	0.03	0.05353	26%-50% Below	No	No
68180096801	LEVOTHYROXINE 88 MCG TABLET	5	90.00	0.17	0.05353	200% Above	No	No
68180096801	LEVOTHYROXINE 88 MCG TABLET	6	60.00	0.17	0.05219	200% Above	No	No
68180096801	LEVOTHYROXINE 88 MCG TABLET	6	90.00	0.10	0.05219	76%-100% Above	No	No
68180096801	LEVOTHYROXINE 88 MCG TABLET	7	90.00	0.04	0.05247	26%-50% Below	No	No
68180096801	LEVOTHYROXINE 88 MCG TABLET	8	90.00	0.01	0.05015	51%-75% Below	No	No
68180096801	LEVOTHYROXINE 88 MCG TABLET	8	90.00	0.17	0.05015	200% Above	No	No
68180096803	LEVOTHYROXINE 88 MCG TABLET	4	30.00	0.17	0.05416	200% Above	No	No
68180096803	LEVOTHYROXINE 88 MCG TABLET	4	90.00	0.04	0.05416	26%-50% Below	No	No
68180096803	LEVOTHYROXINE 88 MCG TABLET	4	90.00	0.17	0.05416	200% Above	No	No
68180096803	LEVOTHYROXINE 88 MCG TABLET	5	30.00	0.17	0.05353	200% Above	No	No
68180096803	LEVOTHYROXINE 88 MCG TABLET	5	90.00	0.17	0.05353	200% Above	No	No
68180096803	LEVOTHYROXINE 88 MCG TABLET	6	30.00	0.17	0.05219	200% Above	No	No
68180096803	LEVOTHYROXINE 88 MCG TABLET	6	90.00	0.17	0.05219	200% Above	No	No
68180096803	LEVOTHYROXINE 88 MCG TABLET	7	30.00	0.17	0.05247	200% Above	No	No
68180096803	LEVOTHYROXINE 88 MCG TABLET	7	90.00	0.17	0.05247	200% Above	No	No
68180096803	LEVOTHYROXINE 88 MCG TABLET	8	30.00	0.17	0.05015	200% Above	No	No
68180096803	LEVOTHYROXINE 88 MCG TABLET	8	45.00	0.17	0.05015	200% Above	No	No
68180096803	LEVOTHYROXINE 88 MCG TABLET	8	90.00	0.17	0.05015	200% Above	No	No
68180096809	LEVOTHYROXINE 88 MCG TABLET	6	90.00	0.17	0.05219	200% Above	No	No
68180096903	LEVOTHYROXINE 100 MCG TABLET	4	30.00	0.31	0.05322	200% Above	No	No
68180096903	LEVOTHYROXINE 100 MCG TABLET	4	90.00	0.03	0.05322	26%-50% Below	No	No
68180096903	LEVOTHYROXINE 100 MCG TABLET	4	90.00	0.03	0.05322	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	90.00	0.31	0.05322	200% Above	No	No
68180096903	LEVOTHYROXINE 100 MCG TABLET	5	30.00	0.01	0.05205	76%-100% Below	No	No
68180096903	LEVOTHYROXINE 100 MCG TABLET	5	30.00	0.31	0.05205	200% Above	No	No
68180096903	LEVOTHYROXINE 100 MCG TABLET	5	90.00	0.01	0.05205	76%-100% Below	No	No
68180096903	LEVOTHYROXINE 100 MCG TABLET	5	90.00	0.03	0.05205	26%-50% Below	No	No
68180096903	LEVOTHYROXINE 100 MCG TABLET	5	90.00	0.31	0.05205	200% Above	No	No
68180096903	LEVOTHYROXINE 100 MCG TABLET	6	30.00	0.31	0.05092	200% Above	No	No
68180096903	LEVOTHYROXINE 100 MCG TABLET	6	90.00	0.01	0.05092	76%-100% Below	No	No
68180096903	LEVOTHYROXINE 100 MCG TABLET	6	90.00	0.31	0.05092	200% Above	No	No
68180096903	LEVOTHYROXINE 100 MCG TABLET	7	90.00	0.03	0.05161	26%-50% Below	No	No
68180096903	LEVOTHYROXINE 100 MCG TABLET	7	90.00	0.31	0.05161	200% Above	No	No
68180096903	LEVOTHYROXINE 100 MCG TABLET	8	90.00	0.31	0.05073	200% Above	No	No
68180096909	LEVOTHYROXINE 100 MCG TABLET	4	90.00	0.31	0.05322	200% Above	No	No
68180096909	LEVOTHYROXINE 100 MCG TABLET	7	90.00	0.01	0.05161	51%-75% Below	No	No
68180096909	LEVOTHYROXINE 100 MCG TABLET	7	90.00	0.31	0.05161	200% Above	No	No
68180097001	LEVOTHYROXINE 112 MCG TABLET	4	30.00	0.29	0.06363	200% Above	No	No
68180097001	LEVOTHYROXINE 112 MCG TABLET	5	30.00	0.29	0.06343	200% Above	No	No
68180097001	LEVOTHYROXINE 112 MCG TABLET	6	30.00	0.29	0.06164	200% Above	No	No
68180097001	LEVOTHYROXINE 112 MCG TABLET	7	30.00	0.29	0.06035	200% Above	No	No
68180097001	LEVOTHYROXINE 112 MCG TABLET	8	30.00	0.29	0.05894	200% Above	No	No
68180097003	LEVOTHYROXINE 112 MCG TABLET	4	30.00	0.29	0.06363	200% Above	No	No
68180097003	LEVOTHYROXINE 112 MCG TABLET	4	90.00	0.29	0.06363	200% Above	No	No
68180097003	LEVOTHYROXINE 112 MCG TABLET	5	30.00	0.29	0.06343	200% Above	No	No
68180097003	LEVOTHYROXINE 112 MCG TABLET	5	90.00	0.29	0.06343	200% Above	No	No
68180097003	LEVOTHYROXINE 112 MCG TABLET	6	30.00	0.29	0.06164	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180097003	LEVOTHYROXINE 112 MCG TABLET	7	30.00	0.29	0.06035	200% Above	No	No
68180097003	LEVOTHYROXINE 112 MCG TABLET	7	90.00	0.29	0.06035	200% Above	No	No
68180097009	LEVOTHYROXINE 112 MCG TABLET	5	30.00	0.29	0.06343	200% Above	No	No
68180097009	LEVOTHYROXINE 112 MCG TABLET	5	90.00	0.02	0.06343	51%-75% Below	No	No
68180097009	LEVOTHYROXINE 112 MCG TABLET	5	90.00	0.04	0.06343	26%-50% Below	No	No
68180097009	LEVOTHYROXINE 112 MCG TABLET	6	30.00	0.29	0.06164	200% Above	No	No
68180097009	LEVOTHYROXINE 112 MCG TABLET	7	30.00	0.29	0.06035	200% Above	No	No
68180097009	LEVOTHYROXINE 112 MCG TABLET	8	90.00	0.04	0.05894	26%-50% Below	No	No
68180097103	LEVOTHYROXINE 125 MCG TABLET	4	90.00	0.17	0.06176	101%-200% Above	No	No
68180097103	LEVOTHYROXINE 125 MCG TABLET	5	30.00	0.17	0.06056	101%-200% Above	No	No
68180097103	LEVOTHYROXINE 125 MCG TABLET	5	90.00	0.17	0.06056	101%-200% Above	No	No
68180097103	LEVOTHYROXINE 125 MCG TABLET	6	30.00	0.06	0.05838	10%-25% Above	No	No
68180097103	LEVOTHYROXINE 125 MCG TABLET	6	30.00	0.11	0.05838	76%-100% Above	No	No
68180097103	LEVOTHYROXINE 125 MCG TABLET	6	64.00	0.17	0.05838	101%-200% Above	No	No
68180097103	LEVOTHYROXINE 125 MCG TABLET	7	21.00	0.17	0.05694	101%-200% Above	No	No
68180097103	LEVOTHYROXINE 125 MCG TABLET	7	30.00	0.06	0.05694	10%-25% Above	No	No
68180097103	LEVOTHYROXINE 125 MCG TABLET	7	30.00	0.17	0.05694	101%-200% Above	No	No
68180097103	LEVOTHYROXINE 125 MCG TABLET	7	90.00	0.17	0.05694	101%-200% Above	No	No
68180097103	LEVOTHYROXINE 125 MCG TABLET	8	30.00	0.06	0.05705	10%-25% Above	No	No
68180097103	LEVOTHYROXINE 125 MCG TABLET	8	30.00	0.11	0.05705	76%-100% Above	No	No
68180097103	LEVOTHYROXINE 125 MCG TABLET	8	90.00	0.17	0.05705	101%-200% Above	No	No
68180097109	LEVOTHYROXINE 125 MCG TABLET	7	90.00	0.04	0.05694	26%-50% Below	No	No
68180097201	LEVOTHYROXINE 137 MCG TABLET	4	30.00	0.19	0.06499	101%-200% Above	No	No
68180097201	LEVOTHYROXINE 137 MCG TABLET	5	30.00	0.19	0.06426	200% Above	No	No
68180097201	LEVOTHYROXINE 137 MCG TABLET	6	30.00	0.19	0.06295	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180097201	LEVOTHYROXINE 137 MCG TABLET	6	90.00	0.05	0.06295	10%-25% Below	No	No
68180097201	LEVOTHYROXINE 137 MCG TABLET	7	30.00	0.19	0.06235	200% Above	No	No
68180097201	LEVOTHYROXINE 137 MCG TABLET	7	90.00	0.05	0.06235	26%-50% Below	No	No
68180097201	LEVOTHYROXINE 137 MCG TABLET	8	30.00	0.19	0.06273	200% Above	No	No
68180097209	LEVOTHYROXINE 137 MCG TABLET	4	7.00	0.19	0.06499	101%-200% Above	No	No
68180097209	LEVOTHYROXINE 137 MCG TABLET	4	90.00	0.19	0.06499	101%-200% Above	No	No
68180097209	LEVOTHYROXINE 137 MCG TABLET	5	30.00	0.19	0.06426	200% Above	No	No
68180097209	LEVOTHYROXINE 137 MCG TABLET	5	90.00	0.19	0.06426	200% Above	No	No
68180097209	LEVOTHYROXINE 137 MCG TABLET	6	30.00	0.19	0.06295	200% Above	No	No
68180097209	LEVOTHYROXINE 137 MCG TABLET	6	90.00	0.19	0.06295	200% Above	No	No
68180097209	LEVOTHYROXINE 137 MCG TABLET	7	30.00	0.19	0.06235	200% Above	No	No
68180097209	LEVOTHYROXINE 137 MCG TABLET	7	90.00	0.19	0.06235	200% Above	No	No
68180097209	LEVOTHYROXINE 137 MCG TABLET	8	90.00	0.19	0.06273	200% Above	No	No
68180097301	LEVOTHYROXINE 150 MCG TABLET	5	30.00	0.06	0.06547	10%-25% Below	No	No
68180097303	LEVOTHYROXINE 150 MCG TABLET	5	30.00	0.29	0.06547	200% Above	No	No
68180097303	LEVOTHYROXINE 150 MCG TABLET	5	90.00	0.29	0.06547	200% Above	No	No
68180097303	LEVOTHYROXINE 150 MCG TABLET	6	30.00	0.29	0.06350	200% Above	No	No
68180097303	LEVOTHYROXINE 150 MCG TABLET	7	30.00	0.29	0.06251	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	4	90.00	0.29	0.06736	200% Above	No	No
68180097309	LEVOTHYROXINE 150 MCG TABLET	5	30.00	0.29	0.06547	200% Above	No	No
68180097309	LEVOTHYROXINE 150 MCG TABLET	5	90.00	0.29	0.06547	200% Above	No	No
68180097309	LEVOTHYROXINE 150 MCG TABLET	6	30.00	0.29	0.06350	200% Above	No	No
68180097309	LEVOTHYROXINE 150 MCG TABLET	7	30.00	0.29	0.06251	200% Above	No	No
68180097309	LEVOTHYROXINE 150 MCG TABLET	7	90.00	0.29	0.06251	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180097401	LEVOTHYROXINE 175 MCG TABLET	5	30.00	0.32	0.07988	200% Above	No	No
68180097401	LEVOTHYROXINE 175 MCG TABLET	6	30.00	0.32	0.07998	200% Above	No	No
68180097401	LEVOTHYROXINE 175 MCG TABLET	7	30.00	0.32	0.08048	200% Above	No	No
68180097401	LEVOTHYROXINE 175 MCG TABLET	7	90.00	0.05	0.08048	26%-50% Below	No	No
68180097401	LEVOTHYROXINE 175 MCG TABLET	7	90.00	0.06	0.08048	26%-50% Below	No	No
68180097403	LEVOTHYROXINE 175 MCG TABLET	4	30.00	0.32	0.08105	200% Above	No	No
68180097403	LEVOTHYROXINE 175 MCG TABLET	5	30.00	0.32	0.07988	200% Above	No	No
68180097403	LEVOTHYROXINE 175 MCG TABLET	6	30.00	0.32	0.07998	200% Above	No	No
68180097409	LEVOTHYROXINE 175 MCG TABLET	6	10.00	0.32	0.07998	200% Above	No	No
68180097409	LEVOTHYROXINE 175 MCG TABLET	6	90.00	0.32	0.07998	200% Above	No	No
68180097409	LEVOTHYROXINE 175 MCG TABLET	7	45.00	0.32	0.08048	200% Above	No	No
68180097409	LEVOTHYROXINE 175 MCG TABLET	7	90.00	0.32	0.08048	200% Above	No	No
68180097501	LEVOTHYROXINE 200 MCG TABLET	5	30.00	0.35	0.08002	200% Above	No	No
68180097501	LEVOTHYROXINE 200 MCG TABLET	6	2.00	0.42	0.08056	200% Above	No	No
68180097501	LEVOTHYROXINE 200 MCG TABLET	6	30.00	0.35	0.08056	200% Above	No	No
68180097501	LEVOTHYROXINE 200 MCG TABLET	7	30.00	0.35	0.07831	200% Above	No	No
68180097503	LEVOTHYROXINE 200 MCG TABLET	5	30.00	0.07	0.08002	10%-25% Below	No	No
68180097503	LEVOTHYROXINE 200 MCG TABLET	5	30.00	0.35	0.08002	200% Above	No	No
68180097503	LEVOTHYROXINE 200 MCG TABLET	5	90.00	0.05	0.08002	26%-50% Below	No	No
68180097503	LEVOTHYROXINE 200 MCG TABLET	6	30.00	0.35	0.08056	200% Above	No	No
68180097503	LEVOTHYROXINE 200 MCG TABLET	7	30.00	0.07	0.07831	10%-25% Below	No	No
68180097503	LEVOTHYROXINE 200 MCG TABLET	7	30.00	0.35	0.07831	200% Above	No	No
68180097503	LEVOTHYROXINE 200 MCG TABLET	8	30.00	0.07	0.08017	10%-25% Below	No	No
68180097509	LEVOTHYROXINE 200 MCG TABLET	5	45.00	0.35	0.08002	200% Above	No	No
68180097509	LEVOTHYROXINE 200 MCG TABLET	5	90.00	0.05	0.08002	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	90.00	0.35	0.08002	200% Above	No	No
68180097509	LEVOTHYROXINE 200 MCG TABLET	6	90.00	0.06	0.08056	10%-25% Below	No	No
68180097509	LEVOTHYROXINE 200 MCG TABLET	6	90.00	0.35	0.08056	200% Above	No	No
68180097609	LEVOTHYROXINE 300 MCG TABLET	6	30.00	0.16	0.10841	26%-50% Above	No	No
68180097802	SERTRALINE HCL 25 MG TABLET	4	30.00	0.11	0.02999	200% Above	No	No
68180097802	SERTRALINE HCL 25 MG TABLET	5	30.00	0.01	0.02978	51%-75% Below	No	No
68180097802	SERTRALINE HCL 25 MG TABLET	5	90.00	0.04	0.02978	26%-50% Above	No	No
68180097802	SERTRALINE HCL 25 MG TABLET	5	90.00	0.11	0.02978	200% Above	Yes	No
68180097802	SERTRALINE HCL 25 MG TABLET	6	90.00	0.01	0.02864	26%-50% Below	No	No
68180097802	SERTRALINE HCL 25 MG TABLET	6	90.00	0.08	0.02864	101%-200% Above	Yes	No
68180097802	SERTRALINE HCL 25 MG TABLET	6	90.00	0.11	0.02864	200% Above	Yes	No
68180097802	SERTRALINE HCL 25 MG TABLET	6	135.00	0.08	0.02864	101%-200% Above	Yes	No
68180097802	SERTRALINE HCL 25 MG TABLET	8	30.00	0.11	0.02818	200% Above	No	No
68180097802	SERTRALINE HCL 25 MG TABLET	8	90.00	0.11	0.02818	200% Above	Yes	No
68180097803	SERTRALINE HCL 25 MG TABLET	4	30.00	0.06	0.02999	101%-200% Above	No	No
68180097803	SERTRALINE HCL 25 MG TABLET	5	7.00	0.11	0.02978	200% Above	No	No
68180097803	SERTRALINE HCL 25 MG TABLET	5	30.00	0.06	0.02978	101%-200% Above	No	No
68180097803	SERTRALINE HCL 25 MG TABLET	5	30.00	0.07	0.02978	101%-200% Above	No	No
68180097803	SERTRALINE HCL 25 MG TABLET	5	60.00	0.11	0.02978	200% Above	No	No
68180097803	SERTRALINE HCL 25 MG TABLET	5	90.00	0.06	0.02978	101%-200% Above	No	No
68180097803	SERTRALINE HCL 25 MG TABLET	5	90.00	0.11	0.02978	200% Above	Yes	No
68180097803	SERTRALINE HCL 25 MG TABLET	6	30.00	0.01	0.02864	51%-75% Below	No	No
68180097803	SERTRALINE HCL 25 MG TABLET	6	30.00	0.06	0.02864	101%-200% Above	No	No
68180097803	SERTRALINE HCL 25 MG TABLET	6	30.00	0.11	0.02864	200% Above	No	No
68180097803	SERTRALINE HCL 25 MG TABLET	6	60.00	0.11	0.02864	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	90.00	0.11	0.02864	200% Above	No	No
68180097803	SERTRALINE HCL 25 MG TABLET	7	30.00	0.01	0.02856	51%-75% Below	No	No
68180097803	SERTRALINE HCL 25 MG TABLET	7	30.00	0.06	0.02856	101%-200% Above	No	No
68180097803	SERTRALINE HCL 25 MG TABLET	7	30.00	0.11	0.02856	200% Above	No	No
68180097803	SERTRALINE HCL 25 MG TABLET	7	90.00	0.05	0.02856	51%-75% Above	No	No
68180097803	SERTRALINE HCL 25 MG TABLET	7	90.00	0.06	0.02856	101%-200% Above	No	No
68180097803	SERTRALINE HCL 25 MG TABLET	8	30.00	0.06	0.02818	101%-200% Above	No	No
68180097803	SERTRALINE HCL 25 MG TABLET	8	30.00	0.06	0.02818	101%-200% Above	No	No
68180097803	SERTRALINE HCL 25 MG TABLET	8	30.00	0.11	0.02818	200% Above	No	No
68180097901	LISINOPRIL 40 MG TABLET	4	90.00	0.10	0.04738	101%-200% Above	No	No
68180097901	LISINOPRIL 40 MG TABLET	5	90.00	0.01	0.04718	51%-75% Below	No	No
68180097903	LISINOPRIL 40 MG TABLET	4	30.00	0.01	0.04738	76%-100% Below	No	No
68180097903	LISINOPRIL 40 MG TABLET	4	30.00	0.10	0.04738	101%-200% Above	No	No
68180097903	LISINOPRIL 40 MG TABLET	5	30.00	0.01	0.04718	76%-100% Below	No	No
68180097903	LISINOPRIL 40 MG TABLET	5	30.00	0.10	0.04718	101%-200% Above	No	No
68180097903	LISINOPRIL 40 MG TABLET	5	90.00	0.05	0.04718	10%-25% Above	No	No
68180097903	LISINOPRIL 40 MG TABLET	6	30.00	0.10	0.04591	101%-200% Above	No	No
68180097903	LISINOPRIL 40 MG TABLET	6	90.00	0.01	0.04591	76%-100% Below	No	No
68180097903	LISINOPRIL 40 MG TABLET	6	90.00	0.04	0.04591	10%-25% Below	No	No
68180097903	LISINOPRIL 40 MG TABLET	6	90.00	0.05	0.04591	10%-25% Above	No	No
68180097903	LISINOPRIL 40 MG TABLET	6	90.00	0.10	0.04591	101%-200% Above	No	No
68180097903	LISINOPRIL 40 MG TABLET	7	30.00	0.10	0.04593	101%-200% Above	No	No
68180097903	LISINOPRIL 40 MG TABLET	7	90.00	0.10	0.04593	101%-200% Above	No	No
68180097903	LISINOPRIL 40 MG TABLET	8	30.00	0.10	0.04594	101%-200% Above	No	No
68180097903	LISINOPRIL 40 MG TABLET	8	90.00	0.01	0.04594	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	90.00	0.05	0.04594	10%-25% Above	No	No
68180097903	LISINOPRIL 40 MG TABLET	8	90.00	0.10	0.04594	101%-200% Above	No	No
68180098001	LISINOPRIL 10 MG TABLET	6	90.00	0.01	0.01880	26%-50% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	4	30.00	0.01	0.01873	26%-50% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	4	30.00	0.03	0.01873	51%-75% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	4	30.00	0.04	0.01873	76%-100% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	4	30.00	0.09	0.01873	200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	4	90.00	0.01	0.01873	26%-50% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	4	90.00	0.01	0.01873	26%-50% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	4	90.00	0.09	0.01873	200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	5	30.00	0.01	0.01897	26%-50% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	5	30.00	0.04	0.01897	76%-100% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	5	30.00	0.09	0.01897	200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	5	90.00	0.01	0.01897	26%-50% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	5	90.00	0.01	0.01897	10%-25% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	5	90.00	0.02	0.01897	10%-25% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	5	90.00	0.09	0.01897	200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	6	30.00	0.01	0.01880	26%-50% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	6	30.00	0.03	0.01880	26%-50% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	6	30.00	0.09	0.01880	200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	6	90.00	0.01	0.01880	26%-50% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	6	90.00	0.01	0.01880	10%-25% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	6	90.00	0.02	0.01880	10%-25% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	6	90.00	0.02	0.01880	10%-25% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	6	90.00	0.03	0.01880	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	90.00	0.07	0.01880	200% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	6	90.00	0.09	0.01880	200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	6	90.00	0.09	0.01880	200% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	7	30.00	0.09	0.01865	200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	7	90.00	0.01	0.01865	26%-50% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	7	90.00	0.01	0.01865	10%-25% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	7	90.00	0.02	0.01865	10%-25% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	7	90.00	0.07	0.01865	200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	7	90.00	0.07	0.01865	200% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	7	90.00	0.09	0.01865	200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	8	30.00	0.09	0.01832	200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	8	90.00	0.01	0.01832	26%-50% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	8	90.00	0.01	0.01832	10%-25% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	8	90.00	0.05	0.01832	101%-200% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	8	90.00	0.09	0.01832	200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	8	90.00	0.09	0.01832	200% Above	Yes	No
68180098101	LISINOPRIL 20 MG TABLET	4	90.00	0.01	0.02587	51%-75% Below	No	No
68180098101	LISINOPRIL 20 MG TABLET	4	180.00	0.09	0.02587	200% Above	No	No
68180098101	LISINOPRIL 20 MG TABLET	5	90.00	0.01	0.02585	51%-75% Below	No	No
68180098101	LISINOPRIL 20 MG TABLET	5	90.00	0.09	0.02585	200% Above	No	No
68180098101	LISINOPRIL 20 MG TABLET	6	90.00	0.09	0.02575	200% Above	No	No
68180098101	LISINOPRIL 20 MG TABLET	8	90.00	0.09	0.02572	200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	4	30.00	0.04	0.02587	26%-50% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	4	30.00	0.04	0.02587	51%-75% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	4	30.00	0.04	0.02587	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	30.00	0.09	0.02587	200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	4	90.00	0.01	0.02587	51%-75% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	4	90.00	0.02	0.02587	10%-25% Below	No	No
68180098103	LISINOPRIL 20 MG TABLET	4	90.00	0.09	0.02587	200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	5	30.00	0.04	0.02585	51%-75% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	5	30.00	0.09	0.02585	200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	5	90.00	0.01	0.02585	51%-75% Below	No	No
68180098103	LISINOPRIL 20 MG TABLET	5	90.00	0.04	0.02585	26%-50% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	5	90.00	0.09	0.02585	200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	5	90.00	0.09	0.02585	200% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	6	30.00	0.04	0.02575	51%-75% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	6	30.00	0.04	0.02575	51%-75% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	6	30.00	0.09	0.02575	200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	6	90.00	0.02	0.02575	10%-25% Below	No	No
68180098103	LISINOPRIL 20 MG TABLET	6	90.00	0.07	0.02575	101%-200% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	6	90.00	0.09	0.02575	200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	6	90.00	0.09	0.02575	200% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	6	180.00	0.09	0.02575	200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	7	30.00	0.04	0.02578	51%-75% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	7	30.00	0.09	0.02578	200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	7	90.00	0.07	0.02578	101%-200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	7	90.00	0.09	0.02578	200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	7	180.00	0.07	0.02578	101%-200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	8	30.00	0.04	0.02572	51%-75% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	8	30.00	0.09	0.02572	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	90.00	0.01	0.02572	51%-75% Below	No	No
68180098103	LISINOPRIL 20 MG TABLET	8	90.00	0.04	0.02572	26%-50% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	8	90.00	0.05	0.02572	76%-100% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	8	90.00	0.07	0.02572	101%-200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	8	90.00	0.09	0.02572	200% Above	No	No
68180098201	LISINOPRIL 30 MG TABLET	6	90.00	0.04	0.05531	10%-25% Below	No	No
68180098201	LISINOPRIL 30 MG TABLET	6	90.00	0.08	0.05531	26%-50% Above	No	No
68180098201	LISINOPRIL 30 MG TABLET	6	90.00	0.10	0.05531	76%-100% Above	No	No
68180098201	LISINOPRIL 30 MG TABLET	7	90.00	0.08	0.05417	26%-50% Above	No	No
68180098202	LISINOPRIL 30 MG TABLET	5	90.00	0.10	0.05549	76%-100% Above	Yes	No
68180098202	LISINOPRIL 30 MG TABLET	8	30.00	0.10	0.05413	76%-100% Above	Yes	No
68180098430	BUDESONIDE 0.5 MG/2 ML SUSP	4	60.00	0.21	0.70680	51%-75% Below	No	No
68180098430	BUDESONIDE 0.5 MG/2 ML SUSP	5	60.00	0.21	0.69110	51%-75% Below	No	No
68180098602	SERTRALINE HCL 50 MG TABLET	5	90.00	0.10	0.03457	101%-200% Above	Yes	No
68180098602	SERTRALINE HCL 50 MG TABLET	7	90.00	0.02	0.03468	26%-50% Below	No	No
68180098602	SERTRALINE HCL 50 MG TABLET	7	90.00	0.10	0.03468	101%-200% Above	Yes	No
68180098602	SERTRALINE HCL 50 MG TABLET	8	90.00	0.07	0.03445	101%-200% Above	Yes	No
68180098603	SERTRALINE HCL 50 MG TABLET	4	30.00	0.01	0.03450	51%-75% Below	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	4	30.00	0.10	0.03450	101%-200% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	4	45.00	0.10	0.03450	101%-200% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	4	90.00	0.04	0.03450	10%-25% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	4	90.00	0.04	0.03450	10%-25% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	4	90.00	0.06	0.03450	51%-75% Above	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	5	14.00	0.10	0.03457	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	30.00	0.06	0.03457	51%-75% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	5	30.00	0.07	0.03457	101%-200% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	5	30.00	0.10	0.03457	101%-200% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	5	45.00	0.10	0.03457	101%-200% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	5	60.00	0.10	0.03457	101%-200% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	5	90.00	0.10	0.03457	101%-200% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	5	90.00	0.10	0.03457	101%-200% Above	Yes	No
68180098603	SERTRALINE HCL 50 MG TABLET	6	30.00	0.10	0.03430	101%-200% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	6	30.00	0.16	0.03430	200% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	6	45.00	0.10	0.03430	101%-200% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	6	90.00	0.10	0.03430	101%-200% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	6	135.00	0.10	0.03430	101%-200% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	6	270.00	0.04	0.03430	26%-50% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	7	15.00	0.07	0.03468	76%-100% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	7	30.00	0.01	0.03468	51%-75% Below	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	7	30.00	0.01	0.03468	51%-75% Below	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	7	30.00	0.10	0.03468	101%-200% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	7	30.00	0.16	0.03468	200% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	7	45.00	0.10	0.03468	101%-200% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	7	60.00	0.10	0.03468	101%-200% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	7	77.00	0.10	0.03468	101%-200% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	7	90.00	0.01	0.03468	51%-75% Below	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	7	90.00	0.04	0.03468	10%-25% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	7	90.00	0.04	0.03468	10%-25% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	7	90.00	0.04	0.03468	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	90.00	0.10	0.03468	101%-200% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	8	30.00	0.05	0.03445	51%-75% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	8	30.00	0.10	0.03445	101%-200% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	8	30.00	0.16	0.03445	200% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	8	90.00	0.10	0.03445	101%-200% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	8	90.00	0.10	0.03445	101%-200% Above	Yes	No
68180099201	SERTRALINE HCL 100 MG TABLET	7	90.00	0.07	0.05087	26%-50% Above	No	No
68180099202	SERTRALINE HCL 100 MG TABLET	5	30.00	0.12	0.04983	101%-200% Above	No	No
68180099202	SERTRALINE HCL 100 MG TABLET	5	90.00	0.12	0.04983	101%-200% Above	Yes	No
68180099202	SERTRALINE HCL 100 MG TABLET	5	135.00	0.12	0.04983	101%-200% Above	No	No
68180099202	SERTRALINE HCL 100 MG TABLET	6	30.00	0.12	0.05065	101%-200% Above	No	No
68180099202	SERTRALINE HCL 100 MG TABLET	6	90.00	0.12	0.05065	101%-200% Above	No	No
68180099202	SERTRALINE HCL 100 MG TABLET	6	180.00	0.12	0.05065	101%-200% Above	No	No
68180099202	SERTRALINE HCL 100 MG TABLET	7	30.00	0.12	0.05087	101%-200% Above	No	No
68180099202	SERTRALINE HCL 100 MG TABLET	8	30.00	0.12	0.05042	101%-200% Above	No	No
68180099202	SERTRALINE HCL 100 MG TABLET	8	90.00	0.01	0.05042	76%-100% Below	No	No
68180099202	SERTRALINE HCL 100 MG TABLET	8	90.00	0.12	0.05042	101%-200% Above	No	No
68180099202	SERTRALINE HCL 100 MG TABLET	8	90.00	0.12	0.05042	101%-200% Above	Yes	No
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	45.00	0.12	0.04965	101%-200% Above	Yes	No
68180099203	SERTRALINE HCL 100 MG TABLET	4	60.00	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	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	4	180.00	0.12	0.04965	101%-200% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	4	180.00	0.12	0.04965	101%-200% Above	Yes	No
68180099203	SERTRALINE HCL 100 MG TABLET	5	30.00	0.02	0.04983	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	30.00	0.12	0.04983	101%-200% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	5	45.00	0.12	0.04983	101%-200% Above	Yes	No
68180099203	SERTRALINE HCL 100 MG TABLET	5	60.00	0.08	0.04983	51%-75% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	5	60.00	0.12	0.04983	101%-200% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	5	90.00	0.01	0.04983	76%-100% Below	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	5	90.00	0.06	0.04983	10%-25% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	5	90.00	0.12	0.04983	101%-200% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	5	180.00	0.12	0.04983	101%-200% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	6	30.00	0.02	0.05065	51%-75% Below	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	6	30.00	0.12	0.05065	101%-200% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	6	45.00	0.07	0.05065	26%-50% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	6	60.00	0.07	0.05065	26%-50% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	6	60.00	0.12	0.05065	101%-200% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	6	90.00	0.07	0.05065	26%-50% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	6	90.00	0.07	0.05065	26%-50% Above	Yes	No
68180099203	SERTRALINE HCL 100 MG TABLET	6	90.00	0.09	0.05065	51%-75% Above	Yes	No
68180099203	SERTRALINE HCL 100 MG TABLET	6	90.00	0.12	0.05065	101%-200% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	6	135.00	0.12	0.05065	101%-200% Above	Yes	No
68180099203	SERTRALINE HCL 100 MG TABLET	6	180.00	0.12	0.05065	101%-200% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	6	270.00	0.12	0.05065	101%-200% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	7	30.00	0.12	0.05087	101%-200% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	7	45.00	0.01	0.05087	76%-100% Below	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	7	45.00	0.07	0.05087	26%-50% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	7	60.00	0.03	0.05087	26%-50% Below	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	7	60.00	0.12	0.05087	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	90.00	0.06	0.05087	10%-25% Above	Yes	No
68180099203	SERTRALINE HCL 100 MG TABLET	7	90.00	0.06	0.05087	10%-25% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	7	90.00	0.07	0.05087	26%-50% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	7	90.00	0.12	0.05087	101%-200% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	7	180.00	0.09	0.05087	51%-75% Above	Yes	No
68180099203	SERTRALINE HCL 100 MG TABLET	8	30.00	0.09	0.05042	51%-75% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	8	30.00	0.12	0.05042	101%-200% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	8	45.00	0.07	0.05042	26%-50% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	8	45.00	0.08	0.05042	51%-75% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	8	60.00	0.12	0.05042	101%-200% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	8	90.00	0.01	0.05042	76%-100% Below	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	8	90.00	0.06	0.05042	10%-25% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	8	90.00	0.07	0.05042	26%-50% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	8	90.00	0.12	0.05042	101%-200% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	12	30.00	0.10	0.05186	76%-100% Above	Yes	No
68308034260	DAPSONE 7.5% GEL PUMP	4	60.00	1.00	0.73885	26%-50% Above	No	No
68308034260	DAPSONE 7.5% GEL PUMP	7	60.00	1.00	0.73719	26%-50% Above	No	No
68308070145	IVERMECTIN 1% CREAM	5	45.00	1.80	3.09327	26%-50% Below	No	No
68308070145	IVERMECTIN 1% CREAM	6	45.00	1.80	3.08029	26%-50% Below	No	No
68308070145	IVERMECTIN 1% CREAM	8	45.00	1.80	2.96753	26%-50% Below	No	No
68308078330	ISOTRETINOIN 30 MG CAPSULE	8	60.00	3.92	2.17435	76%-100% Above	No	No
68382000105	PAROXETINE HCL 40 MG TABLET	4	30.00	0.01	0.11158	76%-100% Below	No	No
68382000105	PAROXETINE HCL 40 MG TABLET	5	30.00	0.01	0.10921	76%-100% Below	No	No
68382000105	PAROXETINE HCL 40 MG TABLET	6	30.00	0.01	0.10375	76%-100% Below	No	No
68382000105	PAROXETINE HCL 40 MG TABLET	6	90.00	0.09	0.10375	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382000105	PAROXETINE HCL 40 MG TABLET	7	30.00	0.02	0.09999	76%-100% Below	No	No
68382000106	PAROXETINE HCL 40 MG TABLET	4	30.00	0.13	0.11158	10%-25% Above	No	No
68382000106	PAROXETINE HCL 40 MG TABLET	4	90.00	0.13	0.11158	10%-25% Above	No	No
68382000106	PAROXETINE HCL 40 MG TABLET	5	90.00	0.13	0.10921	10%-25% Above	No	No
68382000106	PAROXETINE HCL 40 MG TABLET	7	90.00	0.13	0.09999	26%-50% Above	No	No
68382000116	PAROXETINE HCL 40 MG TABLET	5	30.00	0.13	0.10921	10%-25% Above	No	No
68382000116	PAROXETINE HCL 40 MG TABLET	5	90.00	0.13	0.10921	10%-25% Above	No	No
68382000116	PAROXETINE HCL 40 MG TABLET	7	30.00	0.13	0.09999	26%-50% Above	No	No
68382000301	AZATHIOPRINE 50 MG TABLET	5	30.00	0.01	0.13273	76%-100% Below	No	No
68382000301	AZATHIOPRINE 50 MG TABLET	5	60.00	0.20	0.13273	26%-50% Above	No	No
68382000301	AZATHIOPRINE 50 MG TABLET	6	30.00	0.01	0.13239	76%-100% Below	No	No
68382000301	AZATHIOPRINE 50 MG TABLET	6	60.00	0.20	0.13239	26%-50% Above	No	No
68382000301	AZATHIOPRINE 50 MG TABLET	7	30.00	0.17	0.12824	26%-50% Above	No	No
68382000301	AZATHIOPRINE 50 MG TABLET	7	60.00	0.20	0.12824	51%-75% Above	No	No
68382000301	AZATHIOPRINE 50 MG TABLET	7	360.00	0.20	0.12824	51%-75% Above	No	No
68382000301	AZATHIOPRINE 50 MG TABLET	8	90.00	0.11	0.12486	10%-25% Below	No	No
68382000601	LAMOTRIGINE 25 MG TABLET	4	30.00	0.06	0.02939	101%-200% Above	Yes	No
68382000601	LAMOTRIGINE 25 MG TABLET	4	90.00	0.08	0.02939	101%-200% Above	No	No
68382000601	LAMOTRIGINE 25 MG TABLET	4	120.00	0.08	0.02939	101%-200% Above	Yes	No
68382000601	LAMOTRIGINE 25 MG TABLET	5	90.00	0.08	0.02919	101%-200% Above	Yes	No
68382000601	LAMOTRIGINE 25 MG TABLET	6	46.00	0.08	0.02828	101%-200% Above	No	No
68382000601	LAMOTRIGINE 25 MG TABLET	6	90.00	0.08	0.02828	101%-200% Above	Yes	No
68382000601	LAMOTRIGINE 25 MG TABLET	7	60.00	0.08	0.02764	101%-200% Above	No	No
68382000601	LAMOTRIGINE 25 MG TABLET	7	150.00	0.08	0.02764	101%-200% Above	Yes	No
68382000601	LAMOTRIGINE 25 MG TABLET	8	90.00	0.08	0.02705	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382000601	LAMOTRIGINE 25 MG TABLET	8	150.00	0.08	0.02705	101%-200% Above	Yes	No
68382000610	LAMOTRIGINE 25 MG TABLET	5	60.00	0.07	0.02919	101%-200% Above	No	No
68382000610	LAMOTRIGINE 25 MG TABLET	6	180.00	0.06	0.02828	101%-200% Above	No	No
68382000610	LAMOTRIGINE 25 MG TABLET	6	180.00	0.06	0.02828	101%-200% Above	No	No
68382000610	LAMOTRIGINE 25 MG TABLET	7	90.00	0.06	0.02764	101%-200% Above	No	No
68382000610	LAMOTRIGINE 25 MG TABLET	7	360.00	0.06	0.02764	101%-200% Above	No	No
68382000801	LAMOTRIGINE 100 MG TABLET	6	90.00	0.06	0.04682	26%-50% Above	No	No
68382000801	LAMOTRIGINE 100 MG TABLET	7	135.00	0.06	0.04776	26%-50% Above	Yes	No
68382000801	LAMOTRIGINE 100 MG TABLET	8	30.00	0.09	0.04874	76%-100% Above	No	No
68382000810	LAMOTRIGINE 100 MG TABLET	4	90.00	0.09	0.04454	101%-200% Above	No	No
68382000810	LAMOTRIGINE 100 MG TABLET	6	60.00	0.09	0.04682	76%-100% Above	No	No
68382000810	LAMOTRIGINE 100 MG TABLET	7	60.00	0.09	0.04776	76%-100% Above	No	No
68382000810	LAMOTRIGINE 100 MG TABLET	7	90.00	0.07	0.04776	26%-50% Above	No	No
68382000810	LAMOTRIGINE 100 MG TABLET	8	30.00	0.09	0.04874	76%-100% Above	No	No
68382000810	LAMOTRIGINE 100 MG TABLET	8	60.00	0.09	0.04874	76%-100% Above	No	No
68382000905	LAMOTRIGINE 150 MG TABLET	8	30.00	0.09	0.07068	26%-50% Above	No	No
68382000914	LAMOTRIGINE 150 MG TABLET	4	30.00	0.09	0.06722	26%-50% Above	Yes	No
68382000914	LAMOTRIGINE 150 MG TABLET	5	30.00	0.09	0.07162	10%-25% Above	Yes	No
68382001005	LAMOTRIGINE 200 MG TABLET	4	180.00	0.06	0.08328	26%-50% Below	No	No
68382001005	LAMOTRIGINE 200 MG TABLET	6	180.00	0.01	0.08391	76%-100% Below	No	No
68382001005	LAMOTRIGINE 200 MG TABLET	7	30.00	0.18	0.08463	101%-200% Above	No	No
68382001005	LAMOTRIGINE 200 MG TABLET	7	180.00	0.01	0.08463	76%-100% Below	No	No
68382001014	LAMOTRIGINE 200 MG TABLET	5	90.00	0.18	0.08355	101%-200% Above	Yes	No
68382001014	LAMOTRIGINE 200 MG TABLET	6	90.00	0.18	0.08391	101%-200% Above	No	No
68382001014	LAMOTRIGINE 200 MG TABLET	8	90.00	0.13	0.08404	51%-75% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382002210	ATENOLOL 25 MG TABLET	4	30.00	0.07	0.02266	200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	4	90.00	0.06	0.02266	101%-200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	5	30.00	0.07	0.02204	200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	5	90.00	0.05	0.02204	101%-200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	5	90.00	0.11	0.02204	200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	6	30.00	0.07	0.02143	200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	6	30.00	0.11	0.02143	200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	6	90.00	0.06	0.02143	101%-200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	6	90.00	0.09	0.02143	200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	7	30.00	0.07	0.02109	200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	7	90.00	0.05	0.02109	101%-200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	7	90.00	0.06	0.02109	101%-200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	7	90.00	0.09	0.02109	200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	8	30.00	0.07	0.02168	200% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	4	90.00	0.06	0.02553	101%-200% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	5	90.00	0.11	0.02539	200% Above	No	No
68382002310	ATENOLOL 50 MG TABLET	5	90.00	0.11	0.02539	200% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	6	90.00	0.11	0.02468	200% Above	No	No
68382002310	ATENOLOL 50 MG TABLET	6	90.00	0.11	0.02468	200% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	7	90.00	0.06	0.02404	101%-200% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	8	90.00	0.11	0.02378	200% Above	No	No
68382002310	ATENOLOL 50 MG TABLET	8	90.00	0.11	0.02378	200% Above	Yes	No
68382002401	ATENOLOL 100 MG TABLET	4	90.00	0.10	0.03690	101%-200% Above	Yes	No
68382002401	ATENOLOL 100 MG TABLET	5	90.00	0.08	0.03640	101%-200% Above	Yes	No
68382002401	ATENOLOL 100 MG TABLET	5	90.00	0.11	0.03640	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382002401	ATENOLOL 100 MG TABLET	6	90.00	0.11	0.03652	101%-200% Above	No	No
68382002401	ATENOLOL 100 MG TABLET	7	90.00	0.08	0.03627	101%-200% Above	Yes	No
68382002401	ATENOLOL 100 MG TABLET	7	90.00	0.10	0.03627	101%-200% Above	Yes	No
68382002410	ATENOLOL 100 MG TABLET	7	90.00	0.11	0.03627	101%-200% Above	No	No
68382003510	VENLAFAXINE HCL ER 75 MG CAP	5	90.00	0.11	0.08503	26%-50% Above	No	No
68382003510	VENLAFAXINE HCL ER 75 MG CAP	6	180.00	0.11	0.08217	26%-50% Above	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	4	28.00	0.04	0.05113	10%-25% Below	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	4	60.00	0.11	0.05113	101%-200% Above	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	5	18.00	0.11	0.04981	101%-200% Above	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	5	40.00	0.11	0.04981	101%-200% Above	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	5	60.00	0.11	0.04981	101%-200% Above	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	5	120.00	0.02	0.04981	51%-75% Below	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	6	9.00	0.11	0.04770	101%-200% Above	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	6	12.00	0.11	0.04770	101%-200% Above	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	6	120.00	0.02	0.04770	26%-50% Below	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	7	1.00	0.47	0.04992	200% Above	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	7	10.00	0.06	0.04992	26%-50% Above	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	7	15.00	0.11	0.04992	101%-200% Above	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	7	60.00	0.11	0.04992	101%-200% Above	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	7	120.00	0.02	0.04992	51%-75% Below	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	8	15.00	0.06	0.05342	10%-25% Above	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	8	30.00	0.01	0.05342	76%-100% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	4	15.00	0.09	0.04708	76%-100% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	4	25.00	0.04	0.04708	10%-25% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	4	40.00	0.09	0.04708	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	90.00	0.09	0.04708	76%-100% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	5	20.00	0.02	0.04766	26%-50% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	5	20.00	0.09	0.04766	76%-100% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	5	30.00	0.03	0.04766	26%-50% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	5	30.00	0.09	0.04766	76%-100% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	5	40.00	0.03	0.04766	26%-50% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	6	12.00	0.06	0.04619	10%-25% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	6	14.00	0.09	0.04619	101%-200% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	6	20.00	0.02	0.04619	26%-50% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	6	20.00	0.09	0.04619	101%-200% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	6	28.00	0.09	0.04619	101%-200% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	6	30.00	0.03	0.04619	26%-50% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	7	10.00	0.09	0.04552	101%-200% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	7	12.00	0.08	0.04552	51%-75% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	7	12.00	0.09	0.04552	101%-200% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	7	20.00	0.02	0.04552	26%-50% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	7	28.00	0.09	0.04552	101%-200% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	7	30.00	0.03	0.04552	26%-50% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	7	30.00	0.04	0.04552	10%-25% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	7	30.00	0.09	0.04552	101%-200% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	8	6.00	0.08	0.04544	51%-75% Above	Yes	No
68382004101	PROMETHAZINE 25 MG TABLET	8	25.00	0.09	0.04544	101%-200% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	8	30.00	0.03	0.04544	26%-50% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	12	15.00	0.03	0.04930	26%-50% Below	No	No
68382004105	PROMETHAZINE 25 MG TABLET	4	30.00	0.09	0.04708	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382004105	PROMETHAZINE 25 MG TABLET	5	30.00	0.09	0.04766	76%-100% Above	No	No
68382004105	PROMETHAZINE 25 MG TABLET	6	30.00	0.09	0.04619	101%-200% Above	No	No
68382004105	PROMETHAZINE 25 MG TABLET	7	12.00	0.07	0.04552	26%-50% Above	No	No
68382004105	PROMETHAZINE 25 MG TABLET	7	30.00	0.09	0.04552	101%-200% Above	No	No
68382004105	PROMETHAZINE 25 MG TABLET	8	5.00	0.09	0.04544	76%-100% Above	No	No
68382004105	PROMETHAZINE 25 MG TABLET	8	20.00	0.09	0.04544	101%-200% Above	No	No
68382004105	PROMETHAZINE 25 MG TABLET	8	30.00	0.09	0.04544	101%-200% Above	No	No
68382005001	MELOXICAM 7.5 MG TABLET	4	30.00	0.03	0.01657	101%-200% Above	No	No
68382005001	MELOXICAM 7.5 MG TABLET	8	60.00	0.07	0.01652	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	4	10.00	0.07	0.01657	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	4	30.00	0.04	0.01657	101%-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	4	60.00	0.07	0.01657	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	4	90.00	0.03	0.01657	51%-75% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	4	90.00	0.07	0.01657	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	5	12.00	0.07	0.01678	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	5	30.00	0.03	0.01678	76%-100% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	5	30.00	0.04	0.01678	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	5	30.00	0.07	0.01678	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	5	60.00	0.07	0.01678	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	5	90.00	0.07	0.01678	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	6	30.00	0.03	0.01675	76%-100% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	6	30.00	0.03	0.01675	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	6	30.00	0.04	0.01675	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	6	30.00	0.07	0.01675	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	60.00	0.03	0.01675	51%-75% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	7	30.00	0.03	0.01669	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	7	30.00	0.04	0.01669	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	7	30.00	0.07	0.01669	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	7	60.00	0.07	0.01669	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	7	90.00	0.03	0.01669	51%-75% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	7	90.00	0.07	0.01669	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	8	5.00	0.07	0.01652	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	8	30.00	0.03	0.01652	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	8	30.00	0.03	0.01652	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	8	30.00	0.04	0.01652	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	8	30.00	0.07	0.01652	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	8	60.00	0.07	0.01652	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	8	90.00	0.07	0.01652	200% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	4	90.00	0.01	0.01933	51%-75% Below	No	No
68382005101	MELOXICAM 15 MG TABLET	4	90.00	0.06	0.01933	200% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	5	30.00	0.04	0.01907	76%-100% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	5	30.00	0.06	0.01907	200% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	5	45.00	0.06	0.01907	200% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	5	90.00	0.06	0.01907	200% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	6	30.00	0.06	0.01876	200% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	6	90.00	0.04	0.01876	101%-200% Above	Yes	No
68382005101	MELOXICAM 15 MG TABLET	6	90.00	0.06	0.01876	200% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	7	30.00	0.06	0.01863	200% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	7	90.00	0.02	0.01863	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	90.00	0.02	0.01863	10%-25% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	7	90.00	0.06	0.01863	200% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	8	14.00	0.06	0.01865	200% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	8	30.00	0.06	0.01865	200% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	8	90.00	0.06	0.01865	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	4	20.00	0.05	0.01933	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	4	21.00	0.04	0.01933	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	4	28.00	0.03	0.01933	51%-75% Above	No	No
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	0.01	0.01933	26%-50% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	4	30.00	0.03	0.01933	26%-50% Above	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	0.03	0.01933	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	4	30.00	0.04	0.01933	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	4	30.00	0.04	0.01933	76%-100% 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	60.00	0.02	0.01933	10%-25% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	4	90.00	0.02	0.01933	10%-25% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	4	90.00	0.02	0.01933	10%-25% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	4	90.00	0.06	0.01933	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	5	10.00	0.06	0.01907	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	5	14.00	0.06	0.01907	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	5	15.00	0.05	0.01907	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	5	28.00	0.03	0.01907	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	5	30.00	0.01	0.01907	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	30.00	0.01	0.01907	26%-50% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	5	30.00	0.03	0.01907	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	5	30.00	0.03	0.01907	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	5	30.00	0.03	0.01907	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	5	30.00	0.04	0.01907	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	5	30.00	0.06	0.01907	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	5	30.00	0.16	0.01907	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	5	42.00	0.02	0.01907	10%-25% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	5	90.00	0.01	0.01907	26%-50% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	5	90.00	0.02	0.01907	10%-25% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	5	90.00	0.02	0.01907	10%-25% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	5	90.00	0.06	0.01907	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	14.00	0.05	0.01876	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	14.00	0.06	0.01876	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	20.00	0.05	0.01876	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	28.00	0.03	0.01876	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	30.00	0.01	0.01876	26%-50% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	6	30.00	0.01	0.01876	26%-50% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	6	30.00	0.03	0.01876	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	30.00	0.03	0.01876	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	30.00	0.03	0.01876	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	30.00	0.03	0.01876	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	30.00	0.04	0.01876	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	30.00	0.04	0.01876	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	30.00	0.04	0.01876	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	30.00	0.05	0.01876	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	30.00	0.06	0.01876	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	30.00	0.07	0.02014	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	30.00	0.16	0.01876	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	42.00	0.02	0.01876	10%-25% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	6	90.00	0.02	0.01876	10%-25% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	90.00	0.06	0.01876	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	7	14.00	0.05	0.01863	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	7	14.00	0.06	0.01863	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	7	15.00	0.06	0.01863	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	7	28.00	0.03	0.01863	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	7	30.00	0.01	0.01863	26%-50% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	7	30.00	0.03	0.01863	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	7	30.00	0.03	0.01863	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	7	30.00	0.03	0.01863	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	7	30.00	0.03	0.01863	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	7	30.00	0.04	0.01863	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	7	30.00	0.04	0.01863	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	7	30.00	0.04	0.01863	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	7	30.00	0.06	0.01863	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	7	30.00	0.07	0.02023	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	7	90.00	0.06	0.01863	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	8	14.00	0.06	0.01865	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	8	28.00	0.03	0.01865	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	8	30.00	0.01	0.01865	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	30.00	0.03	0.01865	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	8	30.00	0.03	0.01865	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	8	30.00	0.03	0.01865	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	8	30.00	0.04	0.01865	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	8	30.00	0.06	0.01865	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	8	30.00	0.16	0.01865	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	8	42.00	0.02	0.01865	10%-25% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	8	60.00	0.02	0.01865	10%-25% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	8	90.00	0.02	0.01865	10%-25% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	8	90.00	0.06	0.01865	200% Above	No	No
68382009101	BENZONATATE 200 MG CAPSULE	8	75.00	0.17	0.10208	51%-75% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	4	60.00	0.06	0.01718	200% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	4	180.00	0.02	0.01718	10%-25% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	5	60.00	0.06	0.01742	200% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	5	180.00	0.06	0.01742	200% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	6	60.00	0.06	0.01701	200% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	6	180.00	0.03	0.01701	26%-50% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	6	180.00	0.06	0.01701	200% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	7	60.00	0.06	0.01672	200% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	7	180.00	0.02	0.01672	10%-25% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	7	180.00	0.06	0.01672	200% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	8	60.00	0.06	0.01675	200% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	8	180.00	0.06	0.01675	200% Above	No	No
68382009301	CARVEDILOL 6.25 MG TABLET	6	180.00	0.05	0.01840	101%-200% Above	No	No
68382009301	CARVEDILOL 6.25 MG TABLET	8	180.00	0.05	0.01810	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382009305	CARVEDILOL 6.25 MG TABLET	4	60.00	0.03	0.01848	51%-75% 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	0.02	0.01848	10%-25% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	4	180.00	0.05	0.01848	101%-200% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	5	60.00	0.01	0.01867	26%-50% Below	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	5	60.00	0.05	0.01867	101%-200% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	5	180.00	0.03	0.01867	51%-75% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	5	360.00	0.05	0.01867	101%-200% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	6	60.00	0.01	0.01840	26%-50% Below	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	6	60.00	0.05	0.01840	101%-200% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	7	60.00	0.01	0.01838	26%-50% Below	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	7	60.00	0.05	0.01838	101%-200% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	7	180.00	0.05	0.01838	101%-200% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	8	60.00	0.01	0.01810	26%-50% Below	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	8	60.00	0.05	0.01810	101%-200% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	8	180.00	0.02	0.01810	10%-25% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	8	180.00	0.05	0.01810	101%-200% Above	No	No
68382009401	CARVEDILOL 12.5 MG TABLET	6	180.00	0.01	0.02085	26%-50% Below	No	No
68382009401	CARVEDILOL 12.5 MG TABLET	8	180.00	0.01	0.02139	26%-50% Below	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	4	60.00	0.03	0.02100	51%-75% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	4	60.00	0.06	0.02100	101%-200% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	4	180.00	0.06	0.02100	101%-200% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	5	60.00	0.06	0.02104	101%-200% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	5	180.00	0.06	0.02104	101%-200% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	6	60.00	0.03	0.02085	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382009405	CARVEDILOL 12.5 MG TABLET	6	60.00	0.06	0.02085	101%-200% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	6	180.00	0.01	0.02085	51%-75% Below	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	6	180.00	0.01	0.02085	26%-50% Below	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	6	180.00	0.03	0.02085	26%-50% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	6	180.00	0.04	0.02085	76%-100% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	7	60.00	0.03	0.02094	26%-50% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	7	60.00	0.03	0.02094	51%-75% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	7	60.00	0.06	0.02094	101%-200% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	7	180.00	0.03	0.02094	10%-25% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	7	180.00	0.06	0.02094	101%-200% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	8	60.00	0.06	0.02139	101%-200% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	8	180.00	0.03	0.02139	10%-25% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	8	180.00	0.06	0.02139	101%-200% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	4	60.00	0.05	0.03153	51%-75% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	4	60.00	0.05	0.03153	51%-75% Above	Yes	No
68382009505	CARVEDILOL 25 MG TABLET	4	180.00	0.04	0.03153	10%-25% Above	Yes	No
68382009505	CARVEDILOL 25 MG TABLET	4	180.00	0.05	0.03153	51%-75% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	4	180.00	0.05	0.03153	51%-75% Above	Yes	No
68382009505	CARVEDILOL 25 MG TABLET	5	60.00	0.05	0.03190	51%-75% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	5	60.00	0.05	0.03190	51%-75% Above	Yes	No
68382009505	CARVEDILOL 25 MG TABLET	5	180.00	0.04	0.03190	10%-25% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	5	180.00	0.05	0.03190	51%-75% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	5	180.00	0.05	0.03190	51%-75% Above	Yes	No
68382009505	CARVEDILOL 25 MG TABLET	5	270.00	0.05	0.03190	51%-75% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	6	60.00	0.05	0.03199	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	CARVEDILOL 25 MG TABLET	6	60.00	0.05	0.03199	51%-75% Above	Yes	No
68382009505	CARVEDILOL 25 MG TABLET	6	90.00	0.05	0.03199	51%-75% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	6	146.00	0.05	0.03199	51%-75% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	6	180.00	0.01	0.03199	51%-75% Below	No	No
68382009505	CARVEDILOL 25 MG TABLET	6	180.00	0.04	0.03199	10%-25% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	6	180.00	0.05	0.03199	51%-75% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	6	180.00	0.05	0.03199	51%-75% Above	Yes	No
68382009505	CARVEDILOL 25 MG TABLET	6	270.00	0.05	0.03199	51%-75% Above	Yes	No
68382009505	CARVEDILOL 25 MG TABLET	7	60.00	0.05	0.03235	51%-75% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	7	180.00	0.01	0.03235	51%-75% Below	No	No
68382009505	CARVEDILOL 25 MG TABLET	7	180.00	0.03	0.03235	10%-25% Below	No	No
68382009505	CARVEDILOL 25 MG TABLET	7	180.00	0.05	0.03235	51%-75% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	8	60.00	0.05	0.03211	51%-75% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	8	180.00	0.04	0.03211	10%-25% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	8	360.00	0.02	0.03211	26%-50% Below	No	No
68382009601	HYDROXYCHLOROQUINE 200 MG TAB	5	90.00	0.01	0.15868	76%-100% Below	No	No
68382009601	HYDROXYCHLOROQUINE 200 MG TAB	5	135.00	0.45	0.15868	101%-200% Above	Yes	No
68382009601	HYDROXYCHLOROQUINE 200 MG TAB	8	135.00	0.34	0.14854	101%-200% Above	Yes	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	4	30.00	0.45	0.16217	101%-200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	4	60.00	0.33	0.16217	101%-200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	4	180.00	0.45	0.16217	101%-200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	5	30.00	0.45	0.15868	101%-200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	5	30.00	0.50	0.15868	200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	5	60.00	0.33	0.15868	101%-200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	6	30.00	0.45	0.15450	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	30.00	0.50	0.15450	200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	6	60.00	0.33	0.15450	101%-200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	7	30.00	0.50	0.14938	200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	7	60.00	0.33	0.14938	101%-200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	7	90.00	0.45	0.14938	101%-200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	7	180.00	0.45	0.14938	101%-200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	8	60.00	0.33	0.14854	101%-200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	8	180.00	0.17	0.14854	10%-25% Above	No	No
68382009705	PAROXETINE HCL 10 MG TABLET	5	30.00	0.12	0.06577	76%-100% Above	No	No
68382009705	PAROXETINE HCL 10 MG TABLET	5	90.00	0.12	0.06577	76%-100% Above	No	No
68382009705	PAROXETINE HCL 10 MG TABLET	6	30.00	0.12	0.06433	76%-100% Above	No	No
68382009705	PAROXETINE HCL 10 MG TABLET	6	90.00	0.12	0.06433	76%-100% Above	No	No
68382009705	PAROXETINE HCL 10 MG TABLET	7	30.00	0.12	0.06367	76%-100% Above	No	No
68382009706	PAROXETINE HCL 10 MG TABLET	6	30.00	0.08	0.06433	10%-25% Above	No	No
68382009706	PAROXETINE HCL 10 MG TABLET	7	30.00	0.12	0.06367	76%-100% Above	No	No
68382009706	PAROXETINE HCL 10 MG TABLET	8	30.00	0.12	0.06211	76%-100% Above	No	No
68382009710	PAROXETINE HCL 10 MG TABLET	6	90.00	0.08	0.06433	10%-25% Above	No	No
68382009710	PAROXETINE HCL 10 MG TABLET	7	90.00	0.08	0.06367	26%-50% Above	No	No
68382009716	PAROXETINE HCL 10 MG TABLET	4	30.00	0.08	0.06490	10%-25% Above	No	No
68382009716	PAROXETINE HCL 10 MG TABLET	5	30.00	0.08	0.06577	10%-25% Above	No	No
68382009716	PAROXETINE HCL 10 MG TABLET	5	30.00	0.12	0.06577	76%-100% Above	No	No
68382009716	PAROXETINE HCL 10 MG TABLET	5	90.00	0.08	0.06577	10%-25% Above	No	No
68382009716	PAROXETINE HCL 10 MG TABLET	6	30.00	0.12	0.06433	76%-100% Above	No	No
68382009716	PAROXETINE HCL 10 MG TABLET	6	90.00	0.12	0.06433	76%-100% Above	No	No
68382009716	PAROXETINE HCL 10 MG TABLET	7	90.00	0.12	0.06367	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382009716	PAROXETINE HCL 10 MG TABLET	8	30.00	0.08	0.06211	26%-50% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	4	30.00	0.01	0.06903	76%-100% Below	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	4	90.00	0.06	0.06903	10%-25% Below	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	4	90.00	0.11	0.06903	51%-75% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	5	30.00	0.01	0.06891	76%-100% Below	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	5	30.00	0.08	0.06891	10%-25% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	5	30.00	0.08	0.06891	10%-25% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	5	30.00	0.09	0.06891	26%-50% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	5	30.00	0.12	0.06891	76%-100% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	5	90.00	0.01	0.06891	76%-100% Below	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	5	90.00	0.06	0.06891	10%-25% Below	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	5	90.00	0.11	0.06891	51%-75% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	6	30.00	0.09	0.06742	26%-50% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	6	30.00	0.12	0.06742	76%-100% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	6	90.00	0.06	0.06742	10%-25% Below	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	6	90.00	0.08	0.06742	10%-25% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	6	90.00	0.11	0.06742	51%-75% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	7	14.00	0.10	0.06392	51%-75% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	7	30.00	0.01	0.06392	76%-100% Below	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	7	30.00	0.08	0.06392	26%-50% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	7	30.00	0.09	0.06392	26%-50% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	7	30.00	0.09	0.06392	26%-50% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	7	30.00	0.12	0.06392	76%-100% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	7	90.00	0.06	0.06392	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	90.00	0.11	0.06392	51%-75% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	8	30.00	0.01	0.06308	76%-100% Below	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	8	30.00	0.08	0.06308	26%-50% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	8	30.00	0.09	0.06308	26%-50% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	8	30.00	0.12	0.06308	76%-100% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	8	90.00	0.11	0.06308	76%-100% Above	No	No
68382009816	PAROXETINE HCL 20 MG TABLET	6	90.00	0.02	0.06742	51%-75% Below	No	No
68382009816	PAROXETINE HCL 20 MG TABLET	7	45.00	0.07	0.06392	10%-25% Above	No	No
68382009816	PAROXETINE HCL 20 MG TABLET	7	90.00	0.12	0.06392	76%-100% Above	No	No
68382009905	PAROXETINE HCL 30 MG TABLET	5	30.00	0.13	0.09618	26%-50% Above	No	No
68382009905	PAROXETINE HCL 30 MG TABLET	7	30.00	0.13	0.09410	26%-50% Above	No	No
68382009916	PAROXETINE HCL 30 MG TABLET	5	45.00	0.20	0.09618	101%-200% Above	No	No
68382009916	PAROXETINE HCL 30 MG TABLET	7	45.00	0.20	0.09410	101%-200% Above	No	No
68382011414	RISPERIDONE 1 MG TABLET	4	30.00	0.04	0.04073	10%-25% Below	No	No
68382011414	RISPERIDONE 1 MG TABLET	5	30.00	0.04	0.04067	10%-25% Below	No	No
68382012001	AZATHIOPRINE 100 MG TABLET	4	30.00	1.64	3.83600	51%-75% Below	No	No
68382012001	AZATHIOPRINE 100 MG TABLET	6	30.00	2.59	2.97369	10%-25% Below	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	4	14.00	0.14	0.05054	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	4	28.00	0.37	0.05054	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	5	7.00	0.39	0.04942	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	5	14.00	0.14	0.04942	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	5	14.00	0.36	0.04942	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	5	15.00	0.41	0.04942	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.00	0.14	0.04942	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	30.00	0.17	0.04942	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.00	0.33	0.04942	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	5	60.00	0.14	0.04942	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.00	0.14	0.04945	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.00	0.17	0.04945	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.00	0.29	0.04945	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	6	90.00	0.14	0.04945	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.00	0.14	0.04961	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	7	60.00	0.14	0.04961	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	7	90.00	0.27	0.04961	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	7	90.00	0.33	0.04961	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	7	180.00	0.14	0.04961	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	8	30.00	0.14	0.05093	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	8	60.00	0.14	0.05093	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	8	90.00	0.14	0.05093	101%-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	0.34	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	60.00	0.17	0.05054	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	4	90.00	0.12	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	5	7.00	0.14	0.04942	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	5	20.00	0.14	0.04942	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.00	0.14	0.04942	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.00	0.33	0.04942	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	30.00	0.33	0.04942	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.00	0.39	0.04942	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	5	60.00	0.14	0.04942	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	5	60.00	0.17	0.04942	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	5	90.00	0.08	0.04942	51%-75% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	5	90.00	0.14	0.04942	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	5	90.00	0.22	0.04942	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	5	180.00	0.14	0.04942	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	5	180.00	0.25	0.04942	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	6	7.00	0.14	0.04945	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	6	7.00	0.39	0.04945	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	6	7.00	0.39	0.04945	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	6	10.00	0.14	0.04945	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	6	14.00	0.36	0.04945	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.00	0.14	0.04945	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.00	0.33	0.04945	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	6	60.00	0.14	0.04945	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	6	60.00	0.17	0.04945	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	6	90.00	0.14	0.04945	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	6	90.00	0.33	0.04945	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	7	3.00	0.14	0.04961	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	7	7.00	0.14	0.04961	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	7	14.00	0.14	0.04961	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.00	0.14	0.04961	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.00	0.33	0.04961	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	30.00	0.34	0.04961	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	7	60.00	0.14	0.04961	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	7	90.00	0.01	0.04961	76%-100% Below	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	7	90.00	0.12	0.04961	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	7	90.00	0.14	0.04961	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	7	90.00	0.27	0.04961	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	7	180.00	0.01	0.04961	76%-100% Below	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	8	10.00	0.14	0.05093	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	8	14.00	0.14	0.05093	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	8	20.00	0.14	0.05093	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	8	30.00	0.14	0.05093	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	8	30.00	0.33	0.05093	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	8	30.00	0.34	0.05093	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	8	60.00	0.14	0.05093	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	8	60.00	0.17	0.05093	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	8	90.00	0.04	0.05093	10%-25% Below	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	8	90.00	0.14	0.05093	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	8	90.00	0.27	0.05093	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	8	90.00	0.33	0.05093	200% Above	No	No
68382013506	LOSARTAN POTASSIUM 25 MG TAB	6	90.00	0.12	0.02154	200% Above	No	No
68382013516	LOSARTAN POTASSIUM 25 MG TAB	5	90.00	0.06	0.02120	101%-200% Above	Yes	No
68382013516	LOSARTAN POTASSIUM 25 MG TAB	6	90.00	0.05	0.02154	101%-200% Above	Yes	No
68382013516	LOSARTAN POTASSIUM 25 MG TAB	8	30.00	0.12	0.02206	200% Above	Yes	No
68382013616	LOSARTAN POTASSIUM 50 MG TAB	6	30.00	0.09	0.03367	101%-200% Above	Yes	No
68382013616	LOSARTAN POTASSIUM 50 MG TAB	6	90.00	0.08	0.03367	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	90.00	0.11	0.03367	200% Above	Yes	No
68382013716	LOSARTAN POTASSIUM 100 MG TAB	6	90.00	0.10	0.04353	101%-200% Above	Yes	No
68382013716	LOSARTAN POTASSIUM 100 MG TAB	6	90.00	0.12	0.04353	101%-200% Above	Yes	No
68382013716	LOSARTAN POTASSIUM 100 MG TAB	8	90.00	0.13	0.04396	101%-200% Above	Yes	No
68382013805	TOPIRAMATE 25 MG TABLET	4	60.00	0.02	0.02574	10%-25% Below	No	No
68382013805	TOPIRAMATE 25 MG TABLET	5	90.00	0.07	0.02571	101%-200% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	5	180.00	0.02	0.02571	26%-50% Below	No	No
68382013805	TOPIRAMATE 25 MG TABLET	6	60.00	0.01	0.02538	51%-75% Below	No	No
68382013805	TOPIRAMATE 25 MG TABLET	6	270.00	0.02	0.02538	10%-25% Below	No	No
68382013805	TOPIRAMATE 25 MG TABLET	7	30.00	0.03	0.02550	26%-50% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	7	60.00	0.01	0.02550	51%-75% Below	No	No
68382013805	TOPIRAMATE 25 MG TABLET	8	30.00	0.03	0.02563	26%-50% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	8	180.00	0.02	0.02563	26%-50% Below	No	No
68382013814	TOPIRAMATE 25 MG TABLET	5	30.00	0.05	0.02571	76%-100% Above	No	No
68382013814	TOPIRAMATE 25 MG TABLET	5	90.00	0.07	0.02571	101%-200% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	3	60.00	0.09	0.03492	101%-200% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	4	30.00	0.09	0.03475	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	4	90.00	0.05	0.03475	26%-50% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	4	180.00	0.09	0.03475	101%-200% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	5	30.00	0.09	0.03498	101%-200% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	5	60.00	0.09	0.03498	101%-200% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	5	90.00	0.09	0.03498	101%-200% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	5	180.00	0.09	0.03498	101%-200% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	6	30.00	0.09	0.03448	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	180.00	0.06	0.03448	51%-75% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	6	180.00	0.09	0.03448	101%-200% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	7	30.00	0.09	0.03359	101%-200% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	8	30.00	0.09	0.03504	101%-200% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	8	90.00	0.09	0.03504	101%-200% Above	No	No
68382013914	TOPIRAMATE 50 MG TABLET	5	50.00	0.09	0.03498	101%-200% Above	No	No
68382013914	TOPIRAMATE 50 MG TABLET	5	180.00	0.09	0.03498	101%-200% Above	No	No
68382013914	TOPIRAMATE 50 MG TABLET	5	225.00	0.09	0.03498	101%-200% Above	No	No
68382013914	TOPIRAMATE 50 MG TABLET	7	90.00	0.05	0.03359	26%-50% Above	No	No
68382013914	TOPIRAMATE 50 MG TABLET	7	90.00	0.09	0.03359	101%-200% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	4	30.00	0.08	0.05982	26%-50% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	4	60.00	0.08	0.05982	26%-50% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	4	90.00	0.08	0.05982	26%-50% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	5	30.00	0.08	0.05949	26%-50% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	5	60.00	0.08	0.05949	26%-50% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	5	180.00	0.08	0.05949	26%-50% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	5	180.00	0.08	0.05949	26%-50% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	6	30.00	0.08	0.05798	26%-50% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	6	60.00	0.08	0.05798	26%-50% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	6	180.00	0.08	0.05798	26%-50% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	7	30.00	0.08	0.05555	26%-50% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	7	60.00	0.08	0.05555	26%-50% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	7	90.00	0.08	0.05555	26%-50% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	8	30.00	0.08	0.05502	26%-50% Above	No	No
68382014014	TOPIRAMATE 100 MG TABLET	5	90.00	0.08	0.05949	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382014114	TOPIRAMATE 200 MG TABLET	4	60.00	0.09	0.10591	10%-25% Below	No	No
68382014114	TOPIRAMATE 200 MG TABLET	5	60.00	0.09	0.10657	10%-25% Below	No	No
68382014114	TOPIRAMATE 200 MG TABLET	5	180.00	0.01	0.10657	76%-100% Below	No	No
68382014114	TOPIRAMATE 200 MG TABLET	7	60.00	0.09	0.10825	10%-25% Below	No	No
68382014114	TOPIRAMATE 200 MG TABLET	8	60.00	0.09	0.10979	10%-25% Below	No	No
68382014501	RAMIPRIL 2.5 MG CAPSULE	5	90.00	0.13	0.05308	101%-200% Above	No	No
68382014501	RAMIPRIL 2.5 MG CAPSULE	8	90.00	0.13	0.04604	101%-200% Above	No	No
68382014701	RAMIPRIL 10 MG CAPSULE	6	90.00	0.11	0.07349	51%-75% Above	No	No
68382018101	BUSPIRONE HCL 10 MG TABLET	5	60.00	0.05	0.02962	51%-75% Above	No	No
68382018101	BUSPIRONE HCL 10 MG TABLET	5	120.00	0.05	0.02962	51%-75% Above	No	No
68382018105	BUSPIRONE HCL 10 MG TABLET	7	180.00	0.04	0.02861	51%-75% Above	Yes	No
68382018201	BUSPIRONE HCL 15 MG TABLET	4	90.00	0.06	0.04301	26%-50% Above	No	No
68382018201	BUSPIRONE HCL 15 MG TABLET	6	60.00	0.06	0.04232	26%-50% Above	No	No
68382018201	BUSPIRONE HCL 15 MG TABLET	7	60.00	0.06	0.04229	26%-50% Above	No	No
68382018314	BUSPIRONE HCL 30 MG TABLET	5	180.00	0.34	0.11173	200% Above	Yes	No
68382018314	BUSPIRONE HCL 30 MG TABLET	7	270.00	0.13	0.11587	10%-25% Above	No	No
68382018314	BUSPIRONE HCL 30 MG TABLET	8	180.00	0.32	0.11865	101%-200% Above	Yes	No
68382018401	GLIPIZIDE-METFORMIN 2.5-250 MG	6	180.00	0.07	0.30033	76%-100% Below	No	No
68382018601	GLIPIZIDE-METFORMIN 5-500 MG	6	180.00	0.10	0.19609	26%-50% Below	No	No
68382020906	ANASTROZOLE 1 MG TABLET	5	30.00	0.59	0.13822	200% Above	No	No
68382020906	ANASTROZOLE 1 MG TABLET	6	12.00	0.59	0.13736	200% Above	Yes	No
68382020906	ANASTROZOLE 1 MG TABLET	6	45.00	0.59	0.13736	200% Above	Yes	No
68382020906	ANASTROZOLE 1 MG TABLET	6	90.00	0.19	0.13736	26%-50% Above	No	No
68382020906	ANASTROZOLE 1 MG TABLET	6	90.00	0.59	0.13736	200% Above	Yes	No
68382020906	ANASTROZOLE 1 MG TABLET	7	30.00	0.59	0.13552	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382020906	ANASTROZOLE 1 MG TABLET	8	12.00	0.59	0.14007	200% Above	Yes	No
68382024705	BENZONATATE 100 MG CAPSULE	8	30.00	0.15	0.06878	101%-200% Above	No	No
68382025501	OXYBUTYNIN CL ER 5 MG TABLET	7	90.00	0.23	0.08374	101%-200% Above	No	No
68382025505	OXYBUTYNIN CL ER 5 MG TABLET	4	30.00	0.23	0.09007	101%-200% Above	No	No
68382025601	OXYBUTYNIN CL ER 10 MG TABLET	6	30.00	0.25	0.10274	101%-200% Above	No	No
68382025601	OXYBUTYNIN CL ER 10 MG TABLET	8	30.00	0.25	0.09784	101%-200% Above	No	No
68382025701	OXYBUTYNIN CL ER 15 MG TABLET	5	90.00	0.29	0.11615	101%-200% Above	No	No
68382025701	OXYBUTYNIN CL ER 15 MG TABLET	6	90.00	0.29	0.11687	101%-200% Above	No	No
68382025701	OXYBUTYNIN CL ER 15 MG TABLET	8	90.00	0.29	0.12525	101%-200% Above	No	No
68382031601	MINOCYCLINE 50 MG CAPSULE	5	60.00	0.10	0.17959	26%-50% Below	Yes	No
68382031601	MINOCYCLINE 50 MG CAPSULE	7	30.00	0.08	0.17988	51%-75% Below	Yes	No
68382031818	MINOCYCLINE 100 MG CAPSULE	4	28.00	0.18	0.36521	51%-75% Below	Yes	No
68382031818	MINOCYCLINE 100 MG CAPSULE	4	30.00	0.16	0.36521	51%-75% Below	Yes	No
68382031818	MINOCYCLINE 100 MG CAPSULE	4	60.00	0.25	0.36521	26%-50% Below	Yes	No
68382031818	MINOCYCLINE 100 MG CAPSULE	5	60.00	0.16	0.36875	51%-75% Below	Yes	No
68382031818	MINOCYCLINE 100 MG CAPSULE	6	60.00	0.25	0.36150	26%-50% Below	Yes	No
68382031818	MINOCYCLINE 100 MG CAPSULE	7	30.00	0.16	0.36164	51%-75% Below	Yes	No
68382031818	MINOCYCLINE 100 MG CAPSULE	7	60.00	0.16	0.36164	51%-75% Below	Yes	No
68382031818	MINOCYCLINE 100 MG CAPSULE	7	60.00	0.25	0.36164	26%-50% Below	Yes	No
68382031818	MINOCYCLINE 100 MG CAPSULE	8	60.00	0.16	0.35335	51%-75% Below	Yes	No
68382031818	MINOCYCLINE 100 MG CAPSULE	8	60.00	0.25	0.35335	26%-50% Below	Yes	No
68382037001	NYSTATIN 100,000 UNIT/GM POWD	5	30.00	0.17	0.43835	51%-75% Below	No	No
68382037001	NYSTATIN 100,000 UNIT/GM POWD	6	15.00	0.13	0.43665	51%-75% Below	Yes	No
68382037001	NYSTATIN 100,000 UNIT/GM POWD	7	15.00	0.13	0.43280	51%-75% Below	Yes	No
68382037001	NYSTATIN 100,000 UNIT/GM POWD	7	30.00	0.17	0.43280	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382037001	NYSTATIN 100,000 UNIT/GM POWD	7	60.00	0.17	0.43280	51%-75% Below	Yes	No
68382037002	NYSTATIN 100,000 UNIT/GM POWD	4	30.00	0.13	0.31283	51%-75% Below	No	No
68382037002	NYSTATIN 100,000 UNIT/GM POWD	4	30.00	0.16	0.31283	26%-50% Below	No	No
68382037002	NYSTATIN 100,000 UNIT/GM POWD	5	30.00	0.17	0.31031	26%-50% Below	No	No
68382037003	NYSTATIN 100,000 UNIT/GM POWD	4	60.00	0.15	0.27298	26%-50% Below	No	No
68382037003	NYSTATIN 100,000 UNIT/GM POWD	4	60.00	0.17	0.27298	26%-50% Below	No	No
68382037003	NYSTATIN 100,000 UNIT/GM POWD	4	60.00	0.17	0.27298	26%-50% Below	Yes	No
68382037003	NYSTATIN 100,000 UNIT/GM POWD	5	60.00	0.15	0.27002	26%-50% Below	No	No
68382037003	NYSTATIN 100,000 UNIT/GM POWD	5	60.00	0.17	0.27002	26%-50% Below	No	No
68382037003	NYSTATIN 100,000 UNIT/GM POWD	6	60.00	0.17	0.26477	26%-50% Below	Yes	No
68382037003	NYSTATIN 100,000 UNIT/GM POWD	7	60.00	0.15	0.26179	26%-50% Below	No	No
68382041101	OMEPRAZOLE DR 10 MG CAPSULE	4	30.00	0.15	0.07432	101%-200% Above	Yes	No
68382041101	OMEPRAZOLE DR 10 MG CAPSULE	5	30.00	0.15	0.07435	101%-200% Above	Yes	No
68382041101	OMEPRAZOLE DR 10 MG CAPSULE	7	30.00	0.15	0.07839	76%-100% Above	Yes	No
68382043528	MESALAMINE 800 MG DR TABLET	5	120.00	2.61	4.50680	26%-50% Below	Yes	No
68382043528	MESALAMINE 800 MG DR TABLET	7	135.00	2.61	4.08413	26%-50% Below	Yes	No
68382048216	PITAVASTATIN 2 MG TABLET	6	90.00	0.14	1.15319	76%-100% Below	No	No
68382048316	PITAVASTATIN 4 MG TABLET	5	90.00	0.66	1.32266	26%-50% Below	Yes	No
68382048316	PITAVASTATIN 4 MG TABLET	6	90.00	0.08	1.27206	76%-100% Below	No	No
68382049814	TOPIRAMATE 50 MG SPRINKLE CAP	5	60.00	0.45	4.31024	76%-100% Below	No	No
68382049814	TOPIRAMATE 50 MG SPRINKLE CAP	7	30.00	3.33	4.37370	10%-25% Below	No	No
68382050001	OMEPRAZOLE DR 40 MG CAPSULE	5	90.00	0.12	0.05068	101%-200% Above	Yes	No
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	30.00	0.12	0.05055	101%-200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	4	60.00	0.14	0.05055	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	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	4	90.00	0.13	0.05055	101%-200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	5	30.00	0.12	0.05068	101%-200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	5	30.00	0.12	0.05068	101%-200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	5	30.00	0.14	0.05068	101%-200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	5	30.00	0.16	0.05068	200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	5	90.00	0.12	0.05068	101%-200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	5	90.00	0.12	0.05068	101%-200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	6	30.00	0.12	0.05046	101%-200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	6	30.00	0.14	0.05046	101%-200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	6	60.00	0.01	0.05046	76%-100% Below	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	6	90.00	0.12	0.05046	101%-200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	6	90.00	0.12	0.05046	101%-200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	6	90.00	0.14	0.05046	101%-200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	7	30.00	0.12	0.05015	101%-200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	7	30.00	0.14	0.05015	101%-200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	7	90.00	0.12	0.05015	101%-200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	7	90.00	0.12	0.05015	101%-200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	7	90.00	0.12	0.05015	101%-200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	8	30.00	0.12	0.04942	101%-200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	8	30.00	0.14	0.04942	101%-200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	8	30.00	0.15	0.04942	200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	8	90.00	0.12	0.04942	101%-200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	8	90.00	0.12	0.04942	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382052842	CHOLESTYRAM POW 4GM CAN	5	378.00	0.05	.		No	No
68382052842	CHOLESTYRAMINE POWDER	6	378.00	0.05	0.09469	26%-50% Below	No	No
68382053701	POTASSIUM CITRATE ER 10 MEQ TB	4	60.00	0.26	0.18018	26%-50% Above	No	No
68382053701	POTASSIUM CITRATE ER 10 MEQ TB	4	270.00	0.03	0.18018	76%-100% Below	No	No
68382053701	POTASSIUM CITRATE ER 10 MEQ TB	5	60.00	0.26	0.17846	26%-50% Above	No	No
68382053701	POTASSIUM CITRATE ER 10 MEQ TB	5	90.00	0.26	0.17846	26%-50% Above	No	No
68382053701	POTASSIUM CITRATE ER 10 MEQ TB	6	60.00	0.26	0.18133	26%-50% Above	No	No
68382053701	POTASSIUM CITRATE ER 10 MEQ TB	7	60.00	0.26	0.18118	26%-50% Above	No	No
68382053701	POTASSIUM CITRATE ER 10 MEQ TB	7	180.00	0.10	0.18118	26%-50% Below	No	No
68382053701	POTASSIUM CITRATE ER 10 MEQ TB	7	270.00	0.07	0.18118	51%-75% Below	No	No
68382053701	POTASSIUM CITRATE ER 10 MEQ TB	8	90.00	0.26	0.17982	26%-50% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	4	30.00	0.01	0.05863	76%-100% Below	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	4	30.00	0.17	0.05863	101%-200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	4	90.00	0.11	0.05863	76%-100% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	5	30.00	0.01	0.05865	76%-100% Below	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	5	30.00	0.17	0.05865	101%-200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	5	30.00	0.24	0.05865	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	5	45.00	0.11	0.05865	76%-100% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	5	90.00	0.11	0.05865	76%-100% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	5	90.00	0.17	0.05865	101%-200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	5	90.00	0.21	0.05865	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	5	180.00	0.17	0.05865	101%-200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	6	30.00	0.24	0.05549	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	6	45.00	0.11	0.05549	101%-200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	6	90.00	0.05	0.05549	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	90.00	0.11	0.05549	101%-200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	6	90.00	0.17	0.05549	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	6	90.00	0.22	0.05549	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	6	90.00	0.23	0.05549	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	7	30.00	0.02	0.04953	51%-75% Below	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	7	30.00	0.24	0.04953	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	7	90.00	0.11	0.04953	101%-200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	7	90.00	0.17	0.04953	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	7	90.00	0.22	0.04953	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	8	30.00	0.02	0.04985	51%-75% Below	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	8	30.00	0.11	0.04985	101%-200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	8	30.00	0.17	0.04985	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	8	30.00	0.24	0.04985	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	8	45.00	0.11	0.04985	101%-200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	8	90.00	0.11	0.04985	101%-200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	8	180.00	0.11	0.04985	101%-200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	4	30.00	0.11	0.05863	76%-100% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	4	45.00	0.11	0.05863	76%-100% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	4	90.00	0.26	0.05863	200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	5	90.00	0.11	0.05865	76%-100% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	5	90.00	0.17	0.05865	101%-200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	6	90.00	0.11	0.05549	101%-200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	6	90.00	0.18	0.05549	200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	7	30.00	0.01	0.04953	76%-100% Below	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	7	30.00	0.27	0.04953	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382056410	METOPROLOL SUCC ER 25 MG TAB	7	45.00	0.11	0.04953	101%-200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	7	90.00	0.02	0.04953	51%-75% Below	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	7	90.00	0.11	0.04953	101%-200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	8	30.00	0.22	0.04985	200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	8	90.00	0.11	0.04985	101%-200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	8	90.00	0.26	0.04985	200% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	4	30.00	0.11	0.05251	101%-200% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	4	30.00	0.18	0.05251	200% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	4	60.00	0.11	0.05251	101%-200% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	5	30.00	0.11	0.05393	76%-100% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	5	30.00	0.18	0.05393	200% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	5	90.00	0.11	0.05393	76%-100% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	5	180.00	0.11	0.05393	76%-100% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	6	30.00	0.11	0.05788	76%-100% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	6	90.00	0.11	0.05788	76%-100% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	7	30.00	0.11	0.05874	76%-100% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	7	90.00	0.11	0.05874	76%-100% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	8	30.00	0.11	0.05705	76%-100% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	8	60.00	0.11	0.05705	76%-100% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	8	90.00	0.11	0.05705	76%-100% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	8	90.00	0.21	0.05705	200% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	8	180.00	0.11	0.05705	76%-100% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	4	90.00	0.21	0.05251	200% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	5	90.00	0.11	0.05393	76%-100% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	5	90.00	0.16	0.05393	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382056510	METOPROLOL SUCC ER 50 MG TAB	5	90.00	0.19	0.05393	200% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	5	180.00	0.11	0.05393	76%-100% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	6	30.00	0.11	0.05788	76%-100% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	6	90.00	0.11	0.05788	76%-100% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	6	90.00	0.16	0.05788	101%-200% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	6	90.00	0.19	0.05788	200% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	6	90.00	0.20	0.05788	200% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	7	30.00	0.11	0.05874	76%-100% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	7	90.00	0.09	0.05874	51%-75% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	7	90.00	0.11	0.05874	76%-100% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	7	90.00	0.16	0.05874	101%-200% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	7	90.00	0.18	0.05874	101%-200% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	7	90.00	0.21	0.05874	200% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	8	30.00	0.11	0.05705	76%-100% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	8	90.00	0.11	0.05705	76%-100% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	8	90.00	0.19	0.05705	200% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	8	180.00	0.11	0.05705	76%-100% Above	No	No
68382056601	METOPROLOL SUCC ER 100 MG TAB	5	90.00	0.15	0.08603	76%-100% Above	No	No
68382056601	METOPROLOL SUCC ER 100 MG TAB	6	90.00	0.15	0.09059	51%-75% Above	No	No
68382056601	METOPROLOL SUCC ER 100 MG TAB	7	30.00	0.15	0.09662	51%-75% Above	No	No
68382056601	METOPROLOL SUCC ER 100 MG TAB	8	30.00	0.15	0.09145	51%-75% Above	No	No
68382056601	METOPROLOL SUCC ER 100 MG TAB	8	90.00	0.15	0.09145	51%-75% 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	5	30.00	0.15	0.08603	51%-75% Above	No	No
68382056610	METOPROLOL SUCC ER 100 MG TAB	5	90.00	0.15	0.08603	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	90.00	0.28	0.08603	200% Above	No	No
68382056610	METOPROLOL SUCC ER 100 MG TAB	6	30.00	0.15	0.09059	51%-75% Above	No	No
68382056610	METOPROLOL SUCC ER 100 MG TAB	6	90.00	0.15	0.09059	51%-75% Above	No	No
68382056610	METOPROLOL SUCC ER 100 MG TAB	6	180.00	0.15	0.09059	51%-75% Above	No	No
68382056610	METOPROLOL SUCC ER 100 MG TAB	7	7.00	0.48	0.09662	200% Above	No	No
68382056610	METOPROLOL SUCC ER 100 MG TAB	7	30.00	0.07	0.09662	26%-50% Below	No	No
68382056610	METOPROLOL SUCC ER 100 MG TAB	7	30.00	0.15	0.09662	51%-75% Above	No	No
68382056610	METOPROLOL SUCC ER 100 MG TAB	8	30.00	0.07	0.09145	10%-25% Below	No	No
68382056610	METOPROLOL SUCC ER 100 MG TAB	8	30.00	0.15	0.09145	51%-75% Above	No	No
68382056610	METOPROLOL SUCC ER 100 MG TAB	8	90.00	0.15	0.09145	51%-75% Above	No	No
68382056928	ACAMPROSATE CALC DR 333 MG TAB	7	180.00	0.06	0.60861	76%-100% Below	No	No
68382056928	ACAMPROSATE CALC DR 333 MG TAB	7	180.00	0.08	0.60861	76%-100% Below	No	No
68382058201	LIOTHYRONINE SOD 5 MCG TAB	4	30.00	0.14	0.21610	26%-50% Below	No	No
68382058201	LIOTHYRONINE SOD 5 MCG TAB	4	90.00	0.27	0.21610	26%-50% Above	No	No
68382058201	LIOTHYRONINE SOD 5 MCG TAB	5	30.00	0.14	0.21877	26%-50% Below	No	No
68382058201	LIOTHYRONINE SOD 5 MCG TAB	5	90.00	0.14	0.21877	26%-50% Below	No	No
68382058201	LIOTHYRONINE SOD 5 MCG TAB	5	180.00	0.14	0.21877	26%-50% Below	No	No
68382058201	LIOTHYRONINE SOD 5 MCG TAB	6	90.00	0.14	0.22831	26%-50% Below	No	No
68382058201	LIOTHYRONINE SOD 5 MCG TAB	6	135.00	0.14	0.22831	26%-50% Below	No	No
68382058201	LIOTHYRONINE SOD 5 MCG TAB	7	90.00	0.14	0.22087	26%-50% Below	No	No
68382060901	TRAZODONE 50 MG TABLET	6	30.00	0.08	0.03247	101%-200% Above	No	No
68382060901	TRAZODONE 50 MG TABLET	7	30.00	0.08	0.03186	101%-200% Above	No	No
68382060901	TRAZODONE 50 MG TABLET	7	30.00	0.08	0.03186	101%-200% Above	No	No
68382060901	TRAZODONE 50 MG TABLET	7	90.00	0.06	0.03186	76%-100% Above	No	No
68382060901	TRAZODONE 50 MG TABLET	8	60.00	0.08	0.03124	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382060901	TRAZODONE 50 MG TABLET	8	180.00	0.05	0.03124	51%-75% Above	No	No
68382060910	TRAZODONE 50 MG TABLET	5	30.00	0.07	0.03300	76%-100% Above	No	No
68382060910	TRAZODONE 50 MG TABLET	5	30.00	0.08	0.03300	101%-200% Above	No	No
68382060910	TRAZODONE 50 MG TABLET	5	180.00	0.05	0.03300	51%-75% Above	No	No
68382060910	TRAZODONE 50 MG TABLET	6	30.00	0.06	0.03247	76%-100% Above	No	No
68382060910	TRAZODONE 50 MG TABLET	6	30.00	0.07	0.03247	101%-200% Above	No	No
68382060910	TRAZODONE 50 MG TABLET	6	30.00	0.08	0.03247	101%-200% Above	No	No
68382060910	TRAZODONE 50 MG TABLET	6	60.00	0.08	0.03247	101%-200% Above	No	No
68382060910	TRAZODONE 50 MG TABLET	6	180.00	0.06	0.03247	76%-100% Above	No	No
68382060910	TRAZODONE 50 MG TABLET	7	30.00	0.02	0.03186	26%-50% Below	No	No
68382060910	TRAZODONE 50 MG TABLET	7	90.00	0.08	0.03186	101%-200% Above	No	No
68382060910	TRAZODONE 50 MG TABLET	8	30.00	0.02	0.03124	26%-50% Below	No	No
68382060910	TRAZODONE 50 MG TABLET	8	30.00	0.06	0.03124	76%-100% Above	No	No
68382060910	TRAZODONE 50 MG TABLET	8	30.00	0.08	0.03124	101%-200% Above	No	No
68382060910	TRAZODONE 50 MG TABLET	8	135.00	0.08	0.03124	101%-200% Above	No	No
68382061001	TRAZODONE 100 MG TABLET	7	30.00	0.03	0.04993	26%-50% Below	No	No
68382061001	TRAZODONE 100 MG TABLET	7	30.00	0.09	0.04993	76%-100% Above	No	No
68382061001	TRAZODONE 100 MG TABLET	7	30.00	0.10	0.04993	76%-100% Above	No	No
68382061001	TRAZODONE 100 MG TABLET	8	30.00	0.03	0.05057	26%-50% Below	No	No
68382061001	TRAZODONE 100 MG TABLET	8	90.00	0.09	0.05057	76%-100% Above	No	No
68382062301	BUSPIRONE HCL 7.5 MG TABLET	4	60.00	0.25	0.11222	101%-200% Above	No	No
68382062301	BUSPIRONE HCL 7.5 MG TABLET	4	90.00	0.14	0.11222	10%-25% Above	No	No
68382062301	BUSPIRONE HCL 7.5 MG TABLET	5	60.00	0.25	0.11083	101%-200% Above	No	No
68382062301	BUSPIRONE HCL 7.5 MG TABLET	6	60.00	0.25	0.11046	101%-200% Above	No	No
68382062301	BUSPIRONE HCL 7.5 MG TABLET	7	60.00	0.14	0.10694	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382062301	BUSPIRONE HCL 7.5 MG TABLET	7	60.00	0.25	0.10694	101%-200% Above	No	No
68382062301	BUSPIRONE HCL 7.5 MG TABLET	7	90.00	0.14	0.10694	26%-50% Above	No	No
68382062301	BUSPIRONE HCL 7.5 MG TABLET	8	60.00	0.14	0.10458	26%-50% Above	No	No
68382062301	BUSPIRONE HCL 7.5 MG TABLET	8	60.00	0.25	0.10458	101%-200% Above	No	No
68382065906	PYRIDOSTIGMINE BR 60 MG TABLET	6	30.00	0.33	0.27069	10%-25% Above	No	No
68382065906	PYRIDOSTIGMINE BR 60 MG TABLET	7	30.00	0.33	0.26976	10%-25% Above	No	No
68382065906	PYRIDOSTIGMINE BR 60 MG TABLET	8	30.00	0.33	0.26494	10%-25% 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	4	90.00	0.08	0.04504	51%-75% Above	No	No
68382066001	SPIRONOLACTONE 25 MG TABLET	5	30.00	0.08	0.04474	51%-75% Above	No	No
68382066001	SPIRONOLACTONE 25 MG TABLET	6	30.00	0.08	0.04427	51%-75% Above	No	No
68382066001	SPIRONOLACTONE 25 MG TABLET	6	90.00	0.08	0.04427	51%-75% Above	No	No
68382066001	SPIRONOLACTONE 25 MG TABLET	7	30.00	0.08	0.04332	51%-75% Above	No	No
68382066001	SPIRONOLACTONE 25 MG TABLET	7	90.00	0.08	0.04332	51%-75% Above	No	No
68382066001	SPIRONOLACTONE 25 MG TABLET	8	30.00	0.08	0.04303	76%-100% Above	No	No
68382066005	SPIRONOLACTONE 25 MG TABLET	4	30.00	0.08	0.04504	51%-75% Above	No	No
68382066005	SPIRONOLACTONE 25 MG TABLET	4	30.00	0.10	0.04504	101%-200% Above	No	No
68382066005	SPIRONOLACTONE 25 MG TABLET	4	180.00	0.08	0.04504	51%-75% Above	No	No
68382066005	SPIRONOLACTONE 25 MG TABLET	5	30.00	0.08	0.04474	51%-75% Above	No	No
68382066005	SPIRONOLACTONE 25 MG TABLET	5	30.00	0.10	0.04474	101%-200% Above	No	No
68382066005	SPIRONOLACTONE 25 MG TABLET	6	30.00	0.10	0.04427	101%-200% Above	No	No
68382066005	SPIRONOLACTONE 25 MG TABLET	7	30.00	0.08	0.04332	51%-75% Above	No	No
68382066005	SPIRONOLACTONE 25 MG TABLET	7	30.00	0.10	0.04332	101%-200% Above	No	No
68382066005	SPIRONOLACTONE 25 MG TABLET	8	30.00	0.08	0.04303	76%-100% Above	No	No
68382066005	SPIRONOLACTONE 25 MG TABLET	8	30.00	0.09	0.04303	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.09	0.04504	101%-200% Above	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	4	90.00	0.07	0.04504	26%-50% Above	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	5	30.00	0.08	0.04474	51%-75% Above	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	5	30.00	0.09	0.04474	101%-200% Above	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	5	90.00	0.07	0.04474	51%-75% Above	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	6	30.00	0.08	0.04427	51%-75% Above	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	6	30.00	0.09	0.04427	101%-200% Above	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	6	45.00	0.08	0.04427	51%-75% Above	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	6	90.00	0.06	0.04427	26%-50% Above	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	7	30.00	0.08	0.04332	51%-75% Above	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	7	90.00	0.06	0.04332	26%-50% Above	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	7	90.00	0.08	0.04332	51%-75% Above	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	8	30.00	0.09	0.04303	101%-200% Above	No	No
68382066101	SPIRONOLACTONE 50 MG TABLET	4	60.00	0.18	0.08930	76%-100% Above	No	No
68382066101	SPIRONOLACTONE 50 MG TABLET	5	60.00	0.18	0.08931	76%-100% Above	No	No
68382066101	SPIRONOLACTONE 50 MG TABLET	6	180.00	0.17	0.08750	76%-100% Above	No	No
68382066105	SPIRONOLACTONE 50 MG TABLET	7	30.00	0.16	0.08595	76%-100% Above	No	No
68382066201	SPIRONOLACTONE 100 MG TABLET	4	30.00	0.11	0.17894	26%-50% Below	No	No
68382066201	SPIRONOLACTONE 100 MG TABLET	5	30.00	0.11	0.17835	26%-50% Below	No	No
68382066201	SPIRONOLACTONE 100 MG TABLET	7	30.00	0.11	0.17452	26%-50% Below	No	No
68382066201	SPIRONOLACTONE 100 MG TABLET	7	90.00	0.11	0.17452	26%-50% Below	No	No
68382066205	SPIRONOLACTONE 100 MG TABLET	5	90.00	0.11	0.17835	26%-50% Below	No	No
68382066205	SPIRONOLACTONE 100 MG TABLET	8	90.00	0.11	0.16990	26%-50% Below	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	4	6.00	0.19	0.23036	10%-25% Below	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	4	14.00	0.19	0.23036	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	20.00	0.19	0.23036	10%-25% Below	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	5	10.00	0.33	0.23461	26%-50% Above	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	5	20.00	0.31	0.23461	26%-50% Above	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	6	20.00	0.19	0.23492	10%-25% Below	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	6	28.00	0.19	0.23492	10%-25% Below	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	7	14.00	0.19	0.23397	10%-25% Below	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	7	20.00	0.34	0.23397	26%-50% Above	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	7	30.00	0.27	0.23397	10%-25% Above	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	8	14.00	0.30	0.23230	26%-50% Above	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	8	20.00	0.28	0.23230	10%-25% Above	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	8	28.00	0.19	0.23230	10%-25% Below	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	8	30.00	0.29	0.23230	26%-50% Above	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	8	60.00	0.19	0.23230	10%-25% Below	No	No
68382071119	MESALAMINE DR 1.2 GM TABLET	5	120.00	0.08	0.85594	76%-100% Below	No	No
68382071119	MESALAMINE DR 1.2 GM TABLET	6	120.00	0.08	0.81378	76%-100% Below	No	No
68382071119	MESALAMINE DR 1.2 GM TABLET	7	120.00	0.08	0.81924	76%-100% Below	No	No
68382071119	MESALAMINE DR 1.2 GM TABLET	8	360.00	1.07	0.79534	26%-50% Above	Yes	No
68382072001	BUDESONIDE DR 3 MG CAPSULE	5	90.00	0.28	0.52084	26%-50% Below	No	No
68382072001	BUDESONIDE DR 3 MG CAPSULE	5	270.00	0.07	0.52084	76%-100% Below	No	No
68382072001	BUDESONIDE DR 3 MG CAPSULE	7	90.00	1.81	0.49789	200% Above	No	No
68382073301	NADOLOL 40 MG TABLET	4	30.00	0.50	0.30616	51%-75% Above	No	No
68382074516	TIADYLT ER 120 MG CAPSULE	8	90.00	0.14	0.09638	26%-50% Above	Yes	No
68382074616	TIADYLT ER 180 MG CAPSULE	4	30.00	0.14	0.11740	10%-25% Above	Yes	No
68382074616	TIADYLT ER 180 MG CAPSULE	5	30.00	0.14	0.12330	10%-25% Above	Yes	No
68382074816	TIADYLT ER 300 MG CAPSULE	4	90.00	0.33	0.24047	26%-50% Above	Yes	No

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68382074816	TIADYLT ER 300 MG CAPSULE	7	90.00	0.33	0.24970	26%-50% Above	Yes	No
68382074916	TIADYLT ER 360 MG CAPSULE	5	90.00	0.24	0.32476	26%-50% Below	Yes	No
68382077501	METHOTREXATE 2.5 MG TABLET	4	96.00	0.31	0.16046	76%-100% Above	No	No
68382077501	METHOTREXATE 2.5 MG TABLET	5	84.00	0.19	0.16406	10%-25% Above	No	No
68382077501	METHOTREXATE 2.5 MG TABLET	5	96.00	0.19	0.16406	10%-25% Above	No	No
68382077501	METHOTREXATE 2.5 MG TABLET	6	130.00	0.19	0.16347	10%-25% Above	No	No
68382077501	METHOTREXATE 2.5 MG TABLET	8	84.00	0.19	0.15658	10%-25% Above	No	No
68382077501	METHOTREXATE 2.5 MG TABLET	8	96.00	0.19	0.15658	10%-25% Above	No	No
68382079101	ACYCLOVIR 400 MG TABLET	4	15.00	0.11	0.09805	10%-25% Above	Yes	No
68382079101	ACYCLOVIR 400 MG TABLET	4	25.00	0.12	0.09805	10%-25% Above	Yes	No
68382079101	ACYCLOVIR 400 MG TABLET	5	60.00	0.08	0.10072	10%-25% Below	No	No
68382079101	ACYCLOVIR 400 MG TABLET	5	90.00	0.09	0.10072	10%-25% Below	Yes	No
68382079101	ACYCLOVIR 400 MG TABLET	5	180.00	0.09	0.10072	10%-25% Below	No	No
68382079101	ACYCLOVIR 400 MG TABLET	7	25.00	0.12	0.10001	10%-25% Above	Yes	No
68382079101	ACYCLOVIR 400 MG TABLET	7	90.00	0.09	0.10001	10%-25% Below	Yes	No
68382079101	ACYCLOVIR 400 MG TABLET	7	180.00	0.08	0.10001	10%-25% Below	Yes	No
68382079101	ACYCLOVIR 400 MG TABLET	8	180.00	0.09	0.09852	10%-25% Below	No	No
68382079201	ACYCLOVIR 800 MG TABLET	5	35.00	0.22	0.18590	10%-25% Above	Yes	No
68382079201	ACYCLOVIR 800 MG TABLET	7	90.00	0.13	0.18966	26%-50% Below	Yes	No
68382079901	LABETALOL HCL 200 MG TABLET	8	180.00	0.09	0.14213	26%-50% Below	No	No
68382080501	TRAZODONE 50 MG TABLET	4	30.00	0.08	0.03309	101%-200% Above	No	No
68382080501	TRAZODONE 50 MG TABLET	5	30.00	0.08	0.03300	101%-200% Above	No	No
68382080505	TRAZODONE 50 MG TABLET	5	90.00	0.08	0.03300	101%-200% Above	No	No
68382080505	TRAZODONE 50 MG TABLET	6	30.00	0.06	0.03247	76%-100% Above	No	No
68382080505	TRAZODONE 50 MG TABLET	7	30.00	0.06	0.03186	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382080505	TRAZODONE 50 MG TABLET	7	180.00	0.04	0.03186	26%-50% 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	5	30.00	0.08	0.03300	101%-200% Above	No	No
68382080510	TRAZODONE 50 MG TABLET	5	30.00	0.08	0.03300	101%-200% Above	No	No
68382080510	TRAZODONE 50 MG TABLET	5	90.00	0.08	0.03300	101%-200% Above	No	No
68382080510	TRAZODONE 50 MG TABLET	5	135.00	0.08	0.03300	101%-200% Above	No	No
68382080510	TRAZODONE 50 MG TABLET	6	30.00	0.08	0.03247	101%-200% Above	No	No
68382080510	TRAZODONE 50 MG TABLET	7	30.00	0.08	0.03186	101%-200% Above	No	No
68382080510	TRAZODONE 50 MG TABLET	8	7.00	0.08	0.03124	101%-200% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	4	30.00	0.01	0.05004	76%-100% Below	No	No
68382080601	TRAZODONE 100 MG TABLET	5	30.00	0.01	0.05035	76%-100% Below	No	No
68382080601	TRAZODONE 100 MG TABLET	5	30.00	0.09	0.05035	76%-100% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	5	135.00	0.09	0.05035	76%-100% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	6	30.00	0.09	0.04949	76%-100% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	6	90.00	0.08	0.04949	51%-75% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	7	135.00	0.09	0.04993	76%-100% Above	No	No
68382080605	TRAZODONE 100 MG TABLET	7	90.00	0.09	0.04993	76%-100% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	4	30.00	0.09	0.05004	76%-100% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	4	90.00	0.09	0.05004	76%-100% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	4	90.00	0.09	0.05004	76%-100% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	5	90.00	0.09	0.05035	76%-100% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	5	270.00	0.06	0.05035	10%-25% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	6	90.00	0.09	0.04949	76%-100% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	6	180.00	0.09	0.04949	76%-100% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	7	90.00	0.07	0.04993	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	90.00	0.09	0.04993	76%-100% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	7	135.00	0.09	0.04993	76%-100% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	8	30.00	0.09	0.05057	76%-100% Above	No	No
68382080701	TRAZODONE 150 MG TABLET	4	90.00	0.12	0.08780	26%-50% Above	No	No
68382080701	TRAZODONE 150 MG TABLET	5	30.00	0.01	0.09073	76%-100% Below	No	No
68382080701	TRAZODONE 150 MG TABLET	5	30.00	0.12	0.09073	26%-50% Above	No	No
68382080701	TRAZODONE 150 MG TABLET	5	180.00	0.23	0.09073	101%-200% Above	No	No
68382080701	TRAZODONE 150 MG TABLET	6	30.00	0.01	0.09003	76%-100% Below	No	No
68382080701	TRAZODONE 150 MG TABLET	6	30.00	0.12	0.09003	26%-50% Above	No	No
68382080701	TRAZODONE 150 MG TABLET	7	30.00	0.05	0.09059	26%-50% Below	No	No
68382080701	TRAZODONE 150 MG TABLET	7	30.00	0.12	0.09059	26%-50% Above	No	No
68382080701	TRAZODONE 150 MG TABLET	7	45.00	0.22	0.09059	101%-200% Above	No	No
68382080701	TRAZODONE 150 MG TABLET	7	90.00	0.12	0.09059	26%-50% Above	No	No
68382080701	TRAZODONE 150 MG TABLET	8	30.00	0.05	0.08816	26%-50% Below	No	No
68382080701	TRAZODONE 150 MG TABLET	8	30.00	0.12	0.08816	26%-50% Above	No	No
68382080705	TRAZODONE 150 MG TABLET	6	180.00	0.12	0.09003	26%-50% Above	No	No
68382080705	TRAZODONE 150 MG TABLET	7	30.00	0.12	0.09059	26%-50% Above	No	No
68382085601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	5	45.00	0.04	0.09790	51%-75% Below	No	No
68382085605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	4	30.00	0.12	0.09559	10%-25% Above	No	No
68382085605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	5	30.00	0.01	0.09790	76%-100% Below	No	No
68382085605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	6	90.00	0.08	0.09605	10%-25% Below	No	No
68382085605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	6	90.00	0.12	0.09605	26%-50% Above	No	No
68382085605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	7	90.00	0.14	0.09800	26%-50% Above	No	No
68382085701	TRIAMTERENE-HYDROCHLOROTHIAZIDE 75-50 MG TAB	7	45.00	0.13	0.11693	10%-25% Above	No	No
68382086306	TOPIRAMATE ER 25 MG CAPSULE	6	30.00	2.86	3.83026	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382091601	METHYLPREDNISOLONE 4 MG TABLET	4	10.00	0.24	0.12115	76%-100% Above	No	No
68382091601	METHYLPREDNISOLONE 4 MG TABLET	4	24.00	0.57	0.12115	200% Above	No	No
68382091601	METHYLPREDNISOLONE 4 MG TABLET	8	20.00	0.24	0.12399	76%-100% Above	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.00	0.19	0.11333	51%-75% Above	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.00	0.45	0.11333	200% Above	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	0.19	0.11242	51%-75% Above	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	0.45	0.11242	200% Above	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	0.58	0.11242	200% Above	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.00	0.19	0.11599	51%-75% Above	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.00	0.23	0.11599	101%-200% Above	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.00	0.19	0.12579	51%-75% Above	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.00	0.24	0.12579	76%-100% Above	No	No
68382091911	METHYLPREDNISOLONE 32 MG TAB	8	2.00	2.18	2.86997	10%-25% Below	No	No
68382096906	ROFLUMILAST 500 MCG TABLET	5	30.00	2.49	0.32128	200% Above	No	No
68382097001	CHLORTHALIDONE 25 MG TABLET	4	45.00	0.47	0.09012	200% 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	5	90.00	0.07	0.08885	10%-25% Below	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	5	90.00	0.16	0.08885	76%-100% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	5	90.00	0.33	0.08885	200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	6	15.00	0.16	0.08822	76%-100% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	6	30.00	0.16	0.08822	76%-100% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	6	90.00	0.12	0.08822	26%-50% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	6	90.00	0.33	0.08822	200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	7	30.00	0.16	0.08478	76%-100% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	7	45.00	0.47	0.08478	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	90.00	0.12	0.08478	26%-50% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	8	30.00	0.02	0.08397	51%-75% Below	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	8	30.00	0.16	0.08397	76%-100% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	8	30.00	0.16	0.08397	76%-100% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	8	90.00	0.02	0.08397	51%-75% Below	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	8	90.00	0.09	0.08397	10%-25% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	8	90.00	0.16	0.08397	76%-100% Above	Yes	No
68382097101	CHLORTHALIDONE 50 MG TABLET	4	90.00	0.33	0.13145	101%-200% Above	Yes	No
68382097101	CHLORTHALIDONE 50 MG TABLET	5	90.00	0.17	0.13399	26%-50% Above	Yes	No
68382098406	LAMOTRIGINE ER 300 MG TABLET	5	30.00	0.70	1.20164	26%-50% Below	No	No
68382098406	LAMOTRIGINE ER 300 MG TABLET	6	30.00	0.66	1.21329	26%-50% Below	No	No
68462010230	FLUCONAZOLE 100 MG TABLET	4	3.00	0.64	0.23591	101%-200% Above	No	No
68462010230	FLUCONAZOLE 100 MG TABLET	4	5.00	0.64	0.23591	101%-200% Above	No	No
68462010230	FLUCONAZOLE 100 MG TABLET	5	4.00	0.64	0.24033	101%-200% Above	No	No
68462010230	FLUCONAZOLE 100 MG TABLET	6	1.00	0.13	0.23643	26%-50% Below	No	No
68462010230	FLUCONAZOLE 100 MG TABLET	6	5.00	0.64	0.23643	101%-200% Above	No	No
68462010530	ONDANSETRON HCL 4 MG TABLET	5	18.00	0.19	0.06409	101%-200% Above	No	No
68462010530	ONDANSETRON HCL 4 MG TABLET	7	10.00	0.19	0.06125	200% Above	No	No
68462010530	ONDANSETRON HCL 4 MG TABLET	8	15.00	0.07	0.05966	10%-25% Above	No	No
68462010630	ONDANSETRON HCL 8 MG TABLET	4	8.00	0.08	0.08953	10%-25% Below	Yes	No
68462010630	ONDANSETRON HCL 8 MG TABLET	5	18.00	0.06	0.08961	26%-50% Below	No	No
68462010630	ONDANSETRON HCL 8 MG TABLET	5	18.00	0.08	0.08961	10%-25% Below	No	No
68462010630	ONDANSETRON HCL 8 MG TABLET	6	18.00	0.24	0.08806	101%-200% Above	No	No
68462010630	ONDANSETRON HCL 8 MG TABLET	7	9.00	0.12	0.08451	26%-50% Above	No	No
68462010630	ONDANSETRON HCL 8 MG TABLET	7	10.00	0.24	0.08451	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462010630	ONDANSETRON HCL 8 MG TABLET	7	18.00	0.24	0.08451	101%-200% Above	No	No
68462010805	TOPIRAMATE 25 MG TABLET	7	30.00	0.03	0.02550	26%-50% Above	No	No
68462010805	TOPIRAMATE 25 MG TABLET	8	30.00	0.03	0.02563	26%-50% Above	No	No
68462010905	TOPIRAMATE 100 MG TABLET	4	90.00	0.08	0.05982	26%-50% Above	No	No
68462010905	TOPIRAMATE 100 MG TABLET	5	60.00	0.08	0.05949	26%-50% Above	No	No
68462010905	TOPIRAMATE 100 MG TABLET	5	270.00	0.05	0.05949	10%-25% Below	No	No
68462010905	TOPIRAMATE 100 MG TABLET	6	60.00	0.08	0.05798	26%-50% Above	No	No
68462010905	TOPIRAMATE 100 MG TABLET	7	60.00	0.08	0.05555	26%-50% Above	No	No
68462010905	TOPIRAMATE 100 MG TABLET	8	30.00	0.08	0.05502	26%-50% Above	No	No
68462010905	TOPIRAMATE 100 MG TABLET	8	60.00	0.08	0.05502	26%-50% Above	No	No
68462011940	FLUCONAZOLE 150 MG TABLET	8	4.00	1.18	0.62049	76%-100% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	4	1.00	2.16	0.42729	200% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	5	1.00	1.44	0.42280	200% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	5	1.00	2.16	0.42280	200% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	6	1.00	2.16	0.41614	200% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	8	1.00	2.16	0.43349	200% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	8	2.00	2.17	0.43349	200% Above	No	No
68462012605	GABAPENTIN 600 MG TABLET	4	360.00	0.06	0.06919	10%-25% Below	No	No
68462012605	GABAPENTIN 600 MG TABLET	5	60.00	0.06	0.06824	10%-25% Below	No	No
68462012605	GABAPENTIN 600 MG TABLET	5	90.00	0.06	0.06824	10%-25% Below	No	No
68462012605	GABAPENTIN 600 MG TABLET	6	30.00	0.06	0.06683	10%-25% Below	No	No
68462012605	GABAPENTIN 600 MG TABLET	6	90.00	0.06	0.06683	10%-25% Below	No	No
68462012605	GABAPENTIN 600 MG TABLET	6	120.00	0.06	0.06683	10%-25% Below	No	No
68462012605	GABAPENTIN 600 MG TABLET	6	360.00	0.06	0.06683	10%-25% Below	No	No
68462012605	GABAPENTIN 600 MG TABLET	7	120.00	0.06	0.06456	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462012705	GABAPENTIN 800 MG TABLET	5	270.00	0.04	0.09799	51%-75% Below	No	No
68462012705	GABAPENTIN 800 MG TABLET	7	270.00	0.04	0.09381	51%-75% Below	No	No
68462012705	GABAPENTIN 800 MG TABLET	8	90.00	0.05	0.09004	26%-50% Below	Yes	No
68462013001	ZONISAMIDE 100 MG CAPSULE	5	90.00	0.01	0.10774	76%-100% Below	No	No
68462013001	ZONISAMIDE 100 MG CAPSULE	7	90.00	0.01	0.10754	76%-100% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	4	21.00	0.09	0.16522	26%-50% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	5	21.00	0.02	0.16969	76%-100% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	5	21.00	0.09	0.16969	26%-50% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	5	84.00	0.01	0.16969	76%-100% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	6	21.00	0.02	0.17414	76%-100% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	6	21.00	0.09	0.17414	26%-50% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	6	63.00	0.09	0.17414	26%-50% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	6	84.00	0.01	0.17414	76%-100% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	6	84.00	0.09	0.17414	26%-50% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	7	21.00	0.05	0.17735	51%-75% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	7	21.00	0.09	0.17735	26%-50% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	7	84.00	0.01	0.17735	76%-100% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	7	84.00	0.09	0.17735	26%-50% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	8	21.00	0.09	0.18421	26%-50% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	8	63.00	0.07	0.18421	51%-75% Below	Yes	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	8	63.00	0.09	0.18421	26%-50% Below	No	No
68462013701	OXCARBAZEPINE 150 MG TABLET	4	60.00	0.07	0.10515	26%-50% Below	No	No
68462013701	OXCARBAZEPINE 150 MG TABLET	4	90.00	0.07	0.10515	26%-50% Below	No	No
68462013701	OXCARBAZEPINE 150 MG TABLET	5	30.00	0.07	0.10716	26%-50% Below	No	No
68462013701	OXCARBAZEPINE 150 MG TABLET	5	60.00	0.07	0.10716	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462013701	OXCARBAZEPINE 150 MG TABLET	6	60.00	0.07	0.10357	26%-50% Below	No	No
68462013701	OXCARBAZEPINE 150 MG TABLET	7	90.00	0.07	0.10372	26%-50% Below	No	No
68462013701	OXCARBAZEPINE 150 MG TABLET	7	180.00	0.07	0.10372	26%-50% Below	No	No
68462013701	OXCARBAZEPINE 150 MG TABLET	8	180.00	0.07	0.10375	26%-50% Below	No	No
68462013801	OXCARBAZEPINE 300 MG TABLET	8	60.00	0.09	0.16372	26%-50% Below	No	No
68462013901	OXCARBAZEPINE 600 MG TABLET	4	60.00	0.17	0.31976	26%-50% Below	No	No
68462013901	OXCARBAZEPINE 600 MG TABLET	5	60.00	0.17	0.31776	26%-50% Below	No	No
68462013901	OXCARBAZEPINE 600 MG TABLET	7	60.00	0.17	0.30870	26%-50% Below	No	No
68462014301	CLINDAMYCIN HCL 150 MG CAPSULE	4	15.00	0.09	0.10593	10%-25% Below	No	No
68462014301	CLINDAMYCIN HCL 150 MG CAPSULE	5	21.00	0.09	0.10674	10%-25% Below	No	No
68462014301	CLINDAMYCIN HCL 150 MG CAPSULE	5	30.00	0.08	0.10674	26%-50% Below	No	No
68462014301	CLINDAMYCIN HCL 150 MG CAPSULE	6	15.00	0.09	0.10718	10%-25% Below	No	No
68462014301	CLINDAMYCIN HCL 150 MG CAPSULE	6	63.00	0.08	0.10718	26%-50% Below	No	No
68462014401	CLINDAMYCIN HCL 300 MG CAPSULE	4	30.00	0.26	0.17631	26%-50% Above	No	No
68462014401	CLINDAMYCIN HCL 300 MG CAPSULE	5	30.00	0.31	0.17586	51%-75% Above	No	No
68462014401	CLINDAMYCIN HCL 300 MG CAPSULE	6	28.00	0.31	0.17244	76%-100% Above	No	No
68462014401	CLINDAMYCIN HCL 300 MG CAPSULE	6	28.00	0.33	0.17244	76%-100% Above	No	No
68462014401	CLINDAMYCIN HCL 300 MG CAPSULE	6	30.00	0.23	0.17244	26%-50% Above	No	No
68462014401	CLINDAMYCIN HCL 300 MG CAPSULE	8	21.00	0.27	0.16843	51%-75% Above	No	No
68462014401	CLINDAMYCIN HCL 300 MG CAPSULE	8	30.00	0.24	0.16843	26%-50% Above	No	No
68462015305	TOPIRAMATE 50 MG TABLET	5	120.00	0.09	0.03498	101%-200% Above	No	No
68462015305	TOPIRAMATE 50 MG TABLET	7	30.00	0.09	0.03359	101%-200% Above	No	No
68462015305	TOPIRAMATE 50 MG TABLET	8	120.00	0.09	0.03504	101%-200% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	4	5.00	0.26	0.13980	76%-100% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	4	10.00	0.26	0.13980	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	12.00	0.26	0.13980	76%-100% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	4	18.00	0.09	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	5	4.00	0.02	0.13346	76%-100% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	5	4.00	0.19	0.13346	26%-50% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	5	4.00	0.27	0.13346	76%-100% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	5	10.00	0.26	0.13346	76%-100% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	5	12.00	0.26	0.13346	76%-100% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	5	14.00	0.26	0.13346	76%-100% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	5	18.00	0.10	0.13346	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	5	18.00	0.11	0.13346	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	5	18.00	0.26	0.13346	76%-100% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	5	30.00	0.08	0.13346	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	6	6.00	0.18	0.12773	26%-50% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	6	7.00	0.26	0.12773	101%-200% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	6	15.00	0.10	0.12773	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	6	15.00	0.10	0.12773	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	6	15.00	0.11	0.12773	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	6	15.00	0.11	0.12773	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	6	18.00	0.09	0.12773	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	6	18.00	0.10	0.12773	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	6	18.00	0.10	0.12773	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	6	18.00	0.10	0.12773	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	6	18.00	0.11	0.12773	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	6	18.00	0.26	0.12773	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	12.00	0.26	0.12182	101%-200% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	7	14.00	0.26	0.12182	101%-200% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	7	15.00	0.26	0.12182	101%-200% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	7	18.00	0.26	0.12182	101%-200% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	7	20.00	0.11	0.12182	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	7	20.00	0.26	0.12182	101%-200% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	7	30.00	0.09	0.12182	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	7	30.00	0.22	0.12182	76%-100% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	7	30.00	0.26	0.12182	101%-200% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	7	34.00	0.26	0.12182	101%-200% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	8	10.00	0.10	0.12080	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	8	14.00	0.26	0.12080	101%-200% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	8	15.00	0.10	0.12080	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	8	18.00	0.26	0.12080	101%-200% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	8	20.00	0.09	0.12080	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	8	20.00	0.11	0.12080	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	8	20.00	0.26	0.12080	101%-200% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	8	30.00	0.08	0.12080	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	8	30.00	0.08	0.12080	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	8	30.00	0.09	0.12080	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	12	6.00	0.10	0.20517	26%-50% Below	No	No
68462015811	ONDANSETRON ODT 8 MG TABLET	4	18.00	0.27	0.17543	51%-75% Above	No	No
68462015811	ONDANSETRON ODT 8 MG TABLET	6	18.00	0.27	0.17103	51%-75% Above	No	No
68462015811	ONDANSETRON ODT 8 MG TABLET	7	18.00	0.27	0.16270	51%-75% Above	No	No
68462015811	ONDANSETRON ODT 8 MG TABLET	7	28.00	0.27	0.16270	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462015811	ONDANSETRON ODT 8 MG TABLET	8	28.00	0.27	0.16163	51%-75% Above	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	4	5.00	0.22	0.17543	10%-25% Above	Yes	No
68462015813	ONDANSETRON ODT 8 MG TABLET	4	5.00	0.25	0.16734	26%-50% Above	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	4	14.00	0.27	0.17543	51%-75% Above	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	4	18.00	0.27	0.17543	51%-75% Above	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	5	10.00	0.13	0.17517	26%-50% Below	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	5	18.00	0.27	0.17517	51%-75% Above	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	6	10.00	0.27	0.17103	51%-75% Above	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	6	18.00	0.27	0.17103	51%-75% Above	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	7	18.00	0.27	0.16270	51%-75% Above	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	7	28.00	0.27	0.16270	51%-75% Above	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	7	60.00	0.27	0.16270	51%-75% Above	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	8	30.00	0.27	0.16163	51%-75% Above	No	No
68462016205	CARVEDILOL 3.125 MG TABLET	6	180.00	0.06	0.01701	200% Above	No	No
68462016301	CARVEDILOL 6.25 MG TABLET	6	180.00	0.05	0.01840	101%-200% Above	Yes	No
68462016301	CARVEDILOL 6.25 MG TABLET	8	180.00	0.05	0.01810	101%-200% Above	Yes	No
68462016305	CARVEDILOL 6.25 MG TABLET	5	60.00	0.05	0.01867	101%-200% Above	No	No
68462016305	CARVEDILOL 6.25 MG TABLET	5	180.00	0.05	0.01867	101%-200% Above	No	No
68462016305	CARVEDILOL 6.25 MG TABLET	6	30.00	0.05	0.01840	101%-200% Above	No	No
68462016305	CARVEDILOL 6.25 MG TABLET	6	180.00	0.05	0.01840	101%-200% Above	No	No
68462016305	CARVEDILOL 6.25 MG TABLET	7	60.00	0.05	0.01838	101%-200% Above	No	No
68462016405	CARVEDILOL 12.5 MG TABLET	4	180.00	0.06	0.02100	101%-200% Above	No	No
68462016405	CARVEDILOL 12.5 MG TABLET	5	60.00	0.03	0.02104	26%-50% Above	No	No
68462016405	CARVEDILOL 12.5 MG TABLET	7	180.00	0.06	0.02094	101%-200% Above	No	No
68462016501	CARVEDILOL 25 MG TABLET	6	180.00	0.04	0.03199	10%-25% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462016501	CARVEDILOL 25 MG TABLET	6	180.00	0.05	0.03199	51%-75% Above	Yes	No
68462016501	CARVEDILOL 25 MG TABLET	7	180.00	0.05	0.03235	51%-75% Above	Yes	No
68462016505	CARVEDILOL 25 MG TABLET	5	180.00	0.01	0.03190	51%-75% Below	No	No
68462016505	CARVEDILOL 25 MG TABLET	6	180.00	0.05	0.03199	51%-75% Above	No	No
68462017901	NAPROXEN SODIUM 550 MG TAB	5	60.00	0.41	0.22001	76%-100% 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	0.22	0.13303	51%-75% Above	Yes	No
68462018022	MUPIROCIN 2% OINTMENT	4	22.00	0.22	0.13303	51%-75% Above	Yes	No
68462018022	MUPIROCIN 2% OINTMENT	4	22.00	0.26	0.13303	76%-100% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	4	22.00	0.27	0.13303	76%-100% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	5	22.00	0.17	0.13461	10%-25% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	5	22.00	0.22	0.13461	51%-75% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	5	22.00	0.25	0.13461	76%-100% Above	Yes	No
68462018022	MUPIROCIN 2% OINTMENT	5	22.00	0.27	0.13461	76%-100% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	5	22.00	0.27	0.13461	76%-100% Above	Yes	No
68462018022	MUPIROCIN 2% OINTMENT	5	30.00	0.17	0.13461	10%-25% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	6	22.00	0.17	0.13623	10%-25% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	6	22.00	0.25	0.13623	76%-100% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	6	22.00	0.25	0.13623	76%-100% Above	Yes	No
68462018022	MUPIROCIN 2% OINTMENT	7	22.00	0.17	0.13771	10%-25% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	7	22.00	0.22	0.13771	51%-75% Above	Yes	No
68462018022	MUPIROCIN 2% OINTMENT	7	22.00	0.22	0.13771	51%-75% Above	Yes	No
68462018022	MUPIROCIN 2% OINTMENT	7	22.00	0.25	0.13771	76%-100% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	8	22.00	0.17	0.14537	10%-25% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	8	22.00	0.22	0.14537	51%-75% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	22.00	0.26	0.14537	76%-100% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	12	22.00	0.10	0.18108	26%-50% Below	No	No
68462018117	CLOTRIMAZOLE 1% TOPICAL CREAM	5	15.00	0.51	0.21152	101%-200% Above	Yes	No
68462018117	CLOTRIMAZOLE 1% TOPICAL CREAM	7	30.00	0.12	0.20732	26%-50% Below	Yes	No
68462018117	CLOTRIMAZOLE 1% TOPICAL CREAM	8	15.00	0.12	0.19818	26%-50% Below	Yes	No
68462018135	CLOTRIMAZOLE 1% TOPICAL CREAM	5	30.00	0.12	0.13694	10%-25% Below	Yes	No
68462018135	CLOTRIMAZOLE 1% TOPICAL CREAM	6	30.00	0.47	0.13635	200% Above	Yes	No
68462018135	CLOTRIMAZOLE 1% TOPICAL CREAM	6	30.00	0.49	0.13635	200% Above	Yes	No
68462018135	CLOTRIMAZOLE 1% TOPICAL CREAM	7	30.00	0.16	0.13544	10%-25% Above	Yes	No
68462018135	CLOTRIMAZOLE 1% TOPICAL CREAM	8	30.00	0.12	0.13467	10%-25% Below	Yes	No
68462018135	CLOTRIMAZOLE 1% TOPICAL CREAM	8	30.00	0.48	0.13467	200% Above	Yes	No
68462018449	METRONIDAZOLE VAGINAL 0.75% GL	7	70.00	0.25	0.14048	76%-100% Above	No	No
68462018801	NAPROXEN 250 MG TABLET	7	20.00	0.13	0.04343	101%-200% Above	No	No
68462018805	NAPROXEN 250 MG TABLET	4	30.00	0.02	0.04741	51%-75% Below	No	No
68462019001	NAPROXEN 500 MG TABLET	7	14.00	0.08	0.05933	26%-50% Above	No	No
68462019001	NAPROXEN 500 MG TABLET	7	20.00	0.08	0.05933	26%-50% Above	No	No
68462019001	NAPROXEN 500 MG TABLET	8	60.00	0.08	0.05799	26%-50% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	4	6.00	0.10	0.06325	26%-50% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	4	14.00	0.08	0.06325	26%-50% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	4	60.00	0.08	0.06325	26%-50% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	5	10.00	0.07	0.06254	10%-25% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	5	14.00	0.08	0.06254	26%-50% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	5	20.00	0.01	0.06254	76%-100% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	5	20.00	0.08	0.06254	26%-50% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	5	21.00	0.08	0.06254	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462019005	NAPROXEN 500 MG TABLET	5	28.00	0.08	0.06254	26%-50% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	5	30.00	0.04	0.06254	26%-50% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	5	30.00	0.04	0.06254	26%-50% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	5	30.00	0.08	0.06254	26%-50% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	5	60.00	0.03	0.06254	51%-75% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	6	12.00	0.01	0.06252	76%-100% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	6	14.00	0.07	0.06252	10%-25% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	6	14.00	0.08	0.06252	26%-50% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	6	20.00	0.05	0.06252	10%-25% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	6	20.00	0.08	0.06252	26%-50% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	6	60.00	0.08	0.06252	26%-50% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	7	5.00	0.01	0.05933	76%-100% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	7	14.00	0.08	0.05933	26%-50% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	7	28.00	0.08	0.05933	26%-50% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	7	40.00	0.08	0.05933	26%-50% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	7	60.00	0.03	0.05933	26%-50% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	7	60.00	0.08	0.05933	26%-50% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	7	180.00	0.08	0.05933	26%-50% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	8	10.00	0.08	0.05799	26%-50% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	8	10.00	0.08	0.05799	26%-50% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	8	20.00	0.04	0.05799	10%-25% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	8	20.00	0.08	0.05799	26%-50% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	8	30.00	0.04	0.05799	26%-50% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	8	30.00	0.08	0.05799	26%-50% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	8	60.00	0.03	0.05799	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462021860	TOPIRAMATE 15 MG SPRINKLE CAP	8	270.00	0.19	0.28279	26%-50% Below	No	No
68462022101	LITHIUM CARBONATE 300 MG CAP	4	90.00	0.03	0.09260	51%-75% Below	Yes	No
68462022101	LITHIUM CARBONATE 300 MG CAP	5	120.00	0.04	0.09551	51%-75% Below	Yes	No
68462022101	LITHIUM CARBONATE 300 MG CAP	5	180.00	0.04	0.09551	51%-75% Below	No	No
68462022101	LITHIUM CARBONATE 300 MG CAP	6	120.00	0.04	0.09593	51%-75% Below	Yes	No
68462022101	LITHIUM CARBONATE 300 MG CAP	8	360.00	0.02	0.09528	76%-100% Below	Yes	No
68462022201	LITHIUM CARBONATE 600 MG CAP	5	30.00	0.13	0.24930	26%-50% Below	No	No
68462022201	LITHIUM CARBONATE 600 MG CAP	6	90.00	0.13	0.24660	26%-50% Below	No	No
68462025401	ROPINIROLE HCL 0.5 MG TABLET	4	60.00	0.10	0.04330	101%-200% Above	No	No
68462025401	ROPINIROLE HCL 0.5 MG TABLET	6	90.00	0.10	0.04345	101%-200% Above	No	No
68462025501	ROPINIROLE HCL 1 MG TABLET	5	90.00	0.02	0.05278	51%-75% Below	No	No
68462025501	ROPINIROLE HCL 1 MG TABLET	5	90.00	0.11	0.05278	76%-100% Above	No	No
68462025501	ROPINIROLE HCL 1 MG TABLET	5	270.00	0.11	0.05278	76%-100% Above	No	No
68462025501	ROPINIROLE HCL 1 MG TABLET	6	90.00	0.01	0.05199	51%-75% Below	No	No
68462025501	ROPINIROLE HCL 1 MG TABLET	6	90.00	0.11	0.05199	101%-200% Above	No	No
68462025501	ROPINIROLE HCL 1 MG TABLET	7	90.00	0.02	0.05102	51%-75% Below	No	No
68462025501	ROPINIROLE HCL 1 MG TABLET	7	90.00	0.11	0.05102	101%-200% Above	No	No
68462025501	ROPINIROLE HCL 1 MG TABLET	8	90.00	0.11	0.04885	101%-200% Above	No	No
68462025601	ROPINIROLE HCL 2 MG TABLET	4	30.00	0.13	0.06677	76%-100% Above	No	No
68462025601	ROPINIROLE HCL 2 MG TABLET	6	30.00	0.13	0.06513	76%-100% Above	No	No
68462025601	ROPINIROLE HCL 2 MG TABLET	7	30.00	0.13	0.06709	76%-100% Above	No	No
68462025601	ROPINIROLE HCL 2 MG TABLET	7	90.00	0.03	0.06709	51%-75% Below	No	No
68462025601	ROPINIROLE HCL 2 MG TABLET	8	30.00	0.13	0.06635	76%-100% Above	No	No
68462025801	ROPINIROLE HCL 4 MG TABLET	4	90.00	0.15	0.08212	76%-100% Above	No	No
68462025801	ROPINIROLE HCL 4 MG TABLET	5	270.00	0.04	0.08256	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462025801	ROPINIROLE HCL 4 MG TABLET	6	90.00	0.04	0.08041	51%-75% Below	No	No
68462025801	ROPINIROLE HCL 4 MG TABLET	7	90.00	0.15	0.08253	76%-100% Above	No	No
68462025901	ROPINIROLE HCL 5 MG TABLET	4	60.00	0.11	0.07815	26%-50% Above	No	No
68462025901	ROPINIROLE HCL 5 MG TABLET	5	60.00	0.11	0.07481	26%-50% Above	No	No
68462025901	ROPINIROLE HCL 5 MG TABLET	6	60.00	0.11	0.07662	26%-50% Above	No	No
68462025901	ROPINIROLE HCL 5 MG TABLET	7	60.00	0.11	0.08110	26%-50% Above	No	No
68462026110	ROSUVASTATIN CALCIUM 5 MG TAB	5	90.00	0.01	0.03496	51%-75% Below	No	No
68462026110	ROSUVASTATIN CALCIUM 5 MG TAB	7	90.00	0.05	0.03397	26%-50% Above	No	No
68462026190	ROSUVASTATIN CALCIUM 5 MG TAB	4	90.00	0.01	0.03453	51%-75% Below	No	No
68462026190	ROSUVASTATIN CALCIUM 5 MG TAB	6	90.00	0.01	0.03479	51%-75% Below	No	No
68462026190	ROSUVASTATIN CALCIUM 5 MG TAB	6	90.00	1.98	0.03479	200% Above	No	No
68462026190	ROSUVASTATIN CALCIUM 5 MG TAB	7	30.00	1.98	0.03397	200% Above	No	No
68462026190	ROSUVASTATIN CALCIUM 5 MG TAB	7	90.00	0.06	0.03397	76%-100% Above	No	No
68462026190	ROSUVASTATIN CALCIUM 5 MG TAB	7	90.00	0.25	0.03397	200% Above	No	No
68462026190	ROSUVASTATIN CALCIUM 5 MG TAB	10	90.00	0.13	0.04537	101%-200% Above	No	No
68462026190	ROSUVASTATIN CALCIUM 5 MG TAB	12	90.00	0.13	0.04063	200% Above	No	No
68462026210	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.00	0.22	0.03840	200% Above	No	No
68462026210	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.00	0.22	0.03834	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	0.22	0.03787	200% Above	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.00	0.22	0.03840	200% Above	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.00	0.22	0.03840	200% Above	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.00	0.02	0.03834	51%-75% Below	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.00	0.02	0.03834	51%-75% Below	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.00	0.22	0.03834	200% Above	No	No

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68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	7	30.00	0.02	0.03797	51%-75% Below	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	7	30.00	0.22	0.03797	200% Above	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	7	90.00	0.01	0.03797	51%-75% Below	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	7	90.00	0.02	0.03797	51%-75% Below	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	7	90.00	1.97	0.03797	200% Above	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.00	0.02	0.03699	51%-75% Below	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.00	0.22	0.03699	200% Above	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.00	0.22	0.03699	200% Above	No	No
68462026310	ROSUVASTATIN CALCIUM 20 MG TAB	4	30.00	0.22	0.04807	200% Above	No	No
68462026310	ROSUVASTATIN CALCIUM 20 MG TAB	4	90.00	0.22	0.04807	200% Above	No	No
68462026310	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.00	0.02	0.04763	51%-75% Below	No	No
68462026310	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.00	0.02	0.04702	51%-75% Below	No	No
68462026310	ROSUVASTATIN CALCIUM 20 MG TAB	6	90.00	0.22	0.04702	200% Above	No	No
68462026310	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.00	0.02	0.04551	26%-50% Below	No	No
68462026310	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.00	0.50	0.04551	200% Above	No	No
68462026310	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.00	0.22	0.04551	200% Above	No	No
68462026310	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.00	0.22	0.04489	200% Above	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	4	30.00	0.17	0.04807	200% Above	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	4	30.00	0.22	0.04807	200% Above	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	4	90.00	0.22	0.04807	200% Above	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.00	0.17	0.04763	200% Above	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.00	0.22	0.04763	200% Above	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.00	0.17	0.04702	200% Above	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	6	90.00	0.03	0.04702	26%-50% Below	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	6	90.00	0.22	0.04702	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.00	0.01	0.04551	76%-100% Below	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.00	0.03	0.04551	26%-50% Below	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.00	0.22	0.04551	200% Above	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.00	0.01	0.04489	51%-75% Below	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	8	90.00	0.32	0.04489	200% Above	Yes	No
68462026430	ROSUVASTATIN CALCIUM 40 MG TAB	4	30.00	0.35	0.05907	200% Above	No	No
68462026430	ROSUVASTATIN CALCIUM 40 MG TAB	5	30.00	0.35	0.06215	200% Above	No	No
68462026430	ROSUVASTATIN CALCIUM 40 MG TAB	5	90.00	0.35	0.06215	200% Above	No	No
68462026430	ROSUVASTATIN CALCIUM 40 MG TAB	6	30.00	0.35	0.06504	200% Above	No	No
68462026430	ROSUVASTATIN CALCIUM 40 MG TAB	6	90.00	0.35	0.06504	200% Above	No	No
68462026430	ROSUVASTATIN CALCIUM 40 MG TAB	7	30.00	0.02	0.06808	51%-75% Below	No	No
68462026430	ROSUVASTATIN CALCIUM 40 MG TAB	7	30.00	0.35	0.06808	200% Above	No	No
68462026430	ROSUVASTATIN CALCIUM 40 MG TAB	7	90.00	0.35	0.06808	200% Above	No	No
68462026430	ROSUVASTATIN CALCIUM 40 MG TAB	8	30.00	0.35	0.06860	200% Above	No	No
68462026830	ATOMOXETINE HCL 40 MG CAPSULE	5	60.00	0.67	0.48061	26%-50% Above	No	No
68462026830	ATOMOXETINE HCL 40 MG CAPSULE	5	90.00	1.78	0.48061	200% Above	No	No
68462026830	ATOMOXETINE HCL 40 MG CAPSULE	6	30.00	0.33	0.47693	26%-50% Below	No	No
68462026830	ATOMOXETINE HCL 40 MG CAPSULE	7	30.00	0.33	0.45925	26%-50% Below	No	No
68462026830	ATOMOXETINE HCL 40 MG CAPSULE	7	60.00	0.03	0.45925	76%-100% Below	No	No
68462026830	ATOMOXETINE HCL 40 MG CAPSULE	7	90.00	1.78	0.45925	200% Above	No	No
68462026830	ATOMOXETINE HCL 40 MG CAPSULE	8	30.00	2.84	0.44685	200% Above	No	No
68462026830	ATOMOXETINE HCL 40 MG CAPSULE	8	60.00	0.03	0.44685	76%-100% Below	No	No
68462026830	ATOMOXETINE HCL 40 MG CAPSULE	8	60.00	1.78	0.44685	200% Above	No	No
68462026830	ATOMOXETINE HCL 40 MG CAPSULE	12	60.00	0.35	0.58121	26%-50% Below	No	No
68462026930	ATOMOXETINE HCL 60 MG CAPSULE	4	30.00	1.82	0.53337	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462026930	ATOMOXETINE HCL 60 MG CAPSULE	5	30.00	1.82	0.52780	200% Above	No	No
68462026930	ATOMOXETINE HCL 60 MG CAPSULE	6	90.00	0.33	0.49691	26%-50% Below	No	No
68462026930	ATOMOXETINE HCL 60 MG CAPSULE	7	30.00	1.82	0.49450	200% Above	No	No
68462027030	ATOMOXETINE HCL 80 MG CAPSULE	5	30.00	1.91	0.55352	200% Above	No	No
68462027030	ATOMOXETINE HCL 80 MG CAPSULE	6	30.00	1.91	0.54891	200% Above	No	No
68462027030	ATOMOXETINE HCL 80 MG CAPSULE	7	30.00	1.91	0.55457	200% Above	No	No
68462027030	ATOMOXETINE HCL 80 MG CAPSULE	8	30.00	1.91	0.53999	200% Above	No	No
68462027130	ATOMOXETINE HCL 100 MG CAPSULE	4	7.00	1.98	0.52222	200% Above	No	No
68462029201	VERAPAMIL ER 120 MG TABLET	6	30.00	0.10	0.19047	26%-50% Below	Yes	No
68462029201	VERAPAMIL ER 120 MG TABLET	7	90.00	0.10	0.18373	26%-50% Below	Yes	No
68462029201	VERAPAMIL ER 120 MG TABLET	7	90.00	0.14	0.18373	10%-25% Below	Yes	No
68462029301	VERAPAMIL ER 180 MG TABLET	6	60.00	0.14	0.19300	26%-50% Below	No	No
68462029301	VERAPAMIL ER 180 MG TABLET	6	90.00	0.11	0.19300	26%-50% Below	No	No
68462029301	VERAPAMIL ER 180 MG TABLET	6	180.00	0.14	0.19300	26%-50% Below	No	No
68462029792	CICLOPIROX 0.77% CREAM	4	90.00	0.17	0.10878	51%-75% Above	No	No
68462029792	CICLOPIROX 0.77% CREAM	8	90.00	0.17	0.10446	51%-75% Above	No	No
68462030201	INDOMETHACIN 50 MG CAPSULE	7	50.00	0.12	0.13526	10%-25% Below	No	No
68462030201	INDOMETHACIN 50 MG CAPSULE	8	30.00	0.12	0.13534	10%-25% Below	No	No
68462030201	INDOMETHACIN 50 MG CAPSULE	8	50.00	0.12	0.13534	10%-25% Below	No	No
68462030329	HEATHER 0.35 MG TABLET	4	28.00	0.01	0.09225	76%-100% Below	No	No
68462030329	HEATHER 0.35 MG TABLET	4	28.00	0.05	0.09225	26%-50% Below	No	No
68462030329	HEATHER 0.35 MG TABLET	5	28.00	0.01	0.09431	76%-100% Below	No	No
68462030329	HEATHER 0.35 MG TABLET	5	28.00	0.05	0.09431	26%-50% Below	No	No
68462030329	HEATHER 0.35 MG TABLET	6	28.00	0.01	0.09425	76%-100% Below	No	No
68462030329	HEATHER 0.35 MG TABLET	6	84.00	0.01	0.09425	76%-100% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462030329	HEATHER 0.35 MG TABLET	7	28.00	0.03	0.09315	51%-75% Below	No	No
68462030329	HEATHER 0.35 MG TABLET	7	84.00	0.04	0.09315	51%-75% Below	Yes	No
68462030450	NORETHINDRONE 5 MG TABLET	3	30.00	0.58	0.28947	101%-200% Above	No	No
68462030450	NORETHINDRONE 5 MG TABLET	4	40.00	0.36	0.29903	10%-25% Above	No	No
68462030450	NORETHINDRONE 5 MG TABLET	4	45.00	0.36	0.29903	10%-25% Above	Yes	No
68462030450	NORETHINDRONE 5 MG TABLET	4	90.00	0.36	0.29903	10%-25% Above	No	No
68462030450	NORETHINDRONE 5 MG TABLET	5	7.00	0.36	0.29880	10%-25% Above	No	No
68462030450	NORETHINDRONE 5 MG TABLET	5	24.00	0.36	0.29880	10%-25% Above	Yes	No
68462030450	NORETHINDRONE 5 MG TABLET	5	30.00	0.16	0.29880	26%-50% Below	Yes	No
68462030450	NORETHINDRONE 5 MG TABLET	5	60.00	0.14	0.29880	51%-75% Below	Yes	No
68462030450	NORETHINDRONE 5 MG TABLET	5	180.00	0.36	0.29880	10%-25% Above	Yes	No
68462030450	NORETHINDRONE 5 MG TABLET	5	270.00	0.14	0.29880	51%-75% Below	Yes	No
68462030450	NORETHINDRONE 5 MG TABLET	6	5.00	0.36	0.29877	10%-25% Above	Yes	No
68462030450	NORETHINDRONE 5 MG TABLET	6	90.00	0.08	0.29877	51%-75% Below	No	No
68462030450	NORETHINDRONE 5 MG TABLET	7	14.00	0.15	0.29287	26%-50% Below	Yes	No
68462030450	NORETHINDRONE 5 MG TABLET	7	15.00	0.99	0.29287	200% Above	No	No
68462030450	NORETHINDRONE 5 MG TABLET	7	60.00	0.14	0.29287	26%-50% Below	Yes	No
68462030450	NORETHINDRONE 5 MG TABLET	8	30.00	0.36	0.29484	10%-25% Above	No	No
68462030450	NORETHINDRONE 5 MG TABLET	8	30.00	0.67	0.29484	101%-200% Above	No	No
68462030450	NORETHINDRONE 5 MG TABLET	8	90.00	0.36	0.29484	10%-25% Above	No	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	28.00	0.06	0.09225	26%-50% 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	5	28.00	0.06	0.09431	26%-50% Below	No	No
68462030529	NORETHINDRONE 0.35 MG TABLET	5	28.00	0.06	0.09431	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462030529	NORETHINDRONE 0.35 MG TABLET	5	84.00	0.06	0.09431	26%-50% Below	No	No
68462030529	NORETHINDRONE 0.35 MG TABLET	6	28.00	0.06	0.09425	26%-50% Below	No	No
68462030529	NORETHINDRONE 0.35 MG TABLET	6	28.00	0.06	0.09425	26%-50% Below	No	No
68462030529	NORETHINDRONE 0.35 MG TABLET	6	28.00	0.06	0.09425	26%-50% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	6	84.00	0.04	0.09425	51%-75% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	6	84.00	0.06	0.09425	26%-50% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	7	28.00	0.06	0.09315	26%-50% Below	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	4	84.00	0.06	0.12601	26%-50% Below	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	5	84.00	0.01	0.12543	76%-100% Below	No	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	6	28.00	0.01	0.12572	76%-100% Below	No	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	6	84.00	0.06	0.12572	26%-50% Below	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	6	84.00	0.10	0.12572	10%-25% Below	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	7	84.00	0.01	0.12195	76%-100% Below	No	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	7	84.00	0.06	0.12195	26%-50% Below	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	7	84.00	0.10	0.12195	10%-25% Below	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	8	28.00	0.01	0.11901	76%-100% Below	No	No
68462033190	PRAMIPEXOLE 0.25 MG TABLET	7	30.00	0.09	0.04688	76%-100% 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	0.20	0.05470	200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	4	30.00	0.23	0.05470	200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	4	30.00	0.23	0.05470	200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	4	30.00	0.24	0.05470	200% Above	No	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	0.08	0.05470	26%-50% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	4	90.00	0.09	0.05470	51%-75% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462034690	LEVOCETIRIZINE 5 MG TABLET	4	90.00	0.18	0.05470	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	4	90.00	0.22	0.05470	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	4	90.00	0.22	0.05470	200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	5	30.00	0.08	0.05427	26%-50% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	5	30.00	0.08	0.05427	26%-50% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	5	30.00	0.20	0.05427	200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	5	30.00	0.23	0.05427	200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	5	30.00	0.23	0.05427	200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	5	30.00	0.24	0.05427	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	5	90.00	0.08	0.05427	26%-50% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	5	90.00	0.08	0.05427	26%-50% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	5	90.00	0.20	0.05427	200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	6	7.00	0.05	0.05338	10%-25% Below	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	6	14.00	0.22	0.05338	200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	6	30.00	0.08	0.05338	26%-50% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	6	30.00	0.08	0.05338	26%-50% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	6	30.00	0.20	0.05338	200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	6	30.00	0.23	0.05338	200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	6	30.00	0.24	0.05338	200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	6	90.00	0.08	0.05338	26%-50% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	6	90.00	0.17	0.05338	200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	6	90.00	0.22	0.05338	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	6	90.00	0.22	0.05338	200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	7	10.00	0.01	0.05181	76%-100% Below	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	7	30.00	0.08	0.05181	26%-50% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	30.00	0.23	0.05181	200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	7	30.00	0.24	0.05181	200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	7	90.00	0.08	0.05181	26%-50% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	7	90.00	0.09	0.05181	76%-100% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	7	90.00	0.21	0.05181	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	7	90.00	0.21	0.05181	200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	8	20.00	0.08	0.05170	26%-50% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	8	30.00	0.08	0.05170	26%-50% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	8	30.00	0.08	0.05170	26%-50% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	8	30.00	0.16	0.05170	200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	8	30.00	0.24	0.05170	200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	8	30.00	0.24	0.05170	200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	8	30.00	0.27	0.05170	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	8	90.00	0.08	0.05170	26%-50% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	8	90.00	0.08	0.05170	26%-50% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	8	90.00	0.08	0.05170	26%-50% Above	Yes	No
68462035705	POT CHLORIDE CAP 10MEQ ER	8	30.00	0.11	.		No	No
68462038301	ESZOPICLONE 2 MG TABLET	6	30.00	0.17	0.09321	76%-100% Above	No	No
68462038301	ESZOPICLONE 2 MG TABLET	7	30.00	0.17	0.09181	76%-100% Above	No	No
68462038301	ESZOPICLONE 2 MG TABLET	8	30.00	0.17	0.09059	76%-100% Above	No	No
68462038301	ESZOPICLONE 2 MG TABLET	8	30.00	0.50	0.09059	200% Above	No	No
68462039429	ALYACEN 1-35 28 TABLET	4	84.00	0.12	0.19807	26%-50% Below	Yes	No
68462039429	ALYACEN 1-35 28 TABLET	5	84.00	0.12	0.20508	26%-50% Below	No	No
68462039429	ALYACEN 1-35 28 TABLET	5	84.00	0.12	0.20508	26%-50% Below	Yes	No
68462039429	ALYACEN 1-35 28 TABLET	8	84.00	0.12	0.21158	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462039601	OMEPRAZOLE DR 20 MG CAPSULE	6	60.00	0.06	0.02799	101%-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	0.10	0.02847	200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	5	30.00	0.10	0.02859	200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	5	90.00	0.05	0.02859	51%-75% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	5	90.00	0.06	0.02859	101%-200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	5	90.00	0.08	0.02859	101%-200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	5	90.00	0.10	0.02859	200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	5	180.00	0.10	0.02859	200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	6	30.00	0.10	0.02799	200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	6	90.00	0.05	0.02799	76%-100% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	6	90.00	0.10	0.02799	200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	7	14.00	0.10	0.02768	200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	7	30.00	0.08	0.02768	101%-200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	7	30.00	0.10	0.02768	200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	7	90.00	0.05	0.02768	51%-75% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	7	90.00	0.06	0.02768	101%-200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	7	90.00	0.10	0.02768	200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	7	180.00	0.10	0.02768	200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	8	30.00	0.06	0.02768	101%-200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	8	30.00	0.10	0.02768	200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	8	90.00	0.06	0.02768	101%-200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	8	90.00	0.08	0.02768	101%-200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	8	90.00	0.10	0.02768	200% Above	No	No
68462039701	OMEPRAZOLE DR 40 MG CAPSULE	8	180.00	0.12	0.04942	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	30.00	0.08	0.05079	51%-75% 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	0.14	0.05055	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	4	30.00	0.16	0.05055	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	90.00	0.17	0.05055	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	5	30.00	0.12	0.05068	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	5	30.00	0.14	0.05068	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	5	30.00	0.15	0.05068	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	5	30.00	0.19	0.05068	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	5	90.00	0.08	0.05068	51%-75% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	5	90.00	0.12	0.05068	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	5	90.00	0.12	0.05068	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	5	90.00	0.14	0.05068	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	5	180.00	0.12	0.05068	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	6	30.00	0.12	0.05046	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	6	30.00	0.14	0.05046	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	6	30.00	0.15	0.05046	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	6	60.00	0.12	0.05046	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	6	90.00	0.08	0.05046	51%-75% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	6	90.00	0.12	0.05046	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	6	90.00	0.12	0.05046	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	6	90.00	0.15	0.05046	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	6	90.00	0.17	0.05046	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	6	120.00	0.12	0.05046	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	6	180.00	0.04	0.05046	10%-25% Below	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	6	180.00	0.12	0.05046	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	7	30.00	0.12	0.05015	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	7	30.00	0.14	0.05015	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	7	30.00	0.15	0.05015	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	7	30.00	0.16	0.05015	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	7	30.00	0.19	0.05015	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	7	90.00	0.12	0.05015	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	7	180.00	0.12	0.05015	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	8	30.00	0.04	0.04942	10%-25% Below	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	8	30.00	0.12	0.04942	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	8	30.00	0.15	0.04942	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	8	30.00	0.15	0.04942	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	8	30.00	0.15	0.04942	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	8	30.00	0.19	0.04942	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	8	90.00	0.08	0.04942	51%-75% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	8	90.00	0.12	0.04942	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	8	90.00	0.14	0.04942	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	8	90.00	0.17	0.04942	200% Above	No	No
68462039790	OMEPRAZOLE DR 40 MG CAPSULE	4	30.00	0.14	0.05055	101%-200% Above	Yes	No
68462039790	OMEPRAZOLE DR 40 MG CAPSULE	4	90.00	0.12	0.05055	101%-200% Above	Yes	No
68462039790	OMEPRAZOLE DR 40 MG CAPSULE	5	180.00	0.12	0.05068	101%-200% Above	Yes	No
68462039790	OMEPRAZOLE DR 40 MG CAPSULE	6	90.00	0.12	0.05046	101%-200% Above	Yes	No
68462039790	OMEPRAZOLE DR 40 MG CAPSULE	7	90.00	0.09	0.05015	76%-100% Above	Yes	No
68462039790	OMEPRAZOLE DR 40 MG CAPSULE	7	90.00	0.09	0.05015	76%-100% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	30.00	0.12	0.04942	101%-200% Above	No	No
68462039790	OMEPRAZOLE DR 40 MG CAPSULE	8	30.00	0.14	0.04942	101%-200% Above	Yes	No
68462040401	ATOVAQUONE-PROGUANIL 250-100 MG TABLET	4	30.00	0.45	1.54304	51%-75% Below	Yes	No
68462040401	ATOVAQUONE-PROGUANIL 250-100 MG TABLET	5	11.00	1.35	1.56704	10%-25% Below	No	No
68462040401	ATOVAQUONE-PROGUANIL 250-100 MG TABLET	5	17.00	0.61	1.56704	51%-75% Below	No	No
68462040401	ATOVAQUONE-PROGUANIL 250-100 MG TABLET	5	21.00	0.61	1.56704	51%-75% Below	Yes	No
68462040401	ATOVAQUONE-PROGUANIL 250-100 MG TABLET	5	30.00	0.50	1.56704	51%-75% Below	No	No
68462040401	ATOVAQUONE-PROGUANIL 250-100 MG TABLET	5	30.00	0.61	1.56704	51%-75% Below	Yes	No
68462040401	ATOVAQUONE-PROGUANIL 250-100 MG TABLET	6	21.00	0.61	1.61292	51%-75% Below	No	No
68462040467	ATOVAQUONE-PROGUANIL 250-100 MG TABLET	7	19.00	0.61	1.55711	51%-75% Below	No	No
68462040601	INDOMETHACIN 25 MG CAPSULE	7	42.00	0.08	0.09429	10%-25% Below	No	No
68462041820	LIDOCAINE 5% OINTMENT	4	35.44	0.11	0.15871	26%-50% Below	No	No
68462041820	LIDOCAINE 5% OINTMENT	7	35.44	0.11	0.15891	26%-50% Below	No	No
68462041929	HAILEY FE 1-20 TABLET	4	28.00	0.35	0.12836	101%-200% Above	No	No
68462041929	HAILEY FE 1-20 TABLET	4	84.00	0.04	0.12836	51%-75% Below	No	No
68462041929	HAILEY FE 1-20 TABLET	4	84.00	0.35	0.12836	101%-200% Above	No	No
68462041929	HAILEY FE 1-20 TABLET	4	84.00	0.44	0.12836	200% Above	No	No
68462041929	HAILEY FE 1-20 TABLET	5	28.00	0.07	0.13075	26%-50% Below	No	No
68462041929	HAILEY FE 1-20 TABLET	5	28.00	0.35	0.13075	101%-200% Above	No	No
68462041929	HAILEY FE 1-20 TABLET	5	84.00	0.04	0.13075	51%-75% Below	No	No
68462041929	HAILEY FE 1-20 TABLET	5	84.00	0.07	0.13075	26%-50% Below	No	No
68462041929	HAILEY FE 1-20 TABLET	5	84.00	0.24	0.13075	76%-100% Above	No	No
68462041929	HAILEY FE 1-20 TABLET	5	84.00	0.35	0.13075	101%-200% Above	No	No
68462041929	HAILEY FE 1-20 TABLET	6	28.00	0.04	0.13114	51%-75% Below	No	No
68462041929	HAILEY FE 1-20 TABLET	6	28.00	0.07	0.13114	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	84.00	0.04	0.13114	51%-75% Below	No	No
68462041929	HAILEY FE 1-20 TABLET	6	84.00	0.07	0.13114	26%-50% Below	No	No
68462041929	HAILEY FE 1-20 TABLET	7	28.00	0.04	0.13020	51%-75% Below	No	No
68462041929	HAILEY FE 1-20 TABLET	7	28.00	0.07	0.13020	26%-50% Below	No	No
68462041929	HAILEY FE 1-20 TABLET	7	84.00	0.04	0.13020	51%-75% Below	No	No
68462041929	HAILEY FE 1-20 TABLET	7	84.00	0.07	0.13020	26%-50% Below	No	No
68462041929	HAILEY FE 1-20 TABLET	7	84.00	0.07	0.13020	26%-50% Below	No	No
68462041929	HAILEY FE 1-20 TABLET	7	84.00	0.44	0.13020	200% Above	No	No
68462041929	HAILEY FE 1-20 TABLET	8	84.00	0.04	0.13087	51%-75% Below	No	No
68462043630	OLMESARTAN MEDOXOMIL 5 MG TAB	6	90.00	0.20	0.05628	200% Above	No	No
68462043630	OLMESARTAN MEDOXOMIL 5 MG TAB	7	30.00	0.20	0.05592	200% Above	No	No
68462043730	OLMESARTAN MEDOXOMIL 20 MG TAB	4	30.00	0.17	0.07438	101%-200% Above	No	No
68462043730	OLMESARTAN MEDOXOMIL 20 MG TAB	4	30.00	0.21	0.07438	101%-200% Above	No	No
68462043730	OLMESARTAN MEDOXOMIL 20 MG TAB	4	90.00	0.50	0.07438	200% Above	No	No
68462043730	OLMESARTAN MEDOXOMIL 20 MG TAB	5	30.00	0.17	0.07796	101%-200% Above	No	No
68462043730	OLMESARTAN MEDOXOMIL 20 MG TAB	5	30.00	0.21	0.07796	101%-200% Above	No	No
68462043730	OLMESARTAN MEDOXOMIL 20 MG TAB	5	90.00	0.21	0.07796	101%-200% Above	No	No
68462043730	OLMESARTAN MEDOXOMIL 20 MG TAB	6	30.00	0.21	0.07963	101%-200% Above	No	No
68462043730	OLMESARTAN MEDOXOMIL 20 MG TAB	6	90.00	0.22	0.07963	101%-200% Above	No	No
68462043730	OLMESARTAN MEDOXOMIL 20 MG TAB	7	30.00	0.21	0.08133	101%-200% Above	No	No
68462043730	OLMESARTAN MEDOXOMIL 20 MG TAB	7	90.00	0.21	0.08133	101%-200% Above	No	No
68462043730	OLMESARTAN MEDOXOMIL 20 MG TAB	8	90.00	0.21	0.08105	101%-200% Above	No	No
68462043790	OLMESARTAN MEDOXOMIL 20 MG TAB	4	15.00	0.21	0.07438	101%-200% Above	No	No
68462043790	OLMESARTAN MEDOXOMIL 20 MG TAB	4	90.00	0.21	0.07438	101%-200% Above	No	No
68462043790	OLMESARTAN MEDOXOMIL 20 MG TAB	5	90.00	0.21	0.07796	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462043790	OLMESARTAN MEDOXOMIL 20 MG TAB	6	15.00	0.21	0.07963	101%-200% Above	No	No
68462043790	OLMESARTAN MEDOXOMIL 20 MG TAB	6	30.00	0.21	0.07963	101%-200% Above	No	No
68462043790	OLMESARTAN MEDOXOMIL 20 MG TAB	7	15.00	0.21	0.08133	101%-200% Above	No	No
68462043790	OLMESARTAN MEDOXOMIL 20 MG TAB	7	30.00	0.21	0.08133	101%-200% Above	No	No
68462043790	OLMESARTAN MEDOXOMIL 20 MG TAB	7	90.00	0.21	0.08133	101%-200% Above	No	No
68462043790	OLMESARTAN MEDOXOMIL 20 MG TAB	8	90.00	0.21	0.08105	101%-200% Above	No	No
68462043830	OLMESARTAN MEDOXOMIL 40 MG TAB	4	30.00	0.01	0.11752	76%-100% Below	No	No
68462043830	OLMESARTAN MEDOXOMIL 40 MG TAB	4	30.00	0.34	0.11752	101%-200% Above	No	No
68462043830	OLMESARTAN MEDOXOMIL 40 MG TAB	4	90.00	0.44	0.11752	200% Above	No	No
68462043830	OLMESARTAN MEDOXOMIL 40 MG TAB	5	90.00	0.08	0.11439	26%-50% Below	No	No
68462043830	OLMESARTAN MEDOXOMIL 40 MG TAB	5	90.00	0.17	0.11439	26%-50% Above	No	No
68462043830	OLMESARTAN MEDOXOMIL 40 MG TAB	6	30.00	0.01	0.11014	76%-100% Below	No	No
68462043830	OLMESARTAN MEDOXOMIL 40 MG TAB	6	30.00	0.17	0.11014	51%-75% Above	No	No
68462043830	OLMESARTAN MEDOXOMIL 40 MG TAB	6	90.00	0.33	0.11014	200% Above	No	No
68462043830	OLMESARTAN MEDOXOMIL 40 MG TAB	6	90.00	0.56	0.11014	200% Above	No	No
68462043830	OLMESARTAN MEDOXOMIL 40 MG TAB	7	30.00	0.02	0.10938	76%-100% Below	No	No
68462043830	OLMESARTAN MEDOXOMIL 40 MG TAB	7	30.00	0.17	0.10938	51%-75% Above	No	No
68462043830	OLMESARTAN MEDOXOMIL 40 MG TAB	7	90.00	0.33	0.10938	200% Above	No	No
68462043830	OLMESARTAN MEDOXOMIL 40 MG TAB	7	90.00	0.34	0.10938	200% Above	No	No
68462043830	OLMESARTAN MEDOXOMIL 40 MG TAB	7	90.00	0.44	0.10938	200% Above	No	No
68462043830	OLMESARTAN MEDOXOMIL 40 MG TAB	8	30.00	0.17	0.10828	51%-75% 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	4	90.00	0.34	0.11752	101%-200% Above	No	No
68462043890	OLMESARTAN MEDOXOMIL 40 MG TAB	5	30.00	0.34	0.11439	101%-200% Above	No	No
68462043890	OLMESARTAN MEDOXOMIL 40 MG TAB	5	90.00	0.34	0.11439	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	30.00	0.34	0.11014	200% Above	No	No
68462043890	OLMESARTAN MEDOXOMIL 40 MG TAB	7	30.00	0.34	0.10938	200% Above	No	No
68462043890	OLMESARTAN MEDOXOMIL 40 MG TAB	7	90.00	0.34	0.10938	200% Above	No	No
68462043890	OLMESARTAN MEDOXOMIL 40 MG TAB	8	30.00	0.34	0.10828	200% Above	No	No
68462043890	OLMESARTAN MEDOXOMIL 40 MG TAB	8	90.00	0.34	0.10828	200% Above	No	No
68462045535	CICLOPIROX 0.77% GEL	5	30.00	0.54	0.97186	26%-50% Below	No	No
68462045535	CICLOPIROX 0.77% GEL	6	30.00	0.54	0.91900	26%-50% Below	No	No
68462045535	CICLOPIROX 0.77% GEL	7	30.00	0.55	0.88030	26%-50% Below	Yes	No
68462047401	URSODIOL 500 MG TABLET	4	60.00	0.33	0.69603	51%-75% Below	No	No
68462050329	HAILEY FE 1.5-30 TABLET	5	84.00	0.01	0.14788	76%-100% Below	No	No
68462050329	HAILEY FE 1.5-30 TABLET	5	84.00	0.05	0.14788	51%-75% Below	No	No
68462050329	HAILEY FE 1.5-30 TABLET	5	84.00	0.08	0.14788	26%-50% Below	No	No
68462050329	HAILEY FE 1.5-30 TABLET	7	84.00	0.01	0.13623	76%-100% Below	No	No
68462050329	HAILEY FE 1.5-30 TABLET	7	84.00	0.05	0.13623	51%-75% Below	No	No
68462050329	HAILEY FE 1.5-30 TABLET	7	84.00	0.07	0.13623	26%-50% 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	5	84.00	0.21	0.34554	26%-50% Below	No	No
68462050481	HAILEY 21 1.5 MG-30 MCG TAB	6	84.00	0.21	0.35562	26%-50% Below	No	No
68462050481	HAILEY 21 1.5 MG-30 MCG TAB	8	63.00	0.11	0.34267	51%-75% Below	Yes	No
68462050481	HAILEY 21 1.5 MG-30 MCG TAB	8	84.00	0.20	0.34267	26%-50% Below	No	No
68462053435	TACROLIMUS 0.1% OINTMENT	4	30.00	1.16	0.96975	10%-25% Above	No	No
68462053435	TACROLIMUS 0.1% OINTMENT	4	30.00	1.16	0.96975	10%-25% Above	Yes	No
68462053435	TACROLIMUS 0.1% OINTMENT	5	30.00	0.58	0.99251	26%-50% Below	No	No
68462053435	TACROLIMUS 0.1% OINTMENT	6	30.00	1.48	0.98627	26%-50% Above	No	No
68462053435	TACROLIMUS 0.1% OINTMENT	6	60.00	1.48	0.98627	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462053435	TACROLIMUS 0.1% OINTMENT	7	30.00	0.45	0.96355	51%-75% Below	Yes	No
68462053435	TACROLIMUS 0.1% OINTMENT	7	60.00	0.46	0.96355	51%-75% Below	Yes	No
68462053465	TACROLIMUS 0.1% OINTMENT	5	60.00	0.44	0.88229	26%-50% Below	Yes	No
68462053465	TACROLIMUS 0.1% OINTMENT	5	60.00	0.57	0.88229	26%-50% Below	Yes	No
68462053465	TACROLIMUS 0.1% OINTMENT	5	60.00	1.16	0.88229	26%-50% Above	Yes	No
68462053670	IMIQUIMOD 5% CREAM PACKET	5	12.00	0.51	0.69561	26%-50% Below	No	No
68462053670	IMIQUIMOD 5% CREAM PACKET	6	12.00	1.35	0.70393	76%-100% Above	No	No
68462053670	IMIQUIMOD 5% CREAM PACKET	7	12.00	0.51	0.69836	26%-50% Below	No	No
68462053670	IMIQUIMOD 5% CREAM PACKET	7	24.00	0.63	0.69836	10%-25% Below	No	No
68462053670	IMIQUIMOD 5% CREAM PACKET	8	10.00	1.00	0.64453	51%-75% Above	No	No
68462058101	FENOFIBRATE 134 MG CAPSULE	6	90.00	0.28	0.11414	101%-200% Above	No	No
68462058101	FENOFIBRATE 134 MG CAPSULE	8	30.00	0.01	0.11854	76%-100% Below	No	No
68462060827	CLOBETASOL PROP 0.05% FOAM	4	50.00	0.76	0.30543	101%-200% Above	No	No
68462060894	CLOBETASOL PROP 0.05% FOAM	6	100.00	0.20	0.32004	26%-50% Below	No	No
68462060935	PIMECROLIMUS 1% CREAM	4	60.00	1.66	3.35354	26%-50% Below	No	No
68462060935	PIMECROLIMUS 1% CREAM	5	30.00	1.11	3.27582	51%-75% Below	Yes	No
68462060935	PIMECROLIMUS 1% CREAM	5	30.00	1.70	3.27582	26%-50% Below	Yes	No
68462060935	PIMECROLIMUS 1% CREAM	7	30.00	1.11	3.15772	51%-75% Below	Yes	No
68462060935	PIMECROLIMUS 1% CREAM	7	30.00	1.70	3.15772	26%-50% Below	Yes	No
68462060965	PIMECROLIMUS 1% CREAM	7	60.00	1.39	3.19238	51%-75% Below	No	No
68462062652	AZELAIC ACID 15% GEL	7	50.00	0.76	0.44791	51%-75% Above	No	No
68462063945	NITROGLYCERIN 0.4 MG TABLET SL	5	25.00	0.10	0.13796	26%-50% Below	No	No
68462063945	NITROGLYCERIN 0.4 MG TABLET SL	6	25.00	0.11	0.13827	10%-25% Below	No	No
68462063945	NITROGLYCERIN 0.4 MG TABLET SL	6	25.00	0.12	0.13827	10%-25% Below	No	No
68462063945	NITROGLYCERIN 0.4 MG TABLET SL	8	25.00	0.10	0.12790	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462065201	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	60.00	0.17	0.30747	26%-50% Below	No	No
68462065201	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	120.00	0.11	0.30747	51%-75% Below	No	No
68462065201	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.00	0.17	0.30698	26%-50% Below	No	No
68462065201	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.00	0.17	0.30391	26%-50% Below	No	No
68462065201	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	120.00	0.11	0.30391	51%-75% Below	No	No
68462065301	DEXTROAMP-AMPHETAMIN 30 MG TAB	5	60.00	0.16	0.30571	26%-50% Below	No	No
68462065301	DEXTROAMP-AMPHETAMIN 30 MG TAB	6	60.00	0.16	0.30483	26%-50% Below	No	No
68462065629	NORETHIND-ETH ESTRAD 0.5-2.5	5	28.00	0.54	0.75708	26%-50% Below	No	No
68462065629	NORETHIND-ETH ESTRAD 0.5-2.5	7	28.00	0.55	0.65589	10%-25% Below	No	No
68462065629	NORETHIND-ETH ESTRAD 0.5-2.5	8	28.00	0.55	0.78616	26%-50% Below	No	No
68462065729	NORETHIN-ETH ESTRAD 1 MG-5 MCG	5	84.00	0.45	0.82364	26%-50% Below	No	No
68462065729	NORETHIN-ETH ESTRAD 1 MG-5 MCG	8	84.00	0.45	0.56016	10%-25% Below	No	No
68462067295	LEVONORGESTREL-ETH ESTRAD 0.15 MG-0.03 MG TABLET	6	91.00	0.09	0.18659	26%-50% Below	No	No
68462068060	LACOSAMIDE 150 MG TABLET	4	120.00	0.92	0.21723	200% Above	Yes	No
68462068060	LACOSAMIDE 150 MG TABLET	5	120.00	0.92	0.20694	200% Above	Yes	No
68462068060	LACOSAMIDE 150 MG TABLET	6	360.00	0.92	0.20752	200% Above	Yes	No
68462068201	SIROLIMUS 0.5 MG TABLET	7	60.00	4.66	1.03564	200% Above	No	No
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	4	28.00	0.02	0.16558	76%-100% Below	No	No
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	4	28.00	0.13	0.16558	10%-25% 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	4	84.00	0.02	0.16558	76%-100% Below	No	No
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	4	84.00	0.13	0.16558	10%-25% Below	No	No
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	5	28.00	0.01	0.17961	76%-100% Below	No	No
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	5	28.00	0.02	0.17961	76%-100% Below	No	No
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	5	84.00	0.01	0.17961	76%-100% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	28.00	0.01	0.18947	76%-100% Below	No	No
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	6	28.00	0.02	0.18947	76%-100% Below	No	No
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	6	28.00	0.13	0.18947	26%-50% Below	No	No
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	7	28.00	0.01	0.19335	76%-100% Below	No	No
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	7	28.00	0.02	0.19335	76%-100% Below	No	No
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	7	28.00	0.13	0.19335	26%-50% Below	No	No
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	7	84.00	0.01	0.19335	76%-100% Below	No	No
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	7	84.00	0.05	0.19335	51%-75% Below	No	No
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	7	84.00	0.13	0.19335	26%-50% Below	No	No
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	8	28.00	0.01	0.18951	76%-100% Below	No	No
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	8	28.00	0.05	0.18951	51%-75% Below	No	No
68462072084	DROSPIRENONE-EE 3-0.02 MG TAB	5	28.00	0.09	0.17961	26%-50% Below	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	4	28.00	0.10	0.21521	51%-75% Below	Yes	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	4	28.00	0.12	0.21521	26%-50% Below	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	4	28.00	0.14	0.21521	26%-50% Below	No	No
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	5	28.00	0.14	0.21008	26%-50% Below	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	5	28.00	0.14	0.21008	26%-50% Below	Yes	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	5	84.00	0.10	0.21008	51%-75% Below	Yes	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	5	84.00	0.12	0.21008	26%-50% Below	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	5	84.00	0.14	0.21008	26%-50% Below	Yes	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	6	28.00	0.14	0.20340	26%-50% Below	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	6	28.00	0.14	0.20340	26%-50% Below	Yes	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	6	84.00	0.10	0.20340	26%-50% Below	Yes	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	6	84.00	0.11	0.20340	26%-50% Below	Yes	No

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68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	6	84.00	0.14	0.20340	26%-50% Below	Yes	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	7	28.00	0.14	0.18642	10%-25% Below	Yes	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	7	84.00	0.14	0.18642	10%-25% Below	Yes	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	8	28.00	0.14	0.18603	10%-25% Below	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	8	28.00	0.14	0.18603	10%-25% Below	Yes	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	4	28.00	0.01	0.16062	76%-100% Below	No	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	4	28.00	0.12	0.16062	26%-50% Below	No	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	5	28.00	0.12	0.15811	26%-50% Below	No	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	5	84.00	0.24	0.15811	26%-50% Above	No	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	6	28.00	0.01	0.15382	76%-100% Below	No	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	6	28.00	0.12	0.15382	10%-25% Below	No	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	7	28.00	0.01	0.14450	76%-100% Below	No	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	7	28.00	0.12	0.14450	10%-25% Below	No	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	7	84.00	0.24	0.14450	51%-75% Above	No	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	8	28.00	0.12	0.14919	10%-25% Below	No	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	8	84.00	0.01	0.14919	76%-100% Below	No	No
68462074635	ACYCLOVIR 5% OINTMENT	8	30.00	0.50	0.34213	26%-50% Above	Yes	No
68462084929	NORETH-EE-FE 1-0.02(24)-75 CAP	4	28.00	0.09	0.75511	76%-100% Below	No	No
68462084929	NORETH-EE-FE 1-0.02(24)-75 CAP	5	28.00	0.48	0.63261	10%-25% Below	No	No
68462084929	NORETH-EE-FE 1-0.02(24)-75 CAP	6	28.00	0.48	0.66054	26%-50% Below	No	No
68462084929	NORETH-EE-FE 1-0.02(24)-75 CAP	7	28.00	0.48	0.73481	26%-50% Below	No	No
68462086635	CLINDAMYCIN PH 1% GEL	5	30.00	0.27	0.13932	76%-100% Above	No	No
68462086665	CLINDAMYCIN PH 1% GEL	5	60.00	0.27	0.13488	101%-200% Above	No	No
68462088001	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	4	90.00	0.15	0.21692	26%-50% Below	No	No
68462088001	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	8	90.00	0.15	0.20962	26%-50% Below	No	No

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68462088135	TACROLIMUS 0.03% OINTMENT	4	30.00	1.19	0.82974	26%-50% Above	Yes	No
68462089504	VARENICLINE STARTING MONTH BOX	5	53.00	0.05	0.51543	76%-100% Below	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	4	90.00	0.02	0.02973	26%-50% Below	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	4	120.00	0.08	0.02973	101%-200% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	5	30.00	0.01	0.02999	51%-75% Below	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	5	30.00	0.04	0.02999	10%-25% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	5	30.00	0.08	0.02999	101%-200% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	5	60.00	0.03	0.02999	10%-25% Below	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	5	90.00	0.08	0.02999	101%-200% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	5	180.00	0.08	0.02999	101%-200% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	6	30.00	0.03	0.02918	10%-25% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	6	30.00	0.04	0.02918	10%-25% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	6	30.00	0.08	0.02918	101%-200% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	6	60.00	0.03	0.02918	10%-25% Below	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	6	90.00	0.08	0.02918	101%-200% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	6	270.00	0.08	0.02918	101%-200% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	7	30.00	0.08	0.02903	101%-200% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	7	60.00	0.03	0.02903	10%-25% Below	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	7	90.00	0.02	0.02903	26%-50% Below	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	7	90.00	0.02	0.02903	26%-50% Below	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	7	90.00	0.08	0.02903	101%-200% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	7	120.00	0.08	0.02903	101%-200% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	7	180.00	0.08	0.02903	101%-200% Above	No	No

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68645013054	FLUOXETINE HCL 20 MG CAPSULE	8	30.00	0.08	0.02885	101%-200% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	8	90.00	0.02	0.02885	10%-25% Below	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	8	90.00	0.08	0.02885	101%-200% Above	No	No
68645013154	FLUOXETINE HCL 10 MG CAPSULE	4	30.00	0.11	0.03706	101%-200% Above	No	No
68645013154	FLUOXETINE HCL 10 MG CAPSULE	5	30.00	0.11	0.03640	101%-200% Above	No	No
68645013154	FLUOXETINE HCL 10 MG CAPSULE	6	30.00	0.11	0.03543	200% Above	No	No
68645013154	FLUOXETINE HCL 10 MG CAPSULE	6	90.00	0.11	0.03543	200% Above	No	No
68645013154	FLUOXETINE HCL 10 MG CAPSULE	8	90.00	0.03	0.03625	26%-50% Below	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	90.00	0.02	0.01202	26%-50% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	0.02	0.01202	101%-200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.00	0.01	0.01219	10%-25% Below	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.00	0.02	0.01219	26%-50% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.00	0.03	0.01219	101%-200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.00	0.02	0.01219	26%-50% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.00	0.02	0.01219	76%-100% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	6	7.00	0.02	0.01203	26%-50% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.00	0.02	0.01203	26%-50% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.00	0.03	0.01203	101%-200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	6	60.00	0.02	0.01203	26%-50% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.00	0.02	0.01203	26%-50% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.00	0.02	0.01203	26%-50% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.00	0.02	0.01203	26%-50% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.00	0.02	0.01203	76%-100% Above	No	No

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68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.00	0.01	0.01196	26%-50% Below	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.00	0.02	0.01196	26%-50% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.00	0.03	0.01196	101%-200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.00	0.01	0.01196	26%-50% Below	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.00	0.02	0.01196	26%-50% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.00	0.02	0.01196	26%-50% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.00	0.02	0.01196	76%-100% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.00	0.02	0.01196	76%-100% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.00	0.02	0.01165	26%-50% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.00	0.03	0.01165	101%-200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.00	0.03	0.01165	101%-200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.00	0.02	0.01165	26%-50% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.00	0.02	0.01165	76%-100% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.00	0.02	0.01165	101%-200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	10	30.00	0.03	0.01232	101%-200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	11	30.00	0.03	0.00955	200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	12	30.00	0.03	0.01079	200% 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	4	30.00	0.11	0.02999	200% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	5	30.00	0.07	0.02978	101%-200% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	5	30.00	0.11	0.02978	200% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	6	30.00	0.06	0.02864	101%-200% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	6	30.00	0.07	0.02864	101%-200% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	6	30.00	0.11	0.02864	200% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	6	60.00	0.04	0.02864	26%-50% Above	No	No

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68645052154	SERTRALINE HCL 25 MG TABLET	7	30.00	0.07	0.02856	101%-200% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	7	30.00	0.11	0.02856	200% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	8	30.00	0.07	0.02818	101%-200% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	8	30.00	0.11	0.02818	200% Above	No	No
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	4	90.00	0.01	0.03450	51%-75% Below	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	4	90.00	0.03	0.03450	10%-25% Below	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	4	90.00	0.05	0.03450	26%-50% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	4	90.00	0.10	0.03450	101%-200% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	5	30.00	0.10	0.03457	101%-200% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	5	90.00	0.05	0.03457	26%-50% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	5	90.00	0.10	0.03457	101%-200% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	6	30.00	0.05	0.03430	51%-75% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	6	30.00	0.10	0.03430	101%-200% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	6	90.00	0.05	0.03430	26%-50% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	7	30.00	0.10	0.03468	101%-200% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	7	90.00	0.02	0.03468	51%-75% Below	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	7	90.00	0.10	0.03468	101%-200% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	8	90.00	0.02	0.03445	51%-75% Below	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	4	30.00	0.01	0.04965	76%-100% Below	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	45.00	0.12	0.04965	101%-200% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	4	60.00	0.01	0.04965	76%-100% Below	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	4	60.00	0.12	0.04965	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	90.00	0.06	0.04965	10%-25% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	4	90.00	0.12	0.04965	101%-200% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	4	135.00	0.06	0.04965	10%-25% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	5	30.00	0.08	0.04983	51%-75% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	5	30.00	0.12	0.04983	101%-200% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	5	45.00	0.12	0.04983	101%-200% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	5	60.00	0.12	0.04983	101%-200% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	5	90.00	0.12	0.04983	101%-200% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	5	180.00	0.12	0.04983	101%-200% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	6	30.00	0.08	0.05065	51%-75% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	6	30.00	0.12	0.05065	101%-200% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	6	45.00	0.12	0.05065	101%-200% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	6	60.00	0.01	0.05065	76%-100% Below	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	6	60.00	0.12	0.05065	101%-200% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	6	90.00	0.12	0.05065	101%-200% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	7	30.00	0.08	0.05087	51%-75% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	7	30.00	0.12	0.05087	101%-200% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	7	60.00	0.02	0.05087	51%-75% Below	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	7	60.00	0.12	0.05087	101%-200% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	7	90.00	0.12	0.05087	101%-200% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	8	30.00	0.08	0.05042	51%-75% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	8	30.00	0.12	0.05042	101%-200% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	8	60.00	0.02	0.05042	51%-75% Below	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	8	60.00	0.12	0.05042	101%-200% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	8	90.00	0.06	0.05042	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	90.00	0.12	0.05042	101%-200% Above	No	No
68645054154	FINASTERIDE 5 MG TABLET	4	22.00	0.09	0.06976	26%-50% 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	5	30.00	0.17	0.06945	101%-200% Above	No	No
68645055654	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	4	90.00	0.02	0.02844	10%-25% Below	No	No
68645055654	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	5	30.00	0.01	0.02869	51%-75% Below	No	No
68645055654	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	6	90.00	0.01	0.02853	51%-75% Below	No	No
68645055654	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	6	90.00	0.02	0.02853	26%-50% Below	No	No
68645055654	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	6	90.00	0.05	0.02853	51%-75% Above	No	No
68645055654	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	7	90.00	0.02	0.02873	10%-25% Below	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	4	30.00	0.07	0.03677	76%-100% Above	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	30.00	0.07	0.03703	76%-100% Above	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	90.00	0.03	0.03703	10%-25% Below	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	90.00	0.07	0.03703	76%-100% Above	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	30.00	0.07	0.03701	76%-100% Above	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	30.00	0.07	0.03713	76%-100% Above	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	90.00	0.03	0.03713	10%-25% Below	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	180.00	0.03	0.03713	26%-50% Below	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	30.00	0.07	0.03660	76%-100% Above	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	90.00	0.03	0.03660	10%-25% Below	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	90.00	0.07	0.03660	76%-100% Above	No	No
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	5	90.00	0.03	0.04037	26%-50% Below	No	No
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	5	90.00	0.07	0.04037	51%-75% Above	No	No
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	6	90.00	0.07	0.03989	51%-75% Above	No	No
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	7	90.00	0.07	0.04004	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	8	90.00	0.03	0.04048	26%-50% Below	No	No
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	8	90.00	0.07	0.04048	51%-75% Above	No	No
68645056259	IBUPROFEN 600 MG TABLET	4	15.00	0.09	0.04417	101%-200% Above	No	No
68645056259	IBUPROFEN 600 MG TABLET	4	20.00	0.06	0.04417	26%-50% Above	No	No
68645056259	IBUPROFEN 600 MG TABLET	4	20.00	0.09	0.04417	101%-200% Above	No	No
68645056259	IBUPROFEN 600 MG TABLET	4	30.00	0.03	0.04417	10%-25% Below	No	No
68645056259	IBUPROFEN 600 MG TABLET	4	30.00	0.04	0.04417	10%-25% Below	No	No
68645056259	IBUPROFEN 600 MG TABLET	5	30.00	0.09	0.04428	101%-200% Above	No	No
68645056259	IBUPROFEN 600 MG TABLET	6	12.00	0.06	0.04430	26%-50% Above	No	No
68645056259	IBUPROFEN 600 MG TABLET	6	15.00	0.09	0.04430	101%-200% Above	No	No
68645056259	IBUPROFEN 600 MG TABLET	6	28.00	0.03	0.04430	10%-25% Below	No	No
68645056259	IBUPROFEN 600 MG TABLET	6	30.00	0.09	0.04430	101%-200% Above	No	No
68645056259	IBUPROFEN 600 MG TABLET	7	15.00	0.09	0.04391	101%-200% Above	No	No
68645056259	IBUPROFEN 600 MG TABLET	8	20.00	0.09	0.04656	76%-100% Above	No	No
68645056259	IBUPROFEN 600 MG TABLET	8	60.00	0.09	0.04656	76%-100% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	4	15.00	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	20.00	0.05	0.05689	10%-25% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	4	21.00	0.07	0.05689	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	4	30.00	0.04	0.05689	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	4	30.00	0.07	0.05689	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	4	40.00	0.04	0.05689	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	4	60.00	0.03	0.05689	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	4	60.00	0.03	0.05689	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	4	90.00	0.03	0.05689	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	12.00	0.07	0.05674	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	5	15.00	0.07	0.05674	26%-50% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	5	16.00	0.07	0.05674	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	5	20.00	0.07	0.05674	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	5	21.00	0.05	0.05674	10%-25% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	5	30.00	0.04	0.05674	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	5	30.00	0.04	0.05674	10%-25% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	5	30.00	0.07	0.05674	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	5	45.00	0.07	0.05674	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	5	60.00	0.03	0.05674	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	5	60.00	0.07	0.05674	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	5	90.00	0.02	0.05674	51%-75% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	5	90.00	0.03	0.05674	51%-75% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	5	90.00	0.03	0.05674	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	5	90.00	0.07	0.05674	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	6	15.00	0.07	0.05605	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	6	16.00	0.07	0.05605	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	6	20.00	0.07	0.05605	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	6	21.00	0.05	0.05605	10%-25% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	6	21.00	0.07	0.05605	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	6	24.00	0.04	0.05605	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	6	30.00	0.04	0.05605	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	6	30.00	0.07	0.05605	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	6	40.00	0.07	0.05605	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	42.00	0.07	0.05605	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	6	60.00	0.03	0.05605	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	6	60.00	0.03	0.05605	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	6	90.00	0.03	0.05605	51%-75% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	6	90.00	0.03	0.05605	51%-75% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	6	90.00	0.03	0.05605	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	6	90.00	0.07	0.05605	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	6	270.00	0.02	0.05605	51%-75% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	7	9.00	0.07	0.05567	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	7	12.00	0.07	0.05567	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	7	20.00	0.07	0.05567	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	7	21.00	0.05	0.05567	10%-25% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	7	21.00	0.07	0.05567	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	7	30.00	0.04	0.05567	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	7	30.00	0.05	0.05567	10%-25% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	7	30.00	0.07	0.05567	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	7	50.00	0.07	0.05567	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	7	90.00	0.03	0.05567	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	7	90.00	0.03	0.05567	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	7	90.00	0.03	0.05567	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	7	90.00	0.07	0.05567	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	8	16.00	0.05	0.05850	10%-25% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	8	20.00	0.04	0.05850	10%-25% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	8	20.00	0.05	0.05850	10%-25% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	8	20.00	0.07	0.05850	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	21.00	0.04	0.05850	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	8	21.00	0.07	0.05850	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	8	36.00	0.07	0.05850	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	8	40.00	0.04	0.05850	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	8	42.00	0.07	0.05850	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	8	50.00	0.03	0.05850	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	8	90.00	0.03	0.05850	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	8	90.00	0.03	0.05850	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	8	90.00	0.07	0.05850	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	8	180.00	0.07	0.05850	10%-25% Above	No	No
68645056690	LOVASTATIN 20 MG TABLET	6	90.00	0.01	0.04388	76%-100% Below	No	No
68645056690	LOVASTATIN 20 MG TABLET	6	90.00	0.15	0.04388	200% Above	No	No
68645056690	LOVASTATIN 20 MG TABLET	7	90.00	0.02	0.04349	26%-50% Below	No	No
68645057454	GLIPIZIDE 5 MG TABLET	4	90.00	0.06	0.03604	51%-75% Above	No	No
68645057454	GLIPIZIDE 5 MG TABLET	5	60.00	0.06	0.03581	51%-75% Above	No	No
68645057454	GLIPIZIDE 5 MG TABLET	5	90.00	0.02	0.03581	26%-50% Below	No	No
68645057559	GLIPIZIDE 10 MG TABLET	5	180.00	0.02	0.04603	51%-75% Below	No	No
68645057559	GLIPIZIDE 10 MG TABLET	5	180.00	0.03	0.04603	26%-50% Below	No	No
68645057559	GLIPIZIDE 10 MG TABLET	6	90.00	0.06	0.04570	26%-50% Above	No	No
68645057559	GLIPIZIDE 10 MG TABLET	8	180.00	0.03	0.04643	26%-50% Below	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	0.04	0.01531	101%-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	26%-50% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	0.02	0.01531	26%-50% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	0.11	0.01531	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	30.00	0.01	0.01545	26%-50% Below	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	5	30.00	0.04	0.01545	101%-200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	5	30.00	0.11	0.01545	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	0.01	0.01545	26%-50% Below	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	0.02	0.01545	26%-50% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	0.03	0.01545	76%-100% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	0.11	0.01545	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	6	30.00	0.03	0.01522	101%-200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	6	30.00	0.04	0.01522	101%-200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	6	30.00	0.04	0.01522	101%-200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	6	30.00	0.04	0.01522	101%-200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	6	30.00	0.04	0.01522	101%-200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	6	30.00	0.11	0.01522	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	6	90.00	0.02	0.01522	26%-50% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	6	90.00	0.11	0.01522	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	7	30.00	0.03	0.01539	101%-200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	7	30.00	0.03	0.01539	101%-200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	7	30.00	0.04	0.01539	101%-200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	7	30.00	0.04	0.01539	101%-200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	7	30.00	0.04	0.01539	101%-200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	7	30.00	0.11	0.01539	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	0.01	0.01539	26%-50% Below	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	0.02	0.01539	26%-50% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	0.02	0.01539	26%-50% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	0.02	0.01539	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	90.00	0.03	0.01539	76%-100% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	0.11	0.01539	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	8	30.00	0.03	0.01503	101%-200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	8	30.00	0.04	0.01503	101%-200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	8	30.00	0.11	0.01503	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	8	90.00	0.02	0.01503	26%-50% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	8	90.00	0.02	0.01503	26%-50% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	8	90.00	0.02	0.01503	26%-50% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	8	90.00	0.02	0.01503	26%-50% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	8	90.00	0.11	0.01503	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	4	30.00	0.06	0.01394	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	4	60.00	0.01	0.01394	26%-50% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	4	60.00	0.06	0.01394	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	4	90.00	0.06	0.01394	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	4	360.00	0.01	0.01394	26%-50% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	5	30.00	0.03	0.01397	76%-100% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	5	30.00	0.04	0.01397	101%-200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	5	60.00	0.01	0.01397	26%-50% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	5	60.00	0.02	0.01397	26%-50% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	5	60.00	0.06	0.01397	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	5	90.00	0.06	0.01397	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	5	180.00	0.01	0.01397	10%-25% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	5	180.00	0.06	0.01397	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	270.00	0.01	0.01397	26%-50% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	6	60.00	0.01	0.01398	26%-50% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	6	60.00	0.02	0.01398	26%-50% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	6	60.00	0.06	0.01398	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	6	90.00	0.01	0.01398	26%-50% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	6	90.00	0.06	0.01398	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	6	180.00	0.01	0.01398	26%-50% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	6	180.00	0.06	0.01398	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	7	30.00	0.04	0.01407	101%-200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	7	30.00	0.04	0.01407	101%-200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	7	53.00	0.06	0.01407	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	7	60.00	0.02	0.01407	26%-50% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	7	60.00	0.06	0.01407	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	7	90.00	0.01	0.01407	10%-25% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	7	180.00	0.01	0.01407	26%-50% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	7	180.00	0.01	0.01407	10%-25% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	7	180.00	0.06	0.01407	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	8	30.00	0.04	0.01419	101%-200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	8	30.00	0.04	0.01419	101%-200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	8	60.00	0.02	0.01419	26%-50% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	8	90.00	0.06	0.01419	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	8	180.00	0.06	0.01419	200% Above	No	No
68645058359	METFORMIN HCL 850 MG TABLET	5	60.00	0.05	0.02483	101%-200% Above	No	No
68645058359	METFORMIN HCL 850 MG TABLET	5	90.00	0.02	0.02483	10%-25% Below	No	No
68645058359	METFORMIN HCL 850 MG TABLET	6	180.00	0.01	0.02466	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68645058459	METFORMIN HCL 1,000 MG TABLET	4	90.00	0.05	0.02487	101%-200% Above	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	5	60.00	0.04	0.02457	26%-50% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	5	60.00	0.05	0.02457	101%-200% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	5	180.00	0.05	0.02457	101%-200% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	6	60.00	0.04	0.02366	26%-50% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	6	60.00	0.05	0.02366	101%-200% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	6	135.00	0.02	0.02366	10%-25% Below	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	7	30.00	0.04	0.02338	51%-75% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	7	60.00	0.03	0.02338	26%-50% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	7	60.00	0.05	0.02338	101%-200% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	7	90.00	0.03	0.02338	26%-50% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	7	90.00	0.05	0.02338	101%-200% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	7	180.00	0.05	0.02338	101%-200% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	8	30.00	0.04	0.02313	51%-75% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	4	30.00	0.10	0.04802	101%-200% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	4	90.00	0.07	0.04802	51%-75% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	5	20.00	0.10	0.04832	101%-200% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	5	21.00	0.10	0.04832	101%-200% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	5	30.00	0.10	0.04832	101%-200% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	6	30.00	0.10	0.04768	101%-200% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	6	90.00	0.10	0.04768	101%-200% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	7	30.00	0.10	0.04688	101%-200% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	7	90.00	0.10	0.04688	101%-200% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	8	5.00	0.10	0.04704	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	30.00	0.10	0.04704	101%-200% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	8	90.00	0.10	0.04704	101%-200% 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	0.03	0.03099	10%-25% Above	No	No
68645059459	FAMOTIDINE 20 MG TABLET	4	60.00	0.08	0.03099	101%-200% Above	No	No
68645059459	FAMOTIDINE 20 MG TABLET	5	30.00	0.05	0.03074	51%-75% Above	No	No
68645059459	FAMOTIDINE 20 MG TABLET	5	60.00	0.03	0.03074	10%-25% Above	No	No
68645059459	FAMOTIDINE 20 MG TABLET	5	60.00	0.08	0.03074	101%-200% Above	No	No
68645059459	FAMOTIDINE 20 MG TABLET	5	180.00	0.08	0.03074	101%-200% Above	No	No
68645059459	FAMOTIDINE 20 MG TABLET	6	30.00	0.08	0.03016	101%-200% Above	No	No
68645059459	FAMOTIDINE 20 MG TABLET	6	60.00	0.03	0.03016	10%-25% Above	No	No
68645059459	FAMOTIDINE 20 MG TABLET	6	60.00	0.08	0.03016	101%-200% Above	No	No
68645059459	FAMOTIDINE 20 MG TABLET	7	30.00	0.04	0.02971	26%-50% Above	No	No
68645059459	FAMOTIDINE 20 MG TABLET	7	30.00	0.08	0.02971	101%-200% Above	No	No
68645059459	FAMOTIDINE 20 MG TABLET	7	60.00	0.03	0.02971	10%-25% Above	No	No
68645059459	FAMOTIDINE 20 MG TABLET	7	60.00	0.08	0.02971	101%-200% Above	No	No
68645059459	FAMOTIDINE 20 MG TABLET	7	90.00	0.03	0.02971	10%-25% Below	No	No
68645059459	FAMOTIDINE 20 MG TABLET	8	30.00	0.04	0.02862	51%-75% Above	No	No
68645059459	FAMOTIDINE 20 MG TABLET	8	30.00	0.08	0.02862	101%-200% Above	No	No
68645059459	FAMOTIDINE 20 MG TABLET	8	60.00	0.03	0.02862	10%-25% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	4	30.00	0.05	0.02933	76%-100% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	4	120.00	0.05	0.02933	76%-100% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	4	360.00	0.05	0.02933	76%-100% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	5	30.00	0.05	0.02990	76%-100% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	5	90.00	0.05	0.02990	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68645059559	METFORMIN HCL ER 500 MG TABLET	5	180.00	0.05	0.02990	76%-100% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	6	30.00	0.05	0.02979	76%-100% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	6	90.00	0.02	0.02979	26%-50% Below	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	6	90.00	0.05	0.02979	76%-100% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	6	180.00	0.03	0.02979	10%-25% Below	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	6	180.00	0.05	0.02979	76%-100% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	6	360.00	0.02	0.02979	10%-25% Below	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	6	360.00	0.03	0.02979	10%-25% Below	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	6	360.00	0.05	0.02979	76%-100% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	7	30.00	0.05	0.02932	76%-100% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	7	60.00	0.03	0.02932	10%-25% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	7	60.00	0.05	0.02932	76%-100% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	8	60.00	0.03	0.02879	10%-25% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	8	60.00	0.05	0.02879	76%-100% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	8	90.00	0.02	0.02879	26%-50% Below	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	8	90.00	0.05	0.02879	76%-100% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	8	180.00	0.05	0.02879	76%-100% Above	No	No
68645060890	LISINOPRIL 2.5 MG TABLET	4	90.00	0.01	0.01437	10%-25% Below	No	No
68645060890	LISINOPRIL 2.5 MG TABLET	7	30.00	0.03	0.01444	76%-100% Above	No	No
68645060890	LISINOPRIL 2.5 MG TABLET	8	90.00	0.01	0.01424	10%-25% Below	No	No
68645060990	LISINOPRIL 5 MG TABLET	4	90.00	0.09	0.01475	200% Above	No	No
68645060990	LISINOPRIL 5 MG TABLET	5	90.00	0.01	0.01481	26%-50% Below	No	No
68645060990	LISINOPRIL 5 MG TABLET	5	90.00	0.09	0.01481	200% Above	No	No
68645060990	LISINOPRIL 5 MG TABLET	6	90.00	0.02	0.01479	10%-25% Above	No	No
68645060990	LISINOPRIL 5 MG TABLET	7	90.00	0.09	0.01467	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	90.00	0.09	0.01480	200% Above	No	No
68645061090	LISINOPRIL 10 MG TABLET	4	30.00	0.04	0.01873	76%-100% Above	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	0.02	0.01873	10%-25% Below	No	No
68645061090	LISINOPRIL 10 MG TABLET	5	30.00	0.01	0.01897	26%-50% Below	No	No
68645061090	LISINOPRIL 10 MG TABLET	5	30.00	0.04	0.01897	76%-100% Above	No	No
68645061090	LISINOPRIL 10 MG TABLET	5	30.00	0.09	0.01897	200% Above	No	No
68645061090	LISINOPRIL 10 MG TABLET	5	90.00	0.09	0.01897	200% Above	No	No
68645061090	LISINOPRIL 10 MG TABLET	6	30.00	0.01	0.01880	26%-50% Below	No	No
68645061090	LISINOPRIL 10 MG TABLET	6	30.00	0.01	0.01880	26%-50% Below	No	No
68645061090	LISINOPRIL 10 MG TABLET	6	30.00	0.04	0.01880	76%-100% Above	No	No
68645061090	LISINOPRIL 10 MG TABLET	6	30.00	0.09	0.01880	200% Above	No	No
68645061090	LISINOPRIL 10 MG TABLET	6	90.00	0.01	0.01880	26%-50% Below	No	No
68645061090	LISINOPRIL 10 MG TABLET	6	90.00	0.09	0.01880	200% Above	No	No
68645061090	LISINOPRIL 10 MG TABLET	7	30.00	0.09	0.01865	200% Above	No	No
68645061090	LISINOPRIL 10 MG TABLET	8	30.00	0.09	0.01832	200% Above	No	No
68645061090	LISINOPRIL 10 MG TABLET	8	90.00	0.09	0.01832	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	4	90.00	0.09	0.02587	200% Above	No	No
68645061190	LISINOPRIL 20 MG TABLET	4	180.00	0.02	0.02587	26%-50% Below	No	No
68645061190	LISINOPRIL 20 MG TABLET	5	30.00	0.09	0.02585	200% Above	No	No
68645061190	LISINOPRIL 20 MG TABLET	5	90.00	0.02	0.02585	26%-50% Below	No	No
68645061190	LISINOPRIL 20 MG TABLET	5	90.00	0.02	0.02585	10%-25% Below	No	No
68645061190	LISINOPRIL 20 MG TABLET	5	90.00	0.09	0.02585	200% Above	No	No
68645061190	LISINOPRIL 20 MG TABLET	5	180.00	0.09	0.02585	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68645061190	LISINOPRIL 20 MG TABLET	6	90.00	0.02	0.02575	10%-25% Below	No	No
68645061190	LISINOPRIL 20 MG TABLET	6	90.00	0.09	0.02575	200% Above	No	No
68645061190	LISINOPRIL 20 MG TABLET	7	30.00	0.09	0.02578	200% Above	No	No
68645061190	LISINOPRIL 20 MG TABLET	7	90.00	0.02	0.02578	10%-25% Below	No	No
68645061190	LISINOPRIL 20 MG TABLET	7	90.00	0.09	0.02578	200% Above	No	No
68645061190	LISINOPRIL 20 MG TABLET	8	30.00	0.09	0.02572	200% Above	No	No
68645061190	LISINOPRIL 20 MG TABLET	8	90.00	0.09	0.02572	200% Above	No	No
68645061390	LISINOPRIL 40 MG TABLET	4	30.00	0.10	0.04738	101%-200% Above	No	No
68645061390	LISINOPRIL 40 MG TABLET	4	90.00	0.10	0.04738	101%-200% Above	No	No
68645061390	LISINOPRIL 40 MG TABLET	5	30.00	0.06	0.04718	26%-50% Above	No	No
68645061390	LISINOPRIL 40 MG TABLET	5	30.00	0.07	0.04718	26%-50% Above	No	No
68645061390	LISINOPRIL 40 MG TABLET	5	30.00	0.10	0.04718	101%-200% Above	No	No
68645061390	LISINOPRIL 40 MG TABLET	5	90.00	0.04	0.04718	10%-25% Below	No	No
68645061390	LISINOPRIL 40 MG TABLET	5	90.00	0.10	0.04718	101%-200% Above	No	No
68645061390	LISINOPRIL 40 MG TABLET	6	30.00	0.07	0.04591	26%-50% Above	No	No
68645061390	LISINOPRIL 40 MG TABLET	6	30.00	0.10	0.04591	101%-200% Above	No	No
68645061390	LISINOPRIL 40 MG TABLET	6	90.00	0.10	0.04591	101%-200% Above	No	No
68645061390	LISINOPRIL 40 MG TABLET	7	30.00	0.07	0.04593	26%-50% Above	No	No
68645061390	LISINOPRIL 40 MG TABLET	7	30.00	0.10	0.04593	101%-200% Above	No	No
68645061390	LISINOPRIL 40 MG TABLET	7	90.00	0.10	0.04593	101%-200% Above	No	No
68645061390	LISINOPRIL 40 MG TABLET	8	30.00	0.10	0.04594	101%-200% Above	No	No
68645061390	LISINOPRIL 40 MG TABLET	8	90.00	0.10	0.04594	101%-200% Above	No	No
68682010301	DICLOFEN SOD TAB 100MG ER	5	30.00	0.36	.		Yes	No
68682010301	DICLOFEN SOD TAB 100MG ER	5	90.00	0.36	.		Yes	No
68682010301	DICLOFEN SOD TAB 100MG ER	6	30.00	0.40	.		Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68682010301	DICLOFEN SOD TAB 100MG ER	6	30.00	0.40	.		Yes	No
68682010301	DICLOFEN SOD TAB 100MG ER	8	30.00	0.40	.		Yes	No
68682010610	NIFEDIPIN CC TAB 60MG ER	4	60.00	0.12	.		No	No
68682010610	NIFEDIPIN CC TAB 60MG ER	6	90.00	0.12	.		No	No
68682010610	NIFEDIPIN CC TAB 60MG ER	7	60.00	0.12	.		No	No
68682010810	NIFEDIPIN XL TAB 30MG ER	5	30.00	0.12	.		No	No
68682010830	NIFEDIPIN XL TAB 30MG ER	5	60.00	0.23	.		No	No
68682010830	NIFEDIPIN XL TAB 30MG ER	6	60.00	0.23	.		No	No
68682010910	NIFEDIPIN XL TAB 60MG ER	5	30.00	0.36	.		No	No
68682010910	NIFEDIPIN XL TAB 60MG ER	6	30.00	0.36	.		No	No
68682010910	NIFEDIPIN XL TAB 60MG ER	7	30.00	0.34	.		No	No
68682010910	NIFEDIPIN XL TAB 60MG ER	8	60.00	0.25	.		No	No
68682011001	PIMECROLIMUS CRE 1%	5	30.00	1.69	.		No	No
68682011001	PIMECROLIMUS CRE 1%	7	30.00	1.22	.		No	No
68682011102	PIMECROLIMUS CRE 1%	4	60.00	1.64	.		No	No
68682020175	PEG/NASUL/C/ SOL NACL/POT	7	1.00	3.90	.		No	No
68682023101	AZATHIOPRINE TAB 75MG	4	30.00	5.81	.		No	No
68682023101	AZATHIOPRINE TAB 75MG	5	30.00	5.81	.		No	No
68682023101	AZATHIOPRINE TAB 75MG	6	30.00	5.81	.		No	No
68682036790	DILTIAZEM ER CAP 120MG/24	5	90.00	0.14	.		Yes	No
68682037090	DILTIAZEM ER CAP 300MG/24	5	90.00	0.26	.		Yes	No
68682037190	DILTIAZEM ER CAP 360MG/24	4	90.00	0.24	.		No	No
68682037190	DILTIAZEM ER CAP 360MG/24	6	90.00	0.24	.		No	No
68682037190	DILTIAZEM ER CAP 360MG/24	7	90.00	0.24	.		No	No
68682065020	DIAZEPAM 2.5 MG RECTAL GEL SYS	11	1.00	0.00	176.17214	76%-100% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	2.00	180.46	.		No	No
68968341008	ESTRADIOL 0.1 MG PATCH (2/WK)	5	24.00	1.67	7.07807	76%-100% Below	No	No
68968341008	ESTRADIOL 0.1 MG PATCH (2/WK)	5	24.00	1.88	7.07807	51%-75% Below	No	No
68968341008	ESTRADIOL 0.1 MG PATCH (2/WK)	6	8.00	3.13	7.32807	51%-75% Below	Yes	No
68968341008	ESTRADIOL 0.1 MG PATCH (2/WK)	6	8.00	6.59	7.32807	10%-25% Below	No	No
68968341008	ESTRADIOL 0.1 MG PATCH (2/WK)	6	24.00	1.67	7.32807	76%-100% Below	No	No
68968341008	ESTRADIOL 0.1 MG PATCH (2/WK)	8	8.00	1.25	8.22921	76%-100% Below	No	No
68968341008	ESTRADIOL 0.1 MG PATCH (2/WK)	8	24.00	1.88	8.22921	76%-100% Below	No	No
68968342508	ESTRADIOL 0.025 MG PATCH(2/WK)	4	8.00	3.55	7.04050	26%-50% Below	No	No
68968342508	ESTRADIOL 0.025 MG PATCH(2/WK)	4	8.00	5.97	7.04050	10%-25% Below	Yes	No
68968342508	ESTRADIOL 0.025 MG PATCH(2/WK)	5	8.00	1.88	7.65232	51%-75% Below	No	No
68968342508	ESTRADIOL 0.025 MG PATCH(2/WK)	5	8.00	3.55	7.65232	51%-75% Below	No	No
68968342508	ESTRADIOL 0.025 MG PATCH(2/WK)	6	8.00	3.58	7.75858	51%-75% Below	No	No
68968342508	ESTRADIOL 0.025 MG PATCH(2/WK)	6	24.00	3.58	7.75858	51%-75% Below	No	No
68968342508	ESTRADIOL 0.025 MG PATCH(2/WK)	7	8.00	3.59	7.83016	51%-75% Below	No	No
68968342508	ESTRADIOL 0.025 MG PATCH(2/WK)	7	24.00	3.59	7.83016	51%-75% Below	No	No
68968343708	ESTRADIOL 0.0375 MG PATCH(2/WK)	4	8.00	3.55	6.96625	26%-50% Below	No	No
68968343708	ESTRADIOL 0.0375 MG PATCH(2/WK)	5	8.00	1.88	7.45420	51%-75% Below	No	No
68968343708	ESTRADIOL 0.0375 MG PATCH(2/WK)	5	8.00	3.57	7.45420	51%-75% Below	No	No
68968343708	ESTRADIOL 0.0375 MG PATCH(2/WK)	5	16.00	1.56	7.45420	76%-100% Below	No	No
68968343708	ESTRADIOL 0.0375 MG PATCH(2/WK)	5	24.00	1.67	7.45420	76%-100% Below	No	No
68968343708	ESTRADIOL 0.0375 MG PATCH(2/WK)	6	8.00	3.67	7.80907	51%-75% Below	No	No
68968343708	ESTRADIOL 0.0375 MG PATCH(2/WK)	6	24.00	1.58	7.80907	76%-100% Below	No	No
68968343708	ESTRADIOL 0.0375 MG PATCH(2/WK)	6	24.00	3.67	7.80907	51%-75% Below	No	No
68968343708	ESTRADIOL 0.0375 MG PATCH(2/WK)	7	8.00	4.07	8.02861	26%-50% Below	No	No

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68968343708	ESTRADIOL 0.0375 MG PATCH(2/WK)	7	16.00	1.56	8.02861	76%-100% Below	No	No
68968343708	ESTRADIOL 0.0375 MG PATCH(2/WK)	8	8.00	2.50	8.22778	51%-75% Below	No	No
68968345008	ESTRADIOL 0.05 MG PATCH (2/WK)	4	24.00	0.36	7.33071	76%-100% Below	No	No
68968345008	ESTRADIOL 0.05 MG PATCH (2/WK)	4	24.00	1.88	7.33071	51%-75% Below	No	No
68968345008	ESTRADIOL 0.05 MG PATCH (2/WK)	4	24.00	3.32	7.33071	51%-75% Below	No	No
68968345008	ESTRADIOL 0.05 MG PATCH (2/WK)	5	24.00	1.58	7.69084	76%-100% Below	No	No
68968345008	ESTRADIOL 0.05 MG PATCH (2/WK)	6	24.00	1.88	7.76775	51%-75% Below	No	No
68968345008	ESTRADIOL 0.05 MG PATCH (2/WK)	6	24.00	3.33	7.76775	51%-75% Below	No	No
68968345008	ESTRADIOL 0.05 MG PATCH (2/WK)	7	8.00	3.33	7.97659	51%-75% Below	No	No
68968345008	ESTRADIOL 0.05 MG PATCH (2/WK)	7	8.00	3.63	7.97659	51%-75% Below	No	No
68968345008	ESTRADIOL 0.05 MG PATCH (2/WK)	7	24.00	3.33	7.97659	51%-75% Below	No	No
68968345008	ESTRADIOL 0.05 MG PATCH (2/WK)	8	24.00	1.88	8.22229	76%-100% Below	No	No
68968347508	ESTRADIOL 0.075 MG PATCH(2/WK)	4	24.00	0.63	6.90662	76%-100% Below	No	No
68968347508	ESTRADIOL 0.075 MG PATCH(2/WK)	5	8.00	1.88	6.88522	51%-75% Below	No	No
68968347508	ESTRADIOL 0.075 MG PATCH(2/WK)	6	8.00	1.88	7.30317	51%-75% Below	No	No
68968347508	ESTRADIOL 0.075 MG PATCH(2/WK)	7	8.00	3.60	7.69336	51%-75% Below	No	No
68968347508	ESTRADIOL 0.075 MG PATCH(2/WK)	7	24.00	1.67	7.69336	76%-100% Below	No	No
68968347508	ESTRADIOL 0.075 MG PATCH(2/WK)	7	24.00	3.60	7.69336	51%-75% Below	No	No
68968347508	ESTRADIOL 0.075 MG PATCH(2/WK)	8	8.00	3.60	8.09177	51%-75% Below	No	No
68968347508	ESTRADIOL 0.075 MG PATCH(2/WK)	8	24.00	0.63	8.09177	76%-100% Below	No	No
69076047601	GLYCOPYRROLATE 2 MG TABLET	5	180.00	0.04	0.16133	51%-75% Below	No	No
69097007112	BUPROPION HCL XL 150 MG TABLET	2	14.00	0.10	0.07856	26%-50% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.02	0.07697	51%-75% Below	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.43	0.07697	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.50	0.07697	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	90.00	0.02	0.07697	51%-75% Below	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	4	180.00	0.43	0.07697	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	5	30.00	0.43	0.07895	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	5	30.00	0.50	0.07895	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	5	90.00	0.33	0.07895	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	5	90.00	0.43	0.07895	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	5	180.00	0.43	0.07895	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	6	30.00	0.16	0.07787	101%-200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	6	30.00	0.43	0.07787	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	6	90.00	0.43	0.07787	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	7	30.00	0.02	0.07775	51%-75% Below	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	7	30.00	0.43	0.07775	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	7	30.00	0.50	0.07775	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	7	74.00	0.43	0.07775	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	7	90.00	0.02	0.07775	51%-75% Below	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	7	90.00	0.33	0.07775	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	7	90.00	0.42	0.07775	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	7	90.00	0.43	0.07775	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	7	180.00	0.22	0.07775	101%-200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	7	180.00	0.43	0.07775	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	8	15.00	0.43	0.07872	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	8	30.00	0.43	0.07872	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	8	30.00	0.60	0.07872	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	8	90.00	0.25	0.07872	200% Above	Yes	No

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69097007112	BUPROPION HCL XL 150 MG TABLET	8	90.00	0.43	0.07872	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	8	90.00	0.44	0.07872	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	8	90.00	0.50	0.07872	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	8	180.00	0.17	0.07872	101%-200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	4	30.00	0.33	0.11025	101%-200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	4	30.00	0.39	0.11025	200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	4	90.00	0.03	0.11025	76%-100% Below	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	4	90.00	0.39	0.11025	200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	5	30.00	0.03	0.11542	76%-100% Below	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	5	30.00	0.39	0.11542	200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	5	30.00	0.50	0.11542	200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	5	90.00	0.22	0.11542	76%-100% Above	No	No
69097007212	BUPROPION HCL XL 300 MG TABLET	5	90.00	0.22	0.11542	76%-100% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	5	90.00	0.39	0.11542	200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	6	30.00	0.03	0.11150	76%-100% Below	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	6	30.00	0.39	0.11150	200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	6	30.00	0.50	0.11150	200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	6	90.00	0.29	0.11150	101%-200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	6	90.00	0.39	0.11150	200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	7	30.00	0.03	0.10412	51%-75% Below	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	7	30.00	0.39	0.10412	200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	7	30.00	0.50	0.10412	200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	7	90.00	0.03	0.10412	51%-75% Below	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	7	90.00	0.22	0.10412	101%-200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	7	90.00	0.32	0.10412	200% Above	Yes	No

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69097007212	BUPROPION HCL XL 300 MG TABLET	7	90.00	0.39	0.10412	200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	7	90.00	0.40	0.10412	200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	8	30.00	0.03	0.10137	51%-75% Below	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	8	30.00	0.33	0.10137	200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	8	30.00	0.50	0.10137	200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	8	90.00	0.22	0.10137	101%-200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	8	90.00	0.32	0.10137	200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	8	90.00	0.39	0.10137	200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	8	90.00	0.44	0.10137	200% Above	Yes	No
69097009844	AMOX-CLAV 250-62.5 MG/5 ML SUS	8	200.00	0.39	0.44840	10%-25% Below	No	No
69097012203	TOPIRAMATE 25 MG TABLET	5	60.00	0.01	0.02571	51%-75% Below	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	5	90.00	0.02	0.02571	26%-50% Below	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	6	60.00	0.01	0.02538	51%-75% Below	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	7	14.00	0.04	0.02550	51%-75% Above	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	7	60.00	0.01	0.02550	51%-75% Below	Yes	No
69097012215	TOPIRAMATE 25 MG TABLET	4	30.00	0.07	0.02574	101%-200% Above	No	No
69097012215	TOPIRAMATE 25 MG TABLET	4	90.00	0.07	0.02574	101%-200% Above	No	No
69097012215	TOPIRAMATE 25 MG TABLET	5	30.00	0.07	0.02571	101%-200% Above	No	No
69097012303	TOPIRAMATE 50 MG TABLET	4	60.00	0.02	0.03475	51%-75% Below	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	4	90.00	0.02	0.03475	51%-75% Below	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	5	90.00	0.09	0.03498	101%-200% Above	Yes	No
69097012315	TOPIRAMATE 50 MG TABLET	6	180.00	0.04	0.03448	10%-25% Above	No	No
69097012415	TOPIRAMATE 100 MG TABLET	4	30.00	0.08	0.05982	26%-50% Above	No	No
69097012415	TOPIRAMATE 100 MG TABLET	5	30.00	0.08	0.05949	26%-50% Above	No	No
69097012415	TOPIRAMATE 100 MG TABLET	7	30.00	0.08	0.05555	26%-50% Above	No	No

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69097012415	TOPIRAMATE 100 MG TABLET	7	90.00	0.08	0.05555	26%-50% Above	No	No
69097012605	AMLODIPINE BESYLATE 2.5 MG TAB	5	90.00	0.02	0.01136	26%-50% Above	No	No
69097012605	AMLODIPINE BESYLATE 2.5 MG TAB	5	90.00	0.12	0.01136	200% Above	Yes	No
69097012605	AMLODIPINE BESYLATE 2.5 MG TAB	6	270.00	0.02	0.01063	51%-75% Above	No	No
69097012605	AMLODIPINE BESYLATE 2.5 MG TAB	8	90.00	0.02	0.01027	51%-75% Above	No	No
69097012605	AMLODIPINE BESYLATE 2.5 MG TAB	8	90.00	0.12	0.01027	200% Above	Yes	No
69097012615	AMLODIPINE BESYLATE 2.5 MG TAB	7	30.00	0.12	0.01018	200% Above	No	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	0.01	0.01036	10%-25% Below	No	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	0.11	0.01036	200% Above	No	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	5	90.00	0.11	0.01048	200% Above	No	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	5	90.00	0.11	0.01048	200% Above	Yes	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	0.11	0.01023	200% Above	No	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	7	90.00	0.01	0.01030	10%-25% Below	No	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	7	90.00	0.09	0.01030	200% Above	Yes	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	7	90.00	0.11	0.01030	200% Above	No	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	8	90.00	0.01	0.01012	26%-50% Above	No	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	8	90.00	0.09	0.01012	200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	4	10.00	0.06	0.01036	200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	0.03	0.01036	200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	0.11	0.01036	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	0.02	0.01036	101%-200% 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	5	20.00	0.04	0.01048	200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	5	30.00	0.03	0.01048	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	30.00	0.03	0.01048	200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	5	45.00	0.11	0.01048	200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	5	90.00	0.01	0.01048	26%-50% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	5	90.00	0.11	0.01048	200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	5	180.00	0.02	0.01048	51%-75% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	6	30.00	0.03	0.01023	101%-200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	6	30.00	0.03	0.01023	200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	6	30.00	0.11	0.01023	200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	6	45.00	0.11	0.01023	200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	0.01	0.01023	26%-50% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	0.02	0.01023	76%-100% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	0.02	0.01023	101%-200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	0.03	0.01023	101%-200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	0.11	0.01023	200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	6	180.00	0.11	0.01023	200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	7	30.00	0.03	0.01030	101%-200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	7	30.00	0.03	0.01030	101%-200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	7	30.00	0.03	0.01030	200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	7	30.00	0.04	0.01030	200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	7	30.00	0.11	0.01030	200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	7	90.00	0.01	0.01030	26%-50% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	7	90.00	0.01	0.01030	26%-50% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	7	90.00	0.02	0.01030	101%-200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	7	90.00	0.09	0.01030	200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	7	90.00	0.11	0.01030	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	135.00	0.11	0.01030	200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	8	30.00	0.03	0.01012	101%-200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	8	30.00	0.03	0.01012	101%-200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	8	30.00	0.03	0.01012	200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	8	30.00	0.11	0.01012	200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	8	90.00	0.11	0.01012	200% Above	No	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	5	30.00	0.11	0.01545	200% Above	No	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	0.11	0.01545	200% Above	No	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	6	30.00	0.11	0.01522	200% Above	No	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	7	30.00	0.11	0.01539	200% Above	No	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	0.11	0.01539	200% Above	No	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	8	90.00	0.11	0.01503	200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	0.04	0.01531	101%-200% Above	No	No
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	26%-50% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	0.11	0.01531	200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	5	30.00	0.01	0.01545	26%-50% Below	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	5	30.00	0.11	0.01545	200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	0.01	0.01545	26%-50% Below	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	0.02	0.01545	26%-50% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	0.03	0.01545	101%-200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	0.11	0.01545	200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	6	30.00	0.01	0.01522	26%-50% Below	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	6	30.00	0.11	0.01522	200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	6	90.00	0.01	0.01522	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	90.00	0.02	0.01522	26%-50% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	6	90.00	0.03	0.01522	51%-75% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	6	90.00	0.03	0.01522	101%-200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	6	90.00	0.11	0.01522	200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	7	30.00	0.01	0.01539	26%-50% Below	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	7	30.00	0.03	0.01539	101%-200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	7	30.00	0.11	0.01539	200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	0.02	0.01539	10%-25% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	0.02	0.01539	26%-50% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	0.03	0.01539	76%-100% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	0.11	0.01539	200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	8	30.00	0.03	0.01503	101%-200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	8	30.00	0.11	0.01503	200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	8	90.00	0.02	0.01503	26%-50% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	8	90.00	0.11	0.01503	200% Above	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	1.06	2.13190	26%-50% 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	1.13	2.13190	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	4	6.70	1.16	2.13190	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	4	6.70	1.17	2.13190	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	4	6.70	1.31	2.13190	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	4	6.70	1.38	2.13190	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	13.40	1.11	2.13190	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	4	20.10	0.84	2.13190	51%-75% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	4	20.10	1.00	2.13190	51%-75% Below	Yes	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	5	6.70	0.96	2.14088	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	5	6.70	1.00	2.14088	51%-75% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	5	6.70	1.11	2.14088	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	5	6.70	1.11	2.14088	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	5	6.70	1.11	2.14088	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	5	6.70	1.13	2.14088	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	5	6.70	1.16	2.14088	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	5	6.70	1.22	2.14088	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	5	6.70	1.29	2.14088	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	5	6.70	1.43	2.14088	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	5	6.70	1.52	2.14088	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	5	13.40	1.11	2.14088	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	5	20.10	0.84	2.14088	51%-75% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	5	20.10	1.00	2.14088	51%-75% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	5	20.10	1.11	2.14088	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	6	6.70	1.00	2.13214	51%-75% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	6	6.70	1.08	2.13214	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	6	6.70	1.11	2.13214	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	6	6.70	1.11	2.13214	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	6	6.70	1.11	2.13214	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	6	6.70	1.13	2.13214	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	6.70	1.29	2.13214	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	6	6.70	1.31	2.13214	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	6	6.70	1.38	2.13214	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	6	6.70	1.43	2.13214	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	6	13.40	1.11	2.13214	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	7	6.70	1.00	2.13955	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	7	6.70	1.00	2.13955	51%-75% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	7	6.70	1.04	2.13955	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	7	6.70	1.08	2.13955	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	7	6.70	1.09	2.13955	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	7	6.70	1.09	2.13955	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	7	6.70	1.11	2.13955	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	7	6.70	1.11	2.13955	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	7	6.70	1.11	2.13955	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	7	6.70	1.13	2.13955	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	7	6.70	1.17	2.13955	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	7	6.70	1.20	2.13955	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	7	6.70	1.25	2.13955	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	7	6.70	1.31	2.13955	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	7	6.70	1.39	2.13955	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	7	13.40	1.11	2.13955	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	7	20.10	0.63	2.13955	51%-75% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	7	20.10	1.06	2.13955	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	7	20.10	1.11	2.13955	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	6.70	0.75	2.12598	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	6.70	1.00	2.12598	51%-75% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	6.70	1.08	2.12598	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	6.70	1.09	2.12598	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	6.70	1.11	2.12598	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	6.70	1.11	2.12598	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	6.70	1.11	2.12598	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	6.70	1.16	2.12598	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	6.70	1.17	2.12598	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	6.70	1.20	2.12598	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	6.70	1.26	2.12598	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	6.70	1.29	2.12598	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	6.70	1.31	2.12598	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	6.70	1.38	2.12598	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	6.70	1.51	2.12598	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	6.70	1.52	2.12598	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	13.40	1.11	2.12598	26%-50% Below	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	4	10.00	0.06	0.01657	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	4	30.00	0.04	0.01657	101%-200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	4	30.00	0.07	0.01657	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	4	60.00	0.03	0.01657	51%-75% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	4	60.00	0.07	0.01657	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	4	90.00	0.07	0.01657	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	5	14.00	0.21	0.01678	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	5	30.00	0.03	0.01678	76%-100% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	5	30.00	0.07	0.01678	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	60.00	0.07	0.01678	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	5	90.00	0.07	0.01678	200% Above	No	No
69097015807	MELOXICAM 7.5 MG TABLET	5	90.00	0.07	0.01678	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	6	15.00	0.06	0.01675	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	6	30.00	0.03	0.01675	76%-100% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	6	30.00	0.07	0.01675	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	6	60.00	0.07	0.01675	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	6	90.00	0.02	0.01675	26%-50% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	6	90.00	0.07	0.01675	200% Above	No	No
69097015807	MELOXICAM 7.5 MG TABLET	7	30.00	0.03	0.01669	76%-100% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	7	30.00	0.07	0.01669	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	7	60.00	0.02	0.01669	26%-50% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	7	60.00	0.07	0.01669	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	7	90.00	0.05	0.01669	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	8	30.00	0.01	0.01652	26%-50% Below	No	No
69097015807	MELOXICAM 7.5 MG TABLET	8	30.00	0.03	0.01652	76%-100% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	8	30.00	0.03	0.01652	76%-100% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	8	30.00	0.03	0.01652	76%-100% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	8	30.00	0.04	0.01652	101%-200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	8	30.00	0.04	0.01652	101%-200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	8	30.00	0.07	0.01652	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	8	60.00	0.02	0.01652	26%-50% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	8	60.00	0.07	0.01652	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	8	90.00	0.07	0.01652	200% Above	No	No
69097015807	MELOXICAM 7.5 MG TABLET	8	90.00	0.07	0.01652	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097015812	MELOXICAM 7.5 MG TABLET	4	30.00	0.07	0.01657	200% Above	No	No
69097015812	MELOXICAM 7.5 MG TABLET	5	30.00	0.03	0.01678	76%-100% Above	No	No
69097015815	MELOXICAM 7.5 MG TABLET	4	30.00	0.07	0.01657	200% Above	No	No
69097015815	MELOXICAM 7.5 MG TABLET	5	30.00	0.07	0.01678	200% Above	No	No
69097015815	MELOXICAM 7.5 MG TABLET	5	60.00	0.07	0.01678	200% Above	No	No
69097015815	MELOXICAM 7.5 MG TABLET	6	60.00	0.07	0.01675	200% Above	No	No
69097015815	MELOXICAM 7.5 MG TABLET	7	60.00	0.07	0.01669	200% Above	No	No
69097015815	MELOXICAM 7.5 MG TABLET	8	30.00	0.07	0.01652	200% Above	No	No
69097015907	MELOXICAM 15 MG TABLET	4	15.00	0.06	0.01933	200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	4	30.00	0.01	0.01933	26%-50% Below	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	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	0.06	0.01933	200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	4	90.00	0.01	0.01933	26%-50% Below	Yes	No
69097015907	MELOXICAM 15 MG TABLET	4	90.00	0.06	0.01933	200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	5	14.00	0.06	0.01907	200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	5	15.00	0.06	0.01907	101%-200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	5	21.00	0.03	0.01907	51%-75% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	5	30.00	0.01	0.01907	26%-50% Below	Yes	No
69097015907	MELOXICAM 15 MG TABLET	5	30.00	0.03	0.01907	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	5	30.00	0.03	0.01907	51%-75% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	5	30.00	0.03	0.01907	51%-75% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	5	30.00	0.03	0.01907	76%-100% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	30.00	0.06	0.01907	200% Above	No	No
69097015907	MELOXICAM 15 MG TABLET	5	30.00	0.06	0.01907	200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	5	45.00	0.03	0.01907	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	5	90.00	0.01	0.01907	26%-50% Below	Yes	No
69097015907	MELOXICAM 15 MG TABLET	5	90.00	0.02	0.01907	10%-25% Below	Yes	No
69097015907	MELOXICAM 15 MG TABLET	5	90.00	0.02	0.01907	10%-25% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	5	90.00	0.06	0.01907	200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	6	14.00	0.06	0.01876	200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	6	30.00	0.01	0.01876	26%-50% Below	Yes	No
69097015907	MELOXICAM 15 MG TABLET	6	30.00	0.03	0.01876	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	6	30.00	0.03	0.01876	51%-75% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	6	30.00	0.03	0.01876	76%-100% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	6	30.00	0.06	0.01876	200% Above	No	No
69097015907	MELOXICAM 15 MG TABLET	6	30.00	0.06	0.01876	200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	6	45.00	0.02	0.01876	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	6	45.00	0.03	0.01876	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	6	90.00	0.02	0.01876	10%-25% Below	Yes	No
69097015907	MELOXICAM 15 MG TABLET	6	90.00	0.02	0.01876	10%-25% Below	Yes	No
69097015907	MELOXICAM 15 MG TABLET	6	90.00	0.06	0.01876	200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	7	14.00	0.06	0.01863	200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	7	28.00	0.03	0.01863	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	7	28.00	0.03	0.01863	51%-75% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	7	30.00	0.03	0.01863	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	7	30.00	0.03	0.01863	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	7	30.00	0.03	0.01863	51%-75% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	30.00	0.04	0.01863	101%-200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	7	30.00	0.06	0.01863	200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	7	45.00	0.02	0.01863	10%-25% Below	Yes	No
69097015907	MELOXICAM 15 MG TABLET	7	90.00	0.02	0.01863	10%-25% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	7	90.00	0.06	0.01863	200% Above	No	No
69097015907	MELOXICAM 15 MG TABLET	7	90.00	0.06	0.01863	200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	8	30.00	0.03	0.01865	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	8	30.00	0.03	0.01865	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	8	30.00	0.03	0.01865	51%-75% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	8	30.00	0.03	0.01865	51%-75% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	8	30.00	0.04	0.01865	101%-200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	8	30.00	0.06	0.01865	200% Above	No	No
69097015907	MELOXICAM 15 MG TABLET	8	30.00	0.06	0.01865	200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	8	45.00	0.03	0.01865	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	8	60.00	0.03	0.01865	51%-75% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	8	90.00	0.06	0.01865	200% Above	Yes	No
69097015912	MELOXICAM 15 MG TABLET	6	30.00	0.04	0.01876	101%-200% Above	No	No
69097015912	MELOXICAM 15 MG TABLET	8	30.00	0.06	0.01865	200% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	4	7.00	0.07	0.01933	200% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	4	30.00	0.04	0.01933	76%-100% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	4	30.00	0.06	0.01933	200% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	4	60.00	0.06	0.01933	200% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	5	30.00	0.04	0.01907	76%-100% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	5	30.00	0.06	0.01907	200% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	6	7.00	0.06	0.01876	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097015915	MELOXICAM 15 MG TABLET	6	30.00	0.03	0.01876	76%-100% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	6	30.00	0.04	0.01876	76%-100% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	6	30.00	0.04	0.01876	101%-200% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	6	30.00	0.06	0.01876	200% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	6	90.00	0.06	0.01876	200% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	7	30.00	0.04	0.01863	101%-200% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	7	30.00	0.06	0.01863	200% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	8	30.00	0.06	0.01865	200% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	8	90.00	0.06	0.01865	200% Above	No	No
69097017353	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	5	90.00	0.04	0.08739	26%-50% Below	Yes	No
69097022316	ALENDRONATE SODIUM 35 MG TAB	8	4.00	1.13	0.28421	200% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	4	12.00	0.02	0.25681	76%-100% Below	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	4	12.00	0.51	0.25681	76%-100% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	5	12.00	0.71	0.25968	101%-200% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	6	12.00	0.13	0.25981	51%-75% Below	Yes	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	6	12.00	0.41	0.25981	51%-75% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	6	12.00	0.53	0.25981	101%-200% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	6	12.00	0.71	0.25981	101%-200% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	6	12.00	0.71	0.25981	101%-200% Above	Yes	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	7	12.00	0.02	0.25708	76%-100% Below	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	7	12.00	0.51	0.25708	76%-100% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	7	12.00	0.71	0.25708	101%-200% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	8	12.00	0.40	0.25788	51%-75% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	8	12.00	0.71	0.25788	101%-200% Above	No	No
69097031987	BUDESONIDE 0.5 MG/2 ML SUSP	4	60.00	0.25	0.70680	51%-75% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097031987	BUDESONIDE 0.5 MG/2 ML SUSP	4	120.00	0.55	0.70680	10%-25% Below	Yes	No
69097031987	BUDESONIDE 0.5 MG/2 ML SUSP	5	60.00	0.25	0.69110	51%-75% Below	Yes	No
69097031987	BUDESONIDE 0.5 MG/2 ML SUSP	5	120.00	0.55	0.69110	10%-25% Below	Yes	No
69097031987	BUDESONIDE 0.5 MG/2 ML SUSP	6	60.00	0.28	0.69263	51%-75% Below	No	No
69097031987	BUDESONIDE 0.5 MG/2 ML SUSP	7	120.00	0.55	0.69311	10%-25% Below	Yes	No
69097038802	DAPAGLIFLOZI TAB 5MG	4	30.00	5.63	.		Yes	No
69097038802	DAPAGLIFLOZI TAB 5MG	4	30.00	12.61	.		Yes	No
69097038802	DAPAGLIFLOZI TAB 5MG	5	90.00	12.61	.		Yes	No
69097038802	DAPAGLIFLOZIN 5 MG TABLET	6	90.00	0.44	0.18453	101%-200% Above	Yes	No
69097038802	DAPAGLIFLOZIN 5 MG TABLET	7	90.00	15.49	0.18453	200% Above	Yes	No
69097038902	DAPAGLIFLOZI TAB 10MG	4	30.00	0.16	.		Yes	No
69097038902	DAPAGLIFLOZI TAB 10MG	4	30.00	5.64	.		Yes	No
69097038902	DAPAGLIFLOZI TAB 10MG	4	30.00	12.61	.		Yes	No
69097038902	DAPAGLIFLOZI TAB 10MG	4	90.00	5.64	.		Yes	No
69097038902	DAPAGLIFLOZI TAB 10MG	5	30.00	0.12	.		Yes	No
69097038902	DAPAGLIFLOZI TAB 10MG	5	30.00	0.16	.		Yes	No
69097038902	DAPAGLIFLOZI TAB 10MG	5	30.00	0.33	.		Yes	No
69097038902	DAPAGLIFLOZI TAB 10MG	5	30.00	0.50	.		Yes	No
69097038902	DAPAGLIFLOZI TAB 10MG	5	30.00	1.68	.		Yes	No
69097038902	DAPAGLIFLOZI TAB 10MG	5	90.00	0.50	.		Yes	No
69097038902	DAPAGLIFLOZI TAB 10MG	5	90.00	1.68	.		Yes	No
69097038902	DAPAGLIFLOZI TAB 10MG	5	90.00	12.61	.		Yes	No
69097038902	DAPAGLIFLOZIN 10 MG TABLET	6	30.00	0.08	0.20494	51%-75% Below	Yes	No
69097038902	DAPAGLIFLOZIN 10 MG TABLET	6	30.00	0.16	0.20494	10%-25% Below	Yes	No
69097038902	DAPAGLIFLOZIN 10 MG TABLET	6	30.00	0.33	0.20494	51%-75% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097038902	DAPAGLIFLOZIN 10 MG TABLET	6	30.00	0.50	0.20494	101%-200% Above	Yes	No
69097038902	DAPAGLIFLOZIN 10 MG TABLET	6	30.00	1.68	0.20494	200% Above	Yes	No
69097038902	DAPAGLIFLOZIN 10 MG TABLET	6	90.00	0.33	0.20494	51%-75% Above	Yes	No
69097038902	DAPAGLIFLOZIN 10 MG TABLET	6	90.00	0.56	0.20494	101%-200% Above	Yes	No
69097038902	DAPAGLIFLOZIN 10 MG TABLET	6	90.00	1.27	0.20494	200% Above	Yes	No
69097038902	DAPAGLIFLOZIN 10 MG TABLET	6	90.00	1.68	0.20494	200% Above	Yes	No
69097038902	DAPAGLIFLOZIN 10 MG TABLET	7	30.00	0.08	0.20494	51%-75% Below	Yes	No
69097038902	DAPAGLIFLOZIN 10 MG TABLET	7	30.00	0.16	0.20494	10%-25% Below	Yes	No
69097038902	DAPAGLIFLOZIN 10 MG TABLET	7	30.00	0.50	0.20494	101%-200% Above	Yes	No
69097038902	DAPAGLIFLOZIN 10 MG TABLET	7	30.00	1.68	0.20494	200% Above	Yes	No
69097038902	DAPAGLIFLOZIN 10 MG TABLET	7	90.00	0.08	0.20494	51%-75% Below	Yes	No
69097038902	DAPAGLIFLOZIN 10 MG TABLET	7	90.00	0.28	0.20494	26%-50% Above	Yes	No
69097038902	DAPAGLIFLOZIN 10 MG TABLET	7	90.00	0.33	0.20494	51%-75% Above	Yes	No
69097038902	DAPAGLIFLOZIN 10 MG TABLET	7	90.00	0.44	0.20494	101%-200% Above	Yes	No
69097038902	DAPAGLIFLOZIN 10 MG TABLET	7	90.00	1.68	0.20494	200% Above	Yes	No
69097038902	DAPAGLIFLOZIN 10 MG TABLET	8	30.00	0.08	0.20494	51%-75% Below	Yes	No
69097038902	DAPAGLIFLOZIN 10 MG TABLET	8	30.00	0.50	0.20494	101%-200% Above	Yes	No
69097038902	DAPAGLIFLOZIN 10 MG TABLET	8	90.00	0.50	0.20494	101%-200% Above	Yes	No
69097038902	DAPAGLIFLOZIN 10 MG TABLET	8	90.00	0.56	0.20494	101%-200% Above	Yes	No
69097038902	DAPAGLIFLOZIN 10 MG TABLET	8	90.00	1.27	0.20494	200% Above	Yes	No
69097040715	METOPROLOL SUCC ER 50 MG TAB	5	30.00	0.22	0.05393	200% Above	No	No
69097040715	METOPROLOL SUCC ER 50 MG TAB	6	30.00	0.22	0.05788	200% Above	No	No
69097040715	METOPROLOL SUCC ER 50 MG TAB	7	30.00	0.22	0.05874	200% Above	No	No
69097040715	METOPROLOL SUCC ER 50 MG TAB	8	30.00	0.22	0.05705	200% Above	No	No
69097042107	CELECOXIB 200 MG CAPSULE	5	30.00	0.23	0.08353	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097042107	CELECOXIB 200 MG CAPSULE	6	30.00	0.23	0.08074	101%-200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	4	14.00	0.23	0.08460	101%-200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	4	30.00	0.23	0.08460	101%-200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	4	30.00	0.50	0.08460	200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	4	60.00	0.17	0.08460	76%-100% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	4	60.00	0.23	0.08460	101%-200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	4	90.00	0.02	0.08460	76%-100% Below	No	No
69097042112	CELECOXIB 200 MG CAPSULE	5	30.00	0.23	0.08353	101%-200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	5	30.00	0.50	0.08353	200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	5	60.00	0.17	0.08353	76%-100% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	5	60.00	0.23	0.08353	101%-200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	6	30.00	0.23	0.08074	101%-200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	6	30.00	0.50	0.08074	200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	6	60.00	0.17	0.08074	101%-200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	6	60.00	0.23	0.08074	101%-200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	6	180.00	0.23	0.08074	101%-200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	7	30.00	0.50	0.07799	200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	7	60.00	0.17	0.07799	101%-200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	7	60.00	0.23	0.07799	101%-200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	8	30.00	0.16	0.07599	101%-200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	8	30.00	0.50	0.07599	200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	8	60.00	0.17	0.07599	101%-200% Above	No	No
69097042207	CELECOXIB 100 MG CAPSULE	5	60.00	0.16	0.07213	101%-200% Above	No	No
69097042207	CELECOXIB 100 MG CAPSULE	6	120.00	0.16	0.06930	101%-200% Above	No	No
69097042207	CELECOXIB 100 MG CAPSULE	7	60.00	0.16	0.06480	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097042207	CELECOXIB 100 MG CAPSULE	8	60.00	0.16	0.06209	101%-200% Above	No	No
69097042212	CELECOXIB 100 MG CAPSULE	5	60.00	0.16	0.07213	101%-200% Above	No	No
69097045805	FENOFIBRATE 145 MG TABLET	5	30.00	0.27	0.11985	101%-200% Above	No	No
69097045805	FENOFIBRATE 145 MG TABLET	5	90.00	0.50	0.11985	200% Above	No	No
69097045805	FENOFIBRATE 145 MG TABLET	6	30.00	0.27	0.11983	101%-200% Above	No	No
69097045805	FENOFIBRATE 145 MG TABLET	7	30.00	0.27	0.11977	101%-200% Above	No	No
69097045805	FENOFIBRATE 145 MG TABLET	8	30.00	0.27	0.12141	101%-200% Above	No	No
69097045905	FENOFIBRATE 48 MG TABLET	4	90.00	0.78	0.08276	200% Above	No	No
69097045905	FENOFIBRATE 48 MG TABLET	8	90.00	0.78	0.08136	200% Above	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	5	2.00	6.39	11.19423	26%-50% Below	No	No
69097053731	TESTOSTERONE CYP 200 MG/ML	5	4.00	7.29	11.19423	26%-50% Below	No	No
69097053731	TESTOSTERONE CYP 200 MG/ML	6	2.00	6.39	11.02886	26%-50% Below	No	No
69097053731	TESTOSTERONE CYP 200 MG/ML	7	4.00	7.29	11.20368	26%-50% Below	No	No
69097053731	TESTOSTERONE CYP 200 MG/ML	7	6.00	5.36	11.20368	51%-75% Below	No	No
69097053731	TESTOSTERONE CYP 200 MG/ML	8	4.00	6.39	11.54640	26%-50% Below	No	No
69097053731	TESTOSTERONE CYP 200 MG/ML	8	4.00	7.29	11.54640	26%-50% Below	No	No
69097057967	FOSFOMYCIN 3 GM SACHET	5	1.00	20.28	31.64220	26%-50% Below	Yes	No
69097057967	FOSFOMYCIN 3 GM SACHET	8	1.00	19.90	26.75419	10%-25% Below	Yes	No
69097064448	SUMATRIPTAN 20 MG NASAL SPRAY	6	6.00	9.00	16.42136	26%-50% Below	Yes	No
69097072044	DICLOFENAC SODIUM 1% GEL	5	100.00	0.19	0.08776	101%-200% Above	Yes	No
69097078912	PRAVASTATIN SODIUM 20 MG TAB	6	90.00	0.13	0.06219	101%-200% Above	Yes	No
69097080232	TESTOSTERONE CYP 200 MG/ML	6	4.00	6.39	11.02886	26%-50% Below	No	No
69097080232	TESTOSTERONE CYP 200 MG/ML	7	4.00	6.39	11.20368	26%-50% Below	No	No
69097080232	TESTOSTERONE CYP 200 MG/ML	8	4.00	6.39	11.54640	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097081507	GABAPENTIN 400 MG CAPSULE	6	30.00	0.03	0.04104	26%-50% Below	Yes	No
69097081507	GABAPENTIN 400 MG CAPSULE	7	30.00	0.03	0.04063	26%-50% Below	Yes	No
69097082103	GEMFIBROZIL 600 MG TABLET	4	60.00	0.06	0.10300	26%-50% Below	No	No
69097082103	GEMFIBROZIL 600 MG TABLET	8	60.00	0.06	0.10452	26%-50% Below	No	No
69097082112	GEMFIBROZIL 600 MG TABLET	4	60.00	0.06	0.10300	26%-50% Below	No	No
69097082112	GEMFIBROZIL 600 MG TABLET	5	60.00	0.06	0.10364	26%-50% Below	No	No
69097082112	GEMFIBROZIL 600 MG TABLET	6	60.00	0.06	0.10337	26%-50% Below	No	No
69097082112	GEMFIBROZIL 600 MG TABLET	6	180.00	0.06	0.10337	26%-50% Below	No	No
69097082112	GEMFIBROZIL 600 MG TABLET	7	60.00	0.06	0.10439	26%-50% Below	No	No
69097082112	GEMFIBROZIL 600 MG TABLET	8	60.00	0.06	0.10452	26%-50% Below	No	No
69097082207	CITALOPRAM HBR 10 MG TABLET	5	30.00	0.12	0.02555	200% Above	No	No
69097082212	CITALOPRAM HBR 10 MG TABLET	4	30.00	0.12	0.02536	200% Above	No	No
69097082212	CITALOPRAM HBR 10 MG TABLET	5	30.00	0.12	0.02555	200% Above	No	No
69097082212	CITALOPRAM HBR 10 MG TABLET	6	30.00	0.12	0.02472	200% Above	No	No
69097082212	CITALOPRAM HBR 10 MG TABLET	7	30.00	0.12	0.02426	200% Above	No	No
69097082212	CITALOPRAM HBR 10 MG TABLET	8	30.00	0.12	0.02464	200% Above	No	No
69097082307	CITALOPRAM HBR 20 MG TABLET	5	7.00	0.11	0.02876	200% Above	No	No
69097082307	CITALOPRAM HBR 20 MG TABLET	5	60.00	0.01	0.02876	51%-75% Below	No	No
69097082307	CITALOPRAM HBR 20 MG TABLET	6	60.00	0.01	0.02840	26%-50% Below	No	No
69097082307	CITALOPRAM HBR 20 MG TABLET	6	90.00	0.11	0.02840	200% Above	No	No
69097082307	CITALOPRAM HBR 20 MG TABLET	7	60.00	0.01	0.02844	26%-50% Below	No	No
69097082307	CITALOPRAM HBR 20 MG TABLET	7	90.00	0.11	0.02844	200% Above	No	No
69097082307	CITALOPRAM HBR 20 MG TABLET	8	60.00	0.01	0.02900	51%-75% Below	No	No
69097082312	CITALOPRAM HBR 20 MG TABLET	4	30.00	0.11	0.02890	200% Above	No	No
69097082312	CITALOPRAM HBR 20 MG TABLET	5	30.00	0.11	0.02876	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097082312	CITALOPRAM HBR 20 MG TABLET	6	30.00	0.11	0.02840	200% Above	No	No
69097082312	CITALOPRAM HBR 20 MG TABLET	7	30.00	0.11	0.02844	200% Above	No	No
69097082312	CITALOPRAM HBR 20 MG TABLET	8	30.00	0.11	0.02900	200% Above	No	No
69097082412	CITALOPRAM HBR 40 MG TABLET	4	30.00	0.01	0.04366	76%-100% Below	No	No
69097082412	CITALOPRAM HBR 40 MG TABLET	5	30.00	0.01	0.04305	76%-100% Below	No	No
69097082412	CITALOPRAM HBR 40 MG TABLET	5	90.00	0.11	0.04305	101%-200% Above	No	No
69097082412	CITALOPRAM HBR 40 MG TABLET	6	30.00	0.01	0.04231	76%-100% Below	No	No
69097082412	CITALOPRAM HBR 40 MG TABLET	7	90.00	0.03	0.04211	10%-25% Below	No	No
69097082412	CITALOPRAM HBR 40 MG TABLET	8	90.00	0.11	0.04200	101%-200% Above	No	No
69097082502	RALOXIFENE HCL 60 MG TABLET	5	90.00	0.13	0.24044	26%-50% Below	No	No
69097083305	SERTRALINE HCL 25 MG TABLET	4	30.00	0.06	0.02999	76%-100% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	4	30.00	0.11	0.02999	200% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	5	30.00	0.06	0.02978	76%-100% Above	Yes	No
69097083312	SERTRALINE HCL 25 MG TABLET	4	15.00	0.11	0.02999	200% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	4	30.00	0.06	0.02999	76%-100% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	4	90.00	0.11	0.02999	200% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	5	30.00	0.06	0.02978	76%-100% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	5	90.00	0.11	0.02978	200% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	6	30.00	0.06	0.02864	101%-200% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	6	30.00	0.06	0.02864	101%-200% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	6	30.00	0.11	0.02864	200% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	6	45.00	0.11	0.02864	200% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	7	30.00	0.11	0.02856	200% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	8	30.00	0.11	0.02818	200% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	8	90.00	0.11	0.02818	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	30.00	0.05	0.03450	26%-50% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	5	30.00	0.10	0.03457	101%-200% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	7	30.00	0.05	0.03468	26%-50% Above	No	No
69097083502	SERTRALINE HCL 100 MG TABLET	7	90.00	0.06	0.05087	10%-25% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	4	15.00	0.12	0.04965	101%-200% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	4	30.00	0.08	0.04965	51%-75% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	4	30.00	0.12	0.04965	101%-200% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	4	90.00	0.06	0.04965	10%-25% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	5	7.00	0.12	0.04983	101%-200% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	5	90.00	0.12	0.04983	101%-200% Above	No	No
69097084087	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	5	180.00	0.04	0.08739	26%-50% Below	No	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	4	10.00	0.04	0.02108	101%-200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	4	21.00	0.09	0.02108	200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	4	30.00	0.03	0.02108	26%-50% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	4	30.00	0.03	0.02108	26%-50% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	4	30.00	0.09	0.02108	200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	4	60.00	0.01	0.02108	26%-50% Below	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	4	90.00	0.09	0.02108	200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	5	20.00	0.09	0.02132	200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	5	30.00	0.03	0.02132	26%-50% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	5	30.00	0.09	0.02132	200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	5	60.00	0.01	0.02132	26%-50% Below	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	5	90.00	0.09	0.02132	200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	6	30.00	0.01	0.02110	26%-50% Below	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	6	30.00	0.03	0.02110	26%-50% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	30.00	0.03	0.02110	26%-50% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	6	30.00	0.09	0.02110	200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	6	60.00	0.01	0.02110	26%-50% Below	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	6	60.00	0.09	0.02110	200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	6	90.00	0.09	0.02110	200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	7	20.00	0.04	0.02112	76%-100% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	7	30.00	0.01	0.02112	51%-75% Below	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	7	30.00	0.03	0.02112	26%-50% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	7	30.00	0.09	0.02112	200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	7	60.00	0.01	0.02112	26%-50% Below	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	7	60.00	0.09	0.02112	200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	7	90.00	0.02	0.02112	10%-25% Below	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	7	90.00	0.09	0.02112	200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	8	21.00	0.04	0.02145	76%-100% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	8	30.00	0.03	0.02145	26%-50% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	8	60.00	0.09	0.02145	200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	8	90.00	0.09	0.02145	200% Above	Yes	No
69097084607	CYCLOBENZAPRINE 10 MG TABLET	5	45.00	0.09	0.01770	200% Above	No	No
69097084607	CYCLOBENZAPRINE 10 MG TABLET	6	45.00	0.09	0.01768	200% Above	No	No
69097084607	CYCLOBENZAPRINE 10 MG TABLET	8	45.00	0.09	0.01695	200% Above	No	No
69097084615	CYCLOBENZAPRINE 10 MG TABLET	5	30.00	0.09	0.01770	200% Above	Yes	No
69097084615	CYCLOBENZAPRINE 10 MG TABLET	7	20.00	0.09	0.01731	200% Above	Yes	No
69097084705	ESCITALOPRAM 5 MG TABLET	5	90.00	0.01	0.04188	76%-100% Below	No	No
69097084705	ESCITALOPRAM 5 MG TABLET	6	90.00	0.09	0.04215	101%-200% Above	Yes	No
69097084705	ESCITALOPRAM 5 MG TABLET	6	90.00	0.12	0.04215	101%-200% Above	Yes	No

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69097084705	ESCITALOPRAM 5 MG TABLET	8	90.00	0.01	0.04192	51%-75% Below	No	No
69097084705	ESCITALOPRAM 5 MG TABLET	8	90.00	0.07	0.04192	51%-75% Above	Yes	No
69097084805	ESCITALOPRAM 10 MG TABLET	6	45.00	0.13	0.03941	200% Above	Yes	No
69097084805	ESCITALOPRAM 10 MG TABLET	6	90.00	0.01	0.03941	51%-75% Below	No	No
69097084805	ESCITALOPRAM 10 MG TABLET	6	90.00	0.13	0.03941	200% Above	Yes	No
69097084805	ESCITALOPRAM 10 MG TABLET	8	30.00	0.13	0.03940	200% Above	No	No
69097084905	ESCITALOPRAM 20 MG TABLET	4	30.00	0.11	0.06129	76%-100% Above	No	No
69097084905	ESCITALOPRAM 20 MG TABLET	4	90.00	0.09	0.06129	26%-50% Above	No	No
69097084905	ESCITALOPRAM 20 MG TABLET	5	30.00	0.11	0.06332	76%-100% Above	No	No
69097084905	ESCITALOPRAM 20 MG TABLET	5	45.00	0.11	0.06332	76%-100% Above	No	No
69097084905	ESCITALOPRAM 20 MG TABLET	5	90.00	0.11	0.06332	76%-100% Above	Yes	No
69097084905	ESCITALOPRAM 20 MG TABLET	5	180.00	0.11	0.06332	51%-75% Above	No	No
69097084905	ESCITALOPRAM 20 MG TABLET	6	90.00	0.09	0.06389	26%-50% Above	No	No
69097084905	ESCITALOPRAM 20 MG TABLET	7	90.00	0.09	0.06372	26%-50% Above	Yes	No
69097084905	ESCITALOPRAM 20 MG TABLET	7	90.00	0.09	0.06372	26%-50% Above	Yes	No
69097084905	ESCITALOPRAM 20 MG TABLET	7	90.00	0.11	0.06372	76%-100% Above	No	No
69097084905	ESCITALOPRAM 20 MG TABLET	7	180.00	0.10	0.06372	51%-75% Above	No	No
69097084905	ESCITALOPRAM 20 MG TABLET	8	30.00	0.12	0.06278	76%-100% Above	No	No
69097085902	TERBINAFINE HCL 250 MG TABLET	4	90.00	0.08	0.14087	26%-50% Below	Yes	No
69097085907	TERBINAFINE HCL 250 MG TABLET	7	28.00	0.18	0.13243	26%-50% Above	No	No
69097085907	TERBINAFINE HCL 250 MG TABLET	8	21.00	0.18	0.13560	26%-50% Above	No	No
69097086107	ZONISAMIDE 100 MG CAPSULE	4	60.00	0.15	0.10762	26%-50% Above	Yes	No
69097086107	ZONISAMIDE 100 MG CAPSULE	5	60.00	0.15	0.10774	26%-50% Above	Yes	No
69097086107	ZONISAMIDE 100 MG CAPSULE	6	60.00	0.15	0.10778	26%-50% Above	Yes	No
69097086107	ZONISAMIDE 100 MG CAPSULE	7	60.00	0.13	0.10754	10%-25% Above	Yes	No

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69097086107	ZONISAMIDE 100 MG CAPSULE	8	60.00	0.13	0.10667	10%-25% Above	Yes	No
69097092068	LIRAGLUTIDE 3-PAK 18 MG/3 ML	5	27.00	25.47	34.69297	26%-50% Below	Yes	No
69097092068	LIRAGLUTIDE 3-PAK 18 MG/3 ML	8	9.00	25.47	32.00168	10%-25% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	5	60.00	0.06	0.03246	76%-100% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	5	180.00	0.06	0.03246	76%-100% Above	Yes	No
69097096507	NABUMETONE 500 MG TABLET	4	270.00	0.16	0.13161	10%-25% Above	No	No
69097096507	NABUMETONE 500 MG TABLET	8	60.00	0.16	0.12425	26%-50% Above	No	No
69097096512	NABUMETONE 500 MG TABLET	6	180.00	0.16	0.13141	10%-25% Above	No	No
69097098102	VILAZODONE HCL 20 MG TABLET	4	90.00	0.42	0.85825	26%-50% Below	Yes	No
69097098202	VILAZODONE HCL 40 MG TABLET	5	30.00	1.98	1.19837	51%-75% Above	No	No
69097098202	VILAZODONE HCL 40 MG TABLET	6	30.00	1.98	1.11772	76%-100% Above	No	No
69097098202	VILAZODONE HCL 40 MG TABLET	7	90.00	1.98	1.00748	76%-100% Above	No	No
69230030001	ALLERGY RELIEF 180 MG TABLET	4	30.00	0.10	0.24801	51%-75% Below	No	No
69230030001	ALLERGY RELIEF 180 MG TABLET	5	30.00	0.15	0.24434	26%-50% Below	No	No
69230030001	ALLERGY RELIEF 180 MG TABLET	5	60.00	0.15	0.24434	26%-50% Below	No	No
69230030001	ALLERGY RELIEF 180 MG TABLET	5	90.00	0.08	0.24434	51%-75% Below	No	No
69230030001	ALLERGY RELIEF 180 MG TABLET	5	90.00	0.15	0.24434	26%-50% Below	No	No
69230030001	ALLERGY RELIEF 180 MG TABLET	7	30.00	0.15	0.23781	26%-50% Below	No	No
69230030001	ALLERGY RELIEF 180 MG TABLET	7	90.00	0.15	0.23781	26%-50% Below	No	No
69230032436	POLYETHYLENE GLYCOL 3350 POWD	7	510.00	0.05	0.02043	101%-200% Above	No	No
69238101302	TESTOSTERONE 1.62% GEL PUMP	4	75.00	11.87	0.44588	200% Above	No	No
69238110002	DOXYCYCLINE HYCLATE 100 MG CAP	4	20.00	0.77	0.11523	200% Above	No	No
69238110002	DOXYCYCLINE HYCLATE 100 MG CAP	4	28.00	0.77	0.11523	200% Above	No	No
69238110002	DOXYCYCLINE HYCLATE 100 MG CAP	5	14.00	0.21	0.11447	76%-100% Above	No	No
69238110002	DOXYCYCLINE HYCLATE 100 MG CAP	5	20.00	0.21	0.11447	76%-100% Above	No	No

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69238110002	DOXYCYCLINE HYCLATE 100 MG CAP	5	20.00	0.75	0.11447	200% Above	No	No
69238110002	DOXYCYCLINE HYCLATE 100 MG CAP	5	90.00	0.77	0.11447	200% Above	No	No
69238110002	DOXYCYCLINE HYCLATE 100 MG CAP	6	14.00	0.21	0.11188	76%-100% Above	No	No
69238110002	DOXYCYCLINE HYCLATE 100 MG CAP	6	20.00	0.21	0.11188	76%-100% Above	No	No
69238110002	DOXYCYCLINE HYCLATE 100 MG CAP	6	28.00	0.36	0.11188	200% Above	No	No
69238110002	DOXYCYCLINE HYCLATE 100 MG CAP	7	20.00	0.21	0.10861	76%-100% Above	No	No
69238110002	DOXYCYCLINE HYCLATE 100 MG CAP	7	20.00	0.77	0.10861	200% Above	No	No
69238110002	DOXYCYCLINE HYCLATE 100 MG CAP	7	30.00	0.50	0.10861	200% Above	No	No
69238110002	DOXYCYCLINE HYCLATE 100 MG CAP	8	14.00	0.21	0.10486	76%-100% Above	No	No
69238110002	DOXYCYCLINE HYCLATE 100 MG CAP	8	14.00	0.77	0.10486	200% Above	No	No
69238110002	DOXYCYCLINE HYCLATE 100 MG CAP	8	20.00	0.21	0.10486	76%-100% Above	No	No
69238110002	DOXYCYCLINE HYCLATE 100 MG CAP	8	20.00	0.25	0.10486	101%-200% Above	No	No
69238110002	DOXYCYCLINE HYCLATE 100 MG CAP	8	30.00	0.50	0.10486	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	4	30.00	0.01	0.07238	76%-100% Below	No	No
69238115403	EZETIMIBE 10 MG TABLET	4	30.00	0.30	0.07238	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	4	90.00	0.30	0.07238	200% Above	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	0.50	0.07238	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	5	30.00	0.30	0.07149	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	5	90.00	0.22	0.07149	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	5	90.00	0.30	0.07149	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	5	90.00	0.50	0.07149	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	6	30.00	0.30	0.06910	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	6	90.00	0.30	0.06910	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	7	30.00	0.30	0.06719	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	30.00	0.33	0.06719	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	7	90.00	0.30	0.06719	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	7	90.00	0.33	0.06719	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	7	90.00	0.50	0.06719	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	8	30.00	0.30	0.06747	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	8	90.00	0.02	0.06747	51%-75% Below	No	No
69238115403	EZETIMIBE 10 MG TABLET	8	90.00	0.30	0.06747	200% Above	No	No
69238117009	DOXEPIN 25 MG CAPSULE	5	30.00	0.08	0.13100	26%-50% Below	No	No
69238117009	DOXEPIN 25 MG CAPSULE	6	30.00	0.08	0.12805	26%-50% Below	No	No
69238117603	ISOTRETINOIN 40 MG CAPSULE	4	60.00	1.14	2.15533	26%-50% Below	Yes	No
69238117603	ISOTRETINOIN 40 MG CAPSULE	5	60.00	1.14	2.18087	26%-50% Below	Yes	No
69238117603	ISOTRETINOIN 40 MG CAPSULE	6	60.00	1.09	2.16722	26%-50% Below	Yes	No
69238120202	BUPRENORPHINE 5 MCG/HR PATCH	7	4.00	12.54	22.92249	26%-50% Below	Yes	No
69238120302	BUPRENORPHINE 10 MCG/HR PATCH	4	4.00	5.00	29.88079	76%-100% Below	No	No
69238120302	BUPRENORPHINE 10 MCG/HR PATCH	5	4.00	5.00	30.58574	76%-100% Below	No	No
69238120302	BUPRENORPHINE 10 MCG/HR PATCH	6	4.00	12.18	31.31394	51%-75% Below	No	No
69238120302	BUPRENORPHINE 10 MCG/HR PATCH	7	4.00	19.14	31.32023	26%-50% Below	No	No
69238120402	BUPRENORPHINE 15 MCG/HR PATCH	4	4.00	22.70	44.15102	26%-50% Below	Yes	No
69238120402	BUPRENORPHINE 15 MCG/HR PATCH	6	4.00	26.16	45.91397	26%-50% Below	Yes	No
69238120402	BUPRENORPHINE 15 MCG/HR PATCH	7	4.00	26.16	50.15984	26%-50% Below	Yes	No
69238129101	ALBUTEROL AER HFA	4	8.50	1.58	.		No	No
69238129101	ALBUTEROL HFA 90 MCG INHALER	5	8.50	1.10	1.65349	26%-50% Below	No	No
69238129101	ALBUTEROL HFA 90 MCG INHALER	5	8.50	1.18	1.65349	26%-50% Below	No	No
69238129101	ALBUTEROL HFA 90 MCG INHALER	5	8.50	1.31	1.65349	10%-25% Below	No	No
69238129101	ALBUTEROL HFA 90 MCG INHALER	6	8.50	1.10	1.59857	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69238129101	ALBUTEROL HFA 90 MCG INHALER	6	8.50	1.31	1.59857	10%-25% Below	No	No
69238129101	ALBUTEROL HFA 90 MCG INHALER	7	8.50	1.09	1.53595	26%-50% Below	No	No
69238129101	ALBUTEROL HFA 90 MCG INHALER	7	8.50	1.10	1.53595	26%-50% Below	No	No
69238129101	ALBUTEROL HFA 90 MCG INHALER	7	8.50	1.31	1.53595	10%-25% Below	No	No
69238131109	PREGABALIN 50 MG CAPSULE	4	90.00	0.31	0.04651	200% Above	No	No
69238131109	PREGABALIN 50 MG CAPSULE	6	90.00	0.31	0.04634	200% Above	No	No
69238131109	PREGABALIN 50 MG CAPSULE	8	90.00	0.31	0.04705	200% Above	No	No
69238131209	PREGABALIN 75 MG CAPSULE	4	90.00	0.03	0.05088	26%-50% Below	No	No
69238131209	PREGABALIN 75 MG CAPSULE	4	90.00	0.31	0.05088	200% Above	No	No
69238131209	PREGABALIN 75 MG CAPSULE	5	90.00	0.03	0.05002	26%-50% Below	No	No
69238131309	PREGABALIN 100 MG CAPSULE	4	90.00	0.31	0.05447	200% Above	No	No
69238131309	PREGABALIN 100 MG CAPSULE	5	60.00	0.31	0.05320	200% Above	No	No
69238131309	PREGABALIN 100 MG CAPSULE	5	90.00	0.31	0.05320	200% Above	No	No
69238131309	PREGABALIN 100 MG CAPSULE	6	60.00	0.31	0.05310	200% Above	No	No
69238131309	PREGABALIN 100 MG CAPSULE	6	90.00	0.03	0.05310	26%-50% Below	No	No
69238131309	PREGABALIN 100 MG CAPSULE	6	180.00	0.31	0.05310	200% Above	No	No
69238131309	PREGABALIN 100 MG CAPSULE	7	60.00	0.31	0.05293	200% Above	No	No
69238131309	PREGABALIN 100 MG CAPSULE	7	90.00	0.31	0.05293	200% Above	No	No
69238131309	PREGABALIN 100 MG CAPSULE	8	60.00	0.31	0.05465	200% Above	No	No
69238131409	PREGABALIN 150 MG CAPSULE	4	60.00	0.32	0.05143	200% Above	No	No
69238131409	PREGABALIN 150 MG CAPSULE	6	60.00	0.32	0.05050	200% Above	No	No
69238131709	PREGABALIN 300 MG CAPSULE	4	60.00	0.30	0.06604	200% Above	No	No
69238131709	PREGABALIN 300 MG CAPSULE	5	60.00	0.30	0.06523	200% Above	No	No
69238131709	PREGABALIN 300 MG CAPSULE	6	60.00	0.30	0.06584	200% Above	No	No
69238131709	PREGABALIN 300 MG CAPSULE	8	60.00	0.30	0.06438	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	180.00	0.20	0.25765	10%-25% Below	Yes	No
69238149001	BUMETANIDE 1 MG TABLET	7	30.00	0.15	0.10782	26%-50% Above	No	No
69238149001	BUMETANIDE 1 MG TABLET	7	30.00	0.50	0.10782	200% Above	No	No
69238149105	BUMETANIDE 2 MG TABLET	5	30.00	0.10	0.18000	26%-50% Below	No	No
69238149105	BUMETANIDE 2 MG TABLET	7	30.00	0.10	0.17167	26%-50% Below	No	No
69238153406	FLUOCINONIDE 0.05% CREAM	6	60.00	0.22	0.24686	10%-25% Below	Yes	No
69238153909	FROVATRIPTAN SUCC 2.5 MG TAB	5	9.00	8.01	3.23216	101%-200% Above	No	No
69238154405	HYDROXYCHLOROQUINE 200 MG TAB	5	90.00	0.45	0.15868	101%-200% Above	Yes	No
69238154405	HYDROXYCHLOROQUINE 200 MG TAB	8	90.00	0.45	0.14854	101%-200% Above	Yes	No
69238161503	OFLOXACIN 0.3% EAR DROPS	5	10.00	3.32	1.11986	101%-200% Above	No	No
69238161503	OFLOXACIN 0.3% EAR DROPS	6	5.00	3.32	1.11959	101%-200% Above	No	No
69238173208	CLOBETASOL 0.05% SHAMPOO	5	118.00	0.10	0.24543	51%-75% Below	Yes	No
69238183007	LEVOTHYROXINE 25 MCG TABLET	4	30.00	0.05	0.03796	26%-50% Above	No	No
69238183007	LEVOTHYROXINE 25 MCG TABLET	4	30.00	0.12	0.03796	200% Above	No	No
69238183007	LEVOTHYROXINE 25 MCG TABLET	4	90.00	0.12	0.03796	200% Above	Yes	No
69238183007	LEVOTHYROXINE 25 MCG TABLET	6	90.00	0.12	0.03624	200% Above	Yes	No
69238183007	LEVOTHYROXINE 25 MCG TABLET	7	90.00	0.12	0.03587	200% Above	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	4	90.00	0.03	0.04736	26%-50% Below	Yes	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	6	90.00	0.11	0.04483	101%-200% Above	Yes	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	7	90.00	0.03	0.04323	26%-50% Below	Yes	No
69238183307	LEVOTHYROXINE 88 MCG TABLET	4	90.00	0.17	0.05416	200% Above	Yes	No
69238183307	LEVOTHYROXINE 88 MCG TABLET	7	90.00	0.13	0.05247	101%-200% Above	Yes	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	4	30.00	0.04	0.05322	10%-25% Below	No	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	4	90.00	0.31	0.05322	200% Above	Yes	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	5	30.00	0.04	0.05205	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69238183407	LEVOTHYROXINE 100 MCG TABLET	7	30.00	0.04	0.05161	10%-25% Below	No	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	7	90.00	0.23	0.05161	200% Above	Yes	No
69238183507	LEVOTHYROXINE 112 MCG TABLET	6	30.00	0.05	0.06164	10%-25% Below	Yes	No
69238183507	LEVOTHYROXINE 112 MCG TABLET	7	30.00	0.05	0.06035	10%-25% Below	Yes	No
69238183607	LEVOTHYROXINE 125 MCG TABLET	5	90.00	0.17	0.06056	101%-200% Above	No	No
69238183807	LEVOTHYROXINE 150 MCG TABLET	6	80.00	0.22	0.06350	200% Above	Yes	No
69238199107	DIGOXIN 125 MCG TABLET	5	90.00	0.16	0.11784	26%-50% Above	Yes	No
69238201702	IPRATROPIUM 0.06% SPRAY	3	45.00	0.56	0.85238	26%-50% Below	No	No
69238201702	IPRATROPIUM 0.06% SPRAY	6	15.00	0.56	0.83917	26%-50% Below	No	No
69238207701	PROPRANOLOL 10 MG TABLET	4	30.00	0.14	0.05049	101%-200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	4	30.00	0.17	0.05049	200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	4	60.00	0.08	0.05049	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	4	180.00	0.08	0.05049	26%-50% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	5	30.00	0.14	0.05055	101%-200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	5	60.00	0.08	0.05055	26%-50% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	5	60.00	0.14	0.05055	101%-200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	5	90.00	0.01	0.05055	76%-100% Below	No	No
69238207701	PROPRANOLOL 10 MG TABLET	5	90.00	0.08	0.05055	26%-50% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	5	90.00	0.13	0.05055	101%-200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	5	180.00	0.08	0.05055	26%-50% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	5	270.00	0.08	0.05055	26%-50% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	6	30.00	0.08	0.05031	26%-50% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	6	30.00	0.14	0.05031	101%-200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	6	60.00	0.08	0.05031	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	90.00	0.08	0.05031	26%-50% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	7	30.00	0.14	0.04858	101%-200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	7	60.00	0.08	0.04858	51%-75% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	8	24.00	0.16	0.04750	200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	8	90.00	0.08	0.04750	51%-75% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	8	180.00	0.08	0.04750	51%-75% Above	No	No
69238207707	PROPRANOLOL 10 MG TABLET	2	60.00	0.06	0.05068	10%-25% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	4	30.00	0.08	0.05049	26%-50% Above	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	60.00	0.19	0.05049	200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	4	90.00	0.08	0.05049	26%-50% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	4	90.00	0.11	0.05049	101%-200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	4	90.00	0.19	0.05049	200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	4	180.00	0.08	0.05049	26%-50% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	5	24.00	0.22	0.05055	200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	5	30.00	0.08	0.05055	26%-50% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	5	60.00	0.08	0.05055	26%-50% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	5	60.00	0.19	0.05055	200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	5	90.00	0.08	0.05055	26%-50% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	5	90.00	0.11	0.05055	101%-200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	5	180.00	0.08	0.05055	26%-50% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	6	2.00	0.08	0.05031	26%-50% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	6	30.00	0.08	0.05031	26%-50% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	6	30.00	0.17	0.05031	200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	6	60.00	0.08	0.05031	26%-50% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	90.00	0.11	0.05031	101%-200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	6	90.00	0.13	0.05031	101%-200% Above	No	No
69238207707	PROPRANOLOL 10 MG TABLET	6	90.00	0.13	0.05031	101%-200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	6	180.00	0.03	0.05031	26%-50% Below	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	6	180.00	0.08	0.05031	26%-50% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	6	360.00	0.03	0.05031	26%-50% Below	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	7	30.00	0.08	0.04858	51%-75% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	7	60.00	0.08	0.04858	51%-75% Above	No	No
69238207707	PROPRANOLOL 10 MG TABLET	7	60.00	0.08	0.04858	51%-75% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	7	60.00	0.16	0.04858	200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	7	60.00	0.17	0.04858	200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	7	90.00	0.02	0.04858	26%-50% Below	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	7	90.00	0.08	0.04858	51%-75% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	7	90.00	0.11	0.04858	101%-200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	7	180.00	0.06	0.04858	10%-25% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	8	30.00	0.08	0.04750	51%-75% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	8	60.00	0.08	0.04750	51%-75% Above	No	No
69238207707	PROPRANOLOL 10 MG TABLET	8	60.00	0.08	0.04750	51%-75% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	8	60.00	0.16	0.04750	200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	8	60.00	0.17	0.04750	200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	8	90.00	0.03	0.04750	26%-50% Below	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	8	90.00	0.08	0.04750	51%-75% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	8	90.00	0.11	0.04750	101%-200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	8	180.00	0.15	0.04750	200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	12	60.00	0.02	0.04983	51%-75% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	60.00	0.07	0.05418	26%-50% Above	No	No
69238207801	PROPRANOLOL 20 MG TABLET	5	60.00	0.07	0.05466	26%-50% Above	No	No
69238207801	PROPRANOLOL 20 MG TABLET	6	60.00	0.07	0.05341	26%-50% Above	No	No
69238207801	PROPRANOLOL 20 MG TABLET	6	180.00	0.11	0.05341	101%-200% Above	No	No
69238207801	PROPRANOLOL 20 MG TABLET	7	60.00	0.07	0.05250	26%-50% Above	No	No
69238207801	PROPRANOLOL 20 MG TABLET	8	30.00	0.08	0.05019	26%-50% Above	No	No
69238207801	PROPRANOLOL 20 MG TABLET	8	60.00	0.07	0.05019	26%-50% Above	No	No
69238207807	PROPRANOLOL 20 MG TABLET	4	30.00	0.08	0.05418	26%-50% Above	No	No
69238207807	PROPRANOLOL 20 MG TABLET	4	60.00	0.07	0.05418	26%-50% Above	No	No
69238207807	PROPRANOLOL 20 MG TABLET	4	60.00	0.07	0.05418	26%-50% Above	Yes	No
69238207807	PROPRANOLOL 20 MG TABLET	4	90.00	0.20	0.05418	200% Above	Yes	No
69238207807	PROPRANOLOL 20 MG TABLET	4	180.00	0.17	0.05418	200% Above	Yes	No
69238207807	PROPRANOLOL 20 MG TABLET	5	24.00	0.08	0.05466	26%-50% Above	Yes	No
69238207807	PROPRANOLOL 20 MG TABLET	5	30.00	0.08	0.05466	26%-50% Above	No	No
69238207807	PROPRANOLOL 20 MG TABLET	5	60.00	0.07	0.05466	26%-50% Above	No	No
69238207807	PROPRANOLOL 20 MG TABLET	5	60.00	0.07	0.05466	26%-50% Above	Yes	No
69238207807	PROPRANOLOL 20 MG TABLET	5	60.00	0.17	0.05466	200% Above	Yes	No
69238207807	PROPRANOLOL 20 MG TABLET	5	180.00	0.07	0.05466	26%-50% Above	No	No
69238207807	PROPRANOLOL 20 MG TABLET	5	180.00	0.07	0.05466	26%-50% Above	Yes	No
69238207807	PROPRANOLOL 20 MG TABLET	5	180.00	0.16	0.05466	101%-200% Above	Yes	No
69238207807	PROPRANOLOL 20 MG TABLET	6	30.00	0.08	0.05341	26%-50% Above	No	No
69238207807	PROPRANOLOL 20 MG TABLET	6	60.00	0.07	0.05341	26%-50% Above	No	No
69238207807	PROPRANOLOL 20 MG TABLET	6	180.00	0.07	0.05341	26%-50% Above	No	No
69238207807	PROPRANOLOL 20 MG TABLET	7	24.00	0.08	0.05250	26%-50% Above	Yes	No
69238207807	PROPRANOLOL 20 MG TABLET	7	30.00	0.03	0.05250	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69238207807	PROPRANOLOL 20 MG TABLET	7	30.00	0.08	0.05250	26%-50% Above	No	No
69238207807	PROPRANOLOL 20 MG TABLET	7	60.00	0.07	0.05250	26%-50% Above	No	No
69238207807	PROPRANOLOL 20 MG TABLET	7	60.00	0.17	0.05250	200% Above	Yes	No
69238207807	PROPRANOLOL 20 MG TABLET	7	180.00	0.17	0.05250	200% Above	Yes	No
69238207807	PROPRANOLOL 20 MG TABLET	8	60.00	0.07	0.05019	26%-50% Above	No	No
69238207807	PROPRANOLOL 20 MG TABLET	8	60.00	0.07	0.05019	26%-50% Above	Yes	No
69238207901	PROPRANOLOL 40 MG TABLET	4	30.00	0.10	0.08221	10%-25% Above	No	No
69238207901	PROPRANOLOL 40 MG TABLET	4	60.00	0.17	0.08221	101%-200% Above	No	No
69238207901	PROPRANOLOL 40 MG TABLET	5	30.00	0.10	0.08290	10%-25% Above	No	No
69238207901	PROPRANOLOL 40 MG TABLET	5	60.00	0.17	0.08290	76%-100% Above	No	No
69238207901	PROPRANOLOL 40 MG TABLET	5	90.00	0.10	0.08290	10%-25% Above	No	No
69238207901	PROPRANOLOL 40 MG TABLET	6	30.00	0.10	0.08078	10%-25% Above	No	No
69238207901	PROPRANOLOL 40 MG TABLET	6	60.00	0.02	0.08078	51%-75% Below	No	No
69238207901	PROPRANOLOL 40 MG TABLET	6	60.00	0.17	0.08078	101%-200% Above	No	No
69238207901	PROPRANOLOL 40 MG TABLET	6	60.00	0.25	0.08078	200% Above	No	No
69238207901	PROPRANOLOL 40 MG TABLET	7	30.00	0.10	0.07809	26%-50% Above	No	No
69238207901	PROPRANOLOL 40 MG TABLET	7	180.00	0.02	0.07809	51%-75% Below	No	No
69238207901	PROPRANOLOL 40 MG TABLET	8	30.00	0.10	0.07640	26%-50% Above	No	No
69238207901	PROPRANOLOL 40 MG TABLET	8	90.00	0.10	0.07640	26%-50% Above	No	No
69238207907	PROPRANOLOL 40 MG TABLET	4	180.00	0.10	0.08221	10%-25% Above	Yes	No
69238207907	PROPRANOLOL 40 MG TABLET	5	30.00	0.33	0.08290	200% Above	Yes	No
69238207907	PROPRANOLOL 40 MG TABLET	6	30.00	0.33	0.08078	200% Above	Yes	No
69238207907	PROPRANOLOL 40 MG TABLET	7	30.00	0.30	0.07809	200% Above	Yes	No
69238207907	PROPRANOLOL 40 MG TABLET	8	30.00	0.30	0.07640	200% Above	Yes	No
69238208001	PROPRANOLOL 60 MG TABLET	6	180.00	0.27	0.14395	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69238208101	PROPRANOLOL 80 MG TABLET	6	90.00	0.12	0.16444	26%-50% Below	No	No
69238273101	SACUBITRIL-VALSARTAN 24-26 MG	6	60.00	0.65	0.53060	10%-25% Above	No	No
69238286001	MIRABEGRON ER 25 MG TABLET	7	30.00	6.63	9.33153	26%-50% Below	No	No
69238286001	MIRABEGRON ER 25 MG TABLET	8	30.00	6.63	9.39921	26%-50% Below	No	No
69238286001	MIRABEGRON ER 25 MG TABLET	8	90.00	6.63	9.39921	26%-50% Below	No	No
69292053010	PROPRANOLOL 10 MG TABLET	8	5.00	0.08	0.04750	51%-75% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	1	30.00	0.03	0.02781	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	5	30.00	0.03	0.02749	10%-25% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	5	30.00	0.03	0.02749	10%-25% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	6	30.00	0.03	0.02721	10%-25% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	6	30.00	0.03	0.02721	10%-25% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	6	60.00	0.03	0.02721	10%-25% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	7	30.00	0.02	0.02829	26%-50% Below	No	No
69315011610	FUROSEMIDE 20 MG TABLET	7	30.00	0.03	0.02711	10%-25% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	7	30.00	0.03	0.02711	10%-25% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	7	60.00	0.03	0.02711	10%-25% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	8	30.00	0.03	0.02676	10%-25% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	8	30.00	0.03	0.02676	10%-25% Above	No	No
69315011701	FUROSEMIDE 40 MG TABLET	5	30.00	0.04	0.03173	10%-25% Above	No	No
69315011701	FUROSEMIDE 40 MG TABLET	6	30.00	0.04	0.03067	10%-25% Above	No	No
69315011701	FUROSEMIDE 40 MG TABLET	7	30.00	0.04	0.03000	26%-50% Above	No	No
69315011710	FUROSEMIDE 40 MG TABLET	4	7.00	0.04	0.03167	10%-25% Above	No	No
69315011710	FUROSEMIDE 40 MG TABLET	6	30.00	0.04	0.03067	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69315011710	FUROSEMIDE 40 MG TABLET	7	7.00	0.07	0.03000	101%-200% Above	No	No
69315011710	FUROSEMIDE 40 MG TABLET	7	30.00	0.03	0.03000	10%-25% Above	No	No
69315011710	FUROSEMIDE 40 MG TABLET	7	30.00	0.04	0.03000	26%-50% Above	No	No
69315011710	FUROSEMIDE 40 MG TABLET	8	10.00	0.04	0.02929	26%-50% Above	No	No
69315011710	FUROSEMIDE 40 MG TABLET	8	30.00	0.04	0.02929	26%-50% Above	No	No
69315011805	FUROSEMIDE 80 MG TABLET	4	16.00	0.07	0.05156	26%-50% Above	No	No
69315012701	FOLIC ACID 1 MG TABLET	4	90.00	0.02	0.01899	26%-50% Above	No	No
69315012701	FOLIC ACID 1 MG TABLET	7	90.00	0.02	0.01974	10%-25% Above	No	No
69315012710	FOLIC ACID 1 MG TABLET	4	7.00	0.06	0.01899	200% Above	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	4	90.00	0.01	0.01899	51%-75% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	4	90.00	0.01	0.01899	51%-75% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	4	90.00	0.02	0.01899	26%-50% Above	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	5	30.00	0.02	0.01926	26%-50% Above	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	6	30.00	0.01	0.01929	26%-50% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	6	30.00	0.02	0.01929	26%-50% Above	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	6	90.00	0.01	0.01929	26%-50% Below	No	No
69315012710	FOLIC ACID 1 MG TABLET	6	90.00	0.01	0.01929	26%-50% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	6	90.00	0.01	0.01929	26%-50% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	6	90.00	0.02	0.01929	26%-50% Above	No	No
69315012710	FOLIC ACID 1 MG TABLET	6	90.00	0.02	0.01929	26%-50% Above	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	6	180.00	0.02	0.01929	26%-50% Above	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	7	30.00	0.01	0.01974	26%-50% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	7	30.00	0.02	0.01974	10%-25% Above	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	7	90.00	0.01	0.01974	26%-50% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	7	90.00	0.02	0.01974	10%-25% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	30.00	0.02	0.01935	26%-50% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	4	30.00	0.01	0.04083	51%-75% Below	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	4	30.00	0.02	0.04083	51%-75% Below	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	4	30.00	0.07	0.04083	51%-75% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	4	30.00	0.15	0.04083	200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	4	30.00	0.15	0.04083	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	5	30.00	0.01	0.04038	51%-75% Below	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	30.00	0.07	0.04038	51%-75% Above	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	30.00	0.07	0.04038	51%-75% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	30.00	0.15	0.04038	200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	30.00	0.15	0.04038	200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	90.00	0.02	0.04038	51%-75% Below	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	90.00	0.07	0.04038	51%-75% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	90.00	0.09	0.04038	101%-200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	90.00	0.09	0.04038	101%-200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	90.00	0.13	0.04038	200% Above	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	90.00	0.14	0.04038	200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	90.00	0.14	0.04038	200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	30.00	0.07	0.04036	51%-75% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	30.00	0.13	0.04036	200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	90.00	0.01	0.04036	51%-75% Below	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	90.00	0.02	0.04036	51%-75% Below	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	90.00	0.07	0.04036	51%-75% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	90.00	0.09	0.04036	101%-200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	90.00	0.09	0.04036	101%-200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	90.00	0.13	0.04036	200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	90.00	0.13	0.04036	200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	90.00	0.14	0.04036	200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	90.00	0.07	0.03795	76%-100% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	90.00	0.09	0.03795	101%-200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	30.00	0.10	0.03730	101%-200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	30.00	0.16	0.03730	200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	90.00	0.05	0.03730	26%-50% Above	Yes	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	4	90.00	0.07	0.04083	51%-75% Above	No	No
69315015510	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	30.00	0.15	0.04036	200% Above	No	No
69315015510	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	90.00	0.07	0.04036	51%-75% Above	No	No
69315015510	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	30.00	0.01	0.03795	51%-75% Below	No	No
69315015510	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	30.00	0.15	0.03795	200% Above	No	No
69315021201	NIFEDIPINE 20 MG CAPSULE	4	60.00	0.36	0.52506	26%-50% Below	No	No
69315021201	NIFEDIPINE 20 MG CAPSULE	5	60.00	0.36	0.58004	26%-50% Below	No	No
69315021201	NIFEDIPINE 20 MG CAPSULE	6	60.00	0.36	0.61835	26%-50% Below	No	No
69315021201	NIFEDIPINE 20 MG CAPSULE	7	60.00	0.36	0.66408	26%-50% Below	No	No
69315026001	KETOROLAC 10 MG TABLET	8	20.00	0.30	0.16585	76%-100% Above	No	No
69315026601	PROCHLORPERAZINE 10 MG TAB	5	60.00	0.09	0.18206	26%-50% Below	Yes	No
69315026601	PROCHLORPERAZINE 10 MG TAB	7	30.00	0.09	0.16616	26%-50% Below	Yes	No
69315026601	PROCHLORPERAZINE 10 MG TAB	7	30.00	0.15	0.16616	10%-25% Below	Yes	No

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69315026601	PROCHLORPERAZINE 10 MG TAB	7	60.00	0.09	0.16616	26%-50% Below	Yes	No
69315028209	FENOFIBRIC ACID DR 135 MG CAP	5	90.00	0.53	0.25649	101%-200% Above	No	No
69315028301	EST ESTROGEN TAB MTEST HS	5	30.00	2.92	.		No	No
69315028301	EST ESTROGEN TAB MTEST HS	5	90.00	2.05	.		No	No
69315028301	EST ESTROGEN TAB MTEST HS	6	30.00	2.92	.		No	No
69315028301	EST ESTROGEN TAB MTEST HS	7	30.00	0.10	.		No	No
69315028401	ESTROG/MTEST TAB 1.25-2.5	4	30.00	2.05	.		No	No
69315028401	ESTROG/MTEST TAB 1.25-2.5	6	30.00	2.05	.		No	No
69315028401	ESTROG/MTEST TAB 1.25-2.5	7	30.00	2.05	.		No	No
69315028401	ESTROG/MTEST TAB 1.25-2.5	8	30.00	2.05	.		No	No
69315029105	ALLOPURINOL 100 MG TABLET	3	90.00	0.08	0.03313	101%-200% Above	No	No
69315029105	ALLOPURINOL 100 MG TABLET	4	90.00	0.11	0.03304	200% Above	No	No
69315029105	ALLOPURINOL 100 MG TABLET	4	180.00	0.08	0.03304	101%-200% Above	No	No
69315029105	ALLOPURINOL 100 MG TABLET	5	90.00	0.08	0.03336	101%-200% Above	No	No
69315029105	ALLOPURINOL 100 MG TABLET	5	180.00	0.11	0.03336	200% Above	No	No
69315029105	ALLOPURINOL 100 MG TABLET	6	30.00	0.08	0.03337	101%-200% Above	No	No
69315029105	ALLOPURINOL 100 MG TABLET	6	90.00	0.08	0.03337	101%-200% Above	No	No
69315029105	ALLOPURINOL 100 MG TABLET	6	90.00	0.11	0.03337	200% Above	No	No
69315029105	ALLOPURINOL 100 MG TABLET	6	90.00	0.12	0.03337	200% Above	No	No
69315029105	ALLOPURINOL 100 MG TABLET	7	180.00	0.08	0.03288	101%-200% Above	No	No
69315029105	ALLOPURINOL 100 MG TABLET	8	90.00	0.08	0.03170	101%-200% Above	No	No
69315029105	ALLOPURINOL 100 MG TABLET	8	90.00	0.08	0.03170	101%-200% Above	No	No
69315029105	ALLOPURINOL 100 MG TABLET	8	180.00	0.11	0.03170	200% Above	No	No
69315029110	ALLOPURINOL 100 MG TABLET	5	30.00	0.07	0.03336	76%-100% Above	No	No
69315029110	ALLOPURINOL 100 MG TABLET	6	30.00	0.07	0.03337	76%-100% Above	No	No

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69315029110	ALLOPURINOL 100 MG TABLET	7	30.00	0.07	0.03288	76%-100% Above	No	No
69315029110	ALLOPURINOL 100 MG TABLET	8	30.00	0.07	0.03170	101%-200% Above	No	No
69315029205	ALLOPURINOL 300 MG TABLET	8	90.00	0.19	0.05464	200% Above	No	No
69315029210	ALLOPURINOL 300 MG TABLET	4	28.00	0.12	0.05520	101%-200% Above	No	No
69315029210	ALLOPURINOL 300 MG TABLET	6	28.00	0.12	0.05671	101%-200% Above	No	No
69315029210	ALLOPURINOL 300 MG TABLET	8	28.00	0.12	0.05464	101%-200% Above	No	No
69315030802	CIPROFLOXACIN 0.3% EYE DROP	7	7.50	1.21	2.94784	51%-75% Below	Yes	No
69315030802	CIPROFLOXACIN 0.3% EYE DROP	8	2.50	1.81	3.20174	26%-50% Below	No	No
69315030805	CIPROFLOXACIN 0.3% EYE DROP	4	5.00	1.05	1.62304	26%-50% Below	No	No
69315030805	CIPROFLOXACIN 0.3% EYE DROP	4	10.00	1.00	1.62304	26%-50% Below	No	No
69315030805	CIPROFLOXACIN 0.3% EYE DROP	4	10.00	1.17	1.62304	26%-50% Below	Yes	No
69315030805	CIPROFLOXACIN 0.3% EYE DROP	5	5.00	1.05	1.61679	26%-50% Below	No	No
69315030805	CIPROFLOXACIN 0.3% EYE DROP	5	5.00	1.45	1.61679	10%-25% Below	Yes	No
69315030805	CIPROFLOXACIN 0.3% EYE DROP	5	10.00	1.41	1.61679	10%-25% Below	Yes	No
69315030805	CIPROFLOXACIN 0.3% EYE DROP	6	5.00	0.98	1.59232	26%-50% Below	Yes	No
69315030805	CIPROFLOXACIN 0.3% EYE DROP	6	5.00	1.05	1.59232	26%-50% Below	No	No
69315030805	CIPROFLOXACIN 0.3% EYE DROP	6	5.00	1.05	1.59232	26%-50% Below	Yes	No
69315031228	PROCTO-MED HC 2.5% CREAM	4	28.00	0.32	0.23471	26%-50% Above	No	No
69315031228	PROCTO-MED HC 2.5% CREAM	5	28.00	0.32	0.23447	26%-50% Above	No	No
69315031228	PROCTO-MED HC 2.5% CREAM	8	28.00	0.32	0.23654	26%-50% Above	No	No
69315032705	OFLOXACIN 0.3% EYE DROPS	6	5.00	0.76	1.30929	26%-50% Below	Yes	No
69315032705	OFLOXACIN 0.3% EYE DROPS	6	5.00	2.24	1.30929	51%-75% Above	Yes	No
69315032705	OFLOXACIN 0.3% EYE DROPS	7	5.00	0.76	1.29324	26%-50% Below	Yes	No
69315032705	OFLOXACIN 0.3% EYE DROPS	7	5.00	1.87	1.29324	26%-50% Above	Yes	No
69315032705	OFLOXACIN 0.3% EYE DROPS	8	5.00	0.76	1.26779	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69315032710	OFLOXACIN 0.3% EYE DROPS	5	10.00	1.49	1.13455	26%-50% Above	Yes	No
69315032710	OFLOXACIN 0.3% EYE DROPS	7	10.00	0.71	1.10216	26%-50% Below	Yes	No
69315032710	OFLOXACIN 0.3% EYE DROPS	7	10.00	1.49	1.10216	26%-50% Above	Yes	No
69315032710	OFLOXACIN 0.3% EYE DROPS	8	10.00	0.71	1.18285	26%-50% Below	Yes	No
69315032710	OFLOXACIN 0.3% EYE DROPS	8	10.00	1.49	1.18285	10%-25% Above	Yes	No
69315040909	ALLOPURINOL 200 MG TABLET	6	180.00	1.37	2.52822	26%-50% Below	No	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	4	60.00	0.04	0.06234	26%-50% Below	No	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	4	200.00	0.04	0.06234	26%-50% Below	No	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	4	224.00	0.02	0.06368	51%-75% Below	No	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	5	60.00	0.04	0.06050	26%-50% Below	No	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	5	60.00	0.04	0.06050	26%-50% Below	No	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	5	120.00	0.01	0.06050	76%-100% Below	No	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	5	120.00	0.04	0.06050	26%-50% Below	No	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	5	200.00	0.04	0.06050	26%-50% Below	No	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	5	280.00	0.04	0.06050	26%-50% Below	No	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	5	473.00	0.04	0.06050	26%-50% Below	No	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	6	200.00	0.03	0.05924	51%-75% Below	No	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	6	210.00	0.03	0.05924	51%-75% Below	No	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	7	300.00	0.04	0.05856	26%-50% Below	No	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	7	400.00	0.04	0.05856	26%-50% Below	No	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	8	180.00	0.04	0.05844	26%-50% Below	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	8	60.00	0.04	0.03337	26%-50% Above	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	4	30.00	0.03	0.03349	10%-25% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69315090405	LORAZEPAM 0.5 MG TABLET	4	60.00	0.02	0.03349	26%-50% Below	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	4	90.00	0.04	0.03349	26%-50% Above	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	5	20.00	0.04	0.03293	26%-50% Above	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	5	25.00	0.04	0.03293	26%-50% Above	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	5	30.00	0.04	0.03293	26%-50% Above	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	5	45.00	0.02	0.03293	26%-50% Below	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	5	60.00	0.04	0.03293	26%-50% Above	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	6	1.00	0.04	0.03287	10%-25% Above	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	6	15.00	0.06	0.03287	76%-100% Above	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	6	20.00	0.04	0.03287	10%-25% Above	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	6	30.00	0.04	0.03287	26%-50% Above	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	6	60.00	0.02	0.03287	10%-25% Below	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	6	60.00	0.04	0.03287	26%-50% Above	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	7	15.00	0.01	0.03275	51%-75% Below	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	7	20.00	0.04	0.03275	10%-25% Above	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	7	30.00	0.04	0.03275	26%-50% Above	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	7	90.00	0.04	0.03275	26%-50% Above	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	8	1.00	0.76	0.03337	200% Above	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	8	4.00	0.11	0.03337	200% Above	Yes	No
69315090405	LORAZEPAM 0.5 MG TABLET	8	20.00	0.04	0.03337	26%-50% Above	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	8	45.00	0.02	0.03337	51%-75% Below	No	No
69315090410	LORAZEPAM 0.5 MG TABLET	2	16.00	0.02	0.04635	26%-50% Below	No	No
69315090410	LORAZEPAM 0.5 MG TABLET	6	8.00	0.04	0.03287	26%-50% Above	No	No
69315090501	LORAZEPAM 1 MG TABLET	4	30.00	0.06	0.03644	51%-75% Above	No	No
69315090501	LORAZEPAM 1 MG TABLET	5	15.00	0.01	0.03692	51%-75% Below	No	No

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69315090501	LORAZEPAM 1 MG TABLET	5	30.00	0.06	0.03692	51%-75% Above	No	No
69315090505	LORAZEPAM 1 MG TABLET	4	48.00	0.06	0.03644	51%-75% Above	No	No
69315090505	LORAZEPAM 1 MG TABLET	5	30.00	0.06	0.03692	51%-75% Above	No	No
69315090505	LORAZEPAM 1 MG TABLET	6	30.00	0.06	0.03655	51%-75% Above	No	No
69315090505	LORAZEPAM 1 MG TABLET	6	48.00	0.06	0.03655	51%-75% Above	No	No
69315090505	LORAZEPAM 1 MG TABLET	7	30.00	0.06	0.03617	51%-75% Above	No	No
69315090505	LORAZEPAM 1 MG TABLET	7	48.00	0.06	0.03617	51%-75% Above	No	No
69315090505	LORAZEPAM 1 MG TABLET	8	6.00	0.08	0.03602	101%-200% Above	Yes	No
69315090510	LORAZEPAM 1 MG TABLET	4	2.00	0.06	0.03644	51%-75% Above	No	No
69315090510	LORAZEPAM 1 MG TABLET	4	10.00	0.09	0.03644	101%-200% Above	No	No
69315090510	LORAZEPAM 1 MG TABLET	4	30.00	0.04	0.03644	10%-25% Above	No	No
69315090510	LORAZEPAM 1 MG TABLET	4	30.00	0.06	0.03644	51%-75% Above	No	No
69315090510	LORAZEPAM 1 MG TABLET	5	30.00	0.06	0.03692	51%-75% Above	No	No
69315090510	LORAZEPAM 1 MG TABLET	5	60.00	0.06	0.03692	51%-75% Above	No	No
69315090510	LORAZEPAM 1 MG TABLET	6	30.00	0.04	0.03655	10%-25% Above	No	No
69315090510	LORAZEPAM 1 MG TABLET	6	60.00	0.06	0.03655	51%-75% Above	No	No
69315090510	LORAZEPAM 1 MG TABLET	6	90.00	0.06	0.03655	51%-75% Above	No	No
69315090510	LORAZEPAM 1 MG TABLET	7	30.00	0.04	0.03617	10%-25% Above	No	No
69315090510	LORAZEPAM 1 MG TABLET	7	60.00	0.06	0.03617	51%-75% Above	No	No
69315090510	LORAZEPAM 1 MG TABLET	7	90.00	0.06	0.03617	51%-75% Above	No	No
69315090510	LORAZEPAM 1 MG TABLET	8	2.00	0.01	0.03602	51%-75% Below	No	No
69315090510	LORAZEPAM 1 MG TABLET	8	30.00	0.04	0.03602	10%-25% Above	No	No
69315090510	LORAZEPAM 1 MG TABLET	8	90.00	0.06	0.03602	51%-75% Above	No	No
69315090601	LORAZEPAM 2 MG TABLET	5	1.00	0.48	0.07059	200% Above	No	No
69315090601	LORAZEPAM 2 MG TABLET	5	30.00	0.14	0.07059	101%-200% Above	No	No

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69315090601	LORAZEPAM 2 MG TABLET	6	30.00	0.14	0.06958	101%-200% Above	No	No
69315090601	LORAZEPAM 2 MG TABLET	7	30.00	0.14	0.07004	101%-200% Above	No	No
69315090601	LORAZEPAM 2 MG TABLET	8	30.00	0.14	0.06972	101%-200% Above	No	No
69315091001	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	6	25.00	0.29	0.13837	101%-200% Above	No	No
69315091010	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	5	30.00	0.28	0.13861	101%-200% Above	Yes	No
69315091010	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	7	60.00	0.07	0.13709	26%-50% Below	Yes	No
69339017441	NITROGLYCERIN 0.4 MG TABLET SL	8	25.00	0.10	0.12790	10%-25% Below	No	No
69367013206	GABAPENTIN 300 MG CAPSULE	6	180.00	0.03	0.03245	10%-25% Below	No	No
69367013705	ACYCLOVIR 400 MG TABLET	6	90.00	0.09	0.09979	10%-25% Below	No	No
69367016607	FERROUS SULF TAB 325MG EC	7	30.00	0.38	.		No	No
69367017401	HYDROQUINONE 4% CREAM	4	28.35	1.09	0.55177	76%-100% Above	Yes	No
69367018005	METFORMIN HCL 500 MG TABLET	5	180.00	0.02	0.01397	26%-50% Above	No	No
69367019430	CLOPIDOGREL TAB 300MG	7	1.00	8.60	.		Yes	No
69367020301	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	8	30.00	0.08	0.12332	26%-50% Below	No	No
69367020305	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	5	15.00	0.08	0.12279	26%-50% Below	No	No
69367020305	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	5	30.00	0.08	0.12279	26%-50% Below	No	No
69367022001	SOD CHLORIDE TAB 1GM	4	21.00	0.66	.		No	No
69367022918	SELENIUM SULFIDE 2.25% SHAMPOO	4	180.00	0.08	0.17814	51%-75% Below	No	No
69367022918	SELENIUM SULFIDE 2.25% SHAMPOO	7	180.00	0.08	0.14757	26%-50% Below	No	No
69367024312	HYDROCORT AC SUP 25MG	4	12.00	1.24	.		No	No
69367024324	HYDROCORT AC SUP 25MG	5	20.00	0.75	.		No	No
69367024324	HYDROCORT AC SUP 25MG	6	12.00	0.41	.		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	4	6.00	0.27	0.22965	10%-25% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	4	20.00	0.37	0.22965	51%-75% Above	No	No

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69367026209	VALACYCLOVIR HCL 500 MG TABLET	4	24.00	0.59	0.22965	101%-200% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	4	30.00	0.27	0.22965	10%-25% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	4	60.00	0.27	0.22965	10%-25% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	4	90.00	0.27	0.22965	10%-25% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	4	90.00	0.42	0.22965	76%-100% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	5	30.00	0.50	0.22894	101%-200% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	5	60.00	0.27	0.22894	10%-25% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	6	6.00	0.27	0.22588	10%-25% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	6	30.00	0.27	0.22588	10%-25% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	6	30.00	0.50	0.22588	101%-200% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	7	30.00	0.27	0.22276	10%-25% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	7	30.00	0.43	0.22276	76%-100% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	7	30.00	0.50	0.22276	101%-200% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	7	60.00	0.27	0.22276	10%-25% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	7	90.00	0.27	0.22276	10%-25% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	8	90.00	0.34	0.22403	51%-75% Above	No	No
69367026230	VALACYCLOVIR HCL 500 MG TABLET	8	90.00	0.26	0.22403	10%-25% Above	Yes	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	4	4.00	0.52	0.40626	26%-50% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	4	4.00	1.09	0.40626	101%-200% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	4	12.00	0.88	0.40626	101%-200% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	4	14.00	0.52	0.40626	26%-50% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	4	20.00	0.52	0.40626	26%-50% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	4	21.00	0.86	0.40626	101%-200% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	5	21.00	0.52	0.40719	26%-50% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	5	40.00	0.52	0.40719	26%-50% Above	No	No

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69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	6	4.00	0.52	0.41046	10%-25% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	6	14.00	0.52	0.41046	10%-25% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	6	30.00	0.52	0.41046	10%-25% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	6	40.00	0.52	0.41046	10%-25% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	7	8.00	0.52	0.40422	26%-50% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	7	10.00	0.52	0.40422	26%-50% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	7	14.00	0.52	0.40422	26%-50% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	7	14.00	0.73	0.40422	76%-100% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	7	30.00	0.50	0.40422	10%-25% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	7	40.00	0.52	0.40422	26%-50% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	8	14.00	0.89	0.40461	101%-200% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	8	20.00	0.50	0.40461	10%-25% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	8	20.00	0.52	0.40461	26%-50% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	8	20.00	0.75	0.40461	76%-100% Above	No	No
69367027216	CODEINE-GUAIFEN 10-100 MG/5 ML	5	237.00	0.02	0.03245	10%-25% Below	No	No
69367027216	CODEINE-GUAIFEN 10-100 MG/5 ML	6	300.00	0.02	0.03233	10%-25% Below	No	No
69367028805	BUPROPION HCL XL 150 MG TABLET	5	90.00	0.17	0.07895	101%-200% Above	No	No
69367028905	BUPROPION HCL XL 300 MG TABLET	8	90.00	0.33	0.10137	200% Above	No	No
69367030101	CELECOXIB 100 MG CAPSULE	5	60.00	0.16	0.07213	101%-200% Above	No	No
69367030105	CELECOXIB 100 MG CAPSULE	7	30.00	0.16	0.06480	101%-200% Above	No	No
69367030201	CELECOXIB 200 MG CAPSULE	4	30.00	0.23	0.08460	101%-200% Above	No	No
69367030201	CELECOXIB 200 MG CAPSULE	7	30.00	0.50	0.07799	200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	4	7.00	0.23	0.08460	101%-200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	4	28.00	0.23	0.08460	101%-200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	4	30.00	0.23	0.08460	101%-200% Above	No	No

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69367030205	CELECOXIB 200 MG CAPSULE	4	30.00	0.50	0.08460	200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	4	45.00	0.23	0.08460	101%-200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	4	60.00	0.33	0.08460	200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	4	90.00	0.23	0.08460	101%-200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	5	30.00	0.23	0.08353	101%-200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	5	30.00	0.33	0.08353	200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	5	30.00	0.50	0.08353	200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	5	30.00	0.50	0.08353	200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	5	60.00	0.23	0.08353	101%-200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	5	60.00	0.25	0.08353	101%-200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	5	60.00	0.33	0.08353	200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	6	30.00	0.23	0.08074	101%-200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	6	30.00	0.33	0.08074	200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	6	30.00	0.50	0.08074	200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	6	30.00	0.50	0.08074	200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	6	45.00	0.23	0.08074	101%-200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	6	60.00	0.23	0.08074	101%-200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	6	60.00	0.33	0.08074	200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	6	90.00	0.23	0.08074	101%-200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	7	7.00	1.36	0.07799	200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	7	30.00	0.23	0.07799	101%-200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	7	30.00	0.33	0.07799	200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	7	30.00	0.50	0.07799	200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	7	30.00	0.50	0.07799	200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	7	45.00	0.23	0.07799	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	60.00	0.33	0.07799	200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	7	90.00	0.23	0.07799	101%-200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	8	30.00	0.23	0.07599	101%-200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	8	30.00	0.50	0.07599	200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	8	30.00	0.50	0.07599	200% Above	No	No
69367030951	SODIUM FLUORIDE 5000 PLUS CRM	4	51.00	0.19	0.06510	101%-200% Above	No	No
69367031101	SODIUM FLUORIDE 5000 PPM PASTE	6	100.00	0.13	0.09887	26%-50% Above	No	No
69367032809	PREGABALIN 150 MG CAPSULE	4	90.00	0.03	0.05143	26%-50% Below	No	No
69367034605	GABAPENTIN 600 MG TABLET	4	90.00	0.03	0.06919	51%-75% Below	No	No
69367034605	GABAPENTIN 600 MG TABLET	5	90.00	0.03	0.06824	51%-75% Below	No	No
69367034605	GABAPENTIN 600 MG TABLET	5	90.00	0.06	0.06824	10%-25% Below	No	No
69367034605	GABAPENTIN 600 MG TABLET	6	90.00	0.03	0.06683	51%-75% Below	No	No
69367034605	GABAPENTIN 600 MG TABLET	6	180.00	0.02	0.06683	51%-75% Below	No	No
69367034605	GABAPENTIN 600 MG TABLET	8	90.00	0.03	0.06379	51%-75% Below	No	No
69367034605	GABAPENTIN 600 MG TABLET	8	180.00	0.03	0.06379	51%-75% Below	No	No
69367034705	GABAPENTIN 800 MG TABLET	4	30.00	0.07	0.09868	26%-50% Below	No	No
69367034705	GABAPENTIN 800 MG TABLET	4	90.00	0.06	0.09868	26%-50% Below	No	No
69367034705	GABAPENTIN 800 MG TABLET	4	90.00	0.06	0.09868	26%-50% Below	No	No
69367034705	GABAPENTIN 800 MG TABLET	5	30.00	0.07	0.09799	26%-50% Below	No	No
69367034705	GABAPENTIN 800 MG TABLET	5	120.00	0.06	0.09799	26%-50% Below	No	No
69367034705	GABAPENTIN 800 MG TABLET	6	30.00	0.07	0.09632	26%-50% Below	No	No
69367034705	GABAPENTIN 800 MG TABLET	7	30.00	0.07	0.09381	26%-50% Below	No	No
69367034705	GABAPENTIN 800 MG TABLET	7	90.00	0.06	0.09381	26%-50% Below	No	No
69367034705	GABAPENTIN 800 MG TABLET	7	150.00	0.06	0.09381	26%-50% Below	No	No
69367034705	GABAPENTIN 800 MG TABLET	8	90.00	0.06	0.09004	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69367034705	GABAPENTIN 800 MG TABLET	8	150.00	0.06	0.09004	26%-50% Below	No	No
69367035905	ROSUVASTATIN CALCIUM 5 MG TAB	4	30.00	0.25	0.03453	200% Above	No	No
69367035905	ROSUVASTATIN CALCIUM 5 MG TAB	5	30.00	0.25	0.03496	200% Above	No	No
69367035910	ROSUVASTATIN CALCIUM 5 MG TAB	4	30.00	0.25	0.03453	200% Above	No	No
69367038110	METFORMIN HCL 500 MG TABLET	8	30.00	0.03	0.01419	101%-200% Above	No	No
69367038310	METFORMIN HCL 1,000 MG TABLET	6	60.00	0.03	0.02366	26%-50% Above	No	No
69367038310	METFORMIN HCL 1,000 MG TABLET	6	180.00	0.02	0.02366	10%-25% Below	No	No
69367038310	METFORMIN HCL 1,000 MG TABLET	6	180.00	0.03	0.02366	10%-25% Above	No	No
69367038310	METFORMIN HCL 1,000 MG TABLET	7	60.00	0.03	0.02338	26%-50% Above	No	No
69367038605	CIPROFLOXACIN HCL 500 MG TAB	6	14.00	0.15	0.12441	10%-25% Above	No	No
69367038605	CIPROFLOXACIN HCL 500 MG TAB	8	14.00	0.18	0.12441	26%-50% Above	No	No
69367038901	AMITRIPTYLINE HCL 25 MG TAB	4	90.00	0.10	0.05422	76%-100% Above	No	No
69367038901	AMITRIPTYLINE HCL 25 MG TAB	7	90.00	0.10	0.05093	101%-200% 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	5	30.00	0.10	0.05419	76%-100% Above	No	No
69367038910	AMITRIPTYLINE HCL 25 MG TAB	7	30.00	0.10	0.05093	101%-200% Above	No	No
69367038910	AMITRIPTYLINE HCL 25 MG TAB	7	90.00	0.10	0.05093	101%-200% Above	No	No
69367038910	AMITRIPTYLINE HCL 25 MG TAB	8	60.00	0.10	0.05115	101%-200% Above	No	No
69367039010	AMITRIPTYLINE HCL 50 MG TAB	5	30.00	0.33	0.10191	200% Above	No	No
69367039401	IBUPROFEN 400 MG TABLET	8	40.00	0.07	0.03908	76%-100% Above	No	No
69367039505	IBUPROFEN 600 MG TABLET	4	120.00	0.02	0.04417	51%-75% Below	No	No
69367039505	IBUPROFEN 600 MG TABLET	5	28.00	0.03	0.04428	10%-25% Below	No	No
69367039505	IBUPROFEN 600 MG TABLET	5	60.00	0.03	0.04428	26%-50% Below	No	No
69367039505	IBUPROFEN 600 MG TABLET	6	15.00	0.09	0.04430	101%-200% Above	No	No
69367039505	IBUPROFEN 600 MG TABLET	6	20.00	0.06	0.04430	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	30.00	0.03	0.04430	26%-50% Below	Yes	No
69367039505	IBUPROFEN 600 MG TABLET	6	30.00	0.05	0.04430	10%-25% Above	No	No
69367039505	IBUPROFEN 600 MG TABLET	6	30.00	0.12	0.04430	101%-200% Above	No	No
69367039505	IBUPROFEN 600 MG TABLET	7	20.00	0.09	0.04391	101%-200% Above	No	No
69367039505	IBUPROFEN 600 MG TABLET	7	30.00	0.09	0.04391	101%-200% Above	No	No
69367039505	IBUPROFEN 600 MG TABLET	7	90.00	0.02	0.04391	26%-50% Below	No	No
69367039505	IBUPROFEN 600 MG TABLET	8	60.00	0.02	0.04656	26%-50% Below	No	No
69367039601	IBUPROFEN 800 MG TABLET	7	90.00	0.07	0.05567	10%-25% Above	No	No
69367039605	IBUPROFEN 800 MG TABLET	4	20.00	0.07	0.05689	10%-25% Above	No	No
69367039605	IBUPROFEN 800 MG TABLET	4	21.00	0.07	0.05689	10%-25% Above	No	No
69367039605	IBUPROFEN 800 MG TABLET	4	30.00	0.04	0.05689	26%-50% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	4	30.00	0.07	0.05689	10%-25% Above	No	No
69367039605	IBUPROFEN 800 MG TABLET	4	60.00	0.03	0.05689	26%-50% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	4	90.00	0.03	0.05689	51%-75% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	4	90.00	0.07	0.05689	10%-25% Above	No	No
69367039605	IBUPROFEN 800 MG TABLET	4	120.00	0.03	0.05689	51%-75% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	5	12.00	0.07	0.05674	10%-25% Above	No	No
69367039605	IBUPROFEN 800 MG TABLET	5	20.00	0.07	0.05674	10%-25% Above	No	No
69367039605	IBUPROFEN 800 MG TABLET	5	24.00	0.05	0.05674	10%-25% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	5	30.00	0.04	0.05674	26%-50% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	5	30.00	0.04	0.05674	10%-25% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	5	30.00	0.07	0.05674	10%-25% Above	No	No
69367039605	IBUPROFEN 800 MG TABLET	5	60.00	0.03	0.05674	26%-50% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	5	80.00	0.03	0.05674	26%-50% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	5	90.00	0.07	0.05674	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	180.00	0.02	0.05674	51%-75% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	6	15.00	0.07	0.05605	10%-25% Above	No	No
69367039605	IBUPROFEN 800 MG TABLET	6	20.00	0.07	0.05605	10%-25% Above	No	No
69367039605	IBUPROFEN 800 MG TABLET	6	30.00	0.04	0.05605	10%-25% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	6	30.00	0.07	0.05605	10%-25% Above	No	No
69367039605	IBUPROFEN 800 MG TABLET	6	60.00	0.03	0.05605	26%-50% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	6	63.00	0.04	0.05605	26%-50% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	6	90.00	0.03	0.05605	51%-75% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	6	90.00	0.03	0.05605	51%-75% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	6	90.00	0.07	0.05605	10%-25% Above	No	No
69367039605	IBUPROFEN 800 MG TABLET	7	12.00	0.07	0.05567	10%-25% Above	No	No
69367039605	IBUPROFEN 800 MG TABLET	7	15.00	0.07	0.05567	10%-25% Above	No	No
69367039605	IBUPROFEN 800 MG TABLET	7	18.00	0.07	0.05567	10%-25% Above	No	No
69367039605	IBUPROFEN 800 MG TABLET	7	20.00	0.06	0.05567	10%-25% Above	No	No
69367039605	IBUPROFEN 800 MG TABLET	7	28.00	0.04	0.05567	26%-50% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	7	30.00	0.04	0.05567	26%-50% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	7	30.00	0.04	0.05567	26%-50% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	7	30.00	0.05	0.05567	10%-25% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	7	30.00	0.07	0.05567	10%-25% Above	No	No
69367039605	IBUPROFEN 800 MG TABLET	7	42.00	0.03	0.05567	26%-50% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	7	42.00	0.07	0.05567	10%-25% Above	No	No
69367039605	IBUPROFEN 800 MG TABLET	7	60.00	0.03	0.05567	26%-50% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	7	90.00	0.03	0.05567	51%-75% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	7	90.00	0.07	0.05567	10%-25% Above	No	No
69367039605	IBUPROFEN 800 MG TABLET	8	12.00	0.07	0.05850	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	21.00	0.07	0.05850	10%-25% Above	No	No
69367039605	IBUPROFEN 800 MG TABLET	8	30.00	0.04	0.05850	26%-50% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	8	30.00	0.04	0.05850	26%-50% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	8	30.00	0.04	0.05850	26%-50% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	8	30.00	0.07	0.05850	10%-25% Above	No	No
69367039605	IBUPROFEN 800 MG TABLET	8	40.00	0.07	0.05850	10%-25% Above	No	No
69367039605	IBUPROFEN 800 MG TABLET	8	60.00	0.03	0.05850	26%-50% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	8	90.00	0.03	0.05850	51%-75% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	8	90.00	0.03	0.05850	51%-75% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	8	90.00	0.03	0.05850	26%-50% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	8	90.00	0.07	0.05850	10%-25% Above	No	No
69367040010	FAMOTIDINE 20 MG TABLET	6	60.00	0.08	0.03016	101%-200% Above	No	No
69367042101	PINDOLOL 5 MG TABLET	6	60.00	0.30	0.66900	51%-75% Below	No	No
69367042101	PINDOLOL 5 MG TABLET	7	60.00	0.30	0.66447	51%-75% Below	No	No
69367042201	PINDOLOL 10 MG TABLET	6	90.00	0.42	0.81886	26%-50% Below	No	No
69367042201	PINDOLOL 10 MG TABLET	7	90.00	0.42	0.83396	26%-50% Below	No	No
69367042201	PINDOLOL 10 MG TABLET	8	90.00	0.42	0.85513	26%-50% Below	No	No
69367061101	PHENAZOPYRIDINE 100 MG TAB	5	30.00	1.54	0.14780	200% Above	No	No
69367061101	PHENAZOPYRIDINE 100 MG TAB	7	6.00	1.54	0.14948	200% Above	No	No
69367061201	PHENAZOPYRIDINE 200 MG TAB	5	6.00	2.48	0.18168	200% Above	No	No
69367061201	PHENAZOPYRIDINE 200 MG TAB	5	15.00	2.28	0.18168	200% Above	No	No
69367061201	PHENAZOPYRIDINE 200 MG TAB	7	9.00	2.28	0.17808	200% Above	No	No
69452012550	OXCARBAZEPINE 300 MG/5 ML SUSP	4	2000.00	0.11	0.13142	10%-25% Below	No	No
69452014420	BENZONATATE 200 MG CAPSULE	4	30.00	0.23	0.10646	101%-200% Above	No	No
69452014420	BENZONATATE 200 MG CAPSULE	7	30.00	0.23	0.10306	101%-200% Above	No	No

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69452014430	BENZONATATE 200 MG CAPSULE	5	21.00	0.17	0.10609	51%-75% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	5	30.00	0.27	0.10609	101%-200% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	6	30.00	0.17	0.10459	51%-75% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	6	30.00	0.27	0.10459	101%-200% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	7	21.00	0.33	0.10306	200% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	7	30.00	0.27	0.10306	101%-200% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	7	30.00	0.37	0.10306	200% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	8	9.00	0.17	0.10208	51%-75% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	8	20.00	0.30	0.10208	101%-200% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	8	21.00	0.17	0.10208	51%-75% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	8	21.00	0.28	0.10208	101%-200% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	8	30.00	0.27	0.10208	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	4.00	0.14	0.11721	10%-25% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.16	0.11551	26%-50% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	3.00	0.05	0.11845	51%-75% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	0.14	0.11845	10%-25% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	0.15	0.11845	10%-25% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	0.15	0.11845	10%-25% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	0.16	0.11845	26%-50% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	0.21	0.11845	76%-100% Above	Yes	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	0.24	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	5.00	0.17	0.11845	26%-50% Above	Yes	No

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69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	6.00	0.18	0.11845	26%-50% Above	No	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	8.00	0.29	0.11845	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	12.00	0.05	0.11845	51%-75% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	12.00	0.05	0.11845	51%-75% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	12.00	0.08	0.11845	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	12.00	0.09	0.11845	10%-25% Below	Yes	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)	5	1.00	0.05	0.11663	51%-75% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	2.00	0.23	0.11663	76%-100% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.00	0.06	0.11663	51%-75% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.00	0.14	0.11663	10%-25% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.00	0.15	0.11663	10%-25% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.00	0.17	0.11663	26%-50% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.00	0.23	0.11663	76%-100% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.00	0.23	0.11663	76%-100% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.00	0.24	0.11663	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.00	0.29	0.11663	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.00	0.29	0.11663	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	5.00	0.17	0.11663	26%-50% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	6.00	0.29	0.11663	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	8.00	0.29	0.11663	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	10.00	0.06	0.11663	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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)	5	12.00	0.01	0.11663	76%-100% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.00	0.06	0.11663	51%-75% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.00	0.06	0.11663	51%-75% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.00	0.08	0.11663	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.00	0.09	0.11663	10%-25% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.00	0.29	0.11663	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.00	0.29	0.11663	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	13.00	0.05	0.11663	51%-75% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	13.00	0.10	0.11663	10%-25% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	13.00	0.29	0.11663	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	1.00	0.05	0.11640	51%-75% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	2.00	0.23	0.11640	76%-100% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	3.00	0.05	0.11640	51%-75% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.00	0.06	0.11640	51%-75% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.00	0.14	0.11640	10%-25% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.00	0.16	0.11640	26%-50% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.00	0.17	0.11955	26%-50% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.00	0.17	0.11640	26%-50% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.00	0.23	0.11640	76%-100% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.00	0.29	0.11640	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.00	0.29	0.11640	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	5.00	0.17	0.11640	26%-50% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	8.00	0.29	0.11640	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	8.00	0.29	0.11640	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.00	0.01	0.11640	76%-100% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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)	6	12.00	0.05	0.11640	51%-75% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.00	0.05	0.11640	51%-75% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.00	0.06	0.11640	51%-75% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.00	0.06	0.11640	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.00	0.09	0.11640	10%-25% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.00	0.22	0.11640	76%-100% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.00	0.29	0.11640	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.00	0.29	0.11640	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	13.00	0.22	0.11640	76%-100% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	13.00	0.29	0.11640	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	24.00	0.10	0.11640	10%-25% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	2.00	0.23	0.11554	76%-100% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.00	0.14	0.11554	10%-25% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.00	0.16	0.11554	26%-50% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.00	0.16	0.11554	26%-50% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.00	0.17	0.11554	26%-50% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.00	0.21	0.11554	76%-100% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.00	0.23	0.11554	76%-100% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.00	0.24	0.11554	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.00	0.29	0.11554	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.00	0.29	0.11554	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	6.00	0.18	0.11554	51%-75% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	7.00	0.29	0.11554	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	8.00	0.09	0.11554	10%-25% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	8.00	0.29	0.11554	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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)	7	12.00	0.05	0.11554	51%-75% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.00	0.05	0.11554	51%-75% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.00	0.05	0.11554	51%-75% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.00	0.05	0.11554	51%-75% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.00	0.06	0.11554	51%-75% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.00	0.06	0.11554	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.00	0.08	0.11554	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.00	0.09	0.11554	10%-25% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.00	0.10	0.11554	10%-25% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.00	0.22	0.11554	76%-100% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.00	0.29	0.11554	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.00	0.29	0.11554	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	13.00	0.22	0.11554	76%-100% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	13.00	0.29	0.11554	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	13.00	0.29	0.11554	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	2.00	0.23	0.11363	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	2.00	0.38	0.11363	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	3.00	0.29	0.11363	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.00	0.05	0.11363	51%-75% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.00	0.14	0.11363	10%-25% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.00	0.17	0.11363	26%-50% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.00	0.17	0.11363	26%-50% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.00	0.21	0.11363	76%-100% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.00	0.23	0.11363	76%-100% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.00	0.23	0.11363	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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)	8	4.00	0.29	0.11363	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.00	0.29	0.11363	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	5.00	0.17	0.11363	26%-50% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	5.00	0.29	0.11363	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	6.00	0.29	0.11363	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.00	0.05	0.11363	51%-75% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.00	0.10	0.11363	10%-25% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.00	0.22	0.11363	76%-100% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.00	0.29	0.11363	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.00	0.29	0.11363	101%-200% Above	Yes	No
69452015673	RIZATRIPTAN 5 MG ODT	8	10.00	0.98	0.51501	76%-100% Above	Yes	No
69452015773	RIZATRIPTAN 10 MG ODT	4	8.00	0.42	0.52914	10%-25% Below	No	No
69452015773	RIZATRIPTAN 10 MG ODT	4	9.00	0.42	0.52914	10%-25% Below	Yes	No
69452015773	RIZATRIPTAN 10 MG ODT	4	9.00	0.92	0.52914	51%-75% Above	Yes	No
69452015773	RIZATRIPTAN 10 MG ODT	5	8.00	0.42	0.53453	10%-25% Below	No	No
69452015773	RIZATRIPTAN 10 MG ODT	5	9.00	0.42	0.53453	10%-25% Below	No	No
69452015773	RIZATRIPTAN 10 MG ODT	5	9.00	0.92	0.53453	51%-75% Above	Yes	No
69452015773	RIZATRIPTAN 10 MG ODT	5	10.00	0.42	0.53453	10%-25% Below	No	No
69452015773	RIZATRIPTAN 10 MG ODT	6	9.00	0.42	0.52929	10%-25% Below	Yes	No
69452015773	RIZATRIPTAN 10 MG ODT	7	8.00	0.42	0.51377	10%-25% Below	No	No
69452015773	RIZATRIPTAN 10 MG ODT	7	9.00	0.42	0.51377	10%-25% Below	No	No
69452015773	RIZATRIPTAN 10 MG ODT	7	10.00	0.42	0.51377	10%-25% Below	No	No
69452015773	RIZATRIPTAN 10 MG ODT	8	8.00	0.42	0.51033	10%-25% Below	No	No
69452015773	RIZATRIPTAN 10 MG ODT	8	10.00	0.42	0.51033	10%-25% Below	No	No
69452015773	RIZATRIPTAN 10 MG ODT	8	36.00	0.42	0.51033	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69452015825	COLESEVELAM 625 MG TABLET	4	60.00	0.47	0.26614	51%-75% Above	No	No
69452015825	COLESEVELAM 625 MG TABLET	4	180.00	0.47	0.26614	51%-75% Above	No	No
69452015825	COLESEVELAM 625 MG TABLET	5	180.00	0.47	0.26944	51%-75% Above	No	No
69452015825	COLESEVELAM 625 MG TABLET	6	180.00	0.47	0.27045	51%-75% Above	No	No
69452015825	COLESEVELAM 625 MG TABLET	7	180.00	0.47	0.26780	51%-75% Above	No	No
69452017113	AZITHROMYCIN 250 MG TABLET	8	6.00	0.65	0.26759	101%-200% Above	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	5	6.00	0.65	0.28000	101%-200% Above	No	No
69452019017	IVABRADINE HCL 5 MG TABLET	7	60.00	1.04	0.76977	26%-50% Above	No	No
69452020620	DOXYLAMINE-PYRIDOXINE 10-10 MG	4	10.00	0.92	1.23769	10%-25% Below	No	No
69452020620	DOXYLAMINE-PYRIDOXINE 10-10 MG	4	90.00	0.17	1.23769	76%-100% Below	No	No
69452020620	DOXYLAMINE-PYRIDOXINE 10-10 MG	5	90.00	0.07	1.26269	76%-100% Below	No	No
69452020620	DOXYLAMINE-PYRIDOXINE 10-10 MG	5	180.00	0.92	1.26269	26%-50% Below	Yes	No
69452020620	DOXYLAMINE-PYRIDOXINE 10-10 MG	6	90.00	0.07	1.24939	76%-100% Below	No	No
69452020620	DOXYLAMINE-PYRIDOXINE 10-10 MG	6	120.00	0.92	1.24939	26%-50% Below	Yes	No
69452020620	DOXYLAMINE-PYRIDOXINE 10-10 MG	7	10.00	0.92	1.13653	10%-25% Below	Yes	No
69452020620	DOXYLAMINE-PYRIDOXINE 10-10 MG	7	60.00	0.17	1.13653	76%-100% Below	No	No
69452020620	DOXYLAMINE-PYRIDOXINE 10-10 MG	7	90.00	0.07	1.13653	76%-100% Below	No	No
69452020820	CALCITRIOL 0.5 MCG CAPSULE	5	270.00	0.01	0.24983	76%-100% Below	No	No
69452020820	CALCITRIOL 0.5 MCG CAPSULE	6	180.00	0.22	0.25165	10%-25% Below	No	No
69452023320	PROGESTERONE 100 MG CAPSULE	4	30.00	0.67	0.21137	200% Above	No	No
69452023320	PROGESTERONE 100 MG CAPSULE	5	90.00	0.33	0.21535	51%-75% Above	No	No
69452023320	PROGESTERONE 100 MG CAPSULE	7	60.00	0.90	0.22729	200% Above	No	No
69452023320	PROGESTERONE 100 MG CAPSULE	7	90.00	0.28	0.22729	10%-25% Above	No	No
69452023320	PROGESTERONE 100 MG CAPSULE	8	24.00	0.42	0.23117	76%-100% Above	No	No
69452023320	PROGESTERONE 100 MG CAPSULE	8	30.00	0.33	0.23117	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69452023320	PROGESTERONE 100 MG CAPSULE	8	90.00	0.19	0.23117	10%-25% Below	No	No
69452023320	PROGESTERONE 100 MG CAPSULE	8	90.00	0.44	0.23117	76%-100% Above	No	No
69452023320	PROGESTERONE 100 MG CAPSULE	8	90.00	0.50	0.23117	101%-200% Above	No	No
69452023420	PROGESTERONE 200 MG CAPSULE	4	30.00	0.50	0.40132	10%-25% Above	No	No
69452023420	PROGESTERONE 200 MG CAPSULE	4	30.00	0.67	0.40132	51%-75% Above	No	No
69452023420	PROGESTERONE 200 MG CAPSULE	5	12.00	1.13	0.40678	101%-200% Above	No	No
69452023420	PROGESTERONE 200 MG CAPSULE	5	30.00	0.45	0.40678	10%-25% Above	No	No
69452023420	PROGESTERONE 200 MG CAPSULE	5	30.00	0.50	0.40678	10%-25% Above	No	No
69452023420	PROGESTERONE 200 MG CAPSULE	5	90.00	0.22	0.40678	26%-50% Below	No	No
69452023420	PROGESTERONE 200 MG CAPSULE	5	180.00	0.17	0.40678	51%-75% Below	No	No
69452023420	PROGESTERONE 200 MG CAPSULE	6	24.00	0.63	0.42438	26%-50% Above	No	No
69452023420	PROGESTERONE 200 MG CAPSULE	6	30.00	0.67	0.42438	51%-75% Above	No	No
69452023420	PROGESTERONE 200 MG CAPSULE	7	30.00	0.33	0.42603	10%-25% Below	No	No
69452023420	PROGESTERONE 200 MG CAPSULE	7	30.00	0.67	0.42603	51%-75% Above	No	No
69452023420	PROGESTERONE 200 MG CAPSULE	7	60.00	0.25	0.42603	26%-50% Below	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	15.00	0.30	0.13651	101%-200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	4	20.00	0.30	0.13651	101%-200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	4	28.00	0.71	0.13651	200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	5	14.00	0.68	0.15870	200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	5	15.00	0.30	0.15870	76%-100% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	5	20.00	0.30	0.15870	76%-100% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	5	20.00	0.67	0.15870	200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	6	4.00	0.86	0.17637	200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	6	12.00	0.42	0.17637	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	14.00	0.30	0.17637	51%-75% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	6	20.00	0.30	0.17637	51%-75% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	6	20.00	0.67	0.17637	200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	7	12.00	0.30	0.16780	76%-100% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	7	15.00	0.30	0.16780	76%-100% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	7	15.00	0.73	0.16780	200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	7	16.00	0.74	0.16780	200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	7	20.00	0.30	0.16780	76%-100% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	7	20.00	0.72	0.16780	200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	7	20.00	0.75	0.16780	200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	8	12.00	0.30	0.16585	76%-100% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	8	14.00	0.72	0.16585	200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	8	20.00	0.30	0.16585	76%-100% Above	No	No
69452027620	DEXAMETHASONE 2 MG TABLET	8	40.00	0.19	0.24609	10%-25% Below	No	No
69452027720	DEXAMETHASONE 4 MG TABLET	5	4.00	0.29	0.20711	26%-50% Above	No	No
69452027720	DEXAMETHASONE 4 MG TABLET	5	10.00	0.29	0.20711	26%-50% Above	No	No
69452027720	DEXAMETHASONE 4 MG TABLET	6	1.00	0.65	0.21582	200% Above	No	No
69452027720	DEXAMETHASONE 4 MG TABLET	6	3.00	0.29	0.21582	26%-50% Above	No	No
69452027720	DEXAMETHASONE 4 MG TABLET	8	2.00	0.29	0.18758	51%-75% Above	No	No
69452027720	DEXAMETHASONE 4 MG TABLET	8	5.00	0.29	0.18758	51%-75% Above	No	No
69452027720	DEXAMETHASONE 4 MG TABLET	8	10.00	0.29	0.18758	51%-75% Above	No	No
69452027720	DEXAMETHASONE 4 MG TABLET	8	14.00	0.29	0.18758	51%-75% Above	No	No
69452027820	DEXAMETHASONE 6 MG TABLET	7	5.00	0.43	0.36703	10%-25% Above	No	No
69452028820	FLUVOXAMINE MALEATE 50 MG TAB	4	90.00	0.18	0.20582	10%-25% Below	No	No
69452029030	ACYCLOVIR 400 MG TABLET	8	20.00	0.11	0.09852	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	60.00	0.15	0.17412	10%-25% Below	Yes	No
69452031120	DICYCLOMINE 20 MG TABLET	4	15.00	0.10	0.05547	76%-100% Above	No	No
69452031120	DICYCLOMINE 20 MG TABLET	5	30.00	0.10	0.05604	76%-100% Above	No	No
69452031120	DICYCLOMINE 20 MG TABLET	5	40.00	0.10	0.05604	76%-100% Above	No	No
69452031120	DICYCLOMINE 20 MG TABLET	8	20.00	0.15	0.05867	101%-200% Above	No	No
69452031132	DICYCLOMINE 20 MG TABLET	6	20.00	0.10	0.05627	76%-100% Above	No	No
69452031132	DICYCLOMINE 20 MG TABLET	7	42.00	0.12	0.05757	101%-200% Above	No	No
69452031132	DICYCLOMINE 20 MG TABLET	8	30.00	0.14	0.05867	101%-200% Above	No	No
69452031132	DICYCLOMINE 20 MG TABLET	8	270.00	0.10	0.05867	51%-75% Above	No	No
69452031232	CARBAMAZEPINE 200 MG TABLET	4	60.00	0.25	0.12613	76%-100% Above	No	No
69452031232	CARBAMAZEPINE 200 MG TABLET	5	60.00	0.25	0.12396	76%-100% Above	No	No
69452031232	CARBAMAZEPINE 200 MG TABLET	6	60.00	0.25	0.11862	101%-200% Above	No	No
69452031620	CEVIMELINE HCL 30 MG CAPSULE	5	255.00	0.39	0.71517	26%-50% Below	No	No
69452032820	METHIMAZOLE 5 MG TABLET	5	90.00	0.09	0.07198	10%-25% Above	Yes	No
69452032820	METHIMAZOLE 5 MG TABLET	8	36.00	0.09	0.07073	10%-25% Above	Yes	No
69452032820	METHIMAZOLE 5 MG TABLET	8	90.00	0.12	0.07073	51%-75% Above	Yes	No
69452032920	METHIMAZOLE 10 MG TABLET	5	45.00	0.06	0.12243	51%-75% Below	Yes	No
69452032920	METHIMAZOLE 10 MG TABLET	8	30.00	0.06	0.12463	51%-75% Below	Yes	No
69452033120	TERAZOSIN 2 MG CAPSULE	5	90.00	0.08	0.11247	26%-50% Below	No	No
69452033120	TERAZOSIN 2 MG CAPSULE	7	90.00	0.09	0.10762	10%-25% Below	Yes	No
69452033220	TERAZOSIN 5 MG CAPSULE	5	180.00	0.08	0.11393	26%-50% Below	Yes	No
69452033220	TERAZOSIN 5 MG CAPSULE	6	90.00	0.09	0.10998	10%-25% Below	No	No
69452033220	TERAZOSIN 5 MG CAPSULE	8	180.00	0.08	0.10501	26%-50% Below	Yes	No
69452033320	TERAZOSIN 10 MG CAPSULE	7	90.00	0.12	0.13454	10%-25% Below	No	No
69452034172	NARATRIPTAN HCL 2.5 MG TABLET	6	9.00	0.98	1.11470	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69452034313	MODAFINIL 200 MG TABLET	6	60.00	0.31	0.35560	10%-25% Below	No	No
69452034313	MODAFINIL 200 MG TABLET	7	60.00	0.31	0.34919	10%-25% Below	No	No
69452034313	MODAFINIL 200 MG TABLET	7	90.00	0.31	0.34919	10%-25% Below	No	No
69452034313	MODAFINIL 200 MG TABLET	7	180.00	0.22	0.34919	26%-50% Below	No	No
69452034319	MODAFINIL 200 MG TABLET	5	30.00	0.31	0.34900	10%-25% Below	No	No
69452034472	SUMATRIPTAN SUCC 25 MG TABLET	5	15.00	0.46	0.27255	51%-75% Above	No	No
69452034472	SUMATRIPTAN SUCC 25 MG TABLET	6	9.00	0.97	0.28419	200% Above	Yes	No
69452034472	SUMATRIPTAN SUCC 25 MG TABLET	7	12.00	0.46	0.27560	51%-75% Above	No	No
69452034472	SUMATRIPTAN SUCC 25 MG TABLET	8	9.00	0.81	0.25090	200% Above	Yes	No
69452034472	SUMATRIPTAN SUCC 25 MG TABLET	8	9.00	0.83	0.25090	200% Above	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	4	9.00	0.65	0.33593	76%-100% Above	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	4	12.00	0.64	0.33593	76%-100% Above	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	5	7.00	0.58	0.34058	51%-75% Above	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	5	9.00	0.44	0.34058	26%-50% Above	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	5	9.00	0.75	0.34058	101%-200% Above	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	6	7.00	0.58	0.33192	51%-75% Above	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	6	9.00	0.44	0.33192	26%-50% Above	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	6	12.00	0.64	0.33192	76%-100% Above	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	7	9.00	0.44	0.31274	26%-50% Above	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	7	9.00	0.56	0.31274	76%-100% Above	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	7	9.00	0.65	0.31274	101%-200% Above	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	7	9.00	0.69	0.31274	101%-200% Above	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	8	9.00	0.44	0.29945	26%-50% Above	No	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	8	9.00	0.44	0.29945	26%-50% Above	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	8	9.00	0.56	0.29945	76%-100% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	15.00	0.62	0.29945	101%-200% Above	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	8	18.00	0.65	0.29945	101%-200% Above	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	8	30.00	0.33	0.29945	10%-25% Above	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	4	9.00	0.55	0.43221	26%-50% Above	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	4	9.00	0.69	0.43221	51%-75% Above	No	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	4	30.00	0.62	0.43221	26%-50% Above	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	5	9.00	0.55	0.43654	10%-25% Above	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	5	9.00	0.64	0.43654	26%-50% Above	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	5	9.00	0.69	0.43654	51%-75% Above	No	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	5	16.00	0.77	0.43654	76%-100% Above	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	6	9.00	0.64	0.43415	26%-50% Above	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	6	9.00	0.69	0.43415	51%-75% Above	No	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	6	12.00	0.53	0.43415	10%-25% Above	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	7	12.00	0.53	0.43386	10%-25% Above	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	8	9.00	0.62	0.43089	26%-50% Above	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	8	12.00	0.53	0.43089	10%-25% Above	Yes	No
69452035113	TERBINAFINE HCL 250 MG TABLET	3	30.00	0.12	0.14481	10%-25% Below	No	No
69452035113	TERBINAFINE HCL 250 MG TABLET	7	21.00	0.18	0.13243	26%-50% Above	No	No
69452035113	TERBINAFINE HCL 250 MG TABLET	8	30.00	0.12	0.13560	10%-25% Below	No	No
69452035120	TERBINAFINE HCL 250 MG TABLET	5	30.00	0.11	0.13850	10%-25% Below	No	No
69452035120	TERBINAFINE HCL 250 MG TABLET	5	54.00	0.18	0.13850	26%-50% Above	No	No
69452035120	TERBINAFINE HCL 250 MG TABLET	8	28.00	0.18	0.13560	26%-50% Above	No	No
69452035120	TERBINAFINE HCL 250 MG TABLET	8	90.00	0.18	0.13560	26%-50% Above	No	No
69452035620	ROPINIROLE HCL 0.25 MG TABLET	5	270.00	0.02	0.04749	26%-50% Below	No	No
69452035720	ROPINIROLE HCL 0.5 MG TABLET	4	90.00	0.10	0.04330	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69452035720	ROPINIROLE HCL 0.5 MG TABLET	5	90.00	0.10	0.04347	101%-200% Above	No	No
69452035720	ROPINIROLE HCL 0.5 MG TABLET	8	90.00	0.10	0.04302	101%-200% Above	No	No
69452035820	ROPINIROLE HCL 1 MG TABLET	4	30.00	0.11	0.05227	101%-200% Above	No	No
69452035920	ROPINIROLE HCL 2 MG TABLET	5	270.00	0.13	0.06622	76%-100% Above	No	No
69452036320	DESLORATADINE 5 MG TABLET	5	30.00	0.19	0.26630	26%-50% Below	No	No
69452036320	DESLORATADINE 5 MG TABLET	6	30.00	0.19	0.26114	26%-50% Below	No	No
69452036320	DESLORATADINE 5 MG TABLET	7	30.00	0.19	0.26149	26%-50% Below	No	No
69452036320	DESLORATADINE 5 MG TABLET	8	7.00	0.41	0.25526	51%-75% Above	No	No
69452037874	IBANDRONATE SODIUM 150 MG TAB	7	3.00	0.26	2.75665	76%-100% Below	No	No
69452042862	SOD SUL-POTASS SUL-MAG SUL SOL	4	354.00	0.07	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	Yes	No
69452042862	SOD SUL-POTASS SUL-MAG SUL SOL	5	354.00	0.06	0.10899	26%-50% Below	Yes	No
69452042862	SOD SUL-POTASS SUL-MAG SUL SOL	5	354.00	0.07	0.10899	26%-50% Below	No	No
69452042862	SOD SUL-POTASS SUL-MAG SUL SOL	6	354.00	0.06	0.10537	26%-50% Below	Yes	No
69452042862	SOD SUL-POTASS SUL-MAG SUL SOL	6	354.00	0.07	0.10537	26%-50% Below	No	No
69452042862	SOD SUL-POTASS SUL-MAG SUL SOL	6	354.00	0.07	0.10537	26%-50% Below	Yes	No
69452042862	SOD SUL-POTASS SUL-MAG SUL SOL	7	354.00	0.07	0.09939	26%-50% Below	Yes	No
69452045520	FLUVOXAMINE MALEATE 100 MG TAB	6	30.00	0.15	0.24528	26%-50% Below	No	No
69452045520	FLUVOXAMINE MALEATE 100 MG TAB	7	90.00	0.13	0.24358	26%-50% Below	No	No
69452045520	FLUVOXAMINE MALEATE 100 MG TAB	8	30.00	0.14	0.24716	26%-50% Below	No	No
69452047220	PROCHLORPERAZINE 10 MG TAB	4	30.00	0.15	0.18523	10%-25% Below	No	No
69452047220	PROCHLORPERAZINE 10 MG TAB	5	60.00	0.15	0.18206	10%-25% Below	No	No
69452047220	PROCHLORPERAZINE 10 MG TAB	6	9.00	0.15	0.17412	10%-25% Below	No	No
69452047220	PROCHLORPERAZINE 10 MG TAB	6	30.00	0.14	0.17412	10%-25% Below	No	No
69452047220	PROCHLORPERAZINE 10 MG TAB	7	15.00	0.15	0.16616	10%-25% Below	No	No

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69452047220	PROCHLORPERAZINE 10 MG TAB	7	30.00	0.15	0.16616	10%-25% Below	No	No
69452047220	PROCHLORPERAZINE 10 MG TAB	8	30.00	0.15	0.16878	10%-25% Below	No	No
69452050917	TICAGRELOR 90 MG TABLET	5	60.00	0.52	0.29117	76%-100% Above	No	No
69452050917	TICAGRELOR 90 MG TABLET	6	60.00	0.52	0.28360	76%-100% Above	No	No
69452050917	TICAGRELOR 90 MG TABLET	7	60.00	0.52	0.27956	76%-100% Above	No	No
69489041130	QBREXZA PAD 2.4%	6	30.00	22.58	.		No	No
69489041130	QBREXZA PAD 2.4%	7	30.00	22.58	.		No	No
69489041130	QBREXZA PAD 2.4%	8	30.00	21.75	.		No	No
69489041130	QBREXZA PAD 2.4%	8	30.00	22.58	.		No	No
69547062702	NARCAN 4 MG NASAL SPRAY	4	2.00	6.50	17.91300	51%-75% Below	No	No
69547062702	NARCAN 4 MG NASAL SPRAY	8	2.00	10.00	16.68000	26%-50% Below	No	No
69584002290	AMLODIPINE BESYLATE 5 MG TAB	6	60.00	0.01	0.01023	26%-50% Above	No	No
69584002290	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	0.11	0.01023	200% Above	No	No
69584002290	AMLODIPINE BESYLATE 5 MG TAB	8	60.00	0.01	0.01012	26%-50% Above	No	No
69584009306	BUSPIRONE HCL 15 MG TABLET	6	180.00	0.06	0.04232	26%-50% Above	No	No
69584009310	BUSPIRONE HCL 15 MG TABLET	5	60.00	0.06	0.04296	26%-50% Above	No	No
69584009350	BUSPIRONE HCL 15 MG TABLET	4	180.00	0.06	0.04301	26%-50% Above	No	No
69584009350	BUSPIRONE HCL 15 MG TABLET	6	60.00	0.06	0.04232	26%-50% Above	No	No
69584011110	CARISOPRODOL 350 MG TABLET	7	15.00	0.08	0.06656	10%-25% Above	No	No
69584011150	CARISOPRODOL 350 MG TABLET	7	30.00	0.08	0.06656	10%-25% Above	No	No
69584011190	CARISOPRODOL 350 MG TABLET	5	180.00	0.08	0.06572	10%-25% Above	No	No
69584011190	CARISOPRODOL 350 MG TABLET	6	180.00	0.08	0.06600	10%-25% Above	No	No
69584011190	CARISOPRODOL 350 MG TABLET	7	180.00	0.08	0.06656	10%-25% Above	No	No
69584011190	CARISOPRODOL 350 MG TABLET	8	180.00	0.08	0.06692	10%-25% Above	No	No
69584036195	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.00	0.02	0.01219	26%-50% Above	No	No

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69584036195	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.00	0.02	0.01203	26%-50% Above	No	No
69584036195	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.00	0.02	0.01196	26%-50% Above	No	No
69584061110	METHOCARBAMOL 500 MG TABLET	4	20.00	0.08	0.03758	101%-200% Above	No	No
69584061110	METHOCARBAMOL 500 MG TABLET	4	60.00	0.03	0.03758	26%-50% Below	No	No
69584061110	METHOCARBAMOL 500 MG TABLET	4	90.00	0.02	0.03758	26%-50% Below	No	No
69584061110	METHOCARBAMOL 500 MG TABLET	5	30.00	0.03	0.03809	10%-25% Below	No	No
69584061110	METHOCARBAMOL 500 MG TABLET	5	60.00	0.02	0.03809	26%-50% Below	No	No
69584061110	METHOCARBAMOL 500 MG TABLET	5	90.00	0.01	0.03809	51%-75% Below	No	No
69584061110	METHOCARBAMOL 500 MG TABLET	5	180.00	0.08	0.03809	76%-100% Above	No	No
69584061110	METHOCARBAMOL 500 MG TABLET	6	25.00	0.01	0.03897	51%-75% Below	No	No
69584061110	METHOCARBAMOL 500 MG TABLET	6	30.00	0.08	0.03897	76%-100% Above	No	No
69584061110	METHOCARBAMOL 500 MG TABLET	6	90.00	0.02	0.03897	26%-50% Below	No	No
69584061110	METHOCARBAMOL 500 MG TABLET	6	90.00	0.02	0.03897	26%-50% Below	No	No
69584061110	METHOCARBAMOL 500 MG TABLET	7	20.00	0.05	0.03958	26%-50% Above	No	No
69584061110	METHOCARBAMOL 500 MG TABLET	7	25.00	0.08	0.03958	76%-100% Above	No	No
69584061110	METHOCARBAMOL 500 MG TABLET	7	60.00	0.03	0.03958	26%-50% Below	No	No
69584061110	METHOCARBAMOL 500 MG TABLET	7	180.00	0.08	0.03958	76%-100% Above	No	No
69584061110	METHOCARBAMOL 500 MG TABLET	8	15.00	0.07	0.03970	51%-75% Above	No	No
69584061110	METHOCARBAMOL 500 MG TABLET	8	30.00	0.08	0.03970	76%-100% Above	No	No
69584061110	METHOCARBAMOL 500 MG TABLET	8	60.00	0.03	0.03970	26%-50% Below	No	No
69584061110	METHOCARBAMOL 500 MG TABLET	8	90.00	0.01	0.03970	51%-75% Below	No	No
69584061110	METHOCARBAMOL 500 MG TABLET	8	90.00	0.02	0.03970	26%-50% Below	No	No
69584061150	METHOCARBAMOL 500 MG TABLET	4	10.00	0.08	0.03758	101%-200% Above	No	No
69584061210	METHOCARBAMOL 750 MG TABLET	6	180.00	0.09	0.04286	76%-100% Above	No	No
69584061250	METHOCARBAMOL 750 MG TABLET	7	90.00	0.03	0.04291	26%-50% Below	No	No

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69584061250	METHOCARBAMOL 750 MG TABLET	7	90.00	0.09	0.04291	76%-100% Above	No	No
69584061250	METHOCARBAMOL 750 MG TABLET	8	90.00	0.09	0.04237	101%-200% Above	No	No
69584068410	PRIMIDONE 50 MG TABLET	8	87.00	0.08	0.09156	10%-25% Below	No	No
69584068510	PRIMIDONE 250 MG TABLET	4	180.00	0.08	0.23258	51%-75% Below	No	No
69584068510	PRIMIDONE 250 MG TABLET	8	180.00	0.13	0.21966	26%-50% Below	No	No
69584085210	SPIRONOLACTONE 25 MG TABLET	6	90.00	0.08	0.04427	51%-75% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	4	30.00	0.08	0.04504	51%-75% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	4	30.00	0.08	0.04504	76%-100% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	5	15.00	0.10	0.04474	101%-200% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	5	30.00	0.08	0.04474	51%-75% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	5	60.00	0.08	0.04474	51%-75% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	5	90.00	0.08	0.04474	51%-75% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	5	90.00	0.08	0.04474	76%-100% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	6	30.00	0.08	0.04427	51%-75% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	6	90.00	0.08	0.04427	51%-75% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	7	30.00	0.08	0.04332	51%-75% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	7	60.00	0.08	0.04332	51%-75% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	7	90.00	0.08	0.04332	51%-75% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	8	30.00	0.08	0.04303	76%-100% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	8	90.00	0.08	0.04303	76%-100% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	8	90.00	0.08	0.04303	76%-100% Above	No	No
69584085290	SPIRONOLACTONE 25 MG TABLET	1	90.00	0.03	0.04612	26%-50% Below	No	No
69584085290	SPIRONOLACTONE 25 MG TABLET	2	90.00	0.03	0.04940	26%-50% Below	No	No
69584085290	SPIRONOLACTONE 25 MG TABLET	4	60.00	0.08	0.04504	51%-75% Above	No	No
69584085290	SPIRONOLACTONE 25 MG TABLET	5	30.00	0.10	0.04474	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69584085290	SPIRONOLACTONE 25 MG TABLET	5	45.00	0.08	0.04474	76%-100% Above	No	No
69584085290	SPIRONOLACTONE 25 MG TABLET	5	60.00	0.08	0.04474	51%-75% Above	No	No
69584085290	SPIRONOLACTONE 25 MG TABLET	5	60.00	0.08	0.04474	76%-100% Above	No	No
69584085290	SPIRONOLACTONE 25 MG TABLET	5	90.00	0.08	0.04474	51%-75% Above	No	No
69584085290	SPIRONOLACTONE 25 MG TABLET	5	90.00	0.08	0.04474	51%-75% Above	No	No
69584085290	SPIRONOLACTONE 25 MG TABLET	5	90.00	0.08	0.04474	76%-100% Above	No	No
69584085290	SPIRONOLACTONE 25 MG TABLET	6	30.00	0.10	0.04427	101%-200% Above	No	No
69584085290	SPIRONOLACTONE 25 MG TABLET	6	90.00	0.07	0.04427	51%-75% Above	No	No
69584085290	SPIRONOLACTONE 25 MG TABLET	7	30.00	0.10	0.04332	101%-200% Above	No	No
69584085290	SPIRONOLACTONE 25 MG TABLET	8	15.00	0.08	0.04303	76%-100% Above	No	No
69584085290	SPIRONOLACTONE 25 MG TABLET	8	30.00	0.10	0.04303	101%-200% Above	No	No
69584085290	SPIRONOLACTONE 25 MG TABLET	8	60.00	0.08	0.04303	76%-100% Above	No	No
69584085290	SPIRONOLACTONE 25 MG TABLET	8	90.00	0.07	0.04303	51%-75% Above	No	No
69584085310	SPIRONOLACTONE 50 MG TABLET	6	180.00	0.10	0.08750	10%-25% Above	No	No
69584085310	SPIRONOLACTONE 50 MG TABLET	8	30.00	0.18	0.08461	101%-200% Above	No	No
69584085350	SPIRONOLACTONE 50 MG TABLET	4	90.00	0.15	0.08930	51%-75% Above	No	No
69584085350	SPIRONOLACTONE 50 MG TABLET	5	60.00	0.18	0.08931	76%-100% Above	No	No
69584085350	SPIRONOLACTONE 50 MG TABLET	5	90.00	0.05	0.08931	26%-50% Below	No	No
69584085350	SPIRONOLACTONE 50 MG TABLET	6	60.00	0.18	0.08750	76%-100% Above	No	No
69584085350	SPIRONOLACTONE 50 MG TABLET	7	30.00	0.16	0.08595	76%-100% Above	No	No
69584085350	SPIRONOLACTONE 50 MG TABLET	7	60.00	0.13	0.08595	26%-50% Above	No	No
69584085350	SPIRONOLACTONE 50 MG TABLET	7	90.00	0.15	0.08595	51%-75% Above	No	No
69584085350	SPIRONOLACTONE 50 MG TABLET	7	180.00	0.01	0.08595	76%-100% Below	No	No
69584085350	SPIRONOLACTONE 50 MG TABLET	8	30.00	0.16	0.08461	76%-100% Above	No	No
69584085350	SPIRONOLACTONE 50 MG TABLET	8	60.00	0.16	0.08461	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	30.00	0.11	0.17894	26%-50% Below	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	4	30.00	0.33	0.17894	76%-100% Above	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	4	180.00	0.11	0.17894	26%-50% Below	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	5	30.00	0.11	0.17835	26%-50% Below	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	5	30.00	0.33	0.17835	76%-100% Above	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	5	60.00	0.25	0.17835	26%-50% Above	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	5	90.00	0.11	0.17835	26%-50% Below	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	6	30.00	0.11	0.17586	26%-50% Below	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	6	60.00	0.25	0.17586	26%-50% Above	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	6	90.00	0.11	0.17586	26%-50% Below	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	7	30.00	0.11	0.17452	26%-50% Below	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	7	30.00	0.30	0.17452	51%-75% Above	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	7	30.00	0.33	0.17452	76%-100% Above	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	7	90.00	0.11	0.17452	26%-50% Below	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	7	180.00	0.11	0.17452	26%-50% Below	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	8	30.00	0.11	0.16990	26%-50% Below	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	8	30.00	0.30	0.16990	76%-100% Above	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	8	60.00	0.11	0.16990	26%-50% Below	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	8	90.00	0.11	0.16990	26%-50% Below	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	8	90.00	0.11	0.16990	26%-50% Below	Yes	No
69584085410	SPIRONOLACTONE 100 MG TABLET	8	90.00	0.27	0.16990	51%-75% Above	No	No
69584085450	SPIRONOLACTONE 100 MG TABLET	7	60.00	0.25	0.17452	26%-50% Above	No	No
69618006501	SENNA PLUS TAB 8.6-50MG	5	60.00	0.33	.		No	No
69618006610	ASPIRIN LOW TAB 81MG EC	8	30.00	0.00	.		No	No
69680011210	CYANOCOBALAMIN 1,000 MCG/ML VL	5	1.00	0.93	3.06267	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69680011210	CYANOCOBALAMIN 1,000 MCG/ML VL	8	1.00	0.93	2.90923	51%-75% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	4	4.00	0.94	1.50471	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	5	1.00	0.93	1.50475	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	5	2.00	0.67	1.50475	51%-75% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	5	4.00	0.94	1.50475	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	5	6.00	0.93	1.50475	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	6	2.00	0.67	1.49146	51%-75% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	6	2.00	0.94	1.49146	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	6	4.00	0.94	1.49146	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	7	1.00	0.93	1.47825	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	7	2.00	0.67	1.47825	51%-75% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	7	4.00	0.94	1.47825	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	8	2.00	0.67	1.49394	51%-75% Below	No	No
69918030130	TRANEXAMIC ACID 650 MG TABLET	5	30.00	0.33	0.89533	51%-75% Below	No	No
69918030130	TRANEXAMIC ACID 650 MG TABLET	6	30.00	0.17	0.88541	76%-100% Below	No	No
69918030130	TRANEXAMIC ACID 650 MG TABLET	8	6.00	0.59	0.85674	26%-50% Below	No	No
69918051505	NEOMYC-POLYM-DEXAMETH EYE DROP	6	5.00	2.00	1.63280	10%-25% Above	No	No
69918051505	NEOMYC-POLYM-DEXAMETH EYE DROP	7	5.00	0.95	1.60807	26%-50% Below	No	No
69918051505	NEOMYC-POLYM-DEXAMETH EYE DROP	7	5.00	2.43	1.60807	51%-75% Above	No	No
69918060160	TIMOLOL MALEATE 0.5% EYE DROP	5	60.00	1.05	1.60063	26%-50% Below	No	No
69918060160	TIMOLOL MALEATE 0.5% EYE DROP	8	60.00	1.05	1.18714	10%-25% Below	No	No
70010000101	COLCHICINE 0.6 MG CAPSULE	6	10.00	1.29	1.95547	26%-50% Below	No	No
70010000101	COLCHICINE 0.6 MG CAPSULE	7	30.00	1.29	1.97148	26%-50% Below	No	No
70010000201	COLCHICINE 0.6 MG TABLET	5	3.00	0.90	0.13354	200% Above	Yes	No
70010000201	COLCHICINE 0.6 MG TABLET	7	14.00	0.90	0.12239	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010000401	DEXMETHYLPHENIDATE ER 5 MG CAP	4	30.00	0.92	1.16329	10%-25% Below	Yes	No
70010000401	DEXMETHYLPHENIDATE ER 5 MG CAP	6	30.00	0.50	0.96576	26%-50% Below	No	No
70010000401	DEXMETHYLPHENIDATE ER 5 MG CAP	7	30.00	0.50	0.97310	26%-50% Below	No	No
70010000501	DEXMETHYLPHENIDATE ER 10 MG CP	4	30.00	1.02	1.49999	26%-50% Below	No	No
70010000501	DEXMETHYLPHENIDATE ER 10 MG CP	4	60.00	1.02	1.49999	26%-50% Below	Yes	No
70010000501	DEXMETHYLPHENIDATE ER 10 MG CP	6	30.00	0.55	1.56319	51%-75% Below	Yes	No
70010000501	DEXMETHYLPHENIDATE ER 10 MG CP	6	30.00	1.02	1.56319	26%-50% Below	Yes	No
70010000501	DEXMETHYLPHENIDATE ER 10 MG CP	6	30.00	4.32	1.56319	101%-200% Above	No	No
70010000501	DEXMETHYLPHENIDATE ER 10 MG CP	6	60.00	1.02	1.56319	26%-50% Below	Yes	No
70010000501	DEXMETHYLPHENIDATE ER 10 MG CP	7	30.00	0.53	1.53417	51%-75% Below	Yes	No
70010000501	DEXMETHYLPHENIDATE ER 10 MG CP	7	60.00	1.02	1.53417	26%-50% Below	Yes	No
70010000601	DEXMETHYLPHENIDATE ER 15 MG CP	5	30.00	0.84	0.94127	10%-25% Below	No	No
70010000601	DEXMETHYLPHENIDATE ER 15 MG CP	7	30.00	0.37	0.91732	51%-75% Below	Yes	No
70010000601	DEXMETHYLPHENIDATE ER 15 MG CP	7	30.00	0.50	0.91732	26%-50% Below	Yes	No
70010000601	DEXMETHYLPHENIDATE ER 15 MG CP	7	60.00	0.09	0.91732	76%-100% Below	No	No
70010000601	DEXMETHYLPHENIDATE ER 15 MG CP	8	30.00	0.50	0.83291	26%-50% Below	Yes	No
70010000701	DEXMETHYLPHENIDATE ER 20 MG CP	4	30.00	0.66	1.98180	51%-75% Below	Yes	No
70010000701	DEXMETHYLPHENIDATE ER 20 MG CP	5	30.00	1.08	2.00947	26%-50% Below	No	No
70010000701	DEXMETHYLPHENIDATE ER 20 MG CP	6	30.00	1.08	2.03051	26%-50% Below	No	No
70010000701	DEXMETHYLPHENIDATE ER 20 MG CP	7	30.00	1.08	2.03789	26%-50% Below	No	No
70010000701	DEXMETHYLPHENIDATE ER 20 MG CP	8	30.00	1.08	1.88970	26%-50% Below	No	No
70010000801	DEXMETHYLPHENIDATE ER 25 MG CP	6	30.00	1.40	1.99299	26%-50% Below	No	No
70010000901	DEXMETHYLPHENIDATE ER 30 MG CP	4	30.00	0.50	1.58181	51%-75% Below	No	No
70010000901	DEXMETHYLPHENIDATE ER 30 MG CP	4	30.00	0.55	1.58181	51%-75% Below	Yes	No
70010000901	DEXMETHYLPHENIDATE ER 30 MG CP	4	30.00	0.77	1.58181	51%-75% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	30.00	0.77	1.61542	51%-75% Below	No	No
70010000901	DEXMETHYLPHENIDATE ER 30 MG CP	5	30.00	0.77	1.61542	51%-75% Below	Yes	No
70010000901	DEXMETHYLPHENIDATE ER 30 MG CP	6	30.00	0.50	1.79685	51%-75% Below	No	No
70010000901	DEXMETHYLPHENIDATE ER 30 MG CP	6	30.00	0.55	1.79685	51%-75% Below	Yes	No
70010000901	DEXMETHYLPHENIDATE ER 30 MG CP	6	30.00	0.77	1.79685	51%-75% Below	No	No
70010000901	DEXMETHYLPHENIDATE ER 30 MG CP	6	30.00	0.77	1.79685	51%-75% Below	Yes	No
70010000901	DEXMETHYLPHENIDATE ER 30 MG CP	7	30.00	0.55	1.82235	51%-75% Below	Yes	No
70010000901	DEXMETHYLPHENIDATE ER 30 MG CP	7	30.00	0.77	1.82235	51%-75% Below	No	No
70010000901	DEXMETHYLPHENIDATE ER 30 MG CP	7	30.00	0.77	1.82235	51%-75% Below	Yes	No
70010000901	DEXMETHYLPHENIDATE ER 30 MG CP	7	30.00	0.77	1.82235	51%-75% Below	No	No
70010001101	DEXMETHYLPHENIDATE ER 40 MG CP	5	30.00	0.67	1.39497	51%-75% Below	No	No
70010001101	DEXMETHYLPHENIDATE ER 40 MG CP	6	30.00	0.67	1.92581	51%-75% Below	No	No
70010001101	DEXMETHYLPHENIDATE ER 40 MG CP	7	30.00	0.67	1.92581	51%-75% Below	No	No
70010001301	METHYLPHENIDATE ER(LA) 20 MG CP	7	30.00	1.18	1.84443	26%-50% Below	No	No
70010001301	METHYLPHENIDATE ER(LA) 20 MG CP	8	30.00	1.18	1.81233	26%-50% Below	No	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	5	30.00	1.24	2.07947	26%-50% Below	No	No
70010001401	METHYLPHENIDATE ER(LA) 30 MG CP	6	30.00	1.24	2.03206	26%-50% Below	No	No
70010001401	METHYLPHENIDATE ER(LA) 30 MG CP	7	30.00	1.24	2.04191	26%-50% Below	No	No
70010001401	METHYLPHENIDATE ER(LA) 30 MG CP	8	30.00	1.24	2.02747	26%-50% Below	No	No
70010001501	METHYLPHENIDATE ER(LA) 40 MG CP	5	30.00	0.50	2.31454	76%-100% Below	No	No
70010001501	METHYLPHENIDATE ER(LA) 40 MG CP	6	30.00	0.98	2.18609	51%-75% Below	No	No
70010002210	POTASSIUM CL ER 10 MEQ TABLET	7	60.00	0.05	0.08496	26%-50% Below	No	No
70010003001	DEXTROAMP-AMPHET ER 10 MG CAP	5	28.00	4.10	0.51419	200% Above	No	No
70010003001	DEXTROAMP-AMPHET ER 10 MG CAP	5	30.00	0.34	0.65700	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	30.00	4.10	0.51419	200% Above	No	No
70010003001	DEXTROAMP-AMPHET ER 10 MG CAP	6	30.00	1.38	0.53147	101%-200% Above	No	No
70010003001	DEXTROAMP-AMPHET ER 10 MG CAP	7	28.00	4.10	0.51966	200% Above	No	No
70010003001	DEXTROAMP-AMPHET ER 10 MG CAP	7	30.00	1.38	0.51966	101%-200% Above	No	No
70010003001	DEXTROAMP-AMPHET ER 10 MG CAP	8	28.00	4.10	0.52724	200% Above	No	No
70010003001	DEXTROAMP-AMPHET ER 10 MG CAP	8	30.00	4.10	0.52724	200% Above	No	No
70010003101	DEXTROAMP-AMPHET ER 15 MG CAP	4	30.00	4.10	0.53855	200% Above	No	No
70010003101	DEXTROAMP-AMPHET ER 15 MG CAP	5	30.00	0.33	0.55224	26%-50% Below	Yes	No
70010003101	DEXTROAMP-AMPHET ER 15 MG CAP	5	30.00	0.50	0.55224	10%-25% Below	Yes	No
70010003101	DEXTROAMP-AMPHET ER 15 MG CAP	5	30.00	4.10	0.55224	200% Above	No	No
70010003101	DEXTROAMP-AMPHET ER 15 MG CAP	6	30.00	2.70	0.55462	200% Above	No	No
70010003101	DEXTROAMP-AMPHET ER 15 MG CAP	7	30.00	0.33	0.53715	26%-50% Below	No	No
70010003101	DEXTROAMP-AMPHET ER 15 MG CAP	7	30.00	4.10	0.53715	200% Above	No	No
70010003101	DEXTROAMP-AMPHET ER 15 MG CAP	8	30.00	0.50	0.55698	10%-25% Below	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	4	30.00	0.33	0.61069	26%-50% Below	Yes	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	4	30.00	1.92	0.61069	200% Above	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	4	30.00	4.10	0.61069	200% Above	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	4	60.00	0.25	0.61069	51%-75% Below	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	4	60.00	1.92	0.61069	200% Above	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	4	60.00	4.10	0.61069	200% Above	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	5	30.00	0.50	0.59292	10%-25% Below	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	5	30.00	0.50	0.59292	10%-25% Below	Yes	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	5	30.00	1.92	0.59292	200% Above	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	5	30.00	4.10	0.59292	200% Above	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	5	60.00	0.25	0.59292	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	60.00	1.92	0.59292	200% Above	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	6	30.00	0.50	0.61181	10%-25% Below	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	6	30.00	4.10	0.61181	200% Above	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	6	30.00	4.10	0.61181	200% Above	Yes	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	6	60.00	0.25	0.61181	51%-75% Below	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	6	60.00	0.34	0.61181	26%-50% Below	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	6	60.00	1.92	0.61181	200% Above	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	7	30.00	0.34	0.57228	26%-50% Below	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	7	30.00	1.92	0.57228	200% Above	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	7	30.00	4.10	0.57228	200% Above	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	7	60.00	0.34	0.57228	26%-50% Below	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	7	60.00	1.92	0.57228	200% Above	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	8	30.00	0.50	0.59100	10%-25% Below	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	8	60.00	0.34	0.59100	26%-50% Below	No	No
70010003301	DEXTROAMP-AMPHET ER 25 MG CAP	4	30.00	1.95	0.55107	200% Above	No	No
70010003301	DEXTROAMP-AMPHET ER 25 MG CAP	4	30.00	4.10	0.55107	200% Above	Yes	No
70010003301	DEXTROAMP-AMPHET ER 25 MG CAP	5	30.00	1.95	0.54438	200% Above	No	No
70010003301	DEXTROAMP-AMPHET ER 25 MG CAP	5	30.00	4.10	0.54438	200% Above	No	No
70010003301	DEXTROAMP-AMPHET ER 25 MG CAP	6	30.00	1.95	0.54704	200% Above	No	No
70010003301	DEXTROAMP-AMPHET ER 25 MG CAP	6	30.00	4.10	0.54704	200% Above	No	No
70010003301	DEXTROAMP-AMPHET ER 25 MG CAP	6	30.00	4.10	0.54704	200% Above	Yes	No
70010003301	DEXTROAMP-AMPHET ER 25 MG CAP	7	30.00	0.21	0.51367	51%-75% Below	No	No
70010003301	DEXTROAMP-AMPHET ER 25 MG CAP	7	30.00	1.95	0.51367	200% Above	No	No
70010003301	DEXTROAMP-AMPHET ER 25 MG CAP	8	30.00	0.20	0.49524	51%-75% Below	No	No
70010003301	DEXTROAMP-AMPHET ER 25 MG CAP	8	30.00	0.21	0.49524	51%-75% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010003301	DEXTROAMP-AMPHET ER 25 MG CAP	12	30.00	0.21	0.51221	51%-75% Below	No	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	3	30.00	0.82	0.52822	51%-75% Above	No	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	4	30.00	0.17	0.55958	51%-75% Below	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	0.80	0.55958	26%-50% Above	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	5	30.00	2.01	0.54992	200% Above	No	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	5	30.00	4.10	0.54992	200% Above	No	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	5	56.00	2.01	0.54992	200% Above	No	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	6	28.00	1.00	0.52268	76%-100% Above	No	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	6	30.00	2.01	0.52268	200% Above	No	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	6	30.00	4.10	0.52268	200% Above	No	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	7	30.00	2.01	0.47364	200% Above	No	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	7	30.00	4.10	0.47364	200% Above	No	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	7	60.00	4.10	0.47364	200% Above	No	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	8	30.00	0.17	0.46891	51%-75% Below	No	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	8	30.00	0.58	0.46891	10%-25% Above	Yes	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	8	30.00	2.01	0.46891	200% Above	No	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	8	30.00	4.10	0.46891	200% Above	No	No
70010004301	METHYLPHENIDATE ER 20 MG TAB	8	30.00	0.92	0.51193	76%-100% Above	Yes	No
70010006305	METFORMIN HCL 500 MG TABLET	4	60.00	0.01	0.01394	26%-50% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	4	90.00	0.01	0.01394	26%-50% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	4	90.00	0.06	0.01394	200% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	4	180.00	0.06	0.01394	200% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	4	360.00	0.02	0.01394	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	360.00	0.06	0.01394	200% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	5	60.00	0.01	0.01397	26%-50% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	5	90.00	0.06	0.01397	200% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	5	180.00	0.06	0.01397	200% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	5	360.00	0.06	0.01397	200% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	6	60.00	0.06	0.01398	200% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	6	90.00	0.02	0.01398	26%-50% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	6	90.00	0.06	0.01398	200% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	6	180.00	0.01	0.01398	26%-50% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	6	180.00	0.03	0.01398	76%-100% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	7	60.00	0.01	0.01407	26%-50% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	7	60.00	0.06	0.01407	200% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	7	90.00	0.06	0.01407	200% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	7	180.00	0.06	0.01407	200% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	7	360.00	0.02	0.01407	10%-25% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	7	360.00	0.02	0.01407	26%-50% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	8	60.00	0.01	0.01419	26%-50% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	8	60.00	0.06	0.01419	200% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	8	90.00	0.06	0.01419	200% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	8	180.00	0.06	0.01419	200% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	8	360.00	0.06	0.01419	200% Above	No	No
70010006309	METFORMIN HCL 500 MG TABLET	8	90.00	0.06	0.01419	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	5	26.00	0.06	0.01397	200% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	5	30.00	0.06	0.01397	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	60.00	0.06	0.01397	200% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	5	360.00	0.01	0.01397	26%-50% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	6	30.00	0.06	0.01398	200% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	6	60.00	0.06	0.01398	200% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	6	180.00	0.06	0.01398	200% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	7	30.00	0.06	0.01407	200% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	7	60.00	0.06	0.01407	200% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	8	30.00	0.06	0.01419	200% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	8	60.00	0.06	0.01419	200% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	8	180.00	0.06	0.01419	200% Above	No	No
70010006405	METFORMIN HCL 850 MG TABLET	5	60.00	0.05	0.02483	101%-200% Above	No	No
70010006405	METFORMIN HCL 850 MG TABLET	6	180.00	0.01	0.02466	51%-75% Below	No	No
70010006405	METFORMIN HCL 850 MG TABLET	7	60.00	0.05	0.02454	101%-200% Above	No	No
70010006405	METFORMIN HCL 850 MG TABLET	7	180.00	0.05	0.02454	101%-200% Above	No	No
70010006501	METFORMIN HCL 1,000 MG TABLET	5	180.00	0.05	0.02457	101%-200% Above	No	No
70010006501	METFORMIN HCL 1,000 MG TABLET	6	180.00	0.05	0.02366	101%-200% Above	No	No
70010006501	METFORMIN HCL 1,000 MG TABLET	8	180.00	0.05	0.02313	101%-200% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	4	60.00	0.03	0.02487	10%-25% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	4	60.00	0.05	0.02487	101%-200% 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	5	60.00	0.03	0.02457	10%-25% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	5	60.00	0.03	0.02457	26%-50% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	5	60.00	0.05	0.02457	101%-200% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	5	180.00	0.05	0.02457	101%-200% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	6	60.00	0.03	0.02366	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	60.00	0.03	0.02366	26%-50% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	6	60.00	0.05	0.02366	101%-200% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	6	180.00	0.01	0.02366	51%-75% Below	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	6	180.00	0.05	0.02366	101%-200% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	7	60.00	0.03	0.02338	26%-50% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	7	60.00	0.05	0.02338	101%-200% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	7	90.00	0.05	0.02338	101%-200% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	8	60.00	0.03	0.02313	26%-50% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	8	180.00	0.05	0.02313	101%-200% Above	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	4	28.00	0.04	0.02487	51%-75% Above	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	4	60.00	0.03	0.02487	10%-25% Above	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	4	60.00	0.05	0.02487	101%-200% Above	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	4	180.00	0.02	0.02487	10%-25% Below	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	4	180.00	0.03	0.02487	10%-25% Above	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	4	180.00	0.05	0.02487	101%-200% Above	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	5	30.00	0.05	0.02457	101%-200% Above	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	5	60.00	0.05	0.02457	101%-200% Above	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	6	60.00	0.05	0.02366	101%-200% Above	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	6	180.00	0.01	0.02366	26%-50% Below	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	6	180.00	0.03	0.02366	10%-25% Above	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	6	180.00	0.05	0.02366	76%-100% Above	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	6	180.00	0.05	0.02366	101%-200% Above	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	7	180.00	0.03	0.02338	10%-25% Above	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	7	180.00	0.05	0.02338	101%-200% Above	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	8	180.00	0.01	0.02313	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010006701	IBUPROFEN 600 MG TABLET	8	40.00	0.03	0.04656	26%-50% Below	No	No
70010011201	AMPHET/DEXTR TAB 7.5MG	5	30.00	0.17	.		No	No
70010011601	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.00	0.18	0.29745	26%-50% Below	No	No
70010013501	POTASSIUM CL ER 20 MEQ TABLET	4	30.00	0.21	0.13796	51%-75% Above	No	No
70010013501	POTASSIUM CL ER 20 MEQ TABLET	4	30.00	0.24	0.13796	51%-75% Above	No	No
70010013501	POTASSIUM CL ER 20 MEQ TABLET	4	90.00	0.21	0.13796	51%-75% Above	No	No
70010013501	POTASSIUM CL ER 20 MEQ TABLET	5	30.00	0.21	0.13670	51%-75% Above	No	No
70010013501	POTASSIUM CL ER 20 MEQ TABLET	5	30.00	0.24	0.13670	51%-75% Above	No	No
70010013501	POTASSIUM CL ER 20 MEQ TABLET	5	60.00	0.02	0.13670	76%-100% Below	No	No
70010013501	POTASSIUM CL ER 20 MEQ TABLET	5	60.00	0.10	0.13670	10%-25% Below	No	No
70010013501	POTASSIUM CL ER 20 MEQ TABLET	6	30.00	0.22	0.13474	51%-75% Above	No	No
70010013501	POTASSIUM CL ER 20 MEQ TABLET	6	39.00	0.20	0.13474	26%-50% Above	No	No
70010013501	POTASSIUM CL ER 20 MEQ TABLET	6	90.00	0.20	0.13474	26%-50% Above	No	No
70010013501	POTASSIUM CL ER 20 MEQ TABLET	7	7.00	0.10	0.13327	10%-25% Below	No	No
70010013501	POTASSIUM CL ER 20 MEQ TABLET	7	30.00	0.10	0.13327	10%-25% Below	No	No
70010013501	POTASSIUM CL ER 20 MEQ TABLET	8	30.00	0.22	0.13505	51%-75% Above	No	No
70010013501	POTASSIUM CL ER 20 MEQ TABLET	8	60.00	0.20	0.13505	26%-50% Above	No	No
70010013501	POTASSIUM CL ER 20 MEQ TABLET	8	90.00	0.20	0.13505	26%-50% Above	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	4	7.00	0.10	0.13796	10%-25% Below	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	4	30.00	0.10	0.13796	10%-25% Below	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	5	30.00	0.10	0.13670	10%-25% Below	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	5	60.00	0.10	0.13670	10%-25% Below	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	5	180.00	0.10	0.13670	10%-25% Below	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	6	30.00	0.10	0.13474	10%-25% Below	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	6	60.00	0.10	0.13474	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010013505	POTASSIUM CL ER 20 MEQ TABLET	6	90.00	0.29	0.13474	101%-200% Above	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	7	30.00	0.10	0.13327	10%-25% Below	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	7	60.00	0.10	0.13327	10%-25% Below	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	8	30.00	0.10	0.13505	10%-25% Below	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	8	30.00	0.30	0.13505	101%-200% Above	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	8	60.00	0.10	0.13505	10%-25% Below	No	No
70010013510	POTASSIUM CL ER 20 MEQ TABLET	4	33.00	0.10	0.13796	10%-25% Below	No	No
70010013510	POTASSIUM CL ER 20 MEQ TABLET	6	180.00	0.10	0.13474	10%-25% Below	No	No
70010013510	POTASSIUM CL ER 20 MEQ TABLET	8	39.00	0.20	0.13505	26%-50% Above	No	No
70010013601	POTASSIUM CL ER 10 MEQ TABLET	4	90.00	0.12	0.13386	10%-25% Below	No	No
70010013601	POTASSIUM CL ER 10 MEQ TABLET	5	30.00	0.12	0.13803	10%-25% Below	No	No
70010013601	POTASSIUM CL ER 10 MEQ TABLET	5	60.00	0.12	0.13803	10%-25% Below	No	No
70010013601	POTASSIUM CL ER 10 MEQ TABLET	5	90.00	0.12	0.13803	10%-25% Below	No	No
70010013601	POTASSIUM CL ER 10 MEQ TABLET	6	30.00	0.12	0.13488	10%-25% Below	No	No
70010013601	POTASSIUM CL ER 10 MEQ TABLET	6	60.00	0.12	0.13488	10%-25% Below	No	No
70010013601	POTASSIUM CL ER 10 MEQ TABLET	6	90.00	0.05	0.13488	51%-75% Below	No	No
70010013601	POTASSIUM CL ER 10 MEQ TABLET	6	90.00	0.08	0.13488	26%-50% Below	No	No
70010013601	POTASSIUM CL ER 10 MEQ TABLET	6	200.00	0.06	0.13488	51%-75% Below	No	No
70010013601	POTASSIUM CL ER 10 MEQ TABLET	6	270.00	0.12	0.13488	10%-25% Below	No	No
70010013610	POTASSIUM CL ER 10 MEQ TABLET	5	4.00	0.06	0.13803	51%-75% Below	No	No
70010013610	POTASSIUM CL ER 10 MEQ TABLET	6	4.00	0.06	0.13488	51%-75% Below	No	No
70010013610	POTASSIUM CL ER 10 MEQ TABLET	7	60.00	0.06	0.12816	51%-75% Below	No	No
70010013901	NAPROXEN 500 MG TABLET	5	10.00	0.08	0.06254	26%-50% Above	No	No
70010013901	NAPROXEN 500 MG TABLET	6	60.00	0.02	0.06252	51%-75% Below	No	No
70010013905	NAPROXEN 500 MG TABLET	5	30.00	0.04	0.06254	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	60.00	0.03	0.06254	51%-75% Below	No	No
70010014801	POTASSIUM CL ER 10 MEQ CAPSULE	6	90.00	0.06	0.13312	51%-75% Below	No	No
70010014801	POTASSIUM CL ER 10 MEQ CAPSULE	7	90.00	0.02	0.12909	76%-100% Below	No	No
70010014805	POTASSIUM CL ER 10 MEQ CAPSULE	5	30.00	0.28	0.13526	101%-200% Above	No	No
70010014805	POTASSIUM CL ER 10 MEQ CAPSULE	7	90.00	0.22	0.12909	51%-75% Above	No	No
70010014805	POTASSIUM CL ER 10 MEQ CAPSULE	8	30.00	0.11	0.13285	10%-25% 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	5	30.00	0.07	0.12279	26%-50% Below	No	No
70010014901	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	6	20.00	0.14	0.12181	10%-25% Above	No	No
70010014901	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	6	30.00	0.07	0.12181	26%-50% Below	No	No
70010014901	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	6	30.00	0.14	0.12181	10%-25% Above	No	No
70010014901	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	6	144.00	0.14	0.12181	10%-25% Above	No	No
70010014901	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	7	30.00	0.07	0.12340	26%-50% Below	No	No
70010014901	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	7	30.00	0.14	0.12340	10%-25% Above	No	No
70010014901	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	8	30.00	0.07	0.12332	26%-50% Below	No	No
70010014905	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	4	10.00	0.14	0.12339	10%-25% Above	No	No
70010014905	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	5	30.00	0.08	0.12279	26%-50% Below	No	No
70010014905	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	5	60.00	0.14	0.12279	10%-25% Above	No	No
70010014905	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	6	16.00	0.14	0.12181	10%-25% Above	No	No
70010014905	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	6	20.00	0.14	0.12181	10%-25% Above	No	No
70010014905	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	6	30.00	0.14	0.12181	10%-25% Above	No	No
70010014905	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	6	60.00	0.14	0.12181	10%-25% Above	No	No
70010014905	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	7	72.00	0.14	0.12340	10%-25% Above	Yes	No
70010014905	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	8	30.00	0.14	0.12332	10%-25% Above	No	No
70010014905	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	8	60.00	0.14	0.12332	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010016234	LORATADINE 10 MG TABLET	4	30.00	0.03	0.05319	26%-50% Below	No	No
70010016234	LORATADINE 10 MG TABLET	4	30.00	0.04	0.05319	26%-50% Below	No	No
70010016234	LORATADINE 10 MG TABLET	4	30.00	0.04	0.05319	26%-50% Below	No	No
70010016234	LORATADINE 10 MG TABLET	4	30.00	0.04	0.05319	10%-25% Below	No	No
70010016234	LORATADINE 10 MG TABLET	4	90.00	0.01	0.05319	51%-75% Below	No	No
70010016234	LORATADINE 10 MG TABLET	5	30.00	0.04	0.05293	26%-50% Below	No	No
70010016234	LORATADINE 10 MG TABLET	5	30.00	0.04	0.05293	10%-25% Below	No	No
70010016234	LORATADINE 10 MG TABLET	5	60.00	0.03	0.05293	26%-50% Below	No	No
70010016234	LORATADINE 10 MG TABLET	6	30.00	0.03	0.05248	26%-50% Below	No	No
70010016234	LORATADINE 10 MG TABLET	6	30.00	0.04	0.05248	26%-50% Below	No	No
70010016234	LORATADINE 10 MG TABLET	6	30.00	0.04	0.05248	26%-50% Below	No	No
70010016234	LORATADINE 10 MG TABLET	7	30.00	0.03	0.05231	26%-50% Below	No	No
70010016234	LORATADINE 10 MG TABLET	7	30.00	0.03	0.05231	26%-50% Below	No	No
70010016234	LORATADINE 10 MG TABLET	7	30.00	0.04	0.05231	26%-50% Below	No	No
70010018509	VENLAFAXINE HCL ER 75 MG CAP	4	30.00	0.14	0.08791	51%-75% Above	No	No
70010018509	VENLAFAXINE HCL ER 75 MG CAP	4	90.00	0.11	0.08791	10%-25% Above	Yes	No
70010018509	VENLAFAXINE HCL ER 75 MG CAP	5	30.00	0.14	0.08503	51%-75% Above	No	No
70010018509	VENLAFAXINE HCL ER 75 MG CAP	5	90.00	0.11	0.08503	26%-50% Above	No	No
70010018509	VENLAFAXINE HCL ER 75 MG CAP	6	30.00	0.14	0.08217	51%-75% Above	No	No
70010018509	VENLAFAXINE HCL ER 75 MG CAP	6	90.00	0.12	0.08217	26%-50% Above	No	No
70010018509	VENLAFAXINE HCL ER 75 MG CAP	7	30.00	0.14	0.08077	76%-100% Above	No	No
70010018509	VENLAFAXINE HCL ER 75 MG CAP	8	30.00	0.14	0.07939	76%-100% Above	No	No
70010018509	VENLAFAXINE HCL ER 75 MG CAP	8	90.00	0.09	0.07939	10%-25% Above	Yes	No
70010019110	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.00	0.11	0.03522	200% Above	No	No
70010019905	GUAIFENESIN ER 600 MG TABLET	7	30.00	0.65	0.28926	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	30.00	0.11	0.02978	200% Above	No	No
70010020305	SERTRALINE HCL 25 MG TABLET	7	30.00	0.01	0.02856	51%-75% Below	No	No
70010020305	SERTRALINE HCL 25 MG TABLET	7	30.00	0.11	0.02856	200% Above	No	No
70010020405	SERTRALINE HCL 50 MG TABLET	5	30.00	0.10	0.03457	101%-200% Above	No	No
70010020409	SERTRALINE HCL 50 MG TABLET	7	30.00	0.10	0.03468	101%-200% Above	No	No
70010020601	LISDEXAMFETAMINE 10 MG CAPSULE	4	30.00	7.57	2.88203	101%-200% Above	No	No
70010020601	LISDEXAMFETAMINE 10 MG CAPSULE	6	30.00	7.57	2.87323	101%-200% Above	No	No
70010020601	LISDEXAMFETAMINE 10 MG CAPSULE	7	30.00	7.57	2.78462	101%-200% Above	No	No
70010020701	LISDEXAMFETAMINE 20 MG CAPSULE	5	30.00	1.46	2.73182	26%-50% Below	No	No
70010020701	LISDEXAMFETAMINE 20 MG CAPSULE	6	30.00	1.50	2.81237	26%-50% Below	No	No
70010020701	LISDEXAMFETAMINE 20 MG CAPSULE	7	30.00	1.55	2.74547	26%-50% Below	No	No
70010020801	LISDEXAMFETAMINE 30 MG CAPSULE	5	30.00	1.68	3.12473	26%-50% Below	No	No
70010020801	LISDEXAMFETAMINE 30 MG CAPSULE	6	30.00	1.72	3.03663	26%-50% Below	No	No
70010020801	LISDEXAMFETAMINE 30 MG CAPSULE	6	30.00	1.72	3.03663	26%-50% Below	Yes	No
70010020801	LISDEXAMFETAMINE 30 MG CAPSULE	6	90.00	1.29	3.03663	51%-75% Below	Yes	No
70010020901	LISDEXAMFETAMINE 40 MG CAPSULE	5	30.00	0.92	2.92284	51%-75% Below	Yes	No
70010020901	LISDEXAMFETAMINE 40 MG CAPSULE	5	30.00	1.23	2.92284	51%-75% Below	No	No
70010020901	LISDEXAMFETAMINE 40 MG CAPSULE	6	30.00	0.92	2.81679	51%-75% Below	Yes	No
70010020901	LISDEXAMFETAMINE 40 MG CAPSULE	6	30.00	1.23	2.81679	51%-75% Below	No	No
70010020901	LISDEXAMFETAMINE 40 MG CAPSULE	6	30.00	1.23	2.81679	51%-75% Below	Yes	No
70010020901	LISDEXAMFETAMINE 40 MG CAPSULE	6	30.00	1.61	2.81679	26%-50% Below	No	No
70010020901	LISDEXAMFETAMINE 40 MG CAPSULE	7	30.00	0.92	2.72415	51%-75% Below	Yes	No
70010020901	LISDEXAMFETAMINE 40 MG CAPSULE	7	30.00	1.61	2.72415	26%-50% Below	No	No
70010021001	LISDEXAMFETAMINE 50 MG CAPSULE	4	30.00	7.57	2.79284	101%-200% Above	Yes	No
70010021001	LISDEXAMFETAMINE 50 MG CAPSULE	5	30.00	1.41	2.84456	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010021001	LISDEXAMFETAMINE 50 MG CAPSULE	5	30.00	1.56	2.84456	26%-50% Below	No	No
70010021001	LISDEXAMFETAMINE 50 MG CAPSULE	5	30.00	1.56	2.84456	26%-50% Below	Yes	No
70010021001	LISDEXAMFETAMINE 50 MG CAPSULE	6	30.00	1.41	2.88660	51%-75% Below	Yes	No
70010021001	LISDEXAMFETAMINE 50 MG CAPSULE	6	30.00	1.56	2.88660	26%-50% Below	Yes	No
70010021001	LISDEXAMFETAMINE 50 MG CAPSULE	6	30.00	1.56	2.88660	26%-50% Below	Yes	No
70010021001	LISDEXAMFETAMINE 50 MG CAPSULE	6	90.00	1.18	2.88660	51%-75% Below	Yes	No
70010021001	LISDEXAMFETAMINE 50 MG CAPSULE	7	30.00	1.41	2.76500	26%-50% Below	Yes	No
70010021001	LISDEXAMFETAMINE 50 MG CAPSULE	7	30.00	1.59	2.76500	26%-50% Below	Yes	No
70010021101	LISDEXAMFETAMINE 60 MG CAPSULE	5	30.00	1.61	2.97003	26%-50% Below	Yes	No
70010021101	LISDEXAMFETAMINE 60 MG CAPSULE	5	30.00	1.62	2.97003	26%-50% Below	Yes	No
70010021101	LISDEXAMFETAMINE 60 MG CAPSULE	6	30.00	1.63	2.97451	26%-50% Below	Yes	No
70010021101	LISDEXAMFETAMINE 60 MG CAPSULE	7	30.00	1.46	2.86472	26%-50% Below	Yes	No
70010021201	LISDEXAMFETAMINE 70 MG CAPSULE	4	30.00	7.57	2.93212	101%-200% Above	Yes	No
70010021201	LISDEXAMFETAMINE 70 MG CAPSULE	5	30.00	0.17	2.97495	76%-100% Below	No	No
70010021201	LISDEXAMFETAMINE 70 MG CAPSULE	5	30.00	1.43	2.97495	51%-75% Below	Yes	No
70010021201	LISDEXAMFETAMINE 70 MG CAPSULE	5	30.00	1.61	2.97495	26%-50% Below	Yes	No
70010021201	LISDEXAMFETAMINE 70 MG CAPSULE	6	30.00	1.61	2.92336	26%-50% Below	Yes	No
70010021201	LISDEXAMFETAMINE 70 MG CAPSULE	8	30.00	1.64	2.75933	26%-50% Below	Yes	No
70010021201	LISDEXAMFETAMINE 70 MG CAPSULE	8	30.00	5.32	2.75933	76%-100% Above	No	No
70010022705	GABAPENTIN 600 MG TABLET	4	30.00	0.05	0.06919	26%-50% Below	Yes	No
70010022705	GABAPENTIN 600 MG TABLET	4	90.00	0.06	0.06919	10%-25% Below	Yes	No
70010022705	GABAPENTIN 600 MG TABLET	5	90.00	0.03	0.06824	51%-75% Below	Yes	No
70010022705	GABAPENTIN 600 MG TABLET	5	90.00	0.03	0.06824	51%-75% Below	Yes	No
70010022705	GABAPENTIN 600 MG TABLET	5	90.00	0.06	0.06824	10%-25% Below	Yes	No
70010022705	GABAPENTIN 600 MG TABLET	6	90.00	0.03	0.06683	51%-75% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	90.00	0.06	0.06683	10%-25% Below	Yes	No
70010022705	GABAPENTIN 600 MG TABLET	6	270.00	0.02	0.06683	51%-75% Below	Yes	No
70010022705	GABAPENTIN 600 MG TABLET	6	450.00	0.06	0.06683	10%-25% Below	Yes	No
70010022705	GABAPENTIN 600 MG TABLET	7	90.00	0.06	0.06456	10%-25% Below	Yes	No
70010022705	GABAPENTIN 600 MG TABLET	8	60.00	0.03	0.06379	51%-75% Below	Yes	No
70010022705	GABAPENTIN 600 MG TABLET	8	90.00	0.06	0.06379	10%-25% Below	Yes	No
70010022805	GABAPENTIN 800 MG TABLET	8	90.00	0.06	0.09004	26%-50% Below	Yes	No
70010023101	TRAZODONE 50 MG TABLET	4	30.00	0.07	0.03309	76%-100% Above	No	No
70010023101	TRAZODONE 50 MG TABLET	4	30.00	0.08	0.03309	101%-200% Above	No	No
70010023101	TRAZODONE 50 MG TABLET	4	60.00	0.06	0.03309	76%-100% Above	No	No
70010023101	TRAZODONE 50 MG TABLET	4	90.00	0.05	0.03309	26%-50% Above	No	No
70010023101	TRAZODONE 50 MG TABLET	5	30.00	0.07	0.03300	76%-100% Above	No	No
70010023101	TRAZODONE 50 MG TABLET	5	30.00	0.08	0.03300	101%-200% Above	No	No
70010023101	TRAZODONE 50 MG TABLET	5	60.00	0.06	0.03300	76%-100% Above	No	No
70010023101	TRAZODONE 50 MG TABLET	5	90.00	0.05	0.03300	51%-75% Above	No	No
70010023101	TRAZODONE 50 MG TABLET	5	90.00	0.08	0.03300	101%-200% Above	No	No
70010023101	TRAZODONE 50 MG TABLET	5	180.00	0.05	0.03300	51%-75% Above	No	No
70010023101	TRAZODONE 50 MG TABLET	6	30.00	0.07	0.03247	76%-100% Above	No	No
70010023101	TRAZODONE 50 MG TABLET	6	30.00	0.08	0.03247	101%-200% Above	No	No
70010023101	TRAZODONE 50 MG TABLET	6	60.00	0.06	0.03247	76%-100% Above	No	No
70010023101	TRAZODONE 50 MG TABLET	6	90.00	0.08	0.03247	101%-200% Above	No	No
70010023101	TRAZODONE 50 MG TABLET	6	135.00	0.08	0.03247	101%-200% Above	No	No
70010023101	TRAZODONE 50 MG TABLET	7	30.00	0.08	0.03186	101%-200% Above	No	No
70010023101	TRAZODONE 50 MG TABLET	7	60.00	0.06	0.03186	76%-100% Above	No	No
70010023101	TRAZODONE 50 MG TABLET	7	180.00	0.05	0.03186	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010023101	TRAZODONE 50 MG TABLET	7	180.00	0.05	0.03186	51%-75% Above	No	No
70010023101	TRAZODONE 50 MG TABLET	8	15.00	0.08	0.03124	101%-200% Above	No	No
70010023101	TRAZODONE 50 MG TABLET	8	30.00	0.06	0.03124	101%-200% Above	No	No
70010023101	TRAZODONE 50 MG TABLET	8	30.00	0.08	0.03124	101%-200% Above	No	No
70010023101	TRAZODONE 50 MG TABLET	8	60.00	0.06	0.03124	76%-100% Above	No	No
70010023101	TRAZODONE 50 MG TABLET	8	90.00	0.05	0.03124	51%-75% Above	No	No
70010023105	TRAZODONE 50 MG TABLET	4	15.00	0.08	0.03309	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	0.06	0.03309	76%-100% Above	No	No
70010023105	TRAZODONE 50 MG TABLET	5	30.00	0.08	0.03300	101%-200% Above	No	No
70010023105	TRAZODONE 50 MG TABLET	5	90.00	0.08	0.03300	101%-200% Above	No	No
70010023105	TRAZODONE 50 MG TABLET	5	180.00	0.06	0.03300	76%-100% Above	No	No
70010023105	TRAZODONE 50 MG TABLET	6	30.00	0.08	0.03247	101%-200% Above	No	No
70010023105	TRAZODONE 50 MG TABLET	6	60.00	0.06	0.03247	76%-100% Above	No	No
70010023105	TRAZODONE 50 MG TABLET	6	90.00	0.08	0.03247	101%-200% Above	No	No
70010023105	TRAZODONE 50 MG TABLET	7	15.00	0.08	0.03186	101%-200% Above	No	No
70010023105	TRAZODONE 50 MG TABLET	7	30.00	0.08	0.03186	101%-200% Above	No	No
70010023105	TRAZODONE 50 MG TABLET	7	90.00	0.08	0.03186	101%-200% Above	No	No
70010023105	TRAZODONE 50 MG TABLET	7	180.00	0.08	0.03186	101%-200% Above	No	No
70010023105	TRAZODONE 50 MG TABLET	8	30.00	0.08	0.03124	101%-200% Above	No	No
70010023105	TRAZODONE 50 MG TABLET	8	60.00	0.08	0.03124	101%-200% Above	No	No
70010023105	TRAZODONE 50 MG TABLET	8	90.00	0.05	0.03124	51%-75% Above	No	No
70010023105	TRAZODONE 50 MG TABLET	8	180.00	0.05	0.03124	51%-75% Above	No	No
70010023110	TRAZODONE 50 MG TABLET	4	30.00	0.02	0.03309	26%-50% Below	No	No
70010023110	TRAZODONE 50 MG TABLET	4	30.00	0.08	0.03309	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010023110	TRAZODONE 50 MG TABLET	4	90.00	0.08	0.03309	101%-200% Above	No	No
70010023110	TRAZODONE 50 MG TABLET	5	15.00	0.08	0.03300	101%-200% Above	No	No
70010023110	TRAZODONE 50 MG TABLET	5	30.00	0.02	0.03300	26%-50% Below	No	No
70010023110	TRAZODONE 50 MG TABLET	5	30.00	0.08	0.03300	101%-200% Above	No	No
70010023110	TRAZODONE 50 MG TABLET	5	45.00	0.08	0.03300	101%-200% Above	No	No
70010023110	TRAZODONE 50 MG TABLET	5	60.00	0.08	0.03300	101%-200% Above	No	No
70010023110	TRAZODONE 50 MG TABLET	5	90.00	0.08	0.03300	101%-200% Above	No	No
70010023110	TRAZODONE 50 MG TABLET	5	180.00	0.08	0.03300	101%-200% Above	No	No
70010023110	TRAZODONE 50 MG TABLET	6	15.00	0.08	0.03247	101%-200% Above	No	No
70010023110	TRAZODONE 50 MG TABLET	6	30.00	0.02	0.03247	26%-50% Below	No	No
70010023110	TRAZODONE 50 MG TABLET	6	30.00	0.08	0.03247	101%-200% Above	No	No
70010023110	TRAZODONE 50 MG TABLET	6	60.00	0.08	0.03247	101%-200% Above	No	No
70010023110	TRAZODONE 50 MG TABLET	6	90.00	0.08	0.03247	101%-200% Above	No	No
70010023110	TRAZODONE 50 MG TABLET	7	30.00	0.02	0.03186	26%-50% Below	No	No
70010023110	TRAZODONE 50 MG TABLET	7	30.00	0.08	0.03186	101%-200% Above	No	No
70010023110	TRAZODONE 50 MG TABLET	7	60.00	0.08	0.03186	101%-200% Above	No	No
70010023110	TRAZODONE 50 MG TABLET	7	90.00	0.08	0.03186	101%-200% Above	No	No
70010023110	TRAZODONE 50 MG TABLET	7	180.00	0.08	0.03186	101%-200% Above	No	No
70010023110	TRAZODONE 50 MG TABLET	8	30.00	0.02	0.03124	26%-50% Below	No	No
70010023110	TRAZODONE 50 MG TABLET	8	30.00	0.08	0.03124	101%-200% Above	No	No
70010023110	TRAZODONE 50 MG TABLET	8	45.00	0.08	0.03124	101%-200% Above	No	No
70010023110	TRAZODONE 50 MG TABLET	8	60.00	0.08	0.03124	101%-200% Above	No	No
70010023110	TRAZODONE 50 MG TABLET	8	90.00	0.08	0.03124	101%-200% Above	No	No
70010023201	TRAZODONE 100 MG TABLET	6	45.00	0.10	0.04949	76%-100% Above	No	No
70010023201	TRAZODONE 100 MG TABLET	6	90.00	0.09	0.04949	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010023201	TRAZODONE 100 MG TABLET	7	30.00	0.09	0.04993	76%-100% Above	No	No
70010023201	TRAZODONE 100 MG TABLET	7	45.00	0.10	0.04993	76%-100% Above	No	No
70010023201	TRAZODONE 100 MG TABLET	8	45.00	0.10	0.05057	76%-100% Above	No	No
70010023205	TRAZODONE 100 MG TABLET	4	30.00	0.09	0.05004	76%-100% Above	No	No
70010023205	TRAZODONE 100 MG TABLET	4	60.00	0.09	0.05004	76%-100% Above	No	No
70010023205	TRAZODONE 100 MG TABLET	5	30.00	0.09	0.05035	76%-100% Above	No	No
70010023205	TRAZODONE 100 MG TABLET	6	60.00	0.09	0.04949	76%-100% Above	No	No
70010023205	TRAZODONE 100 MG TABLET	7	30.00	0.09	0.04993	76%-100% Above	No	No
70010023205	TRAZODONE 100 MG TABLET	8	30.00	0.09	0.05057	76%-100% Above	No	No
70010023210	TRAZODONE 100 MG TABLET	4	45.00	0.09	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	5	45.00	0.10	0.05035	76%-100% Above	No	No
70010023210	TRAZODONE 100 MG TABLET	5	90.00	0.07	0.05035	26%-50% Above	No	No
70010023210	TRAZODONE 100 MG TABLET	5	90.00	0.08	0.05035	26%-50% Above	No	No
70010023210	TRAZODONE 100 MG TABLET	5	180.00	0.09	0.05035	76%-100% Above	No	No
70010023210	TRAZODONE 100 MG TABLET	6	90.00	0.09	0.04949	51%-75% Above	No	No
70010023210	TRAZODONE 100 MG TABLET	6	135.00	0.09	0.04949	76%-100% Above	No	No
70010023210	TRAZODONE 100 MG TABLET	7	30.00	0.09	0.04993	76%-100% Above	No	No
70010023210	TRAZODONE 100 MG TABLET	7	90.00	0.09	0.04993	76%-100% Above	No	No
70010023210	TRAZODONE 100 MG TABLET	8	30.00	0.09	0.05057	76%-100% Above	No	No
70010023210	TRAZODONE 100 MG TABLET	8	90.00	0.07	0.05057	26%-50% Above	No	No
70010023210	TRAZODONE 100 MG TABLET	8	90.00	0.08	0.05057	26%-50% Above	No	No
70010023210	TRAZODONE 100 MG TABLET	8	90.00	0.09	0.05057	76%-100% Above	No	No
70010023305	TRAZODONE 150 MG TABLET	4	180.00	0.11	0.08780	10%-25% Above	No	No
70010023305	TRAZODONE 150 MG TABLET	5	30.00	0.12	0.09073	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010023305	TRAZODONE 150 MG TABLET	5	90.00	0.12	0.09073	26%-50% Above	No	No
70010023305	TRAZODONE 150 MG TABLET	6	30.00	0.12	0.09003	26%-50% Above	No	No
70010023305	TRAZODONE 150 MG TABLET	6	90.00	0.12	0.09003	26%-50% Above	No	No
70010023305	TRAZODONE 150 MG TABLET	7	30.00	0.12	0.09059	26%-50% Above	No	No
70010023305	TRAZODONE 150 MG TABLET	8	30.00	0.12	0.08816	26%-50% Above	No	No
70010023305	TRAZODONE 150 MG TABLET	8	90.00	0.12	0.08816	26%-50% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	4	30.00	0.06	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	0.03	0.02933	10%-25% 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	270.00	0.05	0.02933	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	4	360.00	0.05	0.02933	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	5	30.00	0.02	0.02990	26%-50% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	5	30.00	0.04	0.02990	26%-50% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	5	30.00	0.05	0.02990	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	5	60.00	0.05	0.02990	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	5	90.00	0.01	0.02990	51%-75% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	5	90.00	0.05	0.02990	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	5	120.00	0.05	0.02990	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	5	180.00	0.05	0.02990	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	6	30.00	0.02	0.02979	26%-50% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	6	30.00	0.05	0.02979	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	6	60.00	0.05	0.02979	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	6	90.00	0.05	0.02979	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	120.00	0.03	0.02979	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	6	120.00	0.05	0.02979	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	6	180.00	0.05	0.02979	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	6	360.00	0.05	0.02979	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	7	30.00	0.02	0.02932	26%-50% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	7	30.00	0.05	0.02932	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	7	60.00	0.05	0.02932	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	7	90.00	0.02	0.03127	26%-50% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	7	90.00	0.05	0.02932	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	7	120.00	0.05	0.02932	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	7	270.00	0.05	0.02932	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	7	360.00	0.05	0.02932	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	8	30.00	0.04	0.02879	26%-50% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	8	56.00	0.05	0.02879	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	8	60.00	0.05	0.02879	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	8	90.00	0.05	0.02879	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	8	180.00	0.05	0.02879	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	10	90.00	0.02	0.03299	26%-50% Below	No	No
70010049109	METFORMIN HCL ER 500 MG TABLET	5	180.00	0.05	0.02990	76%-100% Above	Yes	No
70010049109	METFORMIN HCL ER 500 MG TABLET	5	270.00	0.05	0.02990	76%-100% Above	Yes	No
70010049109	METFORMIN HCL ER 500 MG TABLET	6	180.00	0.05	0.02979	76%-100% Above	Yes	No
70010049109	METFORMIN HCL ER 500 MG TABLET	6	360.00	0.04	0.02979	26%-50% Above	Yes	No
70010049109	METFORMIN HCL ER 500 MG TABLET	7	180.00	0.04	0.02932	26%-50% Above	Yes	No
70010049109	METFORMIN HCL ER 500 MG TABLET	8	90.00	0.05	0.02879	76%-100% Above	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	4	30.00	0.05	0.02933	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010049110	METFORMIN HCL ER 500 MG TABLET	4	60.00	0.05	0.02933	76%-100% Above	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	5	30.00	0.05	0.02990	51%-75% Above	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	5	60.00	0.05	0.02990	76%-100% Above	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	5	90.00	0.04	0.02990	10%-25% Above	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	6	30.00	0.05	0.02979	51%-75% Above	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	6	60.00	0.05	0.02979	76%-100% Above	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	6	180.00	0.05	0.02979	76%-100% Above	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	7	30.00	0.05	0.02932	51%-75% Above	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	7	60.00	0.05	0.02932	76%-100% Above	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	8	30.00	0.05	0.02879	51%-75% Above	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	8	60.00	0.05	0.02879	76%-100% Above	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	8	90.00	0.04	0.02879	26%-50% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	4	60.00	0.08	0.05565	26%-50% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	4	60.00	0.08	0.05565	51%-75% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	4	60.00	0.09	0.05565	51%-75% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	4	90.00	0.08	0.05565	26%-50% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	4	180.00	0.08	0.05565	26%-50% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	5	60.00	0.08	0.05528	26%-50% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	5	60.00	0.08	0.05528	51%-75% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	5	60.00	0.09	0.05528	51%-75% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	5	120.00	0.08	0.05528	26%-50% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	6	30.00	0.08	0.05484	26%-50% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	6	60.00	0.08	0.05484	26%-50% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	6	60.00	0.09	0.05484	51%-75% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	6	90.00	0.06	0.05484	10%-25% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	90.00	0.08	0.05484	26%-50% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	6	90.00	0.09	0.05484	51%-75% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	7	60.00	0.08	0.05481	26%-50% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	7	60.00	0.09	0.05481	51%-75% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	7	90.00	0.08	0.05481	26%-50% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	7	90.00	0.08	0.05481	51%-75% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	7	180.00	0.08	0.05481	26%-50% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	7	180.00	0.08	0.05481	26%-50% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	7	180.00	0.09	0.05481	51%-75% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	8	60.00	0.08	0.05417	51%-75% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	8	90.00	0.08	0.05417	51%-75% Above	No	No
70010066801	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	12.00	0.08	0.11777	26%-50% Below	No	No
70010066801	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	20.00	0.07	0.11777	26%-50% Below	No	No
70010066801	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	90.00	0.05	0.11777	51%-75% Below	No	No
70010066801	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	12.00	0.17	0.11784	26%-50% Above	No	No
70010066801	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	20.00	0.17	0.11784	26%-50% Above	No	No
70010066801	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	25.00	0.17	0.11784	26%-50% Above	No	No
70010066801	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	28.00	0.17	0.11784	26%-50% Above	No	No
70010066801	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	90.00	0.05	0.11784	51%-75% Below	No	No
70010066801	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	24.00	0.06	0.11929	26%-50% Below	No	No
70010066801	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	25.00	0.17	0.11929	26%-50% Above	No	No
70010066801	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	28.00	0.17	0.11929	26%-50% Above	No	No
70010066801	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	90.00	0.05	0.11929	51%-75% Below	No	No
70010066801	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	10.00	0.07	0.11940	26%-50% Below	No	No
70010066801	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	10.00	0.08	0.11940	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010066801	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	12.00	0.09	0.11940	26%-50% Below	No	No
70010066801	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	16.00	0.17	0.11940	26%-50% Above	No	No
70010066801	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	18.00	0.07	0.11940	26%-50% Below	No	No
70010066801	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	20.00	0.17	0.11940	26%-50% Above	No	No
70010066801	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	30.00	0.17	0.11940	26%-50% Above	No	No
70010066801	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	90.00	0.06	0.11940	26%-50% Below	No	No
70010066801	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	12.00	0.08	0.11954	26%-50% Below	No	No
70010066901	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	14.00	0.13	0.18245	26%-50% Below	No	No
70010066901	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	20.00	0.13	0.18245	26%-50% Below	No	No
70010067001	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	90.00	0.11	0.22917	51%-75% Below	No	No
70010067001	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	90.00	0.10	0.23066	51%-75% Below	No	No
70010067001	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	90.00	0.11	0.23066	51%-75% Below	No	No
70010067001	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	105.00	0.11	0.23066	51%-75% Below	No	No
70010067001	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	90.00	0.11	0.22993	51%-75% Below	No	No
70010067001	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	90.00	0.12	0.22993	26%-50% Below	No	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	12.00	0.09	0.13787	26%-50% Below	Yes	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	12.00	0.09	0.13787	26%-50% Below	No	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	24.00	0.07	0.13787	26%-50% Below	Yes	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	90.00	0.06	0.13787	51%-75% Below	No	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	10.00	0.12	0.13809	10%-25% Below	Yes	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	12.00	0.11	0.13809	10%-25% Below	Yes	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	15.00	0.11	0.13809	10%-25% Below	Yes	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	24.00	0.07	0.13809	26%-50% Below	Yes	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	60.00	0.06	0.13809	51%-75% Below	Yes	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	90.00	0.06	0.13809	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	12.00	0.12	0.13894	10%-25% Below	Yes	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	15.00	0.11	0.13894	10%-25% Below	Yes	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	20.00	0.09	0.13894	26%-50% Below	Yes	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	20.00	0.11	0.13894	10%-25% Below	Yes	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	30.00	0.08	0.13894	26%-50% Below	Yes	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	90.00	0.06	0.13894	51%-75% Below	No	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	8.00	0.16	0.13891	10%-25% Above	Yes	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	12.00	0.05	0.13891	51%-75% Below	Yes	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	12.00	0.09	0.13891	26%-50% Below	Yes	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	12.00	0.11	0.13891	10%-25% Below	Yes	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	15.00	0.16	0.13891	10%-25% Above	Yes	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	15.00	0.19	0.13891	26%-50% Above	No	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	20.00	0.07	0.13891	26%-50% Below	Yes	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	20.00	0.11	0.13891	10%-25% Below	Yes	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	30.00	0.16	0.13891	10%-25% Above	Yes	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	90.00	0.06	0.13891	51%-75% Below	No	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	10.00	0.11	0.13822	10%-25% Below	Yes	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	12.00	0.11	0.13822	10%-25% Below	Yes	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	18.00	0.16	0.13822	10%-25% Above	Yes	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	20.00	0.11	0.13822	10%-25% Below	Yes	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	26.00	0.11	0.13822	10%-25% Below	No	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	90.00	0.06	0.13822	51%-75% Below	No	No
70010074210	LOSARTAN POTASSIUM 50 MG TAB	4	30.00	0.11	0.03343	200% Above	No	No
70010074210	LOSARTAN POTASSIUM 50 MG TAB	5	90.00	0.11	0.03432	200% Above	No	No
70010074210	LOSARTAN POTASSIUM 50 MG TAB	7	30.00	0.11	0.03327	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010074210	LOSARTAN POTASSIUM 50 MG TAB	8	30.00	0.11	0.03244	200% Above	No	No
70010074310	LOSARTAN POTASSIUM 100 MG TAB	6	90.00	0.13	0.04353	200% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	4	12.00	0.08	0.03758	101%-200% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	4	60.00	0.08	0.03758	101%-200% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	5	10.00	0.08	0.03809	101%-200% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	5	15.00	0.08	0.03809	101%-200% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	5	20.00	0.03	0.03809	10%-25% Below	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	5	30.00	0.03	0.03809	10%-25% Below	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	5	30.00	0.08	0.03809	101%-200% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	5	30.00	0.11	0.03809	101%-200% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	5	40.00	0.08	0.03809	76%-100% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	5	90.00	0.08	0.03809	76%-100% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	6	20.00	0.05	0.03897	26%-50% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	6	20.00	0.06	0.03897	26%-50% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	6	90.00	0.08	0.03897	76%-100% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	7	40.00	0.08	0.03958	76%-100% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	7	60.00	0.08	0.03958	76%-100% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	7	90.00	0.02	0.03958	26%-50% Below	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	8	20.00	0.08	0.03970	76%-100% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	8	28.00	0.03	0.03970	10%-25% Below	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	8	30.00	0.03	0.03970	10%-25% Below	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	8	40.00	0.08	0.03970	76%-100% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	8	60.00	0.02	0.03970	26%-50% Below	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	8	90.00	0.08	0.03970	76%-100% Above	No	No
70010075405	METHOCARBAMOL 500 MG TABLET	4	30.00	0.03	0.03758	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010075405	METHOCARBAMOL 500 MG TABLET	5	60.00	0.03	0.03809	10%-25% Below	No	No
70010075405	METHOCARBAMOL 500 MG TABLET	5	90.00	0.03	0.03809	10%-25% Below	No	No
70010075405	METHOCARBAMOL 500 MG TABLET	6	21.00	0.08	0.03897	76%-100% Above	No	No
70010075405	METHOCARBAMOL 500 MG TABLET	6	30.00	0.08	0.03897	76%-100% Above	No	No
70010075405	METHOCARBAMOL 500 MG TABLET	6	40.00	0.02	0.03897	26%-50% Below	No	No
70010075405	METHOCARBAMOL 500 MG TABLET	6	40.00	0.08	0.03897	76%-100% Above	No	No
70010075405	METHOCARBAMOL 500 MG TABLET	6	120.00	0.02	0.03897	51%-75% Below	No	No
70010075405	METHOCARBAMOL 500 MG TABLET	7	40.00	0.03	0.03958	10%-25% Below	No	No
70010075405	METHOCARBAMOL 500 MG TABLET	7	120.00	0.03	0.03958	26%-50% Below	No	No
70010075405	METHOCARBAMOL 500 MG TABLET	8	30.00	0.08	0.03970	76%-100% Above	No	No
70010075405	METHOCARBAMOL 500 MG TABLET	8	120.00	0.02	0.03970	51%-75% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	4	40.00	0.09	0.04232	101%-200% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	4	180.00	0.09	0.04232	101%-200% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	5	7.00	0.08	0.04244	76%-100% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	5	20.00	0.06	0.04244	26%-50% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	5	20.00	0.09	0.04244	101%-200% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	5	21.00	0.09	0.04244	101%-200% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	5	30.00	0.03	0.04244	10%-25% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	5	30.00	0.09	0.04244	101%-200% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	5	60.00	0.03	0.04244	26%-50% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	5	60.00	0.03	0.04244	26%-50% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	5	90.00	0.09	0.04244	101%-200% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	6	30.00	0.03	0.04286	10%-25% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	6	30.00	0.05	0.04286	10%-25% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	6	60.00	0.03	0.04286	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	60.00	0.09	0.04286	76%-100% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	6	120.00	0.02	0.04286	51%-75% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	7	9.00	0.09	0.04291	76%-100% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	7	10.00	0.09	0.04291	76%-100% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	7	40.00	0.09	0.04291	76%-100% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	7	60.00	0.09	0.04291	76%-100% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	7	90.00	0.09	0.04291	76%-100% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	8	21.00	0.09	0.04237	101%-200% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	8	30.00	0.09	0.04237	101%-200% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	8	40.00	0.09	0.04237	101%-200% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	8	42.00	0.03	0.04237	10%-25% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	8	90.00	0.02	0.04237	26%-50% Below	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	4	60.00	0.09	0.04232	101%-200% Above	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	5	30.00	0.09	0.04244	101%-200% Above	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	5	60.00	0.09	0.04244	101%-200% Above	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	5	90.00	0.02	0.04244	26%-50% Below	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	5	90.00	0.09	0.04244	101%-200% Above	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	6	12.00	0.09	0.04286	76%-100% Above	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	6	20.00	0.09	0.04286	76%-100% Above	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	6	60.00	0.03	0.04286	26%-50% Below	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	6	90.00	0.09	0.04286	76%-100% Above	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	6	120.00	0.02	0.04286	51%-75% Below	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	7	25.00	0.09	0.04291	76%-100% Above	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	7	42.00	0.09	0.04291	76%-100% Above	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	7	60.00	0.03	0.04291	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	60.00	0.09	0.04291	76%-100% Above	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	7	90.00	0.09	0.04291	76%-100% Above	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	7	120.00	0.02	0.04291	51%-75% Below	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	8	60.00	0.03	0.04237	26%-50% Below	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	8	60.00	0.09	0.04237	101%-200% Above	No	No
70010078001	METOPROLOL SUCC ER 25 MG TAB	5	30.00	0.11	0.05865	76%-100% Above	No	No
70010078001	METOPROLOL SUCC ER 25 MG TAB	5	60.00	0.11	0.05865	76%-100% Above	No	No
70010078001	METOPROLOL SUCC ER 25 MG TAB	5	90.00	0.11	0.05865	76%-100% Above	No	No
70010078001	METOPROLOL SUCC ER 25 MG TAB	6	45.00	0.11	0.05549	101%-200% Above	No	No
70010078001	METOPROLOL SUCC ER 25 MG TAB	6	90.00	0.11	0.05549	101%-200% Above	No	No
70010078005	METOPROLOL SUCC ER 25 MG TAB	4	45.00	0.11	0.05863	76%-100% Above	No	No
70010078005	METOPROLOL SUCC ER 25 MG TAB	5	30.00	0.11	0.05865	76%-100% Above	No	No
70010078005	METOPROLOL SUCC ER 25 MG TAB	5	90.00	0.11	0.05865	76%-100% Above	No	No
70010078005	METOPROLOL SUCC ER 25 MG TAB	6	30.00	0.11	0.05549	101%-200% Above	No	No
70010078005	METOPROLOL SUCC ER 25 MG TAB	6	90.00	0.05	0.05549	10%-25% Below	No	No
70010078005	METOPROLOL SUCC ER 25 MG TAB	7	30.00	0.01	0.04953	76%-100% Below	No	No
70010078005	METOPROLOL SUCC ER 25 MG TAB	7	90.00	0.11	0.04953	101%-200% Above	No	No
70010078005	METOPROLOL SUCC ER 25 MG TAB	7	90.00	0.20	0.04953	200% Above	No	No
70010078005	METOPROLOL SUCC ER 25 MG TAB	8	1.00	0.96	0.04985	200% Above	No	No
70010078005	METOPROLOL SUCC ER 25 MG TAB	8	30.00	0.01	0.04985	76%-100% Below	No	No
70010078005	METOPROLOL SUCC ER 25 MG TAB	8	90.00	0.01	0.04985	76%-100% Below	No	No
70010078005	METOPROLOL SUCC ER 25 MG TAB	8	90.00	0.11	0.04985	101%-200% 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	5	30.00	0.11	0.05865	76%-100% Above	No	No
70010078010	METOPROLOL SUCC ER 25 MG TAB	5	30.00	0.19	0.05865	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010078010	METOPROLOL SUCC ER 25 MG TAB	6	30.00	0.11	0.05549	101%-200% Above	No	No
70010078010	METOPROLOL SUCC ER 25 MG TAB	6	90.00	0.11	0.05549	101%-200% Above	No	No
70010078010	METOPROLOL SUCC ER 25 MG TAB	7	30.00	0.11	0.04953	101%-200% Above	No	No
70010078101	METOPROLOL SUCC ER 50 MG TAB	4	30.00	0.01	0.05251	76%-100% Below	No	No
70010078101	METOPROLOL SUCC ER 50 MG TAB	4	90.00	0.16	0.05251	200% Above	No	No
70010078101	METOPROLOL SUCC ER 50 MG TAB	5	30.00	0.23	0.05393	200% Above	No	No
70010078101	METOPROLOL SUCC ER 50 MG TAB	8	90.00	0.08	0.05705	26%-50% Above	No	No
70010078105	METOPROLOL SUCC ER 50 MG TAB	4	30.00	0.23	0.05251	200% Above	No	No
70010078105	METOPROLOL SUCC ER 50 MG TAB	4	90.00	0.11	0.05251	101%-200% Above	No	No
70010078105	METOPROLOL SUCC ER 50 MG TAB	5	30.00	0.01	0.05393	76%-100% Below	No	No
70010078105	METOPROLOL SUCC ER 50 MG TAB	5	90.00	0.19	0.05393	200% Above	No	No
70010078105	METOPROLOL SUCC ER 50 MG TAB	6	30.00	0.01	0.05788	76%-100% Below	No	No
70010078105	METOPROLOL SUCC ER 50 MG TAB	6	30.00	0.20	0.05788	200% Above	No	No
70010078105	METOPROLOL SUCC ER 50 MG TAB	6	30.00	0.23	0.05788	200% Above	No	No
70010078105	METOPROLOL SUCC ER 50 MG TAB	6	30.00	0.23	0.05788	200% Above	No	No
70010078105	METOPROLOL SUCC ER 50 MG TAB	6	90.00	0.19	0.05788	200% Above	No	No
70010078105	METOPROLOL SUCC ER 50 MG TAB	7	30.00	0.18	0.05874	200% Above	No	No
70010078105	METOPROLOL SUCC ER 50 MG TAB	7	30.00	0.20	0.05874	200% Above	No	No
70010078105	METOPROLOL SUCC ER 50 MG TAB	7	90.00	0.11	0.05874	76%-100% Above	No	No
70010078105	METOPROLOL SUCC ER 50 MG TAB	7	90.00	0.17	0.05874	101%-200% Above	No	No
70010078105	METOPROLOL SUCC ER 50 MG TAB	8	30.00	0.01	0.05705	76%-100% Below	No	No
70010078105	METOPROLOL SUCC ER 50 MG TAB	8	30.00	0.11	0.05705	76%-100% Above	No	No
70010078105	METOPROLOL SUCC ER 50 MG TAB	8	30.00	0.20	0.05705	200% Above	No	No
70010078105	METOPROLOL SUCC ER 50 MG TAB	8	90.00	0.19	0.05705	200% Above	No	No
70010078110	METOPROLOL SUCC ER 50 MG TAB	5	90.00	0.17	0.05393	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010078205	METOPROLOL SUCC ER 100 MG TAB	5	30.00	0.15	0.08603	51%-75% Above	No	No
70010078205	METOPROLOL SUCC ER 100 MG TAB	6	30.00	0.15	0.09059	51%-75% Above	No	No
70010078205	METOPROLOL SUCC ER 100 MG TAB	7	30.00	0.15	0.09662	51%-75% Above	No	No
70010078205	METOPROLOL SUCC ER 100 MG TAB	8	30.00	0.15	0.09145	51%-75% Above	No	No
70010078205	METOPROLOL SUCC ER 100 MG TAB	8	90.00	0.33	0.09145	200% Above	No	No
70010078210	METOPROLOL SUCC ER 100 MG TAB	4	180.00	0.15	0.08130	76%-100% Above	No	No
70010078210	METOPROLOL SUCC ER 100 MG TAB	5	180.00	0.15	0.08603	51%-75% Above	No	No
70010078210	METOPROLOL SUCC ER 100 MG TAB	6	30.00	0.33	0.09059	200% Above	No	No
70010078210	METOPROLOL SUCC ER 100 MG TAB	6	30.00	0.37	0.09059	200% Above	No	No
70010078210	METOPROLOL SUCC ER 100 MG TAB	7	90.00	0.15	0.09662	51%-75% Above	No	No
70010078210	METOPROLOL SUCC ER 100 MG TAB	7	180.00	0.15	0.09662	51%-75% Above	No	No
70010078403	BUPROPION HCL XL 150 MG TABLET	6	30.00	0.43	0.07787	200% 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	0.23	0.07697	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	0.51	0.07697	200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	4	90.00	0.01	0.07697	76%-100% Below	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	4	90.00	0.22	0.07697	101%-200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	4	90.00	0.43	0.07697	200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	4	270.00	0.43	0.07697	200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	5	30.00	0.01	0.07895	76%-100% Below	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	5	30.00	0.17	0.07895	101%-200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	5	30.00	0.23	0.07895	101%-200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	5	30.00	0.33	0.07895	200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	5	30.00	0.43	0.07895	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	90.00	0.01	0.07895	76%-100% Below	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	5	90.00	0.43	0.07895	200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	5	270.00	0.43	0.07895	200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	6	30.00	0.01	0.07787	76%-100% Below	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	6	30.00	0.23	0.07787	101%-200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	6	30.00	0.43	0.07787	200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	6	30.00	0.50	0.07787	200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	6	30.00	0.50	0.07787	200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	6	60.00	0.43	0.07787	200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	6	90.00	0.01	0.07787	76%-100% Below	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	6	90.00	0.22	0.07787	101%-200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	6	270.00	0.43	0.07787	200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	7	21.00	0.43	0.07775	200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	7	30.00	0.23	0.07775	200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	7	30.00	0.43	0.07775	200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	7	30.00	0.50	0.07775	200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	7	60.00	0.43	0.07775	200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	7	90.00	0.01	0.07775	76%-100% Below	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	7	90.00	0.22	0.07775	101%-200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	7	90.00	0.43	0.07775	200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	7	90.00	0.44	0.07775	200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	7	90.00	0.50	0.07775	200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	7	270.00	0.11	0.07775	26%-50% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	8	30.00	0.43	0.07872	200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	8	30.00	0.50	0.07872	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	90.00	0.17	0.07872	101%-200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	8	90.00	0.43	0.07872	200% Above	No	No
70010078409	BUPROPION HCL XL 150 MG TABLET	6	30.00	0.43	0.07787	200% Above	No	No
70010078505	BUPROPION HCL XL 300 MG TABLET	4	30.00	0.39	0.11025	200% Above	No	No
70010078505	BUPROPION HCL XL 300 MG TABLET	4	90.00	0.39	0.11025	200% Above	No	No
70010078505	BUPROPION HCL XL 300 MG TABLET	5	30.00	0.39	0.11542	200% Above	No	No
70010078505	BUPROPION HCL XL 300 MG TABLET	6	30.00	0.39	0.11150	200% Above	No	No
70010078505	BUPROPION HCL XL 300 MG TABLET	6	90.00	0.01	0.11150	76%-100% Below	No	No
70010078505	BUPROPION HCL XL 300 MG TABLET	6	90.00	0.17	0.11150	26%-50% Above	No	No
70010078505	BUPROPION HCL XL 300 MG TABLET	6	90.00	0.29	0.11150	101%-200% Above	No	No
70010078505	BUPROPION HCL XL 300 MG TABLET	6	90.00	0.39	0.11150	200% Above	No	No
70010078505	BUPROPION HCL XL 300 MG TABLET	7	30.00	0.33	0.10412	200% Above	No	No
70010078505	BUPROPION HCL XL 300 MG TABLET	7	30.00	0.39	0.10412	200% Above	No	No
70010078505	BUPROPION HCL XL 300 MG TABLET	7	90.00	0.29	0.10412	101%-200% Above	No	No
70010078505	BUPROPION HCL XL 300 MG TABLET	7	90.00	0.33	0.10412	200% Above	No	No
70010078505	BUPROPION HCL XL 300 MG TABLET	7	90.00	0.39	0.10412	200% Above	No	No
70010078505	BUPROPION HCL XL 300 MG TABLET	8	90.00	0.33	0.10137	200% Above	No	No
70010078505	BUPROPION HCL XL 300 MG TABLET	8	90.00	0.39	0.10137	200% Above	No	No
70010078505	BUPROPION HCL XL 300 MG TABLET	8	90.00	0.50	0.10137	200% Above	No	No
70010078509	BUPROPION HCL XL 300 MG TABLET	5	90.00	0.39	0.11542	200% Above	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	3.00	0.93	1.50471	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	4	6.00	0.93	1.50471	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	4	12.00	0.93	1.50471	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	5	2.00	0.78	1.50475	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	2.00	1.74	1.50475	10%-25% Above	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	5	3.00	0.93	1.50475	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	5	4.00	0.94	1.50475	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	5	10.00	0.93	1.50475	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	5	12.00	0.93	1.50475	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	6	1.00	0.93	1.49146	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	6	2.00	0.78	1.49146	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	6	3.00	0.93	1.49146	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	6	4.00	0.94	1.49146	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	6	6.00	0.93	1.49146	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	6	10.00	1.30	1.49146	10%-25% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	6	12.00	0.93	1.49146	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	7	2.00	0.78	1.47825	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	7	3.00	0.93	1.47825	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	7	8.00	0.93	1.47825	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	7	12.00	0.93	1.47825	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	8	1.00	0.93	1.49394	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	8	3.00	0.93	1.49394	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	8	10.00	0.93	1.49394	26%-50% Below	No	No
70069000801	EPINASTINE HCL 0.05% EYE DROPS	6	5.00	6.26	15.18380	51%-75% Below	Yes	No
70069000801	EPINASTINE HCL 0.05% EYE DROPS	7	5.00	6.26	14.98567	51%-75% Below	Yes	No
70069005101	DORZOLAMIDE-TIMOLOL EYE DROPS	5	10.00	0.52	0.92983	26%-50% Below	No	No
70069005101	DORZOLAMIDE-TIMOLOL EYE DROPS	6	10.00	0.52	0.91638	26%-50% Below	No	No
70069017210	CYANOCOBALAMIN 10,000 MCG/10 ML	7	10.00	0.45	0.80808	26%-50% Below	No	No
70069017210	CYANOCOBALAMIN 10,000 MCG/10 ML	8	10.00	0.45	0.77651	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70069031101	POLYMYXIN B-TMP EYE DROPS	6	10.00	0.69	0.45266	51%-75% Above	No	No
70069031101	POLYMYXIN B-TMP EYE DROPS	7	10.00	0.50	0.45126	10%-25% Above	No	No
70069031101	POLYMYXIN B-TMP EYE DROPS	7	10.00	0.59	0.45126	26%-50% Above	No	No
70069031101	POLYMYXIN B-TMP EYE DROPS	8	10.00	0.59	0.45188	26%-50% Above	No	No
70069042101	LATANOPROST 0.005% EYE DROPS	4	2.50	2.38	1.59983	26%-50% Above	No	No
70069042101	LATANOPROST 0.005% EYE DROPS	5	2.50	2.18	1.59231	26%-50% Above	No	No
70069042101	LATANOPROST 0.005% EYE DROPS	5	2.50	2.38	1.59231	26%-50% Above	No	No
70069042101	LATANOPROST 0.005% EYE DROPS	5	7.50	2.18	1.59231	26%-50% Above	No	No
70069042101	LATANOPROST 0.005% EYE DROPS	6	2.50	2.18	1.59538	26%-50% Above	No	No
70069042101	LATANOPROST 0.005% EYE DROPS	6	2.50	2.38	1.59538	26%-50% Above	No	No
70069042101	LATANOPROST 0.005% EYE DROPS	6	2.50	2.56	1.59538	51%-75% Above	No	No
70069042101	LATANOPROST 0.005% EYE DROPS	7	2.50	2.18	1.57830	26%-50% Above	No	No
70069065301	BRIMONIDINE-TIMOLOL 0.2%-0.5%	6	15.00	7.58	2.10178	200% Above	No	No
70069068601	OFLOXACIN 0.3% EAR DROPS	4	5.00	3.32	1.13838	101%-200% Above	No	No
70069068601	OFLOXACIN 0.3% EAR DROPS	5	5.00	3.32	1.11986	101%-200% Above	No	No
70069068601	OFLOXACIN 0.3% EAR DROPS	6	5.00	3.32	1.11959	101%-200% Above	No	No
70069068601	OFLOXACIN 0.3% EAR DROPS	7	5.00	3.32	1.07221	200% Above	No	No
70069068701	OFLOXACIN 0.3% EAR DROPS	5	10.00	0.50	0.94681	26%-50% Below	No	No
70069068701	OFLOXACIN 0.3% EAR DROPS	5	10.00	0.76	0.94681	10%-25% Below	No	No
70069068701	OFLOXACIN 0.3% EAR DROPS	5	10.00	3.32	0.94681	200% Above	No	No
70069068701	OFLOXACIN 0.3% EAR DROPS	7	10.00	0.50	0.95816	26%-50% Below	No	No
70069068701	OFLOXACIN 0.3% EAR DROPS	8	10.00	0.50	0.97609	26%-50% Below	No	No
70069081510	ESOMEPRAZOLE MAG DR 40 MG CAP	5	90.00	0.20	0.13164	51%-75% Above	No	No
70069081510	ESOMEPRAZOLE MAG DR 40 MG CAP	6	30.00	0.14	0.12657	10%-25% Above	No	No
70069081510	ESOMEPRAZOLE MAG DR 40 MG CAP	6	90.00	0.14	0.12657	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70069081510	ESOMEPRAZOLE MAG DR 40 MG CAP	7	30.00	0.14	0.12037	10%-25% Above	No	No
70069081510	ESOMEPRAZOLE MAG DR 40 MG CAP	8	30.00	0.14	0.11802	10%-25% Above	No	No
70069081510	ESOMEPRAZOLE MAG DR 40 MG CAP	8	90.00	0.07	0.11802	26%-50% Below	No	No
70069081510	ESOMEPRAZOLE MAG DR 40 MG CAP	8	90.00	0.20	0.11802	51%-75% Above	No	No
70069081590	ESOMEPRAZOLE MAG DR 40 MG CAP	6	90.00	0.16	0.12657	10%-25% Above	No	No
70069081590	ESOMEPRAZOLE MAG DR 40 MG CAP	7	90.00	0.16	0.12037	26%-50% Above	No	No
70069082408	CABERGOLINE 0.5 MG TABLET	4	4.00	2.18	1.43606	51%-75% Above	Yes	No
70069082408	CABERGOLINE 0.5 MG TABLET	4	10.00	0.67	1.43606	51%-75% Below	Yes	No
70069082408	CABERGOLINE 0.5 MG TABLET	5	4.00	2.18	1.47239	26%-50% Above	Yes	No
70069082408	CABERGOLINE 0.5 MG TABLET	6	8.00	1.24	1.44617	10%-25% Below	Yes	No
70069082408	CABERGOLINE 0.5 MG TABLET	6	12.00	2.18	1.44617	26%-50% Above	Yes	No
70244003301	CIPROFLOX-DEXAMETH OTIC SUSP	7	7.50	8.31	7.03284	10%-25% Above	No	No
70244003301	CIPROFLOX-DEXAMETH OTIC SUSP	8	7.50	2.00	6.94541	51%-75% Below	No	No
70377000114	SIMVASTATIN 5 MG TABLET	6	90.00	0.12	0.02890	200% Above	Yes	No
70377000215	SIMVASTATIN 10 MG TABLET	6	90.00	0.13	0.02784	200% Above	No	No
70377000215	SIMVASTATIN 10 MG TABLET	6	90.00	0.13	0.02784	200% Above	Yes	No
70377000215	SIMVASTATIN 10 MG TABLET	7	90.00	0.13	0.02813	200% Above	Yes	No
70377000314	SIMVASTATIN 20 MG TABLET	7	90.00	0.22	0.02956	200% Above	No	No
70377000315	SIMVASTATIN 20 MG TABLET	4	30.00	0.01	0.03002	51%-75% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	4	90.00	0.22	0.03002	200% Above	No	No
70377000315	SIMVASTATIN 20 MG TABLET	4	90.00	0.22	0.03002	200% Above	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	5	30.00	0.01	0.02983	51%-75% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	5	90.00	0.01	0.02983	51%-75% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	5	90.00	0.02	0.02983	10%-25% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	5	90.00	0.22	0.02983	200% Above	No	No

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70377000315	SIMVASTATIN 20 MG TABLET	5	90.00	0.22	0.02983	200% Above	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	6	30.00	0.01	0.02969	51%-75% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	6	30.00	0.22	0.02969	200% Above	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	6	90.00	0.01	0.02969	51%-75% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	6	90.00	0.22	0.02969	200% Above	No	No
70377000315	SIMVASTATIN 20 MG TABLET	6	90.00	0.22	0.02969	200% Above	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	7	30.00	0.01	0.02956	51%-75% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	7	90.00	0.01	0.02956	51%-75% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	7	90.00	0.17	0.02956	200% Above	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	7	90.00	0.22	0.02956	200% Above	No	No
70377000315	SIMVASTATIN 20 MG TABLET	7	90.00	0.22	0.02956	200% Above	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	8	30.00	0.01	0.03092	51%-75% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	8	90.00	0.19	0.03092	200% Above	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	4	30.00	0.03	0.05463	51%-75% Below	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	4	90.00	0.21	0.05463	200% Above	No	No
70377000415	SIMVASTATIN 40 MG TABLET	5	30.00	0.03	0.05389	51%-75% Below	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	5	30.00	0.05	0.05389	10%-25% Below	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	5	30.00	0.21	0.05389	200% Above	No	No
70377000415	SIMVASTATIN 40 MG TABLET	5	90.00	0.21	0.05389	200% Above	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	6	30.00	0.03	0.05345	51%-75% Below	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	6	30.00	0.21	0.05345	200% Above	No	No
70377000415	SIMVASTATIN 40 MG TABLET	6	90.00	0.01	0.05345	76%-100% Below	No	No
70377000415	SIMVASTATIN 40 MG TABLET	6	90.00	0.03	0.05345	51%-75% Below	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	6	90.00	0.16	0.05345	200% Above	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	6	90.00	0.21	0.05345	200% Above	Yes	No

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70377000415	SIMVASTATIN 40 MG TABLET	7	30.00	0.03	0.05382	51%-75% Below	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	7	30.00	0.21	0.05382	200% Above	No	No
70377000415	SIMVASTATIN 40 MG TABLET	7	90.00	0.21	0.05382	200% Above	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	8	30.00	0.21	0.05427	200% Above	No	No
70377000415	SIMVASTATIN 40 MG TABLET	8	90.00	0.21	0.05427	200% Above	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	8	90.00	0.21	0.05427	200% Above	No	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	4	30.00	0.25	0.03453	200% Above	No	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	4	90.00	0.01	0.03453	51%-75% Below	No	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	4	90.00	0.25	0.03453	200% Above	No	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	5	30.00	0.25	0.03496	200% Above	No	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	5	90.00	0.01	0.03496	51%-75% Below	No	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	5	90.00	0.25	0.03496	200% Above	No	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	6	30.00	0.25	0.03479	200% Above	No	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	6	90.00	0.01	0.03479	51%-75% Below	No	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	6	90.00	0.19	0.03479	200% Above	Yes	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	6	90.00	0.25	0.03479	200% Above	No	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	6	90.00	0.25	0.03479	200% Above	Yes	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	7	30.00	0.25	0.03397	200% Above	No	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	7	90.00	0.02	0.03397	51%-75% Below	No	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	7	90.00	0.25	0.03397	200% Above	No	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	8	90.00	0.15	0.03330	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	5	30.00	0.01	0.03496	51%-75% Below	Yes	No

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70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	5	30.00	0.25	0.03496	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	5	90.00	0.01	0.03496	51%-75% Below	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	5	90.00	0.25	0.03496	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	6	30.00	0.01	0.03479	51%-75% Below	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	6	30.00	0.25	0.03479	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	6	60.00	0.01	0.03479	51%-75% Below	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	6	90.00	0.01	0.03479	51%-75% Below	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	6	90.00	0.19	0.03479	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	6	90.00	0.25	0.03479	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	7	30.00	0.01	0.03397	51%-75% Below	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	7	30.00	0.25	0.03397	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	7	60.00	0.01	0.03397	51%-75% Below	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	7	90.00	0.01	0.03397	51%-75% Below	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	7	90.00	0.19	0.03397	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	7	90.00	0.25	0.03397	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	8	30.00	0.01	0.03330	51%-75% Below	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	8	90.00	0.25	0.03330	200% Above	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	4	30.00	0.22	0.03787	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	5	30.00	0.22	0.03840	200% Above	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.00	0.01	0.03840	51%-75% Below	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.00	0.22	0.03840	200% Above	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.00	0.22	0.03840	200% Above	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.00	0.22	0.03834	200% Above	No	No

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70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.00	0.01	0.03834	51%-75% Below	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.00	0.17	0.03834	200% Above	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.00	0.22	0.03834	200% Above	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.00	0.22	0.03834	200% Above	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.00	0.50	0.03834	200% Above	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	7	30.00	0.22	0.03797	200% Above	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	7	90.00	0.02	0.03797	26%-50% Below	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	7	90.00	0.17	0.03797	200% Above	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	7	90.00	0.22	0.03797	200% Above	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.00	0.22	0.03699	200% Above	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.00	0.17	0.03699	200% Above	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.00	0.22	0.03699	200% Above	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.00	0.22	0.03699	200% Above	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.00	0.40	0.03699	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	5	30.00	0.02	0.03840	51%-75% Below	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.00	0.02	0.03840	51%-75% Below	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.00	0.22	0.03840	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.00	0.22	0.03840	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.00	0.02	0.03834	51%-75% Below	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.00	0.02	0.03834	51%-75% Below	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.00	0.17	0.03834	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.00	0.22	0.03834	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	30.00	0.02	0.03797	51%-75% Below	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	7	90.00	0.02	0.03797	51%-75% Below	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	7	90.00	0.02	0.03797	26%-50% Below	No	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	7	90.00	0.17	0.03797	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	7	90.00	0.22	0.03797	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.00	0.02	0.03699	51%-75% Below	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.00	0.02	0.03699	26%-50% Below	No	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.00	0.13	0.03699	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.00	0.22	0.03699	200% Above	No	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.00	0.22	0.03699	200% Above	Yes	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	0.08	0.04807	51%-75% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	4	90.00	0.17	0.04807	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.00	0.22	0.04763	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.00	0.50	0.04763	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	5	90.00	0.22	0.04763	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	5	90.00	0.22	0.04763	200% Above	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	5	90.00	0.33	0.04763	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.00	0.22	0.04702	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.00	0.50	0.04702	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	6	90.00	0.17	0.04702	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	6	90.00	0.21	0.04702	200% Above	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	6	90.00	0.22	0.04702	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	6	90.00	0.33	0.04702	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	6	90.00	0.50	0.04702	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.00	0.22	0.04551	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.00	0.08	0.04551	51%-75% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.00	0.17	0.04551	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.00	0.44	0.04551	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.00	0.22	0.04489	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	8	90.00	0.22	0.04489	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	8	90.00	0.22	0.04489	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	4	90.00	0.33	0.04807	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.00	0.02	0.04763	51%-75% Below	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.00	0.22	0.04763	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	5	90.00	0.02	0.04763	51%-75% Below	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	5	90.00	0.22	0.04763	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	5	90.00	0.22	0.04763	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	5	90.00	0.32	0.04763	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	5	90.00	0.33	0.04763	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.00	0.02	0.04702	51%-75% Below	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	6	90.00	0.02	0.04702	51%-75% Below	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	6	90.00	0.17	0.04702	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	6	90.00	0.22	0.04702	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	6	90.00	0.22	0.04702	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.00	0.02	0.04551	51%-75% Below	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.00	0.22	0.04551	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.00	0.50	0.04551	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.00	0.02	0.04551	51%-75% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	90.00	0.08	0.04551	51%-75% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.00	0.17	0.04551	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.00	0.22	0.04551	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.00	0.22	0.04551	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.00	0.22	0.04551	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.00	0.32	0.04551	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.00	0.50	0.04489	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	8	90.00	0.22	0.04489	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	8	90.00	0.22	0.04489	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	8	90.00	0.33	0.04489	200% Above	Yes	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	4	90.00	0.35	0.05907	200% Above	No	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	5	30.00	0.33	0.06215	200% Above	No	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	5	30.00	0.35	0.06215	200% Above	No	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	5	90.00	0.17	0.06215	101%-200% Above	No	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	5	90.00	0.35	0.06215	200% Above	No	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	5	90.00	0.35	0.06215	200% Above	Yes	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	6	30.00	0.35	0.06504	200% Above	No	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	6	90.00	0.02	0.06504	51%-75% Below	No	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	6	90.00	0.35	0.06504	200% Above	No	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	6	90.00	0.43	0.06504	200% Above	Yes	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	7	30.00	0.35	0.06808	200% Above	No	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	7	90.00	0.35	0.06808	200% Above	No	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	8	30.00	0.35	0.06860	200% Above	No	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	8	90.00	0.17	0.06860	101%-200% Above	No	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	8	90.00	0.26	0.06860	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	90.00	0.35	0.06860	200% Above	No	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	8	90.00	0.43	0.06860	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	4	30.00	0.16	0.05907	101%-200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	4	90.00	0.33	0.05907	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	5	30.00	0.16	0.06215	101%-200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	5	30.00	0.35	0.06215	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	5	90.00	0.22	0.06215	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	5	90.00	0.33	0.06215	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	5	90.00	0.35	0.06215	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	6	30.00	0.16	0.06504	101%-200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	6	90.00	0.22	0.06504	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	6	90.00	0.26	0.06504	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	6	90.00	0.33	0.06504	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	6	90.00	0.35	0.06504	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	7	30.00	0.16	0.06808	101%-200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	7	90.00	0.17	0.06808	101%-200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	7	90.00	0.22	0.06808	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	7	90.00	0.26	0.06808	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	7	90.00	0.33	0.06808	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	7	90.00	0.35	0.06808	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	8	22.00	0.35	0.06860	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	8	30.00	0.16	0.06860	101%-200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	8	90.00	0.17	0.06860	101%-200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	8	90.00	0.35	0.06860	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70377003112	SACUBITRIL-VALSARTAN 24-26 MG	5	90.00	0.65	0.53757	10%-25% Above	Yes	No
70377003112	SACUBITRIL-VALSARTAN 24-26 MG	7	90.00	0.65	0.49717	26%-50% Above	Yes	No
70377004512	PRAVASTATIN SODIUM 10 MG TAB	4	30.00	0.03	0.05935	51%-75% Below	Yes	No
70377004512	PRAVASTATIN SODIUM 10 MG TAB	5	30.00	0.03	0.05961	51%-75% Below	Yes	No
70377004512	PRAVASTATIN SODIUM 10 MG TAB	5	90.00	0.14	0.05961	101%-200% Above	Yes	No
70377004512	PRAVASTATIN SODIUM 10 MG TAB	6	30.00	0.03	0.05937	51%-75% Below	Yes	No
70377004512	PRAVASTATIN SODIUM 10 MG TAB	6	90.00	0.14	0.05937	101%-200% Above	Yes	No
70377004512	PRAVASTATIN SODIUM 10 MG TAB	7	30.00	0.03	0.05752	51%-75% Below	Yes	No
70377004612	PRAVASTATIN SODIUM 20 MG TAB	4	90.00	0.13	0.06117	101%-200% Above	Yes	No
70377004612	PRAVASTATIN SODIUM 20 MG TAB	5	90.00	0.13	0.06117	101%-200% Above	Yes	No
70377004612	PRAVASTATIN SODIUM 20 MG TAB	6	13.00	0.03	0.06219	26%-50% Below	Yes	No
70377004612	PRAVASTATIN SODIUM 20 MG TAB	6	90.00	0.13	0.06219	101%-200% Above	Yes	No
70377004612	PRAVASTATIN SODIUM 20 MG TAB	7	30.00	0.36	0.06253	200% Above	Yes	No
70377004612	PRAVASTATIN SODIUM 20 MG TAB	7	90.00	0.10	0.06253	51%-75% Above	Yes	No
70377004612	PRAVASTATIN SODIUM 20 MG TAB	7	90.00	0.13	0.06253	101%-200% Above	Yes	No
70377004612	PRAVASTATIN SODIUM 20 MG TAB	8	90.00	0.10	0.06198	51%-75% Above	Yes	No
70377004614	PRAVASTATIN SODIUM 20 MG TAB	5	90.00	0.13	0.06117	101%-200% Above	No	No
70377004614	PRAVASTATIN SODIUM 20 MG TAB	6	90.00	0.10	0.06219	51%-75% Above	No	No
70377004712	PRAVASTATIN SODIUM 40 MG TAB	4	30.00	0.04	0.08439	26%-50% Below	Yes	No
70377004712	PRAVASTATIN SODIUM 40 MG TAB	4	90.00	0.14	0.08439	51%-75% Above	Yes	No
70377004712	PRAVASTATIN SODIUM 40 MG TAB	5	90.00	0.04	0.08456	26%-50% Below	Yes	No
70377004712	PRAVASTATIN SODIUM 40 MG TAB	5	90.00	0.14	0.08456	51%-75% Above	Yes	No
70377004712	PRAVASTATIN SODIUM 40 MG TAB	6	90.00	0.14	0.08457	51%-75% Above	Yes	No
70377004712	PRAVASTATIN SODIUM 40 MG TAB	6	180.00	0.11	0.08457	26%-50% Above	Yes	No
70377004712	PRAVASTATIN SODIUM 40 MG TAB	7	90.00	0.04	0.08438	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70377004712	PRAVASTATIN SODIUM 40 MG TAB	7	90.00	0.14	0.08438	51%-75% Above	Yes	No
70377004714	PRAVASTATIN SODIUM 40 MG TAB	4	90.00	0.14	0.08439	51%-75% Above	No	No
70377004714	PRAVASTATIN SODIUM 40 MG TAB	5	90.00	0.01	0.08456	76%-100% Below	No	No
70377004714	PRAVASTATIN SODIUM 40 MG TAB	6	90.00	0.05	0.08457	26%-50% Below	No	No
70377004714	PRAVASTATIN SODIUM 40 MG TAB	7	90.00	0.14	0.08438	51%-75% Above	No	No
70377004714	PRAVASTATIN SODIUM 40 MG TAB	8	90.00	0.01	0.08482	76%-100% Below	No	No
70377004812	PRAVASTATIN SODIUM 80 MG TAB	4	30.00	0.35	0.14898	101%-200% Above	No	No
70377004812	PRAVASTATIN SODIUM 80 MG TAB	6	90.00	0.07	0.14956	26%-50% Below	Yes	No
70377004812	PRAVASTATIN SODIUM 80 MG TAB	7	30.00	0.35	0.14918	101%-200% Above	No	No
70377005512	ESOMEPRAZOLE MAG DR 20 MG CAP	6	90.00	0.14	0.16044	10%-25% Below	Yes	No
70377005512	ESOMEPRAZOLE MAG DR 20 MG CAP	8	30.00	0.14	0.15327	10%-25% Below	Yes	No
70377005612	ESOMEPRAZOLE MAG DR 40 MG CAP	6	90.00	0.30	0.12657	101%-200% Above	No	No
70377005612	ESOMEPRAZOLE MAG DR 40 MG CAP	6	90.00	0.42	0.12657	200% Above	No	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	4	30.00	0.16	0.13636	10%-25% 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	0.42	0.13636	200% Above	No	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	5	30.00	0.16	0.13164	10%-25% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	5	30.00	0.33	0.13164	101%-200% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	5	30.00	0.50	0.13164	200% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	5	90.00	0.07	0.13164	26%-50% Below	No	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	5	90.00	0.33	0.13164	101%-200% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	5	90.00	0.42	0.13164	200% Above	No	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	5	90.00	0.50	0.13164	200% Above	No	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	6	30.00	0.16	0.12657	26%-50% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	6	30.00	0.50	0.12657	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	6	90.00	0.22	0.12657	51%-75% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	6	90.00	0.33	0.12657	101%-200% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	6	90.00	0.42	0.12657	200% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	7	30.00	0.16	0.12037	26%-50% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	7	30.00	0.42	0.12037	200% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	7	90.00	0.22	0.12037	76%-100% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	7	90.00	0.32	0.12037	101%-200% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	7	90.00	0.42	0.12037	200% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	7	90.00	0.50	0.12037	200% Above	No	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	8	30.00	0.16	0.11802	26%-50% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	8	30.00	0.42	0.11802	200% Above	No	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	8	30.00	0.42	0.11802	200% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	8	90.00	0.24	0.11802	101%-200% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	8	90.00	0.32	0.11802	101%-200% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	8	90.00	0.33	0.11802	101%-200% Above	Yes	No
70377006012	LABETALOL HCL 100 MG TABLET	6	90.00	0.14	0.08431	51%-75% Above	Yes	No
70377006012	LABETALOL HCL 100 MG TABLET	7	90.00	0.22	0.08170	101%-200% Above	No	No
70377006013	LABETALOL HCL 100 MG TABLET	6	90.00	0.07	0.08431	10%-25% Below	No	No
70377006013	LABETALOL HCL 100 MG TABLET	6	180.00	0.07	0.08431	10%-25% Below	No	No
70377006013	LABETALOL HCL 100 MG TABLET	8	60.00	0.07	0.08497	10%-25% Below	No	No
70377006112	LABETALOL HCL 200 MG TABLET	5	60.00	0.25	0.14527	51%-75% Above	No	No
70377006112	LABETALOL HCL 200 MG TABLET	5	180.00	0.09	0.14527	26%-50% Below	No	No
70377006112	LABETALOL HCL 200 MG TABLET	5	180.00	0.17	0.14527	10%-25% Above	No	No
70377006112	LABETALOL HCL 200 MG TABLET	6	180.00	0.09	0.14422	26%-50% Below	No	No
70377006112	LABETALOL HCL 200 MG TABLET	7	180.00	0.09	0.14285	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70377006112	LABETALOL HCL 200 MG TABLET	8	180.00	0.17	0.14213	10%-25% Above	No	No
70377006113	LABETALOL HCL 200 MG TABLET	4	60.00	0.08	0.14258	26%-50% Below	No	No
70377006113	LABETALOL HCL 200 MG TABLET	4	360.00	0.02	0.14258	76%-100% Below	No	No
70377006113	LABETALOL HCL 200 MG TABLET	5	60.00	0.01	0.14527	76%-100% Below	No	No
70377006113	LABETALOL HCL 200 MG TABLET	5	60.00	0.08	0.14527	26%-50% Below	No	No
70377006113	LABETALOL HCL 200 MG TABLET	6	60.00	0.08	0.14422	26%-50% Below	No	No
70377006113	LABETALOL HCL 200 MG TABLET	6	180.00	0.09	0.14422	26%-50% Below	No	No
70377006113	LABETALOL HCL 200 MG TABLET	6	360.00	0.02	0.14422	76%-100% Below	No	No
70377006113	LABETALOL HCL 200 MG TABLET	7	60.00	0.09	0.14285	26%-50% Below	No	No
70377006212	LABETALOL HCL 300 MG TABLET	5	90.00	0.11	0.20455	26%-50% Below	No	No
70377006213	LABETALOL HCL 300 MG TABLET	4	60.00	0.10	0.20453	51%-75% Below	Yes	No
70377006213	LABETALOL HCL 300 MG TABLET	7	90.00	0.01	0.20708	76%-100% Below	No	No
70377006312	LABETALOL HCL 400 MG TABLET	4	60.00	1.29	1.46178	10%-25% Below	No	No
70377006312	LABETALOL HCL 400 MG TABLET	5	60.00	1.29	1.55261	10%-25% Below	No	No
70377006312	LABETALOL HCL 400 MG TABLET	6	60.00	1.29	1.51755	10%-25% Below	No	No
70377007713	ATORVASTATIN 10 MG TABLET	4	30.00	0.01	0.02483	76%-100% Below	No	No
70377007713	ATORVASTATIN 10 MG TABLET	4	90.00	0.18	0.02483	200% Above	No	No
70377007713	ATORVASTATIN 10 MG TABLET	5	14.00	0.01	0.02497	76%-100% Below	Yes	No
70377007713	ATORVASTATIN 10 MG TABLET	5	30.00	0.01	0.02497	76%-100% Below	No	No
70377007813	ATORVASTATIN 20 MG TABLET	4	90.00	0.01	0.02872	51%-75% Below	No	No
70377007813	ATORVASTATIN 20 MG TABLET	5	30.00	0.27	0.02902	200% Above	No	No
70377007813	ATORVASTATIN 20 MG TABLET	7	90.00	0.27	0.02795	200% Above	No	No
70377007913	ATORVASTATIN 40 MG TABLET	4	30.00	0.12	0.03828	200% Above	No	No
70377007913	ATORVASTATIN 40 MG TABLET	5	90.00	0.12	0.03824	200% Above	No	No
70377007913	ATORVASTATIN 40 MG TABLET	8	30.00	0.13	0.03704	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	30.00	0.17	0.07075	101%-200% Above	No	No
70377008013	ATORVASTATIN 80 MG TABLET	5	30.00	0.17	0.07062	101%-200% Above	No	No
70377008013	ATORVASTATIN 80 MG TABLET	5	90.00	0.01	0.07062	76%-100% Below	No	No
70377008013	ATORVASTATIN 80 MG TABLET	5	90.00	0.12	0.07062	51%-75% Above	No	No
70377008013	ATORVASTATIN 80 MG TABLET	6	30.00	0.17	0.07002	101%-200% Above	No	No
70377008013	ATORVASTATIN 80 MG TABLET	6	90.00	0.11	0.07002	51%-75% Above	No	No
70377008013	ATORVASTATIN 80 MG TABLET	7	90.00	0.16	0.06918	101%-200% Above	No	No
70377008013	ATORVASTATIN 80 MG TABLET	8	90.00	0.12	0.06924	51%-75% Above	No	No
70377011412	LIOTHYRONINE SOD 5 MCG TAB	4	30.00	0.14	0.21610	26%-50% Below	No	No
70377011412	LIOTHYRONINE SOD 5 MCG TAB	5	13.00	0.14	0.21877	26%-50% Below	No	No
70377011412	LIOTHYRONINE SOD 5 MCG TAB	5	30.00	0.14	0.21877	26%-50% Below	No	No
70377011412	LIOTHYRONINE SOD 5 MCG TAB	5	180.00	0.14	0.21877	26%-50% Below	No	No
70377011412	LIOTHYRONINE SOD 5 MCG TAB	6	90.00	0.26	0.22831	10%-25% Above	No	No
70377011412	LIOTHYRONINE SOD 5 MCG TAB	7	30.00	0.14	0.22087	26%-50% Below	No	No
70377013812	TRIAMTERENE 50 MG CAPSULE	5	90.00	3.68	6.46339	26%-50% Below	Yes	No
70377013812	TRIAMTERENE 50 MG CAPSULE	7	90.00	3.14	6.11379	26%-50% Below	Yes	No
70436001206	DESVENLAFAXINE SUCCNT ER 50 MG	6	30.00	0.50	0.42476	10%-25% Above	No	No
70436001206	DESVENLAFAXINE SUCCNT ER 50 MG	7	30.00	0.50	0.40455	10%-25% Above	No	No
70436001306	DESVENLAFAXINE SUCCNT ER 100 MG	4	30.00	0.82	0.42872	76%-100% Above	No	No
70436001804	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-10-25 MG	5	30.00	1.01	1.16017	10%-25% Below	No	No
70436001804	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-10-25 MG	6	30.00	1.01	1.16515	10%-25% Below	No	No
70436001804	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-10-25 MG	7	30.00	1.01	1.14118	10%-25% Below	No	No
70436003901	GUANFACINE HCL ER 1 MG TABLET	6	30.00	0.17	0.14411	10%-25% Above	No	No
70436003901	GUANFACINE HCL ER 1 MG TABLET	7	30.00	0.17	0.13917	10%-25% Above	No	No
70436003901	GUANFACINE HCL ER 1 MG TABLET	8	30.00	0.17	0.13245	26%-50% Above	No	No

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70436004001	GUANFACINE HCL ER 2 MG TABLET	7	90.00	0.19	0.16586	10%-25% Above	No	No
70436004001	GUANFACINE HCL ER 2 MG TABLET	8	30.00	0.19	0.15730	10%-25% Above	No	No
70436004101	GUANFACINE HCL ER 3 MG TABLET	5	30.00	0.15	0.17143	10%-25% Below	No	No
70436004101	GUANFACINE HCL ER 3 MG TABLET	5	90.00	0.15	0.17143	10%-25% Below	No	No
70436004101	GUANFACINE HCL ER 3 MG TABLET	6	30.00	0.15	0.17134	10%-25% Below	No	No
70436015301	POTASSIUM CL ER 20 MEQ TABLET	5	30.00	0.11	0.16351	26%-50% Below	No	No
70436015301	POTASSIUM CL ER 20 MEQ TABLET	5	90.00	0.11	0.16351	26%-50% Below	No	No
70436015301	POTASSIUM CL ER 20 MEQ TABLET	6	30.00	0.11	0.16395	26%-50% Below	No	No
70436015301	POTASSIUM CL ER 20 MEQ TABLET	6	120.00	0.11	0.16395	26%-50% Below	No	No
70436015301	POTASSIUM CL ER 20 MEQ TABLET	7	120.00	0.11	0.15933	26%-50% Below	No	No
70436015542	PROMETHAZINE SOL DM	8	118.00	0.04	.		Yes	No
70461002603	FLUAD INJ 2026-27	8	0.50	212.00	.		No	No
70461065603	FLUCELVAX INJ 2026-27	7	0.50	110.78	.		Yes	No
70461065603	FLUCELVAX INJ 2026-27	7	0.50	115.18	.		Yes	No
70461065603	FLUCELVAX INJ 2026-27	8	0.50	105.80	.		No	No
70461065603	FLUCELVAX INJ 2026-27	8	0.50	110.78	.		Yes	No
70461065603	FLUCELVAX INJ 2026-27	8	0.50	110.86	.		Yes	No
70461065603	FLUCELVAX INJ 2026-27	8	0.50	115.18	.		No	No
70461065603	FLUCELVAX INJ 2026-27	8	0.50	115.18	.		Yes	No
70505010010	DOXYLAMINE-PYRIDOXINE 10-10 MG	5	30.00	0.92	1.26269	26%-50% Below	No	No
70505010010	DOXYLAMINE-PYRIDOXINE 10-10 MG	8	78.00	0.92	1.14547	10%-25% Below	No	No
70512079305	OFLOXACIN 0.3% EYE DROPS	4	5.00	0.76	1.30038	26%-50% Below	No	No
70512079305	OFLOXACIN 0.3% EYE DROPS	4	5.00	1.00	1.30038	10%-25% Below	No	No
70512079305	OFLOXACIN 0.3% EYE DROPS	4	5.00	2.26	1.30038	51%-75% Above	No	No
70512079305	OFLOXACIN 0.3% EYE DROPS	5	5.00	0.76	1.31081	26%-50% Below	No	No

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70512079305	OFLOXACIN 0.3% EYE DROPS	6	5.00	2.00	1.30929	51%-75% Above	No	No
70512079305	OFLOXACIN 0.3% EYE DROPS	6	5.00	2.26	1.30929	51%-75% Above	No	No
70512079305	OFLOXACIN 0.3% EYE DROPS	8	5.00	0.00	1.26779	76%-100% Below	No	No
70512079305	OFLOXACIN 0.3% EYE DROPS	8	5.00	1.00	1.26779	10%-25% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	4	1.00	1.69	1.50471	10%-25% Above	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	4	3.00	0.93	1.50471	26%-50% 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	4.00	1.21	1.50471	10%-25% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	4	10.00	0.93	1.50471	26%-50% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	4	12.00	0.93	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	5	1.00	1.21	1.50475	10%-25% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	5	1.00	1.69	1.50475	10%-25% Above	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	5	3.00	0.93	1.50475	26%-50% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	5	3.00	1.67	1.50475	10%-25% Above	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	5	6.00	0.93	1.50475	26%-50% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	6	1.00	1.21	1.49146	10%-25% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	6	3.00	0.93	1.49146	26%-50% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	7	1.00	0.93	1.47825	26%-50% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	7	1.00	1.21	1.47825	10%-25% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	7	2.00	1.21	1.47825	10%-25% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	7	3.00	0.93	1.47825	26%-50% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	7	4.00	1.21	1.47825	10%-25% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	7	10.00	0.93	1.47825	26%-50% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	7	12.00	0.93	1.47825	26%-50% Below	No	No

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70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	7	12.00	1.21	1.47825	10%-25% Below	No	No
70677102204	FT ALLERGY (LORAT) 10 MG TAB	4	30.00	0.02	0.05319	51%-75% Below	No	No
70677102204	FT ALLERGY (LORAT) 10 MG TAB	5	30.00	0.02	0.05293	51%-75% Below	No	No
70677102204	FT ALLERGY (LORAT) 10 MG TAB	6	30.00	0.02	0.05248	51%-75% Below	No	No
70677102204	FT ALLERGY (LORAT) 10 MG TAB	7	30.00	0.02	0.05231	51%-75% Below	No	No
70677102204	FT ALLERGY (LORAT) 10 MG TAB	8	30.00	0.02	0.05315	51%-75% Below	No	No
70677128301	FT NALOXONE HCL 4 MG NASAL SPR	7	2.00	27.36	15.87764	51%-75% Above	No	No
70700010616	CLOBETASOL 0.05% OINTMENT	8	30.00	1.19	0.17098	200% Above	No	No
70700010617	CLOBETASOL 0.05% OINTMENT	7	60.00	0.25	0.12015	101%-200% Above	No	No
70700010915	CLOBETASOL 0.05% CREAM	6	15.00	1.06	0.18506	200% Above	Yes	No
70700010915	CLOBETASOL 0.05% CREAM	8	15.00	1.06	0.18837	200% Above	Yes	No
70700010916	CLOBETASOL 0.05% CREAM	7	30.00	1.06	0.17194	200% Above	Yes	No
70700010916	CLOBETASOL 0.05% CREAM	8	60.00	0.08	0.16812	51%-75% Below	Yes	No
70700010917	CLOBETASOL 0.05% CREAM	6	60.00	0.08	0.15040	26%-50% Below	Yes	No
70700010917	CLOBETASOL 0.05% CREAM	6	60.00	1.06	0.15040	200% Above	Yes	No
70700010917	CLOBETASOL 0.05% CREAM	7	60.00	0.08	0.14520	26%-50% Below	Yes	No
70700010918	CLOBETASOL 0.05% CREAM	7	45.00	1.06	0.10957	200% Above	Yes	No
70700010918	CLOBETASOL 0.05% CREAM	8	45.00	0.44	0.11579	200% Above	Yes	No
70700011221	TESTOSTERONE 1.62% GEL PUMP	4	75.00	0.20	0.44588	51%-75% Below	No	No
70700011221	TESTOSTERONE 1.62% GEL PUMP	8	225.00	0.13	0.47172	51%-75% Below	No	No
70700011385	ISIBLOOM 28 DAY TABLET	4	28.00	0.01	0.13240	76%-100% Below	No	No
70700011385	ISIBLOOM 28 DAY TABLET	4	84.00	0.07	0.13240	26%-50% Below	No	No
70700011385	ISIBLOOM 28 DAY TABLET	5	28.00	0.01	0.12988	76%-100% Below	No	No
70700011385	ISIBLOOM 28 DAY TABLET	5	84.00	0.01	0.12988	76%-100% Below	No	No
70700011385	ISIBLOOM 28 DAY TABLET	6	84.00	0.07	0.13464	26%-50% Below	No	No

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70700011385	ISIBLOOM 28 DAY TABLET	7	28.00	0.04	0.13200	51%-75% 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	4	84.00	0.13	0.16558	10%-25% Below	No	No
70700011485	LORYNA 3 MG-0.02 MG TABLET	5	28.00	0.13	0.17961	26%-50% Below	No	No
70700011485	LORYNA 3 MG-0.02 MG TABLET	5	84.00	0.13	0.17961	26%-50% Below	No	No
70700011485	LORYNA 3 MG-0.02 MG TABLET	6	28.00	0.13	0.18947	26%-50% Below	No	No
70700011485	LORYNA 3 MG-0.02 MG TABLET	6	84.00	0.07	0.18947	51%-75% Below	No	No
70700011485	LORYNA 3 MG-0.02 MG TABLET	7	28.00	0.13	0.19335	26%-50% Below	No	No
70700011485	LORYNA 3 MG-0.02 MG TABLET	7	84.00	0.11	0.19335	26%-50% Below	No	No
70700011485	LORYNA 3 MG-0.02 MG TABLET	7	84.00	0.13	0.19335	26%-50% Below	No	No
70700011585	SYEDA 28 TABLET	4	84.00	0.12	0.16062	26%-50% Below	Yes	No
70700011585	SYEDA 28 TABLET	5	28.00	0.12	0.15811	26%-50% Below	Yes	No
70700011585	SYEDA 28 TABLET	5	84.00	0.12	0.15811	26%-50% Below	Yes	No
70700011585	SYEDA 28 TABLET	6	28.00	0.12	0.15382	10%-25% Below	Yes	No
70700011585	SYEDA 28 TABLET	6	84.00	0.09	0.15382	26%-50% Below	Yes	No
70700011585	SYEDA 28 TABLET	7	28.00	0.12	0.14450	10%-25% Below	Yes	No
70700011585	SYEDA 28 TABLET	7	84.00	0.01	0.14450	76%-100% Below	No	No
70700011585	SYEDA 28 TABLET	7	84.00	0.09	0.14450	26%-50% Below	Yes	No
70700011585	SYEDA 28 TABLET	7	84.00	0.12	0.14450	10%-25% Below	Yes	No
70700011585	SYEDA 28 TABLET	8	84.00	0.12	0.14919	10%-25% Below	Yes	No
70700011685	ALTAVERA-28 TABLET	4	28.00	0.01	0.11738	76%-100% Below	No	No
70700011685	ALTAVERA-28 TABLET	4	28.00	0.06	0.11738	51%-75% Below	Yes	No
70700011685	ALTAVERA-28 TABLET	5	28.00	0.01	0.11411	76%-100% Below	No	No
70700011685	ALTAVERA-28 TABLET	5	28.00	0.06	0.11411	26%-50% Below	Yes	No
70700011685	ALTAVERA-28 TABLET	6	28.00	0.01	0.11253	76%-100% Below	No	No

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70700011685	ALTAVERA-28 TABLET	6	28.00	0.06	0.11253	26%-50% Below	Yes	No
70700011685	ALTAVERA-28 TABLET	6	28.00	0.06	0.11253	26%-50% Below	No	No
70700011685	ALTAVERA-28 TABLET	6	84.00	0.05	0.11253	51%-75% Below	Yes	No
70700011685	ALTAVERA-28 TABLET	7	28.00	0.01	0.10897	76%-100% Below	No	No
70700011685	ALTAVERA-28 TABLET	7	28.00	0.06	0.10897	26%-50% Below	Yes	No
70700011884	VIENVA-28 TABLET	6	84.00	0.08	0.15613	26%-50% Below	No	No
70700011885	VIENVA-28 TABLET	4	28.00	0.01	0.15184	76%-100% Below	No	No
70700011885	VIENVA-28 TABLET	4	28.00	0.01	0.15184	76%-100% Below	No	No
70700011885	VIENVA-28 TABLET	4	84.00	0.08	0.15184	26%-50% Below	No	No
70700011885	VIENVA-28 TABLET	5	28.00	0.01	0.15557	76%-100% Below	No	No
70700011885	VIENVA-28 TABLET	5	28.00	0.08	0.15557	51%-75% Below	Yes	No
70700011885	VIENVA-28 TABLET	5	84.00	0.08	0.15557	26%-50% Below	Yes	No
70700011885	VIENVA-28 TABLET	6	28.00	0.01	0.15613	76%-100% Below	No	No
70700011885	VIENVA-28 TABLET	6	28.00	0.08	0.15613	51%-75% Below	Yes	No
70700011885	VIENVA-28 TABLET	6	28.00	0.08	0.15613	26%-50% Below	No	No
70700011885	VIENVA-28 TABLET	6	84.00	0.08	0.15613	51%-75% Below	Yes	No
70700011885	VIENVA-28 TABLET	7	28.00	0.01	0.15256	76%-100% Below	No	No
70700011885	VIENVA-28 TABLET	7	28.00	0.08	0.15256	26%-50% Below	Yes	No
70700011885	VIENVA-28 TABLET	7	84.00	0.08	0.15256	26%-50% Below	Yes	No
70700011885	VIENVA-28 TABLET	7	84.00	0.09	0.15256	26%-50% Below	No	No
70700011885	VIENVA-28 TABLET	7	84.00	0.29	0.15256	76%-100% Above	No	No
70700011885	VIENVA-28 TABLET	8	28.00	0.01	0.15089	76%-100% Below	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	5	28.00	0.06	0.12543	26%-50% Below	Yes	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	7	84.00	0.11	0.12195	10%-25% Below	No	No
70700012085	TRI-LO-ESTARYLLA TABLET	4	28.00	0.19	0.11024	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70700012085	TRI-LO-ESTARYLLA TABLET	5	28.00	0.19	0.10724	76%-100% Above	No	No
70700012085	TRI-LO-ESTARYLLA TABLET	6	28.00	0.19	0.10493	76%-100% Above	No	No
70700012085	TRI-LO-ESTARYLLA TABLET	7	28.00	0.19	0.10463	76%-100% Above	No	No
70700012085	TRI-LO-ESTARYLLA TABLET	7	84.00	0.19	0.10463	76%-100% Above	No	No
70700012085	TRI-LO-ESTARYLLA TABLET	8	28.00	0.19	0.10828	51%-75% Above	No	No
70700012185	TRI-ESTARYLLA TABLET	4	28.00	0.07	0.13320	26%-50% Below	Yes	No
70700012185	TRI-ESTARYLLA TABLET	4	28.00	0.07	0.13320	26%-50% Below	No	No
70700012185	TRI-ESTARYLLA TABLET	5	28.00	0.07	0.13281	26%-50% Below	Yes	No
70700012185	TRI-ESTARYLLA TABLET	5	28.00	0.07	0.13281	26%-50% Below	No	No
70700012185	TRI-ESTARYLLA TABLET	5	84.00	0.07	0.13281	26%-50% Below	Yes	No
70700012185	TRI-ESTARYLLA TABLET	6	28.00	0.07	0.12862	26%-50% Below	Yes	No
70700012185	TRI-ESTARYLLA TABLET	6	28.00	0.07	0.12862	26%-50% Below	No	No
70700012185	TRI-ESTARYLLA TABLET	6	84.00	0.01	0.12862	76%-100% Below	No	No
70700012185	TRI-ESTARYLLA TABLET	6	84.00	0.06	0.12862	51%-75% Below	Yes	No
70700012185	TRI-ESTARYLLA TABLET	6	84.00	0.07	0.12862	26%-50% Below	Yes	No
70700012185	TRI-ESTARYLLA TABLET	6	84.00	0.07	0.12862	26%-50% Below	Yes	No
70700012185	TRI-ESTARYLLA TABLET	7	28.00	0.07	0.12587	26%-50% Below	Yes	No
70700012185	TRI-ESTARYLLA TABLET	7	84.00	0.07	0.12587	26%-50% Below	No	No
70700012185	TRI-ESTARYLLA TABLET	7	84.00	0.07	0.12587	26%-50% Below	Yes	No
70700012185	TRI-ESTARYLLA TABLET	8	84.00	0.04	0.12683	51%-75% Below	Yes	No
70700014120	BETAMETHASONE VALER 0.12% FOAM	6	100.00	0.86	0.77210	10%-25% Above	No	No
70700014535	ESTRADIOL 0.1% (1 MG) GEL PKT	7	90.00	0.46	1.28123	51%-75% Below	No	No
70700014615	FLUOCINONIDE 0.05% OINTMENT	7	15.00	0.55	0.33184	51%-75% Above	Yes	No
70700015001	OMEPRAZOLE DR 20 MG CAPSULE	4	30.00	0.06	0.02847	76%-100% Above	No	No
70700015001	OMEPRAZOLE DR 20 MG CAPSULE	7	90.00	0.06	0.02768	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	4	30.00	0.09	0.02847	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	0.05	0.02847	76%-100% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	4	90.00	0.10	0.02847	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	4	90.00	0.10	0.02847	200% Above	Yes	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	5	30.00	0.07	0.02859	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	5	30.00	0.09	0.02859	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	5	30.00	0.10	0.02859	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	5	90.00	0.10	0.02859	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	5	120.00	0.05	0.02859	76%-100% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	6	30.00	0.06	0.02799	101%-200% Above	Yes	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	6	30.00	0.07	0.02799	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	6	30.00	0.07	0.02799	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	6	30.00	0.10	0.02799	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	6	90.00	0.05	0.02799	76%-100% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	6	90.00	0.10	0.02799	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	7	21.00	0.08	0.02768	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	7	30.00	0.06	0.02768	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	7	30.00	0.09	0.02768	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	7	30.00	0.10	0.02768	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	7	90.00	0.05	0.02768	76%-100% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	7	90.00	0.05	0.02768	76%-100% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	7	90.00	0.06	0.02768	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	7	90.00	0.07	0.02768	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	7	90.00	0.10	0.02768	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	90.00	0.10	0.02768	200% Above	Yes	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	8	30.00	0.01	0.02768	26%-50% Below	Yes	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	8	30.00	0.06	0.02768	101%-200% Above	Yes	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	8	30.00	0.06	0.02768	101%-200% Above	Yes	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	8	30.00	0.10	0.02768	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	8	60.00	0.10	0.02768	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	8	90.00	0.05	0.02768	76%-100% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	8	90.00	0.10	0.02768	200% Above	No	No
70700015285	GEMMILY 1 MG-20 MCG CAPSULE	5	28.00	0.09	0.63261	76%-100% Below	No	No
70700015285	GEMMILY 1 MG-20 MCG CAPSULE	6	28.00	0.38	0.66054	26%-50% Below	No	No
70700015285	GEMMILY 1 MG-20 MCG CAPSULE	7	28.00	0.38	0.73481	26%-50% Below	No	No
70700015691	ENILLORING VAGINAL RING	4	1.00	27.78	49.16742	26%-50% Below	No	No
70700015691	ENILLORING VAGINAL RING	5	3.00	24.23	48.54106	26%-50% Below	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	4	30.00	0.33	0.21137	51%-75% 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	90.00	0.26	0.21137	10%-25% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	4	90.00	0.40	0.21137	76%-100% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	5	30.00	0.50	0.21535	101%-200% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	5	30.00	0.50	0.21535	101%-200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	5	30.00	0.67	0.21535	200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	5	90.00	0.19	0.21535	10%-25% Below	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	5	90.00	0.32	0.21535	26%-50% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	5	90.00	0.33	0.21535	51%-75% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	6	19.00	0.53	0.22158	101%-200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	6	30.00	0.28	0.22158	26%-50% Above	Yes	No

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70700016201	PROGESTERONE 100 MG CAPSULE	6	30.00	0.50	0.22158	101%-200% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	6	30.00	0.50	0.22158	101%-200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	6	30.00	0.67	0.22158	200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	6	90.00	0.26	0.22158	10%-25% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	6	90.00	0.28	0.22158	10%-25% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	6	90.00	0.33	0.22158	26%-50% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	6	90.00	0.44	0.22158	76%-100% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	6	90.00	0.50	0.22158	101%-200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	7	30.00	0.33	0.22729	26%-50% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	7	30.00	0.50	0.22729	101%-200% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	7	30.00	0.50	0.22729	101%-200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	7	30.00	0.67	0.22729	101%-200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	7	90.00	0.16	0.22729	26%-50% Below	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	7	90.00	0.26	0.22729	10%-25% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	7	90.00	0.33	0.22729	26%-50% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	7	90.00	0.33	0.22729	26%-50% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	7	90.00	0.40	0.22729	51%-75% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	7	90.00	0.66	0.22729	101%-200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	7	90.00	0.70	0.22729	200% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	7	90.00	0.84	0.22729	200% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	8	30.00	0.33	0.23117	26%-50% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	8	30.00	0.50	0.23117	101%-200% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	8	30.00	0.50	0.23117	101%-200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	8	30.00	0.62	0.23117	101%-200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	8	30.00	0.67	0.23117	101%-200% Above	No	No

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70700016201	PROGESTERONE 100 MG CAPSULE	8	36.00	0.62	0.23117	101%-200% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	8	90.00	0.17	0.23117	26%-50% Below	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	8	90.00	0.32	0.23117	26%-50% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	8	90.00	0.33	0.23117	26%-50% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	8	90.00	0.33	0.23117	26%-50% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	8	90.00	0.40	0.23117	51%-75% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	8	90.00	0.44	0.23117	76%-100% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	8	90.00	0.50	0.23117	101%-200% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	8	90.00	0.62	0.23117	101%-200% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	8	90.00	0.72	0.23117	200% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	4	12.00	1.66	0.40132	200% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	4	30.00	0.17	0.40132	51%-75% Below	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	4	30.00	0.33	0.40132	10%-25% Below	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	4	90.00	0.50	0.40132	10%-25% Above	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	5	12.00	1.66	0.40678	200% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	5	30.00	0.17	0.40678	51%-75% Below	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	5	30.00	0.33	0.40678	10%-25% Below	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	5	30.00	0.50	0.40678	10%-25% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	5	40.00	0.16	0.40678	51%-75% Below	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	5	90.00	0.17	0.40678	51%-75% Below	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	5	90.00	0.17	0.40678	51%-75% Below	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	5	90.00	0.22	0.40678	26%-50% Below	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	5	90.00	0.31	0.40678	10%-25% Below	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	5	90.00	0.50	0.40678	10%-25% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	5	180.00	0.16	0.40678	51%-75% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	30.00	0.33	0.42438	10%-25% Below	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	6	30.00	0.50	0.42438	10%-25% Above	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	6	90.00	0.33	0.42438	10%-25% Below	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	6	90.00	0.50	0.42438	10%-25% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	7	10.00	0.87	0.42603	101%-200% Above	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	7	12.00	1.66	0.42603	200% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	7	12.00	1.67	0.42603	200% Above	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	7	30.00	0.33	0.42603	10%-25% Below	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	7	30.00	1.61	0.42603	200% Above	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	7	40.00	0.16	0.42603	51%-75% Below	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	7	90.00	0.22	0.42603	26%-50% Below	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	7	90.00	0.22	0.42603	26%-50% Below	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	7	90.00	0.31	0.42603	26%-50% Below	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	7	90.00	0.33	0.42603	10%-25% Below	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	8	10.00	1.43	0.41702	200% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	8	12.00	1.25	0.41702	101%-200% Above	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	8	12.00	1.66	0.41702	200% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	8	30.00	0.33	0.41702	10%-25% Below	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	8	30.00	0.50	0.41702	10%-25% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	8	30.00	0.50	0.41702	10%-25% Above	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	8	90.00	0.17	0.41702	51%-75% Below	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	8	90.00	0.50	0.41702	10%-25% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	8	90.00	1.37	0.41702	200% Above	Yes	No
70700017785	JOYEAUX-28 TABLET	5	84.00	0.31	4.02976	76%-100% Below	No	No
70700020693	JAIMIESS 0.15-0.03-0.01 MG TAB	5	91.00	0.01	0.13489	76%-100% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70700020793	LOJAIMIESS 0.1-0.02-0.01 TAB	6	91.00	0.13	0.24364	26%-50% Below	No	No
70700020793	LOJAIMIESS 0.1-0.02-0.01 TAB	7	91.00	0.13	0.23714	26%-50% Below	Yes	No
70700020888	INTROVALE 0.15-0.03 MG TABLET	8	91.00	0.08	0.22077	51%-75% Below	Yes	No
70700026305	LANSOPRAZOLE DR 30 MG CAPSULE	6	90.00	0.13	0.10666	10%-25% Above	No	No
70700026330	LANSOPRAZOLE DR 30 MG CAPSULE	4	90.00	0.13	0.10802	10%-25% Above	Yes	No
70700026330	LANSOPRAZOLE DR 30 MG CAPSULE	5	90.00	0.08	0.10746	10%-25% Below	Yes	No
70700026330	LANSOPRAZOLE DR 30 MG CAPSULE	6	90.00	0.13	0.10666	10%-25% Above	Yes	No
70700026330	LANSOPRAZOLE DR 30 MG CAPSULE	7	90.00	0.10	0.10894	10%-25% Below	Yes	No
70700026330	LANSOPRAZOLE DR 30 MG CAPSULE	8	90.00	0.13	0.10705	10%-25% Above	Yes	No
70700026390	LANSOPRAZOLE DR 30 MG CAPSULE	4	28.00	0.13	0.10802	10%-25% Above	No	No
70700026390	LANSOPRAZOLE DR 30 MG CAPSULE	6	90.00	0.13	0.10666	10%-25% Above	No	No
70700026390	LANSOPRAZOLE DR 30 MG CAPSULE	7	90.00	0.22	0.10894	101%-200% Above	No	No
70700026894	FOSFOMYCIN 3 GM SACHET	3	3.00	20.28	34.74483	26%-50% Below	No	No
70700027422	ESTRADIOL VALERATE 100 MG/5 ML	4	5.00	5.42	21.48967	51%-75% Below	No	No
70700027422	ESTRADIOL VALERATE 100 MG/5 ML	4	5.00	9.31	21.48967	51%-75% Below	Yes	No
70700027422	ESTRADIOL VALERATE 100 MG/5 ML	5	5.00	9.31	21.00379	51%-75% Below	Yes	No
70700027422	ESTRADIOL VALERATE 100 MG/5 ML	7	5.00	5.42	20.92617	51%-75% Below	No	No
70700028822	TESTOSTERONE CYP 1,000 MG/10 ML	7	10.00	2.28	5.19636	51%-75% Below	No	No
70700028922	TESTOSTERONE CYP 200 MG/ML	5	4.00	4.41	11.19423	51%-75% Below	Yes	No
70700028922	TESTOSTERONE CYP 200 MG/ML	5	12.00	6.39	11.19423	26%-50% Below	Yes	No
70700028922	TESTOSTERONE CYP 200 MG/ML	6	6.00	9.70	11.02886	10%-25% Below	No	No
70700028922	TESTOSTERONE CYP 200 MG/ML	7	4.00	6.39	11.20368	26%-50% Below	No	No
70700028922	TESTOSTERONE CYP 200 MG/ML	7	4.00	8.89	11.20368	10%-25% Below	No	No
70700030485	VALTYA 1 MG-35 MCG TABLET	5	84.00	0.16	0.30045	26%-50% Below	No	No
70700030485	VALTYA 1 MG-35 MCG TABLET	8	84.00	0.16	0.38189	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70700030785	FEIRZA 1 MG-20 MCG TABLET	4	28.00	0.35	0.12836	101%-200% Above	No	No
70700030785	FEIRZA 1 MG-20 MCG TABLET	5	84.00	0.07	0.13075	26%-50% Below	No	No
70700030785	FEIRZA 1 MG-20 MCG TABLET	5	84.00	0.35	0.13075	101%-200% Above	No	No
70700030785	FEIRZA 1 MG-20 MCG TABLET	6	84.00	0.05	0.13114	51%-75% Below	Yes	No
70700030785	FEIRZA 1 MG-20 MCG TABLET	7	28.00	0.07	0.13020	26%-50% Below	Yes	No
70700030785	FEIRZA 1 MG-20 MCG TABLET	7	28.00	0.35	0.13020	101%-200% Above	Yes	No
70700030785	FEIRZA 1 MG-20 MCG TABLET	7	84.00	0.05	0.13020	51%-75% Below	Yes	No
70700030785	FEIRZA 1 MG-20 MCG TABLET	7	84.00	0.06	0.13020	26%-50% Below	Yes	No
70700030785	FEIRZA 1 MG-20 MCG TABLET	7	84.00	0.07	0.13020	26%-50% Below	Yes	No
70700030785	FEIRZA 1 MG-20 MCG TABLET	8	84.00	0.07	0.13087	26%-50% Below	Yes	No
70700030985	FEIRZA 1.5 MG-30 MCG TABLET	5	28.00	0.05	0.14788	51%-75% Below	No	No
70700030985	FEIRZA 1.5 MG-30 MCG TABLET	6	28.00	0.05	0.14120	51%-75% Below	No	No
70700031379	LUIZZA 1 MG-20 MCG TABLET	5	63.00	0.09	0.16969	26%-50% Below	No	No
70700031379	LUIZZA 1 MG-20 MCG TABLET	8	63.00	0.09	0.18421	26%-50% Below	No	No
70700031479	LUIZZA 1.5 MG-30 MCG TABLET	6	21.00	0.20	0.35562	26%-50% Below	No	No
70700031479	LUIZZA 1.5 MG-30 MCG TABLET	7	21.00	0.20	0.34544	26%-50% Below	No	No
70700031685	ORQUIDEA 0.35 MG TABLET	6	84.00	0.06	0.09425	26%-50% Below	Yes	No
70700031685	ORQUIDEA 0.35 MG TABLET	7	28.00	0.06	0.09315	26%-50% Below	No	No
70700031685	ORQUIDEA 0.35 MG TABLET	8	28.00	0.06	0.09065	26%-50% Below	No	No
70700031785	MELEYA 0.35 MG TABLET	5	28.00	0.01	0.09431	76%-100% Below	No	No
70700031785	MELEYA 0.35 MG TABLET	5	28.00	0.06	0.09431	26%-50% Below	No	No
70700031785	MELEYA 0.35 MG TABLET	5	84.00	0.06	0.09431	26%-50% Below	No	No
70700031785	MELEYA 0.35 MG TABLET	6	28.00	0.01	0.09425	76%-100% Below	No	No
70700031785	MELEYA 0.35 MG TABLET	6	28.00	0.06	0.09425	26%-50% Below	No	No
70700031785	MELEYA 0.35 MG TABLET	7	28.00	0.06	0.09315	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70700031785	MELEYA 0.35 MG TABLET	8	84.00	0.06	0.09065	26%-50% Below	No	No
70700032650	GALLIFREY 5 MG TABLET	7	41.00	0.37	0.29287	10%-25% Above	No	No
70700033085	ABIGALE 1 MG-0.5 MG TABLET	5	28.00	0.60	0.70126	10%-25% Below	No	No
70700033085	ABIGALE 1 MG-0.5 MG TABLET	6	28.00	0.60	0.71071	10%-25% Below	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	8	10.00	1.14	0.80641	26%-50% Above	No	No
70710102308	ISOTRETINOIN 20 MG CAPSULE	6	30.00	1.05	1.89546	26%-50% Below	Yes	No
70710111000	CYPROHEPTADINE 4 MG TABLET	4	180.00	0.11	0.06444	51%-75% Above	No	No
70710111000	CYPROHEPTADINE 4 MG TABLET	5	30.00	0.05	0.08092	26%-50% Below	No	No
70710111000	CYPROHEPTADINE 4 MG TABLET	7	180.00	0.11	0.06729	51%-75% Above	No	No
70710111001	CYPROHEPTADINE 4 MG TABLET	4	45.00	0.11	0.06444	51%-75% Above	Yes	No
70710111001	CYPROHEPTADINE 4 MG TABLET	4	90.00	0.11	0.06444	51%-75% Above	No	No
70710111001	CYPROHEPTADINE 4 MG TABLET	5	45.00	0.11	0.06534	51%-75% Above	Yes	No
70710111001	CYPROHEPTADINE 4 MG TABLET	5	90.00	0.11	0.06534	51%-75% Above	No	No
70710111001	CYPROHEPTADINE 4 MG TABLET	6	30.00	0.11	0.06622	51%-75% Above	No	No
70710111001	CYPROHEPTADINE 4 MG TABLET	6	180.00	0.11	0.06622	51%-75% Above	No	No
70710111001	CYPROHEPTADINE 4 MG TABLET	6	180.00	0.11	0.06622	51%-75% Above	Yes	No
70710111001	CYPROHEPTADINE 4 MG TABLET	7	90.00	0.11	0.06729	51%-75% Above	No	No
70710111001	CYPROHEPTADINE 4 MG TABLET	7	180.00	0.09	0.06729	26%-50% Above	Yes	No
70710111001	CYPROHEPTADINE 4 MG TABLET	8	60.00	0.04	0.06762	26%-50% Below	No	No
70710111001	CYPROHEPTADINE 4 MG TABLET	8	90.00	0.11	0.06762	51%-75% Above	No	No
70710111208	TIZANIDINE HCL 4 MG CAPSULE	6	90.00	0.36	0.09181	200% Above	No	No
70710111308	TIZANIDINE HCL 6 MG CAPSULE	4	90.00	0.57	0.13517	200% Above	No	No
70710111308	TIZANIDINE HCL 6 MG CAPSULE	5	90.00	0.57	0.12842	200% Above	No	No
70710111308	TIZANIDINE HCL 6 MG CAPSULE	7	90.00	0.57	0.12516	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70710111308	TIZANIDINE HCL 6 MG CAPSULE	8	90.00	0.57	0.13340	200% Above	No	No
70710112307	DOXYCYCLINE MONO 100 MG TABLET	5	14.00	0.23	0.25991	10%-25% Below	No	No
70710112307	DOXYCYCLINE MONO 100 MG TABLET	5	14.00	0.65	0.25991	101%-200% Above	No	No
70710112307	DOXYCYCLINE MONO 100 MG TABLET	5	60.00	0.23	0.25991	10%-25% Below	No	No
70710112307	DOXYCYCLINE MONO 100 MG TABLET	6	14.00	0.61	0.25266	101%-200% Above	No	No
70710112307	DOXYCYCLINE MONO 100 MG TABLET	7	14.00	0.48	0.24803	76%-100% Above	No	No
70710112307	DOXYCYCLINE MONO 100 MG TABLET	8	20.00	0.23	0.25739	10%-25% Below	No	No
70710112307	DOXYCYCLINE MONO 100 MG TABLET	8	30.00	0.23	0.25739	10%-25% Below	No	No
70710112307	DOXYCYCLINE MONO 100 MG TABLET	8	60.00	0.44	0.25739	51%-75% Above	No	No
70710113801	FLUCONAZOLE 100 MG TABLET	8	2.00	0.64	0.22770	101%-200% Above	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	4	3.00	0.64	0.23591	101%-200% Above	Yes	No
70710113803	FLUCONAZOLE 100 MG TABLET	4	5.00	0.20	0.23591	10%-25% Below	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	4	5.00	0.64	0.23591	101%-200% Above	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	4	7.00	0.02	0.23591	76%-100% Below	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	4	7.00	0.21	0.23591	10%-25% Below	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	4	15.00	0.64	0.23591	101%-200% Above	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	5	5.00	0.20	0.24033	10%-25% Below	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	5	5.00	0.64	0.24033	101%-200% Above	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	5	7.00	0.01	0.24033	76%-100% Below	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	5	7.00	0.21	0.24033	10%-25% Below	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	6	5.00	0.64	0.23643	101%-200% Above	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	6	7.00	0.21	0.23643	10%-25% Below	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	6	7.00	0.64	0.23643	101%-200% Above	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	8	2.00	0.64	0.22770	101%-200% Above	Yes	No
70710113803	FLUCONAZOLE 100 MG TABLET	8	5.00	0.64	0.22770	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70710113803	FLUCONAZOLE 100 MG TABLET	8	7.00	0.20	0.22770	10%-25% Below	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	8	10.00	0.64	0.22770	101%-200% Above	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	8	13.00	0.64	0.22770	101%-200% Above	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	8	14.00	0.13	0.22770	26%-50% Below	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	3	1.00	0.87	0.74186	10%-25% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	4	1.00	1.44	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	1.53	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	1.13	0.42729	101%-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	1.34	0.42729	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	0.22	0.42729	26%-50% Below	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	4	3.00	1.13	0.42729	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	4	3.00	1.16	0.42729	101%-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	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	4	4.00	1.17	0.42729	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	1.00	0.22	0.42280	26%-50% Below	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	1.00	1.36	0.42280	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	1.00	2.16	0.42280	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	2.00	1.13	0.42280	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	2.00	1.19	0.42280	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	2.00	1.22	0.42280	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	2.00	1.43	0.42280	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	2.00	1.56	0.42280	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	2.00	2.17	0.42280	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	3.00	0.22	0.42280	26%-50% Below	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	3.00	2.16	0.42280	200% Above	No	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	3.00	2.16	0.42280	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	4.00	1.10	0.42280	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	4.00	1.17	0.42280	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	5.00	0.22	0.42280	26%-50% Below	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	7.00	1.06	0.42280	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	10.00	1.07	0.42280	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	6	1.00	1.36	0.41614	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	6	1.00	1.39	0.41614	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	6	1.00	2.16	0.41614	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	6	2.00	1.13	0.41614	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	6	2.00	1.19	0.41614	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	6	2.00	1.22	0.41614	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	6	2.00	1.35	0.41614	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	6	2.00	1.43	0.41614	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	6	2.00	2.17	0.41614	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	6	3.00	1.13	0.41614	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	6	3.00	1.23	0.41614	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	6	3.00	2.16	0.41614	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	6	4.00	1.10	0.41614	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	6	4.00	1.17	0.41614	101%-200% Above	Yes	No

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70710113908	FLUCONAZOLE 150 MG TABLET	6	5.00	0.21	0.41614	26%-50% Below	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	6	10.00	2.17	0.41614	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	7	1.00	1.39	0.40319	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	7	1.00	1.53	0.40319	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	7	1.00	1.66	0.40319	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	7	1.00	2.16	0.40319	200% Above	No	No
70710113908	FLUCONAZOLE 150 MG TABLET	7	1.00	2.16	0.40319	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	7	2.00	0.21	0.40319	26%-50% Below	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	7	2.00	1.15	0.40319	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	7	2.00	1.19	0.40319	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	7	2.00	1.27	0.40319	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	7	2.00	1.34	0.40319	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	7	2.00	1.35	0.40319	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	7	2.00	2.17	0.40319	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	7	3.00	1.02	0.40319	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	7	3.00	1.21	0.40319	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	7	3.00	2.16	0.40319	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	7	4.00	1.06	0.40319	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	7	4.00	1.17	0.40319	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	7	5.00	0.21	0.40319	26%-50% Below	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	7	6.00	2.17	0.40319	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	7	7.00	2.16	0.40319	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	7	8.00	2.17	0.40319	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	7	10.00	0.21	0.40319	26%-50% Below	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	7	12.00	2.17	0.40319	200% Above	Yes	No

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70710113908	FLUCONAZOLE 150 MG TABLET	8	1.00	1.29	0.43349	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	8	1.00	1.32	0.43349	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	8	1.00	1.36	0.43349	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	8	1.00	1.53	0.43349	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	8	1.00	2.16	0.43349	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	8	2.00	1.13	0.43349	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	8	2.00	1.15	0.43349	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	8	2.00	1.34	0.43349	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	8	2.00	2.17	0.43349	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	8	3.00	1.16	0.43349	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	8	3.00	1.38	0.43349	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	8	3.00	2.16	0.43349	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	8	4.00	1.17	0.43349	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	8	8.00	0.98	0.43349	101%-200% Above	Yes	No
70710114001	FLUCONAZOLE 200 MG TABLET	4	5.00	0.93	0.42204	101%-200% Above	No	No
70710114003	FLUCONAZOLE 200 MG TABLET	4	2.00	0.48	0.42204	10%-25% Above	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	4	2.00	0.93	0.42204	101%-200% Above	No	No
70710114003	FLUCONAZOLE 200 MG TABLET	4	3.00	0.93	0.42204	101%-200% Above	No	No
70710114003	FLUCONAZOLE 200 MG TABLET	4	8.00	0.93	0.42204	101%-200% Above	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	5	3.00	0.37	0.42769	10%-25% Below	No	No
70710114003	FLUCONAZOLE 200 MG TABLET	5	14.00	0.93	0.42769	101%-200% Above	No	No
70710114003	FLUCONAZOLE 200 MG TABLET	6	16.00	0.93	0.42669	101%-200% Above	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	6	30.00	0.93	0.42669	101%-200% Above	No	No
70710114003	FLUCONAZOLE 200 MG TABLET	7	1.00	0.54	0.42745	26%-50% Above	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	7	1.00	0.93	0.42745	101%-200% Above	No	No

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70710114003	FLUCONAZOLE 200 MG TABLET	7	2.00	0.36	0.42745	10%-25% Below	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	7	2.00	0.38	0.42745	10%-25% Below	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	7	2.00	0.59	0.42745	26%-50% Above	No	No
70710114003	FLUCONAZOLE 200 MG TABLET	7	4.00	0.29	0.42745	26%-50% Below	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	7	5.00	0.29	0.42745	26%-50% Below	No	No
70710114003	FLUCONAZOLE 200 MG TABLET	7	6.00	0.26	0.42745	26%-50% Below	No	No
70710114003	FLUCONAZOLE 200 MG TABLET	8	2.00	0.93	0.39228	101%-200% Above	No	No
70710114003	FLUCONAZOLE 200 MG TABLET	8	2.00	0.93	0.39228	101%-200% Above	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	8	7.00	0.93	0.39228	101%-200% Above	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	8	10.00	0.23	0.39228	26%-50% Below	No	No
70710115803	LEFLUNOMIDE 20 MG TABLET	5	90.00	1.15	0.30861	200% Above	Yes	No
70710115903	MIRABEGRON ER 25 MG TABLET	6	30.00	6.63	9.43316	26%-50% Below	No	No
70710116003	MIRABEGRON ER 50 MG TABLET	4	90.00	11.60	9.75680	10%-25% Above	Yes	No
70710116003	MIRABEGRON ER 50 MG TABLET	6	90.00	0.00	9.75392	76%-100% Below	No	No
70710116003	MIRABEGRON ER 50 MG TABLET	7	90.00	5.00	9.62685	26%-50% Below	Yes	No
70710116003	MIRABEGRON ER 50 MG TABLET	8	90.00	6.63	9.59601	26%-50% Below	Yes	No
70710116200	MECLIZINE 25 MG TABLET	4	30.00	0.10	0.07954	10%-25% Above	No	No
70710116200	MECLIZINE 25 MG TABLET	5	30.00	0.10	0.08000	10%-25% Above	No	No
70710116200	MECLIZINE 25 MG TABLET	6	30.00	0.10	0.07938	10%-25% Above	No	No
70710116200	MECLIZINE 25 MG TABLET	7	30.00	0.10	0.07757	26%-50% Above	No	No
70710116201	MECLIZINE 25 MG TABLET	6	28.00	0.10	0.07938	10%-25% Above	No	No
70710116201	MECLIZINE 25 MG TABLET	6	30.00	0.10	0.07938	10%-25% Above	No	No
70710116201	MECLIZINE 25 MG TABLET	7	30.00	0.06	0.07757	10%-25% Below	No	No
70710116201	MECLIZINE 25 MG TABLET	8	10.00	0.02	0.07770	51%-75% Below	No	No
70710116506	OSELTAMIVIR 6 MG/ML SUSPENSION	4	120.00	0.13	0.15484	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70710116701	ATENOLOL-CHLORTHALIDONE 50-25	6	90.00	0.15	0.25502	26%-50% Below	No	No
70710116701	ATENOLOL-CHLORTHALIDONE 50-25	6	180.00	0.15	0.25502	26%-50% Below	No	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	4	3.00	14.53	36.18569	51%-75% Below	Yes	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	4	9.00	17.42	36.18569	51%-75% Below	No	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	5	3.00	1.92	35.79527	76%-100% Below	No	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	5	3.00	14.53	35.79527	51%-75% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	5	3.00	17.42	35.79527	51%-75% Below	No	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	5	3.00	17.71	35.79527	26%-50% Below	No	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	5	3.00	17.71	35.79527	26%-50% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	5	9.00	1.92	35.79527	76%-100% Below	No	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	5	9.00	14.53	35.79527	51%-75% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	5	9.00	17.71	35.79527	26%-50% Below	No	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	5	9.00	17.71	35.79527	26%-50% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	6	3.00	1.92	35.27564	76%-100% Below	No	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	6	3.00	14.53	35.27564	51%-75% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	6	3.00	17.71	35.27564	26%-50% Below	No	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	6	3.00	17.71	35.27564	26%-50% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	6	9.00	17.71	35.27564	26%-50% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	6	12.00	13.37	35.27564	51%-75% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	6	12.00	17.71	35.27564	26%-50% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	7	3.00	17.71	34.63736	26%-50% Below	No	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	7	3.00	17.71	34.63736	26%-50% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	7	9.00	1.92	34.63736	76%-100% Below	No	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	7	9.00	17.71	34.63736	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	9.00	17.71	34.63736	26%-50% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	8	3.00	17.71	33.62869	26%-50% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	8	9.00	17.71	33.62869	26%-50% Below	Yes	No
70710119308	ESTRADIOL 0.05 MG PATCH (2/WK)	5	8.00	1.88	7.69084	51%-75% Below	No	No
70710119308	ESTRADIOL 0.05 MG PATCH (2/WK)	6	8.00	1.88	7.76775	51%-75% Below	No	No
70710119308	ESTRADIOL 0.05 MG PATCH (2/WK)	6	24.00	3.33	7.76775	51%-75% Below	No	No
70710119408	ESTRADIOL 0.075 MG PATCH(2/WK)	5	8.00	3.59	6.88522	26%-50% Below	No	No
70710119508	ESTRADIOL 0.1 MG PATCH (2/WK)	4	24.00	3.51	6.86102	26%-50% Below	No	No
70710119508	ESTRADIOL 0.1 MG PATCH (2/WK)	7	8.00	3.81	7.74416	26%-50% Below	No	No
70710122500	AMITRIPTYLINE HCL 10 MG TAB	4	30.00	0.06	0.03418	76%-100% Above	No	No
70710122500	AMITRIPTYLINE HCL 10 MG TAB	5	30.00	0.06	0.03200	76%-100% Above	No	No
70710122501	AMITRIPTYLINE HCL 10 MG TAB	6	60.00	0.06	0.02944	101%-200% Above	No	No
70710122501	AMITRIPTYLINE HCL 10 MG TAB	6	90.00	0.06	0.02944	101%-200% Above	No	No
70710122501	AMITRIPTYLINE HCL 10 MG TAB	7	30.00	0.06	0.02952	101%-200% Above	No	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	4	90.00	0.01	0.05422	76%-100% Below	No	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	5	90.00	0.20	0.05419	200% Above	No	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	6	30.00	0.22	0.05238	200% Above	No	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	7	30.00	0.17	0.05093	200% Above	No	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	7	75.00	0.10	0.05093	101%-200% Above	No	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	7	90.00	0.01	0.05093	76%-100% Below	No	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	8	180.00	0.10	0.05115	101%-200% Above	No	No
70710122601	AMITRIPTYLINE HCL 25 MG TAB	7	30.00	0.10	0.05093	101%-200% Above	No	No
70710122601	AMITRIPTYLINE HCL 25 MG TAB	8	30.00	0.10	0.05115	101%-200% Above	No	No
70710122700	AMITRIPTYLINE HCL 50 MG TAB	5	90.00	0.13	0.10191	26%-50% Above	Yes	No
70710122701	AMITRIPTYLINE HCL 50 MG TAB	4	90.00	0.33	0.09802	200% Above	No	No

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70710122701	AMITRIPTYLINE HCL 50 MG TAB	6	90.00	0.13	0.09569	26%-50% Above	No	No
70710122701	AMITRIPTYLINE HCL 50 MG TAB	7	14.00	0.36	0.09064	200% Above	No	No
70710122701	AMITRIPTYLINE HCL 50 MG TAB	8	90.00	0.33	0.09040	200% Above	No	No
70710122801	AMITRIPTYLINE HCL 75 MG TAB	7	90.00	0.13	0.11005	10%-25% Above	No	No
70710123304	BETAMETHASONE DP 0.05% CRM	6	45.00	0.33	0.39701	10%-25% Below	No	No
70710128403	FLUOCINONIDE 0.05% SOLUTION	5	60.00	0.10	0.21554	51%-75% Below	No	No
70710128403	FLUOCINONIDE 0.05% SOLUTION	5	60.00	0.17	0.21554	10%-25% Below	No	No
70710128403	FLUOCINONIDE 0.05% SOLUTION	6	60.00	0.17	0.21351	10%-25% Below	No	No
70710128403	FLUOCINONIDE 0.05% SOLUTION	6	60.00	0.25	0.21351	10%-25% Above	No	No
70710128403	FLUOCINONIDE 0.05% SOLUTION	7	60.00	0.14	0.20103	26%-50% Below	No	No
70710128403	FLUOCINONIDE 0.05% SOLUTION	7	60.00	0.35	0.20103	51%-75% Above	No	No
70710128500	BACLOFEN 10 MG TABLET	4	60.00	0.09	0.03403	101%-200% Above	No	No
70710128500	BACLOFEN 10 MG TABLET	5	60.00	0.09	0.03417	101%-200% Above	No	No
70710128500	BACLOFEN 10 MG TABLET	6	60.00	0.09	0.03324	101%-200% Above	No	No
70710128500	BACLOFEN 10 MG TABLET	6	90.00	0.09	0.03324	101%-200% Above	No	No
70710128500	BACLOFEN 10 MG TABLET	7	60.00	0.03	0.03210	10%-25% Below	No	No
70710128500	BACLOFEN 10 MG TABLET	7	60.00	0.09	0.03210	101%-200% Above	No	No
70710128500	BACLOFEN 10 MG TABLET	8	60.00	0.09	0.03148	101%-200% Above	No	No
70710128501	BACLOFEN 10 MG TABLET	4	35.00	0.09	0.03403	101%-200% Above	No	No
70710128501	BACLOFEN 10 MG TABLET	5	30.00	0.09	0.03417	101%-200% Above	No	No
70710128501	BACLOFEN 10 MG TABLET	6	30.00	0.09	0.03324	101%-200% Above	No	No
70710128501	BACLOFEN 10 MG TABLET	6	60.00	0.09	0.03324	101%-200% Above	No	No
70710128501	BACLOFEN 10 MG TABLET	6	90.00	0.09	0.03324	101%-200% Above	No	No
70710128501	BACLOFEN 10 MG TABLET	7	90.00	0.09	0.03210	101%-200% Above	No	No
70710128505	BACLOFEN 10 MG TABLET	4	45.00	0.09	0.03403	101%-200% Above	No	No

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70710128505	BACLOFEN 10 MG TABLET	4	90.00	0.09	0.03403	101%-200% Above	No	No
70710128505	BACLOFEN 10 MG TABLET	5	45.00	0.09	0.03417	101%-200% Above	No	No
70710128505	BACLOFEN 10 MG TABLET	6	45.00	0.09	0.03324	101%-200% Above	No	No
70710128505	BACLOFEN 10 MG TABLET	6	90.00	0.09	0.03324	101%-200% Above	No	No
70710128505	BACLOFEN 10 MG TABLET	7	30.00	0.09	0.03210	101%-200% Above	No	No
70710128505	BACLOFEN 10 MG TABLET	7	45.00	0.09	0.03210	101%-200% Above	No	No
70710128601	BACLOFEN 20 MG TABLET	6	180.00	0.11	0.05518	76%-100% Above	No	No
70710128605	BACLOFEN 20 MG TABLET	4	120.00	0.11	0.05322	76%-100% Above	No	No
70710128605	BACLOFEN 20 MG TABLET	6	96.00	0.11	0.05518	76%-100% Above	No	No
70710128605	BACLOFEN 20 MG TABLET	7	120.00	0.11	0.05268	101%-200% Above	No	No
70710128605	BACLOFEN 20 MG TABLET	8	30.00	0.11	0.05088	101%-200% Above	No	No
70710128901	TRIAZOLAM 0.25 MG TABLET	3	1.00	0.18	0.37195	51%-75% Below	No	No
70710128901	TRIAZOLAM 0.25 MG TABLET	4	1.00	0.93	0.36913	101%-200% Above	No	No
70710128901	TRIAZOLAM 0.25 MG TABLET	6	1.00	0.93	0.35012	101%-200% Above	No	No
70710128901	TRIAZOLAM 0.25 MG TABLET	6	2.00	0.68	0.35012	76%-100% Above	No	No
70710128901	TRIAZOLAM 0.25 MG TABLET	7	1.00	0.93	0.31796	101%-200% Above	No	No
70710145802	AZITHROMYCIN 200 MG/5 ML SUSP	3	15.00	0.36	0.31287	10%-25% Above	No	No
70710145802	AZITHROMYCIN 200 MG/5 ML SUSP	4	30.00	0.50	0.31280	51%-75% Above	No	No
70710145802	AZITHROMYCIN 200 MG/5 ML SUSP	8	15.00	0.22	0.29818	10%-25% Below	No	No
70710146002	AZITHROMYCIN 200 MG/5 ML SUSP	8	30.00	0.54	0.20952	101%-200% Above	No	No
70710147106	IVABRADINE HCL 5 MG TABLET	6	30.00	0.38	0.77133	51%-75% Below	Yes	No
70710147206	IVABRADINE HCL 7.5 MG TABLET	4	60.00	0.38	0.81547	51%-75% Below	Yes	No
70710147206	IVABRADINE HCL 7.5 MG TABLET	5	60.00	0.38	0.75043	26%-50% Below	Yes	No
70710147206	IVABRADINE HCL 7.5 MG TABLET	7	60.00	0.37	0.71910	26%-50% Below	Yes	No
70710159101	ACETAZOLAMIDE ER 500 MG CAP	8	8.00	0.32	0.28378	10%-25% Above	No	No

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70710159101	ACETAZOLAMIDE ER 500 MG CAP	8	180.00	0.11	0.28378	51%-75% Below	No	No
70710160901	BACLOFEN 5 MG TABLET	5	60.00	0.17	0.06700	101%-200% Above	No	No
70710160901	BACLOFEN 5 MG TABLET	7	20.00	0.17	0.06313	101%-200% Above	No	No
70710164106	LUBIPROSTONE 8 MCG CAPSULE	5	60.00	0.33	0.71629	51%-75% Below	No	No
70710164106	LUBIPROSTONE 8 MCG CAPSULE	6	60.00	0.33	0.60392	26%-50% Below	No	No
70710164106	LUBIPROSTONE 8 MCG CAPSULE	7	60.00	0.33	0.55634	26%-50% Below	No	No
70710164106	LUBIPROSTONE 8 MCG CAPSULE	8	60.00	0.33	0.54930	26%-50% Below	No	No
70710166801	PROCHLORPERAZINE 10 MG TAB	8	10.00	0.15	0.16878	10%-25% Below	No	No
70710168400	FAMOTIDINE 40 MG TABLET	4	30.00	0.06	0.05159	10%-25% 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	90.00	0.11	0.05159	101%-200% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	4	90.00	0.13	0.05159	101%-200% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	4	180.00	0.11	0.05159	101%-200% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	5	30.00	0.13	0.05165	101%-200% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	5	60.00	0.11	0.05165	101%-200% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	5	90.00	0.11	0.05165	101%-200% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	6	30.00	0.11	0.05098	101%-200% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	6	30.00	0.12	0.05098	101%-200% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	6	90.00	0.10	0.05098	101%-200% Above	No	No
70710169809	VENLAFAXINE HCL ER 37.5 MG CAP	5	90.00	0.13	0.08650	51%-75% Above	Yes	No
70710169809	VENLAFAXINE HCL ER 37.5 MG CAP	6	127.00	0.13	0.08500	51%-75% Above	Yes	No
70710169809	VENLAFAXINE HCL ER 37.5 MG CAP	7	60.00	0.04	0.08174	51%-75% Below	Yes	No
70710169809	VENLAFAXINE HCL ER 37.5 MG CAP	7	90.00	0.13	0.08174	51%-75% Above	Yes	No
70710169809	VENLAFAXINE HCL ER 37.5 MG CAP	8	60.00	0.13	0.07948	51%-75% Above	Yes	No
70710169909	VENLAFAXINE HCL ER 75 MG CAP	4	30.00	0.11	0.08791	10%-25% Above	Yes	No

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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	4	90.00	0.11	0.08791	10%-25% Above	Yes	No
70710169909	VENLAFAXINE HCL ER 75 MG CAP	5	30.00	0.11	0.08503	26%-50% Above	Yes	No
70710169909	VENLAFAXINE HCL ER 75 MG CAP	5	30.00	0.14	0.08503	51%-75% Above	Yes	No
70710169909	VENLAFAXINE HCL ER 75 MG CAP	6	30.00	0.04	0.08217	26%-50% Below	Yes	No
70710169909	VENLAFAXINE HCL ER 75 MG CAP	6	30.00	0.11	0.08217	26%-50% Above	Yes	No
70710169909	VENLAFAXINE HCL ER 75 MG CAP	6	90.00	0.11	0.08217	26%-50% Above	Yes	No
70710169909	VENLAFAXINE HCL ER 75 MG CAP	7	30.00	0.04	0.08077	26%-50% Below	Yes	No
70710169909	VENLAFAXINE HCL ER 75 MG CAP	7	90.00	0.11	0.08077	26%-50% Above	Yes	No
70710169909	VENLAFAXINE HCL ER 75 MG CAP	8	30.00	0.04	0.07939	26%-50% Below	Yes	No
70710169909	VENLAFAXINE HCL ER 75 MG CAP	8	30.00	0.11	0.07939	26%-50% Above	Yes	No
70710169909	VENLAFAXINE HCL ER 75 MG CAP	8	30.00	0.13	0.07939	51%-75% Above	Yes	No
70710170000	VENLAFAXINE HCL ER 150 MG CAP	4	30.00	0.17	0.12253	26%-50% Above	No	No
70710170000	VENLAFAXINE HCL ER 150 MG CAP	4	30.00	0.21	0.12253	51%-75% Above	No	No
70710170000	VENLAFAXINE HCL ER 150 MG CAP	4	60.00	0.17	0.12253	26%-50% Above	No	No
70710170000	VENLAFAXINE HCL ER 150 MG CAP	4	90.00	0.20	0.12253	51%-75% Above	No	No
70710170000	VENLAFAXINE HCL ER 150 MG CAP	5	30.00	0.17	0.11964	26%-50% Above	No	No
70710170000	VENLAFAXINE HCL ER 150 MG CAP	5	60.00	0.17	0.11964	26%-50% Above	No	No
70710170000	VENLAFAXINE HCL ER 150 MG CAP	5	90.00	0.21	0.11964	51%-75% Above	No	No
70710170000	VENLAFAXINE HCL ER 150 MG CAP	6	30.00	0.17	0.11695	26%-50% Above	No	No
70710170000	VENLAFAXINE HCL ER 150 MG CAP	6	60.00	0.16	0.11695	26%-50% Above	No	No
70710170000	VENLAFAXINE HCL ER 150 MG CAP	6	90.00	0.20	0.11695	51%-75% Above	No	No
70710170000	VENLAFAXINE HCL ER 150 MG CAP	7	30.00	0.17	0.11520	26%-50% Above	No	No
70710170000	VENLAFAXINE HCL ER 150 MG CAP	7	60.00	0.16	0.11520	26%-50% Above	No	No
70710170000	VENLAFAXINE HCL ER 150 MG CAP	7	90.00	0.17	0.11520	26%-50% Above	No	No

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70710170000	VENLAFAXINE HCL ER 150 MG CAP	7	90.00	0.20	0.11520	76%-100% Above	No	No
70710170000	VENLAFAXINE HCL ER 150 MG CAP	8	30.00	0.17	0.11623	26%-50% Above	No	No
70710170000	VENLAFAXINE HCL ER 150 MG CAP	8	60.00	0.16	0.11623	26%-50% Above	No	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	5	30.00	0.18	0.11964	51%-75% Above	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	5	30.00	0.21	0.11964	51%-75% Above	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	5	90.00	0.16	0.11964	26%-50% Above	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	5	90.00	0.21	0.11964	51%-75% Above	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	6	30.00	0.18	0.11695	51%-75% Above	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	6	90.00	0.06	0.11695	26%-50% Below	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	6	90.00	0.16	0.11695	26%-50% Above	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	6	90.00	0.16	0.11695	26%-50% Above	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	6	90.00	0.19	0.11695	51%-75% Above	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	6	90.00	0.21	0.11695	76%-100% Above	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	7	30.00	0.17	0.11520	26%-50% Above	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	7	30.00	0.21	0.11520	76%-100% Above	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	7	90.00	0.21	0.11520	76%-100% Above	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	8	30.00	0.17	0.11623	26%-50% Above	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	8	90.00	0.21	0.11623	76%-100% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	3	20.00	0.30	0.12442	101%-200% Above	No	No
70710171001	KETOROLAC 10 MG TABLET	4	5.00	0.30	0.13651	101%-200% Above	Yes	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	0.25	0.13651	76%-100% 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	4	20.00	0.66	0.13651	200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	4	28.00	0.53	0.13651	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	15.00	0.30	0.15870	76%-100% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	5	15.00	0.56	0.15870	200% Above	No	No
70710171001	KETOROLAC 10 MG TABLET	5	20.00	0.25	0.15870	51%-75% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	5	20.00	0.30	0.15870	76%-100% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	5	20.00	0.66	0.15870	200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	6	8.00	0.69	0.17637	200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	6	10.00	0.06	0.17637	51%-75% Below	Yes	No
70710171001	KETOROLAC 10 MG TABLET	6	15.00	0.30	0.17637	51%-75% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	6	15.00	0.67	0.17637	200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	6	20.00	0.06	0.17637	51%-75% Below	Yes	No
70710171001	KETOROLAC 10 MG TABLET	6	20.00	0.25	0.17637	26%-50% Above	No	No
70710171001	KETOROLAC 10 MG TABLET	6	20.00	0.30	0.17637	51%-75% Above	No	No
70710171001	KETOROLAC 10 MG TABLET	6	20.00	0.55	0.17637	200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	6	20.00	0.68	0.17637	200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	6	30.00	0.05	0.17637	51%-75% Below	No	No
70710171001	KETOROLAC 10 MG TABLET	7	9.00	0.30	0.16780	76%-100% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	7	15.00	0.56	0.16780	200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	7	20.00	0.25	0.16780	26%-50% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	7	20.00	0.55	0.16780	200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	7	20.00	0.64	0.16780	200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	7	20.00	0.66	0.16780	200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	7	30.00	0.50	0.16780	101%-200% Above	No	No
70710171001	KETOROLAC 10 MG TABLET	8	10.00	0.30	0.16585	76%-100% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	8	12.00	0.05	0.16585	51%-75% Below	No	No
70710171001	KETOROLAC 10 MG TABLET	8	12.00	0.30	0.16585	76%-100% Above	Yes	No

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70710171001	KETOROLAC 10 MG TABLET	8	15.00	0.30	0.16585	76%-100% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	8	20.00	0.25	0.16585	26%-50% Above	No	No
70710171001	KETOROLAC 10 MG TABLET	8	20.00	0.30	0.16585	76%-100% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	8	20.00	0.50	0.16585	101%-200% Above	No	No
70710183201	DICLOFENAC POT 50 MG TABLET	4	30.00	0.28	0.10171	101%-200% Above	No	No
70710183201	DICLOFENAC POT 50 MG TABLET	5	20.00	0.28	0.09863	101%-200% Above	No	No
70710183201	DICLOFENAC POT 50 MG TABLET	6	50.00	0.09	0.09978	10%-25% Below	No	No
70710184602	SCOPOLAMINE 1 MG/3 DAY PATCH	4	4.00	3.34	4.45054	10%-25% Below	No	No
70710184602	SCOPOLAMINE 1 MG/3 DAY PATCH	5	3.00	6.67	4.41818	26%-50% Above	No	No
70710184602	SCOPOLAMINE 1 MG/3 DAY PATCH	5	4.00	3.75	4.41818	10%-25% Below	No	No
70710184602	SCOPOLAMINE 1 MG/3 DAY PATCH	5	9.00	2.22	4.41818	26%-50% Below	No	No
70710184602	SCOPOLAMINE 1 MG/3 DAY PATCH	6	5.00	3.00	4.37619	26%-50% Below	No	No
70710184602	SCOPOLAMINE 1 MG/3 DAY PATCH	7	1.00	7.83	4.30110	76%-100% Above	No	No
70710184602	SCOPOLAMINE 1 MG/3 DAY PATCH	8	4.00	3.75	4.33485	10%-25% Below	No	No
70710184602	SCOPOLAMINE 1 MG/3 DAY PATCH	8	10.00	2.67	4.33485	26%-50% Below	No	No
70710184604	SCOPOLAMINE 1 MG/3 DAY PATCH	4	1.00	3.34	4.45054	10%-25% Below	No	No
70710184604	SCOPOLAMINE 1 MG/3 DAY PATCH	4	10.00	0.50	4.45054	76%-100% Below	No	No
70710184604	SCOPOLAMINE 1 MG/3 DAY PATCH	5	1.00	3.34	4.41818	10%-25% Below	No	No
70710184604	SCOPOLAMINE 1 MG/3 DAY PATCH	6	2.00	0.65	4.37619	76%-100% Below	No	No
70710184604	SCOPOLAMINE 1 MG/3 DAY PATCH	6	10.00	0.50	4.37619	76%-100% Below	No	No
70710184604	SCOPOLAMINE 1 MG/3 DAY PATCH	7	10.00	3.34	4.30110	10%-25% Below	No	No
70710184607	SCOPOLAMINE 1 MG/3 DAY PATCH	4	1.00	8.08	4.45054	76%-100% Above	No	No
70710184607	SCOPOLAMINE 1 MG/3 DAY PATCH	5	1.00	6.76	4.41818	51%-75% Above	No	No
70710184607	SCOPOLAMINE 1 MG/3 DAY PATCH	6	4.00	0.28	4.37619	76%-100% Below	No	No
70710184607	SCOPOLAMINE 1 MG/3 DAY PATCH	8	10.00	1.50	4.33485	51%-75% Below	No	No

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70710194803	SERTRALINE 150 MG CAPSULE	6	30.00	3.51	2.56726	26%-50% Above	Yes	No
70710203706	SITAG/MET ER TAB 50-1000	7	60.00	3.18	.		No	No
70748027706	TOPIRAMATE ER 100 MG CAPSULE	5	60.00	7.37	11.59353	26%-50% Below	No	No
70748027706	TOPIRAMATE ER 100 MG CAPSULE	6	60.00	7.37	10.75938	26%-50% Below	No	No
70748027706	TOPIRAMATE ER 100 MG CAPSULE	8	60.00	7.37	10.20028	26%-50% Below	No	No
70748033202	PREDNISOLONE AC 1% EYE DROP	5	5.00	2.39	4.71402	26%-50% Below	No	No
70748033203	PREDNISOLONE AC 1% EYE DROP	5	10.00	2.38	4.65480	26%-50% Below	No	No
70748033203	PREDNISOLONE AC 1% EYE DROP	6	10.00	2.38	4.58070	26%-50% Below	No	No
70748033701	IPRATROPIUM 0.06% SPRAY	6	15.00	0.56	0.83917	26%-50% Below	No	No
70752010406	CHILD CETIRIZINE HCL 1 MG/ML	5	120.00	0.02	0.03547	26%-50% Below	No	No
70752010406	CHILD CETIRIZINE HCL 1 MG/ML	8	150.00	0.04	0.03740	10%-25% Above	Yes	No
70752010810	GLYCOPYRROLATE 1 MG TABLET	5	30.00	0.32	0.10388	200% Above	No	No
70752010810	GLYCOPYRROLATE 1 MG TABLET	6	30.00	0.32	0.10123	200% Above	No	No
70752011303	LIDOCAINE 5% OINTMENT	4	35.44	0.11	0.15871	26%-50% Below	Yes	No
70752011303	LIDOCAINE 5% OINTMENT	5	35.44	0.11	0.15888	26%-50% Below	No	No
70752011304	LIDOCAINE 5% OINTMENT	5	50.00	0.11	0.13784	10%-25% Below	Yes	No
70752011304	LIDOCAINE 5% OINTMENT	6	50.00	0.10	0.14129	26%-50% Below	Yes	No
70752012905	TRIAMCINOLONE 0.025% LOTION	6	60.00	0.25	0.35203	26%-50% Below	No	No
70752012905	TRIAMCINOLONE 0.025% LOTION	7	60.00	0.20	0.35503	26%-50% Below	No	No
70752013005	TRIAMCINOLONE 0.1% LOTION	5	60.00	0.15	0.27895	26%-50% Below	No	No
70752013005	TRIAMCINOLONE 0.1% LOTION	6	60.00	0.15	0.28092	26%-50% Below	No	No
70752013812	PROMETHAZINE 6.25 MG/5 ML SOLN	6	100.00	0.02	0.04183	51%-75% Below	No	No
70752013912	PROMETHAZINE-CODEINE SOLUTION	4	120.00	0.02	0.05064	51%-75% Below	No	No
70752014017	TRIAMCINOLONE 0.1% PASTE	7	5.00	1.90	2.79024	26%-50% Below	No	No
70752014210	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	4	15.00	0.08	0.12339	26%-50% Below	No	No

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70752014210	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	6	15.00	0.08	0.12181	26%-50% Below	No	No
70752014210	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	7	30.00	0.07	0.12340	26%-50% Below	No	No
70752014214	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	5	8.00	0.11	0.12279	10%-25% Below	No	No
70752015606	FLUOCINOLONE 0.01% BODY OIL	5	118.28	0.20	0.17960	10%-25% Above	No	No
70752015606	FLUOCINOLONE 0.01% BODY OIL	6	118.28	0.20	0.17840	10%-25% Above	No	No
70752015806	FLUOCINOLONE 0.01% SCALP OIL	7	118.28	0.20	0.16776	10%-25% Above	No	No
70752015806	FLUOCINOLONE 0.01% SCALP OIL	8	118.28	0.20	0.16777	10%-25% Above	Yes	No
70752015920	FLUOCINOLONE OIL 0.01% EAR DRP	4	20.00	0.49	0.98443	26%-50% Below	Yes	No
70752015920	FLUOCINOLONE OIL 0.01% EAR DRP	5	20.00	0.49	0.96517	26%-50% Below	Yes	No
70752015920	FLUOCINOLONE OIL 0.01% EAR DRP	6	20.00	0.49	0.94088	26%-50% Below	Yes	No
70752015920	FLUOCINOLONE OIL 0.01% EAR DRP	7	20.00	0.49	0.95813	26%-50% Below	Yes	No
70752015920	FLUOCINOLONE OIL 0.01% EAR DRP	8	20.00	0.47	0.95309	26%-50% Below	Yes	No
70752015920	FLUOCINOLONE OIL 0.01% EAR DRP	8	20.00	0.50	0.95309	26%-50% Below	Yes	No
70752018512	CYPROHEPTADINE 2 MG/5 ML SOLN	4	90.00	0.02	0.04131	51%-75% Below	No	No
70752023111	FOLIC ACID 1 MG TABLET	4	30.00	0.02	0.01899	26%-50% Above	No	No
70752023111	FOLIC ACID 1 MG TABLET	4	90.00	0.01	0.01899	51%-75% Below	Yes	No
70752023111	FOLIC ACID 1 MG TABLET	5	30.00	0.02	0.01926	10%-25% Above	No	No
70752023111	FOLIC ACID 1 MG TABLET	7	30.00	0.03	0.01974	26%-50% Above	Yes	No
70752023111	FOLIC ACID 1 MG TABLET	7	90.00	0.01	0.01974	26%-50% Below	Yes	No
70756001111	CHLORTHALIDONE 25 MG TABLET	4	90.00	0.16	0.09012	76%-100% Above	No	No
70756001111	CHLORTHALIDONE 25 MG TABLET	8	90.00	0.16	0.08397	76%-100% Above	No	No
70756001112	CHLORTHALIDONE 25 MG TABLET	5	30.00	0.16	0.08885	76%-100% Above	No	No
70756001112	CHLORTHALIDONE 25 MG TABLET	6	10.00	0.16	0.08822	76%-100% Above	No	No
70756005212	FAMOTIDINE 40 MG TABLET	4	60.00	0.11	0.05159	101%-200% Above	No	No
70756005212	FAMOTIDINE 40 MG TABLET	5	30.00	0.11	0.05165	101%-200% Above	No	No

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70756005212	FAMOTIDINE 40 MG TABLET	5	60.00	0.11	0.05165	101%-200% Above	No	No
70756005212	FAMOTIDINE 40 MG TABLET	5	180.00	0.11	0.05165	101%-200% Above	No	No
70756005212	FAMOTIDINE 40 MG TABLET	6	60.00	0.11	0.05098	101%-200% Above	No	No
70756005212	FAMOTIDINE 40 MG TABLET	7	60.00	0.11	0.04982	101%-200% Above	No	No
70756008011	BUMETANIDE 1 MG TABLET	5	90.00	0.15	0.11340	26%-50% Above	No	No
70756008051	BUMETANIDE 1 MG TABLET	7	30.00	0.33	0.10782	200% Above	No	No
70756008511	BACLOFEN 5 MG TABLET	4	60.00	0.04	0.07892	26%-50% Below	Yes	No
70756008511	BACLOFEN 5 MG TABLET	5	30.00	0.17	0.06700	101%-200% Above	Yes	No
70756008511	BACLOFEN 5 MG TABLET	5	60.00	0.04	0.06700	26%-50% Below	Yes	No
70756008511	BACLOFEN 5 MG TABLET	6	30.00	0.17	0.06322	101%-200% Above	Yes	No
70756008511	BACLOFEN 5 MG TABLET	6	60.00	0.03	0.06322	26%-50% Below	Yes	No
70756008511	BACLOFEN 5 MG TABLET	7	60.00	0.03	0.06313	26%-50% Below	Yes	No
70756021551	FENOFIBRATE 160 MG TABLET	4	30.00	0.15	0.12586	10%-25% Above	No	No
70756021551	FENOFIBRATE 160 MG TABLET	4	90.00	0.17	0.12586	26%-50% Above	No	No
70756021551	FENOFIBRATE 160 MG TABLET	5	90.00	0.15	0.12388	10%-25% Above	No	No
70756021551	FENOFIBRATE 160 MG TABLET	6	30.00	0.15	0.11686	26%-50% Above	No	No
70756021551	FENOFIBRATE 160 MG TABLET	7	90.00	0.15	0.11192	26%-50% Above	No	No
70756021551	FENOFIBRATE 160 MG TABLET	7	90.00	0.17	0.11192	26%-50% Above	No	No
70756021551	FENOFIBRATE 160 MG TABLET	8	30.00	0.15	0.11290	26%-50% Above	No	No
70756021551	FENOFIBRATE 160 MG TABLET	8	90.00	0.15	0.11290	26%-50% Above	No	No
70756021590	FENOFIBRATE 160 MG TABLET	4	90.00	0.15	0.12586	10%-25% Above	No	No
70756021590	FENOFIBRATE 160 MG TABLET	7	30.00	0.15	0.11192	26%-50% Above	No	No
70756021590	FENOFIBRATE 160 MG TABLET	7	90.00	0.15	0.11192	26%-50% Above	No	No
70756021590	FENOFIBRATE 160 MG TABLET	8	30.00	0.15	0.11290	26%-50% Above	No	No
70756024712	ATORVASTATIN 10 MG TABLET	5	90.00	0.01	0.02497	51%-75% Below	No	No

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70756024712	ATORVASTATIN 10 MG TABLET	8	90.00	0.12	0.02325	200% Above	No	No
70756024812	ATORVASTATIN 20 MG TABLET	4	30.00	0.27	0.02872	200% Above	No	No
70756024812	ATORVASTATIN 20 MG TABLET	4	90.00	0.27	0.02872	200% Above	No	No
70756024812	ATORVASTATIN 20 MG TABLET	5	30.00	0.27	0.02902	200% Above	No	No
70756024812	ATORVASTATIN 20 MG TABLET	6	30.00	0.27	0.02851	200% Above	No	No
70756024812	ATORVASTATIN 20 MG TABLET	7	30.00	0.02	0.02795	10%-25% Below	No	No
70756024812	ATORVASTATIN 20 MG TABLET	7	30.00	0.27	0.02795	200% Above	No	No
70756024812	ATORVASTATIN 20 MG TABLET	7	90.00	0.27	0.02795	200% Above	No	No
70756024812	ATORVASTATIN 20 MG TABLET	8	30.00	0.27	0.02762	200% Above	No	No
70756024912	ATORVASTATIN 40 MG TABLET	4	90.00	0.16	0.03828	200% Above	No	No
70756024912	ATORVASTATIN 40 MG TABLET	6	30.00	0.15	0.03787	200% Above	No	No
70756024912	ATORVASTATIN 40 MG TABLET	6	90.00	0.12	0.03787	200% Above	No	No
70756024912	ATORVASTATIN 40 MG TABLET	7	30.00	0.12	0.03739	200% Above	No	No
70756024912	ATORVASTATIN 40 MG TABLET	7	30.00	0.15	0.03739	200% Above	No	No
70756024951	ATORVASTATIN 40 MG TABLET	4	90.00	0.12	0.03828	200% Above	No	No
70756024951	ATORVASTATIN 40 MG TABLET	5	90.00	0.09	0.03824	101%-200% Above	No	No
70756024951	ATORVASTATIN 40 MG TABLET	5	90.00	0.12	0.03824	200% Above	No	No
70756024951	ATORVASTATIN 40 MG TABLET	6	90.00	0.16	0.03787	200% Above	No	No
70756024951	ATORVASTATIN 40 MG TABLET	7	90.00	0.12	0.03739	200% Above	No	No
70756024951	ATORVASTATIN 40 MG TABLET	8	90.00	0.12	0.03704	200% Above	No	No
70756025051	ATORVASTATIN 80 MG TABLET	4	90.00	0.13	0.07075	76%-100% Above	No	No
70756025051	ATORVASTATIN 80 MG TABLET	8	90.00	0.13	0.06924	76%-100% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	4	10.00	1.15	0.32469	200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	4	14.00	0.50	0.32469	51%-75% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	4	14.00	1.16	0.32469	200% Above	No	No

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70756040411	NITROFURANTOIN MONO-MCR 100 MG	5	10.00	0.08	0.32261	51%-75% Below	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	5	10.00	0.41	0.32261	26%-50% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	5	10.00	0.44	0.32261	26%-50% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	5	10.00	1.15	0.32261	200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	5	10.00	1.20	0.32261	200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	5	14.00	0.94	0.32261	101%-200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	5	14.00	1.13	0.32261	200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	5	14.00	1.14	0.32261	200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	5	20.00	1.15	0.32261	200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	6	10.00	0.96	0.30785	200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	6	10.00	1.12	0.30785	200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	6	14.00	0.34	0.30785	10%-25% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	6	14.00	0.71	0.30785	101%-200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	6	14.00	1.22	0.30785	200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	6	20.00	0.34	0.30785	10%-25% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	6	20.00	0.50	0.30785	51%-75% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	6	30.00	0.67	0.30785	101%-200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	7	10.00	0.34	0.30153	10%-25% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	7	10.00	0.96	0.30153	200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	7	10.00	1.23	0.30153	200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	7	14.00	0.34	0.30153	10%-25% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	7	14.00	0.71	0.30153	101%-200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	7	14.00	1.07	0.30153	200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	7	20.00	1.22	0.30153	200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	8	10.00	0.10	0.29780	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	10.00	0.34	0.29780	10%-25% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	8	10.00	0.96	0.29780	200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	8	10.00	1.00	0.29780	200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	8	10.00	1.12	0.29780	200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	8	10.00	1.15	0.29780	200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	8	10.00	1.18	0.29780	200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	8	14.00	0.34	0.29780	10%-25% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	8	14.00	0.58	0.29780	76%-100% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	8	14.00	1.07	0.29780	200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	8	14.00	1.22	0.29780	200% Above	No	No
70756041011	NITROFURANTOIN MCR 25 MG CAP	7	30.00	0.33	1.78191	76%-100% Below	No	No
70756041111	NITROFURANTOIN MCR 50 MG CAP	6	90.00	0.33	0.15272	101%-200% Above	Yes	No
70756041111	NITROFURANTOIN MCR 50 MG CAP	7	30.00	0.18	0.15608	10%-25% Above	Yes	No
70756041211	NITROFURANTOIN MCR 100 MG CAP	4	30.00	0.50	0.24852	76%-100% Above	Yes	No
70756041211	NITROFURANTOIN MCR 100 MG CAP	5	10.00	0.85	0.24517	200% Above	Yes	No
70756041211	NITROFURANTOIN MCR 100 MG CAP	6	10.00	0.85	0.24214	200% Above	Yes	No
70756041211	NITROFURANTOIN MCR 100 MG CAP	6	10.00	0.92	0.24214	200% Above	No	No
70756041211	NITROFURANTOIN MCR 100 MG CAP	7	14.00	0.35	0.22684	51%-75% Above	Yes	No
70756042322	OMEGA-3 ETHYL ESTERS 1 GM CAP	6	360.00	0.06	0.17251	51%-75% Below	No	No
70756043011	PRAZOSIN 2 MG CAPSULE	8	30.00	0.16	0.08498	76%-100% Above	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	6	5.00	0.76	1.30929	26%-50% Below	No	No
70756060730	OFLOXACIN 0.3% EYE DROPS	7	5.00	0.76	1.29324	26%-50% Below	No	No
70756060730	OFLOXACIN 0.3% EYE DROPS	8	5.00	0.76	1.26779	26%-50% Below	No	No

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70756060730	OFLOXACIN 0.3% EYE DROPS	8	5.00	2.30	1.26779	76%-100% Above	No	No
70756060915	OFLOXACIN 0.3% EAR DROPS	4	5.00	2.00	1.13838	51%-75% Above	No	No
70756060915	OFLOXACIN 0.3% EAR DROPS	5	5.00	2.00	1.11986	76%-100% Above	No	No
70756060915	OFLOXACIN 0.3% EAR DROPS	5	5.00	2.98	1.11986	101%-200% Above	Yes	No
70756060915	OFLOXACIN 0.3% EAR DROPS	5	5.00	3.32	1.11986	101%-200% Above	No	No
70756060915	OFLOXACIN 0.3% EAR DROPS	5	5.00	3.32	1.11986	101%-200% Above	Yes	No
70756060915	OFLOXACIN 0.3% EAR DROPS	6	5.00	0.98	1.11959	10%-25% Below	Yes	No
70756060915	OFLOXACIN 0.3% EAR DROPS	6	5.00	3.32	1.11959	101%-200% Above	No	No
70756060915	OFLOXACIN 0.3% EAR DROPS	6	5.00	3.32	1.11959	101%-200% Above	Yes	No
70756060915	OFLOXACIN 0.3% EAR DROPS	7	5.00	3.00	1.07221	101%-200% Above	No	No
70756060915	OFLOXACIN 0.3% EAR DROPS	7	5.00	3.32	1.07221	200% Above	No	No
70756060915	OFLOXACIN 0.3% EAR DROPS	7	5.00	3.32	1.07221	200% Above	Yes	No
70756060915	OFLOXACIN 0.3% EAR DROPS	7	10.00	3.32	1.07221	200% Above	No	No
70756060915	OFLOXACIN 0.3% EAR DROPS	8	5.00	3.00	1.11373	101%-200% Above	No	No
70756060915	OFLOXACIN 0.3% EAR DROPS	8	5.00	3.32	1.11373	101%-200% Above	No	No
70756061030	OFLOXACIN 0.3% EAR DROPS	4	10.00	1.49	0.96826	51%-75% Above	Yes	No
70756061030	OFLOXACIN 0.3% EAR DROPS	4	10.00	3.32	0.96826	200% Above	Yes	No
70756061030	OFLOXACIN 0.3% EAR DROPS	5	10.00	1.49	0.94681	51%-75% Above	Yes	No
70756061030	OFLOXACIN 0.3% EAR DROPS	5	10.00	3.32	0.94681	200% Above	No	No
70756061030	OFLOXACIN 0.3% EAR DROPS	6	10.00	0.52	0.95216	26%-50% Below	Yes	No
70756061030	OFLOXACIN 0.3% EAR DROPS	6	10.00	3.32	0.95216	200% Above	No	No
70756061030	OFLOXACIN 0.3% EAR DROPS	6	10.00	3.32	0.95216	200% Above	Yes	No
70756061030	OFLOXACIN 0.3% EAR DROPS	7	10.00	1.49	0.95816	51%-75% Above	Yes	No
70756061030	OFLOXACIN 0.3% EAR DROPS	7	10.00	3.32	0.95816	200% Above	No	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	4	1.00	0.93	1.50471	26%-50% Below	No	No

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70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	4	4.00	0.51	1.50471	51%-75% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	4	4.00	1.23	1.50471	10%-25% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	4	4.00	1.78	1.50471	10%-25% Above	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	4	6.00	0.93	1.50471	26%-50% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	4	6.00	1.68	1.50471	10%-25% Above	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	4	12.00	0.93	1.50471	26%-50% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	4	12.00	1.30	1.50471	10%-25% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	5	2.00	1.69	1.50475	10%-25% Above	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	5	3.00	0.93	1.50475	26%-50% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	5	4.00	0.51	1.50475	51%-75% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	5	4.00	0.94	1.50475	26%-50% Below	No	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	5	4.00	0.94	1.50475	26%-50% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	5	4.00	1.23	1.50475	10%-25% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	5	10.00	1.10	1.50475	26%-50% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	5	12.00	0.93	1.50475	26%-50% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	5	12.00	1.30	1.50475	10%-25% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	6	1.00	0.93	1.49146	26%-50% Below	No	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	6	1.00	0.93	1.49146	26%-50% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	6	1.00	1.65	1.49146	10%-25% Above	No	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	6	4.00	0.51	1.49146	51%-75% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	6	4.00	0.94	1.49146	26%-50% Below	No	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	6	4.00	0.94	1.49146	26%-50% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	6	6.00	0.93	1.49146	26%-50% Below	No	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	6	6.00	1.30	1.49146	10%-25% Below	No	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	7	1.00	0.93	1.47825	26%-50% Below	No	No

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70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	7	1.00	1.65	1.47825	10%-25% Above	No	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	7	3.00	0.80	1.47825	26%-50% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	7	3.00	0.93	1.47825	26%-50% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	7	4.00	0.51	1.47825	51%-75% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	7	4.00	1.23	1.47825	10%-25% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	7	6.00	0.71	1.47825	51%-75% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	7	6.00	1.68	1.47825	10%-25% Above	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	7	12.00	0.93	1.47825	26%-50% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	7	12.00	1.09	1.47825	26%-50% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	7	12.00	1.30	1.47825	10%-25% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	8	1.00	0.93	1.49394	26%-50% Below	No	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	8	3.00	0.93	1.49394	26%-50% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	8	4.00	0.94	1.49394	26%-50% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	8	4.00	1.23	1.49394	10%-25% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	8	12.00	0.93	1.49394	26%-50% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	8	12.00	1.26	1.49394	10%-25% Below	Yes	No
70756063825	MOXIFLOXACIN 0.5% EYE DROPS	6	3.00	5.67	1.64320	200% Above	No	No
70756063825	MOXIFLOXACIN 0.5% EYE DROPS	7	3.00	5.67	1.57200	200% Above	No	No
70756066199	SOD CHLORIDE NEB 0.9%	5	300.00	0.07	.		No	No
70756066199	SOD CHLORIDE NEB 0.9%	7	300.00	0.07	.		No	No
70756072111	ACETAZOLAMIDE 250 MG TABLET	5	180.00	0.36	0.13846	101%-200% Above	No	No
70756072111	ACETAZOLAMIDE 250 MG TABLET	6	160.00	0.28	0.13395	101%-200% Above	No	No
70756072111	ACETAZOLAMIDE 250 MG TABLET	6	180.00	0.36	0.13395	101%-200% Above	No	No
70756072111	ACETAZOLAMIDE 250 MG TABLET	7	180.00	0.36	0.13296	101%-200% Above	No	No
70756072111	ACETAZOLAMIDE 250 MG TABLET	8	30.00	0.36	0.13154	101%-200% Above	No	No

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70756080751	LANSOPRAZOLE DR 30 MG CAPSULE	7	90.00	0.40	0.10894	200% Above	No	No
70954000510	OXYBUTYNIN 5 MG TABLET	4	180.00	0.09	0.04836	76%-100% Above	No	No
70954000510	OXYBUTYNIN 5 MG TABLET	5	90.00	0.09	0.04805	76%-100% Above	No	No
70954000510	OXYBUTYNIN 5 MG TABLET	8	30.00	0.23	0.04729	200% Above	No	No
70954000520	OXYBUTYNIN 5 MG TABLET	1	60.00	0.09	0.04548	76%-100% Above	No	No
70954000520	OXYBUTYNIN 5 MG TABLET	3	270.00	0.10	0.06536	26%-50% Above	No	No
70954000520	OXYBUTYNIN 5 MG TABLET	4	30.00	0.16	0.04836	200% Above	Yes	No
70954000520	OXYBUTYNIN 5 MG TABLET	4	90.00	0.09	0.04836	76%-100% Above	Yes	No
70954000520	OXYBUTYNIN 5 MG TABLET	5	12.00	0.09	0.04805	76%-100% Above	No	No
70954000520	OXYBUTYNIN 5 MG TABLET	5	30.00	0.17	0.04805	200% Above	No	No
70954000520	OXYBUTYNIN 5 MG TABLET	6	20.00	0.29	0.04730	200% Above	Yes	No
70954000520	OXYBUTYNIN 5 MG TABLET	6	30.00	0.17	0.04730	200% Above	No	No
70954000520	OXYBUTYNIN 5 MG TABLET	6	270.00	0.10	0.05467	76%-100% Above	No	No
70954000520	OXYBUTYNIN 5 MG TABLET	7	30.00	0.17	0.04688	200% Above	No	No
70954000520	OXYBUTYNIN 5 MG TABLET	8	30.00	0.17	0.04729	200% Above	No	No
70954000520	OXYBUTYNIN 5 MG TABLET	8	90.00	0.02	0.06154	51%-75% Below	No	No
70954000520	OXYBUTYNIN 5 MG TABLET	8	90.00	0.09	0.04729	76%-100% Above	Yes	No
70954000520	OXYBUTYNIN 5 MG TABLET	9	90.00	0.02	0.06077	51%-75% Below	No	No
70954000520	OXYBUTYNIN 5 MG TABLET	9	270.00	0.11	0.05339	101%-200% Above	No	No
70954000520	OXYBUTYNIN 5 MG TABLET	10	90.00	0.02	0.06198	51%-75% Below	No	No
70954000530	OXYBUTYNIN 5 MG TABLET	4	90.00	0.08	0.04836	51%-75% Above	No	No
70954000530	OXYBUTYNIN 5 MG TABLET	8	90.00	0.09	0.04729	76%-100% Above	No	No
70954001610	THIOTHIXENE 5 MG CAPSULE	7	30.00	0.37	1.42519	51%-75% Below	No	No
70954001910	PRAZOSIN 1 MG CAPSULE	4	30.00	0.12	0.08341	26%-50% Above	No	No
70954001910	PRAZOSIN 1 MG CAPSULE	4	30.00	0.35	0.08341	200% Above	Yes	No

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70954001910	PRAZOSIN 1 MG CAPSULE	5	30.00	0.12	0.08472	26%-50% Above	No	No
70954001910	PRAZOSIN 1 MG CAPSULE	5	90.00	0.12	0.08472	26%-50% Above	Yes	No
70954001910	PRAZOSIN 1 MG CAPSULE	5	90.00	0.34	0.08472	200% Above	Yes	No
70954001910	PRAZOSIN 1 MG CAPSULE	5	270.00	0.12	0.08472	26%-50% Above	Yes	No
70954001910	PRAZOSIN 1 MG CAPSULE	6	30.00	0.12	0.08532	26%-50% Above	No	No
70954001910	PRAZOSIN 1 MG CAPSULE	7	30.00	0.12	0.08600	26%-50% Above	No	No
70954001910	PRAZOSIN 1 MG CAPSULE	8	30.00	0.12	0.08582	26%-50% Above	No	No
70954001910	PRAZOSIN 1 MG CAPSULE	8	90.00	0.12	0.08582	26%-50% Above	Yes	No
70954001910	PRAZOSIN 1 MG CAPSULE	8	90.00	0.32	0.08582	200% Above	Yes	No
70954001910	PRAZOSIN 1 MG CAPSULE	11	90.00	0.05	0.09775	26%-50% Below	Yes	No
70954002010	PRAZOSIN 2 MG CAPSULE	4	30.00	0.16	0.08888	51%-75% Above	No	No
70954002010	PRAZOSIN 2 MG CAPSULE	4	90.00	0.16	0.08888	51%-75% Above	No	No
70954002010	PRAZOSIN 2 MG CAPSULE	4	90.00	0.16	0.08888	51%-75% Above	Yes	No
70954002010	PRAZOSIN 2 MG CAPSULE	5	30.00	0.16	0.08508	76%-100% Above	No	No
70954002010	PRAZOSIN 2 MG CAPSULE	5	90.00	0.33	0.08508	200% Above	Yes	No
70954002010	PRAZOSIN 2 MG CAPSULE	6	30.00	0.16	0.08229	76%-100% Above	No	No
70954002010	PRAZOSIN 2 MG CAPSULE	7	30.00	0.16	0.08487	76%-100% Above	No	No
70954002010	PRAZOSIN 2 MG CAPSULE	7	90.00	0.33	0.08487	200% Above	Yes	No
70954002010	PRAZOSIN 2 MG CAPSULE	7	180.00	0.16	0.08487	76%-100% Above	Yes	No
70954002010	PRAZOSIN 2 MG CAPSULE	8	30.00	0.16	0.08498	76%-100% Above	No	No
70954002010	PRAZOSIN 2 MG CAPSULE	8	90.00	0.16	0.08498	76%-100% Above	Yes	No
70954002010	PRAZOSIN 2 MG CAPSULE	8	90.00	0.33	0.08498	200% Above	Yes	No
70954002110	PRAZOSIN 5 MG CAPSULE	5	30.00	0.25	0.14566	51%-75% Above	Yes	No
70954002110	PRAZOSIN 5 MG CAPSULE	5	90.00	0.25	0.14566	51%-75% Above	Yes	No
70954002110	PRAZOSIN 5 MG CAPSULE	6	90.00	0.25	0.13994	51%-75% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70954004110	RIFABUTIN 150 MG CAPSULE	6	60.00	4.93	9.07550	26%-50% Below	No	No
70954004110	RIFABUTIN 150 MG CAPSULE	7	60.00	4.93	8.54125	26%-50% Below	No	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	0.09	0.03732	101%-200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	5	12.00	0.13	0.03674	200% Above	No	No
70954005820	PREDNISONE 5 MG TABLET	5	21.00	0.06	0.03674	51%-75% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	5	30.00	0.06	0.03674	51%-75% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	5	30.00	0.08	0.03674	101%-200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	5	30.00	0.09	0.03674	101%-200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	5	30.00	0.10	0.03674	101%-200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	5	70.00	0.06	0.03674	51%-75% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	5	81.00	0.06	0.03674	51%-75% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	5	125.00	0.02	0.03674	51%-75% Below	Yes	No
70954005820	PREDNISONE 5 MG TABLET	6	18.00	0.06	0.03661	51%-75% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	6	30.00	0.06	0.03661	51%-75% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	6	30.00	0.08	0.03661	101%-200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	6	30.00	0.09	0.03661	101%-200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	6	50.00	0.06	0.03661	51%-75% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	6	75.00	0.06	0.03661	51%-75% Above	No	No
70954005820	PREDNISONE 5 MG TABLET	6	90.00	0.07	0.03661	76%-100% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	6	90.00	0.08	0.03661	101%-200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	6	90.00	0.09	0.03661	101%-200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	7	5.00	0.16	0.03583	200% Above	No	No
70954005820	PREDNISONE 5 MG TABLET	7	7.00	0.06	0.03583	51%-75% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	7	30.00	0.06	0.03583	51%-75% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	30.00	0.08	0.03583	101%-200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	7	30.00	0.09	0.03583	101%-200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	7	90.00	0.06	0.03583	51%-75% Above	No	No
70954005820	PREDNISONE 5 MG TABLET	8	21.00	0.09	0.03670	101%-200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	8	30.00	0.08	0.03670	101%-200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	8	30.00	0.09	0.03670	101%-200% Above	Yes	No
70954005830	PREDNISONE 5 MG TAB DOSE PACK	5	21.00	0.21	0.39953	26%-50% Below	No	No
70954005830	PREDNISONE 5 MG TAB DOSE PACK	6	21.00	0.21	0.39304	26%-50% Below	No	No
70954005830	PREDNISONE 5 MG TAB DOSE PACK	6	21.00	0.29	0.39304	26%-50% Below	No	No
70954005920	PREDNISONE 10 MG TABLET	4	10.00	0.08	0.05754	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	4	20.00	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	50.00	0.08	0.05754	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	4	90.00	0.08	0.05754	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	4	151.00	0.02	0.05754	51%-75% Below	Yes	No
70954005920	PREDNISONE 10 MG TABLET	5	10.00	0.02	0.05730	51%-75% Below	Yes	No
70954005920	PREDNISONE 10 MG TABLET	5	10.00	0.08	0.05730	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	5	10.00	0.13	0.05730	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	5	20.00	0.08	0.05730	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	5	20.00	0.12	0.05730	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	5	24.00	0.11	0.05730	76%-100% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	5	27.00	0.08	0.05730	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	5	30.00	0.08	0.05730	26%-50% Above	No	No
70954005920	PREDNISONE 10 MG TABLET	5	30.00	0.08	0.05730	26%-50% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	30.00	0.10	0.05730	51%-75% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	5	34.00	0.08	0.05730	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	5	40.00	0.11	0.05730	76%-100% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	5	90.00	0.08	0.05730	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	6	5.00	0.08	0.05709	26%-50% Above	No	No
70954005920	PREDNISONE 10 MG TABLET	6	7.00	0.08	0.05709	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	6	7.00	0.14	0.05709	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	6	10.00	0.08	0.05709	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	6	12.00	0.14	0.05709	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	6	14.00	0.11	0.05709	76%-100% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	6	16.00	0.08	0.05709	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	6	21.00	0.03	0.05709	26%-50% Below	No	No
70954005920	PREDNISONE 10 MG TABLET	6	21.00	0.08	0.05709	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	6	28.00	0.10	0.05709	51%-75% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	6	30.00	0.08	0.05709	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	6	30.00	0.10	0.05709	51%-75% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	6	90.00	0.08	0.05709	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	7	10.00	0.08	0.05617	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	7	20.00	0.10	0.05617	76%-100% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	7	22.00	0.08	0.05617	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	7	24.00	0.10	0.05617	76%-100% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	7	28.00	0.10	0.05617	51%-75% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	7	32.00	0.08	0.05617	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	7	36.00	0.08	0.05617	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	7	45.00	0.08	0.05617	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	90.00	0.08	0.05617	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	7	90.00	0.09	0.05617	51%-75% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	8	3.00	0.20	0.05604	200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	8	5.00	0.08	0.05604	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	8	5.00	0.16	0.05604	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	8	10.00	0.08	0.05604	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	8	10.00	0.12	0.05604	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	8	21.00	0.10	0.05604	76%-100% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	8	30.00	0.08	0.05604	26%-50% Above	No	No
70954005920	PREDNISONE 10 MG TABLET	8	30.00	0.11	0.05604	76%-100% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	8	35.00	0.10	0.05604	51%-75% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	8	90.00	0.08	0.05604	26%-50% Above	Yes	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	3	21.00	0.07	0.63273	76%-100% 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	0.47	0.53832	10%-25% Below	No	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	4	21.00	0.48	0.53832	10%-25% Below	No	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	5	21.00	0.47	0.54499	10%-25% Below	No	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	6	21.00	0.28	0.55099	26%-50% Below	No	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	7	21.00	0.28	0.56452	26%-50% Below	No	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	7	21.00	0.47	0.56452	10%-25% Below	No	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	8	21.00	0.47	0.57318	10%-25% Below	No	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	8	21.00	0.47	0.57318	10%-25% Below	Yes	No
70954005940	PREDNISONE 10 MG TAB DOSE PACK	4	48.00	0.28	0.53832	26%-50% Below	No	No
70954006010	PREDNISONE 20 MG TABLET	3	10.00	0.05	0.07142	26%-50% Below	No	No
70954006010	PREDNISONE 20 MG TABLET	4	7.00	0.13	0.07110	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70954006010	PREDNISONE 20 MG TABLET	4	15.00	0.08	0.07110	10%-25% Above	No	No
70954006010	PREDNISONE 20 MG TABLET	5	3.00	0.05	0.07023	26%-50% Below	No	No
70954006010	PREDNISONE 20 MG TABLET	5	5.00	0.11	0.07023	51%-75% Above	No	No
70954006010	PREDNISONE 20 MG TABLET	6	7.00	0.13	0.06765	76%-100% Above	No	No
70954006010	PREDNISONE 20 MG TABLET	7	8.00	0.13	0.06477	76%-100% Above	No	No
70954006010	PREDNISONE 20 MG TABLET	8	8.00	0.11	0.06433	51%-75% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	2	10.00	0.18	0.09221	76%-100% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	4	3.00	0.11	0.07110	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	4	4.00	0.22	0.07110	200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	4	5.00	0.11	0.07110	51%-75% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	4	5.00	0.11	0.07110	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	4	5.00	0.21	0.07110	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	4	5.00	0.41	0.07110	200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	4	6.00	0.11	0.07110	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	4	7.00	0.18	0.07110	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	4	7.00	0.21	0.07110	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	4	8.00	0.11	0.07110	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	4	10.00	0.11	0.07110	26%-50% 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
70954006020	PREDNISONE 20 MG TABLET	4	11.00	0.15	0.07110	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	4	15.00	0.14	0.07110	76%-100% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	4	20.00	0.11	0.07110	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	4	20.00	0.14	0.07110	76%-100% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	21.00	0.11	0.07110	26%-50% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	5	3.00	0.11	0.07023	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	5	5.00	0.19	0.07023	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	5	5.00	0.21	0.07023	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	5	5.00	0.21	0.07023	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	5	5.00	0.22	0.07023	200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	5	5.00	0.23	0.07023	200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	5	5.00	0.29	0.07023	200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	5	5.00	0.41	0.07023	200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	5	6.00	0.11	0.07023	51%-75% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	5	7.00	0.19	0.07023	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	5	7.00	0.19	0.07023	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	5	10.00	0.01	0.07023	76%-100% Below	No	No
70954006020	PREDNISONE 20 MG TABLET	5	10.00	0.03	0.07023	51%-75% Below	Yes	No
70954006020	PREDNISONE 20 MG TABLET	5	10.00	0.11	0.07023	51%-75% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	5	10.00	0.11	0.07023	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	5	10.00	0.15	0.07020	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	5	10.00	0.15	0.07023	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	5	10.00	0.16	0.07023	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	5	10.00	0.16	0.07023	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	5	10.00	0.17	0.07023	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	5	10.00	0.17	0.07023	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	5	10.00	0.21	0.07023	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	5	10.00	0.22	0.07023	200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	5	14.00	0.11	0.07023	51%-75% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	14.00	0.14	0.07023	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	5	14.00	0.15	0.07023	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	5	15.00	0.03	0.07023	51%-75% Below	Yes	No
70954006020	PREDNISONE 20 MG TABLET	5	15.00	0.11	0.07023	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	5	20.00	0.11	0.07023	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	5	27.00	0.13	0.07023	76%-100% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	5	30.00	0.11	0.07023	51%-75% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	6	5.00	0.11	0.06765	51%-75% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	6	5.00	0.11	0.06765	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	6	5.00	0.19	0.06765	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	6	5.00	0.21	0.06765	200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	6	6.00	0.11	0.06765	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	6	6.00	0.20	0.06765	200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	6	7.00	0.11	0.06765	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	6	8.00	0.11	0.06765	51%-75% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	6	8.00	0.20	0.06765	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	6	9.00	0.11	0.06765	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	6	10.00	0.03	0.06765	51%-75% Below	Yes	No
70954006020	PREDNISONE 20 MG TABLET	6	10.00	0.11	0.06765	51%-75% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	6	10.00	0.11	0.06765	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	6	10.00	0.15	0.06765	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	6	10.00	0.16	0.06765	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	6	10.00	0.17	0.06765	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	6	10.00	0.19	0.06765	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	6	12.00	0.11	0.06765	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	21.00	0.11	0.06765	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	6	30.00	0.11	0.06765	51%-75% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	6	30.00	0.13	0.06765	76%-100% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	7	4.00	0.11	0.06477	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	7	5.00	0.01	0.06477	76%-100% Below	No	No
70954006020	PREDNISONE 20 MG TABLET	7	5.00	0.11	0.06477	51%-75% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	7	5.00	0.11	0.06477	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	7	5.00	0.18	0.06477	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	7	5.00	0.19	0.06477	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	7	5.00	0.22	0.06477	200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	7	5.00	0.24	0.06477	200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	7	5.00	0.25	0.06477	200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	7	5.00	0.29	0.06477	200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	7	6.00	0.11	0.06477	51%-75% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	7	6.00	0.11	0.06477	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	7	7.00	0.11	0.06477	51%-75% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	7	7.00	0.11	0.06477	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	7	8.00	0.11	0.06477	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	7	8.00	0.21	0.06477	200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	7	8.00	0.23	0.06477	200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	7	9.00	0.11	0.06477	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	7	9.00	0.17	0.06477	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	7	10.00	0.11	0.06477	51%-75% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	7	10.00	0.11	0.06477	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	7	10.00	0.15	0.06477	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	10.00	0.16	0.06477	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	7	10.00	0.18	0.06477	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	7	12.00	0.15	0.06477	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	7	12.00	0.17	0.06477	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	7	14.00	0.11	0.06477	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	7	14.00	0.16	0.06477	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	7	15.00	0.11	0.06477	51%-75% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	7	15.00	0.11	0.06477	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	7	18.00	0.11	0.06477	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	7	21.00	0.14	0.06477	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	7	29.00	0.13	0.06477	76%-100% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	7	30.00	0.01	0.06477	76%-100% Below	No	No
70954006020	PREDNISONE 20 MG TABLET	8	3.00	0.11	0.06433	51%-75% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	8	3.00	0.24	0.06433	200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	8	5.00	0.01	0.06433	76%-100% Below	No	No
70954006020	PREDNISONE 20 MG TABLET	8	5.00	0.11	0.06433	51%-75% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	8	5.00	0.11	0.06433	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	8	6.00	0.11	0.06433	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	8	6.00	0.23	0.06433	200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	8	10.00	0.11	0.06433	51%-75% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	8	10.00	0.11	0.06433	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	8	10.00	0.15	0.06433	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	8	10.00	0.15	0.06433	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	8	10.00	0.16	0.06433	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	8	10.00	0.18	0.06433	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	10.00	0.18	0.06433	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	8	10.00	0.19	0.06433	200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	8	10.00	0.20	0.06433	200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	8	12.00	0.11	0.06433	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	8	15.00	0.11	0.06433	51%-75% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	8	15.00	0.11	0.06433	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	8	15.00	0.16	0.06433	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	8	15.00	0.16	0.06433	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	8	19.00	0.11	0.06433	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	8	20.00	0.11	0.06433	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	8	30.00	0.11	0.06433	51%-75% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	10	10.00	0.17	0.08070	101%-200% Above	No	No
70954006030	PREDNISONE 20 MG TABLET	7	6.00	0.20	0.06477	200% Above	No	No
70954008510	CHLORZOXAZONE 500 MG TABLET	6	56.00	0.09	0.23140	51%-75% Below	No	No
70954008510	CHLORZOXAZONE 500 MG TABLET	8	56.00	0.09	0.21167	51%-75% Below	No	No
70954013910	LEVOCARNITINE 1 G/10 ML SOLN	4	118.00	0.08	0.14446	26%-50% Below	No	No
70954013910	LEVOCARNITINE 1 G/10 ML SOLN	6	180.00	0.08	0.13635	26%-50% Below	No	No
70954013910	LEVOCARNITINE 1 G/10 ML SOLN	8	180.00	0.08	0.13868	26%-50% Below	No	No
70954025220	FLUDROCORTISONE 0.1 MG TABLET	4	90.00	0.19	0.32006	26%-50% Below	No	No
70954025220	FLUDROCORTISONE 0.1 MG TABLET	6	110.00	0.19	0.32063	26%-50% Below	No	No
70954025220	FLUDROCORTISONE 0.1 MG TABLET	8	90.00	0.19	0.30982	26%-50% Below	No	No
70954025810	SULFAMETHOXAZOLE-TMP SUSP	4	180.00	0.03	0.05642	26%-50% Below	No	No
70954025810	SULFAMETHOXAZOLE-TMP SUSP	5	400.00	0.06	0.05660	10%-25% Above	No	No
70954025810	SULFAMETHOXAZOLE-TMP SUSP	8	60.00	0.03	0.05513	26%-50% Below	No	No
70954031610	FAMOTIDINE 40 MG/5 ML SUSP	5	50.00	0.20	0.14331	26%-50% Above	No	No

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70954031610	FAMOTIDINE 40 MG/5 ML SUSP	5	50.00	0.34	0.14331	101%-200% Above	No	No
70954031610	FAMOTIDINE 40 MG/5 ML SUSP	7	50.00	0.20	0.13700	26%-50% Above	Yes	No
70954039910	DEXAMETHASONE 0.75 MG TABLET	8	7.00	0.12	0.09085	26%-50% Above	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	5	5.00	0.29	0.20711	26%-50% Above	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	5	6.00	0.29	0.20711	26%-50% Above	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	5	8.00	0.29	0.20711	26%-50% Above	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	6	4.00	0.24	0.21582	10%-25% Above	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	7	6.00	0.29	0.19893	26%-50% Above	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	8	8.00	0.29	0.18758	51%-75% Above	No	No
70954040410	DEXAMETHASONE 6 MG TABLET	7	8.00	0.57	0.36703	51%-75% Above	Yes	No
70954041230	BISOPROLOL-HYDROCHLOROTHIAZIDE 2.5-6.25 MG TB	4	30.00	0.14	0.18547	10%-25% Below	No	No
70954041230	BISOPROLOL-HYDROCHLOROTHIAZIDE 2.5-6.25 MG TB	5	30.00	0.14	0.18827	10%-25% Below	No	No
70954041330	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	4	90.00	0.24	0.20768	10%-25% Above	Yes	No
70954041330	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	5	30.00	0.10	0.21339	51%-75% Below	Yes	No
70954041330	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	7	90.00	0.08	0.21674	51%-75% Below	Yes	No
70954041330	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	7	90.00	0.10	0.21674	51%-75% Below	Yes	No
70954041330	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	7	90.00	0.24	0.21674	10%-25% Above	Yes	No
70954041410	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	5	90.00	0.25	0.21433	10%-25% Above	Yes	No
70954041410	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	6	90.00	0.25	0.20724	10%-25% Above	Yes	No
70954044310	MISOPROSTOL 100 MCG TABLET	4	1.00	0.23	0.43799	26%-50% Below	No	No
70954044310	MISOPROSTOL 100 MCG TABLET	5	12.00	0.23	0.45489	26%-50% Below	No	No
70954044410	MISOPROSTOL 200 MCG TABLET	5	1.00	0.82	0.68647	10%-25% Above	No	No
70954044410	MISOPROSTOL 200 MCG TABLET	6	8.00	0.80	0.72755	10%-25% Above	No	No
70954044410	MISOPROSTOL 200 MCG TABLET	7	2.00	0.88	0.74142	10%-25% Above	Yes	No
70954044410	MISOPROSTOL 200 MCG TABLET	8	1.00	1.14	0.73379	51%-75% Above	Yes	No

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70954056410	ESTRADIOL 0.5 MG TABLET	4	30.00	0.08	0.05847	26%-50% Above	No	No
70954056410	ESTRADIOL 0.5 MG TABLET	4	30.00	0.09	0.05847	51%-75% Above	Yes	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	4	90.00	0.11	0.05847	76%-100% Above	No	No
70954056410	ESTRADIOL 0.5 MG TABLET	5	90.00	0.09	0.05834	51%-75% Above	No	No
70954056410	ESTRADIOL 0.5 MG TABLET	5	90.00	0.11	0.05834	76%-100% Above	No	No
70954056410	ESTRADIOL 0.5 MG TABLET	6	30.00	0.11	0.05916	76%-100% Above	No	No
70954056410	ESTRADIOL 0.5 MG TABLET	6	90.00	0.11	0.05916	76%-100% Above	No	No
70954056410	ESTRADIOL 0.5 MG TABLET	6	135.00	0.11	0.05916	76%-100% Above	No	No
70954056410	ESTRADIOL 0.5 MG TABLET	7	30.00	0.11	0.05971	76%-100% Above	No	No
70954056410	ESTRADIOL 0.5 MG TABLET	7	90.00	0.11	0.05971	76%-100% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	4	90.00	0.09	0.06578	26%-50% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	4	90.00	0.10	0.06578	51%-75% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	4	180.00	0.10	0.06578	51%-75% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	5	30.00	0.09	0.06599	26%-50% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	5	30.00	0.10	0.06599	51%-75% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	5	30.00	0.11	0.06599	51%-75% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	5	30.00	0.11	0.06599	51%-75% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	5	90.00	0.10	0.06599	51%-75% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	6	30.00	0.10	0.06500	51%-75% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	6	30.00	0.11	0.06500	51%-75% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	6	30.00	0.11	0.06500	51%-75% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	6	90.00	0.09	0.06500	26%-50% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	7	30.00	0.09	0.06433	26%-50% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	7	30.00	0.10	0.06433	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70954056510	ESTRADIOL 1 MG TABLET	7	90.00	0.08	0.06433	10%-25% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	7	90.00	0.08	0.06433	10%-25% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	7	90.00	0.09	0.06433	26%-50% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	7	90.00	0.10	0.06433	51%-75% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	8	30.00	0.11	0.06361	51%-75% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	8	90.00	0.08	0.06361	10%-25% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	8	90.00	0.10	0.06361	51%-75% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	8	90.00	0.10	0.06361	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	5	30.00	0.10	0.06599	51%-75% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	5	90.00	0.10	0.06599	51%-75% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	5	90.00	0.12	0.06599	76%-100% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	5	225.00	0.10	0.06599	51%-75% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	6	30.00	0.10	0.06500	51%-75% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	6	90.00	0.10	0.06500	51%-75% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	6	90.00	0.11	0.06500	51%-75% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	7	30.00	0.10	0.06433	51%-75% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	7	90.00	0.10	0.06433	51%-75% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	8	30.00	0.10	0.06361	51%-75% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	8	90.00	0.10	0.06361	51%-75% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	8	90.00	0.10	0.06361	51%-75% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	8	225.00	0.10	0.06361	51%-75% Above	No	No
70954056610	ESTRADIOL 2 MG TABLET	8	90.00	0.09	0.07970	10%-25% Above	No	No
70954056620	ESTRADIOL 2 MG TABLET	4	30.00	0.12	0.08146	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70954056620	ESTRADIOL 2 MG TABLET	4	30.00	0.13	0.08146	51%-75% Above	No	No
70954056620	ESTRADIOL 2 MG TABLET	5	30.00	0.12	0.08229	26%-50% Above	No	No
70954056620	ESTRADIOL 2 MG TABLET	5	30.00	0.13	0.08229	51%-75% Above	No	No
70954056620	ESTRADIOL 2 MG TABLET	6	30.00	0.12	0.08072	26%-50% Above	No	No
70954056620	ESTRADIOL 2 MG TABLET	6	30.00	0.12	0.08072	51%-75% Above	No	No
70954056620	ESTRADIOL 2 MG TABLET	6	180.00	0.13	0.08072	51%-75% Above	No	No
70954056620	ESTRADIOL 2 MG TABLET	7	30.00	0.12	0.08128	26%-50% Above	No	No
70954056620	ESTRADIOL 2 MG TABLET	8	90.00	0.09	0.07970	10%-25% Above	No	No
70954060010	FLUOXETINE 20 MG/5 ML SOLUTION	6	150.00	0.10	0.19910	26%-50% Below	Yes	No
70954060010	FLUOXETINE 20 MG/5 ML SOLUTION	6	225.00	0.12	0.19910	26%-50% Below	No	No
70954060010	FLUOXETINE 20 MG/5 ML SOLUTION	8	150.00	0.10	0.19620	26%-50% Below	Yes	No
70954066210	KETOCONAZOLE 2% SHAMPOO	4	120.00	0.05	0.07977	26%-50% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	4	120.00	0.06	0.07977	26%-50% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	4	240.00	0.05	0.07977	26%-50% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	5	120.00	0.04	0.08087	26%-50% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	5	120.00	0.05	0.08087	26%-50% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	5	120.00	0.05	0.08087	26%-50% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	5	120.00	0.06	0.08087	26%-50% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	5	120.00	0.06	0.08087	10%-25% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	6	120.00	0.05	0.07973	26%-50% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	6	120.00	0.06	0.07973	26%-50% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	7	120.00	0.04	0.07745	26%-50% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	7	120.00	0.05	0.07745	26%-50% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	7	120.00	0.05	0.07745	26%-50% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	7	120.00	0.06	0.07745	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	120.00	0.05	0.07606	26%-50% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	8	120.00	0.05	0.07606	26%-50% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	8	120.00	0.05	0.07606	26%-50% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	8	120.00	0.05	0.07606	26%-50% Below	No	No
70954068910	PROCHLORPERAZINE 10 MG TAB	4	30.00	0.09	0.18523	51%-75% Below	Yes	No
70954089610	MEGESTROL ACET 40 MG/ML SUSP	6	240.00	0.17	0.14286	10%-25% Above	No	No
70954092510	NAPROXEN DR 375 MG TABLET	5	28.00	0.55	2.44080	76%-100% Below	Yes	No
70954092510	NAPROXEN DR 375 MG TABLET	6	28.00	0.55	2.33545	76%-100% Below	Yes	No
71093012105	GABAPENTIN 300 MG CAPSULE	5	120.00	0.06	0.03246	76%-100% Above	No	No
71093012105	GABAPENTIN 300 MG CAPSULE	6	120.00	0.06	0.03245	76%-100% Above	No	No
71093012105	GABAPENTIN 300 MG CAPSULE	7	120.00	0.06	0.03078	76%-100% Above	No	No
71288030002	CYANOCOBALAMIN 1,000 MCG/ML VL	4	1.00	2.32	1.50471	51%-75% Above	No	No
71288030002	CYANOCOBALAMIN 1,000 MCG/ML VL	4	3.00	0.93	1.50471	26%-50% Below	No	No
71288030002	CYANOCOBALAMIN 1,000 MCG/ML VL	5	1.00	0.93	1.50475	26%-50% Below	No	No
71288030002	CYANOCOBALAMIN 1,000 MCG/ML VL	5	3.00	0.93	1.50475	26%-50% Below	No	No
71288030002	CYANOCOBALAMIN 1,000 MCG/ML VL	5	4.00	0.94	1.50475	26%-50% Below	No	No
71288030002	CYANOCOBALAMIN 1,000 MCG/ML VL	6	1.00	0.93	1.49146	26%-50% Below	No	No
71288030002	CYANOCOBALAMIN 1,000 MCG/ML VL	6	1.00	2.32	1.49146	51%-75% Above	No	No
71288030002	CYANOCOBALAMIN 1,000 MCG/ML VL	6	4.00	0.56	1.49146	51%-75% Below	No	No
71288030002	CYANOCOBALAMIN 1,000 MCG/ML VL	6	4.00	0.94	1.49146	26%-50% Below	No	No
71288030002	CYANOCOBALAMIN 1,000 MCG/ML VL	6	4.00	1.03	1.49146	26%-50% Below	No	No
71288030002	CYANOCOBALAMIN 1,000 MCG/ML VL	6	4.00	1.23	1.49146	10%-25% Below	Yes	No
71288030002	CYANOCOBALAMIN 1,000 MCG/ML VL	7	1.00	0.93	1.47825	26%-50% Below	No	No
71288030002	CYANOCOBALAMIN 1,000 MCG/ML VL	7	1.00	2.32	1.47825	51%-75% Above	No	No
71288030002	CYANOCOBALAMIN 1,000 MCG/ML VL	7	3.00	0.93	1.47825	26%-50% Below	No	No

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71288030002	CYANOCOBALAMIN 1,000 MCG/ML VL	7	4.00	0.94	1.47825	26%-50% Below	No	No
71288030002	CYANOCOBALAMIN 1,000 MCG/ML VL	7	6.00	1.30	1.47825	10%-25% Below	No	No
71288030002	CYANOCOBALAMIN 1,000 MCG/ML VL	8	1.00	0.93	1.49394	26%-50% Below	No	No
71288030002	CYANOCOBALAMIN 1,000 MCG/ML VL	8	2.00	0.78	1.49394	26%-50% Below	No	No
71288030002	CYANOCOBALAMIN 1,000 MCG/ML VL	8	4.00	0.94	1.49394	26%-50% Below	No	No
71288030002	CYANOCOBALAMIN 1,000 MCG/ML VL	8	12.00	0.93	1.49394	26%-50% Below	No	No
71288030111	CYANOCOBALAMIN 10,000 MCG/10 ML	7	10.00	0.45	0.80808	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	4	1.00	0.93	1.50471	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	4	1.00	1.95	1.50471	26%-50% Above	No	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
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	4	4.00	1.16	1.50471	10%-25% Below	Yes	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	4	6.00	0.93	1.50471	26%-50% Below	No	No
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	5	1.00	0.93	1.50475	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	5	2.00	0.94	1.50475	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	5	3.00	0.93	1.50475	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	6	1.00	0.93	1.49146	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	6	2.00	0.94	1.49146	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	6	4.00	0.94	1.49146	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	7	2.00	0.94	1.47825	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	7	3.00	0.93	1.47825	26%-50% Below	No	No
71288030392	CYANOCOBALAMIN 1,000 MCG/ML VL	7	1.00	0.69	1.47825	51%-75% Below	No	No
71288043383	ENOXAPARIN 40 MG/0.4 ML SYR	4	12.00	6.10	7.90426	10%-25% Below	Yes	No
71288043689	ENOXAPARIN 100 MG/ML SYRINGE	6	28.00	5.83	7.36957	10%-25% Below	Yes	No

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71399101401	ASPIRIN LOW TAB 81MG	4	30.00	0.33	.		No	No
71399101401	ASPIRIN LOW TAB 81MG	5	90.00	0.10	.		No	No
71399101401	ASPIRIN LOW TAB 81MG	7	90.00	0.02	.		No	No
71399101401	ASPIRIN LOW TAB 81MG	8	90.00	0.08	.		No	No
71610006460	ALLOPURINOL TAB 300MG	6	90.00	0.19	.		No	No
71610017799	JARDIANCE TAB 25MG	6	45.00	2.12	.		No	No
71610019460	ALLOPURINOL TAB 100MG	5	90.00	0.16	.		No	No
71610048860	HYDROCHLOROT TAB 25MG	1	90.00	0.02	.		No	No
71610048860	HYDROCHLOROT TAB 25MG	4	90.00	0.01	.		No	No
71610048860	HYDROCHLOROT TAB 25MG	7	90.00	0.01	.		No	No
71610048860	HYDROCHLOROT TAB 25MG	7	90.00	0.02	.		No	No
71610055213	VITAMIN D CAP 1.25MG	3	13.00	0.29	.		No	No
71610055213	VITAMIN D CAP 1.25MG	8	13.00	0.29	.		No	No
71610059753	NAPROXEN TAB 500MG	8	60.00	0.03	.		No	No
71610066280	ELIQUIS TAB 5MG	5	180.00	1.31	.		No	No
71610074445	ATORVASTATIN TAB 20MG	1	45.00	0.01	.		No	No
71610074445	ATORVASTATIN TAB 20MG	4	45.00	0.01	.		No	No
71610074645	ATORVASTATIN TAB 80MG	1	45.00	0.15	.		No	No
71610074645	ATORVASTATIN TAB 80MG	2	45.00	0.14	.		No	No
71610074645	ATORVASTATIN TAB 80MG	7	45.00	0.13	.		No	No
71610074645	ATORVASTATIN TAB 80MG	8	45.00	0.14	.		No	No
71610074645	ATORVASTATIN TAB 80MG	11	45.00	0.14	.		No	No
71610087230	MELOXICAM TAB 15MG	7	30.00	0.01	.		No	No
71656004060	TRIAMCINOLONE 0.1% LOTION	4	60.00	0.15	0.28144	26%-50% Below	Yes	No
71656004060	TRIAMCINOLONE 0.1% LOTION	5	60.00	0.13	0.27895	51%-75% Below	Yes	No

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71656004060	TRIAMCINOLONE 0.1% LOTION	5	60.00	0.17	0.27895	26%-50% Below	Yes	No
71656006116	GLYCOPYRROLATE 1 MG/5 ML ORAL SOLUTION	6	216.00	0.15	0.17519	10%-25% Below	No	No
71656006116	GLYCOPYRROLATE 1 MG/5 ML ORAL SOLUTION	7	216.00	0.15	0.19222	10%-25% Below	No	No
71656006116	GLYCOPYRROLATE 1 MG/5 ML ORAL SOLUTION	8	216.00	0.15	0.20269	10%-25% Below	No	No
71656006410	HYDROCORTISONE 1%-ACETIC ACID 2% EAR DROP	5	10.00	1.50	5.98976	51%-75% Below	No	No
71656006770	METRONIDAZOLE VAGINAL 0.75% GL	4	70.00	0.25	0.15810	51%-75% Above	No	No
71656006770	METRONIDAZOLE VAGINAL 0.75% GL	6	70.00	0.25	0.14795	51%-75% Above	No	No
71656008904	FLUOXETINE 20 MG/5 ML SOLUTION	7	375.00	0.12	0.19125	26%-50% Below	No	No
71858004504	TIROSINT CAP 137MCG	6	90.00	4.99	.		Yes	No
71858011305	TIROSINT-SOL SOL 44MCG/ML	5	30.00	5.07	.		No	No
71858011305	TIROSINT-SOL SOL 44MCG/ML	6	30.00	5.07	.		No	No
71858011305	TIROSINT-SOL SOL 44MCG/ML	7	30.00	5.07	.		No	No
71858011305	TIROSINT-SOL SOL 44MCG/ML	8	30.00	5.07	.		No	No
71858014005	TIROSINT-SOL SOL 125MCG	6	30.00	4.96	.		Yes	No
71858014005	TIROSINT-SOL SOL 125MCG	7	30.00	4.96	.		Yes	No
71921018250	IBUPROFEN TAB 800MG	4	270.00	0.07	.		No	No
71921019033	EXEMESTANE 25 MG TABLET	5	90.00	0.87	0.62811	26%-50% Above	Yes	No
71921021401	GLIMEPIRIDE 1 MG TABLET	7	60.00	0.06	0.02331	101%-200% Above	No	No
71921021450	GLIMEPIRIDE 1 MG TABLET	4	90.00	0.01	0.02252	51%-75% Below	No	No
71921021450	GLIMEPIRIDE 1 MG TABLET	4	90.00	0.08	0.02252	200% Above	No	No
71921021450	GLIMEPIRIDE 1 MG TABLET	6	90.00	0.06	0.02218	101%-200% Above	No	No
71921021450	GLIMEPIRIDE 1 MG TABLET	7	60.00	0.07	0.02331	101%-200% Above	No	No
71921021450	GLIMEPIRIDE 1 MG TABLET	7	90.00	0.01	0.02331	51%-75% Below	No	No
71921021450	GLIMEPIRIDE 1 MG TABLET	7	90.00	0.08	0.02331	200% Above	No	No
71921021450	GLIMEPIRIDE 1 MG TABLET	8	90.00	0.08	0.02389	200% Above	No	No

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71921021550	GLIMEPIRIDE 2 MG TABLET	5	90.00	0.10	0.03581	101%-200% Above	No	No
71921021550	GLIMEPIRIDE 2 MG TABLET	6	90.00	0.10	0.03730	101%-200% Above	No	No
71921021550	GLIMEPIRIDE 2 MG TABLET	6	180.00	0.10	0.03730	101%-200% Above	No	No
71921021550	GLIMEPIRIDE 2 MG TABLET	7	90.00	0.01	0.03739	51%-75% Below	No	No
71921021550	GLIMEPIRIDE 2 MG TABLET	7	90.00	0.13	0.03739	200% Above	No	No
71921021550	GLIMEPIRIDE 2 MG TABLET	8	30.00	0.10	0.03726	101%-200% Above	No	No
71921021650	GLIMEPIRIDE 4 MG TABLET	4	60.00	0.08	0.04722	51%-75% Above	No	No
71921021650	GLIMEPIRIDE 4 MG TABLET	4	180.00	0.19	0.04722	200% Above	No	No
71921021650	GLIMEPIRIDE 4 MG TABLET	5	60.00	0.12	0.05182	101%-200% Above	No	No
71921021650	GLIMEPIRIDE 4 MG TABLET	5	90.00	0.17	0.05182	200% Above	No	No
71921021650	GLIMEPIRIDE 4 MG TABLET	5	180.00	0.08	0.05182	51%-75% Above	No	No
71921021650	GLIMEPIRIDE 4 MG TABLET	6	60.00	0.12	0.05243	101%-200% Above	No	No
71921021650	GLIMEPIRIDE 4 MG TABLET	6	90.00	0.08	0.05243	51%-75% Above	No	No
71921021650	GLIMEPIRIDE 4 MG TABLET	6	180.00	0.11	0.05243	101%-200% Above	No	No
71921021650	GLIMEPIRIDE 4 MG TABLET	7	90.00	0.18	0.05112	200% Above	No	No
71921022610	DORZOLAMIDE-TIMOLOL EYE DROPS	7	10.00	0.52	0.88527	26%-50% Below	No	No
71921022610	DORZOLAMIDE-TIMOLOL EYE DROPS	8	10.00	0.52	0.89098	26%-50% Below	No	No
71921024001	ALLOPURINOL 100 MG TABLET	6	90.00	0.21	0.03337	200% Above	No	No
71921024001	ALLOPURINOL 100 MG TABLET	7	90.00	0.08	0.03288	101%-200% Above	No	No
71921024001	ALLOPURINOL 100 MG TABLET	8	90.00	0.08	0.03170	101%-200% Above	No	No
71921024060	ALLOPURINOL 100 MG TABLET	8	180.00	0.08	0.03170	101%-200% Above	No	No
71921024250	ALLOPURINOL 300 MG TABLET	5	30.00	0.12	0.05631	101%-200% Above	No	No
71921024250	ALLOPURINOL 300 MG TABLET	5	90.00	0.33	0.05631	200% Above	No	No
71921024250	ALLOPURINOL 300 MG TABLET	6	30.00	0.12	0.05671	101%-200% Above	No	No
71921024250	ALLOPURINOL 300 MG TABLET	6	60.00	0.12	0.05671	101%-200% Above	No	No

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71921024250	ALLOPURINOL 300 MG TABLET	6	90.00	0.12	0.05671	101%-200% Above	No	No
71921024250	ALLOPURINOL 300 MG TABLET	7	30.00	0.12	0.05588	101%-200% Above	No	No
71921024250	ALLOPURINOL 300 MG TABLET	8	30.00	0.12	0.05464	101%-200% Above	No	No
71921030751	VARENICLINE STARTING MONTH BOX	6	53.00	1.19	0.49189	101%-200% Above	No	No
71921030751	VARENICLINE STARTING MONTH BOX	7	53.00	0.05	0.47257	76%-100% Below	No	No
71921030751	VARENICLINE STARTING MONTH BOX	7	53.00	0.14	0.47257	51%-75% Below	No	No
71921042033	DAPAGLIFLOZIN 5 MG TABLET	6	90.00	11.34	0.18453	200% Above	No	No
71921042133	DAPAGLIFLOZIN 10 MG TABLET	5	30.00	0.50	11.36782	76%-100% Below	No	No
71921042133	DAPAGLIFLOZIN 10 MG TABLET	6	30.00	1.68	0.20494	200% Above	No	No
71930001913	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	120.00	0.12	0.13880	10%-25% Below	No	No
71930001913	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	120.00	0.12	0.13845	10%-25% Below	No	No
71930002012	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	15.00	0.11	0.13787	10%-25% Below	No	No
71930002052	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	12.00	0.11	0.13894	10%-25% Below	No	No
71930002113	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	70.00	0.08	0.15329	26%-50% Below	No	No
71930002113	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	30.00	0.08	0.15221	26%-50% Below	No	No
71930002743	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG/15 ML SOLUTION	5	60.00	0.13	0.21987	26%-50% Below	No	No
71930002743	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG/15 ML SOLUTION	5	100.00	0.13	0.21987	26%-50% Below	No	No
71930002743	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG/15 ML SOLUTION	7	120.00	0.13	0.23490	26%-50% Below	No	No
71930004552	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	112.00	0.16	0.11784	26%-50% Above	No	No
71930004612	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	120.00	0.13	0.17381	10%-25% Below	Yes	No
71930004752	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	120.00	0.11	0.22917	51%-75% Below	No	No
71930004752	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	120.00	0.11	0.23066	51%-75% Below	No	No
71930004752	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	120.00	0.11	0.22993	51%-75% Below	No	No
71930005512	ACETAMINOPHEN-COD #3 TABLET	4	28.00	0.10	0.20903	51%-75% Below	No	No
71930005512	ACETAMINOPHEN-COD #3 TABLET	5	5.00	0.11	0.21439	26%-50% Below	Yes	No

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71930005512	ACETAMINOPHEN-COD #3 TABLET	5	12.00	0.11	0.21439	26%-50% Below	No	No
71930005512	ACETAMINOPHEN-COD #3 TABLET	5	26.00	0.10	0.21439	51%-75% Below	No	No
71930005512	ACETAMINOPHEN-COD #3 TABLET	6	12.00	0.01	0.22362	76%-100% Below	No	No
71930005512	ACETAMINOPHEN-COD #3 TABLET	6	12.00	0.16	0.22362	26%-50% Below	Yes	No
71930005512	ACETAMINOPHEN-COD #3 TABLET	6	20.00	0.11	0.22362	26%-50% Below	No	No
71930005512	ACETAMINOPHEN-COD #3 TABLET	7	12.00	0.11	0.23295	51%-75% Below	No	No
71930005512	ACETAMINOPHEN-COD #3 TABLET	7	30.00	0.11	0.23295	51%-75% Below	No	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	4	48.00	0.11	0.20903	26%-50% Below	No	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	5	48.00	0.11	0.21439	26%-50% Below	No	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	6	48.00	0.11	0.22362	51%-75% Below	No	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	8	48.00	0.11	0.24320	51%-75% Below	No	No
71930005612	ACETAMINOPHEN-COD #4 TABLET	5	120.00	0.15	0.38547	51%-75% Below	No	No
71930005612	ACETAMINOPHEN-COD #4 TABLET	6	120.00	0.15	0.38641	51%-75% Below	No	No
71930005612	ACETAMINOPHEN-COD #4 TABLET	7	120.00	0.15	0.37739	51%-75% Below	No	No
71930007850	HYDROCORTISONE 5 MG TABLET	4	90.00	0.09	0.14209	26%-50% Below	No	No
71930007850	HYDROCORTISONE 5 MG TABLET	5	90.00	0.09	0.13984	26%-50% Below	No	No
71930007850	HYDROCORTISONE 5 MG TABLET	7	90.00	0.09	0.13733	26%-50% Below	No	No
71930007912	HYDROCORTISONE 10 MG TABLET	4	180.00	0.11	0.19741	26%-50% Below	No	No
71930007912	HYDROCORTISONE 10 MG TABLET	6	270.00	0.11	0.18912	26%-50% Below	No	No
71993030460	ORPH/ASA/CAF TAB	5	120.00	13.81	.		No	No
72143025430	ACCUTANE CAP 40MG	4	60.00	1.27	.		No	No
72143025430	ACCUTANE CAP 40MG	5	60.00	1.27	.		No	No
72143025430	ACCUTANE CAP 40MG	6	30.00	1.20	.		No	No
72162247403	DOXEPIN TAB 3MG	7	30.00	1.02	.		No	No
72205000130	MOXIFLOXACIN HCL 400 MG TABLET	4	7.00	0.92	1.69857	26%-50% Below	No	No

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72205000130	MOXIFLOXACIN HCL 400 MG TABLET	4	10.00	5.87	1.69857	200% Above	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.00	0.22	0.03840	200% Above	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.00	0.03	0.03699	10%-25% Below	No	No
72205000499	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.00	0.22	0.04702	200% Above	No	No
72205000590	ROSUVASTATIN CALCIUM 40 MG TAB	6	90.00	1.97	0.06504	200% Above	No	No
72205001190	PREGABALIN 25 MG CAPSULE	5	30.00	0.31	0.04396	200% Above	No	No
72205001190	PREGABALIN 25 MG CAPSULE	5	60.00	0.03	0.04396	26%-50% Below	No	No
72205001190	PREGABALIN 25 MG CAPSULE	6	30.00	0.31	0.04276	200% Above	No	No
72205001190	PREGABALIN 25 MG CAPSULE	6	60.00	0.03	0.04276	26%-50% Below	No	No
72205001190	PREGABALIN 25 MG CAPSULE	7	30.00	0.31	0.04088	200% Above	No	No
72205001190	PREGABALIN 25 MG CAPSULE	8	30.00	0.31	0.04057	200% Above	No	No
72205001290	PREGABALIN 50 MG CAPSULE	4	60.00	0.31	0.04651	200% Above	No	No
72205001290	PREGABALIN 50 MG CAPSULE	4	120.00	0.31	0.04651	200% Above	No	No
72205001290	PREGABALIN 50 MG CAPSULE	5	30.00	0.31	0.04588	200% Above	No	No
72205001290	PREGABALIN 50 MG CAPSULE	5	60.00	0.31	0.04588	200% Above	No	No
72205001290	PREGABALIN 50 MG CAPSULE	5	90.00	0.03	0.04588	26%-50% Below	No	No
72205001290	PREGABALIN 50 MG CAPSULE	5	90.00	0.31	0.04588	200% Above	No	No
72205001290	PREGABALIN 50 MG CAPSULE	5	120.00	0.03	0.04588	26%-50% Below	No	No
72205001290	PREGABALIN 50 MG CAPSULE	5	120.00	0.31	0.04588	200% Above	No	No
72205001290	PREGABALIN 50 MG CAPSULE	6	30.00	0.31	0.04634	200% Above	No	No
72205001290	PREGABALIN 50 MG CAPSULE	6	60.00	0.31	0.04634	200% Above	No	No
72205001290	PREGABALIN 50 MG CAPSULE	6	90.00	0.03	0.04634	26%-50% Below	No	No
72205001290	PREGABALIN 50 MG CAPSULE	6	90.00	0.31	0.04634	200% Above	No	No
72205001290	PREGABALIN 50 MG CAPSULE	6	120.00	0.31	0.04634	200% Above	No	No
72205001290	PREGABALIN 50 MG CAPSULE	7	30.00	0.31	0.04604	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	90.00	0.31	0.04604	200% Above	No	No
72205001290	PREGABALIN 50 MG CAPSULE	7	120.00	0.31	0.04604	200% Above	No	No
72205001290	PREGABALIN 50 MG CAPSULE	8	30.00	0.31	0.04705	200% Above	No	No
72205001290	PREGABALIN 50 MG CAPSULE	8	90.00	0.03	0.04705	26%-50% Below	No	No
72205001290	PREGABALIN 50 MG CAPSULE	8	90.00	0.31	0.04705	200% Above	No	No
72205001390	PREGABALIN 75 MG CAPSULE	5	90.00	0.31	0.05002	200% Above	No	No
72205001390	PREGABALIN 75 MG CAPSULE	6	60.00	0.31	0.04990	200% Above	No	No
72205001390	PREGABALIN 75 MG CAPSULE	6	90.00	0.31	0.04990	200% Above	No	No
72205001390	PREGABALIN 75 MG CAPSULE	7	30.00	0.31	0.04942	200% Above	No	No
72205001390	PREGABALIN 75 MG CAPSULE	7	60.00	0.31	0.04942	200% Above	No	No
72205001390	PREGABALIN 75 MG CAPSULE	7	90.00	0.31	0.04942	200% Above	No	No
72205001390	PREGABALIN 75 MG CAPSULE	8	60.00	0.31	0.05049	200% Above	No	No
72205001490	PREGABALIN 100 MG CAPSULE	4	60.00	0.02	0.05447	51%-75% Below	No	No
72205001490	PREGABALIN 100 MG CAPSULE	4	60.00	0.03	0.05447	26%-50% Below	No	No
72205001490	PREGABALIN 100 MG CAPSULE	5	60.00	0.02	0.05320	51%-75% Below	No	No
72205001490	PREGABALIN 100 MG CAPSULE	5	60.00	0.03	0.05320	26%-50% Below	No	No
72205001490	PREGABALIN 100 MG CAPSULE	6	90.00	0.03	0.05310	26%-50% Below	No	No
72205001490	PREGABALIN 100 MG CAPSULE	7	60.00	0.03	0.05293	26%-50% Below	No	No
72205001490	PREGABALIN 100 MG CAPSULE	7	60.00	0.04	0.05293	26%-50% Below	No	No
72205001490	PREGABALIN 100 MG CAPSULE	7	60.00	0.31	0.05293	200% Above	No	No
72205001490	PREGABALIN 100 MG CAPSULE	7	90.00	0.03	0.05293	26%-50% Below	No	No
72205001490	PREGABALIN 100 MG CAPSULE	8	90.00	0.03	0.05465	26%-50% Below	No	No
72205001590	PREGABALIN 150 MG CAPSULE	5	60.00	0.03	0.05055	26%-50% Below	No	No
72205001590	PREGABALIN 150 MG CAPSULE	5	90.00	0.32	0.05055	200% Above	No	No
72205001590	PREGABALIN 150 MG CAPSULE	6	60.00	0.03	0.05050	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72205001590	PREGABALIN 150 MG CAPSULE	6	90.00	0.32	0.05050	200% Above	No	No
72205001590	PREGABALIN 150 MG CAPSULE	6	180.00	0.02	0.05050	51%-75% Below	No	No
72205001590	PREGABALIN 150 MG CAPSULE	6	180.00	0.03	0.05050	26%-50% Below	No	No
72205001590	PREGABALIN 150 MG CAPSULE	7	60.00	0.03	0.04891	26%-50% Below	No	No
72205001590	PREGABALIN 150 MG CAPSULE	7	90.00	0.32	0.04891	200% Above	No	No
72205001590	PREGABALIN 150 MG CAPSULE	8	60.00	0.03	0.05105	26%-50% Below	No	No
72205001690	PREGABALIN 200 MG CAPSULE	4	60.00	0.30	0.05865	200% Above	No	No
72205001690	PREGABALIN 200 MG CAPSULE	4	90.00	0.03	0.05865	26%-50% Below	No	No
72205001690	PREGABALIN 200 MG CAPSULE	5	90.00	0.03	0.05740	26%-50% Below	No	No
72205001690	PREGABALIN 200 MG CAPSULE	6	60.00	0.30	0.05728	200% Above	No	No
72205001690	PREGABALIN 200 MG CAPSULE	6	90.00	0.03	0.05728	26%-50% Below	No	No
72205001690	PREGABALIN 200 MG CAPSULE	7	90.00	0.03	0.05638	26%-50% Below	No	No
72205001790	PREGABALIN 225 MG CAPSULE	5	90.00	0.32	0.05559	200% Above	No	No
72205002205	ATORVASTATIN 10 MG TABLET	6	90.00	0.01	0.02452	51%-75% Below	No	No
72205002205	ATORVASTATIN 10 MG TABLET	7	90.00	0.18	0.02403	200% Above	No	No
72205002290	ATORVASTATIN 10 MG TABLET	5	90.00	0.01	0.02497	51%-75% Below	No	No
72205002290	ATORVASTATIN 10 MG TABLET	5	90.00	0.18	0.02497	200% Above	Yes	No
72205002290	ATORVASTATIN 10 MG TABLET	6	30.00	0.18	0.02452	200% Above	No	No
72205002290	ATORVASTATIN 10 MG TABLET	6	90.00	0.10	0.02452	200% Above	No	No
72205002290	ATORVASTATIN 10 MG TABLET	6	90.00	0.14	0.02452	200% Above	Yes	No
72205002290	ATORVASTATIN 10 MG TABLET	6	90.00	0.18	0.02452	200% Above	Yes	No
72205002290	ATORVASTATIN 10 MG TABLET	7	90.00	0.18	0.02403	200% Above	Yes	No
72205002290	ATORVASTATIN 10 MG TABLET	8	90.00	0.11	0.02325	200% Above	Yes	No
72205002290	ATORVASTATIN 10 MG TABLET	8	90.00	0.18	0.02325	200% Above	Yes	No
72205002299	ATORVASTATIN 10 MG TABLET	4	30.00	0.01	0.02483	76%-100% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	30.00	0.12	0.02483	200% Above	No	No
72205002299	ATORVASTATIN 10 MG TABLET	4	30.00	0.18	0.02483	200% Above	No	No
72205002299	ATORVASTATIN 10 MG TABLET	4	90.00	0.01	0.02483	76%-100% Below	No	No
72205002299	ATORVASTATIN 10 MG TABLET	5	30.00	0.01	0.02497	76%-100% Below	No	No
72205002299	ATORVASTATIN 10 MG TABLET	5	30.00	0.12	0.02497	200% Above	No	No
72205002299	ATORVASTATIN 10 MG TABLET	5	30.00	0.18	0.02497	200% Above	No	No
72205002299	ATORVASTATIN 10 MG TABLET	5	90.00	0.18	0.02497	200% Above	No	No
72205002299	ATORVASTATIN 10 MG TABLET	6	30.00	0.01	0.02452	76%-100% Below	No	No
72205002299	ATORVASTATIN 10 MG TABLET	6	30.00	0.12	0.02452	200% Above	No	No
72205002299	ATORVASTATIN 10 MG TABLET	7	30.00	0.01	0.02403	76%-100% Below	No	No
72205002299	ATORVASTATIN 10 MG TABLET	7	30.00	0.12	0.02403	200% Above	No	No
72205002299	ATORVASTATIN 10 MG TABLET	7	90.00	0.18	0.02403	200% Above	No	No
72205002299	ATORVASTATIN 10 MG TABLET	8	30.00	0.12	0.02325	200% Above	No	No
72205002305	ATORVASTATIN 20 MG TABLET	4	30.00	0.27	0.02872	200% Above	No	No
72205002305	ATORVASTATIN 20 MG TABLET	6	30.00	0.27	0.02851	200% Above	No	No
72205002305	ATORVASTATIN 20 MG TABLET	6	90.00	0.01	0.02851	51%-75% Below	No	No
72205002305	ATORVASTATIN 20 MG TABLET	7	30.00	0.27	0.02795	200% Above	No	No
72205002305	ATORVASTATIN 20 MG TABLET	8	30.00	0.27	0.02762	200% Above	No	No
72205002390	ATORVASTATIN 20 MG TABLET	4	90.00	0.01	0.02872	51%-75% Below	No	No
72205002390	ATORVASTATIN 20 MG TABLET	4	90.00	0.27	0.02872	200% Above	No	No
72205002390	ATORVASTATIN 20 MG TABLET	5	90.00	0.27	0.02902	200% Above	Yes	No
72205002390	ATORVASTATIN 20 MG TABLET	6	90.00	0.20	0.02851	200% Above	Yes	No
72205002390	ATORVASTATIN 20 MG TABLET	7	90.00	0.20	0.02795	200% Above	Yes	No
72205002390	ATORVASTATIN 20 MG TABLET	8	90.00	0.15	0.02762	200% Above	Yes	No
72205002390	ATORVASTATIN 20 MG TABLET	8	90.00	0.20	0.02762	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72205002390	ATORVASTATIN 20 MG TABLET	8	90.00	0.27	0.02762	200% Above	Yes	No
72205002399	ATORVASTATIN 20 MG TABLET	4	30.00	0.01	0.02872	51%-75% Below	No	No
72205002399	ATORVASTATIN 20 MG TABLET	4	30.00	0.27	0.02872	200% Above	No	No
72205002399	ATORVASTATIN 20 MG TABLET	4	90.00	0.01	0.02872	51%-75% Below	No	No
72205002399	ATORVASTATIN 20 MG TABLET	4	90.00	0.01	0.02872	51%-75% Below	No	No
72205002399	ATORVASTATIN 20 MG TABLET	4	90.00	0.15	0.02872	200% Above	No	No
72205002399	ATORVASTATIN 20 MG TABLET	4	90.00	0.27	0.02872	200% Above	No	No
72205002399	ATORVASTATIN 20 MG TABLET	5	30.00	0.27	0.02902	200% Above	No	No
72205002399	ATORVASTATIN 20 MG TABLET	5	90.00	0.01	0.02902	51%-75% Below	No	No
72205002399	ATORVASTATIN 20 MG TABLET	5	90.00	0.06	0.02902	76%-100% Above	No	No
72205002399	ATORVASTATIN 20 MG TABLET	5	90.00	0.27	0.02902	200% Above	No	No
72205002399	ATORVASTATIN 20 MG TABLET	6	30.00	0.02	0.02851	26%-50% Below	No	No
72205002399	ATORVASTATIN 20 MG TABLET	6	30.00	0.27	0.02851	200% Above	No	No
72205002399	ATORVASTATIN 20 MG TABLET	6	90.00	0.01	0.02851	51%-75% Below	No	No
72205002399	ATORVASTATIN 20 MG TABLET	6	90.00	0.20	0.02851	200% Above	No	No
72205002399	ATORVASTATIN 20 MG TABLET	6	90.00	0.27	0.02851	200% Above	No	No
72205002399	ATORVASTATIN 20 MG TABLET	7	30.00	0.27	0.02795	200% Above	No	No
72205002399	ATORVASTATIN 20 MG TABLET	7	90.00	0.01	0.02795	51%-75% Below	No	No
72205002399	ATORVASTATIN 20 MG TABLET	7	90.00	0.15	0.02795	200% Above	No	No
72205002399	ATORVASTATIN 20 MG TABLET	7	90.00	0.27	0.02795	200% Above	No	No
72205002399	ATORVASTATIN 20 MG TABLET	8	30.00	0.27	0.02762	200% Above	No	No
72205002399	ATORVASTATIN 20 MG TABLET	8	90.00	0.14	0.02762	200% Above	No	No
72205002399	ATORVASTATIN 20 MG TABLET	8	90.00	0.20	0.02762	200% Above	No	No
72205002399	ATORVASTATIN 20 MG TABLET	8	90.00	0.27	0.02762	200% Above	No	No
72205002405	ATORVASTATIN 40 MG TABLET	5	90.00	0.12	0.03824	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72205002405	ATORVASTATIN 40 MG TABLET	5	90.00	0.12	0.03824	200% Above	No	No
72205002405	ATORVASTATIN 40 MG TABLET	6	90.00	0.12	0.03787	200% Above	No	No
72205002405	ATORVASTATIN 40 MG TABLET	7	30.00	0.12	0.03739	200% Above	No	No
72205002405	ATORVASTATIN 40 MG TABLET	7	90.00	0.12	0.03739	200% Above	No	No
72205002405	ATORVASTATIN 40 MG TABLET	7	90.00	0.13	0.03739	200% Above	No	No
72205002405	ATORVASTATIN 40 MG TABLET	7	90.00	0.16	0.03739	200% Above	No	No
72205002405	ATORVASTATIN 40 MG TABLET	8	30.00	0.12	0.03704	200% Above	No	No
72205002490	ATORVASTATIN 40 MG TABLET	5	90.00	0.12	0.03824	200% Above	Yes	No
72205002490	ATORVASTATIN 40 MG TABLET	6	90.00	0.12	0.03787	200% Above	No	No
72205002490	ATORVASTATIN 40 MG TABLET	7	90.00	0.12	0.03739	200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	4	90.00	0.01	0.03828	51%-75% Below	No	No
72205002499	ATORVASTATIN 40 MG TABLET	4	90.00	0.12	0.03828	200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	5	30.00	0.12	0.03824	200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	5	90.00	0.12	0.03824	200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	5	90.00	0.12	0.03824	200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	5	90.00	0.15	0.03824	200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	6	30.00	0.12	0.03787	200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	6	90.00	0.12	0.03787	200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	6	135.00	0.12	0.03787	200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	7	90.00	0.01	0.03739	51%-75% Below	No	No
72205002499	ATORVASTATIN 40 MG TABLET	7	90.00	0.09	0.03739	101%-200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	7	90.00	0.12	0.03739	200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	8	30.00	0.12	0.03704	200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	8	90.00	0.09	0.03704	101%-200% Above	No	No
72205002505	ATORVASTATIN 80 MG TABLET	4	90.00	0.13	0.07075	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72205002505	ATORVASTATIN 80 MG TABLET	7	30.00	0.03	0.06918	51%-75% Below	No	No
72205002505	ATORVASTATIN 80 MG TABLET	7	30.00	0.15	0.06918	101%-200% Above	No	No
72205002505	ATORVASTATIN 80 MG TABLET	7	90.00	0.13	0.06918	76%-100% Above	No	No
72205002590	ATORVASTATIN 80 MG TABLET	4	90.00	0.17	0.07075	101%-200% Above	No	No
72205002590	ATORVASTATIN 80 MG TABLET	6	90.00	0.09	0.07002	26%-50% Above	Yes	No
72205002590	ATORVASTATIN 80 MG TABLET	6	90.00	0.13	0.07002	76%-100% Above	No	No
72205002599	ATORVASTATIN 80 MG TABLET	4	30.00	0.15	0.07075	101%-200% Above	No	No
72205002599	ATORVASTATIN 80 MG TABLET	5	90.00	0.13	0.07062	76%-100% Above	No	No
72205002599	ATORVASTATIN 80 MG TABLET	6	90.00	0.02	0.07002	51%-75% Below	No	No
72205002599	ATORVASTATIN 80 MG TABLET	6	90.00	0.14	0.07002	76%-100% Above	No	No
72205002599	ATORVASTATIN 80 MG TABLET	6	90.00	0.17	0.07002	101%-200% Above	No	No
72205002599	ATORVASTATIN 80 MG TABLET	7	90.00	0.12	0.06918	51%-75% Above	No	No
72205002599	ATORVASTATIN 80 MG TABLET	7	90.00	0.13	0.06918	76%-100% Above	No	No
72205002599	ATORVASTATIN 80 MG TABLET	7	90.00	0.17	0.06918	101%-200% Above	No	No
72205002599	ATORVASTATIN 80 MG TABLET	8	90.00	0.13	0.06924	76%-100% Above	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	4	30.00	0.01	0.03453	51%-75% Below	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	4	90.00	0.01	0.03453	51%-75% Below	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	5	30.00	0.01	0.03496	51%-75% Below	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	6	30.00	0.01	0.03479	51%-75% Below	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	7	30.00	0.01	0.03397	51%-75% Below	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	7	30.00	0.50	0.03397	200% Above	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	7	90.00	0.50	0.03397	200% Above	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	8	30.00	0.50	0.03330	200% Above	No	No
72205003772	LEVETIRACETAM 100 MG/ML SOLN	4	120.00	0.01	0.02745	51%-75% Below	No	No
72205004060	DOFETILIDE 250 MCG CAPSULE	4	60.00	0.70	0.19512	200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72205004060	DOFETILIDE 250 MCG CAPSULE	6	60.00	0.70	0.19332	200% Above	Yes	No
72205004160	DOFETILIDE 500 MCG CAPSULE	5	60.00	0.56	0.18805	101%-200% Above	No	No
72205004160	DOFETILIDE 500 MCG CAPSULE	6	60.00	0.56	0.18868	101%-200% Above	No	No
72205004411	OSELTAMIVIR PHOS 75 MG CAPSULE	4	10.00	1.17	0.88807	26%-50% Above	Yes	No
72205005108	ALBENDAZOLE 200 MG TABLET	5	20.00	0.50	4.13086	76%-100% Below	No	No
72205008891	DOXEPIN 10 MG CAPSULE	5	30.00	0.11	0.08114	26%-50% Above	No	No
72205008891	DOXEPIN 10 MG CAPSULE	6	90.00	0.11	0.07903	26%-50% Above	No	No
72205008891	DOXEPIN 10 MG CAPSULE	7	30.00	0.06	0.07769	10%-25% Below	No	No
72205008991	DOXEPIN 25 MG CAPSULE	4	30.00	0.11	0.13134	10%-25% Below	No	No
72205008991	DOXEPIN 25 MG CAPSULE	5	30.00	0.11	0.13100	10%-25% Below	No	No
72205008991	DOXEPIN 25 MG CAPSULE	7	30.00	0.11	0.12734	10%-25% Below	No	No
72205009592	LEVETIRACETAM 500 MG TABLET	7	7.00	0.17	0.07506	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	4	30.00	0.19	0.02106	200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	5	30.00	0.12	0.02120	200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	5	30.00	0.19	0.02120	200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	5	90.00	0.12	0.02120	200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	6	30.00	0.12	0.02154	200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	6	30.00	0.19	0.02154	200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	6	90.00	0.12	0.02154	200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	7	30.00	0.12	0.02158	200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	7	30.00	0.19	0.02158	200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	8	30.00	0.12	0.02206	200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	8	90.00	0.07	0.02206	200% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	4	30.00	0.11	0.03343	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72205014299	LOSARTAN POTASSIUM 50 MG TAB	4	90.00	0.07	0.03343	76%-100% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	5	30.00	0.11	0.03432	200% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	5	90.00	0.11	0.03432	200% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	6	30.00	0.08	0.03367	101%-200% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	6	30.00	0.11	0.03367	200% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	6	90.00	0.01	0.03367	51%-75% Below	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	6	90.00	0.08	0.03367	101%-200% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	6	90.00	0.11	0.03367	200% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	7	30.00	0.11	0.03327	200% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	7	90.00	0.07	0.03327	101%-200% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	7	90.00	0.11	0.03327	200% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	8	30.00	0.11	0.03244	200% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	8	90.00	0.11	0.03244	200% Above	No	No
72205014399	LOSARTAN POTASSIUM 100 MG TAB	4	90.00	0.08	0.04315	76%-100% Above	No	No
72205014399	LOSARTAN POTASSIUM 100 MG TAB	4	90.00	0.13	0.04315	101%-200% Above	No	No
72205014399	LOSARTAN POTASSIUM 100 MG TAB	5	30.00	0.13	0.04415	101%-200% Above	No	No
72205014399	LOSARTAN POTASSIUM 100 MG TAB	5	90.00	0.13	0.04415	101%-200% Above	No	No
72205014399	LOSARTAN POTASSIUM 100 MG TAB	6	30.00	0.13	0.04353	200% Above	No	No
72205014399	LOSARTAN POTASSIUM 100 MG TAB	7	30.00	0.11	0.04370	101%-200% Above	No	No
72205014399	LOSARTAN POTASSIUM 100 MG TAB	7	30.00	0.13	0.04370	101%-200% Above	No	No
72205014399	LOSARTAN POTASSIUM 100 MG TAB	7	90.00	0.13	0.04370	101%-200% Above	No	No
72205014399	LOSARTAN POTASSIUM 100 MG TAB	8	30.00	0.11	0.04396	101%-200% Above	No	No
72205014599	FAMOTIDINE 20 MG TABLET	7	30.00	0.08	0.02971	101%-200% Above	No	No
72205014599	FAMOTIDINE 20 MG TABLET	8	60.00	0.03	0.02862	10%-25% Above	No	No
72205015390	NEBIVOLOL 20 MG TABLET	5	60.00	0.12	0.18414	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72205015390	NEBIVOLOL 20 MG TABLET	5	90.00	0.10	0.18414	26%-50% Below	No	No
72205015390	NEBIVOLOL 20 MG TABLET	6	60.00	0.12	0.18387	26%-50% Below	No	No
72205016530	OLMESARTAN MEDOXOMIL 5 MG TAB	4	90.00	0.50	0.05726	200% Above	No	No
72205016530	OLMESARTAN MEDOXOMIL 5 MG TAB	7	90.00	0.50	0.05592	200% Above	No	No
72205016630	OLMESARTAN MEDOXOMIL 20 MG TAB	5	30.00	0.01	0.07796	76%-100% Below	No	No
72205016630	OLMESARTAN MEDOXOMIL 20 MG TAB	6	30.00	0.01	0.07963	76%-100% Below	No	No
72205016630	OLMESARTAN MEDOXOMIL 20 MG TAB	6	90.00	0.16	0.07963	76%-100% Above	No	No
72205016630	OLMESARTAN MEDOXOMIL 20 MG TAB	7	30.00	0.01	0.08133	76%-100% Below	No	No
72205016666	OLMESARTAN MEDOXOMIL 20 MG TAB	5	90.00	0.21	0.07796	101%-200% Above	No	No
72205016666	OLMESARTAN MEDOXOMIL 20 MG TAB	6	90.00	0.21	0.07963	101%-200% Above	No	No
72205016666	OLMESARTAN MEDOXOMIL 20 MG TAB	7	90.00	0.22	0.08133	101%-200% Above	No	No
72205016666	OLMESARTAN MEDOXOMIL 20 MG TAB	8	90.00	0.21	0.08105	101%-200% Above	No	No
72205016730	OLMESARTAN MEDOXOMIL 40 MG TAB	7	30.00	0.50	0.10938	200% Above	No	No
72205016766	OLMESARTAN MEDOXOMIL 40 MG TAB	7	90.00	0.34	0.10938	200% Above	No	No
72205019905	CLOPIDOGREL 75 MG TABLET	4	30.00	0.10	0.04802	101%-200% Above	No	No
72205019905	CLOPIDOGREL 75 MG TABLET	5	30.00	0.09	0.04832	76%-100% Above	No	No
72205019905	CLOPIDOGREL 75 MG TABLET	5	30.00	0.10	0.04832	101%-200% Above	No	No
72205019905	CLOPIDOGREL 75 MG TABLET	6	30.00	0.09	0.04768	76%-100% Above	No	No
72205019905	CLOPIDOGREL 75 MG TABLET	6	30.00	0.10	0.04768	101%-200% Above	No	No
72205019905	CLOPIDOGREL 75 MG TABLET	6	90.00	0.09	0.04768	76%-100% Above	No	No
72205019905	CLOPIDOGREL 75 MG TABLET	7	30.00	0.01	0.04688	76%-100% Below	No	No
72205019905	CLOPIDOGREL 75 MG TABLET	7	30.00	0.10	0.04688	101%-200% Above	No	No
72205019905	CLOPIDOGREL 75 MG TABLET	8	30.00	0.10	0.04704	101%-200% Above	No	No
72205019990	CLOPIDOGREL 75 MG TABLET	4	30.00	0.08	0.04802	51%-75% Above	Yes	No
72205019990	CLOPIDOGREL 75 MG TABLET	4	45.00	0.10	0.04802	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	90.00	0.07	0.04802	51%-75% Above	Yes	No
72205019990	CLOPIDOGREL 75 MG TABLET	4	90.00	0.09	0.04802	76%-100% 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	5	90.00	0.02	0.04832	51%-75% Below	Yes	No
72205019990	CLOPIDOGREL 75 MG TABLET	5	90.00	0.07	0.04832	26%-50% Above	Yes	No
72205019990	CLOPIDOGREL 75 MG TABLET	5	90.00	0.08	0.04832	51%-75% Above	No	No
72205019990	CLOPIDOGREL 75 MG TABLET	5	90.00	0.08	0.04832	51%-75% Above	Yes	No
72205019990	CLOPIDOGREL 75 MG TABLET	5	90.00	0.10	0.04832	101%-200% Above	Yes	No
72205019990	CLOPIDOGREL 75 MG TABLET	6	30.00	0.10	0.04768	101%-200% Above	Yes	No
72205019990	CLOPIDOGREL 75 MG TABLET	6	90.00	0.07	0.04768	26%-50% Above	Yes	No
72205019990	CLOPIDOGREL 75 MG TABLET	6	90.00	0.07	0.04768	26%-50% Above	Yes	No
72205019990	CLOPIDOGREL 75 MG TABLET	6	90.00	0.10	0.04768	101%-200% Above	Yes	No
72205019990	CLOPIDOGREL 75 MG TABLET	7	21.00	0.10	0.04688	101%-200% Above	Yes	No
72205019990	CLOPIDOGREL 75 MG TABLET	7	30.00	0.10	0.04688	101%-200% Above	Yes	No
72205019990	CLOPIDOGREL 75 MG TABLET	7	30.00	0.10	0.04688	101%-200% Above	Yes	No
72205019990	CLOPIDOGREL 75 MG TABLET	7	90.00	0.07	0.04688	26%-50% Above	Yes	No
72205019990	CLOPIDOGREL 75 MG TABLET	7	90.00	0.07	0.04688	51%-75% Above	Yes	No
72205019990	CLOPIDOGREL 75 MG TABLET	7	90.00	0.07	0.04688	51%-75% Above	Yes	No
72205019990	CLOPIDOGREL 75 MG TABLET	7	90.00	0.08	0.04688	51%-75% Above	No	No
72205019990	CLOPIDOGREL 75 MG TABLET	7	90.00	0.08	0.04688	51%-75% Above	Yes	No
72205019990	CLOPIDOGREL 75 MG TABLET	7	90.00	0.10	0.04688	101%-200% Above	Yes	No
72205019990	CLOPIDOGREL 75 MG TABLET	8	29.00	0.10	0.04704	101%-200% Above	Yes	No
72205019990	CLOPIDOGREL 75 MG TABLET	8	30.00	0.10	0.04704	101%-200% Above	Yes	No
72205019990	CLOPIDOGREL 75 MG TABLET	8	30.00	0.10	0.04704	101%-200% Above	Yes	No
72205019990	CLOPIDOGREL 75 MG TABLET	8	45.00	0.10	0.04704	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	90.00	0.07	0.04704	26%-50% Above	Yes	No
72205019990	CLOPIDOGREL 75 MG TABLET	8	90.00	0.07	0.04704	51%-75% Above	Yes	No
72205019990	CLOPIDOGREL 75 MG TABLET	8	90.00	0.10	0.04704	101%-200% Above	Yes	No
72205020730	LURASIDONE HCL 20 MG TABLET	5	90.00	3.18	0.13573	200% Above	No	No
72205021030	LURASIDONE HCL 80 MG TABLET	7	30.00	3.18	0.33249	200% Above	No	No
72205023384	FAMOTIDINE 40 MG/5 ML SUSP	7	55.00	0.24	0.07964	200% Above	No	No
72205023384	FAMOTIDINE 40 MG/5 ML SUSP	8	55.00	0.24	0.07766	200% Above	No	No
72205026130	VILAZODONE HCL 20 MG TABLET	5	30.00	0.50	0.85825	26%-50% Below	No	No
72205027160	BRIVARACETAM 100 MG TABLET	6	180.00	0.22	0.24908	10%-25% Below	No	No
72205027160	BRIVARACETAM TAB 100MG	4	60.00	0.33	.		No	No
72205028018	SACUBITRIL-VALSARTAN 24-26 MG	5	60.00	0.45	0.53757	10%-25% Below	No	No
72205028018	SACUBITRIL-VALSARTAN 24-26 MG	6	60.00	0.45	0.53060	10%-25% Below	No	No
72205028060	SACUBITRIL-VALSARTAN 24-26 MG	5	60.00	0.65	0.53757	10%-25% Above	No	No
72205028060	SACUBITRIL-VALSARTAN 24-26 MG	6	60.00	0.65	0.53060	10%-25% Above	No	No
72205028060	SACUBITRIL-VALSARTAN 24-26 MG	7	60.00	0.65	0.49717	26%-50% Above	No	No
72205028160	SACUBITRIL-VALSARTAN 49-51 MG	5	60.00	0.18	0.54985	51%-75% Below	No	No
72205028160	SACUBITRIL-VALSARTAN 49-51 MG	6	60.00	0.18	0.54848	51%-75% Below	No	No
72205028160	SACUBITRIL-VALSARTAN 49-51 MG	7	60.00	0.17	0.52647	51%-75% Below	No	No
72205028160	SACUBITRIL-VALSARTAN 49-51 MG	8	60.00	0.17	0.52914	51%-75% Below	No	No
72205036860	TICAGRELOR 90 MG TABLET	4	180.00	0.13	0.29776	51%-75% Below	Yes	No
72205036860	TICAGRELOR 90 MG TABLET	6	180.00	0.52	0.28360	76%-100% Above	No	No
72205036860	TICAGRELOR 90 MG TABLET	7	180.00	0.13	0.27956	51%-75% Below	Yes	No
72205040601	TICAGRELOR 60 MG TABLET	4	180.00	1.59	0.31945	200% Above	Yes	No
72205040601	TICAGRELOR 60 MG TABLET	7	180.00	1.59	0.30955	200% Above	Yes	No
72205043201	DAPAGLIFLOZI TAB 5MG	4	30.00	0.50	.		No	No

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72205043201	DAPAGLIFLOZI TAB 5MG	4	30.00	10.09	.		No	No
72205043201	DAPAGLIFLOZI TAB 5MG	5	30.00	0.50	.		No	No
72205043201	DAPAGLIFLOZI TAB 5MG	5	30.00	10.09	.		No	No
72205043201	DAPAGLIFLOZI TAB 5MG	5	90.00	0.42	.		No	No
72205043201	DAPAGLIFLOZIN 5 MG TABLET	6	30.00	0.50	0.18453	101%-200% Above	No	No
72205043201	DAPAGLIFLOZIN 5 MG TABLET	6	30.00	6.03	0.18453	200% Above	No	No
72205043201	DAPAGLIFLOZIN 5 MG TABLET	7	30.00	0.50	0.18453	101%-200% Above	No	No
72205043201	DAPAGLIFLOZIN 5 MG TABLET	7	30.00	5.91	0.18453	200% Above	No	No
72205043201	DAPAGLIFLOZIN 5 MG TABLET	7	30.00	6.02	0.18453	200% Above	No	No
72205043201	DAPAGLIFLOZIN 5 MG TABLET	7	90.00	0.17	0.18453	10%-25% Below	No	No
72205043201	DAPAGLIFLOZIN 5 MG TABLET	8	30.00	0.50	0.18453	101%-200% Above	No	No
72205043201	DAPAGLIFLOZIN 5 MG TABLET	8	90.00	0.22	0.18453	10%-25% Above	No	No
72205043301	DAPAGLIFLOZI TAB 10MG	4	30.00	0.50	.		No	No
72205043301	DAPAGLIFLOZI TAB 10MG	4	30.00	10.09	.		No	No
72205043301	DAPAGLIFLOZI TAB 10MG	5	30.00	0.17	.		No	No
72205043301	DAPAGLIFLOZI TAB 10MG	5	30.00	10.09	.		No	No
72205043301	DAPAGLIFLOZI TAB 10MG	5	90.00	0.17	.		No	No
72205043301	DAPAGLIFLOZIN 10 MG TABLET	6	30.00	0.50	0.20494	101%-200% Above	No	No
72205043301	DAPAGLIFLOZIN 10 MG TABLET	6	30.00	1.68	0.20494	200% Above	No	No
72205043301	DAPAGLIFLOZIN 10 MG TABLET	6	90.00	0.17	0.20494	10%-25% Below	No	No
72205043301	DAPAGLIFLOZIN 10 MG TABLET	6	90.00	0.17	0.20494	10%-25% Below	No	No
72205043301	DAPAGLIFLOZIN 10 MG TABLET	6	90.00	0.33	0.20494	51%-75% Above	No	No
72205043301	DAPAGLIFLOZIN 10 MG TABLET	6	90.00	1.68	0.20494	200% Above	No	No
72205043301	DAPAGLIFLOZIN 10 MG TABLET	7	30.00	0.50	0.20494	101%-200% Above	No	No
72205043301	DAPAGLIFLOZIN 10 MG TABLET	7	30.00	1.68	0.20494	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72205043301	DAPAGLIFLOZIN 10 MG TABLET	7	90.00	1.68	0.20494	200% Above	No	No
72205043301	DAPAGLIFLOZIN 10 MG TABLET	8	30.00	1.68	0.20494	200% Above	No	No
72205043301	DAPAGLIFLOZIN 10 MG TABLET	8	90.00	0.17	0.20494	10%-25% Below	No	No
72205043303	DAPAGLIFLOZIN 10 MG TABLET	6	30.00	1.68	0.20494	200% Above	No	No
72205043303	DAPAGLIFLOZIN 10 MG TABLET	7	30.00	1.68	0.20494	200% Above	No	No
72205043401	DAPAG/MET ER TAB 5-500MG	6	30.00	0.17	.		No	No
72241000705	FLUOXETINE HCL 10 MG CAPSULE	4	30.00	0.01	0.03706	51%-75% Below	No	No
72241000705	FLUOXETINE HCL 10 MG CAPSULE	5	90.00	0.11	0.03640	101%-200% Above	No	No
72241000705	FLUOXETINE HCL 10 MG CAPSULE	6	42.00	0.11	0.03543	200% Above	No	No
72241000711	FLUOXETINE HCL 10 MG CAPSULE	7	30.00	0.04	0.03579	10%-25% Above	No	No
72241000711	FLUOXETINE HCL 10 MG CAPSULE	8	30.00	0.04	0.03625	10%-25% Above	No	No
72241000811	FLUOXETINE HCL 20 MG CAPSULE	4	30.00	0.04	0.02973	10%-25% Above	No	No
72241000811	FLUOXETINE HCL 20 MG CAPSULE	5	30.00	0.04	0.02999	10%-25% Above	No	No
72241000811	FLUOXETINE HCL 20 MG CAPSULE	6	10.00	0.08	0.02918	101%-200% Above	No	No
72241000811	FLUOXETINE HCL 20 MG CAPSULE	6	30.00	0.04	0.02918	10%-25% Above	No	No
72241000811	FLUOXETINE HCL 20 MG CAPSULE	6	30.00	0.08	0.02918	101%-200% Above	No	No
72241000811	FLUOXETINE HCL 20 MG CAPSULE	6	90.00	0.02	0.02918	26%-50% Below	No	No
72241000811	FLUOXETINE HCL 20 MG CAPSULE	6	90.00	0.08	0.02918	101%-200% Above	No	No
72241000811	FLUOXETINE HCL 20 MG CAPSULE	6	270.00	0.08	0.02918	101%-200% Above	No	No
72241000811	FLUOXETINE HCL 20 MG CAPSULE	7	30.00	0.04	0.02903	26%-50% Above	No	No
72241000811	FLUOXETINE HCL 20 MG CAPSULE	8	30.00	0.04	0.02885	26%-50% Above	No	No
72241000811	FLUOXETINE HCL 20 MG CAPSULE	8	90.00	0.02	0.02885	26%-50% Below	No	No
72241000910	FLUOXETINE HCL 40 MG CAPSULE	4	60.00	0.11	0.05279	101%-200% Above	No	No
72241000910	FLUOXETINE HCL 40 MG CAPSULE	5	30.00	0.11	0.05206	101%-200% Above	No	No
72241000910	FLUOXETINE HCL 40 MG CAPSULE	5	60.00	0.11	0.05206	101%-200% Above	No	No

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72241000910	FLUOXETINE HCL 40 MG CAPSULE	6	30.00	0.11	0.05135	101%-200% Above	No	No
72241000910	FLUOXETINE HCL 40 MG CAPSULE	6	60.00	0.11	0.05135	101%-200% Above	No	No
72241000910	FLUOXETINE HCL 40 MG CAPSULE	6	90.00	0.11	0.05135	101%-200% Above	No	No
72241000910	FLUOXETINE HCL 40 MG CAPSULE	6	90.00	0.15	0.05135	101%-200% Above	No	No
72241000910	FLUOXETINE HCL 40 MG CAPSULE	6	90.00	0.17	0.05135	200% Above	No	No
72241000910	FLUOXETINE HCL 40 MG CAPSULE	7	30.00	0.11	0.05015	101%-200% Above	No	No
72241000910	FLUOXETINE HCL 40 MG CAPSULE	7	33.00	0.11	0.05015	101%-200% Above	No	No
72241000910	FLUOXETINE HCL 40 MG CAPSULE	7	60.00	0.11	0.05015	101%-200% Above	No	No
72241000910	FLUOXETINE HCL 40 MG CAPSULE	7	90.00	0.07	0.05015	26%-50% Above	No	No
72241000910	FLUOXETINE HCL 40 MG CAPSULE	7	90.00	0.11	0.05015	101%-200% Above	No	No
72241002410	CELECOXIB 200 MG CAPSULE	6	30.00	0.16	0.08074	101%-200% Above	No	No
72241004011	GLYBURIDE 5 MG TABLET	5	120.00	0.08	0.05634	26%-50% Above	No	No
72241004011	GLYBURIDE 5 MG TABLET	6	120.00	0.08	0.05985	26%-50% Above	No	No
72241004011	GLYBURIDE 5 MG TABLET	7	120.00	0.08	0.06322	26%-50% Above	No	No
72241004011	GLYBURIDE 5 MG TABLET	8	120.00	0.08	0.06385	26%-50% Above	No	No
72241005011	FOLIC ACID 1 MG TABLET	4	30.00	0.02	0.01899	26%-50% Above	No	No
72241005011	FOLIC ACID 1 MG TABLET	4	90.00	0.01	0.01899	26%-50% Below	No	No
72241005011	FOLIC ACID 1 MG TABLET	4	90.00	0.02	0.01899	26%-50% Above	No	No
72241005011	FOLIC ACID 1 MG TABLET	5	30.00	0.01	0.01926	26%-50% Below	No	No
72241005011	FOLIC ACID 1 MG TABLET	5	90.00	0.02	0.01926	26%-50% Above	No	No
72241005011	FOLIC ACID 1 MG TABLET	6	30.00	0.02	0.01929	10%-25% Above	No	No
72241005011	FOLIC ACID 1 MG TABLET	7	90.00	0.01	0.01974	26%-50% Below	No	No
72241005011	FOLIC ACID 1 MG TABLET	7	90.00	0.02	0.01974	10%-25% Above	No	No
72241007722	VENLAFAXINE HCL ER 225 MG TAB	5	30.00	1.82	0.52931	200% Above	No	No
72241007722	VENLAFAXINE HCL ER 225 MG TAB	6	30.00	1.82	0.51595	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72266011825	KETOROLAC 30 MG/ML VIAL	4	2.00	1.20	0.73885	51%-75% Above	No	No
72266011825	KETOROLAC 30 MG/ML VIAL	6	5.00	1.20	0.87895	26%-50% Above	No	No
72266015801	MOXIFLOXACIN 0.5% EYE DROPS	5	3.00	2.64	1.70890	51%-75% Above	No	No
72266015801	MOXIFLOXACIN 0.5% EYE DROPS	8	3.00	3.33	1.53864	101%-200% Above	No	No
72266015801	MOXIFLOXACIN 0.5% EYE DROPS	8	3.00	3.60	1.53864	101%-200% Above	No	No
72485061310	OFLOXACIN 0.3% EYE DROPS	5	5.00	1.90	1.31081	26%-50% Above	No	No
72485061710	KETOTIFEN 0.025% (0.035%) DROP	4	5.00	2.79	1.31833	101%-200% Above	No	No
72485061710	KETOTIFEN 0.025% (0.035%) DROP	5	5.00	1.75	1.33913	26%-50% Above	No	No
72485061710	KETOTIFEN 0.025% (0.035%) DROP	8	5.00	3.29	1.30424	101%-200% Above	Yes	No
72485062513	CIPROFLOX-DEXAMETH OTIC SUSP	4	7.50	11.69	7.77983	26%-50% Above	No	No
72485062513	CIPROFLOX-DEXAMETH OTIC SUSP	5	7.50	8.90	7.39657	10%-25% Above	No	No
72485062513	CIPROFLOX-DEXAMETH OTIC SUSP	5	7.50	11.69	7.39657	51%-75% Above	No	No
72485062513	CIPROFLOX-DEXAMETH OTIC SUSP	6	7.50	2.00	7.34441	51%-75% Below	No	No
72485062513	CIPROFLOX-DEXAMETH OTIC SUSP	6	7.50	2.67	7.34441	51%-75% Below	No	No
72485062513	CIPROFLOX-DEXAMETH OTIC SUSP	6	7.50	4.07	7.34441	26%-50% Below	No	No
72485062513	CIPROFLOX-DEXAMETH OTIC SUSP	6	7.50	8.31	7.34441	10%-25% Above	No	No
72485062513	CIPROFLOX-DEXAMETH OTIC SUSP	6	7.50	11.69	7.34441	51%-75% Above	No	No
72485062513	CIPROFLOX-DEXAMETH OTIC SUSP	7	7.50	0.70	7.03284	76%-100% Below	No	No
72485066505	LOTEPREDNOL ETABONATE 0.5% DRP	7	5.00	8.00	10.17994	10%-25% Below	No	No
72485067035	ERYTHROMYCIN 0.5% EYE OINTMENT	4	3.50	1.43	2.86140	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	4	7.00	2.14	2.86140	10%-25% Below	No	No
72485067035	ERYTHROMYCIN 0.5% EYE OINTMENT	6	3.50	1.87	2.86451	26%-50% Below	No	No
72485067035	ERYTHROMYCIN 0.5% EYE OINTMENT	7	3.50	1.87	2.82882	26%-50% Below	No	No
72485067035	ERYTHROMYCIN 0.5% EYE OINTMENT	8	3.50	1.87	2.83387	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72485067035	ERYTHROMYCIN 0.5% EYE OINTMENT	8	3.50	3.18	2.83387	10%-25% Above	No	No
72495060184	FEMLYV TAB 1/0.02MG	4	28.00	6.42	.		No	No
72495060184	FEMLYV TAB 1/0.02MG	5	28.00	6.42	.		No	No
72516003001	METOPROLOL SUCC ER 25 MG TAB	4	15.00	0.11	0.05863	76%-100% Above	No	No
72516003001	METOPROLOL SUCC ER 25 MG TAB	4	30.00	0.17	0.05863	101%-200% Above	No	No
72516003001	METOPROLOL SUCC ER 25 MG TAB	4	90.00	0.11	0.05863	76%-100% Above	No	No
72516003001	METOPROLOL SUCC ER 25 MG TAB	4	90.00	0.24	0.05863	200% Above	No	No
72516003001	METOPROLOL SUCC ER 25 MG TAB	5	30.00	0.17	0.05865	101%-200% Above	No	No
72516003001	METOPROLOL SUCC ER 25 MG TAB	5	90.00	0.11	0.05865	76%-100% Above	No	No
72516003001	METOPROLOL SUCC ER 25 MG TAB	6	90.00	0.11	0.05549	101%-200% Above	No	No
72516003001	METOPROLOL SUCC ER 25 MG TAB	7	30.00	0.11	0.04953	101%-200% Above	No	No
72516003010	METOPROLOL SUCC ER 25 MG TAB	5	90.00	0.23	0.05865	200% Above	No	No
72516003010	METOPROLOL SUCC ER 25 MG TAB	7	90.00	0.23	0.04953	200% Above	No	No
72516003101	METOPROLOL SUCC ER 50 MG TAB	7	90.00	0.11	0.05874	76%-100% Above	No	No
72516003201	METOPROLOL SUCC ER 100 MG TAB	7	90.00	0.03	0.09662	51%-75% Below	No	No
72516003210	METOPROLOL SUCC ER 100 MG TAB	4	30.00	0.15	0.08130	76%-100% Above	No	No
72516003210	METOPROLOL SUCC ER 100 MG TAB	5	30.00	0.15	0.08603	51%-75% Above	No	No
72516003210	METOPROLOL SUCC ER 100 MG TAB	6	30.00	0.15	0.09059	51%-75% Above	No	No
72578000105	DOXYCYCLINE HYCLATE 100 MG TAB	5	60.00	0.32	0.12382	101%-200% Above	Yes	No
72578000105	DOXYCYCLINE HYCLATE 100 MG TAB	6	10.00	1.23	0.11755	200% Above	Yes	No
72578000105	DOXYCYCLINE HYCLATE 100 MG TAB	6	30.00	0.32	0.11755	101%-200% Above	Yes	No
72578000105	DOXYCYCLINE HYCLATE 100 MG TAB	6	90.00	0.40	0.11755	200% Above	Yes	No
72578000801	METRONIDAZOLE 500 MG TABLET	3	14.00	0.16	0.10236	51%-75% Above	No	No
72578000801	METRONIDAZOLE 500 MG TABLET	4	14.00	0.16	0.10224	51%-75% Above	No	No
72578000801	METRONIDAZOLE 500 MG TABLET	5	14.00	0.16	0.10077	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72578000801	METRONIDAZOLE 500 MG TABLET	6	14.00	0.16	0.10048	51%-75% Above	No	No
72578000801	METRONIDAZOLE 500 MG TABLET	7	14.00	0.16	0.10025	51%-75% Above	No	No
72578000801	METRONIDAZOLE 500 MG TABLET	7	56.00	0.18	0.10025	76%-100% Above	No	No
72578000801	METRONIDAZOLE 500 MG TABLET	8	14.00	0.16	0.10116	51%-75% Above	No	No
72578000805	METRONIDAZOLE 500 MG TABLET	4	14.00	0.16	0.10224	51%-75% Above	No	No
72578000805	METRONIDAZOLE 500 MG TABLET	4	28.00	0.16	0.10224	51%-75% Above	No	No
72578000805	METRONIDAZOLE 500 MG TABLET	8	14.00	0.34	0.10116	200% Above	No	No
72578000805	METRONIDAZOLE 500 MG TABLET	8	21.00	0.32	0.10116	200% Above	No	No
72578003601	METFORMIN HCL ER 750 MG TABLET	6	90.00	0.08	0.05484	26%-50% Above	No	No
72578005505	DOXYCYCLINE HYCLATE 100 MG CAP	6	14.00	0.21	0.11188	76%-100% Above	Yes	No
72578005505	DOXYCYCLINE HYCLATE 100 MG CAP	6	14.00	0.35	0.11188	200% Above	Yes	No
72578005505	DOXYCYCLINE HYCLATE 100 MG CAP	7	30.00	0.16	0.10861	26%-50% Above	Yes	No
72578005505	DOXYCYCLINE HYCLATE 100 MG CAP	8	14.00	1.84	0.10486	200% Above	Yes	No
72578005505	DOXYCYCLINE HYCLATE 100 MG CAP	8	30.00	0.16	0.10486	51%-75% Above	Yes	No
72578005505	DOXYCYCLINE HYCLATE 100 MG CAP	8	60.00	0.60	0.10486	200% Above	Yes	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	4	20.00	0.21	0.11523	76%-100% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	6	20.00	0.21	0.11188	76%-100% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	7	14.00	0.21	0.10861	76%-100% Above	No	No
72578008101	SUCRALFATE 1 GM TABLET	5	360.00	0.02	0.19028	76%-100% Below	No	No
72578008101	SUCRALFATE 1 GM TABLET	7	120.00	0.08	0.17872	51%-75% Below	No	No
72578008105	SUCRALFATE 1 GM TABLET	4	60.00	0.08	0.18894	51%-75% Below	No	No
72578008105	SUCRALFATE 1 GM TABLET	4	90.00	0.08	0.18894	51%-75% Below	No	No
72578008105	SUCRALFATE 1 GM TABLET	4	120.00	0.08	0.18894	51%-75% Below	No	No
72578008105	SUCRALFATE 1 GM TABLET	5	28.00	0.08	0.19028	51%-75% Below	No	No
72578008105	SUCRALFATE 1 GM TABLET	5	30.00	0.08	0.19028	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72578008105	SUCRALFATE 1 GM TABLET	5	60.00	0.08	0.19028	51%-75% Below	No	No
72578008105	SUCRALFATE 1 GM TABLET	5	60.00	0.08	0.19028	51%-75% Below	No	No
72578008105	SUCRALFATE 1 GM TABLET	5	60.00	0.16	0.19028	10%-25% Below	No	No
72578008105	SUCRALFATE 1 GM TABLET	5	90.00	0.08	0.19028	51%-75% Below	No	No
72578008105	SUCRALFATE 1 GM TABLET	5	120.00	0.08	0.19028	51%-75% Below	No	No
72578008105	SUCRALFATE 1 GM TABLET	5	120.00	0.08	0.19028	51%-75% Below	No	No
72578008105	SUCRALFATE 1 GM TABLET	5	360.00	0.08	0.19028	51%-75% Below	No	No
72578008105	SUCRALFATE 1 GM TABLET	6	30.00	0.08	0.18300	51%-75% Below	No	No
72578008105	SUCRALFATE 1 GM TABLET	6	60.00	0.08	0.18300	51%-75% Below	No	No
72578008105	SUCRALFATE 1 GM TABLET	6	60.00	0.15	0.18300	10%-25% Below	No	No
72578008105	SUCRALFATE 1 GM TABLET	6	120.00	0.08	0.18300	51%-75% Below	No	No
72578008105	SUCRALFATE 1 GM TABLET	7	30.00	0.08	0.17872	51%-75% Below	No	No
72578008105	SUCRALFATE 1 GM TABLET	7	60.00	0.08	0.17872	51%-75% Below	No	No
72578008105	SUCRALFATE 1 GM TABLET	7	60.00	0.08	0.17872	51%-75% Below	No	No
72578008105	SUCRALFATE 1 GM TABLET	7	60.00	0.15	0.17872	10%-25% Below	No	No
72578008105	SUCRALFATE 1 GM TABLET	7	90.00	0.08	0.17872	51%-75% Below	No	No
72578008105	SUCRALFATE 1 GM TABLET	7	120.00	0.08	0.17872	51%-75% Below	No	No
72578008105	SUCRALFATE 1 GM TABLET	8	90.00	0.08	0.17247	26%-50% Below	No	No
72578008105	SUCRALFATE 1 GM TABLET	8	120.00	0.07	0.17247	51%-75% Below	No	No
72578008105	SUCRALFATE 1 GM TABLET	8	120.00	0.08	0.17247	26%-50% Below	No	No
72578008403	CLINDAMYCIN PH 1% SOLUTION	5	60.00	0.25	0.15703	51%-75% Above	No	No
72578008403	CLINDAMYCIN PH 1% SOLUTION	6	60.00	0.25	0.15393	51%-75% Above	No	No
72578008601	DESONIDE 0.05% CREAM	4	15.00	0.99	0.27232	200% Above	Yes	No
72578008601	DESONIDE 0.05% CREAM	5	30.00	0.17	0.26435	26%-50% Below	No	No
72578008601	DESONIDE 0.05% CREAM	7	30.00	0.72	0.26613	101%-200% Above	Yes	No

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72578008602	DESONIDE 0.05% CREAM	6	60.00	0.72	0.18874	200% Above	Yes	No
72578008602	DESONIDE 0.05% CREAM	7	60.00	0.72	0.19255	200% Above	No	No
72578008801	NYSTATIN-TRIAMCINOLONE OINTM	5	15.00	0.99	0.30774	200% Above	Yes	No
72578008901	NYSTATIN 100,000 UNIT/GM OINT	7	45.00	0.57	0.23549	101%-200% Above	No	No
72578008904	NYSTATIN 100,000 UNIT/GM OINT	4	30.00	0.17	0.24661	26%-50% Below	No	No
72578008904	NYSTATIN 100,000 UNIT/GM OINT	6	30.00	0.17	0.24349	26%-50% Below	No	No
72578009001	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	5	90.00	0.03	0.11889	76%-100% Below	No	No
72578009001	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	8	90.00	0.15	0.12208	10%-25% Above	No	No
72578009010	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	4	90.00	0.08	0.11839	26%-50% Below	Yes	No
72578009010	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	6	90.00	0.08	0.12045	26%-50% Below	Yes	No
72578009010	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	7	90.00	0.08	0.11953	26%-50% Below	Yes	No
72578009621	TIZANIDINE HCL 2 MG TABLET	4	30.00	0.02	0.03075	26%-50% Below	Yes	No
72578009621	TIZANIDINE HCL 2 MG TABLET	4	60.00	0.02	0.03075	10%-25% Below	Yes	No
72578009621	TIZANIDINE HCL 2 MG TABLET	4	90.00	0.02	0.03075	26%-50% Below	Yes	No
72578009621	TIZANIDINE HCL 2 MG TABLET	4	90.00	0.02	0.03075	26%-50% Below	Yes	No
72578009621	TIZANIDINE HCL 2 MG TABLET	5	30.00	0.02	0.03085	26%-50% Below	Yes	No
72578009621	TIZANIDINE HCL 2 MG TABLET	5	60.00	0.02	0.03085	10%-25% Below	Yes	No
72578009621	TIZANIDINE HCL 2 MG TABLET	5	90.00	0.02	0.03085	26%-50% Below	Yes	No
72578009621	TIZANIDINE HCL 2 MG TABLET	5	90.00	0.02	0.03085	26%-50% Below	Yes	No
72578009621	TIZANIDINE HCL 2 MG TABLET	5	90.00	0.11	0.03085	200% Above	Yes	No
72578009621	TIZANIDINE HCL 2 MG TABLET	6	90.00	0.02	0.03086	26%-50% Below	Yes	No
72578009621	TIZANIDINE HCL 2 MG TABLET	6	90.00	0.02	0.03086	26%-50% Below	Yes	No
72578009621	TIZANIDINE HCL 2 MG TABLET	6	90.00	0.03	0.03086	10%-25% Below	No	No
72578009621	TIZANIDINE HCL 2 MG TABLET	7	10.00	0.11	0.02988	200% Above	Yes	No
72578009621	TIZANIDINE HCL 2 MG TABLET	7	30.00	0.02	0.02988	26%-50% Below	Yes	No

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72578009621	TIZANIDINE HCL 2 MG TABLET	7	30.00	0.11	0.02988	200% Above	Yes	No
72578009710	TIZANIDINE HCL 4 MG TABLET	5	15.00	0.05	0.03385	26%-50% Above	No	No
72578009710	TIZANIDINE HCL 4 MG TABLET	5	60.00	0.03	0.03385	10%-25% Below	No	No
72578009710	TIZANIDINE HCL 4 MG TABLET	6	30.00	0.09	0.03318	101%-200% Above	No	No
72578009710	TIZANIDINE HCL 4 MG TABLET	6	60.00	0.02	0.03318	26%-50% Below	No	No
72578009710	TIZANIDINE HCL 4 MG TABLET	6	60.00	0.03	0.03318	10%-25% Below	No	No
72578009710	TIZANIDINE HCL 4 MG TABLET	7	120.00	0.09	0.03227	101%-200% Above	No	No
72578009710	TIZANIDINE HCL 4 MG TABLET	8	120.00	0.09	0.03192	101%-200% Above	No	No
72578009721	TIZANIDINE HCL 4 MG TABLET	4	14.00	0.09	0.03342	101%-200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	4	15.00	0.06	0.03342	51%-75% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	4	15.00	0.09	0.03342	101%-200% 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	60.00	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	180.00	0.02	0.03342	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	5	10.00	0.09	0.03385	101%-200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	5	20.00	0.05	0.03385	26%-50% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	5	20.00	0.09	0.03385	101%-200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	5	30.00	0.03	0.03385	10%-25% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	5	30.00	0.09	0.03385	101%-200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	5	60.00	0.02	0.03385	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	5	90.00	0.02	0.03385	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	5	90.00	0.02	0.03385	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	5	90.00	0.02	0.03385	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	5	120.00	0.02	0.03385	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	120.00	0.09	0.03385	101%-200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	5	270.00	0.09	0.03385	101%-200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	5	360.00	0.02	0.03385	51%-75% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	5	360.00	0.02	0.03385	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	5	360.00	0.09	0.03385	101%-200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	6	20.00	0.09	0.03318	101%-200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	6	30.00	0.01	0.03318	51%-75% Below	No	No
72578009721	TIZANIDINE HCL 4 MG TABLET	6	30.00	0.03	0.03318	10%-25% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	6	30.00	0.04	0.03318	10%-25% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	6	30.00	0.05	0.03318	26%-50% Above	No	No
72578009721	TIZANIDINE HCL 4 MG TABLET	6	30.00	0.09	0.03318	101%-200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	6	60.00	0.02	0.03318	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	6	60.00	0.09	0.03318	101%-200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	6	90.00	0.02	0.03318	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	6	90.00	0.02	0.03318	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	6	90.00	0.02	0.03318	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	6	120.00	0.09	0.03318	101%-200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	7	14.00	0.06	0.03227	76%-100% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	7	14.00	0.09	0.03227	101%-200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	7	20.00	0.09	0.03227	101%-200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	7	30.00	0.02	0.03227	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	7	30.00	0.03	0.03227	10%-25% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	7	30.00	0.03	0.03227	10%-25% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	7	30.00	0.04	0.03227	26%-50% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	7	30.00	0.09	0.03227	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	60.00	0.02	0.03227	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	7	60.00	0.09	0.03227	101%-200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	7	90.00	0.02	0.03227	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	7	90.00	0.02	0.03227	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	7	90.00	0.09	0.03227	101%-200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	7	120.00	0.09	0.03227	101%-200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	7	180.00	0.02	0.03227	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	7	270.00	0.09	0.03227	101%-200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	8	6.00	0.09	0.03192	101%-200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	8	20.00	0.09	0.03192	101%-200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	8	30.00	0.02	0.03192	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	8	30.00	0.03	0.03192	10%-25% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	8	30.00	0.03	0.03192	10%-25% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	8	30.00	0.09	0.03192	101%-200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	8	40.00	0.09	0.03192	101%-200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	8	60.00	0.02	0.03192	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	8	60.00	0.02	0.03192	10%-25% Below	No	No
72578009721	TIZANIDINE HCL 4 MG TABLET	8	60.00	0.03	0.03192	10%-25% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	8	60.00	0.09	0.03192	101%-200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	8	90.00	0.02	0.03192	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	8	120.00	0.09	0.03192	101%-200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	8	270.00	0.09	0.03192	101%-200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	8	360.00	0.02	0.03192	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	8	360.00	0.09	0.03192	101%-200% Above	Yes	No
72578009918	LEVOFLOXACIN 500 MG TABLET	4	3.00	0.41	0.14361	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72578009918	LEVOFLOXACIN 500 MG TABLET	4	5.00	0.41	0.14361	101%-200% Above	No	No
72578009918	LEVOFLOXACIN 500 MG TABLET	4	30.00	0.41	0.14361	101%-200% Above	No	No
72578009918	LEVOFLOXACIN 500 MG TABLET	5	5.00	0.41	0.14220	101%-200% Above	No	No
72578009918	LEVOFLOXACIN 500 MG TABLET	5	7.00	0.41	0.14220	101%-200% Above	No	No
72578010006	LEVOFLOXACIN 750 MG TABLET	4	10.00	0.18	0.28017	26%-50% Below	No	No
72578010006	LEVOFLOXACIN 750 MG TABLET	5	4.00	0.48	0.28444	51%-75% Above	No	No
72578010006	LEVOFLOXACIN 750 MG TABLET	5	10.00	0.48	0.28444	51%-75% Above	No	No
72578010006	LEVOFLOXACIN 750 MG TABLET	8	10.00	0.17	0.26738	26%-50% Below	No	No
72578010092	LEVOFLOXACIN 750 MG TABLET	5	5.00	0.48	0.28444	51%-75% Above	No	No
72578010092	LEVOFLOXACIN 750 MG TABLET	5	7.00	0.18	0.28444	26%-50% Below	No	No
72578010092	LEVOFLOXACIN 750 MG TABLET	6	10.00	0.48	0.28106	51%-75% Above	No	No
72578010092	LEVOFLOXACIN 750 MG TABLET	7	10.00	0.48	0.27306	76%-100% Above	No	No
72578010092	LEVOFLOXACIN 750 MG TABLET	8	7.00	0.48	0.26738	76%-100% Above	No	No
72578010384	MIRTAZAPINE 15 MG ODT	7	30.00	0.16	0.30862	26%-50% Below	Yes	No
72578011101	BISOPROLOL FUMARATE 5 MG TAB	4	45.00	0.27	0.14339	76%-100% Above	Yes	No
72578011101	BISOPROLOL FUMARATE 5 MG TAB	5	60.00	0.21	0.13581	51%-75% Above	Yes	No
72578011101	BISOPROLOL FUMARATE 5 MG TAB	5	180.00	0.21	0.13581	51%-75% Above	Yes	No
72578011101	BISOPROLOL FUMARATE 5 MG TAB	6	30.00	0.21	0.13328	51%-75% Above	Yes	No
72578011101	BISOPROLOL FUMARATE 5 MG TAB	7	45.00	0.27	0.12481	101%-200% Above	Yes	No
72578011106	BISOPROLOL FUMARATE 5 MG TAB	4	45.00	0.23	0.14339	51%-75% Above	No	No
72578011106	BISOPROLOL FUMARATE 5 MG TAB	5	30.00	0.21	0.13581	51%-75% Above	No	No
72578011106	BISOPROLOL FUMARATE 5 MG TAB	6	90.00	0.27	0.13328	76%-100% Above	No	No
72578011106	BISOPROLOL FUMARATE 5 MG TAB	8	45.00	0.23	0.12322	76%-100% Above	No	No
72578011201	BISOPROLOL FUMARATE 10 MG TAB	5	90.00	0.35	0.20011	51%-75% Above	Yes	No
72578011201	BISOPROLOL FUMARATE 10 MG TAB	7	90.00	0.30	0.19181	51%-75% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72578011505	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	4	30.00	0.15	0.21692	26%-50% Below	No	No
72578011505	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	5	30.00	0.15	0.21433	26%-50% Below	No	No
72578011505	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	6	30.00	0.15	0.20724	26%-50% Below	No	No
72578011505	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	7	30.00	0.15	0.20063	10%-25% Below	No	No
72578011505	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	8	30.00	0.15	0.20962	26%-50% Below	No	No
72578011505	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	8	90.00	0.15	0.20962	26%-50% Below	No	No
72578011904	ADAPALENE-BNZYL PEROX 0.3-2.5%	5	45.00	0.36	0.68702	26%-50% Below	No	No
72578012008	IVERMECTIN 1% CREAM	4	45.00	1.86	2.99415	26%-50% Below	No	No
72578012008	IVERMECTIN 1% CREAM	6	45.00	1.86	3.08029	26%-50% Below	No	No
72578012908	METRONIDAZOLE 0.75% CREAM	4	45.00	0.38	0.30087	26%-50% Above	No	No
72578012908	METRONIDAZOLE 0.75% CREAM	6	45.00	0.38	0.29124	26%-50% Above	No	No
72578013106	VALSARTAN 40 MG TABLET	7	30.00	0.16	0.09597	51%-75% Above	No	No
72578013106	VALSARTAN 40 MG TABLET	8	30.00	0.37	0.09729	200% Above	No	No
72578013216	VALSARTAN 80 MG TABLET	5	30.00	0.18	0.11141	51%-75% Above	No	No
72578013216	VALSARTAN 80 MG TABLET	8	90.00	0.18	0.08915	101%-200% Above	No	No
72578013316	VALSARTAN 160 MG TABLET	4	90.00	0.28	0.14016	76%-100% Above	No	No
72578013316	VALSARTAN 160 MG TABLET	6	30.00	0.50	0.12973	200% Above	No	No
72578013316	VALSARTAN 160 MG TABLET	7	30.00	0.50	0.11926	200% Above	No	No
72578013416	VALSARTAN 320 MG TABLET	8	90.00	0.25	0.16484	26%-50% Above	No	No
72578013606	FEBUXOSTAT 40 MG TABLET	4	90.00	1.36	0.21615	200% Above	No	No
72578013706	FEBUXOSTAT 80 MG TABLET	5	90.00	1.42	0.35362	200% Above	Yes	No
72578013801	LOPERAMIDE 2 MG CAPSULE	4	20.00	0.18	0.05234	200% Above	Yes	No
72578013801	LOPERAMIDE 2 MG CAPSULE	6	16.00	0.18	0.05408	200% Above	Yes	No
72578013801	LOPERAMIDE 2 MG CAPSULE	7	30.00	0.17	0.05348	200% Above	Yes	No
72578014806	DARUNAVIR 800 MG TABLET	6	30.00	9.01	2.26633	200% Above	No	No

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72578014806	DARUNAVIR 800 MG TABLET	7	30.00	9.01	2.42182	200% Above	No	No
72578015001	ACETAZOLAMIDE 250 MG TABLET	6	60.00	0.25	0.13395	76%-100% Above	No	No
72578015001	ACETAZOLAMIDE 250 MG TABLET	8	30.00	0.50	0.13154	200% Above	No	No
72578015612	KETOCONAZOLE 2% SHAMPOO	4	120.00	0.04	0.07977	26%-50% Below	No	No
72578015612	KETOCONAZOLE 2% SHAMPOO	4	120.00	0.05	0.07977	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	0.05	0.07977	26%-50% Below	Yes	No
72578015612	KETOCONAZOLE 2% SHAMPOO	5	120.00	0.04	0.08087	26%-50% Below	Yes	No
72578015612	KETOCONAZOLE 2% SHAMPOO	5	120.00	0.04	0.08087	26%-50% Below	Yes	No
72578015612	KETOCONAZOLE 2% SHAMPOO	5	120.00	0.05	0.08087	26%-50% Below	Yes	No
72578015612	KETOCONAZOLE 2% SHAMPOO	5	120.00	0.05	0.08087	26%-50% Below	Yes	No
72578015612	KETOCONAZOLE 2% SHAMPOO	5	120.00	0.06	0.08087	26%-50% Below	Yes	No
72578015612	KETOCONAZOLE 2% SHAMPOO	5	120.00	0.06	0.08087	10%-25% Below	Yes	No
72578015612	KETOCONAZOLE 2% SHAMPOO	6	120.00	0.04	0.07973	26%-50% Below	Yes	No
72578015612	KETOCONAZOLE 2% SHAMPOO	6	120.00	0.04	0.07973	26%-50% Below	Yes	No
72578015612	KETOCONAZOLE 2% SHAMPOO	6	120.00	0.05	0.07973	26%-50% Below	Yes	No
72578015612	KETOCONAZOLE 2% SHAMPOO	6	120.00	0.05	0.07973	26%-50% Below	Yes	No
72578015612	KETOCONAZOLE 2% SHAMPOO	6	120.00	0.05	0.07973	26%-50% Below	No	No
72578015612	KETOCONAZOLE 2% SHAMPOO	6	120.00	0.05	0.07973	26%-50% Below	No	No
72578015612	KETOCONAZOLE 2% SHAMPOO	6	120.00	0.06	0.07973	10%-25% Below	Yes	No
72578015612	KETOCONAZOLE 2% SHAMPOO	6	240.00	0.05	0.07973	26%-50% Below	Yes	No
72578015612	KETOCONAZOLE 2% SHAMPOO	6	360.00	0.05	0.07973	26%-50% Below	No	No
72578015612	KETOCONAZOLE 2% SHAMPOO	7	120.00	0.04	0.07745	26%-50% Below	Yes	No
72578015612	KETOCONAZOLE 2% SHAMPOO	7	120.00	0.05	0.07745	26%-50% Below	No	No
72578015612	KETOCONAZOLE 2% SHAMPOO	7	120.00	0.05	0.07745	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	120.00	0.05	0.07745	26%-50% Below	Yes	No
72578015612	KETOCONAZOLE 2% SHAMPOO	7	360.00	0.05	0.07745	26%-50% Below	No	No
72578015612	KETOCONAZOLE 2% SHAMPOO	8	120.00	0.04	0.07606	26%-50% Below	Yes	No
72578015612	KETOCONAZOLE 2% SHAMPOO	8	120.00	0.04	0.07606	26%-50% Below	Yes	No
72578015612	KETOCONAZOLE 2% SHAMPOO	8	120.00	0.04	0.07606	26%-50% Below	Yes	No
72578015612	KETOCONAZOLE 2% SHAMPOO	8	120.00	0.05	0.07606	26%-50% Below	Yes	No
72578015612	KETOCONAZOLE 2% SHAMPOO	8	120.00	0.05	0.07606	26%-50% Below	Yes	No
72578015612	KETOCONAZOLE 2% SHAMPOO	8	120.00	0.05	0.07606	26%-50% Below	No	No
72578015612	KETOCONAZOLE 2% SHAMPOO	8	120.00	0.06	0.07606	26%-50% Below	Yes	No
72578015612	KETOCONAZOLE 2% SHAMPOO	8	120.00	0.06	0.07606	10%-25% Below	Yes	No
72578016506	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	6	30.00	0.18	0.21638	10%-25% Below	Yes	No
72578016506	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	7	30.00	0.11	0.21832	26%-50% Below	Yes	No
72578016601	DEXAMETHASONE 1 MG TABLET	6	1.00	0.09	0.15906	26%-50% Below	No	No
72578016601	DEXAMETHASONE 1 MG TABLET	6	13.00	0.08	0.15906	51%-75% Below	Yes	No
72578016601	DEXAMETHASONE 1 MG TABLET	7	1.00	0.09	0.16202	26%-50% Below	No	No
72578016701	DEXAMETHASONE 2 MG TABLET	4	14.00	0.15	0.26379	26%-50% Below	Yes	No
72578016701	DEXAMETHASONE 2 MG TABLET	5	5.00	0.21	0.25646	10%-25% Below	No	No
72578016701	DEXAMETHASONE 2 MG TABLET	7	10.00	0.19	0.24705	10%-25% Below	Yes	No
72578016801	DEXAMETHASONE 0.5 MG TABLET	6	6.00	0.15	0.07042	101%-200% Above	Yes	No
72578017101	DEXAMETHASONE 4 MG TABLET	4	2.00	0.48	0.19210	101%-200% Above	No	No
72578017101	DEXAMETHASONE 4 MG TABLET	4	10.00	0.10	0.19210	26%-50% Below	Yes	No
72578017101	DEXAMETHASONE 4 MG TABLET	4	14.00	0.29	0.19210	26%-50% Above	Yes	No
72578017101	DEXAMETHASONE 4 MG TABLET	5	2.00	0.29	0.20711	26%-50% Above	Yes	No
72578017101	DEXAMETHASONE 4 MG TABLET	5	5.00	0.29	0.20711	26%-50% Above	Yes	No
72578017101	DEXAMETHASONE 4 MG TABLET	5	9.00	0.29	0.20711	26%-50% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72578017101	DEXAMETHASONE 4 MG TABLET	5	60.00	0.12	0.20711	26%-50% Below	No	No
72578017101	DEXAMETHASONE 4 MG TABLET	6	4.00	0.27	0.21582	10%-25% Above	Yes	No
72578017101	DEXAMETHASONE 4 MG TABLET	6	5.00	0.29	0.21582	26%-50% Above	Yes	No
72578017101	DEXAMETHASONE 4 MG TABLET	6	6.00	0.10	0.21582	51%-75% Below	Yes	No
72578017101	DEXAMETHASONE 4 MG TABLET	6	6.00	0.19	0.21582	10%-25% Below	Yes	No
72578017101	DEXAMETHASONE 4 MG TABLET	6	8.00	0.19	0.21582	10%-25% Below	No	No
72578017101	DEXAMETHASONE 4 MG TABLET	6	10.00	0.29	0.21582	26%-50% Above	No	No
72578017101	DEXAMETHASONE 4 MG TABLET	6	20.00	0.29	0.21582	26%-50% Above	No	No
72578017101	DEXAMETHASONE 4 MG TABLET	6	60.00	0.12	0.21582	26%-50% Below	No	No
72578017101	DEXAMETHASONE 4 MG TABLET	7	5.00	0.25	0.19893	26%-50% Above	No	No
72578017101	DEXAMETHASONE 4 MG TABLET	7	6.00	0.10	0.19893	26%-50% Below	Yes	No
72578017101	DEXAMETHASONE 4 MG TABLET	7	9.00	0.29	0.19893	26%-50% Above	Yes	No
72578017101	DEXAMETHASONE 4 MG TABLET	7	10.00	0.29	0.19893	26%-50% Above	No	No
72578017101	DEXAMETHASONE 4 MG TABLET	7	15.00	0.29	0.19893	26%-50% Above	No	No
72578017101	DEXAMETHASONE 4 MG TABLET	7	20.00	0.29	0.19893	26%-50% Above	No	No
72578017101	DEXAMETHASONE 4 MG TABLET	8	4.00	0.29	0.18758	51%-75% Above	Yes	No
72578017101	DEXAMETHASONE 4 MG TABLET	8	20.00	0.29	0.18758	51%-75% Above	No	No
72578017201	DEXAMETHASONE 6 MG TABLET	2	3.00	0.43	0.49796	10%-25% Below	Yes	No
72578017201	DEXAMETHASONE 6 MG TABLET	6	3.00	0.55	0.34508	51%-75% Above	No	No
72578017201	DEXAMETHASONE 6 MG TABLET	6	5.00	0.47	0.34508	26%-50% Above	No	No
72578017201	DEXAMETHASONE 6 MG TABLET	6	6.00	0.43	0.34508	10%-25% Above	No	No
72578018106	DOXEPIN HCL 3 MG TABLET	4	30.00	0.79	1.58461	26%-50% Below	Yes	No
72578018106	DOXEPIN HCL 3 MG TABLET	5	30.00	0.79	1.50796	26%-50% Below	Yes	No
72578018106	DOXEPIN HCL 3 MG TABLET	6	30.00	0.75	1.36140	26%-50% Below	Yes	No
72578018206	DOXEPIN HCL 6 MG TABLET	6	90.00	0.83	1.58601	26%-50% Below	Yes	No

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72578018206	DOXEPIN HCL 6 MG TABLET	7	60.00	0.79	1.45841	26%-50% Below	Yes	No
72578021201	METHIMAZOLE 5 MG TABLET	5	60.00	0.09	0.07198	10%-25% Above	No	No
72578021201	METHIMAZOLE 5 MG TABLET	5	90.00	0.09	0.07198	10%-25% Above	No	No
72578021201	METHIMAZOLE 5 MG TABLET	5	270.00	0.06	0.07198	10%-25% Below	No	No
72578021201	METHIMAZOLE 5 MG TABLET	6	60.00	0.09	0.07217	10%-25% Above	No	No
72578021201	METHIMAZOLE 5 MG TABLET	6	60.00	0.11	0.07217	51%-75% Above	No	No
72578021201	METHIMAZOLE 5 MG TABLET	7	45.00	0.09	0.07143	10%-25% Above	No	No
72578021201	METHIMAZOLE 5 MG TABLET	8	90.00	0.09	0.07073	10%-25% Above	No	No
72578021301	METHIMAZOLE 10 MG TABLET	7	90.00	0.15	0.12475	10%-25% Above	No	No
72603011502	TAMSULOSIN HCL 0.4 MG CAPSULE	6	14.00	0.14	0.04945	101%-200% Above	No	No
72603013402	SPIRONOLACTONE 25 MG TABLET	5	30.00	0.08	0.04474	51%-75% Above	No	No
72603013402	SPIRONOLACTONE 25 MG TABLET	5	180.00	0.08	0.04474	51%-75% Above	No	No
72603013402	SPIRONOLACTONE 25 MG TABLET	6	30.00	0.08	0.04427	51%-75% Above	No	No
72603013402	SPIRONOLACTONE 25 MG TABLET	6	60.00	0.08	0.04427	51%-75% Above	No	No
72603013402	SPIRONOLACTONE 25 MG TABLET	7	30.00	0.08	0.04332	51%-75% Above	No	No
72603013402	SPIRONOLACTONE 25 MG TABLET	8	30.00	0.08	0.04303	76%-100% Above	No	No
72603013402	SPIRONOLACTONE 25 MG TABLET	8	60.00	0.08	0.04303	76%-100% Above	No	No
72603013403	SPIRONOLACTONE 25 MG TABLET	1	30.00	0.08	0.04751	51%-75% Above	No	No
72603013403	SPIRONOLACTONE 25 MG TABLET	3	30.00	0.08	0.04559	51%-75% Above	No	No
72603013403	SPIRONOLACTONE 25 MG TABLET	6	30.00	0.08	0.04427	51%-75% Above	No	No
72603013403	SPIRONOLACTONE 25 MG TABLET	7	30.00	0.08	0.04332	51%-75% Above	No	No
72603013601	SPIRONOLACTONE 100 MG TABLET	5	30.00	0.11	0.17835	26%-50% Below	No	No
72603013601	SPIRONOLACTONE 100 MG TABLET	8	30.00	0.11	0.16990	26%-50% Below	No	No
72603014203	METOPROLOL SUCC ER 25 MG TAB	4	90.00	0.08	0.05863	26%-50% Above	No	No
72603014203	METOPROLOL SUCC ER 25 MG TAB	6	90.00	0.11	0.05549	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	180.00	0.11	0.05549	101%-200% Above	No	No
72603014203	METOPROLOL SUCC ER 25 MG TAB	7	90.00	0.21	0.04953	200% Above	No	No
72603014203	METOPROLOL SUCC ER 25 MG TAB	8	90.00	0.08	0.04985	51%-75% Above	No	No
72603014303	METOPROLOL SUCC ER 50 MG TAB	4	90.00	0.11	0.05251	101%-200% Above	No	No
72603014303	METOPROLOL SUCC ER 50 MG TAB	6	90.00	0.11	0.05788	76%-100% Above	No	No
72603014303	METOPROLOL SUCC ER 50 MG TAB	7	30.00	0.11	0.05874	76%-100% Above	No	No
72603014303	METOPROLOL SUCC ER 50 MG TAB	8	90.00	0.11	0.05705	76%-100% Above	No	No
72603014303	METOPROLOL SUCC ER 50 MG TAB	8	180.00	0.11	0.05705	76%-100% Above	No	No
72603014401	METOPROLOL SUCC ER 100 MG TAB	4	90.00	0.33	0.08130	200% Above	No	No
72603015001	ESCITALOPRAM 10 MG TABLET	4	90.00	0.13	0.04013	200% Above	No	No
72603015001	ESCITALOPRAM 10 MG TABLET	7	30.00	0.11	0.03914	101%-200% Above	No	No
72603015001	ESCITALOPRAM 10 MG TABLET	7	90.00	0.08	0.03914	76%-100% Above	No	No
72603015001	ESCITALOPRAM 10 MG TABLET	7	90.00	0.13	0.03914	200% Above	No	No
72603015001	ESCITALOPRAM 10 MG TABLET	8	30.00	0.11	0.03940	101%-200% 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	5	30.00	0.11	0.06332	76%-100% Above	No	No
72603015101	ESCITALOPRAM 20 MG TABLET	5	90.00	0.11	0.06332	76%-100% Above	No	No
72603015101	ESCITALOPRAM 20 MG TABLET	6	30.00	0.11	0.06389	76%-100% Above	No	No
72603015101	ESCITALOPRAM 20 MG TABLET	7	30.00	0.11	0.06372	76%-100% Above	No	No
72603015101	ESCITALOPRAM 20 MG TABLET	7	90.00	0.11	0.06372	76%-100% Above	No	No
72603015101	ESCITALOPRAM 20 MG TABLET	8	90.00	0.08	0.06278	10%-25% Above	No	No
72603015501	OLANZAPINE 5 MG TABLET	7	90.00	0.15	0.08575	51%-75% Above	No	No
72603018601	OFLOXACIN 0.3% EAR DROPS	8	5.00	5.51	1.11373	200% Above	No	No
72603018901	DEXAMETHASONE 4 MG TABLET	6	2.00	0.29	0.21582	26%-50% Above	No	No
72603018901	DEXAMETHASONE 4 MG TABLET	6	4.00	0.29	0.21582	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72603019201	OFLOXACIN 0.3% EYE DROPS	4	5.00	0.76	1.30038	26%-50% Below	No	No
72603019601	NITROFURANTOIN MONO-MCR 100 MG	5	14.00	0.49	0.32261	51%-75% Above	No	No
72603019601	NITROFURANTOIN MONO-MCR 100 MG	6	14.00	0.93	0.30785	200% Above	No	No
72603019601	NITROFURANTOIN MONO-MCR 100 MG	7	14.00	0.34	0.30153	10%-25% Above	No	No
72603019601	NITROFURANTOIN MONO-MCR 100 MG	8	7.00	0.34	0.29780	10%-25% Above	No	No
72603019601	NITROFURANTOIN MONO-MCR 100 MG	8	10.00	0.34	0.29780	10%-25% Above	No	No
72603020602	GEMFIBROZIL 600 MG TABLET	4	30.00	0.06	0.10300	26%-50% Below	No	No
72603026001	DIVALPROEX DR 125 MG CAP SPRNK	4	120.00	0.13	0.19834	26%-50% Below	No	No
72603026001	DIVALPROEX DR 125 MG CAP SPRNK	5	120.00	0.13	0.19861	26%-50% Below	No	No
72603026001	DIVALPROEX DR 125 MG CAP SPRNK	6	120.00	0.13	0.19592	26%-50% Below	No	No
72603026001	DIVALPROEX DR 125 MG CAP SPRNK	7	120.00	0.13	0.20608	26%-50% Below	No	No
72603026501	TESTOSTERONE 1.62% GEL PUMP	5	75.00	0.22	0.45945	51%-75% Below	No	No
72603026501	TESTOSTERONE 1.62% GEL PUMP	6	75.00	0.40	0.47714	10%-25% Below	No	No
72603027301	ESTRADIOL 0.5 MG TABLET	5	30.00	0.11	0.05834	76%-100% Above	No	No
72603027301	ESTRADIOL 0.5 MG TABLET	6	30.00	0.11	0.05916	76%-100% Above	No	No
72603027301	ESTRADIOL 0.5 MG TABLET	7	30.00	0.11	0.05971	76%-100% Above	No	No
72603027401	ESTRADIOL 1 MG TABLET	7	90.00	0.10	0.06433	51%-75% Above	No	No
72603027401	ESTRADIOL 1 MG TABLET	8	30.00	0.10	0.06361	51%-75% Above	No	No
72603027402	ESTRADIOL 1 MG TABLET	5	21.00	0.10	0.06599	51%-75% Above	No	No
72603028201	ATORVASTATIN 10 MG TABLET	8	90.00	0.01	0.02325	51%-75% Below	No	No
72603028302	ATORVASTATIN 20 MG TABLET	5	90.00	0.01	0.02902	51%-75% Below	No	No
72603028303	ATORVASTATIN 20 MG TABLET	4	30.00	0.27	0.02872	200% Above	No	No
72603028303	ATORVASTATIN 20 MG TABLET	4	90.00	0.08	0.02872	101%-200% Above	No	No
72603028303	ATORVASTATIN 20 MG TABLET	5	90.00	0.27	0.02902	200% Above	No	No
72603028303	ATORVASTATIN 20 MG TABLET	6	30.00	0.01	0.02851	51%-75% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72603028303	ATORVASTATIN 20 MG TABLET	6	90.00	0.27	0.02851	200% Above	No	No
72603028303	ATORVASTATIN 20 MG TABLET	7	90.00	0.27	0.02795	200% Above	No	No
72603028402	ATORVASTATIN 40 MG TABLET	8	90.00	0.12	0.03704	200% Above	No	No
72603028403	ATORVASTATIN 40 MG TABLET	4	30.00	0.12	0.03828	200% Above	No	No
72603028403	ATORVASTATIN 40 MG TABLET	4	90.00	0.12	0.03828	200% Above	No	No
72603028403	ATORVASTATIN 40 MG TABLET	5	30.00	0.12	0.03824	200% Above	No	No
72603028403	ATORVASTATIN 40 MG TABLET	5	30.00	0.18	0.03824	200% Above	No	No
72603028403	ATORVASTATIN 40 MG TABLET	5	90.00	0.09	0.03824	101%-200% Above	No	No
72603028403	ATORVASTATIN 40 MG TABLET	5	90.00	0.10	0.03824	101%-200% Above	No	No
72603028403	ATORVASTATIN 40 MG TABLET	5	90.00	0.12	0.03824	200% Above	No	No
72603028403	ATORVASTATIN 40 MG TABLET	6	30.00	0.12	0.03787	200% Above	No	No
72603028403	ATORVASTATIN 40 MG TABLET	6	30.00	0.14	0.03787	200% Above	No	No
72603028403	ATORVASTATIN 40 MG TABLET	6	30.00	0.15	0.03787	200% Above	No	No
72603028403	ATORVASTATIN 40 MG TABLET	6	30.00	0.18	0.03787	200% Above	No	No
72603028403	ATORVASTATIN 40 MG TABLET	6	90.00	0.12	0.03787	200% Above	No	No
72603028403	ATORVASTATIN 40 MG TABLET	6	90.00	0.13	0.03787	200% Above	No	No
72603028403	ATORVASTATIN 40 MG TABLET	6	90.00	0.13	0.03787	200% Above	No	No
72603028403	ATORVASTATIN 40 MG TABLET	7	30.00	0.12	0.03739	200% Above	No	No
72603028403	ATORVASTATIN 40 MG TABLET	7	30.00	0.15	0.03739	200% Above	No	No
72603028403	ATORVASTATIN 40 MG TABLET	7	30.00	0.18	0.03739	200% Above	No	No
72603028403	ATORVASTATIN 40 MG TABLET	7	90.00	0.12	0.03739	200% Above	No	No
72603028403	ATORVASTATIN 40 MG TABLET	8	30.00	0.15	0.03704	200% Above	No	No
72603028403	ATORVASTATIN 40 MG TABLET	8	90.00	0.10	0.03704	101%-200% Above	No	No
72603028403	ATORVASTATIN 40 MG TABLET	8	90.00	0.12	0.03704	200% Above	No	No
72603028501	ATORVASTATIN 80 MG TABLET	4	90.00	0.14	0.07075	76%-100% Above	No	No

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72603028501	ATORVASTATIN 80 MG TABLET	7	90.00	0.14	0.06918	76%-100% Above	No	No
72603028502	ATORVASTATIN 80 MG TABLET	4	90.00	0.13	0.07075	76%-100% Above	No	No
72603028502	ATORVASTATIN 80 MG TABLET	7	90.00	0.13	0.06918	76%-100% Above	No	No
72603028503	ATORVASTATIN 80 MG TABLET	4	30.00	0.13	0.07075	76%-100% Above	No	No
72603028503	ATORVASTATIN 80 MG TABLET	5	30.00	0.13	0.07062	76%-100% Above	No	No
72603028503	ATORVASTATIN 80 MG TABLET	6	30.00	0.13	0.07002	76%-100% Above	No	No
72603028503	ATORVASTATIN 80 MG TABLET	7	30.00	0.13	0.06918	76%-100% Above	No	No
72603028503	ATORVASTATIN 80 MG TABLET	7	90.00	0.13	0.06918	76%-100% Above	No	No
72603028503	ATORVASTATIN 80 MG TABLET	8	30.00	0.13	0.06924	76%-100% Above	No	No
72603028503	ATORVASTATIN 80 MG TABLET	8	90.00	0.13	0.06924	76%-100% Above	No	No
72603028601	TESTOSTERONE CYP 200 MG/ML	4	2.00	6.39	11.44878	26%-50% Below	No	No
72603028601	TESTOSTERONE CYP 200 MG/ML	5	2.00	6.39	11.19423	26%-50% Below	No	No
72603028601	TESTOSTERONE CYP 200 MG/ML	5	2.00	6.47	11.19423	26%-50% Below	No	No
72603028601	TESTOSTERONE CYP 200 MG/ML	6	2.00	6.39	11.02886	26%-50% Below	No	No
72603028601	TESTOSTERONE CYP 200 MG/ML	7	2.00	6.39	11.20368	26%-50% Below	No	No
72603029001	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	30.00	0.33	0.17506	76%-100% Above	No	No
72603029001	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	30.00	0.33	0.18174	76%-100% Above	No	No
72603029001	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	30.00	0.33	0.18416	76%-100% Above	No	No
72603029202	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	6	30.00	0.43	0.23170	76%-100% Above	No	No
72603029202	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	7	30.00	0.43	0.22399	76%-100% Above	No	No
72603030702	CLONAZEPAM 0.5 MG TABLET	6	30.00	0.05	0.01988	101%-200% Above	No	No
72603030702	CLONAZEPAM 0.5 MG TABLET	7	30.00	0.05	0.01972	101%-200% Above	No	No
72603030702	CLONAZEPAM 0.5 MG TABLET	8	30.00	0.05	0.01973	101%-200% Above	No	No
72603031203	CYCLOBENZAPRINE 10 MG TABLET	4	30.00	0.09	0.01758	200% Above	No	No
72603031203	CYCLOBENZAPRINE 10 MG TABLET	5	30.00	0.09	0.01770	200% Above	No	No

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72603031203	CYCLOBENZAPRINE 10 MG TABLET	5	40.00	0.09	0.01770	200% Above	No	No
72603031203	CYCLOBENZAPRINE 10 MG TABLET	5	60.00	0.09	0.01770	200% Above	No	No
72603031203	CYCLOBENZAPRINE 10 MG TABLET	5	90.00	0.09	0.01770	200% Above	No	No
72603031203	CYCLOBENZAPRINE 10 MG TABLET	6	30.00	0.09	0.01768	200% Above	No	No
72603031203	CYCLOBENZAPRINE 10 MG TABLET	6	90.00	0.09	0.01768	200% Above	No	No
72603031203	CYCLOBENZAPRINE 10 MG TABLET	7	30.00	0.09	0.01731	200% Above	No	No
72603031203	CYCLOBENZAPRINE 10 MG TABLET	7	90.00	0.09	0.01731	200% Above	No	No
72603031203	CYCLOBENZAPRINE 10 MG TABLET	8	30.00	0.09	0.01695	200% Above	No	No
72603031203	CYCLOBENZAPRINE 10 MG TABLET	8	60.00	0.09	0.01695	200% Above	No	No
72603031203	CYCLOBENZAPRINE 10 MG TABLET	8	90.00	0.09	0.01695	200% Above	No	No
72603032304	CLOBETASOL 0.05% CREAM	7	60.00	1.06	0.14520	200% Above	No	No
72603032801	LOPERAMIDE 2 MG CAPSULE	7	20.00	0.18	0.05348	200% Above	No	No
72603034001	LOSARTAN POTASSIUM 25 MG TAB	5	30.00	0.12	0.02120	200% Above	No	No
72603034001	LOSARTAN POTASSIUM 25 MG TAB	6	30.00	0.12	0.02154	200% Above	No	No
72603034001	LOSARTAN POTASSIUM 25 MG TAB	7	30.00	0.08	0.02158	200% Above	No	No
72603034001	LOSARTAN POTASSIUM 25 MG TAB	7	30.00	0.12	0.02158	200% Above	No	No
72603034001	LOSARTAN POTASSIUM 25 MG TAB	8	30.00	0.12	0.02206	200% Above	No	No
72603034002	LOSARTAN POTASSIUM 25 MG TAB	6	90.00	0.06	0.02154	101%-200% Above	No	No
72603034002	LOSARTAN POTASSIUM 25 MG TAB	8	30.00	0.12	0.02206	200% Above	No	No
72603034002	LOSARTAN POTASSIUM 25 MG TAB	8	90.00	0.06	0.02206	101%-200% Above	No	No
72603034102	LOSARTAN POTASSIUM 50 MG TAB	5	60.00	0.11	0.03432	200% Above	No	No
72603034102	LOSARTAN POTASSIUM 50 MG TAB	5	90.00	0.08	0.03432	101%-200% Above	No	No
72603034102	LOSARTAN POTASSIUM 50 MG TAB	6	60.00	0.11	0.03367	200% Above	No	No
72603034102	LOSARTAN POTASSIUM 50 MG TAB	7	60.00	0.11	0.03327	200% Above	No	No
72603034102	LOSARTAN POTASSIUM 50 MG TAB	7	180.00	0.11	0.03327	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72603034102	LOSARTAN POTASSIUM 50 MG TAB	8	60.00	0.11	0.03244	200% Above	No	No
72603034102	LOSARTAN POTASSIUM 50 MG TAB	8	90.00	0.08	0.03244	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	5	30.00	0.13	0.04415	101%-200% Above	No	No
72603034202	LOSARTAN POTASSIUM 100 MG TAB	5	90.00	0.13	0.04415	101%-200% Above	No	No
72603034202	LOSARTAN POTASSIUM 100 MG TAB	6	30.00	0.13	0.04353	101%-200% Above	No	No
72603034202	LOSARTAN POTASSIUM 100 MG TAB	6	90.00	0.13	0.04353	101%-200% Above	No	No
72603034202	LOSARTAN POTASSIUM 100 MG TAB	7	30.00	0.13	0.04370	101%-200% Above	No	No
72603034202	LOSARTAN POTASSIUM 100 MG TAB	7	90.00	0.13	0.04370	101%-200% Above	No	No
72603034202	LOSARTAN POTASSIUM 100 MG TAB	8	30.00	0.13	0.04396	101%-200% Above	No	No
72603035301	PREGABALIN 50 MG CAPSULE	6	30.00	0.31	0.04634	200% Above	No	No
72603035301	PREGABALIN 50 MG CAPSULE	8	30.00	0.31	0.04705	200% Above	No	No
72603035301	PREGABALIN CAP 50MG	5	30.00	0.31	.		No	No
72603036502	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.00	0.02	0.03834	26%-50% Below	No	No
72603036502	ROSUVASTATIN CALCIUM 10 MG TAB	7	30.00	0.03	0.03797	10%-25% Below	No	No
72603036603	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.00	0.22	0.04702	200% Above	No	No
72603036603	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.00	0.22	0.04551	200% Above	No	No
72603036603	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.00	0.22	0.04489	200% Above	No	No
72603036703	ROSUVASTATIN CALCIUM 40 MG TAB	7	90.00	0.06	0.06808	10%-25% Below	No	No
72603036704	ROSUVASTATIN CALCIUM 40 MG TAB	7	30.00	0.35	0.06808	200% Above	No	No
72603048802	FLUOXETINE HCL 10 MG CAPSULE	4	30.00	0.11	0.03706	101%-200% Above	No	No
72603048802	FLUOXETINE HCL 10 MG CAPSULE	6	30.00	0.11	0.03543	200% Above	No	No
72603048802	FLUOXETINE HCL 10 MG CAPSULE	6	90.00	0.11	0.03543	200% Above	No	No
72603048901	FLUOXETINE CAP 20MG	5	90.00	0.08	.		No	No
72603048901	FLUOXETINE CAP 20MG	7	30.00	0.08	.		No	No

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72603048901	FLUOXETINE CAP 20MG	7	90.00	0.08	.		No	No
72603048902	FLUOXETINE HCL 20 MG CAPSULE	4	30.00	0.08	0.02973	101%-200% Above	No	No
72603048902	FLUOXETINE HCL 20 MG CAPSULE	5	30.00	0.08	0.02999	101%-200% Above	No	No
72603048902	FLUOXETINE HCL 20 MG CAPSULE	6	30.00	0.08	0.02918	101%-200% Above	No	No
72603048902	FLUOXETINE HCL 20 MG CAPSULE	7	30.00	0.08	0.02903	101%-200% Above	No	No
72603048902	FLUOXETINE HCL 20 MG CAPSULE	8	90.00	0.02	0.02885	26%-50% Below	No	No
72603049002	FLUOXETINE HCL 40 MG CAPSULE	4	30.00	0.11	0.05279	101%-200% Above	No	No
72603049002	FLUOXETINE HCL 40 MG CAPSULE	5	30.00	0.11	0.05206	101%-200% Above	No	No
72603049002	FLUOXETINE HCL 40 MG CAPSULE	6	30.00	0.11	0.05135	101%-200% Above	No	No
72603049002	FLUOXETINE HCL 40 MG CAPSULE	7	30.00	0.11	0.05015	101%-200% Above	No	No
72603049003	FLUOXETINE HCL 40 MG CAPSULE	5	30.00	0.14	0.05206	101%-200% Above	No	No
72603049003	FLUOXETINE HCL 40 MG CAPSULE	6	30.00	0.11	0.05135	101%-200% Above	No	No
72603049003	FLUOXETINE HCL 40 MG CAPSULE	7	30.00	0.19	0.05015	200% Above	No	No
72603049003	FLUOXETINE HCL 40 MG CAPSULE	7	90.00	0.11	0.05015	101%-200% Above	No	No
72603049003	FLUOXETINE HCL 40 MG CAPSULE	8	28.00	0.11	0.04990	101%-200% Above	No	No
72603049003	FLUOXETINE HCL 40 MG CAPSULE	8	30.00	0.11	0.04990	101%-200% Above	No	No
72603054001	TIMOLOL MALEATE 0.5% EYE DROPS	4	5.00	0.72	1.05708	26%-50% Below	No	No
72603055602	DESVENLAFAXINE SUCCNT ER 50 MG	5	90.00	0.12	0.44910	51%-75% Below	No	No
72603055602	DESVENLAFAXINE SUCCNT ER 50 MG	7	90.00	0.33	0.40455	10%-25% Below	No	No
72603061301	URSODIOL 300 MG CAPSULE	4	120.00	0.24	0.46719	26%-50% Below	No	No
72603061301	URSODIOL 300 MG CAPSULE	8	90.00	0.75	0.41605	76%-100% Above	No	No
72603065025	CYANOCOBALAMIN 1,000 MCG/ML VL	6	3.00	0.93	1.49146	26%-50% Below	No	No
72603065025	CYANOCOBALAMIN 1,000 MCG/ML VL	6	4.00	0.94	1.49146	26%-50% Below	No	No
72603066002	LEVOTHYROXINE 25 MCG TABLET	8	30.00	0.12	0.03568	200% Above	No	No
72603066101	LEVOTHYROXINE 50 MCG TABLET	7	30.00	0.15	0.04323	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72603066201	LEVOTHYROXINE 75 MCG TABLET	5	90.00	0.03	0.04892	26%-50% Below	No	No
72603066201	LEVOTHYROXINE 75 MCG TABLET	7	90.00	0.05	0.04763	10%-25% Above	No	No
72603066402	LEVOTHYROXINE 100 MCG TABLET	5	90.00	0.31	0.05205	200% Above	No	No
72603066402	LEVOTHYROXINE 100 MCG TABLET	6	30.00	0.31	0.05092	200% Above	No	No
72603066402	LEVOTHYROXINE 100 MCG TABLET	7	30.00	0.31	0.05161	200% Above	No	No
72603066402	LEVOTHYROXINE 100 MCG TABLET	8	30.00	0.31	0.05073	200% Above	No	No
72603066402	LEVOTHYROXINE 100 MCG TABLET	8	90.00	0.31	0.05073	200% Above	No	No
72603066801	LEVOTHYROXINE 150 MCG TABLET	5	30.00	0.29	0.06547	200% Above	No	No
72603066801	LEVOTHYROXINE 150 MCG TABLET	6	30.00	0.29	0.06350	200% Above	No	No
72603066801	LEVOTHYROXINE 150 MCG TABLET	7	30.00	0.29	0.06251	200% Above	No	No
72603066801	LEVOTHYROXINE 150 MCG TABLET	8	30.00	0.29	0.05968	200% Above	No	No
72603066901	LEVOTHYROXINE 175 MCG TABLET	5	90.00	0.02	0.07988	76%-100% Below	No	No
72603074602	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.00	0.11	0.03522	200% Above	No	No
72603074602	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.00	0.11	0.03522	200% Above	No	No
72603074602	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	0.11	0.03522	200% Above	No	No
72603081401	VILAZODONE HCL 20 MG TABLET	5	90.00	0.47	0.85825	26%-50% Below	No	No
72603083301	TELMISARTAN 80 MG TABLET	6	30.00	0.23	0.14853	51%-75% Above	No	No
72603083301	TELMISARTAN 80 MG TABLET	7	30.00	0.23	0.14734	51%-75% Above	No	No
72603083301	TELMISARTAN 80 MG TABLET	8	30.00	0.23	0.15626	26%-50% Above	No	No
72603083301	TELMISARTAN TAB 80MG	5	30.00	0.23	.		No	No
72603084101	FENOFIBRATE 160 MG TABLET	4	30.00	0.15	0.12586	10%-25% Above	No	No
72603084101	FENOFIBRATE 160 MG TABLET	5	90.00	0.33	0.12388	101%-200% Above	No	No
72603084101	FENOFIBRATE 160 MG TABLET	5	90.00	0.50	0.12388	200% Above	No	No
72603084101	FENOFIBRATE 160 MG TABLET	6	30.00	0.23	0.11686	76%-100% Above	No	No
72603084101	FENOFIBRATE 160 MG TABLET	7	30.00	0.23	0.11192	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72603084101	FENOFIBRATE 160 MG TABLET	8	30.00	0.23	0.11290	101%-200% Above	No	No
72603084101	FENOFIBRATE 160 MG TABLET	8	90.00	0.33	0.11290	101%-200% Above	No	No
72603087101	NEBIVOLOL 5 MG TABLET	5	30.00	0.31	0.10096	200% Above	No	No
72603087101	NEBIVOLOL 5 MG TABLET	6	30.00	0.31	0.10425	101%-200% Above	No	No
72603087201	NEBIVOLOL 10 MG TABLET	4	30.00	0.23	0.13645	51%-75% Above	No	No
72603087201	NEBIVOLOL 10 MG TABLET	5	30.00	0.23	0.14023	51%-75% Above	No	No
72603087201	NEBIVOLOL 10 MG TABLET	6	30.00	0.23	0.14736	51%-75% Above	No	No
72603087201	NEBIVOLOL 10 MG TABLET	7	30.00	0.23	0.14505	51%-75% Above	No	No
72603087301	NEBIVOLOL 20 MG TABLET	7	90.00	0.22	0.18196	10%-25% Above	No	No
72603087503	DROSPIRENONE-EE 3-0.02 MG TAB	6	28.00	0.10	0.18947	26%-50% Below	No	No
72603087801	KETOCONAZOLE 2% SHAMPOO	5	120.00	0.05	0.08087	26%-50% Below	No	No
72603087801	KETOCONAZOLE 2% SHAMPOO	6	120.00	0.05	0.07973	26%-50% Below	No	No
72789032577	TIZANIDINE TAB 4MG	5	180.00	0.02	.		No	No
72789032577	TIZANIDINE TAB 4MG	7	180.00	0.02	.		No	No
72789040295	MELOXICAM TAB 7.5MG	5	60.00	0.03	.		No	No
72789040295	MELOXICAM TAB 7.5MG	6	60.00	0.03	.		No	No
72789040295	MELOXICAM TAB 7.5MG	7	60.00	0.03	.		No	No
72789040395	MELOXICAM TAB 15MG	4	90.00	0.02	.		No	No
72789040395	MELOXICAM TAB 15MG	5	90.00	0.03	.		No	No
72789040395	MELOXICAM TAB 15MG	7	90.00	0.02	.		No	No
72789040395	MELOXICAM TAB 15MG	8	90.00	0.03	.		No	No
72865014190	LOSARTAN POT TAB 25MG	5	90.00	0.10	.		No	No
72865014290	LOSARTAN POT TAB 50MG	6	180.00	0.09	.		No	No
72865023305	METHOCARBAM TAB 500MG	7	21.00	0.03	.		No	No
72865023810	LEVOTHYROXIN TAB 75MCG	7	30.00	0.05	.		No	No

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72865023890	LEVOTHYROXIN TAB 75MCG	4	30.00	0.05	.		No	No
72865023890	LEVOTHYROXIN TAB 75MCG	6	30.00	0.05	.		No	No
72865025205	GABAPENTIN CAP 100MG	8	180.00	0.01	.		No	No
72865025218	GABAPENTIN CAP 100MG	6	180.00	0.01	.		No	No
72865025318	GABAPENTIN CAP 300MG	7	180.00	0.02	.		No	No
72865025318	GABAPENTIN CAP 300MG	12	180.00	0.02	.		No	No
72865025360	GABAPENTIN CAP 300MG	1	60.00	0.03	.		No	No
72865025360	GABAPENTIN CAP 300MG	4	60.00	0.03	.		No	No
72865028205	TAMSULOSIN CAP 0.4MG	6	180.00	0.25	.		No	No
72865031310	TOPIRAMATE TAB 25MG	8	30.00	0.03	.		No	No
72865031410	TOPIRAMATE TAB 50MG	3	180.00	0.04	.		No	No
72887014306	URSODIOL CAP 200MG	4	90.00	41.11	.		No	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	4	2.00	0.05	0.01714	101%-200% Above	No	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	4	90.00	0.05	0.01714	101%-200% Above	Yes	No
72888000901	BACLOFEN 5 MG TABLET	4	90.00	0.17	0.07892	101%-200% Above	No	No
72888000901	BACLOFEN 5 MG TABLET	6	90.00	0.17	0.06322	101%-200% Above	No	No
72888001000	BACLOFEN 10 MG TABLET	4	90.00	0.02	0.03403	51%-75% Below	Yes	No
72888001000	BACLOFEN 10 MG TABLET	4	90.00	0.02	0.03403	26%-50% Below	No	No
72888001000	BACLOFEN 10 MG TABLET	5	90.00	0.02	0.03417	26%-50% Below	No	No
72888001000	BACLOFEN 10 MG TABLET	6	45.00	0.03	0.03324	10%-25% Below	No	No
72888001000	BACLOFEN 10 MG TABLET	6	90.00	0.02	0.03324	26%-50% Below	No	No
72888001000	BACLOFEN 10 MG TABLET	7	90.00	0.02	0.03210	26%-50% Below	No	No
72888001000	BACLOFEN 10 MG TABLET	7	90.00	0.09	0.03210	101%-200% Above	No	No
72888001000	BACLOFEN 10 MG TABLET	7	120.00	0.09	0.03210	101%-200% Above	No	No
72888001000	BACLOFEN 10 MG TABLET	8	60.00	0.02	0.03148	10%-25% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888001000	BACLOFEN 10 MG TABLET	8	90.00	0.02	0.03148	26%-50% Below	No	No
72888001000	BACLOFEN 10 MG TABLET	8	120.00	0.09	0.03148	101%-200% Above	No	No
72888001001	BACLOFEN 10 MG TABLET	6	30.00	0.09	0.03324	101%-200% Above	No	No
72888001005	BACLOFEN 10 MG TABLET	5	30.00	0.09	0.03417	101%-200% Above	No	No
72888001005	BACLOFEN 10 MG TABLET	5	90.00	0.02	0.03417	26%-50% Below	No	No
72888001005	BACLOFEN 10 MG TABLET	6	60.00	0.02	0.03324	10%-25% Below	No	No
72888001005	BACLOFEN 10 MG TABLET	6	90.00	0.02	0.03324	26%-50% Below	No	No
72888001005	BACLOFEN 10 MG TABLET	7	60.00	0.02	0.03210	10%-25% Below	No	No
72888001005	BACLOFEN 10 MG TABLET	7	90.00	0.02	0.03210	10%-25% Below	No	No
72888001005	BACLOFEN 10 MG TABLET	8	90.00	0.02	0.03148	26%-50% Below	No	No
72888001100	BACLOFEN 20 MG TABLET	4	90.00	0.03	0.05322	26%-50% Below	No	No
72888001100	BACLOFEN 20 MG TABLET	5	180.00	0.11	0.05562	76%-100% Above	No	No
72888001100	BACLOFEN 20 MG TABLET	6	90.00	0.03	0.05518	26%-50% Below	No	No
72888001100	BACLOFEN 20 MG TABLET	8	180.00	0.11	0.05088	101%-200% Above	No	No
72888001201	CYCLOBENZAPRINE 5 MG TABLET	4	9.00	0.05	0.02108	101%-200% Above	No	No
72888001201	CYCLOBENZAPRINE 5 MG TABLET	5	5.00	0.09	0.02132	200% Above	No	No
72888001201	CYCLOBENZAPRINE 5 MG TABLET	5	30.00	0.01	0.02132	51%-75% Below	No	No
72888001201	CYCLOBENZAPRINE 5 MG TABLET	5	30.00	0.09	0.02132	200% Above	No	No
72888001201	CYCLOBENZAPRINE 5 MG TABLET	6	90.00	0.09	0.02110	200% Above	No	No
72888001205	CYCLOBENZAPRINE 5 MG TABLET	4	90.00	0.01	0.02108	26%-50% Below	No	No
72888001205	CYCLOBENZAPRINE 5 MG TABLET	5	90.00	0.01	0.02132	26%-50% Below	No	No
72888001205	CYCLOBENZAPRINE 5 MG TABLET	6	30.00	0.03	0.02110	26%-50% Above	No	No
72888001205	CYCLOBENZAPRINE 5 MG TABLET	6	40.00	0.09	0.02110	200% Above	No	No
72888001205	CYCLOBENZAPRINE 5 MG TABLET	7	10.00	0.04	0.02112	101%-200% Above	No	No
72888001205	CYCLOBENZAPRINE 5 MG TABLET	7	40.00	0.09	0.02112	200% Above	No	No

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72888001205	CYCLOBENZAPRINE 5 MG TABLET	7	90.00	0.04	0.02112	76%-100% Above	No	No
72888001205	CYCLOBENZAPRINE 5 MG TABLET	8	15.00	0.04	0.02145	101%-200% Above	No	No
72888001205	CYCLOBENZAPRINE 5 MG TABLET	8	30.00	0.09	0.02145	200% Above	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	4	15.00	0.09	0.01758	200% Above	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	4	30.00	0.03	0.01758	51%-75% Above	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	4	30.00	0.09	0.01758	200% Above	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	4	60.00	0.02	0.01758	10%-25% Above	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	5	30.00	0.09	0.01770	200% Above	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	5	90.00	0.01	0.01770	26%-50% Below	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	6	30.00	0.09	0.01768	200% Above	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	7	10.00	0.09	0.01731	200% Above	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	8	20.00	0.09	0.01695	200% Above	No	No
72888001405	CYCLOBENZAPRINE 10 MG TABLET	4	30.00	0.01	0.01758	51%-75% Below	No	No
72888001405	CYCLOBENZAPRINE 10 MG TABLET	4	30.00	0.09	0.01758	200% Above	No	No
72888001405	CYCLOBENZAPRINE 10 MG TABLET	4	60.00	0.01	0.01758	51%-75% Below	No	No
72888001405	CYCLOBENZAPRINE 10 MG TABLET	5	30.00	0.01	0.01770	51%-75% Below	No	No
72888001405	CYCLOBENZAPRINE 10 MG TABLET	5	30.00	0.09	0.01770	200% Above	No	No
72888001405	CYCLOBENZAPRINE 10 MG TABLET	6	30.00	0.01	0.01768	51%-75% Below	No	No
72888001405	CYCLOBENZAPRINE 10 MG TABLET	6	30.00	0.09	0.01768	200% Above	No	No
72888001405	CYCLOBENZAPRINE 10 MG TABLET	6	60.00	0.01	0.01768	51%-75% Below	No	No
72888001405	CYCLOBENZAPRINE 10 MG TABLET	7	30.00	0.01	0.01731	51%-75% Below	No	No
72888001405	CYCLOBENZAPRINE 10 MG TABLET	7	30.00	0.09	0.01731	200% Above	No	No
72888001405	CYCLOBENZAPRINE 10 MG TABLET	8	30.00	0.01	0.01695	51%-75% Below	No	No
72888001405	CYCLOBENZAPRINE 10 MG TABLET	8	30.00	0.09	0.01695	200% Above	No	No
72888001405	CYCLOBENZAPRINE 10 MG TABLET	8	60.00	0.01	0.01695	51%-75% Below	No	No

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72888002301	METOPROLOL TARTRATE 75 MG TAB	5	180.00	0.22	0.14655	51%-75% Above	Yes	No
72888002301	METOPROLOL TARTRATE 75 MG TAB	8	180.00	0.19	0.15078	26%-50% Above	Yes	No
72888003405	CARVEDILOL 3.125 MG TABLET	6	60.00	0.03	0.01701	51%-75% Above	Yes	No
72888003405	CARVEDILOL 3.125 MG TABLET	6	180.00	0.03	0.01701	26%-50% Above	Yes	No
72888003405	CARVEDILOL 3.125 MG TABLET	7	60.00	0.03	0.01672	51%-75% Above	Yes	No
72888003405	CARVEDILOL 3.125 MG TABLET	7	180.00	0.04	0.01672	101%-200% Above	Yes	No
72888003505	CARVEDILOL 6.25 MG TABLET	5	180.00	0.05	0.01867	101%-200% Above	Yes	No
72888003505	CARVEDILOL 6.25 MG TABLET	6	180.00	0.04	0.01840	101%-200% Above	Yes	No
72888003505	CARVEDILOL 6.25 MG TABLET	8	60.00	0.03	0.01810	76%-100% Above	Yes	No
72888003600	CARVEDILOL 12.5 MG TABLET	7	60.00	0.06	0.02094	101%-200% Above	No	No
72888003605	CARVEDILOL 12.5 MG TABLET	4	180.00	0.03	0.02100	26%-50% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	4	180.00	0.06	0.02100	101%-200% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	5	180.00	0.03	0.02104	26%-50% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	5	180.00	0.06	0.02104	101%-200% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	6	180.00	0.01	0.02085	26%-50% Below	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	6	180.00	0.04	0.02085	101%-200% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	6	180.00	0.06	0.02085	101%-200% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	6	270.00	0.06	0.02085	101%-200% Above	Yes	No
72888003700	CARVEDILOL 25 MG TABLET	4	30.00	0.05	0.03153	51%-75% Above	No	No
72888003700	CARVEDILOL 25 MG TABLET	7	30.00	0.05	0.03235	51%-75% Above	No	No
72888003700	CARVEDILOL 25 MG TABLET	8	30.00	0.05	0.03211	51%-75% Above	No	No
72888003705	CARVEDILOL 25 MG TABLET	4	180.00	0.04	0.03153	10%-25% Above	Yes	No
72888003705	CARVEDILOL 25 MG TABLET	7	180.00	0.04	0.03235	10%-25% Above	Yes	No
72888003705	CARVEDILOL 25 MG TABLET	7	180.00	0.04	0.03235	10%-25% Above	Yes	No
72888003705	CARVEDILOL 25 MG TABLET	7	180.00	0.05	0.03235	51%-75% Above	Yes	No

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72888003705	CARVEDILOL 25 MG TABLET	8	180.00	0.05	0.03211	51%-75% Above	Yes	No
72888005990	RABEPRAZOLE SOD DR 20 MG TAB	8	90.00	0.41	0.20930	76%-100% Above	Yes	No
72888006205	BUSPIRONE HCL 5 MG TABLET	5	60.00	0.05	0.02204	101%-200% Above	No	No
72888006301	BUSPIRONE HCL 7.5 MG TABLET	4	60.00	0.10	0.11222	10%-25% Below	No	No
72888006301	BUSPIRONE HCL 7.5 MG TABLET	4	60.00	0.14	0.11222	10%-25% Above	No	No
72888006301	BUSPIRONE HCL 7.5 MG TABLET	5	60.00	0.10	0.11083	10%-25% Below	No	No
72888006301	BUSPIRONE HCL 7.5 MG TABLET	5	60.00	0.14	0.11083	10%-25% Above	No	No
72888006301	BUSPIRONE HCL 7.5 MG TABLET	6	60.00	0.14	0.11046	10%-25% Above	No	No
72888006301	BUSPIRONE HCL 7.5 MG TABLET	6	158.00	0.14	0.11046	10%-25% Above	Yes	No
72888006301	BUSPIRONE HCL 7.5 MG TABLET	7	60.00	0.14	0.10694	26%-50% Above	No	No
72888006301	BUSPIRONE HCL 7.5 MG TABLET	8	60.00	0.14	0.10458	26%-50% Above	No	No
72888006501	BUSPIRONE HCL 15 MG TABLET	4	90.00	0.07	0.04301	51%-75% Above	No	No
72888006901	AMITRIPTYLINE HCL 50 MG TAB	7	30.00	0.04	0.09064	51%-75% Below	Yes	No
72888007301	DICLOFENAC POT 50 MG TABLET	5	30.00	0.28	0.09863	101%-200% Above	No	No
72888007301	DICLOFENAC POT 50 MG TABLET	8	30.00	0.28	0.10796	101%-200% Above	No	No
72888007500	POTASSIUM CL ER 10 MEQ TABLET	5	90.00	0.04	0.08823	51%-75% Below	No	No
72888007500	POTASSIUM CL ER 10 MEQ TABLET	5	180.00	0.03	0.08823	51%-75% Below	No	No
72888007500	POTASSIUM CL ER 10 MEQ TABLET	7	10.00	0.10	0.08496	10%-25% Above	No	No
72888007500	POTASSIUM CL ER 10 MEQ TABLET	7	30.00	0.09	0.08496	10%-25% Above	No	No
72888007500	POTASSIUM CL ER 10 MEQ TABLET	8	30.00	0.09	0.08375	10%-25% Above	No	No
72888007501	POTASSIUM CL ER 10 MEQ TABLET	7	60.00	0.04	0.08496	51%-75% Below	No	No
72888007601	POTASSIUM CL ER 20 MEQ TABLET	5	120.00	0.11	0.16351	26%-50% Below	No	No
72888007601	POTASSIUM CL ER 20 MEQ TABLET	6	66.00	0.11	0.16395	26%-50% Below	No	No
72888007601	POTASSIUM CL ER 20 MEQ TABLET	6	90.00	0.20	0.16395	10%-25% Above	Yes	No
72888007601	POTASSIUM CL ER 20 MEQ TABLET	6	180.00	0.08	0.16395	51%-75% Below	Yes	No

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72888007601	POTASSIUM CL ER 20 MEQ TABLET	7	30.00	0.11	0.15933	26%-50% Below	No	No
72888007601	POTASSIUM CL ER 20 MEQ TABLET	7	30.00	0.11	0.15933	26%-50% Below	Yes	No
72888007601	POTASSIUM CL ER 20 MEQ TABLET	7	90.00	0.11	0.15933	26%-50% Below	Yes	No
72888007601	POTASSIUM CL ER 20 MEQ TABLET	8	30.00	0.11	0.16948	26%-50% Below	Yes	No
72888007601	POTASSIUM CL ER 20 MEQ TABLET	8	120.00	0.11	0.16948	26%-50% Below	No	No
72888007715	DORZOLAMIDE HCL 2% EYE DROPS	6	10.00	0.59	0.85754	26%-50% Below	No	No
72888008000	TRAMADOL HCL 50 MG TABLET	4	14.00	0.05	0.02408	101%-200% Above	No	No
72888008000	TRAMADOL HCL 50 MG TABLET	4	180.00	0.05	0.02408	101%-200% Above	No	No
72888008000	TRAMADOL HCL 50 MG TABLET	4	270.00	0.02	0.02408	26%-50% Below	No	No
72888008000	TRAMADOL HCL 50 MG TABLET	5	9.00	0.05	0.02365	101%-200% Above	Yes	No
72888008000	TRAMADOL HCL 50 MG TABLET	5	20.00	0.03	0.02365	10%-25% Above	No	No
72888008000	TRAMADOL HCL 50 MG TABLET	5	20.00	0.05	0.02365	101%-200% Above	No	No
72888008000	TRAMADOL HCL 50 MG TABLET	5	120.00	0.02	0.02365	10%-25% Below	No	No
72888008000	TRAMADOL HCL 50 MG TABLET	5	180.00	0.05	0.02365	101%-200% Above	No	No
72888008000	TRAMADOL HCL 50 MG TABLET	6	9.00	0.05	0.02371	101%-200% Above	No	No
72888008000	TRAMADOL HCL 50 MG TABLET	6	20.00	0.05	0.02371	101%-200% Above	No	No
72888008000	TRAMADOL HCL 50 MG TABLET	6	120.00	0.02	0.02371	10%-25% Below	No	No
72888008000	TRAMADOL HCL 50 MG TABLET	7	15.00	0.05	0.02351	101%-200% Above	No	No
72888008000	TRAMADOL HCL 50 MG TABLET	7	20.00	0.01	0.02351	26%-50% Below	No	No
72888008000	TRAMADOL HCL 50 MG TABLET	7	120.00	0.02	0.02351	10%-25% Below	No	No
72888008000	TRAMADOL HCL 50 MG TABLET	7	180.00	0.04	0.02351	76%-100% Above	No	No
72888008000	TRAMADOL HCL 50 MG TABLET	7	180.00	0.05	0.02351	101%-200% Above	No	No
72888008000	TRAMADOL HCL 50 MG TABLET	8	12.00	0.06	0.02453	101%-200% Above	No	No
72888008000	TRAMADOL HCL 50 MG TABLET	8	120.00	0.02	0.02453	26%-50% Below	No	No
72888008000	TRAMADOL HCL 50 MG TABLET	8	180.00	0.05	0.02453	76%-100% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888008001	TRAMADOL HCL 50 MG TABLET	4	28.00	0.05	0.02408	101%-200% Above	No	No
72888008001	TRAMADOL HCL 50 MG TABLET	4	90.00	0.05	0.02408	101%-200% Above	No	No
72888008001	TRAMADOL HCL 50 MG TABLET	5	12.00	0.07	0.02365	101%-200% Above	No	No
72888008001	TRAMADOL HCL 50 MG TABLET	5	120.00	0.05	0.02365	101%-200% Above	No	No
72888008005	TRAMADOL HCL 50 MG TABLET	5	15.00	0.05	0.02365	101%-200% Above	No	No
72888008005	TRAMADOL HCL 50 MG TABLET	5	30.00	0.05	0.02365	101%-200% Above	No	No
72888008005	TRAMADOL HCL 50 MG TABLET	6	12.00	0.01	0.02371	51%-75% Below	No	No
72888008005	TRAMADOL HCL 50 MG TABLET	7	10.00	0.07	0.02351	200% Above	No	No
72888008005	TRAMADOL HCL 50 MG TABLET	8	9.00	0.01	0.02453	51%-75% Below	No	No
72888009401	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	4	90.00	0.08	0.09559	10%-25% Below	No	No
72888009401	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	6	180.00	0.03	0.09605	51%-75% Below	No	No
72888009401	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	7	45.00	0.04	0.09800	51%-75% Below	No	No
72888009401	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	7	90.00	0.08	0.09800	10%-25% Below	No	No
72888009405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	5	30.00	0.08	0.09790	10%-25% Below	No	No
72888009405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	6	30.00	0.08	0.09605	10%-25% Below	No	No
72888009405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	6	90.00	0.08	0.09605	10%-25% Below	No	No
72888009405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	8	30.00	0.08	0.09827	10%-25% Below	No	No
72888009501	TRIAMTERENE-HYDROCHLOROTHIAZIDE 75-50 MG TAB	5	30.00	0.13	0.11427	10%-25% Above	No	No
72888009501	TRIAMTERENE-HYDROCHLOROTHIAZIDE 75-50 MG TAB	6	30.00	0.13	0.11150	10%-25% Above	No	No
72888010425	GABAPENTIN 250 MG/5 ML SOLN	6	540.00	0.05	0.08255	26%-50% Below	No	No
72888010425	GABAPENTIN 250 MG/5 ML SOLN	7	1080.00	0.05	0.08609	26%-50% Below	No	No
72888011000	DICLOFENAC SOD DR 50 MG TAB	5	35.00	0.11	0.06935	51%-75% Above	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	4	30.00	0.13	0.06651	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	5	20.00	0.10	0.06665	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	60.00	0.10	0.06665	26%-50% Above	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	5	60.00	0.11	0.06665	51%-75% Above	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	6	30.00	0.10	0.06602	26%-50% Above	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	6	60.00	0.08	0.06602	26%-50% Above	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	6	60.00	0.12	0.06602	76%-100% Above	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	6	60.00	0.14	0.06602	101%-200% Above	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	7	20.00	0.16	0.06457	101%-200% Above	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	7	60.00	0.08	0.06457	26%-50% Above	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	7	60.00	0.10	0.06457	26%-50% Above	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	8	14.00	0.15	0.06357	101%-200% Above	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	8	30.00	0.10	0.06357	51%-75% Above	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	8	60.00	0.08	0.06357	26%-50% Above	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	8	60.00	0.10	0.06357	51%-75% Above	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	8	60.00	0.14	0.06357	101%-200% Above	No	No
72888011201	MIDODRINE HCL 2.5 MG TABLET	6	270.00	0.11	0.07175	26%-50% Above	No	No
72888011201	MIDODRINE HCL 2.5 MG TABLET	7	90.00	0.11	0.07030	51%-75% Above	No	No
72888011201	MIDODRINE HCL 2.5 MG TABLET	8	30.00	0.11	0.07284	26%-50% Above	Yes	No
72888011301	MIDODRINE HCL 5 MG TABLET	4	270.00	0.06	0.11130	26%-50% Below	Yes	No
72888011301	MIDODRINE HCL 5 MG TABLET	5	270.00	0.06	0.11179	26%-50% Below	Yes	No
72888011301	MIDODRINE HCL 5 MG TABLET	7	30.00	0.23	0.11198	101%-200% Above	Yes	No
72888011301	MIDODRINE HCL 5 MG TABLET	8	30.00	0.23	0.11344	101%-200% Above	Yes	No
72888011600	GLIPIZIDE 5 MG TABLET	5	180.00	0.02	0.03581	26%-50% Below	Yes	No
72888011600	GLIPIZIDE 5 MG TABLET	6	30.00	0.03	0.03509	10%-25% Below	Yes	No
72888011600	GLIPIZIDE 5 MG TABLET	6	180.00	0.02	0.03509	26%-50% Below	Yes	No
72888011600	GLIPIZIDE 5 MG TABLET	7	30.00	0.03	0.03504	10%-25% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888011600	GLIPIZIDE 5 MG TABLET	8	180.00	0.02	0.03498	26%-50% Below	Yes	No
72888011700	GLIPIZIDE 10 MG TABLET	4	270.00	0.06	0.04617	26%-50% Above	Yes	No
72888011700	GLIPIZIDE 10 MG TABLET	5	30.00	0.03	0.04603	10%-25% Below	Yes	No
72888011700	GLIPIZIDE 10 MG TABLET	5	180.00	0.06	0.04603	26%-50% Above	Yes	No
72888011700	GLIPIZIDE 10 MG TABLET	5	360.00	0.06	0.04603	26%-50% Above	Yes	No
72888011700	GLIPIZIDE 10 MG TABLET	6	180.00	0.02	0.04570	51%-75% Below	Yes	No
72888011700	GLIPIZIDE 10 MG TABLET	6	360.00	0.02	0.04570	26%-50% Below	Yes	No
72888011700	GLIPIZIDE 10 MG TABLET	7	180.00	0.02	0.04598	26%-50% Below	No	No
72888011700	GLIPIZIDE 10 MG TABLET	7	270.00	0.06	0.04598	26%-50% Above	Yes	No
72888011900	DICYCLOMINE 20 MG TABLET	6	20.00	0.17	0.05627	101%-200% Above	No	No
72888011900	DICYCLOMINE 20 MG TABLET	8	8.00	0.10	0.05867	51%-75% Above	No	No
72888011901	DICYCLOMINE 20 MG TABLET	7	112.00	0.09	0.05757	51%-75% Above	Yes	No
72888012105	LABETALOL HCL 200 MG TABLET	5	60.00	0.09	0.14527	26%-50% Below	No	No
72888012105	LABETALOL HCL 200 MG TABLET	6	60.00	0.09	0.14422	26%-50% Below	No	No
72888012105	LABETALOL HCL 200 MG TABLET	7	60.00	0.09	0.14285	26%-50% Below	No	No
72888012105	LABETALOL HCL 200 MG TABLET	8	60.00	0.09	0.14213	26%-50% Below	No	No
72888012301	GUANFACINE 1 MG TABLET	8	30.00	0.33	0.14423	101%-200% Above	No	No
72888012526	LIDOCAINE 2% VISCOUS SOLN	5	100.00	0.05	0.07984	26%-50% Below	No	No
72888012526	LIDOCAINE 2% VISCOUS SOLN	5	200.00	0.05	0.07984	26%-50% Below	No	No
72888012526	LIDOCAINE 2% VISCOUS SOLN	5	400.00	0.05	0.07984	26%-50% Below	No	No
72888012526	LIDOCAINE 2% VISCOUS SOLN	6	60.00	0.05	0.08054	26%-50% Below	No	No
72888012526	LIDOCAINE 2% VISCOUS SOLN	7	120.00	0.06	0.08148	10%-25% Below	No	No
72888012526	LIDOCAINE 2% VISCOUS SOLN	8	200.00	0.05	0.08263	26%-50% Below	No	No
72888013001	LOPERAMIDE 2 MG CAPSULE	4	90.00	0.12	0.05234	101%-200% Above	No	No
72888013001	LOPERAMIDE 2 MG CAPSULE	5	90.00	0.11	0.05207	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888013001	LOPERAMIDE 2 MG CAPSULE	6	90.00	0.11	0.05408	101%-200% Above	No	No
72888013001	LOPERAMIDE 2 MG CAPSULE	8	28.00	0.18	0.05649	200% Above	No	No
72888013001	LOPERAMIDE 2 MG CAPSULE	8	90.00	0.11	0.05649	76%-100% Above	No	No
72888014135	FLUTICASONE PROP 50 MCG SPRAY	3	32.00	0.28	0.44734	26%-50% Below	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	4	16.00	0.55	0.44570	10%-25% Above	No	No
72888014135	FLUTICASONE PROP 50 MCG SPRAY	5	16.00	0.28	0.44134	26%-50% Below	No	No
72888014135	FLUTICASONE PROP 50 MCG SPRAY	6	16.00	0.28	0.44210	26%-50% Below	No	No
72888014135	FLUTICASONE PROP 50 MCG SPRAY	6	16.00	0.53	0.44210	10%-25% Above	No	No
72888014135	FLUTICASONE PROP 50 MCG SPRAY	8	16.00	0.28	0.44780	26%-50% Below	No	No
72888014135	FLUTICASONE PROP 50 MCG SPRAY	8	48.00	0.63	0.44780	26%-50% Above	No	No
72888014330	DESVENLAFAXINE SUCCNT ER 50 MG	6	90.00	2.18	0.42476	200% Above	No	No
72888014390	DESVENLAFAXINE SUCCNT ER 50 MG	6	90.00	0.50	0.42476	10%-25% Above	No	No
72888014390	DESVENLAFAXINE SUCCNT ER 50 MG	8	90.00	0.76	0.39504	76%-100% Above	No	No
72888014490	DESVENLAFAXINE SUCCNT ER 100 MG	4	90.00	0.82	0.42872	76%-100% Above	No	No
72888014490	DESVENLAFAXINE SUCCNT ER 100 MG	5	30.00	0.82	0.42640	76%-100% Above	No	No
72888014490	DESVENLAFAXINE SUCCNT ER 100 MG	5	90.00	0.08	0.42640	76%-100% Below	No	No
72888014490	DESVENLAFAXINE SUCCNT ER 100 MG	5	180.00	0.21	0.42640	51%-75% Below	No	No
72888014490	DESVENLAFAXINE SUCCNT ER 100 MG	6	30.00	0.82	0.42047	76%-100% Above	No	No
72888014490	DESVENLAFAXINE SUCCNT ER 100 MG	6	90.00	0.50	0.42047	10%-25% Above	No	No
72888014490	DESVENLAFAXINE SUCCNT ER 100 MG	7	30.00	0.82	0.41733	76%-100% Above	No	No
72888014490	DESVENLAFAXINE SUCCNT ER 100 MG	7	90.00	0.08	0.41733	76%-100% Below	No	No
72888014490	DESVENLAFAXINE SUCCNT ER 100 MG	7	90.00	0.82	0.41733	76%-100% Above	No	No
72888014490	DESVENLAFAXINE SUCCNT ER 100 MG	8	30.00	0.82	0.40693	101%-200% Above	No	No
72888014837	IPRATROPIUM 0.06% SPRAY	5	15.00	0.43	0.83026	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888014837	IPRATROPIUM 0.06% SPRAY	6	15.00	1.00	0.83917	10%-25% Above	No	No
72888014837	IPRATROPIUM 0.06% SPRAY	7	15.00	0.56	0.80051	26%-50% Below	No	No
72888014938	IPRATROPIUM 0.03% SPRAY	5	30.00	0.25	0.38628	26%-50% Below	No	No
72888014938	IPRATROPIUM 0.03% SPRAY	5	30.00	0.25	0.38628	26%-50% Below	Yes	No
72888014938	IPRATROPIUM 0.03% SPRAY	7	30.00	0.25	0.34876	26%-50% Below	No	No
72888015022	DICLOFENAC 0.1% EYE DROPS	4	5.00	3.00	1.77313	51%-75% Above	No	No
72888015022	DICLOFENAC 0.1% EYE DROPS	5	5.00	3.00	1.76948	51%-75% Above	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	4	30.00	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	5	30.00	0.02	0.01975	10%-25% Above	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	5	30.00	0.03	0.01975	51%-75% Above	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	5	90.00	0.01	0.01975	10%-25% Below	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	6	30.00	0.02	0.01988	10%-25% Above	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	6	60.00	0.02	0.01988	10%-25% Below	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	6	60.00	0.02	0.01988	10%-25% Below	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	6	60.00	0.05	0.01988	101%-200% Above	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	7	30.00	0.02	0.01972	10%-25% Above	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	7	30.00	0.05	0.01972	101%-200% Above	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	7	60.00	0.02	0.01972	10%-25% Below	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	7	60.00	0.02	0.01972	10%-25% Below	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	7	60.00	0.05	0.01972	101%-200% Above	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	8	30.00	0.02	0.01973	10%-25% Above	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	8	60.00	0.02	0.01973	10%-25% Below	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	8	60.00	0.05	0.01973	101%-200% Above	No	No
72888015205	CLONAZEPAM 0.5 MG TABLET	4	30.00	0.05	0.02003	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	60.00	0.05	0.02003	101%-200% Above	Yes	No
72888015205	CLONAZEPAM 0.5 MG TABLET	4	90.00	0.05	0.02003	101%-200% Above	Yes	No
72888015205	CLONAZEPAM 0.5 MG TABLET	5	10.00	0.05	0.01975	101%-200% Above	Yes	No
72888015205	CLONAZEPAM 0.5 MG TABLET	5	20.00	0.03	0.01975	26%-50% Above	Yes	No
72888015205	CLONAZEPAM 0.5 MG TABLET	5	30.00	0.01	0.01975	51%-75% Below	No	No
72888015205	CLONAZEPAM 0.5 MG TABLET	5	30.00	0.05	0.01975	101%-200% Above	Yes	No
72888015205	CLONAZEPAM 0.5 MG TABLET	6	7.00	0.05	0.01988	101%-200% Above	Yes	No
72888015205	CLONAZEPAM 0.5 MG TABLET	6	10.00	0.01	0.01988	26%-50% Below	Yes	No
72888015205	CLONAZEPAM 0.5 MG TABLET	6	15.00	0.01	0.01988	26%-50% Below	Yes	No
72888015205	CLONAZEPAM 0.5 MG TABLET	6	30.00	0.05	0.01988	101%-200% Above	Yes	No
72888015205	CLONAZEPAM 0.5 MG TABLET	6	60.00	0.05	0.01988	101%-200% Above	Yes	No
72888015205	CLONAZEPAM 0.5 MG TABLET	6	180.00	0.01	0.01988	26%-50% Below	Yes	No
72888015205	CLONAZEPAM 0.5 MG TABLET	6	270.00	0.01	0.01988	26%-50% Below	Yes	No
72888015205	CLONAZEPAM 0.5 MG TABLET	7	10.00	0.05	0.01972	101%-200% Above	No	No
72888015205	CLONAZEPAM 0.5 MG TABLET	7	30.00	0.01	0.01972	51%-75% Below	No	No
72888015205	CLONAZEPAM 0.5 MG TABLET	7	30.00	0.05	0.01972	101%-200% Above	Yes	No
72888015205	CLONAZEPAM 0.5 MG TABLET	7	60.00	0.05	0.01972	101%-200% Above	Yes	No
72888015205	CLONAZEPAM 0.5 MG TABLET	8	20.00	0.03	0.01973	26%-50% Above	Yes	No
72888015205	CLONAZEPAM 0.5 MG TABLET	8	30.00	0.01	0.01973	51%-75% Below	No	No
72888015205	CLONAZEPAM 0.5 MG TABLET	8	30.00	0.01	0.01973	51%-75% Below	No	No
72888015205	CLONAZEPAM 0.5 MG TABLET	8	30.00	0.05	0.01973	101%-200% Above	Yes	No
72888015205	CLONAZEPAM 0.5 MG TABLET	8	60.00	0.01	0.01973	26%-50% Below	Yes	No
72888015205	CLONAZEPAM 0.5 MG TABLET	8	60.00	0.05	0.01973	101%-200% Above	Yes	No
72888015301	CLONAZEPAM 1 MG TABLET	4	60.00	0.08	0.02488	200% Above	No	No
72888015301	CLONAZEPAM 1 MG TABLET	5	60.00	0.08	0.02503	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888015301	CLONAZEPAM 1 MG TABLET	6	60.00	0.08	0.02497	200% Above	No	No
72888015301	CLONAZEPAM 1 MG TABLET	7	60.00	0.08	0.02440	200% Above	No	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	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	4	45.00	0.02	0.02488	10%-25% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	4	60.00	0.01	0.02488	51%-75% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	4	60.00	0.02	0.02488	10%-25% Below	Yes	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	0.02	0.02488	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	5	5.00	0.08	0.02503	200% Above	No	No
72888015305	CLONAZEPAM 1 MG TABLET	5	30.00	0.08	0.02503	200% Above	No	No
72888015305	CLONAZEPAM 1 MG TABLET	5	30.00	0.08	0.02503	200% Above	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	5	45.00	0.02	0.02503	10%-25% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	5	60.00	0.01	0.02503	51%-75% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	5	60.00	0.08	0.02503	200% Above	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	5	90.00	0.02	0.02503	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	5	90.00	0.02	0.02503	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	5	90.00	0.08	0.02503	200% Above	No	No
72888015305	CLONAZEPAM 1 MG TABLET	6	5.00	0.14	0.02497	200% Above	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	6	15.00	0.08	0.02497	200% Above	No	No
72888015305	CLONAZEPAM 1 MG TABLET	6	30.00	0.08	0.02497	200% Above	No	No
72888015305	CLONAZEPAM 1 MG TABLET	6	30.00	0.08	0.02497	200% Above	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	6	45.00	0.08	0.02497	200% Above	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	6	60.00	0.01	0.02497	51%-75% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	6	60.00	0.08	0.02497	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	60.00	0.08	0.02497	200% Above	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	6	90.00	0.02	0.02497	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	6	90.00	0.08	0.02497	200% Above	No	No
72888015305	CLONAZEPAM 1 MG TABLET	6	90.00	0.08	0.02497	200% Above	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	7	5.00	0.01	0.02440	51%-75% Below	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	7	30.00	0.08	0.02440	200% Above	No	No
72888015305	CLONAZEPAM 1 MG TABLET	7	30.00	0.08	0.02440	200% Above	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	7	45.00	0.02	0.02440	10%-25% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	7	60.00	0.02	0.02440	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	7	60.00	0.08	0.02440	200% Above	No	No
72888015305	CLONAZEPAM 1 MG TABLET	7	60.00	0.08	0.02440	200% Above	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	7	90.00	0.02	0.02440	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	7	90.00	0.02	0.02440	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	7	90.00	0.08	0.02440	200% Above	No	No
72888015305	CLONAZEPAM 1 MG TABLET	8	5.00	0.08	0.02453	200% Above	No	No
72888015305	CLONAZEPAM 1 MG TABLET	8	30.00	0.08	0.02453	200% Above	No	No
72888015305	CLONAZEPAM 1 MG TABLET	8	30.00	0.08	0.02453	200% Above	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	8	45.00	0.02	0.02453	10%-25% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	8	45.00	0.08	0.02453	200% Above	No	No
72888015305	CLONAZEPAM 1 MG TABLET	8	60.00	0.08	0.02453	200% Above	No	No
72888015305	CLONAZEPAM 1 MG TABLET	8	60.00	0.08	0.02453	200% Above	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	8	90.00	0.02	0.02453	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	8	90.00	0.08	0.02453	200% Above	No	No
72888015305	CLONAZEPAM 1 MG TABLET	8	90.00	0.08	0.02453	200% Above	Yes	No
72888015401	CLONAZEPAM 2 MG TABLET	7	30.00	0.09	0.03837	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888015401	CLONAZEPAM 2 MG TABLET	8	30.00	0.09	0.03975	101%-200% Above	No	No
72888015405	CLONAZEPAM 2 MG TABLET	5	90.00	0.02	0.03815	26%-50% Below	Yes	No
72888015405	CLONAZEPAM 2 MG TABLET	5	180.00	0.09	0.03815	101%-200% Above	Yes	No
72888015405	CLONAZEPAM 2 MG TABLET	8	180.00	0.09	0.03975	101%-200% Above	Yes	No
72888017530	DESVENLAFAXINE SUCCNT ER 25 MG	4	30.00	0.33	0.44024	10%-25% Below	No	No
72888017530	DESVENLAFAXINE SUCCNT ER 25 MG	4	30.00	0.66	0.44024	26%-50% Above	No	No
72888017530	DESVENLAFAXINE SUCCNT ER 25 MG	5	30.00	0.66	0.44410	26%-50% Above	No	No
72888017530	DESVENLAFAXINE SUCCNT ER 25 MG	5	90.00	0.17	0.44410	51%-75% Below	No	No
72888017530	DESVENLAFAXINE SUCCNT ER 25 MG	6	30.00	0.66	0.44588	26%-50% Above	No	No
72888017530	DESVENLAFAXINE SUCCNT ER 25 MG	7	30.00	0.66	0.43447	51%-75% Above	No	No
72888017530	DESVENLAFAXINE SUCCNT ER 25 MG	8	30.00	0.66	0.41164	51%-75% Above	No	No
72888017830	TRANEXAMIC ACID 650 MG TABLET	5	30.00	0.33	0.89533	51%-75% Below	No	No
72888017830	TRANEXAMIC ACID 650 MG TABLET	5	30.00	0.50	0.89533	26%-50% Below	No	No
72888017830	TRANEXAMIC ACID 650 MG TABLET	6	9.00	0.59	0.88541	26%-50% Below	No	No
72888017830	TRANEXAMIC ACID 650 MG TABLET	7	9.00	0.59	0.84420	26%-50% Below	No	No
72888017830	TRANEXAMIC ACID 650 MG TABLET	7	30.00	0.67	0.84420	10%-25% Below	No	No
72888017830	TRANEXAMIC ACID 650 MG TABLET	8	9.00	0.59	0.85674	26%-50% Below	No	No
72888019703	METOPROLOL TARTRATE 12.5 MG TB	5	60.00	0.25	2.76400	76%-100% Below	No	No
72888019703	METOPROLOL TARTRATE 12.5 MG TB	6	60.00	2.14	2.77116	10%-25% Below	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	4	45.00	0.05	0.01714	101%-200% Above	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	4	60.00	0.01	0.01714	26%-50% Below	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	4	60.00	0.05	0.01714	101%-200% Above	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	4	90.00	0.01	0.01714	26%-50% Below	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	4	90.00	0.01	0.01714	26%-50% Below	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	4	90.00	0.05	0.01714	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888020800	METOPROLOL TARTRATE 25 MG TAB	4	90.00	0.05	0.01714	101%-200% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	4	180.00	0.02	0.01714	10%-25% Above	No	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	5	45.00	0.05	0.01716	101%-200% Above	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	5	45.00	0.05	0.01716	101%-200% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	5	60.00	0.01	0.01716	26%-50% Below	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	5	90.00	0.01	0.01716	26%-50% Below	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	5	90.00	0.02	0.01716	26%-50% Above	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	5	90.00	0.05	0.01716	101%-200% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	5	180.00	0.01	0.01716	26%-50% Below	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	5	180.00	0.02	0.01716	26%-50% Above	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	5	180.00	0.02	0.01716	26%-50% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	5	180.00	0.02	0.01716	26%-50% Above	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	5	180.00	0.05	0.01716	101%-200% Above	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	5	180.00	0.05	0.01716	101%-200% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	6	45.00	0.05	0.01704	101%-200% Above	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	6	60.00	0.05	0.01704	101%-200% Above	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	6	90.00	0.02	0.01704	10%-25% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	6	135.00	0.01	0.01704	26%-50% Below	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	6	180.00	0.01	0.01704	26%-50% Below	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	6	180.00	0.02	0.01704	10%-25% Below	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	6	180.00	0.02	0.01704	26%-50% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	6	180.00	0.03	0.01704	76%-100% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	6	180.00	0.05	0.01704	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	180.00	0.05	0.01704	101%-200% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	6	270.00	0.05	0.01704	101%-200% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	7	30.00	0.04	0.01639	101%-200% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	7	60.00	0.03	0.01639	51%-75% Above	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	7	90.00	0.01	0.01639	26%-50% Below	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	7	90.00	0.03	0.01639	101%-200% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	7	90.00	0.05	0.01639	101%-200% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	7	180.00	0.02	0.01639	10%-25% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	7	180.00	0.02	0.01639	10%-25% Above	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	7	180.00	0.02	0.01639	10%-25% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	7	180.00	0.02	0.01639	10%-25% Above	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	7	180.00	0.05	0.01639	101%-200% Above	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	7	180.00	0.05	0.01639	101%-200% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	8	14.00	0.05	0.01597	101%-200% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	8	45.00	0.03	0.01597	101%-200% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	8	45.00	0.05	0.01597	101%-200% Above	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	8	60.00	0.05	0.01597	101%-200% Above	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	8	90.00	0.01	0.01597	26%-50% Below	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	8	180.00	0.02	0.01597	10%-25% Above	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	8	180.00	0.02	0.01597	10%-25% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	8	180.00	0.05	0.01597	101%-200% Above	No	No
72888020801	METOPROLOL TARTRATE 25 MG TAB	4	60.00	0.05	0.01714	101%-200% Above	No	No
72888020805	METOPROLOL TARTRATE 25 MG TAB	4	180.00	0.05	0.01714	101%-200% Above	No	No
72888020805	METOPROLOL TARTRATE 25 MG TAB	5	30.00	0.05	0.01716	101%-200% Above	No	No
72888020805	METOPROLOL TARTRATE 25 MG TAB	5	60.00	0.03	0.01716	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888020805	METOPROLOL TARTRATE 25 MG TAB	5	180.00	0.05	0.01716	101%-200% Above	No	No
72888020805	METOPROLOL TARTRATE 25 MG TAB	7	30.00	0.05	0.01639	101%-200% Above	No	No
72888020805	METOPROLOL TARTRATE 25 MG TAB	7	180.00	0.02	0.01639	10%-25% Above	No	No
72888020805	METOPROLOL TARTRATE 25 MG TAB	7	180.00	0.05	0.01639	101%-200% Above	No	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	4	2.00	0.05	0.01928	101%-200% Above	No	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	4	4.00	0.13	0.01928	200% Above	No	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	4	60.00	0.04	0.01928	101%-200% Above	No	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	4	135.00	0.04	0.01928	101%-200% Above	No	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	4	180.00	0.01	0.01928	10%-25% Below	Yes	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	4	180.00	0.02	0.01928	10%-25% Below	Yes	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	4	180.00	0.04	0.01928	101%-200% Above	No	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	5	4.00	0.01	0.01909	26%-50% Below	No	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	5	30.00	0.04	0.01909	101%-200% Above	Yes	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	5	60.00	0.04	0.01909	101%-200% Above	No	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	5	180.00	0.01	0.01909	10%-25% Below	Yes	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	5	180.00	0.04	0.01909	101%-200% Above	No	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	5	180.00	0.04	0.01909	101%-200% Above	Yes	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	6	60.00	0.02	0.01891	10%-25% Above	No	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	6	60.00	0.04	0.01891	101%-200% Above	No	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	6	90.00	0.01	0.01891	26%-50% Below	No	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	6	135.00	0.04	0.01891	101%-200% Above	No	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	6	180.00	0.01	0.01891	26%-50% Below	No	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	6	180.00	0.02	0.01891	10%-25% Above	No	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	6	180.00	0.04	0.01891	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888021000	METOPROLOL TARTRATE 50 MG TAB	6	180.00	0.04	0.01891	101%-200% Above	Yes	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	7	60.00	0.02	0.01857	26%-50% Above	No	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	7	60.00	0.04	0.01857	101%-200% Above	No	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	7	135.00	0.04	0.01857	101%-200% Above	No	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	7	180.00	0.01	0.01857	10%-25% Below	Yes	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	7	180.00	0.02	0.01857	10%-25% Below	Yes	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	8	60.00	0.02	0.01854	26%-50% Above	No	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	8	60.00	0.04	0.01854	101%-200% Above	No	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	8	180.00	0.01	0.01854	10%-25% Below	Yes	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	8	180.00	0.04	0.01854	101%-200% Above	Yes	No
72888021200	METOPROLOL TARTRATE 100 MG TAB	4	56.00	0.06	0.02844	101%-200% Above	No	No
72888021200	METOPROLOL TARTRATE 100 MG TAB	4	180.00	0.06	0.02844	101%-200% Above	No	No
72888021200	METOPROLOL TARTRATE 100 MG TAB	4	180.00	0.06	0.02844	101%-200% Above	Yes	No
72888021200	METOPROLOL TARTRATE 100 MG TAB	5	180.00	0.06	0.02908	101%-200% Above	No	No
72888021200	METOPROLOL TARTRATE 100 MG TAB	6	56.00	0.06	0.02819	101%-200% Above	No	No
72888021200	METOPROLOL TARTRATE 100 MG TAB	7	180.00	0.06	0.02729	101%-200% Above	No	No
72888021200	METOPROLOL TARTRATE 100 MG TAB	7	180.00	0.06	0.02729	101%-200% Above	Yes	No
72888021200	METOPROLOL TARTRATE 100 MG TAB	8	56.00	0.06	0.02747	101%-200% Above	No	No
72888049902	CARVEDILOL 3.125 MG TABLET	8	60.00	0.03	0.01675	51%-75% Above	Yes	No
72888050102	CARVEDILOL 12.5 MG TABLET	8	180.00	0.02	0.02139	10%-25% Above	Yes	No
72888050102	CARVEDILOL 12.5 MG TABLET	8	180.00	0.06	0.02139	101%-200% Above	Yes	No
72888050102	CARVEDILOL TAB 12.5MG	7	60.00	0.03	.		Yes	No
72888050102	CARVEDILOL TAB 12.5MG	7	180.00	0.04	.		Yes	No
73043000803	AMOX-CLAV 600-42.9 MG/5 ML SUS	4	200.00	0.04	0.06059	26%-50% Below	No	No
73473090330	MOXIFLOXACIN HCL 400 MG TABLET	8	7.00	0.92	1.34281	26%-50% Below	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
73555050100	REVUFORJ TAB 110MG	5	60.00	661.85	.		No	No
73555050200	REVUFORJ TAB 160MG	5	60.00	661.85	.		No	No
74312001380	VITAMIN B-12 TAB 1000MCG	5	90.00	0.18	.		Yes	No
74312019377	VITAMIN D3 CAP 5000UNIT	7	90.00	0.18	.		Yes	No
75826011410	PHENAZOPYRIDINE 100 MG TAB	8	6.00	0.39	0.15002	101%-200% Above	No	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	5	21.00	0.25	0.18168	26%-50% Above	No	No
75826012530	DEXTROAMPHETAMINE 20 MG TAB	5	60.00	2.41	5.63540	51%-75% Below	Yes	No
75826012530	DEXTROAMPHETAMINE 20 MG TAB	8	60.00	0.33	5.38543	76%-100% Below	No	No
75834002001	VITAMIN D3 CAP 50,000IU	4	12.00	1.25	.		Yes	No
75834002001	VITAMIN D3 CAP 50,000IU	4	12.00	1.33	.		No	No
75834002001	VITAMIN D3 CAP 50,000IU	5	8.00	1.06	.		No	No
75834002001	VITAMIN D3 CAP 50,000IU	5	8.00	1.87	.		Yes	No
75834002001	VITAMIN D3 CAP 50,000IU	5	12.00	1.04	.		No	No
75834002001	VITAMIN D3 CAP 50,000IU	5	12.00	1.25	.		Yes	No
75834002001	VITAMIN D3 CAP 50,000IU	5	13.00	1.04	.		No	No
75834002001	VITAMIN D3 CAP 50,000IU	6	12.00	1.25	.		Yes	No
75834002001	VITAMIN D3 CAP 50,000IU	7	12.00	1.04	.		No	No
75834002001	VITAMIN D3 CAP 50,000IU	7	12.00	1.25	.		Yes	No
75834002001	VITAMIN D3 CAP 50,000IU	8	4.00	3.75	.		Yes	No
75834002001	VITAMIN D3 CAP 50,000IU	8	12.00	0.20	.		Yes	No
75834002001	VITAMIN D3 CAP 50,000IU	8	12.00	1.25	.		Yes	No
75834002012	VITAMIN D3 CAP 50,000IU	5	12.00	1.67	.		No	No
75834002012	VITAMIN D3 CAP 50,000IU	6	12.00	1.67	.		No	No
75834015801	VERAPAMIL ER 180 MG TABLET	6	90.00	0.14	0.19300	26%-50% Below	No	No
75834015901	VERAPAMIL ER 240 MG TABLET	5	90.00	0.12	0.16679	26%-50% Below	No	No

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75834015901	VERAPAMIL ER 240 MG TABLET	5	90.00	0.13	0.16679	10%-25% Below	No	No
75834015901	VERAPAMIL ER 240 MG TABLET	8	90.00	0.12	0.16539	26%-50% Below	No	No
75834023801	CELECOXIB 200 MG CAPSULE	7	90.00	1.70	0.07799	200% Above	No	No
75834023805	CELECOXIB 200 MG CAPSULE	5	10.00	1.32	0.08353	200% Above	No	No
75834025801	ATORVASTATIN 80 MG TABLET	5	30.00	0.01	0.07062	76%-100% Below	No	No
75834025801	ATORVASTATIN 80 MG TABLET	5	90.00	0.12	0.07062	51%-75% Above	No	No
75834025801	ATORVASTATIN 80 MG TABLET	5	90.00	0.14	0.07062	76%-100% Above	No	No
75834025801	ATORVASTATIN 80 MG TABLET	7	90.00	0.13	0.06918	76%-100% Above	No	No
75834032001	VERAPAMIL ER 120 MG TABLET	4	30.00	0.14	0.19427	26%-50% Below	No	No
75834032001	VERAPAMIL ER 120 MG TABLET	5	90.00	0.14	0.19266	26%-50% Below	No	No
75834032001	VERAPAMIL ER 120 MG TABLET	8	90.00	0.14	0.18033	10%-25% Below	No	No
75834032701	DEXMETHYLPHENIDATE 5 MG TAB	5	30.00	0.10	0.28064	51%-75% Below	No	No
75834032701	DEXMETHYLPHENIDATE 5 MG TAB	8	30.00	0.10	0.27285	51%-75% Below	No	No
75907000101	LIOTHYRONINE SOD 25 MCG TAB	4	90.00	0.19	0.30351	26%-50% Below	No	No
75907000101	LIOTHYRONINE SOD 25 MCG TAB	6	90.00	0.17	0.31913	26%-50% Below	Yes	No
75907000101	LIOTHYRONINE SOD 25 MCG TAB	6	90.00	0.19	0.31913	26%-50% Below	Yes	No
75907002348	CLONIDINE 0.1 MG/DAY PATCH	5	12.00	3.45	7.18213	51%-75% Below	Yes	No
75907002348	CLONIDINE 0.1 MG/DAY PATCH	7	12.00	3.45	6.55734	26%-50% Below	Yes	No
75907002448	CLONIDINE 0.2 MG/DAY PATCH	4	4.00	4.31	9.42797	51%-75% Below	Yes	No
75907002448	CLONIDINE 0.2 MG/DAY PATCH	6	4.00	6.13	9.58794	26%-50% Below	No	No
75907002448	CLONIDINE 0.2 MG/DAY PATCH	8	4.00	6.13	9.17118	26%-50% Below	No	No
75907002548	CLONIDINE 0.3 MG/DAY PATCH	5	12.00	8.92	13.07482	26%-50% Below	No	No
75907002548	CLONIDINE 0.3 MG/DAY PATCH	6	4.00	3.75	12.72339	51%-75% Below	No	No
75907002548	CLONIDINE 0.3 MG/DAY PATCH	7	4.00	3.75	12.22270	51%-75% Below	No	No
75907002548	CLONIDINE 0.3 MG/DAY PATCH	7	4.00	8.92	12.22270	26%-50% Below	No	No

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75907002548	CLONIDINE 0.3 MG/DAY PATCH	8	4.00	3.75	12.04660	51%-75% Below	No	No
75907003901	LIOTHYRONINE SOD 5 MCG TAB	4	180.00	0.14	0.21610	26%-50% Below	Yes	No
75907003901	LIOTHYRONINE SOD 5 MCG TAB	5	90.00	0.03	0.21877	76%-100% Below	No	No
75907003901	LIOTHYRONINE SOD 5 MCG TAB	5	90.00	0.28	0.21877	26%-50% Above	Yes	No
75907003901	LIOTHYRONINE SOD 5 MCG TAB	5	180.00	0.28	0.21877	26%-50% Above	Yes	No
75907003901	LIOTHYRONINE SOD 5 MCG TAB	6	90.00	0.14	0.22831	26%-50% Below	Yes	No
75907003901	LIOTHYRONINE SOD 5 MCG TAB	6	90.00	0.34	0.22831	26%-50% Above	Yes	No
75907003901	LIOTHYRONINE SOD 5 MCG TAB	7	90.00	0.14	0.22087	26%-50% Below	Yes	No
75907003901	LIOTHYRONINE SOD 5 MCG TAB	7	180.00	0.14	0.22087	26%-50% Below	Yes	No
75907003901	LIOTHYRONINE SOD 5 MCG TAB	8	180.00	0.14	0.22006	26%-50% Below	Yes	No
75907004601	DILTIAZEM 12HR ER 120 MG CAP	5	90.00	0.94	2.22845	51%-75% Below	Yes	No
75907006060	NYSTATIN 100,000 UNIT/GM POWD	6	60.00	0.10	0.26477	51%-75% Below	No	No
75907006060	NYSTATIN 100,000 UNIT/GM POWD	7	60.00	0.17	0.26179	26%-50% Below	No	No
75907006060	NYSTATIN 100,000 UNIT/GM POWD	8	60.00	0.11	0.25869	51%-75% Below	No	No
75907006901	NORTRIPTYLINE HCL 10 MG CAP	4	170.00	0.07	0.12875	26%-50% Below	No	No
75907006901	NORTRIPTYLINE HCL 10 MG CAP	5	60.00	0.06	0.12412	51%-75% Below	No	No
75907006901	NORTRIPTYLINE HCL 10 MG CAP	6	30.00	0.06	0.11723	51%-75% Below	No	No
75907006901	NORTRIPTYLINE HCL 10 MG CAP	6	90.00	0.09	0.11723	10%-25% Below	No	No
75907006901	NORTRIPTYLINE HCL 10 MG CAP	6	180.00	0.06	0.11723	51%-75% Below	No	No
75907006901	NORTRIPTYLINE HCL 10 MG CAP	8	90.00	0.06	0.11109	26%-50% Below	Yes	No
75907006905	NORTRIPTYLINE HCL 10 MG CAP	5	90.00	0.06	0.12412	51%-75% Below	No	No
75907007001	NORTRIPTYLINE HCL 25 MG CAP	4	30.00	0.12	0.15087	10%-25% Below	No	No
75907007001	NORTRIPTYLINE HCL 25 MG CAP	5	30.00	0.09	0.15794	26%-50% Below	No	No
75907007001	NORTRIPTYLINE HCL 25 MG CAP	5	30.00	0.12	0.15794	10%-25% Below	No	No
75907007001	NORTRIPTYLINE HCL 25 MG CAP	6	30.00	0.11	0.16076	26%-50% Below	No	No

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75907007001	NORTRIPTYLINE HCL 25 MG CAP	7	30.00	0.11	0.16021	26%-50% Below	No	No
75907007001	NORTRIPTYLINE HCL 25 MG CAP	8	30.00	0.11	0.15164	10%-25% Below	No	No
75907007001	NORTRIPTYLINE HCL 25 MG CAP	8	90.00	0.09	0.15164	26%-50% Below	No	No
75907007005	NORTRIPTYLINE HCL 25 MG CAP	5	30.00	0.09	0.15794	26%-50% Below	No	No
75907007005	NORTRIPTYLINE HCL 25 MG CAP	5	180.00	0.09	0.15794	26%-50% Below	No	No
75907007005	NORTRIPTYLINE HCL 25 MG CAP	6	30.00	0.09	0.16076	26%-50% Below	No	No
75907007101	NORTRIPTYLINE HCL 50 MG CAP	8	30.00	0.09	0.20223	51%-75% Below	No	No
75907007101	NORTRIPTYLINE HCL 50 MG CAP	8	180.00	0.10	0.20223	26%-50% Below	Yes	No
75907007201	NORTRIPTYLINE HCL 75 MG CAP	7	90.00	0.11	0.25001	51%-75% Below	No	No
75907008262	MICROGESTIN FE 1-20 TABLET	5	28.00	0.07	0.13075	26%-50% Below	No	No
75907008262	MICROGESTIN FE 1-20 TABLET	6	28.00	0.07	0.13114	26%-50% Below	No	No
75907008262	MICROGESTIN FE 1-20 TABLET	7	28.00	0.07	0.13020	26%-50% Below	No	No
75907008363	MICROGESTIN 21 1.5-30 TAB	5	84.00	0.04	0.34554	76%-100% Below	No	No
75907008463	MICROGESTIN 21 1-20 TABLET	4	21.00	0.02	0.16522	76%-100% Below	No	No
75907008463	MICROGESTIN 21 1-20 TABLET	4	84.00	0.02	0.16522	76%-100% Below	No	No
75907008463	MICROGESTIN 21 1-20 TABLET	5	21.00	0.02	0.16969	76%-100% Below	No	No
75907008463	MICROGESTIN 21 1-20 TABLET	5	63.00	0.02	0.16969	76%-100% Below	No	No
75907008463	MICROGESTIN 21 1-20 TABLET	7	21.00	0.10	0.17735	26%-50% Below	No	No
75907009162	AZURETTE 28 DAY TABLET	7	84.00	0.09	0.15336	26%-50% Below	No	No
75907020716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	6	240.00	0.04	0.07216	26%-50% Below	Yes	No
75907030930	TRANEXAMIC ACID 650 MG TABLET	6	30.00	0.45	0.88541	26%-50% Below	Yes	No
75907030930	TRANEXAMIC ACID 650 MG TABLET	7	30.00	0.44	0.84420	26%-50% Below	Yes	No
75907031130	SERTRALINE 200 MG CAPSULE	5	90.00	0.01	3.65384	76%-100% Below	No	No
75907034710	METOPROLOL SUCC ER 50 MG TAB	5	90.00	0.11	0.05393	76%-100% Above	No	No
75907034710	METOPROLOL SUCC ER 50 MG TAB	8	90.00	0.11	0.05705	76%-100% Above	No	No

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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	5	90.00	0.11	0.18726	26%-50% Below	No	No
76204001155	ALBUTEROL SUL 1.25 MG/3 ML SOL	6	75.00	0.11	0.18952	26%-50% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	300.00	0.01	0.05918	76%-100% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	300.00	0.03	0.06138	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	4	150.00	0.02	0.06064	51%-75% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	5	75.00	0.03	0.05959	26%-50% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	5	300.00	0.03	0.06128	26%-50% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	75.00	0.03	0.05870	51%-75% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	75.00	0.03	0.05870	26%-50% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	75.00	0.03	0.05870	26%-50% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	150.00	0.02	0.05870	51%-75% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	7	150.00	0.02	0.05798	51%-75% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	10	300.00	0.00	0.06602	76%-100% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	11	300.00	0.00	0.05680	76%-100% Below	No	No
76204020030	ALBUTEROL SUL 2.5 MG/3 ML SOLN	5	90.00	0.03	0.06535	26%-50% Below	No	No
76204020030	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	90.00	0.03	0.06342	26%-50% Below	No	No
76204020030	ALBUTEROL SUL 2.5 MG/3 ML SOLN	8	90.00	0.03	0.06053	51%-75% Below	No	No
76204020060	ALBUTEROL SUL 2.5 MG/3 ML SOLN	4	180.00	0.03	0.06578	26%-50% Below	No	No
76204020060	ALBUTEROL SUL 2.5 MG/3 ML SOLN	5	180.00	0.02	0.06735	51%-75% Below	No	No
76204020060	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	150.00	0.03	0.06567	51%-75% Below	No	No
76204020060	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	180.00	0.03	0.06755	26%-50% Below	No	No
76204020060	ALBUTEROL SUL 2.5 MG/3 ML SOLN	7	180.00	0.03	0.06678	26%-50% Below	No	No
76204020060	ALBUTEROL SUL 2.5 MG/3 ML SOLN	8	180.00	0.03	0.06577	26%-50% Below	No	No

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76204030003	SOD CHLORIDE NEB 0.9% 3ML	4	300.00	0.05	.		No	No
76204030003	SOD CHLORIDE NEB 0.9% 3ML	5	300.00	0.07	.		No	No
76204060030	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	6	270.00	0.04	0.08612	26%-50% Below	No	No
76204060030	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	7	270.00	0.04	0.08380	26%-50% Below	No	No
76204060060	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	5	180.00	0.04	0.08390	26%-50% Below	No	No
76282021301	SERTRALINE HCL 50 MG TABLET	4	30.00	0.07	0.03450	101%-200% Above	No	No
76282021301	SERTRALINE HCL 50 MG TABLET	4	90.00	0.07	0.03450	101%-200% Above	No	No
76282021301	SERTRALINE HCL 50 MG TABLET	5	30.00	0.07	0.03457	101%-200% Above	No	No
76282021301	SERTRALINE HCL 50 MG TABLET	5	90.00	0.07	0.03457	101%-200% Above	No	No
76282021301	SERTRALINE HCL 50 MG TABLET	6	30.00	0.07	0.03430	101%-200% Above	No	No
76282021301	SERTRALINE HCL 50 MG TABLET	6	90.00	0.07	0.03430	101%-200% Above	No	No
76282021301	SERTRALINE HCL 50 MG TABLET	7	90.00	0.07	0.03468	101%-200% Above	No	No
76282021390	SERTRALINE HCL 50 MG TABLET	5	90.00	0.03	0.03457	10%-25% Below	No	No
76282023890	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.01	0.01107	26%-50% Above	No	No
76282023990	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.02	0.01694	10%-25% Above	No	No
76282023990	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	0.02	0.01716	10%-25% Above	No	No
76282023990	AMLODIPINE BESYLATE 10 MG TAB	8	90.00	0.02	0.01721	10%-25% Above	No	No
76282023990	AMLODIPINE BESYLATE 10 MG TAB	11	90.00	0.02	0.01675	10%-25% Above	No	No
76282024990	ESCITALOPRAM 5 MG TABLET	5	90.00	0.09	0.04188	101%-200% Above	No	No
76282025010	ESCITALOPRAM 10 MG TABLET	6	90.00	0.09	0.03941	101%-200% Above	No	No
76282025110	ESCITALOPRAM 20 MG TABLET	7	90.00	0.09	0.06372	26%-50% Above	No	No
76282025190	ESCITALOPRAM 20 MG TABLET	4	90.00	0.11	0.06129	76%-100% Above	No	No
76282028330	CYCLOBENZAPRINE 10 MG TABLET	4	30.00	0.03	0.01758	26%-50% Above	No	No
76282042010	LISINOPRIL 20 MG TABLET	4	90.00	0.01	0.02587	51%-75% Below	No	No
76282044790	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	90.00	0.06	0.04059	51%-75% Above	No	No

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76282050890	AMLODIPINE BESYLATE 5 MG TAB	7	90.00	0.01	0.01030	26%-50% Above	No	No
76282050990	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	0.06	0.01539	200% Above	No	No
76282050990	AMLODIPINE BESYLATE 10 MG TAB	8	90.00	0.02	0.01503	26%-50% Above	No	No
76282050990	AMLODIPINE TAB 10MG	2	90.00	0.02	.		No	No
76282064501	SILDENAFIL 100 MG TABLET	4	9.00	0.06	0.13333	51%-75% Below	No	No
76282064501	SILDENAFIL 100 MG TABLET	6	18.00	0.06	0.12978	51%-75% Below	No	No
76282073010	LISINOPRIL 10 MG TABLET	4	30.00	0.01	0.01873	51%-75% Below	No	No
76282073310	LISINOPRIL 40 MG TABLET	5	90.00	0.02	0.04718	51%-75% Below	No	No
76346065403	MIFEPRISTONE TAB 300MG	7	30.00	435.08	.		No	No
76385010710	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	5	20.00	0.20	0.13861	26%-50% Above	Yes	No
76385011050	CARVEDILOL 3.125 MG TABLET	4	180.00	0.06	0.01718	200% Above	No	No
76385011050	CARVEDILOL 3.125 MG TABLET	5	180.00	0.06	0.01742	200% Above	No	No
76385011050	CARVEDILOL 3.125 MG TABLET	7	180.00	0.06	0.01672	200% Above	No	No
76385011050	CARVEDILOL 3.125 MG TABLET	8	180.00	0.06	0.01675	200% Above	No	No
76385011150	CARVEDILOL 6.25 MG TABLET	4	60.00	0.03	0.01848	51%-75% Above	No	No
76385011150	CARVEDILOL 6.25 MG TABLET	5	60.00	0.03	0.01867	51%-75% Above	No	No
76385011150	CARVEDILOL 6.25 MG TABLET	6	60.00	0.03	0.01840	51%-75% Above	No	No
76385011150	CARVEDILOL 6.25 MG TABLET	8	60.00	0.03	0.01810	51%-75% Above	No	No
76385011350	CARVEDILOL 25 MG TABLET	6	180.00	0.05	0.03199	51%-75% Above	No	No
76385013001	CYPROHEPTADINE 4 MG TABLET	8	30.00	0.08	0.06762	10%-25% Above	No	No
76385013101	PINDOLOL 5 MG TABLET	4	15.00	0.30	0.68035	51%-75% Below	No	No
76385013101	PINDOLOL 5 MG TABLET	4	60.00	0.30	0.68035	51%-75% Below	No	No
76385013101	PINDOLOL 5 MG TABLET	5	15.00	0.30	0.67062	51%-75% Below	No	No
76385013101	PINDOLOL 5 MG TABLET	5	60.00	0.30	0.67062	51%-75% Below	No	No
76385013101	PINDOLOL 5 MG TABLET	6	15.00	0.30	0.66900	51%-75% Below	No	No

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76385013101	PINDOLOL 5 MG TABLET	6	60.00	0.30	0.66900	51%-75% Below	No	No
76385013101	PINDOLOL 5 MG TABLET	7	30.00	0.44	0.66447	26%-50% Below	No	No
76385013101	PINDOLOL 5 MG TABLET	8	30.00	0.44	0.63971	26%-50% Below	No	No
76385013201	PINDOLOL 10 MG TABLET	4	90.00	0.41	0.76749	26%-50% Below	No	No
76385013201	PINDOLOL 10 MG TABLET	5	90.00	0.41	0.78643	26%-50% Below	No	No
77771045190	ATORVASTATIN TAB 10MG	6	90.00	0.15	.		No	No
77771045190	ATORVASTATIN TAB 10MG	8	90.00	0.10	.		No	No
77771045290	ATORVASTATIN TAB 20MG	6	90.00	0.01	.		No	No
77771045405	ATORVASTATIN TAB 80MG	4	45.00	0.13	.		No	No
77771045405	ATORVASTATIN TAB 80MG	4	45.00	0.14	.		No	No
78206015801	REMERON SLTB ODT 30MG	4	30.00	5.38	.		No	No
78206015801	REMERON SLTB ODT 30MG	5	30.00	5.38	.		No	No
78206015801	REMERON SLTB ODT 30MG	6	30.00	5.38	.		No	No
78206015801	REMERON SLTB ODT 30MG	7	30.00	5.38	.		No	No
78206015801	REMERON SLTB ODT 30MG	8	30.00	5.38	.		No	No
79903048150	ASPIRIN LOW TAB 81MG EC	4	30.00	0.01	.		No	No
79903048150	ASPIRIN LOW TAB 81MG EC	5	90.00	0.01	.		No	No
79903048150	ASPIRIN LOW TAB 81MG EC	6	30.00	0.01	.		No	No
79903048150	ASPIRIN LOW TAB 81MG EC	6	90.00	0.01	.		No	No
79903048150	ASPIRIN LOW TAB 81MG EC	7	14.00	0.01	.		No	No
80005011711	PRIMIDONE 50 MG TABLET	7	90.00	0.08	0.09147	10%-25% Below	No	No
80005011714	PRIMIDONE 50 MG TABLET	7	360.00	0.08	0.09147	10%-25% Below	No	No
80005013109	CLINDAMYCIN PHOS 1% PLEDGET	4	60.00	0.17	0.29439	26%-50% Below	No	No
80005013109	CLINDAMYCIN PHOS 1% PLEDGET	5	60.00	0.17	0.29380	26%-50% Below	No	No
80005013109	CLINDAMYCIN PHOS 1% PLEDGET	6	60.00	0.17	0.28810	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
80491785003	QUVIVIQ 50 MG TABLET	7	30.00	29.06	16.70251	51%-75% Above	No	No
80491785003	QUVIVIQ 50 MG TABLET	8	30.00	29.06	16.70433	51%-75% Above	No	No
80681007400	FOLIC ACID TAB 800MCG	6	90.00	0.01	.		No	No
80681007400	FOLIC ACID TAB 800MCG	6	90.00	0.01	.		No	No
80681016900	VITAMIN D3 TAB 25MCG	4	30.00	0.30	.		No	No
80681016900	VITAMIN D3 TAB 25MCG	5	30.00	0.30	.		No	No
80681017401	VITAMIN D3 CAP 1.25MG	6	12.00	1.38	.		Yes	No
80777011296	SPIKEVAX INJ 2025-26	4	0.50	269.02	.		Yes	No
80777011296	SPIKEVAX INJ 2025-26	6	0.50	269.02	.		Yes	No
80777011296	SPIKEVAX INJ 2025-26	7	0.50	279.70	.		Yes	No
80777040060	MNEXSPIKE INJ 2025-26	6	0.20	840.05	.		Yes	No
80777040060	MNEXSPIKE INJ 2025-26	6	0.20	850.15	.		No	No
81665010496	CROMOLYN 100 MG/5 ML ORAL CONC	5	480.00	0.13	0.33615	51%-75% Below	Yes	No
81942012501	XDEMVY DRO 0.25%	4	10.00	187.90	.		No	No
81942012501	XDEMVY DRO 0.25%	4	10.00	204.55	.		No	No
81942012501	XDEMVY DRO 0.25%	5	10.00	187.90	.		No	No
81942012501	XDEMVY DRO 0.25%	5	10.00	199.73	.		No	No
81942012501	XDEMVY DRO 0.25%	5	10.00	204.55	.		No	No
81942012501	XDEMVY DRO 0.25%	6	10.00	203.39	.		No	No
81942012501	XDEMVY DRO 0.25%	7	10.00	187.90	.		No	No
81942012501	XDEMVY DRO 0.25%	7	10.00	196.86	.		No	No
81952012424	ENOXAPARIN 40 MG/0.4 ML SYR	5	12.00	6.61	7.98179	10%-25% Below	No	No
81952012424	ENOXAPARIN 40 MG/0.4 ML SYR	6	2.00	6.61	8.05544	10%-25% Below	No	No
81952012424	ENOXAPARIN 40 MG/0.4 ML SYR	6	12.00	6.61	8.05544	10%-25% Below	No	No
81952012626	ENOXAPARIN 60 MG/0.6 ML SYR	6	36.00	1.80	7.84332	76%-100% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
81964020351	AMOX-CLAV 600-42.9 MG/5 ML SUS	4	75.00	0.08	0.06970	10%-25% Above	No	No
81964020351	AMOX-CLAV 600-42.9 MG/5 ML SUS	5	150.00	0.04	0.06979	26%-50% Below	No	No
81964020351	AMOX-CLAV 600-42.9 MG/5 ML SUS	7	75.00	0.04	0.06741	26%-50% Below	No	No
81964020354	AMOX-CLAV 600-42.9 MG/5 ML SUS	4	200.00	0.04	0.06059	26%-50% Below	No	No
81964020369	AMOX-CLAV 600-42.9 MG/5 ML SUS	4	125.00	0.01	0.07052	76%-100% Below	No	No
81964020369	AMOX-CLAV 600-42.9 MG/5 ML SUS	5	125.00	0.04	0.06299	26%-50% Below	No	No
81964020505	AMOXICILLIN 500 MG CAPSULE	4	21.00	0.07	0.08321	10%-25% Below	No	No
81964020505	AMOXICILLIN 500 MG CAPSULE	5	21.00	0.07	0.08150	10%-25% Below	No	No
81964020505	AMOXICILLIN 500 MG CAPSULE	5	21.00	0.07	0.08150	10%-25% Below	No	No
81964020505	AMOXICILLIN 500 MG CAPSULE	7	20.00	0.07	0.07777	10%-25% Below	No	No
81964020505	AMOXICILLIN 500 MG CAPSULE	7	48.00	0.07	0.07777	10%-25% Below	No	No
81964020751	AMOXICILLIN 400 MG/5 ML SUSP	4	150.00	0.02	0.03912	51%-75% Below	No	No
81964020751	AMOXICILLIN 400 MG/5 ML SUSP	5	150.00	0.02	0.03900	26%-50% Below	No	No
81964020751	AMOXICILLIN 400 MG/5 ML SUSP	5	150.00	0.02	0.03900	26%-50% Below	No	No
81964020751	AMOXICILLIN 400 MG/5 ML SUSP	7	150.00	0.02	0.03876	51%-75% Below	No	No
81964020751	AMOXICILLIN 400 MG/5 ML SUSP	7	150.00	0.02	0.03876	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	4	100.00	0.02	0.03370	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	4	200.00	0.02	0.03370	26%-50% Below	No	No
81964020752	AMOXICILLIN 400 MG/5 ML SUSP	5	100.00	0.02	0.03347	26%-50% Below	No	No
81964020752	AMOXICILLIN 400 MG/5 ML SUSP	5	100.00	0.02	0.03347	26%-50% Below	No	No
81964020752	AMOXICILLIN 400 MG/5 ML SUSP	5	100.00	0.02	0.03347	26%-50% Below	No	No
81964020752	AMOXICILLIN 400 MG/5 ML SUSP	5	200.00	0.02	0.03347	26%-50% Below	No	No
81964020752	AMOXICILLIN 400 MG/5 ML SUSP	5	200.00	0.02	0.03347	26%-50% Below	No	No

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81964020752	AMOXICILLIN 400 MG/5 ML SUSP	5	300.00	0.02	0.03347	26%-50% Below	No	No
81964020752	AMOXICILLIN 400 MG/5 ML SUSP	6	100.00	0.02	0.03351	26%-50% Below	No	No
81964020752	AMOXICILLIN 400 MG/5 ML SUSP	6	100.00	0.02	0.03351	26%-50% Below	No	No
81964020752	AMOXICILLIN 400 MG/5 ML SUSP	6	200.00	0.02	0.03351	26%-50% Below	No	No
81964020752	AMOXICILLIN 400 MG/5 ML SUSP	6	300.00	0.02	0.03351	26%-50% Below	No	No
81964020752	AMOXICILLIN 400 MG/5 ML SUSP	7	100.00	0.02	0.03361	26%-50% Below	No	No
81964020752	AMOXICILLIN 400 MG/5 ML SUSP	7	200.00	0.02	0.03361	26%-50% Below	No	No
81964020752	AMOXICILLIN 400 MG/5 ML SUSP	7	300.00	0.02	0.03361	26%-50% Below	No	No
81964020752	AMOXICILLIN 400 MG/5 ML SUSP	8	100.00	0.02	0.03383	26%-50% Below	No	No
81964020752	AMOXICILLIN 400 MG/5 ML SUSP	8	100.00	0.02	0.03383	26%-50% Below	No	No
81964020752	AMOXICILLIN 400 MG/5 ML SUSP	8	200.00	0.02	0.03383	26%-50% Below	No	No
81964020752	AMOXICILLIN 400 MG/5 ML SUSP	8	200.00	0.02	0.03383	26%-50% Below	No	No
81964020752	AMOXICILLIN 400 MG/5 ML SUSP	8	200.00	0.02	0.03383	26%-50% Below	No	No
81964022101	AMOX-CLAV 875-125 MG TABLET	5	14.00	0.24	0.28188	10%-25% Below	No	No
81964022101	AMOX-CLAV 875-125 MG TABLET	5	20.00	0.24	0.28188	10%-25% Below	No	No
81964022101	AMOX-CLAV 875-125 MG TABLET	6	10.00	0.24	0.27470	10%-25% Below	No	No
81964022101	AMOX-CLAV 875-125 MG TABLET	6	20.00	0.24	0.27470	10%-25% Below	No	No
81964022101	AMOX-CLAV 875-125 MG TABLET	8	14.00	0.24	0.28558	10%-25% Below	No	No
81964022101	AMOX-CLAV 875-125 MG TABLET	8	20.00	0.24	0.28558	10%-25% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	4	10.00	0.36	0.28438	26%-50% Above	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	14.00	0.31	0.28438	10%-25% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	4	14.00	0.35	0.28438	10%-25% Above	No	No
81964022114	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	4	20.00	0.24	0.28438	10%-25% Below	No	No

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81964022114	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.36	0.28438	26%-50% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.38	0.28438	26%-50% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.40	0.28438	26%-50% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.44	0.28438	51%-75% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	5	14.00	0.24	0.28188	10%-25% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	5	14.00	0.36	0.28188	26%-50% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	5	14.00	0.36	0.28188	26%-50% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	5	20.00	0.24	0.28188	10%-25% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	5	20.00	0.35	0.28188	10%-25% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	5	20.00	0.36	0.28188	26%-50% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	5	20.00	0.40	0.28188	26%-50% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	6	10.00	0.48	0.27470	51%-75% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	6	14.00	0.05	0.27470	76%-100% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	6	14.00	0.24	0.27470	10%-25% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	6	14.00	0.31	0.27470	10%-25% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	6	14.00	0.35	0.27470	26%-50% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	6	14.00	0.42	0.27470	51%-75% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	6	20.00	0.02	0.27470	76%-100% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	6	20.00	0.24	0.27470	10%-25% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	6	20.00	0.35	0.27470	26%-50% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	6	28.00	0.35	0.27470	26%-50% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	7	14.00	0.07	0.27809	51%-75% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	7	14.00	0.07	0.27809	51%-75% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	7	14.00	0.24	0.27809	10%-25% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	7	14.00	0.35	0.27809	10%-25% Above	No	No

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81964022114	AMOX-CLAV 875-125 MG TABLET	7	14.00	0.41	0.27809	26%-50% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	7	14.00	0.46	0.27809	51%-75% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	7	20.00	0.02	0.27809	76%-100% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	7	20.00	0.24	0.27809	10%-25% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	7	20.00	0.25	0.27809	10%-25% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	7	20.00	0.35	0.27809	10%-25% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	7	28.00	0.33	0.27809	10%-25% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	8	14.00	0.24	0.28558	10%-25% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	8	14.00	0.35	0.28558	10%-25% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	8	14.00	0.36	0.28558	10%-25% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	8	14.00	0.38	0.28558	26%-50% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	8	20.00	0.24	0.28558	10%-25% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	8	20.00	0.34	0.28558	10%-25% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	8	20.00	0.36	0.28558	26%-50% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	8	20.00	0.40	0.28558	26%-50% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	8	20.00	0.41	0.28558	26%-50% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	8	28.00	0.46	0.28558	51%-75% Above	No	No
82260029905	LOTEPREDNOL ETABONATE 0.5% DRP	4	5.00	8.00	11.32858	26%-50% Below	Yes	No
82260029905	LOTEPREDNOL ETABONATE 0.5% DRP	7	5.00	8.00	10.17994	10%-25% Below	No	No
82260029905	LOTEPREDNOL ETABONATE 0.5% DRP	8	5.00	8.00	10.53158	10%-25% Below	No	No
82260036105	LOTEPREDNOL ETABONATE 0.2% DRP	5	5.00	16.52	30.46466	26%-50% Below	Yes	No
82260050801	LOTEPREDNOL 0.5% OPHTHALMC GEL	4	5.00	6.97	15.21003	51%-75% Below	Yes	No
82260060203	BROMFENAC SODIUM 0.07% EYE DRP	7	3.00	27.68	13.00875	101%-200% Above	No	No
82293000310	MIDODRINE HCL 2.5 MG TABLET	4	60.00	0.11	0.07372	26%-50% Above	No	No
82293000310	MIDODRINE HCL 2.5 MG TABLET	4	90.00	0.11	0.07372	26%-50% Above	No	No

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82293000410	MIDODRINE HCL 5 MG TABLET	4	30.00	0.28	0.11130	101%-200% Above	No	No
82293000410	MIDODRINE HCL 5 MG TABLET	7	90.00	0.15	0.11198	26%-50% Above	No	No
82293000410	MIDODRINE HCL 5 MG TABLET	8	90.00	0.15	0.11344	26%-50% Above	No	No
82293000510	MIDODRINE HCL 10 MG TABLET	6	270.00	0.58	0.14695	200% Above	No	No
82347005504	LEVOTHYROXIN CAP 175MCG	5	30.00	2.82	.		Yes	No
82347050505	LIDOCAINE DIS 5% PATCH	7	90.00	1.06	.		No	No
82576008030	REZDIFFRA TAB 80MG	4	30.00	139.37	.		No	No
82576008030	REZDIFFRA TAB 80MG	5	30.00	139.37	.		No	No
82576008030	REZDIFFRA TAB 80MG	6	30.00	139.37	.		No	No
82576008030	REZDIFFRA TAB 80MG	7	30.00	139.37	.		No	No
82576008030	REZDIFFRA TAB 80MG	8	30.00	139.37	.		No	No
82619012901	PREGABALIN CAP 300MG	6	60.00	0.04	.		No	No
82619012901	PREGABALIN CAP 300MG	7	60.00	0.03	.		No	No
82619012901	PREGABALIN CAP 300MG	8	60.00	0.03	.		No	No
82667001205	NATACYN SUS 5% OP	5	15.00	154.56	.		No	No
82667001205	NATACYN SUS 5% OP	7	15.00	154.56	.		No	No
83017010903	EMBECTA UF PEN 31GX8MM	5	100.00	0.54	.		Yes	No
83017010903	EMBECTA UF PEN 31GX8MM	5	100.00	0.67	.		No	No
83017010903	EMBECTA UF PEN 31GX8MM	5	100.00	0.68	.		Yes	No
83017010903	EMBECTA UF PEN 31GX8MM	6	100.00	0.69	.		No	No
83017010903	EMBECTA UF PEN 31GX8MM	7	100.00	0.68	.		Yes	No
83017011903	EMBECTA UF PEN 31GX5MM	4	100.00	0.68	.		Yes	No
83017012203	EMBECTA NANO PEN 32GX4MM	6	100.00	0.67	.		No	No
83017012203	EMBECTA NANO PEN 32GX4MM	6	300.00	0.68	.		Yes	No
83017055003	EMBECTA NANO PEN 32GX4MM	4	100.00	0.54	.		Yes	No

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83017055003	EMBECTA NANO PEN 32GX4MM	4	100.00	0.68	.		Yes	No
83017055003	EMBECTA NANO PEN 32GX4MM	4	400.00	0.64	.		No	No
83017055003	EMBECTA NANO PEN 32GX4MM	5	100.00	0.54	.		Yes	No
83017055003	EMBECTA NANO PEN 32GX4MM	5	100.00	0.63	.		No	No
83017055003	EMBECTA NANO PEN 32GX4MM	5	200.00	0.68	.		Yes	No
83017055003	EMBECTA NANO PEN 32GX4MM	5	400.00	0.54	.		Yes	No
83017055003	EMBECTA NANO PEN 32GX4MM	5	400.00	0.68	.		Yes	No
83017055003	EMBECTA NANO PEN 32GX4MM	6	100.00	0.54	.		Yes	No
83017055003	EMBECTA NANO PEN 32GX4MM	6	100.00	0.63	.		No	No
83017055003	EMBECTA NANO PEN 32GX4MM	6	100.00	0.68	.		Yes	No
83017055003	EMBECTA NANO PEN 32GX4MM	6	200.00	0.54	.		Yes	No
83017055003	EMBECTA NANO PEN 32GX4MM	6	300.00	0.06	.		No	No
83017055003	EMBECTA NANO PEN 32GX4MM	6	400.00	0.68	.		Yes	No
83017055003	EMBECTA NANO PEN 32GX4MM	7	100.00	0.54	.		Yes	No
83017055003	EMBECTA NANO PEN 32GX4MM	7	100.00	0.63	.		No	No
83017055003	EMBECTA NANO PEN 32GX4MM	7	100.00	0.68	.		Yes	No
83017055003	EMBECTA NANO PEN 32GX4MM	8	100.00	0.15	.		No	No
83017055003	EMBECTA NANO PEN 32GX4MM	8	100.00	0.54	.		Yes	No
83017055003	EMBECTA NANO PEN 32GX4MM	8	100.00	0.66	.		No	No
83017057403	EMBECTA NANO PEN 32GX4MM	7	90.00	0.47	.		Yes	No
83017491103	INSULIN SYRG MIS 0.5/31G	5	100.00	0.40	.		Yes	No
83017841803	INSULIN SYRG MIS 1ML/31G	5	100.00	0.40	.		Yes	No
83017844003	INSULIN SYRG MIS 0.3/31G	5	100.00	0.47	.		No	No
83257001532	INSULIN GLARGINE-YFGN U100 PEN	7	15.00	4.43	5.92877	10%-25% Below	No	No
83301000102	GABAPENTIN 600 MG TABLET	6	60.00	0.04	0.06683	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
83301000102	GABAPENTIN 600 MG TABLET	7	60.00	0.04	0.06456	26%-50% Below	No	No
83301000102	GABAPENTIN 600 MG TABLET	8	60.00	0.04	0.06379	26%-50% Below	No	No
83301000403	GABAPENTIN 300 MG CAPSULE	7	30.00	0.03	0.03078	10%-25% Below	No	No
83301000403	GABAPENTIN 300 MG CAPSULE	8	30.00	0.03	0.03015	10%-25% Below	No	No
83301001002	METFORMIN HCL 1,000 MG TABLET	8	30.00	0.02	0.02313	10%-25% Below	No	No
83301001202	CELECOXIB 200 MG CAPSULE	6	30.00	0.23	0.08074	101%-200% Above	No	No
83301002403	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.43	0.07697	200% Above	No	No
83301002403	BUPROPION HCL XL 150 MG TABLET	5	30.00	0.43	0.07895	200% Above	No	No
83301002403	BUPROPION HCL XL 150 MG TABLET	7	30.00	0.43	0.07775	200% Above	No	No
83301002403	BUPROPION HCL XL 150 MG TABLET	8	30.00	0.43	0.07872	200% Above	No	No
83980000101	HYDROXYCHLOROQUINE 200 MG TAB	4	30.00	0.45	0.16217	101%-200% Above	No	No
83980000101	HYDROXYCHLOROQUINE 200 MG TAB	4	30.00	0.50	0.16217	200% Above	Yes	No
83980000101	HYDROXYCHLOROQUINE 200 MG TAB	4	60.00	0.25	0.16217	51%-75% Above	Yes	No
83980000101	HYDROXYCHLOROQUINE 200 MG TAB	4	60.00	0.45	0.16217	101%-200% Above	Yes	No
83980000101	HYDROXYCHLOROQUINE 200 MG TAB	4	135.00	0.45	0.16217	101%-200% Above	No	No
83980000101	HYDROXYCHLOROQUINE 200 MG TAB	4	180.00	0.45	0.16217	101%-200% Above	Yes	No
83980000101	HYDROXYCHLOROQUINE 200 MG TAB	5	30.00	0.45	0.15868	101%-200% Above	No	No
83980000101	HYDROXYCHLOROQUINE 200 MG TAB	5	30.00	0.50	0.15868	200% Above	Yes	No
83980000101	HYDROXYCHLOROQUINE 200 MG TAB	5	60.00	0.25	0.15868	51%-75% Above	Yes	No
83980000101	HYDROXYCHLOROQUINE 200 MG TAB	5	60.00	0.45	0.15868	101%-200% Above	Yes	No
83980000101	HYDROXYCHLOROQUINE 200 MG TAB	5	180.00	0.45	0.15868	101%-200% Above	Yes	No
83980000101	HYDROXYCHLOROQUINE 200 MG TAB	6	30.00	0.45	0.15450	101%-200% Above	No	No
83980000101	HYDROXYCHLOROQUINE 200 MG TAB	6	30.00	0.50	0.15450	200% Above	Yes	No
83980000101	HYDROXYCHLOROQUINE 200 MG TAB	6	60.00	0.45	0.15450	101%-200% Above	Yes	No
83980000101	HYDROXYCHLOROQUINE 200 MG TAB	6	90.00	0.45	0.15450	101%-200% Above	Yes	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
83980000101	HYDROXYCHLOROQUINE 200 MG TAB	6	180.00	0.25	0.15450	51%-75% Above	Yes	No
83980000101	HYDROXYCHLOROQUINE 200 MG TAB	7	60.00	0.45	0.14938	101%-200% Above	Yes	No
83980000101	HYDROXYCHLOROQUINE 200 MG TAB	7	180.00	0.17	0.14938	10%-25% Above	Yes	No
83980000101	HYDROXYCHLOROQUINE 200 MG TAB	8	135.00	0.45	0.14854	101%-200% Above	No	No
83980000105	HYDROXYCHLOROQUINE 200 MG TAB	4	45.00	0.45	0.16217	101%-200% Above	No	No
83980000105	HYDROXYCHLOROQUINE 200 MG TAB	4	60.00	0.08	0.16217	51%-75% Below	No	No
83980000105	HYDROXYCHLOROQUINE 200 MG TAB	5	45.00	0.45	0.15868	101%-200% Above	No	No
83980000105	HYDROXYCHLOROQUINE 200 MG TAB	5	60.00	0.08	0.15868	51%-75% Below	No	No
83980000105	HYDROXYCHLOROQUINE 200 MG TAB	5	60.00	0.45	0.15868	101%-200% Above	No	No
83980000105	HYDROXYCHLOROQUINE 200 MG TAB	5	90.00	0.45	0.15868	101%-200% Above	No	No
83980000105	HYDROXYCHLOROQUINE 200 MG TAB	5	180.00	0.45	0.15868	101%-200% Above	No	No
83980000105	HYDROXYCHLOROQUINE 200 MG TAB	6	45.00	0.45	0.15450	101%-200% Above	No	No
83980000105	HYDROXYCHLOROQUINE 200 MG TAB	6	60.00	0.45	0.15450	101%-200% Above	No	No
83980000105	HYDROXYCHLOROQUINE 200 MG TAB	6	180.00	0.45	0.15450	101%-200% Above	No	No
83980000105	HYDROXYCHLOROQUINE 200 MG TAB	6	360.00	0.45	0.15450	101%-200% Above	No	No
83980000105	HYDROXYCHLOROQUINE 200 MG TAB	7	45.00	0.45	0.14938	101%-200% Above	No	No
83980000105	HYDROXYCHLOROQUINE 200 MG TAB	7	60.00	0.45	0.14938	101%-200% Above	No	No
83980000105	HYDROXYCHLOROQUINE 200 MG TAB	7	180.00	0.45	0.14938	101%-200% Above	No	No
83980000105	HYDROXYCHLOROQUINE 200 MG TAB	8	60.00	0.45	0.14854	101%-200% Above	No	No
83980000105	HYDROXYCHLOROQUINE 200 MG TAB	8	180.00	0.45	0.14854	101%-200% Above	No	No
83980000201	FUROSEMIDE 20 MG TABLET	5	90.00	0.03	0.02749	10%-25% Above	No	No
83980000201	FUROSEMIDE 20 MG TABLET	7	180.00	0.03	0.02711	10%-25% Above	No	No
83980000210	FUROSEMIDE 20 MG TABLET	4	7.00	0.03	0.02696	26%-50% 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

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	90.00	0.03	0.02696	10%-25% Above	No	No
83980000210	FUROSEMIDE 20 MG TABLET	5	5.00	0.15	0.02749	200% Above	No	No
83980000210	FUROSEMIDE 20 MG TABLET	5	30.00	0.03	0.02749	10%-25% Above	No	No
83980000210	FUROSEMIDE 20 MG TABLET	5	60.00	0.03	0.02749	10%-25% Above	No	No
83980000210	FUROSEMIDE 20 MG TABLET	5	90.00	0.01	0.02749	51%-75% Below	No	No
83980000210	FUROSEMIDE 20 MG TABLET	5	90.00	0.02	0.02749	26%-50% Below	No	No
83980000210	FUROSEMIDE 20 MG TABLET	5	90.00	0.03	0.02749	10%-25% Above	No	No
83980000210	FUROSEMIDE 20 MG TABLET	6	30.00	0.03	0.02721	10%-25% Above	No	No
83980000210	FUROSEMIDE 20 MG TABLET	6	60.00	0.03	0.02721	10%-25% Above	No	No
83980000210	FUROSEMIDE 20 MG TABLET	6	90.00	0.03	0.02721	10%-25% Above	No	No
83980000210	FUROSEMIDE 20 MG TABLET	7	30.00	0.03	0.02711	10%-25% Above	No	No
83980000210	FUROSEMIDE 20 MG TABLET	7	45.00	0.03	0.02711	10%-25% Above	No	No
83980000210	FUROSEMIDE 20 MG TABLET	7	60.00	0.03	0.02711	10%-25% Above	No	No
83980000210	FUROSEMIDE 20 MG TABLET	7	90.00	0.02	0.02711	26%-50% Below	No	No
83980000210	FUROSEMIDE 20 MG TABLET	7	90.00	0.02	0.02711	10%-25% Below	No	No
83980000210	FUROSEMIDE 20 MG TABLET	7	90.00	0.03	0.02711	10%-25% Above	No	No
83980000210	FUROSEMIDE 20 MG TABLET	8	15.00	0.07	0.02676	101%-200% Above	No	No
83980000210	FUROSEMIDE 20 MG TABLET	8	30.00	0.03	0.02676	10%-25% Above	No	No
83980000210	FUROSEMIDE 20 MG TABLET	8	30.00	0.04	0.02676	51%-75% Above	No	No
83980000210	FUROSEMIDE 20 MG TABLET	8	60.00	0.03	0.02676	10%-25% Above	No	No
83980000301	FUROSEMIDE 40 MG TABLET	6	90.00	0.04	0.03067	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	0.04	0.03167	10%-25% Above	No	No
83980000310	FUROSEMIDE 40 MG TABLET	5	10.00	0.04	0.03173	10%-25% Above	No	No
83980000310	FUROSEMIDE 40 MG TABLET	5	30.00	0.04	0.03173	10%-25% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	5	90.00	0.04	0.03173	10%-25% Above	No	No
83980000310	FUROSEMIDE 40 MG TABLET	5	180.00	0.03	0.03173	10%-25% Below	No	No
83980000310	FUROSEMIDE 40 MG TABLET	6	30.00	0.04	0.03067	10%-25% Above	No	No
83980000310	FUROSEMIDE 40 MG TABLET	6	90.00	0.04	0.03067	10%-25% Above	No	No
83980000310	FUROSEMIDE 40 MG TABLET	7	30.00	0.04	0.03000	26%-50% Above	No	No
83980000310	FUROSEMIDE 40 MG TABLET	7	90.00	0.04	0.03000	26%-50% Above	No	No
83980000310	FUROSEMIDE 40 MG TABLET	8	30.00	0.04	0.02929	26%-50% Above	No	No
83980000310	FUROSEMIDE 40 MG TABLET	8	90.00	0.04	0.02929	26%-50% Above	No	No
83980000501	PROPRANOLOL 10 MG TABLET	5	30.00	0.18	0.05055	200% Above	No	No
83980000501	PROPRANOLOL 10 MG TABLET	5	270.00	0.11	0.05055	101%-200% Above	No	No
83980000501	PROPRANOLOL 10 MG TABLET	6	30.00	0.17	0.05031	200% Above	No	No
83980000501	PROPRANOLOL 10 MG TABLET	6	30.00	0.18	0.05031	200% Above	No	No
83980000501	PROPRANOLOL 10 MG TABLET	6	180.00	0.02	0.05031	51%-75% Below	No	No
83980000501	PROPRANOLOL 10 MG TABLET	6	180.00	0.13	0.05031	101%-200% Above	No	No
83980000501	PROPRANOLOL 10 MG TABLET	7	30.00	0.18	0.04858	200% Above	No	No
83980000501	PROPRANOLOL 10 MG TABLET	7	60.00	0.08	0.04858	51%-75% Above	No	No
83980000501	PROPRANOLOL 10 MG TABLET	8	28.00	0.08	0.04750	51%-75% Above	No	No
83980000501	PROPRANOLOL 10 MG TABLET	8	30.00	0.18	0.04750	200% Above	No	No
83980000510	PROPRANOLOL 10 MG TABLET	4	15.00	0.19	0.05049	200% 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	90.00	0.08	0.05049	26%-50% Above	No	No
83980000510	PROPRANOLOL 10 MG TABLET	4	100.00	0.08	0.05049	26%-50% Above	No	No
83980000510	PROPRANOLOL 10 MG TABLET	4	180.00	0.08	0.05049	26%-50% Above	No	No
83980000510	PROPRANOLOL 10 MG TABLET	4	180.00	0.11	0.05049	101%-200% Above	No	No
83980000510	PROPRANOLOL 10 MG TABLET	5	15.00	0.19	0.05055	200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
83980000510	PROPRANOLOL 10 MG TABLET	5	180.00	0.08	0.05055	26%-50% Above	No	No
83980000510	PROPRANOLOL 10 MG TABLET	6	15.00	0.19	0.05031	200% Above	No	No
83980000510	PROPRANOLOL 10 MG TABLET	6	30.00	0.01	0.05031	76%-100% Below	No	No
83980000510	PROPRANOLOL 10 MG TABLET	6	30.00	0.17	0.05031	200% Above	No	No
83980000510	PROPRANOLOL 10 MG TABLET	6	90.00	0.08	0.05031	26%-50% Above	No	No
83980000510	PROPRANOLOL 10 MG TABLET	6	100.00	0.08	0.05031	26%-50% Above	No	No
83980000510	PROPRANOLOL 10 MG TABLET	6	180.00	0.08	0.05031	26%-50% Above	No	No
83980000510	PROPRANOLOL 10 MG TABLET	7	30.00	0.01	0.04858	76%-100% Below	No	No
83980000510	PROPRANOLOL 10 MG TABLET	7	30.00	0.17	0.04858	200% Above	No	No
83980000510	PROPRANOLOL 10 MG TABLET	7	60.00	0.16	0.04858	200% Above	No	No
83980000510	PROPRANOLOL 10 MG TABLET	7	75.00	0.08	0.04858	51%-75% Above	No	No
83980000510	PROPRANOLOL 10 MG TABLET	7	90.00	0.13	0.04858	101%-200% Above	No	No
83980000510	PROPRANOLOL 10 MG TABLET	7	90.00	0.15	0.04858	200% Above	No	No
83980000510	PROPRANOLOL 10 MG TABLET	7	90.00	0.16	0.04858	200% Above	No	No
83980000510	PROPRANOLOL 10 MG TABLET	7	180.00	0.08	0.04858	51%-75% Above	No	No
83980000510	PROPRANOLOL 10 MG TABLET	7	180.00	0.11	0.04858	101%-200% Above	No	No
83980000510	PROPRANOLOL 10 MG TABLET	8	30.00	0.20	0.04750	200% Above	No	No
83980000510	PROPRANOLOL 10 MG TABLET	8	60.00	0.08	0.04750	51%-75% Above	No	No
83980000510	PROPRANOLOL 10 MG TABLET	8	90.00	0.08	0.04750	51%-75% Above	No	No
83980000510	PROPRANOLOL 10 MG TABLET	8	100.00	0.08	0.04750	51%-75% Above	No	No
83980000510	PROPRANOLOL 10 MG TABLET	8	120.00	0.16	0.04750	200% Above	No	No
83980000601	PROPRANOLOL 20 MG TABLET	4	60.00	0.07	0.05418	26%-50% Above	No	No
83980000601	PROPRANOLOL 20 MG TABLET	4	180.00	0.16	0.05418	101%-200% Above	No	No
83980000601	PROPRANOLOL 20 MG TABLET	5	60.00	0.07	0.05466	26%-50% Above	No	No
83980000601	PROPRANOLOL 20 MG TABLET	6	90.00	0.07	0.05341	26%-50% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7	90.00	0.07	0.05250	26%-50% Above	No	No
83980000610	PROPRANOLOL 20 MG TABLET	4	60.00	0.07	0.05418	26%-50% Above	No	No
83980000610	PROPRANOLOL 20 MG TABLET	4	90.00	0.07	0.05418	26%-50% Above	No	No
83980000610	PROPRANOLOL 20 MG TABLET	5	30.00	0.08	0.05466	26%-50% Above	No	No
83980000610	PROPRANOLOL 20 MG TABLET	5	45.00	0.22	0.05466	200% Above	No	No
83980000610	PROPRANOLOL 20 MG TABLET	5	60.00	0.07	0.05466	26%-50% Above	No	No
83980000610	PROPRANOLOL 20 MG TABLET	5	60.00	0.20	0.05466	200% Above	No	No
83980000610	PROPRANOLOL 20 MG TABLET	5	270.00	0.07	0.05466	26%-50% Above	No	No
83980000610	PROPRANOLOL 20 MG TABLET	6	30.00	0.08	0.05341	26%-50% Above	No	No
83980000610	PROPRANOLOL 20 MG TABLET	6	45.00	0.22	0.05341	200% Above	No	No
83980000610	PROPRANOLOL 20 MG TABLET	6	90.00	0.01	0.05341	76%-100% Below	No	No
83980000610	PROPRANOLOL 20 MG TABLET	7	30.00	0.08	0.05250	26%-50% Above	No	No
83980000610	PROPRANOLOL 20 MG TABLET	7	30.00	0.21	0.05250	200% Above	No	No
83980000610	PROPRANOLOL 20 MG TABLET	7	30.00	0.23	0.05250	200% Above	No	No
83980000610	PROPRANOLOL 20 MG TABLET	7	45.00	0.22	0.05250	200% Above	No	No
83980000610	PROPRANOLOL 20 MG TABLET	7	60.00	0.07	0.05250	26%-50% Above	No	No
83980000610	PROPRANOLOL 20 MG TABLET	7	90.00	0.03	0.05250	26%-50% Below	No	No
83980000610	PROPRANOLOL 20 MG TABLET	7	90.00	0.07	0.05250	26%-50% Above	No	No
83980000610	PROPRANOLOL 20 MG TABLET	7	180.00	0.07	0.05250	26%-50% Above	No	No
83980000610	PROPRANOLOL 20 MG TABLET	8	30.00	0.08	0.05019	26%-50% Above	No	No
83980000710	PROPRANOLOL 40 MG TABLET	5	90.00	0.10	0.08290	10%-25% Above	No	No
83980000710	PROPRANOLOL 40 MG TABLET	7	180.00	0.10	0.07809	26%-50% Above	No	No
83980000710	PROPRANOLOL 40 MG TABLET	8	90.00	0.10	0.07640	26%-50% Above	No	No
83980000901	PROPRANOLOL 80 MG TABLET	4	30.00	0.12	0.16416	26%-50% Below	No	No
83980000901	PROPRANOLOL 80 MG TABLET	4	60.00	0.12	0.16416	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
83980000901	PROPRANOLOL 80 MG TABLET	5	60.00	0.12	0.16921	26%-50% Below	No	No
83980000901	PROPRANOLOL 80 MG TABLET	6	30.00	0.12	0.16444	26%-50% Below	No	No
83980000901	PROPRANOLOL 80 MG TABLET	6	60.00	0.12	0.16444	26%-50% Below	No	No
83980000901	PROPRANOLOL 80 MG TABLET	7	30.00	0.12	0.16150	26%-50% Below	No	No
83980001001	METOCLOPRAMIDE 5 MG TABLET	4	90.00	0.01	0.03708	51%-75% Below	No	No
83980001105	METOCLOPRAMIDE 10 MG TABLET	7	56.00	0.05	0.04480	10%-25% Above	No	No
83980001105	METOCLOPRAMIDE 10 MG TABLET	8	28.00	0.05	0.04383	10%-25% Above	No	No
83980001105	METOCLOPRAMIDE 10 MG TABLET	8	40.00	0.05	0.04383	10%-25% Above	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	4	5.00	0.22	0.13980	51%-75% 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	0.11	0.13980	10%-25% Below	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	4	18.00	0.26	0.13980	76%-100% Above	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	4	20.00	0.09	0.13980	26%-50% Below	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	5	12.00	0.11	0.13346	10%-25% Below	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	5	15.00	0.11	0.13346	10%-25% Below	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	5	15.00	0.26	0.13346	76%-100% Above	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	5	16.00	0.10	0.13346	10%-25% Below	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	5	18.00	0.09	0.13346	26%-50% Below	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	5	18.00	0.11	0.13346	10%-25% Below	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	5	18.00	0.12	0.13346	10%-25% Below	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	5	18.00	0.26	0.13346	76%-100% Above	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	6	12.00	0.16	0.12773	10%-25% Above	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	6	12.00	0.20	0.12773	51%-75% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6	12.00	0.26	0.12773	101%-200% Above	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	6	15.00	0.26	0.12773	101%-200% Above	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	6	16.00	0.10	0.12773	10%-25% Below	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	6	18.00	0.10	0.12773	10%-25% Below	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	6	18.00	0.11	0.12773	10%-25% Below	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	6	18.00	0.26	0.12773	101%-200% Above	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	7	2.00	0.27	0.12182	101%-200% Above	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	7	5.00	0.21	0.12182	51%-75% Above	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	7	6.00	0.16	0.12182	26%-50% Above	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	7	8.00	0.26	0.12182	101%-200% Above	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	7	12.00	0.16	0.12182	26%-50% Above	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	7	12.00	0.26	0.12182	101%-200% Above	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	7	15.00	0.26	0.12182	101%-200% Above	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	7	18.00	0.26	0.12182	101%-200% Above	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	7	20.00	0.06	0.12182	26%-50% Below	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	7	20.00	0.09	0.12182	26%-50% Below	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	7	20.00	0.10	0.12182	10%-25% Below	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	7	20.00	0.11	0.12182	10%-25% Below	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	7	20.00	0.26	0.12182	101%-200% Above	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	7	30.00	0.08	0.12182	26%-50% Below	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	7	30.00	0.09	0.12182	26%-50% Below	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	7	30.00	0.26	0.12182	101%-200% Above	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	8	4.00	0.27	0.12080	101%-200% Above	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	8	5.00	0.26	0.12080	101%-200% Above	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	8	10.00	0.26	0.12080	101%-200% Above	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	8	12.00	0.11	0.12080	10%-25% Below	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	8	12.00	0.26	0.12080	101%-200% Above	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	8	15.00	0.10	0.12080	10%-25% Below	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	8	15.00	0.26	0.12080	101%-200% Above	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	8	20.00	0.26	0.12080	101%-200% Above	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	8	30.00	0.08	0.12080	26%-50% Below	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	8	30.00	0.09	0.12080	26%-50% Below	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	8	60.00	0.07	0.12080	26%-50% Below	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	8	90.00	0.26	0.12080	101%-200% Above	No	No
83980001313	ONDANSETRON ODT 8 MG TABLET	4	12.00	0.12	0.17543	26%-50% Below	No	No
83980001313	ONDANSETRON ODT 8 MG TABLET	4	15.00	0.27	0.17543	51%-75% Above	No	No
83980001313	ONDANSETRON ODT 8 MG TABLET	4	18.00	0.27	0.17543	51%-75% Above	No	No
83980001313	ONDANSETRON ODT 8 MG TABLET	5	9.00	0.27	0.17517	51%-75% Above	No	No
83980001313	ONDANSETRON ODT 8 MG TABLET	5	12.00	0.13	0.17517	10%-25% Below	No	No
83980001313	ONDANSETRON ODT 8 MG TABLET	5	15.00	0.27	0.17517	51%-75% Above	No	No
83980001313	ONDANSETRON ODT 8 MG TABLET	5	18.00	0.27	0.17517	51%-75% Above	No	No
83980001313	ONDANSETRON ODT 8 MG TABLET	6	6.00	0.20	0.17103	10%-25% Above	No	No
83980001313	ONDANSETRON ODT 8 MG TABLET	6	18.00	0.27	0.17103	51%-75% Above	No	No
83980001313	ONDANSETRON ODT 8 MG TABLET	7	5.00	0.27	0.16270	51%-75% Above	No	No
83980001313	ONDANSETRON ODT 8 MG TABLET	7	12.00	0.27	0.16270	51%-75% Above	No	No
83980001313	ONDANSETRON ODT 8 MG TABLET	7	18.00	0.10	0.16270	26%-50% Below	No	No
83980001313	ONDANSETRON ODT 8 MG TABLET	7	18.00	0.27	0.16270	51%-75% Above	No	No
83980001313	ONDANSETRON ODT 8 MG TABLET	7	20.00	0.27	0.16270	51%-75% Above	No	No
83980001313	ONDANSETRON ODT 8 MG TABLET	7	30.00	0.10	0.16270	26%-50% Below	No	No
83980001313	ONDANSETRON ODT 8 MG TABLET	7	30.00	0.11	0.16270	26%-50% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
83980001313	ONDANSETRON ODT 8 MG TABLET	7	30.00	0.11	0.16270	26%-50% Below	No	No
83980001313	ONDANSETRON ODT 8 MG TABLET	7	30.00	0.27	0.16270	51%-75% Above	No	No
83980001313	ONDANSETRON ODT 8 MG TABLET	8	10.00	0.18	0.16163	10%-25% Above	No	No
83980001313	ONDANSETRON ODT 8 MG TABLET	8	12.00	0.14	0.16163	10%-25% Below	No	No
83980001313	ONDANSETRON ODT 8 MG TABLET	8	15.00	0.27	0.16163	51%-75% Above	No	No
83980001313	ONDANSETRON ODT 8 MG TABLET	8	21.00	0.27	0.16163	51%-75% Above	No	No
84386003190	PRAVASTATIN SODIUM 10 MG TAB	7	90.00	0.14	0.05752	101%-200% Above	No	No
84386003290	PRAVASTATIN SODIUM 20 MG TAB	5	90.00	0.01	0.06117	76%-100% Below	No	No
84386003290	PRAVASTATIN SODIUM 20 MG TAB	5	90.00	0.13	0.06117	101%-200% Above	No	No
84386003290	PRAVASTATIN SODIUM 20 MG TAB	6	90.00	0.13	0.06219	101%-200% Above	No	No
84386003290	PRAVASTATIN SODIUM 20 MG TAB	7	90.00	0.01	0.06253	76%-100% Below	No	No
84386003299	PRAVASTATIN SODIUM 20 MG TAB	4	90.00	0.13	0.06117	101%-200% Above	No	No
84386003299	PRAVASTATIN SODIUM 20 MG TAB	5	30.00	0.13	0.06117	101%-200% Above	No	No
84386003299	PRAVASTATIN SODIUM 20 MG TAB	5	90.00	0.13	0.06117	101%-200% Above	No	No
84386003299	PRAVASTATIN SODIUM 20 MG TAB	6	30.00	0.02	0.06219	51%-75% Below	No	No
84386003299	PRAVASTATIN SODIUM 20 MG TAB	7	90.00	0.04	0.06253	26%-50% Below	No	No
84386003299	PRAVASTATIN SODIUM 20 MG TAB	7	90.00	0.13	0.06253	101%-200% Above	No	No
84386003299	PRAVASTATIN SODIUM 20 MG TAB	8	90.00	0.12	0.06198	76%-100% Above	No	No
84386003390	PRAVASTATIN SODIUM 40 MG TAB	4	90.00	0.14	0.08439	51%-75% Above	No	No
84386003390	PRAVASTATIN SODIUM 40 MG TAB	5	90.00	0.14	0.08456	51%-75% Above	No	No
84386003390	PRAVASTATIN SODIUM 40 MG TAB	6	90.00	0.14	0.08457	51%-75% Above	No	No
84386003399	PRAVASTATIN SODIUM 40 MG TAB	5	90.00	0.14	0.08456	51%-75% Above	No	No
84386003399	PRAVASTATIN SODIUM 40 MG TAB	6	90.00	0.14	0.08457	51%-75% Above	No	No
84386003399	PRAVASTATIN SODIUM 40 MG TAB	7	90.00	0.05	0.08438	26%-50% Below	No	No
84386003490	PRAVASTATIN SODIUM 80 MG TAB	4	30.00	0.02	0.14898	76%-100% Below	No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
84386003490	PRAVASTATIN SODIUM 80 MG TAB	4	30.00	0.35	0.14898	101%-200% Above	No	No
84386003490	PRAVASTATIN SODIUM 80 MG TAB	5	30.00	0.35	0.15043	101%-200% Above	No	No
84386003490	PRAVASTATIN SODIUM 80 MG TAB	5	90.00	0.02	0.15043	76%-100% Below	No	No
84386003490	PRAVASTATIN SODIUM 80 MG TAB	6	30.00	0.35	0.14956	101%-200% Above	No	No
84386003490	PRAVASTATIN SODIUM 80 MG TAB	6	90.00	0.35	0.14956	101%-200% Above	No	No
84386003490	PRAVASTATIN SODIUM 80 MG TAB	7	30.00	0.35	0.14918	101%-200% Above	No	No
85612001001	PULMICORT INH 90MCG	4	1.00	179.03	.		No	No
85612001001	PULMICORT INH 90MCG	4	1.00	189.70	.		No	No
85612001001	PULMICORT INH 90MCG	4	1.00	191.53	.		Yes	No
85612001001	PULMICORT INH 90MCG	5	1.00	188.51	.		No	No
85612001001	PULMICORT INH 90MCG	6	1.00	191.53	.		Yes	No
85612001001	PULMICORT INH 90MCG	6	1.00	194.89	.		Yes	No
85612001001	PULMICORT INH 90MCG	7	1.00	188.51	.		No	No
85612001101	PULMICORT INH 180MCG	4	1.00	239.73	.		No	No
85612001101	PULMICORT INH 180MCG	6	1.00	254.02	.		No	No
85612001101	PULMICORT INH 180MCG	6	1.00	260.97	.		No	No
85612001101	PULMICORT INH 180MCG	7	1.00	254.02	.		No	No
85612001101	PULMICORT INH 180MCG	8	1.00	254.02	.		No	No
86227030105	SURE COMFORT LNC 30G	5	100.00	0.02	.		No	No
86227030105	SURE COMFORT LNC 30G	7	100.00	0.02	.		No	No
89152254105	T:SLIM X2 MIS 3ML CART	5	30.00	6.54	.		Yes	No
89152283305	TRUSTEEL INF SET 23"/6MM	6	40.00	13.09	.		Yes	No
89152283305	TRUSTEEL INF SET 23"/6MM	8	40.00	13.09	.		Yes	No
90166011103	GLOBAL PREP PAD PADS	3	100.00	0.13	.		No	No

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
90166013004	GLOBAL 30G MIS LANCETS	4	100.00	0.23	.		No	No
98302000139	HOLD CHAMBER MIS MEDIUM	4	1.00	106.49	.		No	No