

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00002143380	TRULICITY 0.75 MG/0.5 ML PEN	5	2.00	689.00	405.12	10%-25% Below	Yes	No
00002143380	TRULICITY 0.75 MG/0.5 ML PEN	6	2.00	689.00	405.12	10%-25% Below	Yes	No
00002143480	TRULICITY 1.5 MG/0.5 ML PEN	5	2.00	689.00	405.14	10%-25% Below	Yes	No
00002143480	TRULICITY 1.5 MG/0.5 ML PEN	6	2.00	689.00	405.14	10%-25% Below	Yes	No
00002143480	TRULICITY 1.5 MG/0.5 ML PEN	6	6.00	2066.99	405.14	10%-25% Below	Yes	No
00002143611	EMGALITY 120 MG/ML PEN	5	1.00	542.25	607.06	10%-25% Below	No	No
00002143611	EMGALITY 120 MG/ML PEN	6	1.00	542.25	607.06	10%-25% Below	No	No
00002223680	TRULICITY 3 MG/0.5 ML PEN	6	6.00	2188.58	405.94	10%-25% Below	No	No
00002771559	BASAGLAR 100 UNIT/ML KWIKPEN	6	15.00	266.31	20.95	10%-25% Below	Yes	No
00003089321	ELIQUIS 2.5 MG TABLET	5	180.00	1221.72	7.98	10%-25% Below	Yes	No
00003089421	ELIQUIS 5 MG TABLET	5	60.00	407.24	7.98	10%-25% Below	Yes	No
00003089421	ELIQUIS 5 MG TABLET	5	180.00	1221.72	7.98	10%-25% Below	Yes	No
00006008061	JANUMET XR 50-1,000 MG TABLET	4	60.00	405.39	7.94	10%-25% Below	Yes	No
00006008061	JANUMET XR 50-1,000 MG TABLET	5	60.00	405.39	7.94	10%-25% Below	Yes	No
00006008061	JANUMET XR 50-1,000 MG TABLET	6	60.00	405.39	7.94	10%-25% Below	Yes	No
00006011231	JANUVIA 50 MG TABLET	5	30.00	405.39	15.89	10%-25% Below	Yes	No
00006011231	JANUVIA 50 MG TABLET	6	30.00	405.39	15.89	10%-25% Below	Yes	No
00006027731	JANUVIA 100 MG TABLET	5	30.00	405.39	15.89	10%-25% Below	Yes	No
00006027731	JANUVIA 100 MG TABLET	6	30.00	405.39	15.89	10%-25% Below	Yes	No
00008083321	EFFEXOR XR 75 MG CAPSULE	3	30.00	8.85	15.58	76%-100% Below	No	No
00008083321	EFFEXOR XR 75 MG CAPSULE	4	30.00	8.85	15.58	76%-100% Below	No	No
00008083321	EFFEXOR XR 75 MG CAPSULE	5	30.00	8.85	15.58	76%-100% Below	No	No
00008083321	EFFEXOR XR 75 MG CAPSULE	6	30.00	8.85	15.58	76%-100% Below	No	No
00008083621	EFFEXOR XR 150 MG CAPSULE	3	30.00	10.27	16.99	76%-100% Below	No	No
00008083621	EFFEXOR XR 150 MG CAPSULE	5	30.00	10.27	16.99	76%-100% Below	No	No

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00008083621	EFFEXOR XR 150 MG CAPSULE	6	30.00	10.27	16.99	76%-100% Below	No	No
00024540131	AMBIEN 5 MG TABLET	5	30.00	2.30	18.72	76%-100% Below	No	No
00024540131	AMBIEN 5 MG TABLET	6	30.00	2.30	18.72	76%-100% Below	No	No
00024542131	AMBIEN 10 MG TABLET	4	90.00	4.91	18.77	76%-100% Below	No	No
00024542131	AMBIEN 10 MG TABLET	5	30.00	2.30	18.77	76%-100% Below	No	No
00024542131	AMBIEN 10 MG TABLET	6	30.00	2.30	18.77	76%-100% Below	No	No
00037682210	PROCTOFOAM-HC 1%-1% FOAM	5	10.00	128.17	15.06	10%-25% Below	Yes	No
00046110711	PREMPRO 0.625-2.5 MG TABLET	4	28.00	173.76	7.30	10%-25% Below	Yes	No
00049496030	ZOLOFT 25 MG TABLET	5	30.00	3.91	11.93	76%-100% Below	No	No
00049496030	ZOLOFT 25 MG TABLET	6	30.00	4.06	11.93	76%-100% Below	No	No
00054001729	PREDNISONE 10 MG TABLET	5	45.00	4.90	0.09	10%-25% Above	No	No
00054001825	PREDNISONE 20 MG TABLET	4	24.00	5.63	0.11	101%-200% Above	No	No
00054001825	PREDNISONE 20 MG TABLET	6	5.00	1.58	0.11	101%-200% Above	No	No
00054001829	PREDNISONE 20 MG TABLET	5	6.00	1.44	0.11	101%-200% Above	No	No
00054001829	PREDNISONE 20 MG TABLET	5	10.00	2.05	0.11	76%-100% Above	Yes	No
00054004641	IPRATROPIUM 0.06% SPRAY	5	15.00	13.90	1.66	26%-50% Below	No	No
00054029399	AZELASTINE 0.1% (137 MCG) SPRY	4	30.00	6.90	0.33	26%-50% Below	No	No
00054029399	AZELASTINE 0.1% (137 MCG) SPRY	5	30.00	6.90	0.32	26%-50% Below	No	No
00054029399	AZELASTINE 0.1% (137 MCG) SPRY	6	30.00	6.99	0.35	26%-50% Below	No	No
00054040013	DESVENLAFAXINE SUCCNT ER 50 MG	4	30.00	4.99	0.69	51%-75% Below	No	No
00054040013	DESVENLAFAXINE SUCCNT ER 50 MG	5	30.00	4.99	0.71	76%-100% Below	No	No
00054040013	DESVENLAFAXINE SUCCNT ER 50 MG	5	30.00	14.80	0.71	26%-50% Below	No	No
00054040013	DESVENLAFAXINE SUCCNT ER 50 MG	5	30.00	14.90	0.71	26%-50% Below	No	No
00054040013	DESVENLAFAXINE SUCCNT ER 50 MG	6	30.00	4.99	0.63	51%-75% Below	No	No
00054040013	DESVENLAFAXINE SUCCNT ER 50 MG	6	30.00	14.88	0.63	10%-25% Below	No	No

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00054040013	DESVENLAFAXINE SUCCNT ER 50 MG	6	30.00	14.90	0.63	10%-25% Below	No	No
00054040022	DESVENLAFAXINE SUCCNT ER 50 MG	5	30.00	14.80	0.71	26%-50% Below	No	No
00054041413	FEBUXOSTAT 80 MG TABLET	5	30.00	38.80	1.58	10%-25% Below	No	No
00054060313	DESVENLAFAXINE SUCCNT ER 25 MG	4	30.00	15.87	0.74	26%-50% Below	No	No
00054071025	METHADONE HCL 10 MG TABLET	5	56.00	6.96	0.10	26%-50% Above	No	No
00054317757	DEXAMETHASONE 0.5 MG/5 ML LIQ	4	300.00	22.29	0.17	51%-75% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	2.49	0.30	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	6.99	0.30	26%-50% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	9.79	0.30	101%-200% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	14.15	0.30	101%-200% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	14.15	0.30	101%-200% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	4	32.00	5.70	0.30	26%-50% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	5	16.00	2.49	0.29	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	5	16.00	2.85	0.29	26%-50% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	5	16.00	6.90	0.29	26%-50% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	5	16.00	6.99	0.29	51%-75% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	5	16.00	9.99	0.29	101%-200% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	5	16.00	14.15	0.29	200% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	5	48.00	8.87	0.29	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	6	16.00	2.49	0.30	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	6	16.00	2.85	0.30	26%-50% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	6	16.00	6.99	0.30	26%-50% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	6	16.00	14.15	0.30	101%-200% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	6	48.00	8.87	0.30	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	7	16.00	12.66	0.32	101%-200% Above	No	No

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00054350049	LIDOCAINE 2% VISCOUS SOLN	4	100.00	5.87	0.09	26%-50% Below	No	No
00054414622	CLOTRIMAZOLE 10 MG TROCHE	4	35.00	8.40	0.39	26%-50% Below	No	No
00054418125	DEXAMETHASONE 1 MG TABLET	6	6.00	1.16	0.24	10%-25% Below	No	No
00054418325	DEXAMETHASONE 2 MG TABLET	5	21.00	10.92	0.46	10%-25% Above	No	No
00054418325	DEXAMETHASONE 2 MG TABLET	6	5.00	3.07	0.46	26%-50% Above	No	No
00054418325	DEXAMETHASONE 2 MG TABLET	6	15.00	5.80	0.46	10%-25% Below	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	4	5.00	3.87	0.56	26%-50% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	4	8.00	4.99	0.56	10%-25% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	4	8.00	6.19	0.56	26%-50% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	4	10.00	7.73	0.56	26%-50% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	4	45.00	34.79	0.56	26%-50% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	5	6.00	4.64	0.59	26%-50% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	5	8.00	6.19	0.59	26%-50% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	5	30.00	23.19	0.59	26%-50% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	6	1.00	1.71	0.50	200% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	6	4.00	4.62	0.50	101%-200% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	6	15.00	11.60	0.50	51%-75% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	6	30.00	23.19	0.50	51%-75% Above	No	No
00054429731	FUROSEMIDE 20 MG TABLET	4	30.00	1.42	0.03	51%-75% Above	No	No
00054429731	FUROSEMIDE 20 MG TABLET	5	30.00	1.42	0.03	51%-75% Above	No	No
00054429731	FUROSEMIDE 20 MG TABLET	5	30.00	1.51	0.03	51%-75% Above	No	No
00054429731	FUROSEMIDE 20 MG TABLET	6	30.00	0.30	0.03	51%-75% Below	No	No
00054429731	FUROSEMIDE 20 MG TABLET	6	30.00	1.42	0.03	51%-75% Above	No	No
00054429731	FUROSEMIDE 20 MG TABLET	6	30.00	1.46	0.03	51%-75% Above	No	No
00054429931	FUROSEMIDE 40 MG TABLET	5	30.00	0.30	0.04	51%-75% Below	No	No

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00054429931	FUROSEMIDE 40 MG TABLET	5	30.00	1.68	0.04	51%-75% Above	No	No
00054429931	FUROSEMIDE 40 MG TABLET	5	90.00	3.82	0.04	10%-25% Above	No	No
00054429931	FUROSEMIDE 40 MG TABLET	6	30.00	0.30	0.03	51%-75% Below	No	No
00054455025	METHOTREXATE 2.5 MG TABLET	4	24.00	6.90	0.47	26%-50% Below	No	No
00054455025	METHOTREXATE 2.5 MG TABLET	5	26.00	12.40	0.34	26%-50% Above	No	No
00054472825	PREDNISONONE 5 MG TABLET	5	15.00	3.29	0.08	101%-200% Above	No	No
00054472825	PREDNISONONE 5 MG TABLET	5	21.00	3.03	0.08	76%-100% Above	No	No
00054472825	PREDNISONONE 5 MG TABLET	6	15.00	3.29	0.08	101%-200% Above	No	No
00054472831	PREDNISONONE 5 MG TABLET	5	30.00	3.53	0.08	26%-50% Above	No	No
00054472831	PREDNISONONE 5 MG TABLET	5	30.00	4.05	0.08	51%-75% Above	No	No
00054472831	PREDNISONONE 5 MG TABLET	6	30.00	4.05	0.08	51%-75% Above	No	No
00054472831	PREDNISONONE 5 MG TABLET	6	30.00	4.35	0.08	76%-100% Above	No	No
00054472831	PREDNISONONE 5 MG TABLET	6	90.00	4.76	0.08	26%-50% Below	No	No
00054485925	TRIAZOLAM 0.25 MG TABLET	8	1.00	1.97	1.24	51%-75% Above	No	No
00054817525	DEXAMETHASONE 4 MG TABLET	5	6.00	4.68	0.59	26%-50% Above	No	No
00065065435	CILOXAN 0.3% OINTMENT	5	3.50	174.92	58.48	10%-25% Below	Yes	No
00069152068	NORVASC 2.5 MG TABLET	4	90.00	8.20	6.92	76%-100% Below	No	No
00069153068	NORVASC 5 MG TABLET	6	30.00	3.72	6.90	76%-100% Below	No	No
00071051324	NEURONTIN 600 MG TABLET	6	90.00	17.56	11.18	76%-100% Below	No	No
00071080524	NEURONTIN 300 MG CAPSULE	6	180.00	21.21	5.90	76%-100% Below	No	No
00074455219	SYNTHROID 50 MCG TABLET	5	30.00	23.02	1.31	26%-50% Below	No	No
00074455219	SYNTHROID 50 MCG TABLET	6	30.00	23.02	1.31	26%-50% Below	No	No
00074659490	SYNTHROID 88 MCG TABLET	4	30.00	33.36	1.31	10%-25% Below	Yes	No
00074659490	SYNTHROID 88 MCG TABLET	5	30.00	33.36	1.31	10%-25% Below	Yes	No
00074659490	SYNTHROID 88 MCG TABLET	6	30.00	33.36	1.31	10%-25% Below	Yes	No

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00074714890	SYNTHROID 200 MCG TABLET	5	90.00	27.99	1.30	76%-100% Below	Yes	No
00078091112	XIIDRA 5% EYE DROPS	4	180.00	1449.93	9.47	10%-25% Below	Yes	No
00093005101	CARVEDILOL 3.125 MG TABLET	4	60.00	0.95	0.02	26%-50% Below	No	No
00093005101	CARVEDILOL 3.125 MG TABLET	5	60.00	0.95	0.02	26%-50% Below	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	4	270.00	17.75	0.03	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	5	30.00	2.96	0.03	200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	6	30.00	2.96	0.03	200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	6	60.00	4.43	0.03	101%-200% Above	No	No
00093005401	BUSPIRONE HCL 10 MG TABLET	5	90.00	4.90	0.04	26%-50% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	5	60.00	4.17	0.04	51%-75% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	5	90.00	5.99	0.04	51%-75% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	6	90.00	5.99	0.04	51%-75% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	6	180.00	9.99	0.04	26%-50% Above	No	No
00093005805	TRAMADOL HCL 50 MG TABLET	4	28.00	1.37	0.02	76%-100% Above	No	No
00093005805	TRAMADOL HCL 50 MG TABLET	4	30.00	1.42	0.02	76%-100% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	4	60.00	0.60	0.02	51%-75% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	5	14.00	2.37	0.02	200% Above	No	No
00093005805	TRAMADOL HCL 50 MG TABLET	5	28.00	1.37	0.02	76%-100% Above	No	No
00093005805	TRAMADOL HCL 50 MG TABLET	5	28.00	1.37	0.02	76%-100% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	6	7.00	1.59	0.02	200% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	6	10.00	2.01	0.02	200% Above	No	No
00093005805	TRAMADOL HCL 50 MG TABLET	6	12.00	0.12	0.02	51%-75% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	6	20.00	1.29	0.02	101%-200% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	6	26.00	1.33	0.02	101%-200% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	6	120.00	9.62	0.02	200% Above	No	No

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00093015001	ACETAMINOPHEN-COD #3 TABLET	4	90.00	7.07	0.11	26%-50% Below	No	No
00093015001	ACETAMINOPHEN-COD #3 TABLET	5	90.00	7.07	0.11	26%-50% Below	No	No
00093015001	ACETAMINOPHEN-COD #3 TABLET	6	90.00	7.07	0.11	26%-50% Below	No	No
00093031401	KETOROLAC 10 MG TABLET	4	6.00	6.90	0.80	26%-50% Above	No	No
00093031401	KETOROLAC 10 MG TABLET	4	10.00	4.99	0.80	26%-50% Below	Yes	No
00093031401	KETOROLAC 10 MG TABLET	4	15.00	6.99	0.80	26%-50% Below	Yes	No
00093031401	KETOROLAC 10 MG TABLET	5	10.00	5.51	0.80	26%-50% Below	No	No
00093031401	KETOROLAC 10 MG TABLET	5	15.00	9.95	0.80	10%-25% Below	No	No
00093031401	KETOROLAC 10 MG TABLET	5	20.00	6.99	0.80	51%-75% Below	Yes	No
00093031401	KETOROLAC 10 MG TABLET	6	20.00	4.99	0.80	51%-75% Below	Yes	No
00093031401	KETOROLAC 10 MG TABLET	6	30.00	16.43	0.80	26%-50% Below	No	No
00093032001	DILTIAZEM 90 MG TABLET	5	180.00	44.90	0.28	10%-25% Below	No	No
00093032101	DILTIAZEM 120 MG TABLET	6	60.00	12.80	0.32	26%-50% Below	No	No
00093077198	PRAVASTATIN SODIUM 10 MG TAB	5	90.00	11.00	0.08	51%-75% Above	Yes	No
00093078710	ATENOLOL 25 MG TABLET	6	90.00	6.73	0.03	101%-200% Above	No	No
00093081201	NORTRIPTYLINE HCL 50 MG CAP	4	180.00	27.27	0.14	10%-25% Above	Yes	No
00093083201	CLONAZEPAM 0.5 MG TABLET	4	30.00	1.23	0.03	51%-75% Above	No	No
00093083201	CLONAZEPAM 0.5 MG TABLET	4	30.00	1.32	0.03	51%-75% Above	No	No
00093083201	CLONAZEPAM 0.5 MG TABLET	6	30.00	1.32	0.03	51%-75% Above	No	No
00093083201	CLONAZEPAM 0.5 MG TABLET	6	45.00	1.60	0.03	26%-50% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	5	30.00	1.32	0.03	51%-75% Above	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	5	60.00	1.89	0.03	10%-25% Above	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	6	15.00	1.07	0.03	101%-200% Above	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	6	30.00	0.30	0.03	51%-75% Below	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	6	60.00	1.89	0.03	10%-25% Above	Yes	No

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00093100301	BUSPIRONE HCL 15 MG TABLET	4	270.00	10.85	0.06	26%-50% Below	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	6	90.00	9.44	0.05	76%-100% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	4	22.00	6.50	0.19	51%-75% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	5	22.00	6.99	0.19	51%-75% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	5	22.00	7.95	0.19	76%-100% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	5	22.00	9.14	0.19	101%-200% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	5	22.00	9.99	0.19	101%-200% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	5	22.00	10.40	0.19	101%-200% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	6	22.00	4.99	0.16	26%-50% Above	Yes	No
00093171301	WARFARIN SODIUM 2 MG TABLET	6	30.00	7.34	0.10	101%-200% Above	No	No
00093206406	CILOSTAZOL 100 MG TABLET	4	60.00	14.90	0.15	51%-75% Above	No	No
00093206406	CILOSTAZOL 100 MG TABLET	6	60.00	14.90	0.16	51%-75% Above	No	No
00093214062	TRI-LO-SPRINTEC TABLET	5	28.00	3.35	0.19	26%-50% Below	No	No
00093214062	TRI-LO-SPRINTEC TABLET	6	84.00	10.74	0.17	10%-25% Below	No	No
00093217901	LIOthyRONINE SOD 5 MCG TAB	4	180.00	79.11	0.55	10%-25% Below	Yes	No
00093220301	METOCLOPRAMIDE 10 MG TABLET	6	30.00	2.20	0.04	76%-100% Above	No	No
00093220310	METOCLOPRAMIDE 10 MG TABLET	4	6.00	0.94	0.04	200% Above	No	No
00093220310	METOCLOPRAMIDE 10 MG TABLET	5	30.00	2.11	0.04	76%-100% Above	No	No
00093221001	SUCRALFATE 1 GM TABLET	5	28.00	7.07	0.20	10%-25% Above	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	5	60.00	9.99	0.20	10%-25% Below	Yes	No
00093221098	SUCRALFATE 1 GM TABLET	5	56.00	7.40	0.20	26%-50% Below	No	No
00093226301	AMOXICILLIN 500 MG TABLET	6	4.00	0.04	0.14	76%-100% Below	Yes	No
00093227534	AMOX-CLAV 875-125 MG TABLET	5	14.00	0.14	0.30	76%-100% Below	Yes	No
00093227534	AMOX-CLAV 875-125 MG TABLET	5	20.00	4.99	0.30	10%-25% Below	Yes	No
00093227534	AMOX-CLAV 875-125 MG TABLET	5	20.00	6.99	0.30	10%-25% Above	Yes	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093227534	AMOX-CLAV 875-125 MG TABLET	5	20.00	19.99	0.30	200% Above	Yes	No
00093227534	AMOX-CLAV 875-125 MG TABLET	6	14.00	0.14	0.28	76%-100% Below	Yes	No
00093227534	AMOX-CLAV 875-125 MG TABLET	6	14.00	4.90	0.28	10%-25% Above	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	6	20.00	0.20	0.28	76%-100% Below	Yes	No
00093227534	AMOX-CLAV 875-125 MG TABLET	6	20.00	4.90	0.28	10%-25% Below	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	6	20.00	9.66	0.28	51%-75% Above	No	No
00093301756	TADALAFIL 5 MG TABLET	5	30.00	14.99	0.19	101%-200% Above	Yes	No
00093301756	TADALAFIL 5 MG TABLET	5	30.00	19.99	0.19	200% Above	Yes	No
00093309456	ARMODAFINIL 250 MG TABLET	5	30.00	4.99	1.24	76%-100% Below	No	No
00093310701	AMOXICILLIN 250 MG CAPSULE	5	42.00	3.78	0.07	10%-25% Above	No	No
00093310705	AMOXICILLIN 250 MG CAPSULE	6	60.00	4.48	0.07	10%-25% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	5	20.00	2.22	0.07	51%-75% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	6	4.00	1.04	0.07	200% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	6	14.00	2.45	0.07	101%-200% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	6	21.00	2.30	0.07	51%-75% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	6	21.00	3.72	0.07	101%-200% Above	No	No
00093310905	AMOXICILLIN 500 MG CAPSULE	6	30.00	4.92	0.07	101%-200% Above	Yes	No
00093312301	DICLOXACILLIN 250 MG CAPSULE	4	40.00	14.99	0.49	10%-25% Below	Yes	No
00093314705	CEPHALEXIN 500 MG CAPSULE	6	21.00	3.38	0.13	10%-25% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	6	30.00	4.41	0.13	10%-25% Above	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	4	8.50	26.00	3.84	10%-25% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	5	8.50	14.39	3.80	51%-75% Below	Yes	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	5	8.50	14.99	3.80	51%-75% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	5	8.50	14.99	3.80	51%-75% Below	Yes	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	5	8.50	28.78	3.80	10%-25% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093317431	ALBUTEROL HFA 90 MCG INHALER	5	17.00	52.00	3.80	10%-25% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	6	8.50	14.39	3.77	51%-75% Below	Yes	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	6	8.50	14.99	3.77	51%-75% Below	Yes	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	6	8.50	26.00	3.77	10%-25% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	6	17.00	28.79	3.77	51%-75% Below	Yes	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	6	17.00	52.00	3.77	10%-25% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	4	45.00	1.96	0.03	26%-50% Above	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	4	60.00	3.61	0.03	76%-100% Above	No	No
00093321305	CLONAZEPAM 2 MG TABLET	5	120.00	9.99	0.04	101%-200% Above	Yes	No
00093321305	CLONAZEPAM 2 MG TABLET	6	120.00	9.99	0.04	101%-200% Above	Yes	No
00093321992	KETOCONAZOLE 2% CREAM	4	60.00	10.63	0.40	51%-75% Below	No	No
00093321992	KETOCONAZOLE 2% CREAM	6	60.00	3.97	0.34	76%-100% Below	Yes	No
00093354143	ESTRADIOL 0.01% CREAM	7	42.50	0.99	1.51	76%-100% Below	No	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	5	100.00	1.45	0.02	26%-50% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	5	100.00	5.74	0.02	101%-200% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	5	200.00	2.90	0.02	26%-50% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	5	200.00	13.17	0.02	101%-200% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	6	100.00	5.74	0.02	101%-200% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	6	100.00	8.66	0.02	200% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	6	200.00	14.90	0.02	200% Above	No	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	4	150.00	10.15	0.02	101%-200% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	5	75.00	4.48	0.03	101%-200% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	5	150.00	2.21	0.03	26%-50% Below	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	6	150.00	9.99	0.02	101%-200% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	6	150.00	11.42	0.02	200% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093417773	CEPHALEXIN 250 MG/5 ML SUSP	4	600.00	32.70	0.12	51%-75% Below	No	No
00093417773	CEPHALEXIN 250 MG/5 ML SUSP	6	100.00	7.01	0.10	26%-50% Below	No	No
00093417773	CEPHALEXIN 250 MG/5 ML SUSP	6	600.00	21.56	0.10	51%-75% Below	No	No
00093505798	ATORVASTATIN 80 MG TABLET	4	90.00	12.49	0.10	26%-50% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	5	30.00	0.30	0.10	76%-100% Below	No	No
00093505798	ATORVASTATIN 80 MG TABLET	5	90.00	25.15	0.10	101%-200% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	6	30.00	0.30	0.10	76%-100% Below	No	No
00093505898	ATORVASTATIN 40 MG TABLET	4	30.00	8.03	0.07	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	5	30.00	5.73	0.07	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	6	30.00	5.73	0.06	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	6	90.00	37.99	0.06	200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	4	90.00	0.90	0.05	76%-100% Below	No	No
00093505998	ATORVASTATIN 20 MG TABLET	5	30.00	0.30	0.06	76%-100% Below	No	No
00093505998	ATORVASTATIN 20 MG TABLET	5	90.00	0.90	0.06	76%-100% Below	No	No
00093505998	ATORVASTATIN 20 MG TABLET	6	30.00	0.30	0.05	76%-100% Below	No	No
00093506101	HYDROXYZINE HCL 25 MG TABLET	4	60.00	2.86	0.07	26%-50% Below	No	No
00093506105	HYDROXYZINE HCL 25 MG TABLET	4	120.00	1.20	0.07	76%-100% Below	No	No
00093506105	HYDROXYZINE HCL 25 MG TABLET	5	120.00	1.20	0.08	76%-100% Below	No	No
00093506105	HYDROXYZINE HCL 25 MG TABLET	6	120.00	1.20	0.06	76%-100% Below	No	No
00093532862	JUNEL FE 24 TABLET	4	28.00	0.28	0.88	76%-100% Below	No	No
00093534356	SILDENAFIL 100 MG TABLET	4	6.00	14.99	0.33	200% Above	Yes	No
00093585201	ESCITALOPRAM 20 MG TABLET	4	30.00	6.90	0.08	101%-200% Above	No	No
00093585201	ESCITALOPRAM 20 MG TABLET	5	30.00	6.90	0.09	101%-200% Above	No	No
00093585201	ESCITALOPRAM 20 MG TABLET	6	30.00	6.90	0.08	101%-200% Above	No	No
00093585201	ESCITALOPRAM 20 MG TABLET	7	30.00	6.90	0.08	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093590786	MESALAMINE DR 400 MG CAPSULE	4	30.00	6.99	1.83	76%-100% Below	Yes	No
00093590786	MESALAMINE DR 400 MG CAPSULE	5	30.00	6.99	1.95	76%-100% Below	Yes	No
00093590786	MESALAMINE DR 400 MG CAPSULE	6	30.00	6.99	1.88	76%-100% Below	Yes	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	5	90.00	0.90	0.07	76%-100% Below	No	No
00093720110	PRAVASTATIN SODIUM 20 MG TAB	5	30.00	1.37	0.06	26%-50% Below	No	No
00093720110	PRAVASTATIN SODIUM 20 MG TAB	6	30.00	1.37	0.07	26%-50% Below	No	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	4	30.00	0.30	0.06	76%-100% Below	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	5	30.00	0.30	0.06	76%-100% Below	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	5	90.00	0.90	0.06	76%-100% Below	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	5	90.00	4.12	0.06	26%-50% Below	No	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	6	30.00	0.30	0.07	76%-100% Below	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	6	90.00	0.90	0.07	76%-100% Below	No	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	6	90.00	11.95	0.07	101%-200% Above	Yes	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	4	90.00	0.90	0.09	76%-100% Below	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	5	30.00	0.30	0.09	76%-100% Below	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	5	180.00	11.70	0.09	26%-50% Below	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	6	30.00	0.30	0.09	76%-100% Below	No	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	5	30.00	0.30	0.09	76%-100% Below	No	No
00093727098	PRAVASTATIN SODIUM 80 MG TAB	6	30.00	3.48	0.17	26%-50% Below	No	No
00093727298	PIOGLITAZONE HCL 30 MG TABLET	4	30.00	0.30	0.15	76%-100% Below	Yes	No
00093727298	PIOGLITAZONE HCL 30 MG TABLET	5	90.00	16.12	0.15	10%-25% Above	Yes	No
00093729001	RALOXIFENE HCL 60 MG TABLET	4	30.00	0.30	0.43	76%-100% Below	No	No
00093729001	RALOXIFENE HCL 60 MG TABLET	5	30.00	0.30	0.44	76%-100% Below	No	No
00093729001	RALOXIFENE HCL 60 MG TABLET	6	30.00	0.30	0.40	76%-100% Below	No	No
00093736798	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	6	90.00	23.90	0.16	51%-75% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093736910	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	4	90.00	44.90	0.19	101%-200% Above	No	No
00093736998	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	5	30.00	4.12	0.20	26%-50% Below	No	No
00093747243	RIZATRIPTAN 10 MG TABLET	5	10.00	14.90	0.62	101%-200% Above	No	No
00093767902	ETONOGESTREL-EE VAGINAL RING	5	1.00	0.01	100.39	76%-100% Below	Yes	No
00093767902	ETONOGESTREL-EE VAGINAL RING	6	1.00	0.01	103.75	76%-100% Below	Yes	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	4	30.00	0.30	0.08	76%-100% Below	Yes	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	4	30.00	6.99	0.08	200% Above	Yes	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	5	30.00	0.30	0.07	76%-100% Below	Yes	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	6	10.00	0.10	0.07	76%-100% Below	Yes	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	6	90.00	13.76	0.07	101%-200% Above	Yes	No
00093823298	IRBESARTAN-HYDROCHLOROTHIAZIDE 300-12.5 MG TB	4	90.00	59.99	0.30	101%-200% Above	No	No
00093914801	VENLAFAXINE HCL 37.5 MG TABLET	5	60.00	4.99	0.14	26%-50% Below	No	No
00093914801	VENLAFAXINE HCL 37.5 MG TABLET	5	180.00	12.49	0.14	26%-50% Below	No	No
00093916301	VENLAFAXINE HCL 100 MG TABLET	5	30.00	7.49	0.16	51%-75% Above	No	No
00093916301	VENLAFAXINE HCL 100 MG TABLET	6	90.00	14.99	0.14	10%-25% Above	No	No
00115148901	DEXTROAMP-AMPHET ER 20 MG CAP	5	30.00	15.64	0.72	26%-50% Below	No	No
00115148901	DEXTROAMP-AMPHET ER 20 MG CAP	6	30.00	15.64	0.72	26%-50% Below	No	No
00115165901	PROPRANOLOL 10 MG TABLET	5	60.00	3.07	0.07	26%-50% Below	No	No
00115166003	PROPRANOLOL 20 MG TABLET	5	120.00	6.99	0.09	26%-50% Below	Yes	No
00115166003	PROPRANOLOL 20 MG TABLET	6	120.00	6.99	0.08	26%-50% Below	Yes	No
00115166201	PROPRANOLOL 80 MG TABLET	5	60.00	14.90	0.21	10%-25% Above	No	No
00115166201	PROPRANOLOL 80 MG TABLET	6	60.00	14.90	0.20	26%-50% Above	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	5	2.00	109.99	120.51	51%-75% Below	Yes	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	6	2.00	197.62	119.48	10%-25% Below	No	No
00115552210	FENOFIBRATE 160 MG TABLET	4	90.00	12.49	0.28	26%-50% Below	No	No

## NADAC Summary Report

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00115592201	PILOCARPINE HCL 5 MG TABLET	6	90.00	25.27	0.36	10%-25% Below	No	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	4	90.00	51.85	0.52	10%-25% Above	No	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	5	30.00	9.65	0.51	26%-50% Below	No	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	6	30.00	9.65	0.52	26%-50% Below	No	No
00115992101	DEXMETHYLPHENIDATE ER 20 MG CP	5	30.00	14.99	1.74	51%-75% Below	No	No
00115992101	DEXMETHYLPHENIDATE ER 20 MG CP	6	30.00	14.99	1.52	51%-75% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	4	473.00	3.97	0.01	10%-25% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	5	473.00	1.70	0.01	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	5	473.00	3.58	0.01	26%-50% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	5	473.00	4.20	0.01	51%-75% Above	Yes	No
00116200116	CHLORHEXIDINE 0.12% RINSE	6	473.00	3.49	0.01	26%-50% Above	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	4	30.00	2.99	0.13	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	5	24.00	0.24	0.12	76%-100% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	5	25.00	2.60	0.12	10%-25% Below	No	No
00121077504	GUAIFEN-CODEINE 100-10 MG/5 ML	5	240.00	12.19	0.06	10%-25% Below	No	No
00121077504	GUAIFEN-CODEINE 100-10 MG/5 ML	6	236.00	11.99	0.06	10%-25% Below	No	No
00121077516	GUAIFENESIN-CODEINE SYRUP	6	300.00	14.99	0.03	51%-75% Above	No	No
00131248035	VIMPAT 200 MG TABLET	4	60.00	807.28	15.82	10%-25% Below	Yes	No
00131248035	VIMPAT 200 MG TABLET	6	60.00	807.28	15.82	10%-25% Below	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	5	15.00	3.56	0.18	26%-50% Above	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	5	21.00	4.41	0.18	10%-25% Above	No	No
00143122701	DICYCLOMINE 20 MG TABLET	6	40.00	4.99	0.19	26%-50% Below	No	No
00143177101	ISOSORBIDE DINITRATE 10 MG TAB	5	60.00	6.99	0.33	51%-75% Below	No	No
00143177101	ISOSORBIDE DINITRATE 10 MG TAB	6	60.00	6.99	0.32	51%-75% Below	No	No
00143211205	DOXYCYCLINE HYCLATE 100 MG TAB	5	20.00	14.99	0.15	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00143211205	DOXYCYCLINE HYCLATE 100 MG TAB	6	40.00	14.90	0.15	101%-200% Above	No	No
00143211205	DOXYCYCLINE HYCLATE 100 MG TAB	6	56.00	14.90	0.15	76%-100% Above	No	No
00143312601	DICYCLOMINE 10 MG CAPSULE	5	90.00	0.90	0.12	76%-100% Below	Yes	No
00143312601	DICYCLOMINE 10 MG CAPSULE	5	180.00	12.49	0.12	26%-50% Below	Yes	No
00143312601	DICYCLOMINE 10 MG CAPSULE	5	180.00	16.02	0.12	10%-25% Below	Yes	No
00143312601	DICYCLOMINE 10 MG CAPSULE	6	270.00	24.03	0.11	10%-25% Below	Yes	No
00143924920	AMOX-CLAV 875-125 MG TABLET	5	14.00	0.14	0.30	76%-100% Below	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	5	14.00	6.99	0.30	51%-75% Above	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	5	20.00	4.99	0.30	10%-25% Below	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	5	20.00	11.38	0.30	76%-100% Above	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	6	20.00	0.20	0.28	76%-100% Below	No	No
00143928501	AMOXICILLIN 875 MG TABLET	4	16.00	8.02	0.14	200% Above	No	No
00143928501	AMOXICILLIN 875 MG TABLET	5	20.00	0.20	0.14	76%-100% Below	No	No
00143928501	AMOXICILLIN 875 MG TABLET	5	20.00	3.86	0.14	26%-50% Above	No	No
00143928501	AMOXICILLIN 875 MG TABLET	5	20.00	3.95	0.14	26%-50% Above	No	No
00143928501	AMOXICILLIN 875 MG TABLET	7	20.00	2.46	0.14	10%-25% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	4	6.00	51.84	14.65	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	5	2.00	20.63	14.67	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	5	6.00	51.84	14.67	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	6	2.00	20.63	15.19	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	6	4.00	34.56	15.19	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	6	6.00	51.84	15.19	26%-50% Below	Yes	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	4	14.00	6.90	0.18	101%-200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	5	20.00	7.28	0.18	101%-200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	5	40.00	14.90	0.18	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	6	20.00	6.99	0.19	76%-100% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	6	20.00	14.99	0.19	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	6	28.00	6.99	0.19	26%-50% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	6	40.00	14.90	0.19	76%-100% Above	No	No
00143980350	DOXYCYCLINE HYCLATE 100 MG CAP	6	30.00	14.90	0.19	101%-200% Above	No	No
00143985324	AMOX-CLAV 600-42.9 MG/5 ML SUS	4	200.00	7.36	0.06	26%-50% Below	Yes	No
00143985375	AMOX-CLAV 600-42.9 MG/5 ML SUS	6	75.00	4.99	0.09	10%-25% Below	Yes	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	4	200.00	5.08	0.02	10%-25% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	6	100.00	7.04	0.02	200% Above	No	No
00143988801	AMOXICILLIN 125 MG/5 ML SUSP	6	200.00	4.63	0.02	26%-50% Above	No	No
00143988901	AMOXICILLIN 250 MG/5 ML SUSP	5	100.00	0.76	0.02	51%-75% Below	No	No
00143992701	CIPROFLOXACIN HCL 250 MG TAB	4	6.00	0.06	0.10	76%-100% Below	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	4	10.00	2.02	0.14	26%-50% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	4	28.00	5.28	0.14	26%-50% Above	Yes	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	5	14.00	3.01	0.14	51%-75% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	5	20.00	1.41	0.14	26%-50% Below	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	5	20.00	4.53	0.14	51%-75% Above	Yes	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	6	10.00	2.36	0.15	51%-75% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	6	14.00	0.14	0.15	76%-100% Below	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	6	20.00	1.41	0.15	51%-75% Below	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	6	20.00	3.99	0.15	26%-50% Above	No	No
00143998201	AMOX-CLAV 400-57 MG/5 ML SUSP	5	100.00	9.67	0.08	26%-50% Above	Yes	No
00168000215	TRIAMCINOLONE 0.5% CREAM	4	30.00	14.99	0.26	76%-100% Above	No	No
00168000680	TRIAMCINOLONE 0.1% OINTMENT	5	80.00	12.10	0.07	101%-200% Above	Yes	No
00168005615	BETAMETHASONE DP 0.05% OINT	5	15.00	16.35	2.74	51%-75% Below	Yes	No



## NADAC Summary Report

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00168008031	HYDROCORTISONE 2.5% CREAM	4	30.00	4.15	0.08	51%-75% Above	No	No
00168020360	CLINDAMYCIN PHOSP 1% LOTION	5	60.00	14.99	1.05	76%-100% Below	No	No
00168020360	CLINDAMYCIN PHOSP 1% LOTION	6	60.00	38.17	1.14	26%-50% Below	No	No
00168026850	BETAMETHASONE DP AUG 0.05% OIN	5	50.00	38.00	1.29	26%-50% Below	No	No
00168034646	TERCONAZOLE 0.4% CREAM	7	45.00	0.99	0.62	76%-100% Below	No	No
00168035550	HALOBETASOL PROP 0.05% CREAM	7	50.00	18.80	0.88	51%-75% Below	No	No
00169183311	NOVOLIN R 100 UNIT/ML VIAL	6	30.00	337.09	13.24	10%-25% Below	Yes	No
00169255013	TRESIBA FLEXTOUCH 200 UNIT/ML	5	9.00	497.85	65.03	10%-25% Below	Yes	No
00169266015	TRESIBA FLEXTOUCH 100 UNIT/ML	4	15.00	414.88	32.50	10%-25% Below	Yes	No
00169266015	TRESIBA FLEXTOUCH 100 UNIT/ML	4	30.00	829.76	32.50	10%-25% Below	Yes	No
00169266015	TRESIBA FLEXTOUCH 100 UNIT/ML	6	45.00	1244.64	32.55	10%-25% Below	Yes	No
00169291115	XULTOPHY 100 UNIT-3.6 MG/ML PEN	4	15.00	934.62	73.21	10%-25% Below	Yes	No
00169291115	XULTOPHY 100 UNIT-3.6 MG/ML PEN	5	15.00	934.62	73.21	10%-25% Below	Yes	No
00169413212	OZEMPIC 0.25-0.5 MG DOSE PEN	4	1.50	694.91	544.78	10%-25% Below	Yes	No
00169413212	OZEMPIC 0.25-0.5 MG/DOSE (2 MG/1.5 ML) PEN	6	1.50	694.91	544.78	10%-25% Below	Yes	No
00169413602	OZEMPIC 1 MG DOSE PEN (1.5 ML)	4	3.00	694.91	272.30	10%-25% Below	Yes	No
00169413602	OZEMPIC 1 MG/DOSE (2 MG/1.5 ML) PEN	6	3.00	694.91	272.30	10%-25% Below	Yes	No
00169430713	RYBELSUS 7 MG TABLET	4	90.00	2002.46	26.25	10%-25% Below	Yes	No
00169633910	NOVOLOG 100 UNIT/ML FLEXPEN	4	15.00	456.01	35.74	10%-25% Below	Yes	No
00169633910	NOVOLOG 100 UNIT/ML FLEXPEN	6	15.00	456.01	35.74	10%-25% Below	Yes	No
00169633910	NOVOLOG 100 UNIT/ML FLEXPEN	6	75.00	2280.04	35.74	10%-25% Below	Yes	No
00169643810	LEVEMIR FLEXTOUCH 100 UNIT/ML	5	15.00	377.16	29.58	10%-25% Below	Yes	No
00169643810	LEVEMIR FLEXTOUCH 100 UNIT/ML	6	15.00	377.16	29.60	10%-25% Below	Yes	No
00169750111	NOVOLOG 100 UNIT/ML VIAL	4	30.00	708.35	27.73	10%-25% Below	Yes	No
00169750111	NOVOLOG 100 UNIT/ML VIAL	5	30.00	708.35	27.73	10%-25% Below	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00169750111	NOVOLOG 100 UNIT/ML VIAL	6	30.00	708.35	27.73	10%-25% Below	Yes	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.00	1.42	0.01	200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.00	1.42	0.01	200% Above	No	No
00172208960	HYDROCHLOROTHIAZIDE 50 MG TAB	5	90.00	5.43	0.03	76%-100% Above	No	No
00172392660	DIAZEPAM 5 MG TABLET	6	30.00	1.34	0.02	76%-100% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	5	40.00	0.63	0.03	26%-50% Below	No	No
00172392670	DIAZEPAM 5 MG TABLET	6	1.00	0.01	0.02	51%-75% Below	Yes	No
00172392760	DIAZEPAM 10 MG TABLET	6	3.00	0.04	0.03	51%-75% Below	No	No
00172392770	DIAZEPAM 10 MG TABLET	6	2.00	0.02	0.03	51%-75% Below	Yes	No
00172572860	FAMOTIDINE 20 MG TABLET	4	30.00	1.81	0.05	10%-25% Above	No	No
00172572860	FAMOTIDINE 20 MG TABLET	6	30.00	1.81	0.04	26%-50% Above	No	No
00172572870	FAMOTIDINE 20 MG TABLET	6	20.00	1.46	0.04	51%-75% Above	No	No
00172572870	FAMOTIDINE 20 MG TABLET	6	60.00	3.17	0.04	10%-25% Above	No	No
00172572880	FAMOTIDINE 20 MG TABLET	6	60.00	3.48	0.04	26%-50% Above	No	No
00172572970	FAMOTIDINE 40 MG TABLET	5	30.00	5.04	0.09	76%-100% Above	No	No
00172572970	FAMOTIDINE 40 MG TABLET	5	60.00	6.99	0.09	26%-50% Above	No	No
00172572970	FAMOTIDINE 40 MG TABLET	6	60.00	6.99	0.09	26%-50% Above	No	No
00173069500	ADVAIR 100-50 DISKUS	4	60.00	258.71	5.07	10%-25% Below	Yes	No
00173069600	ADVAIR 250-50 DISKUS	4	60.00	321.45	6.30	10%-25% Below	Yes	No
00173069600	ADVAIR 250-50 DISKUS	5	60.00	321.45	6.30	10%-25% Below	Yes	No
00173085910	BREO ELLIPTA 100-25 MCG INH	1	60.00	223.60	5.96	26%-50% Below	No	No
00173085910	BREO ELLIPTA 100-25 MCG INH	3	60.00	223.60	5.96	26%-50% Below	No	No
00173085910	BREO ELLIPTA 100-25 MCG INH	12	60.00	217.09	5.79	26%-50% Below	No	No
00173086910	ANORO ELLIPTA 62.5-25 MCG INH	5	60.00	354.59	6.94	10%-25% Below	Yes	No
00173086910	ANORO ELLIPTA 62.5-25 MCG INH	6	60.00	354.59	6.94	10%-25% Below	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00173088710	TRELEGY ELLIPTA 100-62.5-25	5	60.00	491.12	9.63	10%-25% Below	Yes	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	5	14.00	14.90	0.60	76%-100% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	6	14.00	6.90	0.59	10%-25% Below	No	No
00185021101	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	30.00	13.50	0.63	26%-50% Below	No	No
00185021101	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	30.00	13.50	0.60	10%-25% Below	No	No
00185021101	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	30.00	13.50	0.57	10%-25% Below	No	No
00185041505	BUPROPION HCL SR 150 MG TABLET	4	90.00	22.39	0.12	101%-200% Above	No	No
00185061501	HYDROXYZINE PAM 50 MG CAP	5	60.00	5.30	0.08	10%-25% Above	No	No
00185061501	HYDROXYZINE PAM 50 MG CAP	5	120.00	6.35	0.08	26%-50% Below	No	No
00185067401	HYDROXYZINE PAM 25 MG CAP	3	90.00	4.90	0.08	26%-50% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	6	30.00	3.13	0.07	26%-50% Above	No	No
00186037020	SYMBICORT 160-4.5 MCG INHALER	6	10.20	303.27	34.95	10%-25% Below	Yes	No
00186037220	SYMBICORT 80-4.5 MCG INHALER	4	10.20	265.32	30.57	10%-25% Below	Yes	No
00186077760	BRILINTA 90 MG TABLET	4	60.00	330.33	6.47	10%-25% Below	Yes	No
00186077760	BRILINTA 90 MG TABLET	5	180.00	990.99	6.47	10%-25% Below	Yes	No
00186091612	PULMICORT 180 MCG FLEXHALER	4	1.00	209.62	245.98	10%-25% Below	Yes	No
00186091612	PULMICORT 180 MCG FLEXHALER	6	1.00	209.62	245.98	10%-25% Below	Yes	No
00228143503	LAMOTRIGINE ER 50 MG TABLET	4	30.00	19.99	2.00	51%-75% Below	Yes	No
00228143503	LAMOTRIGINE ER 50 MG TABLET	5	30.00	19.99	2.50	51%-75% Below	Yes	No
00228143503	LAMOTRIGINE ER 50 MG TABLET	6	30.00	19.99	2.31	51%-75% Below	Yes	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	6	15.00	0.15	0.02	51%-75% Below	Yes	No
00228202796	ALPRAZOLAM 0.25 MG TABLET	5	30.00	2.24	0.02	200% Above	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	6	60.00	3.66	0.02	101%-200% Above	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	4	60.00	2.22	0.02	51%-75% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	5	30.00	1.48	0.02	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00228202950	ALPRAZOLAM 0.5 MG TABLET	5	30.00	1.48	0.02	76%-100% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	5	60.00	3.75	0.02	101%-200% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	6	30.00	1.48	0.02	101%-200% Above	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	6	30.00	1.48	0.02	101%-200% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	6	60.00	3.75	0.02	101%-200% Above	Yes	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	5	60.00	3.66	0.02	101%-200% Above	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	6	60.00	3.66	0.02	101%-200% Above	No	No
00228203150	ALPRAZOLAM 1 MG TABLET	6	30.00	1.51	0.03	76%-100% Above	No	No
00228207610	TEMAZEPAM 15 MG CAPSULE	5	30.00	2.75	0.08	10%-25% Above	Yes	No
00228207650	TEMAZEPAM 15 MG CAPSULE	4	30.00	2.75	0.08	10%-25% Above	No	No
00228207650	TEMAZEPAM 15 MG CAPSULE	4	30.00	2.75	0.08	10%-25% Above	Yes	No
00228207650	TEMAZEPAM 15 MG CAPSULE	6	30.00	2.75	0.08	10%-25% Above	No	No
00228212710	CLONIDINE HCL 0.1 MG TABLET	5	180.00	8.64	0.03	51%-75% Above	Yes	No
00228212710	CLONIDINE HCL 0.1 MG TABLET	6	60.00	2.41	0.03	26%-50% Above	No	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	4	90.00	3.25	0.03	10%-25% Above	No	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	5	60.00	2.41	0.03	26%-50% Above	No	No
00228212810	CLONIDINE HCL 0.2 MG TABLET	4	60.00	3.31	0.04	26%-50% Above	No	No
00228212810	CLONIDINE HCL 0.2 MG TABLET	5	60.00	3.31	0.04	26%-50% Above	No	No
00228212810	CLONIDINE HCL 0.2 MG TABLET	6	60.00	3.99	0.04	51%-75% Above	No	No
00228277811	PROPRANOLOL ER 60 MG CAPSULE	6	30.00	14.90	0.31	51%-75% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	90.00	25.03	0.06	200% Above	No	No
00228283711	PILOCARPINE HCL 7.5 MG TABLET	6	90.00	43.16	0.78	26%-50% Below	No	No
00228285111	GUANFACINE HCL ER 2 MG TABLET	5	30.00	0.30	0.34	76%-100% Below	No	No
00228306111	DEXTROAMP-AMPHET ER 30 MG CAP	4	30.00	0.30	0.72	76%-100% Below	Yes	No
00228306111	DEXTROAMP-AMPHET ER 30 MG CAP	5	30.00	0.30	0.73	76%-100% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00228306111	DEXTROAMP-AMPHET ER 30 MG CAP	6	30.00	0.30	0.73	76%-100% Below	Yes	No
00245531911	KLOR-CON M20 TABLET	4	30.00	0.30	0.18	76%-100% Below	Yes	No
00245531911	KLOR-CON M20 TABLET	5	90.00	13.23	0.18	10%-25% Below	Yes	No
00245531990	KLOR-CON M20 TABLET	5	90.00	13.23	0.18	10%-25% Below	Yes	No
00254100752	ALBUTEROL HFA 90 MCG INHALER	4	6.70	14.99	4.40	26%-50% Below	No	No
00254200801	COLCHICINE 0.6 MG TABLET	4	4.00	14.99	0.88	200% Above	Yes	No
00254200801	COLCHICINE 0.6 MG TABLET	4	30.00	0.30	0.88	76%-100% Below	Yes	No
00254200801	COLCHICINE 0.6 MG TABLET	4	30.00	6.99	0.88	51%-75% Below	Yes	No
00254200801	COLCHICINE 0.6 MG TABLET	5	90.00	295.54	0.98	200% Above	Yes	No
00254200801	COLCHICINE 0.6 MG TABLET	6	30.00	6.99	0.86	51%-75% Below	Yes	No
00254202980	PREVIFEM TABLET	5	28.00	3.73	0.21	26%-50% Below	No	No
00254202980	PREVIFEM TABLET	6	28.00	4.01	0.21	26%-50% Below	No	No
00299590645	EPIDUO FORTE 0.3-2.5% GEL PUMP	4	45.00	497.43	12.99	10%-25% Below	Yes	No
00310620530	FARXIGA 5 MG TABLET	5	30.00	434.80	17.04	10%-25% Below	Yes	No
00310620530	FARXIGA 5 MG TABLET	6	30.00	434.80	17.04	10%-25% Below	Yes	No
00310620530	FARXIGA 5 MG TABLET	6	90.00	1304.40	17.04	10%-25% Below	Yes	No
00310621030	FARXIGA 10 MG TABLET	4	30.00	434.80	17.04	10%-25% Below	Yes	No
00310621030	FARXIGA 10 MG TABLET	5	30.00	434.80	17.04	10%-25% Below	Yes	No
00310621030	FARXIGA 10 MG TABLET	6	30.00	434.80	17.04	10%-25% Below	Yes	No
00378001401	METHOTREXATE 2.5 MG TABLET	6	60.00	56.59	0.30	200% Above	Yes	No
00378001801	METOPROLOL TARTRATE 25 MG TAB	5	180.00	7.76	0.02	76%-100% Above	Yes	No
00378001805	METOPROLOL TARTRATE 25 MG TAB	5	60.00	2.25	0.02	51%-75% Above	No	No
00378001805	METOPROLOL TARTRATE 25 MG TAB	6	60.00	2.25	0.02	51%-75% Above	No	No
00378001805	METOPROLOL TARTRATE 25 MG TAB	6	180.00	2.61	0.02	26%-50% Below	No	No
00378003210	METOPROLOL TARTRATE 50 MG TAB	5	30.00	1.18	0.02	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00378003210	METOPROLOL TARTRATE 50 MG TAB	6	30.00	1.42	0.02	76%-100% Above	No	No
00378020810	FUROSEMIDE 20 MG TABLET	5	30.00	1.42	0.03	51%-75% Above	No	No
00378020810	FUROSEMIDE 20 MG TABLET	5	30.00	1.51	0.03	51%-75% Above	Yes	No
00378020810	FUROSEMIDE 20 MG TABLET	6	30.00	1.46	0.03	51%-75% Above	No	No
00378020810	FUROSEMIDE 20 MG TABLET	6	30.00	1.51	0.03	51%-75% Above	Yes	No
00378020810	FUROSEMIDE 20 MG TABLET	6	90.00	1.92	0.03	26%-50% Below	No	No
00378021610	FUROSEMIDE 40 MG TABLET	4	30.00	0.30	0.03	51%-75% Below	Yes	No
00378021610	FUROSEMIDE 40 MG TABLET	6	60.00	2.70	0.03	26%-50% Above	No	No
00378021610	FUROSEMIDE 40 MG TABLET	6	60.00	2.80	0.03	26%-50% Above	No	No
00378021810	ATENOLOL 25 MG TABLET	5	30.00	2.65	0.03	200% Above	No	No
00378021810	ATENOLOL 25 MG TABLET	6	30.00	2.75	0.03	200% Above	No	No
00378037201	CIMETIDINE 400 MG TABLET	4	90.00	4.99	0.57	76%-100% Below	No	No
00378037301	HYDROXYCHLOROQUINE 200 MG TAB	4	60.00	11.93	0.29	26%-50% Below	No	No
00378064110	PREDNISONE 10 MG TABLET	4	39.00	6.82	0.09	76%-100% Above	Yes	No
00378064110	PREDNISONE 10 MG TABLET	5	7.00	0.53	0.09	10%-25% Below	Yes	No
00378064110	PREDNISONE 10 MG TABLET	5	18.00	2.65	0.09	51%-75% Above	Yes	No
00378064110	PREDNISONE 10 MG TABLET	6	10.00	2.01	0.09	101%-200% Above	Yes	No
00378064110	PREDNISONE 10 MG TABLET	6	18.00	0.18	0.09	76%-100% Below	Yes	No
00378064110	PREDNISONE 10 MG TABLET	6	30.00	0.30	0.09	76%-100% Below	Yes	No
00378064205	PREDNISONE 20 MG TABLET	4	5.00	0.05	0.11	76%-100% Below	Yes	No
00378064205	PREDNISONE 20 MG TABLET	4	10.00	2.66	0.11	101%-200% Above	Yes	No
00378064205	PREDNISONE 20 MG TABLET	4	13.00	0.13	0.11	76%-100% Below	Yes	No
00378064205	PREDNISONE 20 MG TABLET	4	18.00	2.77	0.11	26%-50% Above	Yes	No
00378064205	PREDNISONE 20 MG TABLET	5	4.00	0.04	0.11	76%-100% Below	Yes	No
00378064205	PREDNISONE 20 MG TABLET	5	4.00	1.49	0.11	200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00378064205	PREDNISONONE 20 MG TABLET	5	5.00	1.94	0.11	200% Above	Yes	No
00378064205	PREDNISONONE 20 MG TABLET	5	10.00	0.10	0.11	76%-100% Below	Yes	No
00378064205	PREDNISONONE 20 MG TABLET	5	12.00	2.97	0.11	101%-200% Above	Yes	No
00378064205	PREDNISONONE 20 MG TABLET	5	18.00	0.18	0.11	76%-100% Below	Yes	No
00378064205	PREDNISONONE 20 MG TABLET	6	4.00	0.04	0.11	76%-100% Below	Yes	No
00378064205	PREDNISONONE 20 MG TABLET	6	10.00	0.10	0.11	76%-100% Below	Yes	No
00378064205	PREDNISONONE 20 MG TABLET	6	10.00	1.87	0.11	51%-75% Above	Yes	No
00378064210	PREDNISONONE 20 MG TABLET	5	10.00	2.36	0.11	101%-200% Above	No	No
00378104901	DOXEPIN 10 MG CAPSULE	5	90.00	36.45	0.28	26%-50% Above	No	No
00378108601	COLCHICINE 0.6 MG TABLET	4	60.00	0.60	0.88	76%-100% Below	No	No
00378108601	COLCHICINE 0.6 MG TABLET	6	60.00	0.60	0.86	76%-100% Below	No	No
00378110101	PRAZOSIN 1 MG CAPSULE	5	30.00	14.99	0.24	101%-200% Above	No	No
00378110101	PRAZOSIN 1 MG CAPSULE	6	30.00	14.99	0.20	101%-200% Above	No	No
00378145201	ESTRADIOL 0.5 MG TABLET	5	30.00	3.71	0.10	10%-25% Above	No	No
00378145201	ESTRADIOL 0.5 MG TABLET	6	30.00	3.71	0.09	26%-50% Above	No	No
00378172193	AMLODIPINE-VALSARTAN 5-160 MG	6	30.00	14.99	0.42	10%-25% Above	No	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	5	30.00	12.45	0.62	26%-50% Below	No	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	6	30.00	12.90	0.68	26%-50% Below	No	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	4	30.00	0.47	0.20	76%-100% Below	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	4	30.00	4.99	0.20	10%-25% Below	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	5	90.00	15.40	0.20	10%-25% Below	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	5	90.00	20.86	0.20	10%-25% Above	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	6	30.00	4.99	0.19	10%-25% Below	Yes	No
00378180077	LEVOTHYROXINE 25 MCG TABLET	6	90.00	20.53	0.19	10%-25% Above	No	No
00378180377	LEVOTHYROXINE 50 MCG TABLET	5	90.00	26.70	0.22	26%-50% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00378180510	LEVOTHYROXINE 75 MCG TABLET	6	90.00	24.56	0.21	26%-50% Above	No	No
00378180710	LEVOTHYROXINE 88 MCG TABLET	5	30.00	0.60	0.23	76%-100% Below	Yes	No
00378180710	LEVOTHYROXINE 88 MCG TABLET	6	30.00	0.60	0.23	76%-100% Below	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	4	90.00	28.66	0.28	10%-25% Above	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	6	90.00	18.86	0.32	26%-50% Below	Yes	No
00378181177	LEVOTHYROXINE 112 MCG TABLET	4	90.00	34.97	0.29	26%-50% Above	No	No
00378181177	LEVOTHYROXINE 112 MCG TABLET	6	90.00	34.97	0.29	26%-50% Above	No	No
00378181377	LEVOTHYROXINE 125 MCG TABLET	4	60.00	6.99	0.29	51%-75% Below	Yes	No
00378181377	LEVOTHYROXINE 125 MCG TABLET	5	30.00	0.71	0.28	76%-100% Below	Yes	No
00378181377	LEVOTHYROXINE 125 MCG TABLET	6	60.00	6.99	0.31	51%-75% Below	Yes	No
00378181510	LEVOTHYROXINE 150 MCG TABLET	6	90.00	12.49	0.29	51%-75% Below	Yes	No
00378181977	LEVOTHYROXINE 200 MCG TABLET	6	90.00	27.99	0.38	10%-25% Below	Yes	No
00378343293	ARMODAFINIL 150 MG TABLET	5	30.00	17.45	0.83	26%-50% Below	No	No
00378343293	ARMODAFINIL 150 MG TABLET	6	30.00	17.45	0.84	26%-50% Below	No	No
00378343293	ARMODAFINIL 150 MG TABLET	7	30.00	17.45	0.83	26%-50% Below	No	No
00378343293	ARMODAFINIL 150 MG TABLET	8	30.00	17.45	0.82	26%-50% Below	No	No
00378392593	FEBUXOSTAT 40 MG TABLET	5	30.00	27.77	1.17	10%-25% Below	No	No
00378392593	FEBUXOSTAT 40 MG TABLET	6	30.00	27.77	1.11	10%-25% Below	No	No
00378395005	ATORVASTATIN 10 MG TABLET	4	30.00	0.30	0.04	51%-75% Below	No	No
00378395005	ATORVASTATIN 10 MG TABLET	4	30.00	0.86	0.04	10%-25% Below	No	No
00378395005	ATORVASTATIN 10 MG TABLET	5	30.00	0.30	0.04	51%-75% Below	No	No
00378395005	ATORVASTATIN 10 MG TABLET	5	30.00	0.86	0.04	26%-50% Below	No	No
00378395005	ATORVASTATIN 10 MG TABLET	6	30.00	0.30	0.04	51%-75% Below	No	No
00378395005	ATORVASTATIN 10 MG TABLET	6	30.00	0.86	0.04	10%-25% Below	No	No
00378395005	ATORVASTATIN 10 MG TABLET	7	30.00	0.30	0.04	51%-75% Below	No	No



# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00378395005	ATORVASTATIN 10 MG TABLET	7	30.00	0.86	0.04	10%-25% Below	No	No
00378395077	ATORVASTATIN 10 MG TABLET	6	90.00	8.83	0.04	101%-200% Above	Yes	No
00378395077	ATORVASTATIN 10 MG TABLET	6	90.00	9.27	0.04	101%-200% Above	Yes	No
00378395177	ATORVASTATIN 20 MG TABLET	5	45.00	5.45	0.06	101%-200% Above	Yes	No
00378395177	ATORVASTATIN 20 MG TABLET	6	90.00	10.89	0.05	101%-200% Above	Yes	No
00378395277	ATORVASTATIN 40 MG TABLET	5	90.00	10.93	0.07	51%-75% Above	Yes	No
00378395305	ATORVASTATIN 80 MG TABLET	5	90.00	18.03	0.10	76%-100% Above	No	No
00378427577	VALACYCLOVIR HCL 500 MG TABLET	6	30.00	14.99	0.29	51%-75% Above	No	No
00378427593	VALACYCLOVIR HCL 500 MG TABLET	6	16.00	6.90	0.29	26%-50% Above	No	No
00378427677	VALACYCLOVIR HCL 1 GRAM TABLET	5	4.00	12.29	0.59	200% Above	No	No
00378427677	VALACYCLOVIR HCL 1 GRAM TABLET	5	42.00	0.42	0.59	76%-100% Below	No	No
00378427677	VALACYCLOVIR HCL 1 GRAM TABLET	6	20.00	4.99	0.58	51%-75% Below	No	No
00378427677	VALACYCLOVIR HCL 1 GRAM TABLET	6	21.00	0.21	0.58	76%-100% Below	No	No
00378427693	VALACYCLOVIR HCL 1 GRAM TABLET	4	30.00	19.90	0.57	10%-25% Above	No	No
00378427693	VALACYCLOVIR HCL 1 GRAM TABLET	5	30.00	19.90	0.59	10%-25% Above	No	No
00378427693	VALACYCLOVIR HCL 1 GRAM TABLET	6	30.00	19.90	0.58	10%-25% Above	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	4	30.00	2.80	0.16	26%-50% Below	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	5	30.00	2.80	0.15	26%-50% Below	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	5	60.00	6.90	0.15	10%-25% Below	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	6	30.00	2.80	0.16	26%-50% Below	No	No
00378459610	METOPROLOL SUCC ER 50 MG TAB	4	90.00	25.14	0.10	101%-200% Above	No	No
00378479106	FLUOROURACIL 5% CREAM	4	40.00	14.99	1.86	76%-100% Below	Yes	No
00378563159	SUMATRIPTAN SUCC 50 MG TABLET	6	9.00	9.24	0.56	76%-100% Above	No	No
00378623201	CITALOPRAM HBR 20 MG TABLET	4	90.00	3.79	0.03	26%-50% Above	No	No
00378623301	CITALOPRAM HBR 40 MG TABLET	5	30.00	1.91	0.04	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00378623301	CITALOPRAM HBR 40 MG TABLET	5	90.00	4.52	0.04	26%-50% Above	No	No
00378623301	CITALOPRAM HBR 40 MG TABLET	6	90.00	4.43	0.04	10%-25% Above	No	No
00378632177	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	4	30.00	14.90	0.32	51%-75% Above	No	No
00378632177	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	5	30.00	14.90	0.38	26%-50% Above	No	No
00378632177	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	5	90.00	18.41	0.38	26%-50% Below	Yes	No
00378632177	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	6	30.00	14.90	0.34	26%-50% Above	No	No
00378632277	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	5	30.00	6.99	0.30	10%-25% Below	Yes	No
00378661493	AMNESTEEM 40 MG CAPSULE	4	60.00	110.84	3.08	26%-50% Below	No	No
00378661493	AMNESTEEM 40 MG CAPSULE	5	30.00	14.99	3.44	76%-100% Below	No	No
00378661493	AMNESTEEM 40 MG CAPSULE	6	30.00	14.99	3.04	76%-100% Below	No	No
00378661493	AMNESTEEM 40 MG CAPSULE	6	30.00	56.54	3.04	26%-50% Below	No	No
00378661493	AMNESTEEM 40 MG CAPSULE	6	60.00	113.07	3.04	26%-50% Below	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	4.38	0.06	101%-200% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	4.38	0.06	101%-200% Above	No	No
00378668999	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	3.90	0.07	76%-100% Above	No	No
00378668999	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	3.90	0.06	76%-100% Above	No	No
00378668999	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	0.99	0.06	26%-50% Below	No	No
00378668999	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.00	0.99	0.06	26%-50% Below	No	No
00378699252	ALBUTEROL SUL 1.25 MG/3 ML SOL	5	150.00	4.99	0.21	76%-100% Below	Yes	No
00378718505	METFORMIN HCL 500 MG TABLET	4	60.00	1.78	0.02	76%-100% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	5	60.00	1.78	0.02	51%-75% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	6	60.00	1.78	0.02	76%-100% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	6	120.00	9.99	0.02	200% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	8	120.00	9.99	0.02	200% Above	No	No
00378728353	NORETH-ESTRAD-FE 1-0.02(21)-75	4	28.00	5.21	0.27	26%-50% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00378728353	NORETH-ESTRAD-FE 1-0.02(21)-75	4	84.00	15.62	0.27	26%-50% Below	No	No
00378730053	DROSPIRENONE-EE 3-0.03 MG TAB	4	28.00	5.53	0.31	26%-50% Below	No	No
00378730053	DROSPIRENONE-EE 3-0.03 MG TAB	5	28.00	5.34	0.32	26%-50% Below	No	No
00378730053	DROSPIRENONE-EE 3-0.03 MG TAB	5	28.00	9.99	0.32	10%-25% Above	Yes	No
00378730053	DROSPIRENONE-EE 3-0.03 MG TAB	6	28.00	5.34	0.30	26%-50% Below	No	No
00378730053	DROSPIRENONE-EE 3-0.03 MG TAB	6	28.00	9.99	0.30	10%-25% Above	Yes	No
00378730785	ETHYNODIOL-ETH ESTRA 1 MG-35 MCG	4	28.00	0.28	0.47	76%-100% Below	No	No
00378730785	ETHYNODIOL-ETH ESTRA 1 MG-35 MCG	5	28.00	0.28	0.48	76%-100% Below	No	No
00378730785	ETHYNODIOL-ETH ESTRA 1 MG-35 MCG	6	28.00	0.28	0.39	76%-100% Below	No	No
00378740178	MESALAMINE DR 1.2 GM TABLET	6	120.00	286.68	3.00	10%-25% Below	No	No
00378797052	IPRATROPIUM BR 0.02% SOLN	6	62.50	4.39	0.05	26%-50% Above	Yes	No
00378808220	TRETINOIN 0.025% CREAM	5	20.00	14.99	2.07	51%-75% Below	No	No
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	5	75.00	0.75	0.04	76%-100% Below	Yes	No
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	75.00	3.94	0.04	10%-25% Above	Yes	No
00378877035	ESTRADIOL 0.01% CREAM	6	42.50	14.99	1.58	76%-100% Below	Yes	No
00378967130	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	6	360.00	6.99	0.06	51%-75% Below	Yes	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	10.00	2.96	0.10	200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	12.00	3.51	0.10	101%-200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	14.00	3.56	0.10	101%-200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	5.00	1.89	0.09	200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	12.00	3.51	0.09	200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	12.00	0.12	0.10	76%-100% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	12.00	3.42	0.10	101%-200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	4.00	1.80	0.09	200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	15.00	4.11	0.09	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	20.00	4.53	0.09	101%-200% Above	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	15.00	4.58	0.13	101%-200% Above	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	45.00	0.45	0.12	76%-100% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	90.00	0.90	0.13	76%-100% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	90.00	0.90	0.13	76%-100% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	90.00	0.90	0.12	76%-100% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	21.00	6.38	0.14	101%-200% Above	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	112.00	19.90	0.14	26%-50% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	4	10.00	3.01	0.11	101%-200% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	5	10.00	2.52	0.11	101%-200% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	5	12.00	0.12	0.11	76%-100% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	6	12.00	3.18	0.11	101%-200% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	6	24.00	5.52	0.11	101%-200% Above	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	6	42.00	11.09	0.11	101%-200% Above	No	No
00406048501	ACETAMINOPHEN-COD #4 TABLET	5	150.00	21.14	0.21	26%-50% Below	No	No
00406048501	ACETAMINOPHEN-COD #4 TABLET	6	12.00	4.45	0.20	76%-100% Above	No	No
00406048501	ACETAMINOPHEN-COD #4 TABLET	6	150.00	21.14	0.20	26%-50% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	4	30.00	6.50	0.08	101%-200% Above	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	30.00	7.65	0.09	101%-200% Above	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	6	30.00	8.03	0.10	101%-200% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	14.00	3.43	0.09	101%-200% Above	No	No
00406055201	OXYCODONE HCL 5 MG TABLET	4	30.00	9.99	0.07	200% Above	No	No
00406055201	OXYCODONE HCL 5 MG TABLET	4	45.00	10.56	0.07	200% Above	No	No
00406055201	OXYCODONE HCL 5 MG TABLET	5	30.00	9.99	0.07	200% Above	No	No
00406117003	NALTREXONE 50 MG TABLET	6	90.00	14.99	0.78	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00406802003	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	4	45.00	14.99	1.23	51%-75% Below	No	No
00406802003	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	5	45.00	14.99	1.20	51%-75% Below	No	No
00406802003	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	6	12.00	14.84	1.10	10%-25% Above	No	No
00406802003	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	6	45.00	14.99	1.10	51%-75% Below	No	No
00406851501	OXYCODONE HCL 15 MG TABLET	4	120.00	1.20	0.12	76%-100% Below	No	No
00406851501	OXYCODONE HCL 15 MG TABLET	5	120.00	1.20	0.12	76%-100% Below	No	No
00406851501	OXYCODONE HCL 15 MG TABLET	6	120.00	1.20	0.11	76%-100% Below	No	No
00406888501	DEXTROAMP-AMPHETAMIN 15 MG TAB	5	60.00	14.40	0.30	10%-25% Below	No	No
00406888501	DEXTROAMP-AMPHETAMIN 15 MG TAB	6	60.00	14.40	0.29	10%-25% Below	No	No
00456045801	ARMOUR THYROID 30 MG TABLET	5	30.00	16.00	0.80	26%-50% Below	No	No
00456045801	ARMOUR THYROID 30 MG TABLET	6	30.00	16.00	0.80	26%-50% Below	No	No
00456045901	ARMOUR THYROID 60 MG TABLET	5	30.00	21.38	0.89	10%-25% Below	No	No
00456045901	ARMOUR THYROID 60 MG TABLET	6	30.00	21.38	0.89	10%-25% Below	No	No
00456120130	LINZESS 145 MCG CAPSULE	4	30.00	381.29	14.94	10%-25% Below	Yes	No
00456141030	BYSTOLIC 10 MG TABLET	4	30.00	128.86	5.05	10%-25% Below	Yes	No
00456141030	BYSTOLIC 10 MG TABLET	5	30.00	128.86	5.05	10%-25% Below	Yes	No
00456141030	BYSTOLIC 10 MG TABLET	6	30.00	128.86	5.05	10%-25% Below	Yes	No
00456142030	BYSTOLIC 20 MG TABLET	5	30.00	128.86	5.05	10%-25% Below	Yes	No
00456142030	BYSTOLIC 20 MG TABLET	6	30.00	128.86	5.05	10%-25% Below	Yes	No
00456201001	LEXAPRO 10 MG TABLET	4	90.00	25.94	12.21	76%-100% Below	No	No
00456201001	LEXAPRO 10 MG TABLET	5	30.00	9.31	12.21	76%-100% Below	No	No
00456201001	LEXAPRO 10 MG TABLET	6	30.00	9.31	12.21	76%-100% Below	No	No
00456202001	LEXAPRO 20 MG TABLET	5	90.00	33.04	12.69	76%-100% Below	No	No
00469260230	MYRBETRIQ ER 50 MG TABLET	4	30.00	340.43	13.34	10%-25% Below	Yes	No
00469260230	MYRBETRIQ ER 50 MG TABLET	5	30.00	340.43	13.34	10%-25% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00469260230	MYRBETRIQ ER 50 MG TABLET	6	30.00	340.43	13.34	10%-25% Below	Yes	No
00472016615	NYSTATIN 100,000 UNIT/GM OINT	4	15.00	14.74	0.34	101%-200% Above	No	No
00472016615	NYSTATIN 100,000 UNIT/GM OINT	6	15.00	11.38	0.45	51%-75% Above	No	No
00472037915	CLOTRIMAZOLE-BETAMETHASONE CRM	6	15.00	14.99	0.25	200% Above	No	No
00517003125	CYANOCOBALAMIN 1,000 MCG/ML	5	1.00	4.90	3.11	51%-75% Above	No	No
00517003125	CYANOCOBALAMIN 1,000 MCG/ML	5	2.00	14.46	3.11	101%-200% Above	No	No
00517003125	CYANOCOBALAMIN 1,000 MCG/ML	6	4.00	7.92	3.24	26%-50% Below	No	No
00527058601	DICYCLOMINE 10 MG CAPSULE	6	120.00	10.28	0.11	10%-25% Below	No	No
00527128210	DICYCLOMINE 20 MG TABLET	5	47.00	6.90	0.18	10%-25% Below	No	No
00527128210	DICYCLOMINE 20 MG TABLET	5	90.00	9.24	0.18	26%-50% Below	No	No
00527133010	BACLOFEN 10 MG TABLET	6	45.00	2.00	0.08	26%-50% Below	No	No
00527133705	BACLOFEN 20 MG TABLET	5	120.00	9.17	0.14	26%-50% Below	No	No
00527143501	METAXALONE 800 MG TABLET	6	60.00	28.38	0.75	26%-50% Below	No	No
00527150237	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	60.00	14.99	0.28	10%-25% Below	Yes	No
00527150237	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	30.00	14.90	0.35	26%-50% Above	No	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	30.00	0.30	0.38	76%-100% Below	Yes	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	60.00	6.99	0.38	51%-75% Below	Yes	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	30.00	0.30	0.37	76%-100% Below	Yes	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.00	6.99	0.37	51%-75% Below	Yes	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.00	14.99	0.37	26%-50% Below	Yes	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	30.00	0.30	0.36	76%-100% Below	Yes	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.00	6.99	0.36	51%-75% Below	Yes	No
00527155201	BUTALBITAL-ASA-CAFFEINE CAP	6	48.00	30.87	1.01	26%-50% Below	No	No
00527169501	BUTALB-ACETAMINOPHEN-CAFF 50-325-40 TAB	6	20.00	14.90	0.17	200% Above	No	No
00527293243	PREDNISONE 5 MG TABLET	4	18.00	2.74	0.08	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00527293243	PREDNISON 5 MG TABLET	6	15.00	2.35	0.08	76%-100% Above	No	No
00527293341	PREDNISON 10 MG TABLET	5	10.00	2.01	0.09	101%-200% Above	No	No
00527293441	PREDNISON 20 MG TABLET	4	10.00	2.49	0.11	101%-200% Above	No	No
00527293441	PREDNISON 20 MG TABLET	5	10.00	2.49	0.11	101%-200% Above	No	No
00527293441	PREDNISON 20 MG TABLET	5	10.00	2.66	0.11	101%-200% Above	No	No
00527293441	PREDNISON 20 MG TABLET	6	10.00	0.80	0.11	26%-50% Below	No	No
00527293441	PREDNISON 20 MG TABLET	6	10.00	2.49	0.11	101%-200% Above	No	No
00527328043	LEVOTHYROXINE 25 MCG TABLET	6	30.00	7.88	0.19	26%-50% Above	No	No
00527328143	LEVOTHYROXINE 50 MCG TABLET	6	30.00	8.90	0.21	26%-50% Above	No	No
00527328143	LEVOTHYROXINE 50 MCG TABLET	6	90.00	26.70	0.21	26%-50% Above	No	No
00527328846	LEVOTHYROXINE 150 MCG TABLET	4	30.00	12.71	0.29	26%-50% Above	No	No
00527328846	LEVOTHYROXINE 150 MCG TABLET	6	30.00	12.92	0.29	26%-50% Above	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	5	90.00	43.50	0.39	10%-25% Above	No	No
00527530270	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	240.00	11.64	0.07	26%-50% Below	No	No
00527530270	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	6	118.00	14.99	0.07	51%-75% Above	No	No
00527530270	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	6	120.00	14.99	0.07	51%-75% Above	No	No
00527530270	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	6	180.00	14.99	0.07	10%-25% Above	No	No
00527551137	DEXTROAMP-AMPHET ER 10 MG CAP	5	30.00	14.99	0.69	26%-50% Below	No	No
00527551537	DEXTROAMP-AMPHET ER 30 MG CAP	5	30.00	14.99	0.73	26%-50% Below	No	No
00527810737	DEXMETHYLPHENIDATE ER 10 MG CP	5	30.00	102.90	1.48	101%-200% Above	No	No
00536123441	ASPIRIN EC 81 MG TABLET	6	90.00	1.62	0.01	10%-25% Above	Yes	No
00548540000	MEDROXYPROGESTERONE 150 MG/ML	5	1.00	21.23	31.99	26%-50% Below	No	No
00548570100	MEDROXYPROGESTERONE 150 MG/ML	5	1.00	0.01	47.84	76%-100% Below	No	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	5	30.00	14.99	0.30	51%-75% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	4	10.00	2.15	0.16	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	4	14.00	3.21	0.16	26%-50% Above	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	5	10.00	2.42	0.16	26%-50% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	6	30.00	0.30	0.16	76%-100% Below	Yes	No
00555087202	MEDROXYPROGESTERONE 2.5 MG TAB	4	30.00	0.30	0.11	76%-100% Below	Yes	No
00555087202	MEDROXYPROGESTERONE 2.5 MG TAB	5	30.00	0.30	0.11	76%-100% Below	Yes	No
00555087202	MEDROXYPROGESTERONE 2.5 MG TAB	6	30.00	0.30	0.11	76%-100% Below	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	4	90.00	11.71	0.11	10%-25% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	5	30.00	4.31	0.10	26%-50% Above	No	No
00555088702	ESTRADIOL 2 MG TABLET	5	30.00	0.30	0.14	76%-100% Below	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	5	30.00	4.90	0.14	10%-25% Above	No	No
00555088702	ESTRADIOL 2 MG TABLET	6	30.00	0.30	0.15	76%-100% Below	Yes	No
00555088704	ESTRADIOL 2 MG TABLET	5	30.00	5.45	0.14	26%-50% Above	No	No
00555088704	ESTRADIOL 2 MG TABLET	6	30.00	3.99	0.15	10%-25% Below	No	No
00555088704	ESTRADIOL 2 MG TABLET	6	30.00	5.45	0.15	10%-25% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	4	30.00	3.80	0.11	10%-25% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	5	22.00	2.99	0.10	26%-50% Above	Yes	No
00555089902	ESTRADIOL 0.5 MG TABLET	5	30.00	3.80	0.10	10%-25% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	5	90.00	6.47	0.10	26%-50% Below	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	6	30.00	3.96	0.09	26%-50% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	6	90.00	7.49	0.09	10%-25% Below	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	6	90.00	9.93	0.09	10%-25% Above	Yes	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	30.00	14.90	0.38	26%-50% Above	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	30.00	14.90	0.37	26%-50% Above	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.00	14.99	0.37	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	76.00	18.15	0.37	26%-50% Below	No	No



# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	90.00	14.99	0.37	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	30.00	6.99	0.36	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.00	0.60	0.36	76%-100% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.00	14.99	0.36	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	76.00	18.75	0.36	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	5	60.00	14.90	0.38	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	6	30.00	14.90	0.36	26%-50% Above	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	6	60.00	14.90	0.36	26%-50% Below	No	No
00555105686	CLARAVIS 30 MG CAPSULE	4	60.00	9.99	3.66	76%-100% Below	No	No
00555105786	CLARAVIS 40 MG CAPSULE	6	60.00	4.99	3.04	76%-100% Below	Yes	No
00555105786	CLARAVIS 40 MG CAPSULE	6	60.00	9.99	3.04	76%-100% Below	No	No
00555901058	NORTREL 1-35 28 TABLET	4	28.00	0.28	0.39	76%-100% Below	No	No
00555901058	NORTREL 1-35 28 TABLET	5	28.00	0.28	0.38	76%-100% Below	No	No
00555901058	NORTREL 1-35 28 TABLET	6	28.00	0.28	0.40	76%-100% Below	No	No
00555901467	LESSINA-28 TABLET	6	28.00	0.28	0.22	76%-100% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	4	28.00	0.00	0.21	76%-100% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	4	28.00	0.28	0.21	76%-100% Below	Yes	No
00555901658	SPRINTEC 28 DAY TABLET	5	28.00	0.00	0.21	76%-100% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	5	28.00	0.28	0.21	76%-100% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	5	28.00	0.28	0.21	76%-100% Below	Yes	No
00555901658	SPRINTEC 28 DAY TABLET	5	84.00	0.84	0.21	76%-100% Below	Yes	No
00555901658	SPRINTEC 28 DAY TABLET	6	28.00	0.00	0.21	76%-100% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	6	28.00	0.28	0.21	76%-100% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	6	28.00	0.28	0.21	76%-100% Below	Yes	No
00555901858	TRI-SPRINTEC TABLET	4	28.00	0.00	0.18	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00555901858	TRI-SPRINTEC TABLET	4	28.00	3.32	0.18	26%-50% Below	No	No
00555901858	TRI-SPRINTEC TABLET	5	28.00	0.00	0.17	76%-100% Below	No	No
00555901858	TRI-SPRINTEC TABLET	5	28.00	0.28	0.17	76%-100% Below	No	No
00555901858	TRI-SPRINTEC TABLET	5	28.00	3.32	0.17	26%-50% Below	No	No
00555901858	TRI-SPRINTEC TABLET	5	84.00	0.84	0.17	76%-100% Below	No	No
00555901858	TRI-SPRINTEC TABLET	6	28.00	0.00	0.17	76%-100% Below	No	No
00555901858	TRI-SPRINTEC TABLET	6	28.00	0.28	0.17	76%-100% Below	No	No
00555901858	TRI-SPRINTEC TABLET	6	28.00	3.32	0.17	26%-50% Below	No	No
00555901858	TRI-SPRINTEC TABLET	6	84.00	0.84	0.17	76%-100% Below	No	No
00555901858	TRI-SPRINTEC TABLET	6	84.00	9.97	0.17	26%-50% Below	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	4	28.00	0.28	0.27	76%-100% Below	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	4	84.00	0.84	0.27	76%-100% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	4	84.00	41.68	0.27	76%-100% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	5	28.00	0.28	0.27	76%-100% Below	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	5	28.00	0.28	0.27	76%-100% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	5	84.00	0.84	0.27	76%-100% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	5	84.00	45.97	0.27	101%-200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	6	28.00	0.28	0.30	76%-100% Below	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	6	28.00	0.28	0.30	76%-100% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	6	84.00	0.84	0.30	76%-100% Below	No	No
00555902742	JUNEL 1.5 MG-30 MCG TABLET	4	21.00	7.91	0.65	26%-50% Below	No	No
00555902742	JUNEL 1.5 MG-30 MCG TABLET	5	21.00	7.84	0.59	26%-50% Below	No	No
00555902742	JUNEL 1.5 MG-30 MCG TABLET	6	21.00	7.84	0.57	26%-50% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	4	28.00	0.28	0.31	76%-100% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	5	28.00	0.28	0.29	76%-100% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	5	84.00	38.15	0.29	51%-75% Above	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	6	28.00	0.28	0.30	76%-100% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	6	84.00	18.16	0.30	26%-50% Below	No	No
00555903458	BALZIVA 28 TABLET	6	84.00	23.49	0.63	51%-75% Below	No	No
00555903458	BALZIVA 28 TABLET	6	84.00	29.99	0.63	26%-50% Below	Yes	No
00555904358	APRI 28 DAY TABLET	6	84.00	0.01	0.22	76%-100% Below	No	No
00555904958	CRYSSELLE-28 TABLET	5	28.00	8.49	0.45	26%-50% Below	No	No
00555904958	CRYSSELLE-28 TABLET	5	84.00	24.98	0.45	26%-50% Below	No	No
00555904958	CRYSSELLE-28 TABLET	6	28.00	8.33	0.46	26%-50% Below	No	No
00555906458	KELNOR 1-35 28 TABLET	4	84.00	29.99	0.47	10%-25% Below	No	No
00574022801	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	4	30.00	14.90	0.55	10%-25% Below	No	No
00574022801	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	5	30.00	14.90	0.63	10%-25% Below	No	No
00574022801	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	6	30.00	14.90	0.57	10%-25% Below	No	No
00574022901	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	180.00	44.99	0.63	51%-75% Below	Yes	No
00574082001	TESTOSTERONE CYP 200 MG/ML	6	6.00	44.99	15.19	26%-50% Below	No	No
00574200830	NYSTOP 100,000 UNITS/GM POWDER	5	30.00	14.99	0.29	51%-75% Above	No	No
00574206130	CICLOPIROX 0.77% GEL	6	30.00	44.98	1.01	26%-50% Above	No	No
00574220520	TRETINOIN 0.05% CREAM	6	20.00	4.70	2.93	76%-100% Below	Yes	No
00574222520	TRETINOIN 0.025% CREAM	4	20.00	9.99	2.05	51%-75% Below	Yes	No
00574222545	TRETINOIN 0.025% CREAM	6	45.00	56.58	1.92	26%-50% Below	No	No
00574402435	ERYTHROMYCIN 0.5% EYE OINTMENT	4	3.50	10.02	3.46	10%-25% Below	No	No
00591024101	LORAZEPAM 1 MG TABLET	4	60.00	3.25	0.04	26%-50% Above	No	No
00591024101	LORAZEPAM 1 MG TABLET	5	60.00	3.25	0.04	26%-50% Above	No	No
00591024101	LORAZEPAM 1 MG TABLET	6	60.00	3.25	0.04	26%-50% Above	No	No
00591024101	LORAZEPAM 1 MG TABLET	6	90.00	2.57	0.04	26%-50% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00591039501	PENTAZOCINE-NALOXONE TABLET	4	120.00	1.20	1.93	76%-100% Below	Yes	No
00591039501	PENTAZOCINE-NALOXONE TABLET	5	120.00	1.20	1.93	76%-100% Below	Yes	No
00591039501	PENTAZOCINE-NALOXONE TABLET	6	120.00	1.20	1.93	76%-100% Below	Yes	No
00591040505	LISINOPRIL 2.5 MG TABLET	4	30.00	1.55	0.02	200% Above	No	No
00591040505	LISINOPRIL 2.5 MG TABLET	5	30.00	1.55	0.02	101%-200% Above	No	No
00591040505	LISINOPRIL 2.5 MG TABLET	6	30.00	1.55	0.02	101%-200% Above	No	No
00591079410	DICYCLOMINE 10 MG CAPSULE	6	120.00	10.28	0.11	10%-25% Below	No	No
00591079510	DICYCLOMINE 20 MG TABLET	5	120.00	12.32	0.18	26%-50% Below	No	No
00591079510	DICYCLOMINE 20 MG TABLET	6	15.00	3.70	0.19	26%-50% Above	No	No
00591079601	SULFASALAZINE 500 MG TABLET	4	90.00	6.99	0.17	51%-75% Below	Yes	No
00591079601	SULFASALAZINE 500 MG TABLET	5	90.00	6.99	0.17	51%-75% Below	Yes	No
00591079601	SULFASALAZINE 500 MG TABLET	6	90.00	6.99	0.17	51%-75% Below	Yes	No
00591084510	GLIPIZIDE ER 10 MG TABLET	5	60.00	7.60	0.21	26%-50% Below	No	No
00591084510	GLIPIZIDE ER 10 MG TABLET	6	60.00	7.60	0.20	26%-50% Below	No	No
00591084510	GLIPIZIDE ER 10 MG TABLET	6	60.00	14.90	0.20	26%-50% Above	No	No
00591090030	GLIPIZIDE ER 2.5 MG TABLET	6	90.00	19.05	0.14	26%-50% Above	Yes	No
00591292418	TESTOSTERONE 1.62% GEL PUMP	4	75.00	19.99	0.81	51%-75% Below	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	5	15.00	38.68	3.81	26%-50% Below	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	6	15.00	38.34	3.73	26%-50% Below	No	No
00591350904	CLONIDINE 0.2 MG/DAY PATCH	4	4.00	35.42	12.21	26%-50% Below	No	No
00591350904	CLONIDINE 0.2 MG/DAY PATCH	6	4.00	34.01	11.81	26%-50% Below	No	No
00591354125	BUPROPION HCL SR 150 MG TABLET	4	30.00	6.94	0.12	76%-100% Above	No	No
00591354125	BUPROPION HCL SR 150 MG TABLET	6	30.00	6.94	0.12	76%-100% Above	No	No
00591354125	BUPROPION HCL SR 150 MG TABLET	6	180.00	12.29	0.12	26%-50% Below	No	No
00591367001	NABUMETONE 500 MG TABLET	4	60.00	6.95	0.27	51%-75% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00591544210	PREDNISONONE 10 MG TABLET	5	10.00	2.01	0.09	101%-200% Above	No	No
00591544210	PREDNISONONE 10 MG TABLET	6	12.00	0.12	0.09	76%-100% Below	No	No
00591544210	PREDNISONONE 10 MG TABLET	6	42.00	4.99	0.09	26%-50% Above	No	No
00591544305	PREDNISONONE 20 MG TABLET	5	30.00	6.00	0.11	76%-100% Above	No	No
00591544305	PREDNISONONE 20 MG TABLET	6	10.00	2.49	0.11	101%-200% Above	No	No
00591544305	PREDNISONONE 20 MG TABLET	6	14.00	3.20	0.11	101%-200% Above	No	No
00591555510	PROPRANOLOL 20 MG TABLET	6	60.00	14.90	0.08	101%-200% Above	No	No
00591565801	CYCLOBENZAPRINE 10 MG TABLET	5	14.00	1.00	0.03	101%-200% Above	No	No
00591565810	CYCLOBENZAPRINE 10 MG TABLET	5	10.00	0.10	0.03	51%-75% Below	Yes	No
00591565810	CYCLOBENZAPRINE 10 MG TABLET	5	60.00	0.60	0.03	51%-75% Below	Yes	No
00591565810	CYCLOBENZAPRINE 10 MG TABLET	5	60.00	5.03	0.03	200% Above	Yes	No
00591565810	CYCLOBENZAPRINE 10 MG TABLET	5	90.00	0.90	0.03	51%-75% Below	Yes	No
00591565810	CYCLOBENZAPRINE 10 MG TABLET	5	120.00	3.78	0.03	10%-25% Above	Yes	No
00591565810	CYCLOBENZAPRINE 10 MG TABLET	6	15.00	0.15	0.03	51%-75% Below	Yes	No
00591565810	CYCLOBENZAPRINE 10 MG TABLET	6	60.00	0.60	0.03	51%-75% Below	Yes	No
00591565810	CYCLOBENZAPRINE 10 MG TABLET	6	90.00	0.90	0.03	51%-75% Below	Yes	No
00591565810	CYCLOBENZAPRINE 10 MG TABLET	6	120.00	3.78	0.03	10%-25% Above	Yes	No
00597003001	MOBIC 15 MG TABLET	6	30.00	4.52	13.65	76%-100% Below	No	No
00597010061	SPIRIVA RESPIMAT 2.5 MCG INH	5	4.00	390.05	114.57	10%-25% Below	Yes	No
00597010061	SPIRIVA RESPIMAT 2.5 MCG INH	6	4.00	390.05	114.57	10%-25% Below	Yes	No
00597015230	JARDIANCE 10 MG TABLET	4	90.00	1342.83	17.52	10%-25% Below	Yes	No
00597015230	JARDIANCE 10 MG TABLET	5	30.00	447.61	17.52	10%-25% Below	Yes	No
00597015230	JARDIANCE 10 MG TABLET	6	30.00	447.61	17.52	10%-25% Below	Yes	No
00597015330	JARDIANCE 25 MG TABLET	4	30.00	447.61	17.52	10%-25% Below	Yes	No
00597015330	JARDIANCE 25 MG TABLET	5	30.00	447.61	17.52	10%-25% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00597015330	JARDIANCE 25 MG TABLET	5	90.00	1342.83	17.52	10%-25% Below	Yes	No
00597015330	JARDIANCE 25 MG TABLET	6	30.00	447.61	17.52	10%-25% Below	Yes	No
00603188016	LIDOCAINE 5% PATCH	5	60.00	92.52	2.10	26%-50% Below	No	No
00603211621	ALLOPURINOL 300 MG TABLET	5	180.00	38.41	0.10	101%-200% Above	Yes	No
00603211621	ALLOPURINOL 300 MG TABLET	6	90.00	19.21	0.10	101%-200% Above	Yes	No
00603388728	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	90.00	8.30	0.13	26%-50% Below	No	No
00603388728	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	120.00	11.06	0.13	26%-50% Below	No	No
00603388728	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	60.00	5.53	0.14	26%-50% Below	No	No
00603388728	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	60.00	6.90	0.14	10%-25% Below	No	No
00603388728	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	90.00	8.30	0.14	26%-50% Below	No	No
00603388728	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	120.00	11.06	0.14	26%-50% Below	No	No
00603388728	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	60.00	6.07	0.13	10%-25% Below	No	No
00603388728	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	90.00	8.30	0.13	26%-50% Below	No	No
00603388728	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	120.00	11.06	0.13	26%-50% Below	No	No
00603388732	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	90.00	8.30	0.13	26%-50% Below	No	No
00603388732	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	90.00	8.30	0.14	26%-50% Below	No	No
00603388732	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	124.00	19.93	0.14	10%-25% Above	No	No
00603459321	METHYLPREDNISOLONE 4 MG TABLET	4	21.00	0.21	0.24	76%-100% Below	Yes	No
00603459321	METHYLPREDNISOLONE 4 MG TABLET	5	21.00	0.21	0.22	76%-100% Below	Yes	No
00603533715	PREDNISONE 5 MG TAB DOSE PACK	4	21.00	9.76	0.54	10%-25% Below	No	No
00603533715	PREDNISONE 5 MG TAB DOSE PACK	5	21.00	9.76	0.56	10%-25% Below	No	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	6	21.00	9.99	0.69	26%-50% Below	Yes	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	6	21.00	10.43	0.69	26%-50% Below	No	No
00603533831	PREDNISONE 10 MG TAB DOSE PACK	5	48.00	21.06	0.72	26%-50% Below	No	No
00603533921	PREDNISONE 20 MG TABLET	5	10.00	2.57	0.11	101%-200% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00603533921	PREDNISONE 20 MG TABLET	6	10.00	2.57	0.11	101%-200% Above	No	No
00603533932	PREDNISONE 20 MG TABLET	4	10.00	2.40	0.11	101%-200% Above	No	No
00603533932	PREDNISONE 20 MG TABLET	6	10.00	2.40	0.11	101%-200% Above	No	No
00603548221	PROPRANOLOL 10 MG TABLET	4	360.00	12.49	0.07	51%-75% Below	No	No
00603548221	PROPRANOLOL 10 MG TABLET	6	90.00	4.61	0.07	26%-50% Below	No	No
00603548321	PROPRANOLOL 20 MG TABLET	5	30.00	2.05	0.09	10%-25% Below	No	No
00603548321	PROPRANOLOL 20 MG TABLET	6	30.00	2.05	0.08	10%-25% Below	No	No
00703680101	MEDROXYPROGESTERONE 150 MG/ML	4	1.00	21.23	31.32	26%-50% Below	No	No
00713063737	METRONIDAZOLE TOPICAL 0.75% GL	4	45.00	0.99	0.79	76%-100% Below	No	No
00713067653	TRIAMCINOLONE 0.1% LOTION	4	60.00	14.90	0.39	26%-50% Below	No	No
00713067815	NYSTATIN 100,000 UNIT/GM CREAM	6	15.00	2.83	0.31	26%-50% Below	No	No
00713067831	NYSTATIN 100,000 UNIT/GM CREAM	4	60.00	8.56	0.19	10%-25% Below	No	No
00777310502	PROZAC 20 MG PULVULE	6	90.00	8.52	16.07	76%-100% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	4	60.00	2.22	0.02	51%-75% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	5	60.00	2.22	0.02	26%-50% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	6	60.00	2.22	0.02	51%-75% Above	No	No
00781183120	AMOX-CLAV 500-125 MG TABLET	6	30.00	9.99	0.40	10%-25% Below	No	No
00781185220	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.20	0.28	76%-100% Below	No	No
00781185220	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.20	0.28	76%-100% Below	Yes	No
00781185220	AMOX-CLAV 875-125 MG TABLET	5	20.00	6.99	0.30	10%-25% Above	No	No
00781185220	AMOX-CLAV 875-125 MG TABLET	6	20.00	0.20	0.28	76%-100% Below	No	No
00781185220	AMOX-CLAV 875-125 MG TABLET	6	20.00	4.99	0.28	10%-25% Below	No	No
00781185220	AMOX-CLAV 875-125 MG TABLET	6	20.00	6.99	0.28	10%-25% Above	Yes	No
00781185220	AMOX-CLAV 875-125 MG TABLET	6	20.00	11.38	0.28	101%-200% Above	No	No
00781185220	AMOX-CLAV 875-125 MG TABLET	6	20.00	11.38	0.28	101%-200% Above	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00781196260	CLARITHROMYCIN 500 MG TABLET	5	14.00	4.90	0.50	26%-50% Below	No	No
00781207401	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	5	90.00	9.90	0.15	26%-50% Below	No	No
00781214501	AMPICILLIN 500 MG CAPSULE	6	30.00	14.90	0.44	10%-25% Above	No	No
00781223410	OMEPRAZOLE DR 40 MG CAPSULE	5	30.00	5.89	0.06	200% Above	No	No
00781223410	OMEPRAZOLE DR 40 MG CAPSULE	5	30.00	9.90	0.06	200% Above	No	No
00781223410	OMEPRAZOLE DR 40 MG CAPSULE	6	90.00	7.78	0.06	26%-50% Above	No	No
00781261301	AMOXICILLIN 500 MG CAPSULE	8	21.00	2.21	0.07	26%-50% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	5	4.00	1.04	0.07	200% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	5	20.00	2.22	0.07	51%-75% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	5	21.00	1.97	0.07	26%-50% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	5	21.00	2.21	0.07	26%-50% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	5	21.00	2.30	0.07	51%-75% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	5	21.00	3.04	0.07	101%-200% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	6	20.00	2.95	0.07	101%-200% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	6	20.00	3.04	0.07	101%-200% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	6	21.00	2.21	0.07	26%-50% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	6	24.00	2.43	0.07	26%-50% Above	No	No
00781286810	OMEPRAZOLE DR 20 MG CAPSULE	4	30.00	0.30	0.04	51%-75% Below	No	No
00781286810	OMEPRAZOLE DR 20 MG CAPSULE	4	30.00	2.91	0.04	101%-200% Above	No	No
00781286810	OMEPRAZOLE DR 20 MG CAPSULE	5	30.00	0.30	0.04	51%-75% Below	No	No
00781286810	OMEPRAZOLE DR 20 MG CAPSULE	5	90.00	12.27	0.04	200% Above	No	No
00781502207	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	14.90	0.21	200% Above	No	No
00781502207	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	6.99	0.19	51%-75% Above	Yes	No
00781518010	LEVOTHYROXINE 25 MCG TABLET	5	30.00	6.84	0.20	10%-25% Above	No	No
00781518010	LEVOTHYROXINE 25 MCG TABLET	5	90.00	20.53	0.20	10%-25% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00781518010	LEVOTHYROXINE 25 MCG TABLET	6	30.00	6.90	0.19	10%-25% Above	No	No
00781518010	LEVOTHYROXINE 25 MCG TABLET	6	30.00	8.16	0.19	26%-50% Above	No	No
00781518210	LEVOTHYROXINE 75 MCG TABLET	6	90.00	24.56	0.21	26%-50% Above	No	No
00781520831	VALACYCLOVIR HCL 500 MG TABLET	4	30.00	5.77	0.29	26%-50% Below	No	No
00781520831	VALACYCLOVIR HCL 500 MG TABLET	5	30.00	5.77	0.29	26%-50% Below	No	No
00781520831	VALACYCLOVIR HCL 500 MG TABLET	6	30.00	5.77	0.29	26%-50% Below	No	No
00781531810	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.00	0.50	0.03	51%-75% Below	No	No
00781531810	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.00	0.50	0.04	51%-75% Below	No	No
00781531810	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.00	0.50	0.04	51%-75% Below	No	No
00781538192	ATORVASTATIN 10 MG TABLET	5	30.00	0.86	0.04	26%-50% Below	No	No
00781552810	BUPROPION HCL XL 150 MG TABLET	6	30.00	4.90	0.15	10%-25% Above	No	No
00781569031	EZETIMIBE 10 MG TABLET	5	30.00	6.99	0.16	26%-50% Above	No	No
00781569031	EZETIMIBE 10 MG TABLET	6	30.00	0.30	0.15	76%-100% Below	No	No
00781607861	CEFDINIR 250 MG/5 ML SUSP	4	60.00	16.28	0.17	51%-75% Above	No	No
00781613957	AMOX-CLAV 600-42.9 MG/5 ML SUS	6	75.00	8.32	0.09	26%-50% Above	No	No
00781613957	AMOX-CLAV 600-42.9 MG/5 ML SUS	6	150.00	14.99	0.09	10%-25% Above	No	No
00781618667	CIPROFLOX-DEXAMETH OTIC SUSP	4	7.50	105.34	21.04	26%-50% Below	No	No
00781618667	CIPROFLOX-DEXAMETH OTIC SUSP	5	7.50	0.08	20.54	76%-100% Below	No	No
00781618667	CIPROFLOX-DEXAMETH OTIC SUSP	5	7.50	14.99	20.54	76%-100% Below	No	No
00781707787	METRONIDAZOLE VAGINAL 0.75% GL	5	70.00	14.99	0.86	51%-75% Below	No	No
00781716783	ESTRADIOL 0.1 MG PATCH (2/WK)	4	8.00	0.08	7.06	76%-100% Below	Yes	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	6	6.70	23.34	3.99	10%-25% Below	No	No
00781803731	ARMODAFINIL 150 MG TABLET	6	15.00	4.99	0.84	51%-75% Below	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	4	6.00	3.65	0.52	10%-25% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	4	6.00	3.98	0.52	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00781808926	AZITHROMYCIN 250 MG TABLET	5	6.00	0.06	0.50	76%-100% Below	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	5	6.00	3.98	0.50	26%-50% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	5	6.00	4.19	0.50	26%-50% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	5	6.00	4.28	0.50	26%-50% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	6	6.00	3.98	0.48	26%-50% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	6	6.00	4.07	0.48	26%-50% Above	No	No
00781809003	AZITHROMYCIN 500 MG TABLET	5	3.00	4.17	1.01	26%-50% Above	No	No
00832105410	BACLOFEN 10 MG TABLET	6	30.00	7.60	0.08	200% Above	Yes	No
00832105511	BACLOFEN 20 MG TABLET	5	60.00	14.90	0.14	51%-75% Above	No	No
00832105511	BACLOFEN 20 MG TABLET	6	60.00	14.90	0.15	51%-75% Above	No	No
00832121600	JANTOVEN 5 MG TABLET	6	135.00	29.15	0.11	101%-200% Above	Yes	No
00832532310	POTASSIUM CL ER 10 MEQ TABLET	5	30.00	9.97	0.15	101%-200% Above	No	No
00832532310	POTASSIUM CL ER 10 MEQ TABLET	5	60.00	5.60	0.15	26%-50% Below	No	No
00832532310	POTASSIUM CL ER 10 MEQ TABLET	6	30.00	9.97	0.16	101%-200% Above	No	No
00832532510	POTASSIUM CL ER 20 MEQ TABLET	4	120.00	20.38	0.24	26%-50% Below	No	No
00832532510	POTASSIUM CL ER 20 MEQ TABLET	5	120.00	20.38	0.23	26%-50% Below	No	No
00832532510	POTASSIUM CL ER 20 MEQ TABLET	6	120.00	20.38	0.25	26%-50% Below	No	No
00832532511	POTASSIUM CL ER 20 MEQ TABLET	6	30.00	0.30	0.25	76%-100% Below	No	No
00832532511	POTASSIUM CL ER 20 MEQ TABLET	6	90.00	12.49	0.25	26%-50% Below	No	No
00832532515	POTASSIUM CL ER 20 MEQ TABLET	5	3.00	1.59	0.23	101%-200% Above	No	No
00832532515	POTASSIUM CL ER 20 MEQ TABLET	5	11.00	4.09	0.23	51%-75% Above	No	No
00904629161	ATORVASTATIN 20 MG TABLET	5	30.00	5.72	0.06	200% Above	No	No
00904637861	CIPROFLOXACIN HCL 500 MG TAB	4	28.00	4.99	0.14	10%-25% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00904637861	CIPROFLOXACIN HCL 500 MG TAB	5	10.00	3.30	0.14	101%-200% Above	No	No
00904640180	TAMSULOSIN HCL 0.4 MG CAPSULE	4	90.00	5.55	0.08	10%-25% Below	No	No
00904671740	CETIRIZINE HCL 10 MG TABLET	4	90.00	4.02	0.07	26%-50% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	4	30.00	0.14	0.01	51%-75% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	5	30.00	0.14	0.01	51%-75% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	6	30.00	0.14	0.01	51%-75% Below	No	No
00904679480	ASPIRIN 81 MG CHEWABLE TABLET	5	90.00	0.37	0.03	76%-100% Below	Yes	No
00904685289	LORATADINE 10 MG TABLET	4	30.00	2.62	0.06	26%-50% Above	No	No
00904685289	LORATADINE 10 MG TABLET	5	30.00	2.62	0.06	26%-50% Above	No	No
00904685289	LORATADINE 10 MG TABLET	6	30.00	2.62	0.06	26%-50% Above	No	No
00955100410	ENOXAPARIN 40 MG/0.4 ML SYR	5	5.60	0.06	13.02	76%-100% Below	Yes	No
10370010150	BUPROPION HCL XL 150 MG TABLET	4	30.00	14.90	0.16	200% Above	No	No
10370010150	BUPROPION HCL XL 150 MG TABLET	5	30.00	14.90	0.18	101%-200% Above	No	No
10370010150	BUPROPION HCL XL 150 MG TABLET	6	30.00	14.90	0.15	200% Above	No	No
10370074505	GLIPIZIDE ER 5 MG TABLET	5	90.00	16.86	0.12	51%-75% Above	No	No
10370074605	GLIPIZIDE ER 10 MG TABLET	5	30.00	11.50	0.21	76%-100% Above	No	No
10370074605	GLIPIZIDE ER 10 MG TABLET	6	30.00	11.50	0.20	76%-100% Above	No	No
10370083105	DILTIAZEM 24H ER(CD) 240 MG CP	6	30.00	14.90	0.36	26%-50% Above	No	No
10702000201	PROMETHAZINE 12.5 MG TABLET	6	12.00	2.06	0.05	200% Above	No	No
10702000310	PROMETHAZINE 25 MG TABLET	5	30.00	4.39	0.05	200% Above	No	No
10702000310	PROMETHAZINE 25 MG TABLET	6	30.00	4.15	0.05	101%-200% Above	No	No
10702000310	PROMETHAZINE 25 MG TABLET	6	60.00	7.64	0.05	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
10702000310	PROMETHAZINE 25 MG TABLET	8	30.00	2.75	0.04	101%-200% Above	No	No
10702000350	PROMETHAZINE 25 MG TABLET	4	30.00	5.19	0.05	200% Above	No	No
10702000350	PROMETHAZINE 25 MG TABLET	5	30.00	5.19	0.05	200% Above	No	No
10702000601	CYCLOBENZAPRINE 5 MG TABLET	6	7.00	0.93	0.03	200% Above	No	No
10702000601	CYCLOBENZAPRINE 5 MG TABLET	6	90.00	4.99	0.03	51%-75% Above	No	No
10702000709	CYCLOBENZAPRINE 10 MG TABLET	5	14.00	2.57	0.03	200% Above	No	No
10702000709	CYCLOBENZAPRINE 10 MG TABLET	5	60.00	2.26	0.03	26%-50% Above	No	No
10702000901	OXYCODONE HCL 30 MG TABLET	5	120.00	0.01	0.25	76%-100% Below	No	No
10702000901	OXYCODONE HCL 30 MG TABLET	6	120.00	0.01	0.25	76%-100% Below	No	No
10702001801	OXYCODONE HCL 5 MG TABLET	5	15.00	1.50	0.07	26%-50% Above	No	No
10702001801	OXYCODONE HCL 5 MG TABLET	5	21.00	1.34	0.07	10%-25% Below	No	No
10702002501	PHENTERMINE 37.5 MG TABLET	4	15.00	2.69	0.07	101%-200% Above	No	No
10702005601	OXYCODONE HCL 10 MG TABLET	5	60.00	9.99	0.13	26%-50% Above	No	No
10702005601	OXYCODONE HCL 10 MG TABLET	6	60.00	9.90	0.12	26%-50% Above	No	No
10702005601	OXYCODONE HCL 10 MG TABLET	6	60.00	9.99	0.12	26%-50% Above	No	No
10702005750	OXYCODONE HCL 20 MG TABLET	4	84.00	19.90	0.21	10%-25% Above	No	No
10702019101	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	21.00	4.90	0.14	51%-75% Above	No	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	6	48.00	6.99	0.17	10%-25% Below	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	6	120.00	14.99	0.17	10%-25% Below	Yes	No
11534016501	FOLIC ACID 1 MG TABLET	4	30.00	1.21	0.02	51%-75% Above	No	No
11534016501	FOLIC ACID 1 MG TABLET	5	30.00	1.21	0.02	51%-75% Above	No	No
11534016501	FOLIC ACID 1 MG TABLET	6	30.00	1.46	0.02	76%-100% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	5	90.00	2.63	0.02	10%-25% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13107005999	ACETAMINOPHEN-COD #3 TABLET	5	40.00	3.14	0.11	26%-50% Below	No	No
13107005999	ACETAMINOPHEN-COD #3 TABLET	6	40.00	3.14	0.11	26%-50% Below	No	No
13107007001	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	90.00	15.87	0.28	26%-50% Below	No	No
13107007001	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	60.00	27.69	0.35	26%-50% Above	Yes	No
13107007001	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	90.00	15.87	0.35	26%-50% Below	No	No
13107007001	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	90.00	15.87	0.25	26%-50% Below	No	No
13107007401	DEXTROAMP-AMPHETAMIN 30 MG TAB	6	60.00	16.65	0.36	10%-25% Below	No	No
13107008305	LORAZEPAM 0.5 MG TABLET	4	30.00	1.52	0.04	10%-25% Above	Yes	No
13107015490	PAROXETINE HCL 10 MG TABLET	5	90.00	8.78	0.07	26%-50% Above	Yes	No
13107015490	PAROXETINE HCL 10 MG TABLET	5	90.00	12.38	0.07	76%-100% Above	Yes	No
13107015590	PAROXETINE HCL 20 MG TABLET	4	30.00	3.50	0.08	26%-50% Above	Yes	No
13107015590	PAROXETINE HCL 20 MG TABLET	5	30.00	0.30	0.08	76%-100% Below	Yes	No
13107015590	PAROXETINE HCL 20 MG TABLET	5	30.00	3.50	0.08	26%-50% Above	Yes	No
13107015590	PAROXETINE HCL 20 MG TABLET	6	30.00	3.50	0.09	26%-50% Above	Yes	No
13107015590	PAROXETINE HCL 20 MG TABLET	6	90.00	15.11	0.09	76%-100% Above	Yes	No
13107015599	PAROXETINE HCL 20 MG TABLET	5	30.00	2.99	0.08	10%-25% Above	No	No
13107015599	PAROXETINE HCL 20 MG TABLET	6	30.00	4.03	0.09	26%-50% Above	No	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	6	15.00	1.17	0.03	101%-200% Above	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	6	30.00	1.60	0.03	76%-100% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	4	30.00	1.82	0.03	76%-100% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	4	30.00	3.19	0.03	200% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.00	1.82	0.03	76%-100% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.00	1.82	0.03	76%-100% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	5	34.00	1.96	0.03	51%-75% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	5	90.00	3.98	0.03	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	5	90.00	3.98	0.03	26%-50% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.00	1.73	0.04	51%-75% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.00	1.82	0.04	51%-75% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.00	1.82	0.04	51%-75% Above	Yes	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	4	30.00	1.57	0.03	51%-75% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	4	30.00	2.30	0.03	101%-200% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	5	15.00	1.11	0.03	101%-200% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.00	1.57	0.03	51%-75% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.00	1.82	0.03	76%-100% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.00	2.30	0.03	101%-200% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.00	1.97	0.04	76%-100% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.00	2.30	0.04	101%-200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	6	90.00	4.84	0.03	76%-100% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	5	30.00	3.39	0.03	200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	6	30.00	2.05	0.03	101%-200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	6	30.00	2.12	0.03	101%-200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	6	30.00	3.39	0.03	200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	6	90.00	4.03	0.03	51%-75% Above	Yes	No
13668001001	CITALOPRAM HBR 20 MG TABLET	4	90.00	3.79	0.03	26%-50% Above	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	5	90.00	3.88	0.03	26%-50% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	5	24.00	1.49	0.03	101%-200% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	5	30.00	1.70	0.03	76%-100% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	5	30.00	1.79	0.03	101%-200% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	5	30.00	3.76	0.03	200% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	5	30.00	3.85	0.03	200% Above	Yes	No

## NADAC Summary Report

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13668001005	CITALOPRAM HBR 20 MG TABLET	5	90.00	4.99	0.03	76%-100% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	6	30.00	0.62	0.03	26%-50% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	6	30.00	3.85	0.03	200% Above	Yes	No
13668001101	CITALOPRAM HBR 40 MG TABLET	5	30.00	3.99	0.04	200% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	6	30.00	3.99	0.04	200% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	6	90.00	9.90	0.04	101%-200% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	4	30.00	0.30	0.04	51%-75% Below	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	5	30.00	0.30	0.04	51%-75% Below	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	6	90.00	4.52	0.04	10%-25% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	6	90.00	9.97	0.04	101%-200% Above	No	No
13668007990	MONTELUKAST SOD 4 MG TAB CHEW	5	30.00	14.90	0.10	200% Above	No	No
13668008105	MONTELUKAST SOD 10 MG TABLET	4	30.00	6.99	0.08	200% Above	No	No
13668008105	MONTELUKAST SOD 10 MG TABLET	5	30.00	4.99	0.07	101%-200% Above	No	No
13668008105	MONTELUKAST SOD 10 MG TABLET	5	30.00	6.99	0.07	200% Above	No	No
13668008105	MONTELUKAST SOD 10 MG TABLET	6	30.00	6.90	0.08	101%-200% Above	No	No
13668008105	MONTELUKAST SOD 10 MG TABLET	6	30.00	6.99	0.08	101%-200% Above	No	No
13668008190	MONTELUKAST SOD 10 MG TABLET	4	30.00	6.90	0.08	200% Above	No	No
13668008190	MONTELUKAST SOD 10 MG TABLET	5	30.00	6.78	0.07	200% Above	No	No
13668008190	MONTELUKAST SOD 10 MG TABLET	5	30.00	6.90	0.07	200% Above	No	No
13668008190	MONTELUKAST SOD 10 MG TABLET	5	90.00	8.69	0.07	26%-50% Above	Yes	No
13668008190	MONTELUKAST SOD 10 MG TABLET	6	30.00	9.51	0.08	200% Above	No	No
13668010510	ISOSORBIDE MONONIT ER 60 MG TB	5	30.00	10.70	0.13	101%-200% Above	No	No
13668010510	ISOSORBIDE MONONIT ER 60 MG TB	6	30.00	10.70	0.14	101%-200% Above	No	No
13668011810	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	90.00	44.90	0.19	101%-200% Above	No	No
13668013501	ESCITALOPRAM 5 MG TABLET	4	30.00	4.30	0.05	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13668013501	ESCITALOPRAM 5 MG TABLET	5	7.00	1.57	0.06	200% Above	Yes	No
13668013501	ESCITALOPRAM 5 MG TABLET	5	30.00	4.30	0.06	101%-200% Above	Yes	No
13668013501	ESCITALOPRAM 5 MG TABLET	6	90.00	11.95	0.06	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	4	30.00	0.30	0.05	76%-100% Below	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	5	30.00	0.30	0.06	76%-100% Below	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	5	30.00	4.43	0.06	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	5	30.00	11.58	0.06	200% Above	No	No
13668013601	ESCITALOPRAM 10 MG TABLET	5	60.00	14.99	0.06	200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	5	90.00	8.07	0.06	51%-75% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	5	90.00	11.82	0.06	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	6	30.00	0.30	0.06	76%-100% Below	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	6	30.00	4.43	0.06	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	6	60.00	14.99	0.06	200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	6	90.00	8.48	0.06	51%-75% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	6	90.00	11.82	0.06	101%-200% Above	Yes	No
13668013605	ESCITALOPRAM 10 MG TABLET	5	30.00	4.43	0.06	101%-200% Above	No	No
13668013605	ESCITALOPRAM 10 MG TABLET	6	30.00	4.62	0.06	101%-200% Above	No	No
13668013605	ESCITALOPRAM 10 MG TABLET	6	90.00	11.82	0.06	101%-200% Above	No	No
13668013701	ESCITALOPRAM 20 MG TABLET	4	30.00	0.30	0.08	76%-100% Below	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	4	30.00	5.32	0.08	101%-200% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	5	30.00	5.32	0.09	76%-100% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	5	90.00	9.17	0.09	10%-25% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	5	90.00	12.49	0.09	51%-75% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	5	90.00	33.13	0.09	200% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	6	30.00	5.32	0.08	101%-200% Above	Yes	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13668013701	ESCITALOPRAM 20 MG TABLET	6	90.00	34.73	0.08	200% Above	Yes	No
13668013710	ESCITALOPRAM 20 MG TABLET	6	90.00	14.47	0.08	76%-100% Above	No	No
13668018490	PRAMIPEXOLE 0.75 MG TABLET	5	45.00	5.19	0.07	51%-75% Above	No	No
13668018490	PRAMIPEXOLE 0.75 MG TABLET	6	45.00	5.19	0.08	26%-50% Above	No	No
13668018630	SILDENAFIL 25 MG TABLET	4	18.00	14.90	0.32	101%-200% Above	No	No
13668019030	TOLTERODINE TART ER 4 MG CAP	6	90.00	242.26	1.26	101%-200% Above	Yes	No
13668019090	TOLTERODINE TART ER 4 MG CAP	5	30.00	26.27	1.34	26%-50% Below	No	No
13668019090	TOLTERODINE TART ER 4 MG CAP	5	90.00	44.99	1.34	51%-75% Below	No	No
13668019090	TOLTERODINE TART ER 4 MG CAP	6	30.00	26.27	1.26	26%-50% Below	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	4.38	0.07	101%-200% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	6.44	0.06	200% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.00	10.13	0.06	51%-75% Above	No	No
13668043901	FENOFIBRATE 134 MG CAPSULE	4	30.00	6.99	0.19	10%-25% Above	No	No
13668043901	FENOFIBRATE 134 MG CAPSULE	5	30.00	6.99	0.20	10%-25% Above	No	No
13668043901	FENOFIBRATE 134 MG CAPSULE	6	30.00	6.99	0.17	26%-50% Above	No	No
13811071530	VENLAFAXINE HCL ER 225 MG TAB	4	30.00	0.30	3.98	76%-100% Below	Yes	No
13811071530	VENLAFAXINE HCL ER 225 MG TAB	5	90.00	861.24	3.85	101%-200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	5	14.00	5.64	0.60	26%-50% Below	No	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	6	10.00	9.99	0.59	51%-75% Above	No	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	6	14.00	5.64	0.59	26%-50% Below	No	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	6	30.00	12.09	0.59	26%-50% Below	No	No
13925016604	PREDNISOLONE 5 MG/5 ML SOLN	5	40.00	16.18	0.61	26%-50% Below	No	No
13925016604	PREDNISOLONE 5 MG/5 ML SOLN	6	35.00	14.16	0.58	26%-50% Below	No	No
14539067501	HYDROXYZINE PAM 50 MG CAP	4	30.00	2.66	0.08	10%-25% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	4	60.00	0.60	0.11	76%-100% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16571020106	DICLOFENAC SOD EC 75 MG TAB	5	60.00	0.60	0.11	76%-100% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	5	60.00	6.99	0.11	10%-25% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	5	90.00	7.39	0.11	10%-25% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	5	180.00	14.78	0.11	10%-25% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	6	60.00	0.60	0.11	76%-100% Below	Yes	No
16571020110	DICLOFENAC SOD EC 75 MG TAB	5	28.00	6.00	0.11	101%-200% Above	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	5	30.00	1.93	0.11	26%-50% Below	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	6	60.00	16.67	0.11	101%-200% Above	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	6	30.00	0.30	0.12	76%-100% Below	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	6	30.00	9.07	0.12	101%-200% Above	No	No
16571040210	CETIRIZINE HCL 10 MG TABLET	6	90.00	5.22	0.08	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	6	30.00	2.14	0.08	10%-25% Below	No	No
16571066101	MECLIZINE 25 MG TABLET	6	45.00	13.15	0.15	101%-200% Above	No	No
16571066101	MECLIZINE 25 MG TABLET	6	90.00	14.99	0.15	10%-25% Above	No	No
16571066450	METRONIDAZOLE 500 MG TABLET	4	4.00	2.71	0.15	200% Above	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	6	20.00	9.90	0.28	51%-75% Above	No	No
16714001610	ENOXAPARIN 40 MG/0.4 ML SYR	6	1.60	13.50	12.90	26%-50% Below	No	No
16714004107	ALLOPURINOL 100 MG TABLET	5	30.00	6.99	0.07	200% Above	No	No
16714004107	ALLOPURINOL 100 MG TABLET	6	30.00	6.99	0.06	200% Above	No	No
16714004211	ALLOPURINOL 300 MG TABLET	5	30.00	6.90	0.10	101%-200% Above	No	No
16714004211	ALLOPURINOL 300 MG TABLET	6	30.00	6.90	0.10	101%-200% Above	No	No
16714004211	ALLOPURINOL 300 MG TABLET	6	90.00	12.49	0.10	26%-50% Above	No	No
16714008210	HYDROXYZINE HCL 25 MG TABLET	6	180.00	12.49	0.06	10%-25% Above	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	6	30.00	1.73	0.08	26%-50% Below	No	No
16714008401	SPIRONOLACTONE 25 MG TABLET	5	45.00	1.51	0.06	26%-50% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714008403	SPIRONOLACTONE 25 MG TABLET	5	30.00	3.74	0.06	101%-200% Above	No	No
16714008403	SPIRONOLACTONE 25 MG TABLET	6	30.00	3.74	0.06	101%-200% Above	No	No
16714008502	SPIRONOLACTONE 50 MG TABLET	6	30.00	4.90	0.14	10%-25% Above	No	No
16714011001	HYDROXYCHLOROQUINE 200 MG TAB	4	60.00	13.50	0.29	10%-25% Below	No	No
16714011001	HYDROXYCHLOROQUINE 200 MG TAB	5	60.00	11.93	0.28	26%-50% Below	No	No
16714011001	HYDROXYCHLOROQUINE 200 MG TAB	6	60.00	14.90	0.28	10%-25% Below	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	6	30.00	1.03	0.06	26%-50% Below	No	No
16714012801	CHLORTHALIDONE 25 MG TABLET	6	15.00	1.84	0.19	26%-50% Below	No	No
16714014201	ARIPIPRAZOLE 5 MG TABLET	4	30.00	14.90	0.18	101%-200% Above	No	No
16714014201	ARIPIPRAZOLE 5 MG TABLET	5	30.00	14.90	0.17	101%-200% Above	No	No
16714014201	ARIPIPRAZOLE 5 MG TABLET	6	30.00	14.90	0.16	200% Above	No	No
16714022502	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	30.00	14.90	0.19	101%-200% Above	No	No
16714023501	PENICILLIN VK 500 MG TABLET	6	28.00	5.99	0.10	101%-200% Above	No	No
16714029401	AMOX-CLAV 600-42.9 MG/5 ML SUS	5	150.00	14.95	0.08	10%-25% Above	No	No
16714029401	AMOX-CLAV 600-42.9 MG/5 ML SUS	6	150.00	9.90	0.09	10%-25% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	4	21.00	0.91	0.07	26%-50% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	5	12.00	1.54	0.07	76%-100% Above	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	6	21.00	2.21	0.07	26%-50% Above	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	6	21.00	2.30	0.07	51%-75% Above	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	7	28.00	1.34	0.07	26%-50% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	8	21.00	1.00	0.07	26%-50% Below	No	No
16714033002	GABAPENTIN 600 MG TABLET	4	90.00	14.90	0.10	51%-75% Above	No	No
16714033002	GABAPENTIN 600 MG TABLET	5	90.00	6.59	0.11	26%-50% Below	No	No
16714033002	GABAPENTIN 600 MG TABLET	5	90.00	14.90	0.11	51%-75% Above	No	No
16714033002	GABAPENTIN 600 MG TABLET	6	60.00	8.54	0.10	26%-50% Above	No	No

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16714033202	GABAPENTIN 800 MG TABLET	6	30.00	3.08	0.13	10%-25% Below	No	No
16714035501	LEVETIRACETAM 500 MG TABLET	5	180.00	14.90	0.11	26%-50% Below	No	No
16714035501	LEVETIRACETAM 500 MG TABLET	6	180.00	14.90	0.12	26%-50% Below	No	No
16714036004	MONO-LINYAH 28 TABLET	5	84.00	11.19	0.21	26%-50% Below	No	No
16714036004	MONO-LINYAH 28 TABLET	6	28.00	4.01	0.21	26%-50% Below	No	No
16714036504	ELINEST-28 TABLET	5	28.00	8.33	0.45	26%-50% Below	No	No
16714039102	CEFDINIR 300 MG CAPSULE	4	20.00	6.91	0.50	26%-50% Below	No	No
16714039201	CEFDINIR 125 MG/5 ML SUSP	5	60.00	8.63	0.17	10%-25% Below	No	No
16714039301	CEFDINIR 250 MG/5 ML SUSP	5	60.00	14.90	0.16	51%-75% Above	No	No
16714039703	CEFPROZIL 250 MG/5 ML SUSP	4	100.00	15.00	0.22	26%-50% Below	No	No
16714040102	CEFUROXIME AXETIL 500 MG TAB	5	14.00	13.50	0.63	51%-75% Above	No	No
16714040604	LARIN FE 1-20 TABLET	4	28.00	5.21	0.27	26%-50% Below	No	No
16714040604	LARIN FE 1-20 TABLET	4	84.00	15.62	0.27	26%-50% Below	No	No
16714040604	LARIN FE 1-20 TABLET	5	28.00	5.14	0.27	26%-50% Below	No	No
16714040604	LARIN FE 1-20 TABLET	6	28.00	5.14	0.30	26%-50% Below	No	No
16714041603	LARIN 24 FE 1 MG-20 MCG TABLET	4	28.00	14.06	0.88	26%-50% Below	No	No
16714041603	LARIN 24 FE 1 MG-20 MCG TABLET	5	28.00	14.06	0.85	26%-50% Below	No	No
16714041603	LARIN 24 FE 1 MG-20 MCG TABLET	5	84.00	42.18	0.85	26%-50% Below	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	6	14.00	14.90	0.59	76%-100% Above	No	No
16714044201	ENALAPRIL MALEATE 2.5 MG TAB	6	30.00	4.90	0.11	26%-50% Above	No	No
16714044601	AMITRIPTYLINE HCL 10 MG TAB	5	30.00	4.44	0.06	101%-200% Above	No	No
16714045401	QUETIAPINE FUMARATE 100 MG TAB	6	60.00	2.44	0.06	26%-50% Below	No	No
16714045501	QUETIAPINE FUMARATE 200 MG TAB	5	30.00	6.17	0.13	51%-75% Above	No	No
16714045501	QUETIAPINE FUMARATE 200 MG TAB	6	30.00	6.17	0.12	51%-75% Above	No	No
16714047801	AMOX-CLAV 875-125 MG TABLET	4	20.00	11.29	0.28	101%-200% Above	No	No

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16714047801	AMOX-CLAV 875-125 MG TABLET	5	20.00	11.29	0.30	76%-100% Above	No	No
16714047801	AMOX-CLAV 875-125 MG TABLET	6	20.00	4.90	0.28	10%-25% Below	No	No
16714047802	AMOX-CLAV 875-125 MG TABLET	6	20.00	4.19	0.28	10%-25% Below	No	No
16714049601	CLOTRIMAZOLE-BETAMETHASONE CRM	5	15.00	4.90	0.25	26%-50% Above	No	No
16714049601	CLOTRIMAZOLE-BETAMETHASONE CRM	6	15.00	4.90	0.25	26%-50% Above	No	No
16714061204	SERTRALINE HCL 50 MG TABLET	4	90.00	5.40	0.05	10%-25% Above	No	No
16714061204	SERTRALINE HCL 50 MG TABLET	6	90.00	5.40	0.05	26%-50% Above	No	No
16714061205	SERTRALINE HCL 50 MG TABLET	5	30.00	3.72	0.05	101%-200% Above	No	No
16714061205	SERTRALINE HCL 50 MG TABLET	6	90.00	5.40	0.05	26%-50% Above	No	No
16714061206	SERTRALINE HCL 50 MG TABLET	4	30.00	2.23	0.05	51%-75% Above	No	No
16714061206	SERTRALINE HCL 50 MG TABLET	6	30.00	2.23	0.05	51%-75% Above	No	No
16714061304	SERTRALINE HCL 100 MG TABLET	5	90.00	8.48	0.07	26%-50% Above	No	No
16714061305	SERTRALINE HCL 100 MG TABLET	5	30.00	1.31	0.07	26%-50% Below	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.00	1.73	0.03	51%-75% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	6	90.00	3.89	0.04	10%-25% Above	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	5	30.00	1.65	0.03	51%-75% Above	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	5	90.00	3.65	0.03	26%-50% Above	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	6	120.00	4.65	0.03	26%-50% Above	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	6	120.00	8.14	0.03	101%-200% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	6	90.00	5.61	0.05	26%-50% Above	No	No
16714068203	SIMVASTATIN 10 MG TABLET	4	30.00	0.48	0.03	26%-50% Below	No	No
16714068203	SIMVASTATIN 10 MG TABLET	5	30.00	0.48	0.03	26%-50% Below	No	No
16714068203	SIMVASTATIN 10 MG TABLET	6	30.00	0.48	0.03	26%-50% Below	No	No
16714068203	SIMVASTATIN 10 MG TABLET	7	30.00	0.48	0.03	26%-50% Below	No	No
16714068203	SIMVASTATIN 10 MG TABLET	8	30.00	0.48	0.03	51%-75% Below	No	No

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16714068302	SIMVASTATIN 20 MG TABLET	5	90.00	1.40	0.03	26%-50% Below	No	No
16714068302	SIMVASTATIN 20 MG TABLET	6	90.00	1.40	0.03	26%-50% Below	No	No
16714068303	SIMVASTATIN 20 MG TABLET	4	90.00	1.40	0.03	26%-50% Below	No	No
16714068403	SIMVASTATIN 40 MG TABLET	5	30.00	0.30	0.04	76%-100% Below	No	No
16714068403	SIMVASTATIN 40 MG TABLET	6	30.00	0.30	0.04	76%-100% Below	No	No
16714068403	SIMVASTATIN 40 MG TABLET	6	90.00	0.90	0.04	76%-100% Below	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	5	2.00	5.61	0.97	101%-200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	5	3.00	8.10	0.97	101%-200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	6	2.00	5.61	0.87	200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	6	7.00	14.90	0.87	101%-200% Above	No	No
16714069601	FLUCONAZOLE 40 MG/ML SUSP	5	35.00	14.95	0.65	26%-50% Below	No	No
16714071301	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.00	6.90	0.07	200% Above	No	No
16714071302	TAMSULOSIN HCL 0.4 MG CAPSULE	4	30.00	6.90	0.06	200% Above	No	No
16714072102	FLUOXETINE HCL 20 MG CAPSULE	6	30.00	1.45	0.03	51%-75% Above	No	No
16714074102	FENOFIBRATE 200 MG CAPSULE	4	30.00	7.06	0.36	26%-50% Below	No	No
16714074102	FENOFIBRATE 200 MG CAPSULE	6	30.00	7.06	0.32	26%-50% Below	No	No
16714074703	OMEPRAZOLE DR 20 MG CAPSULE	5	30.00	2.82	0.04	101%-200% Above	No	No
16714078203	CLOBETASOL 0.05% OINTMENT	6	45.00	15.49	0.45	10%-25% Below	No	No
16714078401	ARIPIPIRAZOLE 5 MG TABLET	5	30.00	14.90	0.17	101%-200% Above	No	No
16714079701	SUMATRIPTAN SUCC 50 MG TABLET	5	9.00	9.33	0.55	76%-100% Above	No	No
16714079801	SUMATRIPTAN SUCC 100 MG TABLET	4	9.00	9.44	0.58	76%-100% Above	No	No
16714079801	SUMATRIPTAN SUCC 100 MG TABLET	4	27.00	27.02	0.58	51%-75% Above	No	No
16714079801	SUMATRIPTAN SUCC 100 MG TABLET	6	36.00	14.99	0.60	26%-50% Below	No	No
16714082101	METHYLPHENIDATE 5 MG TABLET	4	30.00	14.90	0.13	200% Above	No	No
16714083001	MESALAMINE DR 1.2 GM TABLET	5	120.00	286.68	3.32	26%-50% Below	No	No

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16714085201	METOPROLOL SUCC ER 25 MG TAB	4	30.00	14.90	0.10	200% Above	No	No
16714085202	METOPROLOL SUCC ER 25 MG TAB	4	30.00	6.90	0.10	101%-200% Above	No	No
16714085203	METOPROLOL SUCC ER 25 MG TAB	5	30.00	6.90	0.10	101%-200% Above	No	No
16714085203	METOPROLOL SUCC ER 25 MG TAB	6	90.00	27.16	0.10	101%-200% Above	No	No
16714085403	METOPROLOL SUCC ER 100 MG TAB	5	90.00	44.90	0.18	101%-200% Above	No	No
16714087401	ATORVASTATIN 10 MG TABLET	5	30.00	0.86	0.04	26%-50% Below	No	No
16714087401	ATORVASTATIN 10 MG TABLET	6	30.00	0.86	0.04	10%-25% Below	No	No
16714087503	ATORVASTATIN 20 MG TABLET	4	30.00	1.21	0.05	10%-25% Below	No	No
16714087503	ATORVASTATIN 20 MG TABLET	5	30.00	1.21	0.06	26%-50% Below	No	No
16714087503	ATORVASTATIN 20 MG TABLET	6	30.00	1.21	0.05	10%-25% Below	No	No
16714087503	ATORVASTATIN 20 MG TABLET	7	30.00	1.21	0.06	26%-50% Below	No	No
16714087601	ATORVASTATIN 40 MG TABLET	5	30.00	5.64	0.07	101%-200% Above	No	No
16714087603	ATORVASTATIN 40 MG TABLET	5	30.00	5.64	0.07	101%-200% Above	No	No
16714087603	ATORVASTATIN 40 MG TABLET	5	30.00	7.94	0.07	200% Above	No	No
16714087603	ATORVASTATIN 40 MG TABLET	6	30.00	5.64	0.06	200% Above	No	No
16714087603	ATORVASTATIN 40 MG TABLET	6	30.00	7.94	0.06	200% Above	No	No
16714087702	ATORVASTATIN 80 MG TABLET	4	30.00	4.90	0.10	51%-75% Above	No	No
16714087702	ATORVASTATIN 80 MG TABLET	5	16.00	3.72	0.10	101%-200% Above	No	No
16714087702	ATORVASTATIN 80 MG TABLET	5	30.00	6.41	0.10	101%-200% Above	No	No
16714087702	ATORVASTATIN 80 MG TABLET	6	30.00	4.90	0.10	51%-75% Above	No	No
16714089803	LORATADINE 10 MG TABLET	5	30.00	2.28	0.06	10%-25% Above	No	No
16714095001	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	30.00	14.90	0.35	26%-50% Above	No	No
16714098801	ROSUVASTATIN CALCIUM 5 MG TAB	4	30.00	1.56	0.09	26%-50% Below	No	No
16714098801	ROSUVASTATIN CALCIUM 5 MG TAB	6	30.00	1.56	0.09	26%-50% Below	No	No
16714098801	ROSUVASTATIN CALCIUM 5 MG TAB	6	90.00	4.67	0.09	26%-50% Below	No	No

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16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.00	4.34	0.07	10%-25% Below	No	No
16729000201	GLIMEPIRIDE 2 MG TABLET	5	30.00	4.90	0.06	101%-200% Above	No	No
16729000201	GLIMEPIRIDE 2 MG TABLET	5	90.00	13.64	0.06	101%-200% Above	No	No
16729000201	GLIMEPIRIDE 2 MG TABLET	6	30.00	4.90	0.06	101%-200% Above	No	No
16729000301	GLIMEPIRIDE 4 MG TABLET	4	60.00	4.90	0.05	26%-50% Above	No	No
16729000301	GLIMEPIRIDE 4 MG TABLET	5	60.00	4.90	0.06	26%-50% Above	No	No
16729000301	GLIMEPIRIDE 4 MG TABLET	6	60.00	4.90	0.05	51%-75% Above	No	No
16729000316	GLIMEPIRIDE 4 MG TABLET	4	60.00	14.74	0.05	200% Above	No	No
16729000316	GLIMEPIRIDE 4 MG TABLET	5	60.00	14.74	0.06	200% Above	No	No
16729000316	GLIMEPIRIDE 4 MG TABLET	6	60.00	14.74	0.05	200% Above	No	No
16729000316	GLIMEPIRIDE 4 MG TABLET	8	180.00	43.35	0.05	200% Above	No	No
16729000415	SIMVASTATIN 10 MG TABLET	5	90.00	1.45	0.03	26%-50% Below	No	No
16729000417	SIMVASTATIN 10 MG TABLET	5	30.00	0.30	0.03	51%-75% Below	No	No
16729000417	SIMVASTATIN 10 MG TABLET	5	30.00	0.48	0.03	26%-50% Below	No	No
16729000417	SIMVASTATIN 10 MG TABLET	6	30.00	0.30	0.03	51%-75% Below	No	No
16729000417	SIMVASTATIN 10 MG TABLET	6	30.00	0.48	0.03	26%-50% Below	No	No
16729000517	SIMVASTATIN 20 MG TABLET	5	30.00	0.30	0.03	51%-75% Below	No	No
16729000517	SIMVASTATIN 20 MG TABLET	5	90.00	0.90	0.03	51%-75% Below	No	No
16729000517	SIMVASTATIN 20 MG TABLET	6	30.00	0.30	0.03	51%-75% Below	No	No
16729000517	SIMVASTATIN 20 MG TABLET	6	90.00	1.40	0.03	26%-50% Below	No	No
16729000615	SIMVASTATIN 40 MG TABLET	6	90.00	2.51	0.04	26%-50% Below	Yes	No
16729000617	SIMVASTATIN 40 MG TABLET	4	45.00	1.26	0.04	26%-50% Below	No	No
16729000617	SIMVASTATIN 40 MG TABLET	5	30.00	0.84	0.04	26%-50% Below	No	No
16729000617	SIMVASTATIN 40 MG TABLET	6	30.00	0.84	0.04	26%-50% Below	No	No
16729000617	SIMVASTATIN 40 MG TABLET	6	90.00	2.52	0.04	26%-50% Below	No	No



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16729000915	PRAVASTATIN SODIUM 20 MG TAB	4	30.00	1.37	0.06	26%-50% Below	No	No
16729000915	PRAVASTATIN SODIUM 20 MG TAB	5	90.00	4.12	0.06	26%-50% Below	No	No
16729001015	PRAVASTATIN SODIUM 40 MG TAB	6	90.00	5.85	0.09	26%-50% Below	No	No
16729002115	PIOGLITAZONE HCL 30 MG TABLET	5	30.00	13.77	0.15	200% Above	No	No
16729002115	PIOGLITAZONE HCL 30 MG TABLET	6	30.00	13.77	0.15	200% Above	No	No
16729003510	ANASTROZOLE 1 MG TABLET	5	30.00	2.94	0.14	26%-50% Below	No	No
16729003510	ANASTROZOLE 1 MG TABLET	6	30.00	2.94	0.14	26%-50% Below	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	4	30.00	4.90	0.08	101%-200% Above	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	5	30.00	1.61	0.07	26%-50% Below	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	5	30.00	4.90	0.07	101%-200% Above	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	5	30.00	6.90	0.07	200% Above	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	6	20.00	5.72	0.08	200% Above	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	6	30.00	1.61	0.08	26%-50% Below	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	6	30.00	4.90	0.08	101%-200% Above	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	6	90.00	22.37	0.08	200% Above	No	No
16729013401	ALLOPURINOL 100 MG TABLET	6	90.00	9.99	0.06	76%-100% Above	No	No
16729013416	ALLOPURINOL 100 MG TABLET	5	90.00	4.90	0.07	10%-25% Below	No	No
16729013416	ALLOPURINOL 100 MG TABLET	6	90.00	19.93	0.06	200% Above	No	No
16729013516	ALLOPURINOL 300 MG TABLET	4	30.00	4.90	0.09	51%-75% Above	No	No
16729013516	ALLOPURINOL 300 MG TABLET	4	30.00	6.90	0.09	101%-200% Above	No	No
16729013516	ALLOPURINOL 300 MG TABLET	5	30.00	4.90	0.10	51%-75% Above	No	No
16729013516	ALLOPURINOL 300 MG TABLET	5	30.00	6.90	0.10	101%-200% Above	No	No
16729013516	ALLOPURINOL 300 MG TABLET	6	30.00	4.90	0.10	51%-75% Above	No	No
16729013516	ALLOPURINOL 300 MG TABLET	6	30.00	12.70	0.10	200% Above	No	No
16729013516	ALLOPURINOL 300 MG TABLET	6	60.00	0.60	0.10	76%-100% Below	No	No

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16729013616	CLONAZEPAM 0.5 MG TABLET	4	100.00	2.96	0.03	10%-25% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	6	60.00	1.89	0.03	10%-25% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	6	90.00	1.46	0.03	26%-50% Below	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	6	100.00	2.96	0.03	10%-25% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	4	30.00	1.46	0.03	26%-50% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	5	15.00	0.99	0.03	101%-200% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	5	25.00	1.42	0.03	51%-75% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	5	30.00	1.46	0.03	26%-50% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	5	30.00	2.40	0.03	101%-200% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	5	60.00	2.28	0.03	10%-25% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	5	60.00	3.61	0.03	76%-100% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	6	30.00	1.46	0.03	51%-75% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	6	30.00	2.40	0.03	101%-200% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	6	60.00	3.61	0.03	76%-100% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	6	90.00	3.09	0.03	10%-25% Above	No	No
16729016801	ESCITALOPRAM 5 MG TABLET	4	90.00	25.03	0.05	200% Above	No	No
16729016801	ESCITALOPRAM 5 MG TABLET	6	90.00	11.95	0.06	101%-200% Above	No	No
16729016917	ESCITALOPRAM 10 MG TABLET	5	30.00	3.55	0.06	101%-200% Above	No	No
16729016917	ESCITALOPRAM 10 MG TABLET	5	30.00	4.34	0.06	101%-200% Above	No	No
16729016917	ESCITALOPRAM 10 MG TABLET	6	30.00	4.34	0.06	101%-200% Above	No	No
16729016917	ESCITALOPRAM 10 MG TABLET	8	30.00	4.53	0.06	101%-200% Above	No	No
16729017017	ESCITALOPRAM 20 MG TABLET	5	30.00	5.23	0.09	76%-100% Above	No	No
16729017017	ESCITALOPRAM 20 MG TABLET	6	30.00	5.23	0.08	101%-200% Above	No	No
16729017101	AMITRIPTYLINE HCL 10 MG TAB	5	60.00	7.06	0.06	76%-100% Above	No	No
16729017101	AMITRIPTYLINE HCL 10 MG TAB	6	60.00	9.93	0.06	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729017117	AMITRIPTYLINE HCL 10 MG TAB	5	120.00	14.16	0.06	76%-100% Above	No	No
16729017201	AMITRIPTYLINE HCL 25 MG TAB	5	30.00	4.90	0.10	51%-75% Above	No	No
16729017201	AMITRIPTYLINE HCL 25 MG TAB	6	30.00	4.90	0.10	51%-75% Above	No	No
16729017217	AMITRIPTYLINE HCL 25 MG TAB	4	30.00	4.90	0.09	76%-100% Above	No	No
16729017217	AMITRIPTYLINE HCL 25 MG TAB	4	180.00	44.90	0.09	101%-200% Above	No	No
16729017217	AMITRIPTYLINE HCL 25 MG TAB	5	30.00	4.90	0.10	51%-75% Above	No	No
16729017217	AMITRIPTYLINE HCL 25 MG TAB	6	30.00	3.99	0.10	26%-50% Above	No	No
16729017301	AMITRIPTYLINE HCL 50 MG TAB	5	60.00	6.90	0.19	26%-50% Below	No	No
16729017301	AMITRIPTYLINE HCL 50 MG TAB	6	60.00	6.90	0.18	26%-50% Below	No	No
16729017317	AMITRIPTYLINE HCL 50 MG TAB	4	30.00	3.99	0.19	26%-50% Below	No	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	4	90.00	24.94	0.07	200% Above	No	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	30.00	4.99	0.06	101%-200% Above	No	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	30.00	6.99	0.06	200% Above	No	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	30.00	10.90	0.06	200% Above	No	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	90.00	9.99	0.06	51%-75% Above	No	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	90.00	12.49	0.06	101%-200% Above	Yes	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	90.00	24.94	0.06	200% Above	No	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	90.00	25.03	0.06	200% Above	Yes	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	90.00	26.75	0.06	200% Above	Yes	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	30.00	4.99	0.06	101%-200% Above	No	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	30.00	6.99	0.06	200% Above	No	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	30.00	8.84	0.06	200% Above	Yes	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	90.00	3.27	0.06	26%-50% Below	No	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	90.00	12.49	0.06	101%-200% Above	No	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	90.00	12.49	0.06	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	90.00	26.75	0.06	200% Above	Yes	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	120.00	12.49	0.06	51%-75% Above	No	No
16729018217	HYDROCHLOROTHIAZIDE 12.5 MG TB	4	30.00	4.90	0.07	101%-200% Above	No	No
16729018217	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	30.00	5.61	0.06	101%-200% Above	No	No
16729018217	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	30.00	5.61	0.06	101%-200% Above	No	No
16729018217	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	30.00	8.57	0.06	200% Above	No	No
16729018217	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	30.00	8.80	0.06	200% Above	No	No
16729018301	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	2.79	0.01	101%-200% Above	No	No
16729018301	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.00	1.42	0.01	200% Above	No	No
16729018301	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.00	1.42	0.01	200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	4	30.00	0.99	0.01	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	4	30.00	1.23	0.01	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	4	30.00	1.86	0.01	200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	3.57	0.01	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	4.04	0.01	200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	4	180.00	4.75	0.01	76%-100% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.00	0.99	0.01	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.00	1.23	0.01	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.00	1.86	0.01	200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.00	2.70	0.01	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.00	3.57	0.01	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.00	0.99	0.01	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.00	1.23	0.01	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.00	1.33	0.01	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.00	1.49	0.01	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.00	1.86	0.01	200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.00	2.79	0.01	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.00	3.57	0.01	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.00	4.04	0.01	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.00	0.99	0.01	101%-200% Above	No	No
16729021616	SERTRALINE HCL 50 MG TABLET	4	30.00	2.32	0.05	51%-75% Above	No	No
16729021616	SERTRALINE HCL 50 MG TABLET	5	7.00	1.11	0.05	200% Above	No	No
16729021815	CLOPIDOGREL 75 MG TABLET	5	30.00	4.90	0.07	101%-200% Above	No	No
16729021815	CLOPIDOGREL 75 MG TABLET	6	30.00	4.90	0.06	101%-200% Above	No	No
16729021816	CLOPIDOGREL 75 MG TABLET	5	30.00	14.90	0.07	200% Above	No	No
16729022501	SPIRONOLACTONE 25 MG TABLET	5	30.00	3.74	0.06	101%-200% Above	No	No
16729022501	SPIRONOLACTONE 25 MG TABLET	8	90.00	10.49	0.06	76%-100% Above	No	No
16729022516	SPIRONOLACTONE 25 MG TABLET	4	30.00	3.83	0.06	101%-200% Above	No	No
16729022516	SPIRONOLACTONE 25 MG TABLET	5	30.00	3.83	0.06	101%-200% Above	No	No
16729022516	SPIRONOLACTONE 25 MG TABLET	6	90.00	3.38	0.06	26%-50% Below	Yes	No
16729022601	SPIRONOLACTONE 50 MG TABLET	5	30.00	2.39	0.14	26%-50% Below	No	No
16729032110	OLMESARTAN MEDOXOMIL 20 MG TAB	5	30.00	4.90	0.13	26%-50% Above	No	No
16729032215	OLMESARTAN MEDOXOMIL 40 MG TAB	5	30.00	6.90	0.17	26%-50% Above	No	No
16729032215	OLMESARTAN MEDOXOMIL 40 MG TAB	5	90.00	12.49	0.17	10%-25% Below	No	No
16729032215	OLMESARTAN MEDOXOMIL 40 MG TAB	6	30.00	6.90	0.17	26%-50% Above	No	No
16729032217	OLMESARTAN MEDOXOMIL 40 MG TAB	6	90.00	12.40	0.17	10%-25% Below	No	No
16729043315	EZETIMIBE 10 MG TABLET	4	30.00	14.90	0.17	101%-200% Above	No	No
16729043315	EZETIMIBE 10 MG TABLET	6	30.00	6.90	0.15	26%-50% Above	No	No
16729044815	LEVOTHYROXINE 50 MCG TABLET	6	30.00	8.90	0.21	26%-50% Above	No	No
16729045017	LEVOTHYROXINE 88 MCG TABLET	5	30.00	8.51	0.23	10%-25% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729045017	LEVOTHYROXINE 88 MCG TABLET	6	30.00	8.51	0.23	10%-25% Above	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	5	30.00	11.15	0.28	26%-50% Above	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	6	30.00	11.15	0.32	10%-25% Above	No	No
16729045517	LEVOTHYROXINE 150 MCG TABLET	5	30.00	12.71	0.30	26%-50% Above	No	No
16729045517	LEVOTHYROXINE 150 MCG TABLET	6	30.00	12.71	0.29	26%-50% Above	No	No
17478071310	OFLOXACIN 0.3% EYE DROPS	6	5.00	6.32	1.86	26%-50% Below	No	No
17478076610	PROGESTERONE 100 MG CAPSULE	4	30.00	14.90	0.35	26%-50% Above	No	No
17478076610	PROGESTERONE 100 MG CAPSULE	5	30.00	14.90	0.31	51%-75% Above	No	No
17478076610	PROGESTERONE 100 MG CAPSULE	6	30.00	14.90	0.31	51%-75% Above	No	No
21922000909	DICLOFENAC SODIUM 1% GEL	4	100.00	8.79	0.13	26%-50% Below	No	No
23155000210	HYDRALAZINE 25 MG TABLET	5	60.00	6.50	0.04	101%-200% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	30.00	1.01	0.01	101%-200% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	1.50	0.01	10%-25% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	2.48	0.01	76%-100% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.00	0.28	0.01	26%-50% Below	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.00	1.01	0.01	101%-200% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	60.00	0.57	0.01	26%-50% Below	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.00	1.50	0.01	10%-25% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.00	1.74	0.01	26%-50% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.00	0.28	0.01	26%-50% Below	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.00	1.01	0.01	101%-200% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.00	1.10	0.01	101%-200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	60.00	0.57	0.01	26%-50% Below	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.00	1.50	0.01	10%-25% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.00	1.83	0.01	26%-50% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.00	2.48	0.01	76%-100% Above	Yes	No
23155000910	HYDROCHLOROTHIAZIDE 50 MG TAB	4	30.00	1.35	0.03	26%-50% Above	Yes	No
23155000910	HYDROCHLOROTHIAZIDE 50 MG TAB	5	30.00	1.35	0.03	26%-50% Above	Yes	No
23155000910	HYDROCHLOROTHIAZIDE 50 MG TAB	5	90.00	3.85	0.03	26%-50% Above	Yes	No
23155000910	HYDROCHLOROTHIAZIDE 50 MG TAB	6	30.00	1.35	0.03	26%-50% Above	Yes	No
23155002401	BUSPIRONE HCL 10 MG TABLET	4	60.00	3.63	0.04	26%-50% Above	No	No
23155002405	BUSPIRONE HCL 10 MG TABLET	6	60.00	3.56	0.04	26%-50% Above	No	No
23155002405	BUSPIRONE HCL 10 MG TABLET	6	180.00	13.11	0.04	76%-100% Above	No	No
23155002505	BUSPIRONE HCL 15 MG TABLET	4	90.00	8.25	0.06	51%-75% Above	No	No
23155002505	BUSPIRONE HCL 15 MG TABLET	5	90.00	8.25	0.06	51%-75% Above	No	No
23155007001	METHIMAZOLE 5 MG TABLET	4	30.00	5.64	0.08	101%-200% Above	No	No
23155007001	METHIMAZOLE 5 MG TABLET	5	30.00	5.64	0.08	101%-200% Above	No	No
23155007001	METHIMAZOLE 5 MG TABLET	6	30.00	5.63	0.08	101%-200% Above	No	No
23155007001	METHIMAZOLE 5 MG TABLET	7	30.00	5.63	0.08	101%-200% Above	No	No
23155010210	METFORMIN HCL 500 MG TABLET	6	120.00	2.71	0.02	26%-50% Above	No	No
23155010405	METFORMIN HCL 1,000 MG TABLET	5	60.00	2.65	0.03	51%-75% Above	No	No
23155010410	METFORMIN HCL 1,000 MG TABLET	5	60.00	2.27	0.03	26%-50% Above	No	No
23155010410	METFORMIN HCL 1,000 MG TABLET	5	60.00	2.49	0.03	26%-50% Above	No	No
23155010410	METFORMIN HCL 1,000 MG TABLET	6	60.00	2.49	0.03	26%-50% Above	No	No
23155012001	ACETAZOLAMIDE ER 500 MG CAP	4	60.00	9.99	0.43	51%-75% Below	Yes	No
23155019401	NIFEDIPINE 10 MG CAPSULE	4	30.00	8.95	0.46	26%-50% Below	No	No
23155019401	NIFEDIPINE 10 MG CAPSULE	4	120.00	6.99	0.46	76%-100% Below	Yes	No
23155019401	NIFEDIPINE 10 MG CAPSULE	5	30.00	9.00	0.41	26%-50% Below	No	No
23155019401	NIFEDIPINE 10 MG CAPSULE	6	60.00	17.99	0.42	26%-50% Below	No	No
23155022701	ACYCLOVIR 400 MG TABLET	5	60.00	0.60	0.12	76%-100% Below	Yes	No

# NADAC Summary Report

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23155022701	ACYCLOVIR 400 MG TABLET	6	60.00	0.60	0.11	76%-100% Below	Yes	No
23155022801	ACYCLOVIR 800 MG TABLET	6	35.00	9.05	0.20	26%-50% Above	Yes	No
23155028801	ACETAZOLAMIDE 250 MG TABLET	6	90.00	9.99	0.54	76%-100% Below	Yes	No
23155048601	VERAPAMIL 120 MG TABLET	4	180.00	10.67	0.07	10%-25% Below	Yes	No
23155050010	HYDROXYZINE HCL 10 MG TABLET	5	180.00	42.61	0.05	200% Above	Yes	No
23155050105	HYDROXYZINE HCL 25 MG TABLET	5	30.00	3.38	0.08	26%-50% Above	No	No
23155050105	HYDROXYZINE HCL 25 MG TABLET	5	90.00	4.90	0.08	26%-50% Below	No	No
23155050105	HYDROXYZINE HCL 25 MG TABLET	6	90.00	0.74	0.06	76%-100% Below	No	No
23155065201	METRONIDAZOLE 500 MG TABLET	6	14.00	4.90	0.16	101%-200% Above	No	No
23155077301	ENALAPRIL MALEATE 20 MG TAB	5	30.00	4.90	0.18	10%-25% Below	No	No
24208029505	TOBRAMYCIN-DEXAMETH OPHTH SUSP	4	5.00	46.13	16.98	26%-50% Below	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	6	10.00	0.10	0.49	76%-100% Below	Yes	No
24208039915	IPRATROPIUM 0.06% SPRAY	6	15.00	0.15	1.49	76%-100% Below	Yes	No
24208041010	OFLOXACIN 0.3% EAR DROPS	4	10.00	14.99	2.26	26%-50% Below	No	No
24208041010	OFLOXACIN 0.3% EAR DROPS	5	10.00	11.64	2.17	26%-50% Below	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	5	2.50	0.03	1.98	76%-100% Below	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	6	7.50	26.40	2.00	51%-75% Above	Yes	No
24208063110	NEOMYCIN-POLYMYXIN-HC EAR SOLN	5	10.00	36.82	5.96	26%-50% Below	No	No
24208063110	NEOMYCIN-POLYMYXIN-HC EAR SOLN	6	10.00	36.82	5.51	26%-50% Below	No	No
24208063562	NEOMYCIN-POLYMYXIN-HC EAR SUSP	5	10.00	6.99	5.91	76%-100% Below	Yes	No
24208063562	NEOMYCIN-POLYMYXIN-HC EAR SUSP	6	10.00	14.99	5.58	51%-75% Below	Yes	No
24208063562	NEOMYCIN-POLYMYXIN-HC EAR SUSP	6	10.00	32.05	5.58	26%-50% Below	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	5	5.00	14.99	2.70	10%-25% Above	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	6	5.00	9.18	2.69	26%-50% Below	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	6	5.00	14.99	2.69	10%-25% Above	Yes	No



# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	5	3.50	10.02	3.26	10%-25% Below	No	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	6	3.50	11.19	3.57	10%-25% Below	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	5	14.00	0.14	0.15	76%-100% Below	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	5	20.00	0.20	0.15	76%-100% Below	Yes	No
24979000901	NIFEDIPINE ER 90 MG TABLET	5	90.00	26.75	0.50	26%-50% Below	No	No
24979002602	DILTIAZEM 24H ER(CD) 120 MG CP	5	90.00	22.72	0.21	10%-25% Above	No	No
24979003803	METOPROLOL SUCC ER 50 MG TAB	5	90.00	20.93	0.11	101%-200% Above	No	No
24979003803	METOPROLOL SUCC ER 50 MG TAB	6	90.00	21.74	0.10	101%-200% Above	No	No
27241002238	ZOLMITRIPTAN 5 MG TABLET	6	9.00	14.90	1.98	10%-25% Below	No	No
27241004011	ELETRIPTAN HBR 40 MG TABLET	6	24.00	281.16	5.32	101%-200% Above	Yes	No
27241009803	DULOXETINE HCL DR 30 MG CAP	6	30.00	0.30	0.14	76%-100% Below	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	4	90.00	44.99	0.13	200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	5	30.00	14.99	0.15	200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	5	90.00	44.99	0.15	200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	6	30.00	14.99	0.14	200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	7	7.00	14.99	0.14	200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	7	30.00	14.99	0.14	200% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	4	30.00	4.90	0.13	10%-25% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	4	30.00	6.90	0.13	76%-100% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	4	90.00	31.93	0.16	101%-200% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	5	30.00	4.90	0.15	10%-25% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	5	30.00	6.90	0.15	51%-75% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	5	30.00	14.90	0.15	200% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	6	30.00	4.90	0.14	10%-25% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	5	30.00	6.90	0.26	10%-25% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
27241012602	RANOLAZINE ER 1,000 MG TABLET	4	180.00	75.11	0.64	26%-50% Below	No	No
27241014501	SILODOSIN 8 MG CAPSULE	6	30.00	14.99	0.82	26%-50% Below	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	90.00	6.29	0.10	26%-50% Below	No	No
27808003603	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	120.00	10.24	0.13	26%-50% Below	No	No
27808003603	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	42.00	4.16	0.12	10%-25% Below	No	No
27808003603	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	120.00	10.24	0.12	26%-50% Below	No	No
27808009201	DEXMETHYLPHENIDATE 5 MG TAB	5	30.00	14.90	0.18	101%-200% Above	No	No
27808009301	DEXMETHYLPHENIDATE 10 MG TAB	4	30.00	14.90	0.28	51%-75% Above	No	No
27808009301	DEXMETHYLPHENIDATE 10 MG TAB	5	30.00	14.90	0.27	76%-100% Above	No	No
27808009301	DEXMETHYLPHENIDATE 10 MG TAB	6	30.00	14.90	0.24	101%-200% Above	No	No
27808009301	DEXMETHYLPHENIDATE 10 MG TAB	6	30.00	14.99	0.24	101%-200% Above	No	No
27808015501	ROSUVASTATIN CALCIUM 5 MG TAB	5	30.00	1.56	0.09	26%-50% Below	No	No
27808015501	ROSUVASTATIN CALCIUM 5 MG TAB	6	30.00	1.56	0.09	26%-50% Below	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.00	4.34	0.06	10%-25% Below	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	6	90.00	5.43	0.08	10%-25% Below	No	No
29033000305	SUCRALFATE 1 GM TABLET	6	120.00	15.85	0.21	26%-50% Below	No	No
29033003630	DAPSONE 25 MG TABLET	4	120.00	52.19	0.76	26%-50% Below	No	No
29033003630	DAPSONE 25 MG TABLET	5	120.00	52.19	0.69	26%-50% Below	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	4	30.00	2.82	0.04	101%-200% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	5	30.00	2.82	0.04	101%-200% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	6	30.00	2.82	0.04	101%-200% Above	No	No
29300011105	LAMOTRIGINE 25 MG TABLET	5	300.00	8.10	0.04	26%-50% Below	No	No
29300011105	LAMOTRIGINE 25 MG TABLET	6	300.00	8.10	0.04	26%-50% Below	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	4	30.00	3.32	0.06	76%-100% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	5	30.00	3.32	0.06	76%-100% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
29300011205	LAMOTRIGINE 100 MG TABLET	6	30.00	3.32	0.06	76%-100% Above	No	No
29300011516	TOPIRAMATE 25 MG TABLET	4	60.00	2.25	0.03	10%-25% Above	No	No
29300011516	TOPIRAMATE 25 MG TABLET	6	60.00	2.25	0.03	10%-25% Above	No	No
29300011616	TOPIRAMATE 50 MG TABLET	6	60.00	4.87	0.05	51%-75% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	4	30.00	0.43	0.02	26%-50% Below	No	No
29300012410	MELOXICAM 7.5 MG TABLET	4	30.00	1.65	0.02	101%-200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	5	26.00	1.44	0.02	101%-200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	5	30.00	1.56	0.02	101%-200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	4	30.00	1.44	0.02	101%-200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	5	15.00	1.05	0.02	200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	5	30.00	1.44	0.02	101%-200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	5	30.00	1.53	0.02	101%-200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	5	30.00	4.52	0.02	200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	5	90.00	1.30	0.02	26%-50% Below	No	No
29300012510	MELOXICAM 15 MG TABLET	6	30.00	0.30	0.02	51%-75% Below	No	No
29300012510	MELOXICAM 15 MG TABLET	6	30.00	0.43	0.02	26%-50% Below	No	No
29300012510	MELOXICAM 15 MG TABLET	6	30.00	1.44	0.02	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	30.00	0.25	0.01	26%-50% Below	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.00	1.86	0.01	200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.00	2.70	0.01	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.00	1.86	0.01	200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.00	2.17	0.01	200% Above	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	4	30.00	3.02	0.04	101%-200% Above	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	90.00	6.31	0.04	76%-100% Above	No	No
29300013505	CLONIDINE HCL 0.1 MG TABLET	5	3.00	0.05	0.03	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
29300013510	CLONIDINE HCL 0.1 MG TABLET	5	30.00	1.58	0.03	51%-75% Above	No	No
29300014005	DIVALPROEX SOD DR 500 MG TAB	6	60.00	14.90	0.15	51%-75% Above	No	No
29300016910	TIZANIDINE HCL 4 MG TABLET	4	180.00	29.90	0.05	200% Above	No	No
29300016910	TIZANIDINE HCL 4 MG TABLET	5	30.00	6.10	0.06	200% Above	No	No
29300016910	TIZANIDINE HCL 4 MG TABLET	5	120.00	14.90	0.06	101%-200% Above	No	No
29300016910	TIZANIDINE HCL 4 MG TABLET	6	30.00	9.06	0.05	200% Above	No	No
29300016910	TIZANIDINE HCL 4 MG TABLET	6	120.00	14.90	0.05	101%-200% Above	No	No
29300016910	TIZANIDINE HCL 4 MG TABLET	6	180.00	29.90	0.05	200% Above	No	No
29300018913	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	4	30.00	9.58	0.39	10%-25% Below	No	No
29300018913	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	6	30.00	9.58	0.37	10%-25% Below	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	4	30.00	0.30	0.08	76%-100% Below	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	4	30.00	4.99	0.08	101%-200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	5	30.00	0.30	0.07	76%-100% Below	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	5	30.00	4.99	0.07	101%-200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	6	30.00	4.99	0.08	101%-200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	6	90.00	12.49	0.08	76%-100% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	6	90.00	22.46	0.08	200% Above	No	No
29300024310	AMLODIPINE BESYLATE 10 MG TAB	6	30.00	1.48	0.02	200% Above	No	No
29300024605	BUSPIRONE HCL 15 MG TABLET	6	90.00	9.35	0.05	76%-100% Above	No	No
29300035505	TRAMADOL HCL 50 MG TABLET	4	90.00	2.77	0.02	26%-50% Above	No	No
29300035505	TRAMADOL HCL 50 MG TABLET	5	60.00	2.10	0.02	26%-50% Above	No	No
29300035505	TRAMADOL HCL 50 MG TABLET	5	90.00	2.77	0.02	10%-25% Above	No	No
29300035505	TRAMADOL HCL 50 MG TABLET	6	60.00	2.10	0.02	26%-50% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	1.35	0.01	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	5	30.00	1.35	0.01	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	6	30.00	1.26	0.01	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	6	30.00	1.35	0.01	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	2.56	0.01	101%-200% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	1.57	0.02	200% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	5	30.00	1.57	0.02	200% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	6	30.00	1.57	0.02	200% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	6	30.00	1.62	0.02	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	5	20.00	1.25	0.03	101%-200% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	6	30.00	1.58	0.03	76%-100% Above	No	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	4	30.00	10.27	0.19	76%-100% Above	No	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	5	30.00	10.27	0.18	76%-100% Above	No	No
31722017301	METHYLPHENIDATE 5 MG TABLET	5	30.00	16.80	0.15	200% Above	No	No
31722017401	METHYLPHENIDATE 10 MG TABLET	5	30.00	4.99	0.19	10%-25% Below	No	No
31722017401	METHYLPHENIDATE 10 MG TABLET	6	30.00	4.99	0.15	10%-25% Above	No	No
31722017501	METHYLPHENIDATE 20 MG TABLET	6	30.00	14.90	0.20	101%-200% Above	No	No
31722052110	HYDRALAZINE 50 MG TABLET	6	60.00	7.33	0.05	101%-200% Above	No	No
31722052201	HYDRALAZINE 100 MG TABLET	5	270.00	16.66	0.10	26%-50% Below	No	No
31722053101	TORSEMIDE 20 MG TABLET	5	30.00	0.30	0.09	76%-100% Below	Yes	No
31722053101	TORSEMIDE 20 MG TABLET	6	90.00	18.54	0.09	101%-200% Above	Yes	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	4	30.00	6.90	0.08	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	5	30.00	6.90	0.07	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	5	30.00	9.93	0.07	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	6	30.00	4.90	0.07	101%-200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	6	30.00	6.90	0.07	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	6	30.00	9.93	0.07	200% Above	No	No

## NADAC Summary Report

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31722055190	LEVOCETIRIZINE 5 MG TABLET	6	90.00	12.49	0.07	76%-100% Above	No	No
31722057310	ESOMEPRAZOLE MAG DR 40 MG CAP	4	30.00	5.12	0.25	26%-50% Below	No	No
31722057330	ESOMEPRAZOLE MAG DR 40 MG CAP	6	90.00	15.36	0.24	26%-50% Below	No	No
31722057390	ESOMEPRAZOLE MAG DR 40 MG CAP	5	90.00	157.82	0.24	200% Above	Yes	No
31722059690	FENOFIBRATE 145 MG TABLET	5	90.00	12.49	0.20	26%-50% Below	No	No
31722059690	FENOFIBRATE 145 MG TABLET	6	90.00	23.99	0.19	26%-50% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	5	30.00	1.31	0.06	26%-50% Below	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	4	30.00	3.04	0.07	26%-50% Above	Yes	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	5	30.00	3.04	0.06	51%-75% Above	Yes	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	5	90.00	7.63	0.06	26%-50% Above	Yes	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	6	30.00	3.04	0.06	51%-75% Above	Yes	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	6	90.00	7.54	0.06	26%-50% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	6	90.00	9.67	0.06	51%-75% Above	Yes	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	4	30.00	3.49	0.09	26%-50% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	5	15.00	1.85	0.09	26%-50% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	5	30.00	3.49	0.09	26%-50% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	5	90.00	9.18	0.09	10%-25% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	6	30.00	3.49	0.08	26%-50% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	5	30.00	0.30	0.09	76%-100% Below	Yes	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	5	30.00	3.58	0.09	26%-50% Above	Yes	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	5	30.00	7.87	0.09	101%-200% Above	Yes	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	5	90.00	6.53	0.09	10%-25% Below	Yes	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	5	90.00	9.27	0.09	10%-25% Above	Yes	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	5	180.00	13.05	0.09	10%-25% Below	Yes	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	6	30.00	3.58	0.08	26%-50% Above	Yes	No

## NADAC Summary Report

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31722070190	LOSARTAN POTASSIUM 50 MG TAB	6	30.00	6.36	0.08	101%-200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	6	90.00	9.27	0.08	26%-50% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	6	90.00	17.68	0.08	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	5	30.00	5.13	0.12	26%-50% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	5	90.00	14.09	0.12	26%-50% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	5	90.00	29.40	0.12	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	6	30.00	2.77	0.11	10%-25% Below	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	6	30.00	5.13	0.11	26%-50% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	4	30.00	0.30	0.12	76%-100% Below	Yes	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	4	30.00	5.22	0.12	26%-50% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	4	90.00	12.49	0.12	10%-25% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	5	30.00	5.22	0.12	26%-50% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	5	30.00	8.44	0.12	101%-200% Above	Yes	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	5	30.00	8.99	0.12	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	5	90.00	12.49	0.12	10%-25% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	6	30.00	5.22	0.11	51%-75% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	6	30.00	8.44	0.11	101%-200% Above	Yes	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	6	30.00	8.99	0.11	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	6	90.00	14.18	0.11	26%-50% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	4	30.00	14.99	0.29	51%-75% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	5	10.00	6.63	0.29	101%-200% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	5	20.00	6.99	0.29	10%-25% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	6	90.00	12.49	0.29	51%-75% Below	Yes	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	4	20.00	12.51	0.29	101%-200% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	4	90.00	44.99	0.29	51%-75% Above	No	No

## NADAC Summary Report

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31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	4	4.00	9.99	0.57	200% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	4	30.00	6.99	0.57	51%-75% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	4	30.00	9.99	0.57	26%-50% Below	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	5	12.00	9.99	0.59	26%-50% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	5	21.00	0.21	0.59	76%-100% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	5	30.00	0.30	0.59	76%-100% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	5	30.00	6.99	0.59	51%-75% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	6	30.00	6.99	0.58	51%-75% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	6	30.00	14.90	0.58	10%-25% Below	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	6	60.00	22.22	0.58	26%-50% Below	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	4	30.00	0.00	0.57	76%-100% Below	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	5	30.00	0.00	0.59	76%-100% Below	No	No
31722071290	PANTOPRAZOLE SOD DR 20 MG TAB	6	90.00	23.73	0.06	200% Above	Yes	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	3.58	0.07	76%-100% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	6.44	0.07	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	6.44	0.06	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	15.14	0.06	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.00	17.32	0.06	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	6.44	0.06	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	15.23	0.07	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	11.94	0.07	76%-100% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	4.38	0.06	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	4.47	0.06	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	15.23	0.06	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.00	8.16	0.06	26%-50% Above	Yes	No



# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.00	17.41	0.06	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	4.38	0.06	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	4.47	0.06	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	6.44	0.06	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	15.23	0.06	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	15.94	0.06	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	11.94	0.06	101%-200% Above	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	4	10.00	6.56	0.18	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	5	30.00	9.90	0.07	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	6	30.00	9.90	0.08	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	5	30.00	0.30	0.07	76%-100% Below	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	5	30.00	6.99	0.07	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	5	90.00	22.46	0.07	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	6	30.00	0.30	0.08	76%-100% Below	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	6	30.00	6.99	0.08	101%-200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	6	90.00	22.46	0.08	200% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	5	30.00	6.90	0.09	101%-200% Above	No	No
31722083260	VALGANCICLOVIR 450 MG TABLET	6	52.00	133.79	3.81	26%-50% Below	No	No
31722088290	ROSUVASTATIN CALCIUM 5 MG TAB	6	90.00	0.90	0.09	76%-100% Below	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.00	0.90	0.06	76%-100% Below	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	4	30.00	0.30	0.08	76%-100% Below	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.00	0.30	0.08	76%-100% Below	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.00	6.99	0.08	101%-200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.00	6.99	0.08	200% Above	No	No
31722093612	OMEGA-3 ETHYL ESTERS 1 GM CAP	5	360.00	44.99	0.18	26%-50% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722094201	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	16.00	5.74	0.13	101%-200% Above	No	No
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	20.00	5.56	0.08	200% Above	No	No
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	25.00	6.77	0.09	101%-200% Above	No	No
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	30.00	3.77	0.10	26%-50% Above	No	No
31722095005	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	120.00	16.99	0.12	10%-25% Above	No	No
31722095105	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	84.00	17.17	0.18	10%-25% Above	No	No
31722095105	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	84.00	17.17	0.18	10%-25% Above	No	No
31722095801	BENZONATATE 200 MG CAPSULE	6	30.00	11.81	0.13	101%-200% Above	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	6.00	2.15	0.10	200% Above	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	20.00	5.35	0.10	101%-200% Above	No	No
33342004710	IRBESARTAN 75 MG TABLET	5	30.00	6.99	0.21	10%-25% Above	Yes	No
33342004810	IRBESARTAN 150 MG TABLET	6	90.00	34.68	0.23	51%-75% Above	Yes	No
33342005415	PIOGLITAZONE HCL 15 MG TABLET	5	180.00	59.90	0.11	200% Above	No	No
33342005510	PIOGLITAZONE HCL 30 MG TABLET	5	30.00	5.04	0.15	10%-25% Above	No	No
33342005510	PIOGLITAZONE HCL 30 MG TABLET	6	30.00	5.04	0.15	10%-25% Above	No	No
33342006310	VALSARTAN 80 MG TABLET	4	90.00	44.90	0.25	76%-100% Above	No	No
33342006310	VALSARTAN 80 MG TABLET	6	15.00	6.90	0.26	76%-100% Above	No	No
33342006310	VALSARTAN 80 MG TABLET	6	30.00	14.90	0.26	76%-100% Above	No	No
33342006410	VALSARTAN 160 MG TABLET	6	30.00	0.30	0.30	76%-100% Below	No	No
33342008507	OLANZAPINE ODT 15 MG TABLET	4	30.00	19.99	1.00	26%-50% Below	Yes	No
33342008507	OLANZAPINE ODT 15 MG TABLET	5	30.00	19.99	0.77	10%-25% Below	Yes	No
33342008507	OLANZAPINE ODT 15 MG TABLET	6	30.00	19.99	1.05	26%-50% Below	Yes	No
33342008845	RIZATRIPTAN 10 MG TABLET	5	10.00	0.99	0.62	76%-100% Below	No	No
33342014509	ZIPRASIDONE HCL 40 MG CAPSULE	6	30.00	14.90	0.29	51%-75% Above	No	No
33342015611	CELECOXIB 100 MG CAPSULE	4	30.00	6.90	0.11	76%-100% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
33342015611	CELECOXIB 100 MG CAPSULE	5	30.00	6.90	0.12	76%-100% Above	No	No
33342017910	OLMESARTAN MEDOXOMIL 20 MG TAB	6	90.00	107.90	0.12	200% Above	Yes	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	5	90.00	12.49	0.17	10%-25% Below	Yes	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	5	90.00	29.99	0.17	76%-100% Above	Yes	No
33342030111	ESZOPICLONE 3 MG TABLET	5	30.00	6.99	0.19	10%-25% Above	No	No
33342030111	ESZOPICLONE 3 MG TABLET	6	30.00	6.99	0.16	26%-50% Above	No	No
33342032815	TRIAMCINOLONE 0.5% CREAM	4	30.00	5.20	0.26	26%-50% Below	Yes	No
33342032915	TRIAMCINOLONE 0.1% CREAM	5	15.00	3.55	0.12	76%-100% Above	Yes	No
33342032980	TRIAMCINOLONE 0.1% CREAM	4	80.00	2.76	0.05	26%-50% Below	Yes	No
39328010610	PRENATAL VITAMIN PLUS LOW IRON	5	90.00	25.99	0.12	101%-200% Above	No	No
39328010610	PRENATAL VITAMIN PLUS LOW IRON	6	30.00	9.44	0.12	101%-200% Above	No	No
42192032901	NP THYROID 30 MG TABLET	5	30.00	8.45	0.58	51%-75% Below	Yes	No
42192033001	NP THYROID 60 MG TABLET	4	30.00	13.79	0.64	26%-50% Below	No	No
42192033001	NP THYROID 60 MG TABLET	5	30.00	6.99	0.64	51%-75% Below	No	No
42192033001	NP THYROID 60 MG TABLET	6	30.00	6.99	0.64	51%-75% Below	No	No
42192033101	NP THYROID 90 MG TABLET	5	90.00	44.99	1.02	51%-75% Below	No	No
42192033101	NP THYROID 90 MG TABLET	5	90.00	44.99	1.02	51%-75% Below	Yes	No
42385090210	METFORMIN HCL 1,000 MG TABLET	5	60.00	2.30	0.03	26%-50% Above	No	No
42543072701	FLUOXETINE HCL 40 MG CAPSULE	5	30.00	12.84	0.07	200% Above	No	No
42543072701	FLUOXETINE HCL 40 MG CAPSULE	6	30.00	12.84	0.07	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	4	30.00	4.90	0.08	101%-200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	4	30.00	4.99	0.08	101%-200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	4	30.00	6.99	0.08	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	4	30.00	7.38	0.08	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	5	30.00	0.00	0.07	76%-100% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
42571012290	LEVOCETIRIZINE 5 MG TABLET	5	30.00	4.90	0.07	101%-200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	5	30.00	7.38	0.07	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	6	30.00	0.00	0.07	76%-100% Below	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	6	30.00	4.90	0.07	101%-200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	6	30.00	6.99	0.07	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	6	30.00	9.99	0.07	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	6	90.00	9.90	0.07	51%-75% Above	No	No
42571014401	CELECOXIB 200 MG CAPSULE	4	90.00	12.49	0.17	10%-25% Below	No	No
42571014401	CELECOXIB 200 MG CAPSULE	5	30.00	6.99	0.15	51%-75% Above	No	No
42571014405	CELECOXIB 200 MG CAPSULE	4	30.00	6.90	0.17	26%-50% Above	No	No
42571014405	CELECOXIB 200 MG CAPSULE	5	30.00	6.90	0.15	26%-50% Above	No	No
42571014405	CELECOXIB 200 MG CAPSULE	5	30.00	14.90	0.15	200% Above	No	No
42571014405	CELECOXIB 200 MG CAPSULE	5	90.00	12.40	0.15	10%-25% Below	No	No
42571014405	CELECOXIB 200 MG CAPSULE	6	30.00	6.90	0.17	26%-50% Above	No	No
42571016142	AMOX-CLAV 500-125 MG TABLET	6	30.00	14.99	0.40	26%-50% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	4	14.00	6.90	0.28	76%-100% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	4	20.00	19.90	0.28	200% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	6	14.00	14.90	0.28	200% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	5	14.00	4.90	0.30	10%-25% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	5	20.00	11.34	0.30	76%-100% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	6	14.00	4.90	0.28	10%-25% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	6	20.00	6.90	0.28	10%-25% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	6	20.00	11.34	0.28	101%-200% Above	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	4	14.00	5.46	0.27	26%-50% Above	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	4	28.00	8.43	0.27	10%-25% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
42799012001	BUMETANIDE 1 MG TABLET	5	30.00	14.90	0.25	101%-200% Above	No	No
42799080601	IVERMECTIN 3 MG TABLET	6	4.00	11.58	3.82	10%-25% Below	No	No
42799092101	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	5	90.00	27.16	0.37	10%-25% Below	Yes	No
42799092201	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	6	90.00	27.43	0.37	10%-25% Below	No	No
42806008301	BUSPIRONE HCL 7.5 MG TABLET	5	90.00	0.90	0.27	76%-100% Below	Yes	No
42806008301	BUSPIRONE HCL 7.5 MG TABLET	6	90.00	0.90	0.26	76%-100% Below	Yes	No
42806008901	ESTRADIOL 2 MG TABLET	5	30.00	5.41	0.14	26%-50% Above	No	No
42806016005	HYDROXYZINE HCL 25 MG TABLET	4	90.00	8.67	0.07	26%-50% Above	Yes	No
42806016005	HYDROXYZINE HCL 25 MG TABLET	6	15.00	0.15	0.06	76%-100% Below	Yes	No
42806016010	HYDROXYZINE HCL 25 MG TABLET	6	90.00	6.74	0.06	26%-50% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	4	20.00	4.99	0.15	51%-75% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	4	60.00	5.19	0.15	26%-50% Below	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	6	28.00	14.99	0.15	200% Above	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	4	60.00	16.65	0.40	26%-50% Below	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	5	60.00	16.65	0.38	26%-50% Below	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	4.90	0.21	10%-25% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.00	6.90	0.20	51%-75% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.00	14.90	0.20	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	4.99	0.19	10%-25% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	14.90	0.19	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	14.99	0.19	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	19.99	0.19	200% Above	No	No
42806050301	URSODIOL 300 MG CAPSULE	4	120.00	6.99	0.58	76%-100% Below	Yes	No
42806050301	URSODIOL 300 MG CAPSULE	5	120.00	1.20	0.60	76%-100% Below	Yes	No
42806050301	URSODIOL 300 MG CAPSULE	6	120.00	1.20	0.50	76%-100% Below	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	0.04	0.15	76%-100% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	1.88	0.15	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	1.97	0.15	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	4.15	0.15	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	12.00	4.34	0.15	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.00	0.04	0.15	76%-100% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.00	1.88	0.15	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.00	1.97	0.15	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.00	4.06	0.15	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	5	6.00	2.50	0.15	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.00	0.04	0.14	76%-100% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.00	0.42	0.14	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.00	1.88	0.14	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.00	1.97	0.14	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	6	6.00	2.50	0.14	101%-200% Above	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	4	120.00	15.72	0.18	26%-50% Below	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	5	120.00	15.38	0.18	26%-50% Below	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	5	120.00	15.72	0.18	26%-50% Below	No	No
42806071401	BENZONATATE 100 MG CAPSULE	5	14.00	4.00	0.09	200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	5	20.00	4.99	0.09	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	5	21.00	0.21	0.09	76%-100% Below	No	No
42806071405	BENZONATATE 100 MG CAPSULE	7	30.00	6.24	0.09	101%-200% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	5	30.00	11.59	0.15	101%-200% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	5	30.00	11.72	0.15	101%-200% Above	No	No
42858000101	OXYCODONE HCL 5 MG TABLET	6	30.00	1.59	0.07	10%-25% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
42858000401	OXYCODONE HCL 20 MG TABLET	5	100.00	15.33	0.20	10%-25% Below	No	No
42858000401	OXYCODONE HCL 20 MG TABLET	5	120.00	21.19	0.20	10%-25% Below	No	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	20.00	2.39	0.08	26%-50% Above	No	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	20.00	2.39	0.08	26%-50% Above	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	30.00	2.04	0.08	10%-25% Below	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	60.00	3.30	0.08	26%-50% Below	No	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	15.00	0.50	0.09	51%-75% Below	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	15.00	1.64	0.09	10%-25% Above	No	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	16.00	1.84	0.09	26%-50% Above	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	25.00	0.25	0.09	76%-100% Below	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	180.00	9.99	0.09	26%-50% Below	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	24.00	1.69	0.10	26%-50% Below	No	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	60.00	3.33	0.10	26%-50% Below	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	180.00	9.99	0.10	26%-50% Below	Yes	No
42858010301	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	40.00	0.40	0.15	76%-100% Below	Yes	No
42858010301	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	40.00	0.40	0.12	76%-100% Below	Yes	No
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	5	75.00	8.95	0.18	26%-50% Below	Yes	No
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	6	75.00	8.95	0.18	26%-50% Below	Yes	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	5	12.00	3.53	0.18	51%-75% Above	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	5	112.00	22.89	0.18	10%-25% Above	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	6	112.00	22.89	0.18	10%-25% Above	No	No
42858066045	FENOFIBRATE 160 MG TABLET	4	30.00	14.99	0.28	76%-100% Above	No	No
42858066045	FENOFIBRATE 160 MG TABLET	5	30.00	4.90	0.26	26%-50% Below	No	No
42858066045	FENOFIBRATE 160 MG TABLET	6	30.00	4.90	0.25	26%-50% Below	No	No
43199001101	HYOSCYAMINE 0.125 MG TAB SL	6	40.00	3.71	0.15	26%-50% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43199001301	HYOSCYAMINE SULF 0.125 MG TAB	4	20.00	0.20	0.17	76%-100% Below	Yes	No
43199001301	HYOSCYAMINE SULF 0.125 MG TAB	5	30.00	9.99	0.18	76%-100% Above	Yes	No
43199001301	HYOSCYAMINE SULF 0.125 MG TAB	5	60.00	0.60	0.18	76%-100% Below	Yes	No
43386009019	GAVILYTE-G SOLUTION	5	4000.00	7.60	0.00	26%-50% Below	Yes	No
43386016006	MISOPROSTOL 100 MCG TABLET	7	2.00	1.79	0.46	76%-100% Above	No	No
43386035701	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	20.00	5.86	0.13	101%-200% Above	Yes	No
43386035701	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	14.00	0.14	0.13	76%-100% Below	Yes	No
43386035701	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	20.00	5.86	0.13	101%-200% Above	Yes	No
43386035701	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	25.00	6.99	0.13	101%-200% Above	Yes	No
43386048024	ORPHENADRINE ER 100 MG TABLET	6	20.00	0.20	0.30	76%-100% Below	Yes	No
43547026810	ROPINIROLE HCL 0.25 MG TABLET	4	24.00	3.87	0.06	101%-200% Above	No	No
43547026810	ROPINIROLE HCL 0.25 MG TABLET	4	60.00	6.99	0.06	76%-100% Above	Yes	No
43547026810	ROPINIROLE HCL 0.25 MG TABLET	5	30.00	4.68	0.06	101%-200% Above	No	No
43547026810	ROPINIROLE HCL 0.25 MG TABLET	5	60.00	6.99	0.06	76%-100% Above	Yes	No
43547026810	ROPINIROLE HCL 0.25 MG TABLET	5	90.00	4.90	0.06	10%-25% Below	No	No
43547026810	ROPINIROLE HCL 0.25 MG TABLET	6	60.00	6.99	0.06	76%-100% Above	Yes	No
43547026810	ROPINIROLE HCL 0.25 MG TABLET	6	90.00	3.75	0.06	26%-50% Below	No	No
43547026810	ROPINIROLE HCL 0.25 MG TABLET	6	90.00	12.40	0.06	101%-200% Above	No	No
43547026910	ROPINIROLE HCL 0.5 MG TABLET	4	90.00	23.62	0.06	200% Above	No	No
43547026910	ROPINIROLE HCL 0.5 MG TABLET	6	60.00	4.99	0.06	26%-50% Above	No	No
43547027010	ROPINIROLE HCL 1 MG TABLET	5	30.00	4.06	0.06	101%-200% Above	No	No
43547027010	ROPINIROLE HCL 1 MG TABLET	6	30.00	4.06	0.06	101%-200% Above	No	No
43547027210	ROPINIROLE HCL 3 MG TABLET	4	30.00	6.53	0.08	101%-200% Above	Yes	No
43547027210	ROPINIROLE HCL 3 MG TABLET	5	30.00	6.53	0.08	101%-200% Above	Yes	No
43547027210	ROPINIROLE HCL 3 MG TABLET	6	90.00	17.41	0.10	76%-100% Above	Yes	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43547027609	DONEPEZIL HCL 10 MG TABLET	4	30.00	0.46	0.05	51%-75% Below	No	No
43547027609	DONEPEZIL HCL 10 MG TABLET	5	30.00	0.46	0.05	51%-75% Below	No	No
43547027609	DONEPEZIL HCL 10 MG TABLET	7	90.00	1.10	0.05	76%-100% Below	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	4	30.00	4.34	0.05	101%-200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	5	30.00	4.34	0.06	101%-200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	6	30.00	1.16	0.06	26%-50% Below	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	6	30.00	4.53	0.06	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	4	30.00	0.30	0.05	76%-100% Below	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	4	30.00	4.34	0.05	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	4	30.00	14.99	0.05	200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	6	30.00	4.39	0.06	101%-200% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	6	90.00	14.47	0.08	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	4	30.00	1.71	0.08	26%-50% Below	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	6	30.00	1.64	0.08	26%-50% Below	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	7	30.00	6.14	0.08	101%-200% Above	No	No
43547028910	BUPROPION HCL SR 150 MG TABLET	6	30.00	0.30	0.12	76%-100% Below	No	No
43547028950	BUPROPION HCL SR 150 MG TABLET	4	180.00	1.80	0.12	76%-100% Below	No	No
43547030203	ARIPIRAZOLE 2 MG TABLET	4	90.00	44.99	0.16	200% Above	Yes	No
43547030203	ARIPIRAZOLE 2 MG TABLET	5	30.00	6.99	0.16	26%-50% Above	Yes	No
43547030203	ARIPIRAZOLE 2 MG TABLET	6	30.00	6.99	0.15	51%-75% Above	Yes	No
43547033610	BENAZEPRIL HCL 10 MG TABLET	6	90.00	5.47	0.08	10%-25% Below	No	No
43547033710	BENAZEPRIL HCL 20 MG TABLET	4	30.00	2.29	0.09	10%-25% Below	No	No
43547033710	BENAZEPRIL HCL 20 MG TABLET	6	30.00	2.29	0.09	10%-25% Below	No	No
43547033750	BENAZEPRIL HCL 20 MG TABLET	4	30.00	1.37	0.09	26%-50% Below	No	No
43547033750	BENAZEPRIL HCL 20 MG TABLET	5	30.00	1.37	0.08	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43547033750	BENAZEPRIL HCL 20 MG TABLET	5	90.00	9.68	0.08	26%-50% Above	Yes	No
43547033750	BENAZEPRIL HCL 20 MG TABLET	7	90.00	11.36	0.09	26%-50% Above	Yes	No
43547033810	BENAZEPRIL HCL 40 MG TABLET	4	30.00	2.39	0.12	26%-50% Below	No	No
43547033850	BENAZEPRIL HCL 40 MG TABLET	5	30.00	2.39	0.12	26%-50% Below	No	No
43547033850	BENAZEPRIL HCL 40 MG TABLET	5	90.00	6.13	0.12	26%-50% Below	No	No
43547033850	BENAZEPRIL HCL 40 MG TABLET	6	30.00	2.48	0.12	26%-50% Below	No	No
43547033850	BENAZEPRIL HCL 40 MG TABLET	6	90.00	7.40	0.12	26%-50% Below	No	No
43547033850	BENAZEPRIL HCL 40 MG TABLET	8	30.00	2.98	0.12	10%-25% Below	No	No
43547033850	BENAZEPRIL HCL 40 MG TABLET	8	90.00	6.36	0.12	26%-50% Below	No	No
43547033950	RISPERIDONE 0.25 MG TABLET	4	30.00	3.05	0.05	101%-200% Above	No	No
43547033950	RISPERIDONE 0.25 MG TABLET	5	7.00	1.28	0.05	200% Above	No	No
43547033950	RISPERIDONE 0.25 MG TABLET	5	30.00	3.05	0.05	101%-200% Above	No	No
43547034050	RISPERIDONE 0.5 MG TABLET	4	30.00	3.21	0.05	101%-200% Above	No	No
43547034050	RISPERIDONE 0.5 MG TABLET	5	7.00	1.32	0.05	200% Above	No	No
43547034050	RISPERIDONE 0.5 MG TABLET	5	30.00	3.21	0.05	101%-200% Above	No	No
43547034306	RISPERIDONE 3 MG TABLET	6	180.00	18.34	0.07	26%-50% Above	Yes	No
43547034909	PAROXETINE HCL 30 MG TABLET	5	30.00	8.77	0.12	101%-200% Above	No	No
43547035110	LISINOPRIL 2.5 MG TABLET	5	90.00	2.11	0.02	26%-50% Above	No	No
43547035150	LISINOPRIL 2.5 MG TABLET	5	30.00	1.14	0.02	101%-200% Above	No	No
43547035150	LISINOPRIL 2.5 MG TABLET	6	30.00	1.16	0.02	101%-200% Above	No	No
43547035150	LISINOPRIL 2.5 MG TABLET	6	90.00	1.04	0.02	26%-50% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	4	30.00	1.27	0.02	76%-100% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	5	30.00	1.27	0.02	76%-100% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	5	90.00	0.00	0.02	76%-100% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	5	90.00	2.52	0.02	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43547035311	LISINOPRIL 10 MG TABLET	6	30.00	1.27	0.02	76%-100% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	6	30.00	1.31	0.02	76%-100% Above	No	No
43547035410	LISINOPRIL 20 MG TABLET	6	30.00	0.52	0.03	26%-50% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	4	60.00	2.45	0.03	51%-75% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	5	20.00	1.25	0.03	101%-200% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	5	30.00	0.52	0.03	26%-50% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	5	30.00	1.55	0.03	76%-100% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	5	30.00	2.62	0.03	200% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	5	60.00	1.03	0.03	26%-50% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	6	30.00	0.52	0.03	26%-50% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	6	30.00	1.55	0.03	76%-100% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	6	30.00	2.62	0.03	200% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	6	60.00	1.03	0.03	26%-50% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	6	90.00	3.35	0.03	26%-50% Above	No	No
43547035610	LISINOPRIL 40 MG TABLET	6	30.00	0.94	0.05	26%-50% Below	No	No
43547035610	LISINOPRIL 40 MG TABLET	6	90.00	5.89	0.05	26%-50% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	4	30.00	2.40	0.04	76%-100% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	5	30.00	2.40	0.04	76%-100% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	6	30.00	2.40	0.05	51%-75% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	6	30.00	2.49	0.05	76%-100% Above	No	No
43547038011	DULOXETINE HCL DR 30 MG CAP	6	30.00	4.99	0.14	10%-25% Above	No	No
43547038103	DULOXETINE HCL DR 60 MG CAP	4	30.00	4.90	0.13	10%-25% Above	No	No
43547038103	DULOXETINE HCL DR 60 MG CAP	6	30.00	4.90	0.14	10%-25% Above	No	No
43547038111	DULOXETINE HCL DR 60 MG CAP	5	30.00	4.99	0.15	10%-25% Above	No	No
43547038450	GABAPENTIN 300 MG CAPSULE	4	90.00	4.85	0.05	10%-25% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43547039950	CYCLOBENZAPRINE 5 MG TABLET	6	30.00	1.83	0.03	76%-100% Above	No	No
43547040110	FUROSEMIDE 20 MG TABLET	4	30.00	1.51	0.03	51%-75% Above	No	No
43547040110	FUROSEMIDE 20 MG TABLET	5	30.00	1.51	0.03	51%-75% Above	No	No
43547040110	FUROSEMIDE 20 MG TABLET	5	30.00	1.83	0.03	76%-100% Above	No	No
43547040110	FUROSEMIDE 20 MG TABLET	6	30.00	1.83	0.03	101%-200% Above	No	No
43547040111	FUROSEMIDE 20 MG TABLET	5	30.00	0.64	0.03	26%-50% Below	No	No
43547040111	FUROSEMIDE 20 MG TABLET	6	30.00	0.64	0.03	26%-50% Below	No	No
43547040211	FUROSEMIDE 40 MG TABLET	5	3.00	0.75	0.04	200% Above	No	No
43547040211	FUROSEMIDE 40 MG TABLET	5	30.00	1.68	0.04	51%-75% Above	No	No
43547040310	FUROSEMIDE 80 MG TABLET	5	60.00	2.32	0.06	26%-50% Below	No	No
43547040310	FUROSEMIDE 80 MG TABLET	6	60.00	2.32	0.06	26%-50% Below	No	No
43547040710	CLONAZEPAM 1 MG TABLET	4	30.00	3.27	0.03	200% Above	No	No
43547040710	CLONAZEPAM 1 MG TABLET	5	30.00	3.27	0.03	200% Above	No	No
43547040710	CLONAZEPAM 1 MG TABLET	6	30.00	3.27	0.03	200% Above	No	No
43547041611	LISINAPRIL 10 MG TABLET	6	90.00	0.00	0.02	76%-100% Below	No	No
43547043109	FENOFIBRATE 145 MG TABLET	5	30.00	6.99	0.20	10%-25% Above	No	No
43547043109	FENOFIBRATE 145 MG TABLET	6	30.00	6.99	0.19	10%-25% Above	No	No
43547043506	CLONIDINE HCL ER 0.1 MG TABLET	4	60.00	15.19	0.67	51%-75% Below	No	No
43547043506	CLONIDINE HCL ER 0.1 MG TABLET	5	60.00	28.07	0.77	26%-50% Below	No	No
43598029390	PREGABALIN 75 MG CAPSULE	5	60.00	6.99	0.10	10%-25% Above	Yes	No
43598029390	PREGABALIN 75 MG CAPSULE	6	60.00	6.99	0.09	26%-50% Above	Yes	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	5	7.50	105.50	20.54	26%-50% Below	No	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	6	7.50	14.99	19.19	76%-100% Below	No	No
43598043611	NITROGLYCERIN 0.4 MG TABLET SL	5	25.00	6.99	0.33	10%-25% Below	Yes	No
43598043611	NITROGLYCERIN 0.4 MG TABLET SL	6	25.00	6.00	0.34	26%-50% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43598043611	NITROGLYCERIN 0.4 MG TABLET SL	6	75.00	18.00	0.34	26%-50% Below	Yes	No
43598044874	NICOTINE 21 MG/24HR PATCH	5	14.00	14.60	1.69	26%-50% Below	No	No
43598044874	NICOTINE 21 MG/24HR PATCH	5	14.00	14.87	1.69	26%-50% Below	No	No
43598050930	ESOMEPRAZOLE MAG DR 20 MG CAP	5	30.00	6.99	0.28	10%-25% Below	No	No
43598050990	ESOMEPRAZOLE MAG DR 20 MG CAP	4	30.00	14.90	0.27	76%-100% Above	No	No
43598050990	ESOMEPRAZOLE MAG DR 20 MG CAP	5	30.00	14.90	0.28	76%-100% Above	No	No
43598050990	ESOMEPRAZOLE MAG DR 20 MG CAP	6	30.00	14.90	0.27	76%-100% Above	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	5	30.00	19.90	0.24	101%-200% Above	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	6	30.00	19.90	0.24	101%-200% Above	No	No
43598051030	ESOMEPRAZOLE MAG DR 40 MG CAP	4	30.00	14.90	0.25	101%-200% Above	No	No
43598051030	ESOMEPRAZOLE MAG DR 40 MG CAP	5	30.00	14.90	0.24	101%-200% Above	No	No
43598051030	ESOMEPRAZOLE MAG DR 40 MG CAP	6	30.00	14.90	0.24	101%-200% Above	No	No
43598055330	LAMOTRIGINE ODT 200 MG TABLET	4	60.00	0.60	5.53	76%-100% Below	No	No
43598055330	LAMOTRIGINE ODT 200 MG TABLET	5	60.00	0.60	5.53	76%-100% Below	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	5	40.00	14.99	3.87	76%-100% Below	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	5	70.00	236.49	3.87	10%-25% Below	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	5	90.00	304.06	3.87	10%-25% Below	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	6	30.00	14.99	3.87	76%-100% Below	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	6	70.00	236.49	3.87	10%-25% Below	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	6	90.00	304.06	3.87	10%-25% Below	No	No
43598065530	BUPROPION HCL XL 150 MG TABLET	6	90.00	37.99	0.15	101%-200% Above	No	No
43598071910	CHLORTHALIDONE 25 MG TABLET	5	15.00	6.99	0.19	101%-200% Above	No	No
43598071910	CHLORTHALIDONE 25 MG TABLET	6	15.00	6.99	0.19	101%-200% Above	No	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	4	60.00	4.99	0.29	51%-75% Below	No	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	5	180.00	12.49	0.28	51%-75% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43598081115	CETIRIZINE HCL 10 MG TABLET	4	30.00	1.38	0.07	26%-50% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	5	30.00	1.38	0.07	26%-50% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	6	10.00	0.95	0.08	10%-25% Above	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	6	30.00	1.14	0.08	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	6	90.00	2.68	0.08	51%-75% Below	No	No
43975028010	DEXTROAMP-AMPHET ER 20 MG CAP	6	60.00	31.28	0.72	26%-50% Below	No	No
45802000910	FLUOCINOLONE OIL 0.01% EAR DRP	7	20.00	9.99	2.11	76%-100% Below	No	No
45802004811	NYSTATIN 100,000 UNIT/GM OINT	5	30.00	7.39	0.34	26%-50% Below	No	No
45802005536	TRIAMCINOLONE 0.1% OINTMENT	5	80.00	8.79	0.07	51%-75% Above	No	No
45802005635	GENTAMICIN 0.1% CREAM	6	15.00	8.53	1.38	51%-75% Below	Yes	No
45802006435	TRIAMCINOLONE 0.1% CREAM	4	30.00	5.06	0.13	10%-25% Above	No	No
45802006435	TRIAMCINOLONE 0.1% CREAM	5	60.00	10.11	0.12	26%-50% Above	No	No
45802006436	TRIAMCINOLONE 0.1% CREAM	4	80.00	8.25	0.05	101%-200% Above	No	No
45802006436	TRIAMCINOLONE 0.1% CREAM	4	80.00	8.25	0.05	76%-100% Above	No	No
45802006436	TRIAMCINOLONE 0.1% CREAM	5	80.00	6.16	0.05	51%-75% Above	No	No
45802006436	TRIAMCINOLONE 0.1% CREAM	6	80.00	6.16	0.05	51%-75% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	4	22.00	4.90	0.19	10%-25% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	4	22.00	7.91	0.19	76%-100% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	6	22.00	9.95	0.16	101%-200% Above	No	No
45802013970	METRONIDAZOLE VAGINAL 0.75% GL	5	70.00	32.54	0.86	26%-50% Below	No	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	5	60.00	16.35	0.37	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	4	120.00	6.99	0.10	26%-50% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	4	120.00	9.99	0.10	10%-25% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	5	120.00	6.99	0.10	26%-50% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	5	120.00	9.17	0.10	10%-25% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
45802046564	KETOCONAZOLE 2% SHAMPOO	5	120.00	9.26	0.10	10%-25% Below	No	No
45802046653	ECONAZOLE NITRATE 1% CREAM	5	85.00	2.46	0.20	76%-100% Below	Yes	No
45802056202	CLINDAMYCIN PH 1% SOLUTION	6	60.00	9.12	0.23	26%-50% Below	No	No
45802057178	FEXOFENADINE HCL 180 MG TABLET	5	30.00	4.99	0.31	26%-50% Below	Yes	No
45802057178	FEXOFENADINE HCL 180 MG TABLET	5	30.00	5.23	0.31	26%-50% Below	No	No
45802057178	FEXOFENADINE HCL 180 MG TABLET	6	30.00	5.23	0.30	26%-50% Below	No	No
45802065078	LORATADINE 10 MG TABLET	4	30.00	0.30	0.06	76%-100% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	4	30.00	2.28	0.06	26%-50% Above	Yes	No
45802065078	LORATADINE 10 MG TABLET	5	30.00	0.30	0.06	76%-100% Below	No	No
45802065078	LORATADINE 10 MG TABLET	5	30.00	2.28	0.06	10%-25% Above	Yes	No
45802065078	LORATADINE 10 MG TABLET	5	30.00	7.95	0.06	200% Above	No	No
45802065078	LORATADINE 10 MG TABLET	5	30.00	8.32	0.06	200% Above	Yes	No
45802065078	LORATADINE 10 MG TABLET	5	90.00	3.72	0.06	26%-50% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	6	30.00	2.28	0.06	10%-25% Above	Yes	No
45802065078	LORATADINE 10 MG TABLET	6	30.00	7.95	0.06	200% Above	No	No
45802065078	LORATADINE 10 MG TABLET	6	90.00	3.72	0.06	26%-50% Below	Yes	No
45802065087	LORATADINE 10 MG TABLET	4	30.00	2.28	0.06	26%-50% Above	No	No
45802075930	PROMETHAZINE 25 MG SUPPOSITORY	5	12.00	14.99	5.15	51%-75% Below	No	No
45802090094	CLINDAMYCIN PH 1% GEL	5	30.00	20.94	1.02	26%-50% Below	No	No
45802091939	CETIRIZINE HCL 10 MG TABLET	5	90.00	9.77	0.07	26%-50% Above	Yes	No
45802091939	CETIRIZINE HCL 10 MG TABLET	6	90.00	9.77	0.08	26%-50% Above	Yes	No
45802091987	CETIRIZINE HCL 10 MG TABLET	4	20.00	1.74	0.07	10%-25% Above	Yes	No
45802091987	CETIRIZINE HCL 10 MG TABLET	4	30.00	0.30	0.07	76%-100% Below	Yes	No
45802091987	CETIRIZINE HCL 10 MG TABLET	5	30.00	0.30	0.07	76%-100% Below	Yes	No
45802091987	CETIRIZINE HCL 10 MG TABLET	5	30.00	1.92	0.07	10%-25% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
45802091987	CETIRIZINE HCL 10 MG TABLET	5	90.00	9.77	0.07	26%-50% Above	Yes	No
45802091987	CETIRIZINE HCL 10 MG TABLET	6	10.00	1.24	0.08	51%-75% Above	Yes	No
45802093716	HYDROCORTISONE 2.5% LOTION	6	59.00	11.90	0.17	10%-25% Above	No	No
45963014205	BUPROPION HCL XL 300 MG TABLET	5	90.00	44.99	0.22	101%-200% Above	No	No
45963043963	CONSTULOSE 10 GM/15 ML SOLN	4	900.00	20.88	0.02	26%-50% Above	No	No
45963067696	METOPROLOL SUCC ER 50 MG TAB	5	90.00	12.49	0.11	10%-25% Above	No	No
45963070996	METOPROLOL SUCC ER 25 MG TAB	5	30.00	8.14	0.10	101%-200% Above	No	No
45963070996	METOPROLOL SUCC ER 25 MG TAB	5	60.00	4.99	0.10	10%-25% Below	No	No
45963070996	METOPROLOL SUCC ER 25 MG TAB	6	30.00	11.47	0.10	200% Above	No	No
45963070996	METOPROLOL SUCC ER 25 MG TAB	6	30.00	12.01	0.10	200% Above	No	No
45963070996	METOPROLOL SUCC ER 25 MG TAB	6	60.00	4.99	0.10	10%-25% Below	No	No
46122061587	ASPIRIN EC 81 MG TABLET	5	30.00	0.20	0.01	51%-75% Below	No	No
47335070713	TOPIRAMATE 25 MG TABLET	6	60.00	2.25	0.03	10%-25% Above	No	No
47335071013	TOPIRAMATE 50 MG TABLET	4	30.00	6.33	0.05	200% Above	No	No
47335071013	TOPIRAMATE 50 MG TABLET	5	180.00	12.49	0.05	26%-50% Above	No	No
47335072283	FEBUXOSTAT 80 MG TABLET	6	30.00	6.99	1.31	76%-100% Below	No	No
47335089413	CLOPIDOGREL 75 MG TABLET	6	90.00	10.87	0.06	76%-100% Above	No	No
47781017401	DEXTROAMP-AMPHETAMINE 5 MG TAB	6	30.00	14.90	0.30	51%-75% Above	No	No
47781017601	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	60.00	10.58	0.28	26%-50% Below	No	No
47781017601	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	60.00	10.58	0.35	26%-50% Below	No	No
47781017601	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	60.00	10.58	0.25	26%-50% Below	No	No
47781017901	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	60.00	19.95	0.38	10%-25% Below	No	No
47781017901	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	30.00	6.99	0.37	26%-50% Below	No	No
47781017901	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	30.00	6.99	0.36	26%-50% Below	No	No
47781019601	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	30.00	6.41	0.09	101%-200% Above	No	No



## NADAC Summary Report

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47781019605	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	6	30.00	7.70	0.10	101%-200% Above	No	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	4	15.00	14.99	0.59	51%-75% Above	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	5	5.00	0.05	0.60	76%-100% Below	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	5	10.00	0.10	0.60	76%-100% Below	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	5	14.00	0.14	0.60	76%-100% Below	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	5	14.00	14.99	0.60	76%-100% Above	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	5	15.00	14.99	0.60	51%-75% Above	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	6	10.00	0.10	0.59	76%-100% Below	Yes	No
47781035703	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	5	30.00	14.99	3.87	76%-100% Below	Yes	No
47781035703	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	6	7.00	14.99	3.87	26%-50% Below	Yes	No
47781035703	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	6	90.00	304.06	3.87	10%-25% Below	No	No
47781038426	OSELTAMIVIR 6 MG/ML SUSPENSION	4	60.00	14.99	0.48	26%-50% Below	Yes	No
47781064010	LEVOTHYROXINE 25 MCG TABLET	5	30.00	6.90	0.20	10%-25% Above	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	5	30.00	8.90	0.22	26%-50% Above	No	No
47781064610	LEVOTHYROXINE 75 MCG TABLET	5	30.00	9.72	0.23	26%-50% Above	No	No
47781064610	LEVOTHYROXINE 75 MCG TABLET	6	16.00	4.60	0.21	26%-50% Above	No	No
47781064610	LEVOTHYROXINE 75 MCG TABLET	6	30.00	9.72	0.21	51%-75% Above	No	No
47781064910	LEVOTHYROXINE 88 MCG TABLET	4	30.00	8.51	0.25	10%-25% Above	No	No
47781064910	LEVOTHYROXINE 88 MCG TABLET	4	30.00	9.65	0.25	26%-50% Above	No	No
47781064910	LEVOTHYROXINE 88 MCG TABLET	5	30.00	9.03	0.23	26%-50% Above	No	No
47781064910	LEVOTHYROXINE 88 MCG TABLET	5	30.00	9.65	0.23	26%-50% Above	No	No
47781064990	LEVOTHYROXINE 88 MCG TABLET	4	90.00	10.00	0.25	51%-75% Below	No	No
47781065110	LEVOTHYROXINE 100 MCG TABLET	4	30.00	10.96	0.28	26%-50% Above	No	No
47781065110	LEVOTHYROXINE 100 MCG TABLET	5	30.00	10.96	0.28	26%-50% Above	No	No
47781065110	LEVOTHYROXINE 100 MCG TABLET	6	30.00	10.96	0.32	10%-25% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
47781065490	LEVOTHYROXINE 112 MCG TABLET	4	90.00	34.97	0.29	26%-50% Above	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	5	30.00	10.07	0.28	10%-25% Above	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	6	30.00	12.82	0.31	26%-50% Above	No	No
47781065790	LEVOTHYROXINE 125 MCG TABLET	5	60.00	23.57	0.28	26%-50% Above	No	No
47781066590	LEVOTHYROXINE 175 MCG TABLET	4	90.00	10.00	0.42	51%-75% Below	No	No
47781072902	VANCOMYCIN HCL 125 MG CAPSULE	6	40.00	67.31	2.03	10%-25% Below	No	No
49483048112	ASPIRIN EC 81 MG TABLET	5	90.00	0.75	0.01	26%-50% Below	Yes	No
49483060250	IBUPROFEN 400 MG TABLET	6	30.00	0.30	0.06	76%-100% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	6	30.00	2.22	0.06	10%-25% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	4	20.00	0.20	0.08	76%-100% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	4	30.00	0.30	0.08	76%-100% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	4	90.00	0.90	0.08	76%-100% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	5	16.00	2.10	0.08	51%-75% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	5	20.00	1.90	0.08	10%-25% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	5	21.00	0.21	0.08	76%-100% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	5	21.00	2.45	0.08	26%-50% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	5	45.00	0.45	0.08	76%-100% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	5	60.00	4.23	0.08	10%-25% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	5	90.00	0.90	0.08	76%-100% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	5	90.00	4.75	0.08	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	6	21.00	0.21	0.08	76%-100% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	6	24.00	2.13	0.08	10%-25% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	6	36.00	0.36	0.08	76%-100% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	6	60.00	0.60	0.08	76%-100% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	6	90.00	0.90	0.08	76%-100% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
49483060450	IBUPROFEN 800 MG TABLET	6	90.00	4.75	0.08	26%-50% Below	No	No
49483060601	GABAPENTIN 300 MG CAPSULE	6	90.00	4.90	0.05	10%-25% Above	No	No
49483062301	METFORMIN HCL ER 500 MG TABLET	4	30.00	2.55	0.04	101%-200% Above	No	No
49483062301	METFORMIN HCL ER 500 MG TABLET	5	30.00	2.55	0.04	101%-200% Above	No	No
49483062301	METFORMIN HCL ER 500 MG TABLET	5	90.00	5.66	0.04	51%-75% Above	No	No
49483062301	METFORMIN HCL ER 500 MG TABLET	6	30.00	2.55	0.04	101%-200% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	4	360.00	19.65	0.04	26%-50% Above	No	No
49884012201	LABETALOL HCL 100 MG TABLET	4	60.00	5.86	0.14	26%-50% Below	No	No
49884012201	LABETALOL HCL 100 MG TABLET	5	60.00	4.99	0.15	26%-50% Below	Yes	No
49884012201	LABETALOL HCL 100 MG TABLET	6	60.00	4.99	0.15	26%-50% Below	Yes	No
49884012201	LABETALOL HCL 100 MG TABLET	6	180.00	47.50	0.15	51%-75% Above	Yes	No
49884012301	LABETALOL HCL 200 MG TABLET	5	60.00	4.99	0.20	51%-75% Below	Yes	No
49884025601	MINOXIDIL 2.5 MG TABLET	5	30.00	4.66	0.11	26%-50% Above	No	No
49884046565	CHOLESTYRAMINE PACKET	4	60.00	52.45	1.27	26%-50% Below	No	No
49884064001	METHIMAZOLE 5 MG TABLET	4	30.00	4.84	0.08	76%-100% Above	Yes	No
49884072401	HYDROXYUREA 500 MG CAPSULE	6	180.00	12.49	0.29	76%-100% Below	Yes	No
50111032801	HYDRALAZINE 50 MG TABLET	6	60.00	3.99	0.05	26%-50% Above	No	No
50111033301	METRONIDAZOLE 250 MG TABLET	6	56.00	0.56	0.11	76%-100% Below	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	4	14.00	4.99	0.15	101%-200% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	5	14.00	4.99	0.16	101%-200% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	5	14.00	4.99	0.16	101%-200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	5	21.00	10.08	0.16	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	5	30.00	14.99	0.16	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	6	14.00	8.60	0.16	200% Above	Yes	No
50111033402	METRONIDAZOLE 500 MG TABLET	4	14.00	7.45	0.15	200% Above	No	No

## NADAC Summary Report

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50111033402	METRONIDAZOLE 500 MG TABLET	4	14.00	8.60	0.15	200% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	5	14.00	8.60	0.16	200% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	5	21.00	10.81	0.16	200% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	6	4.00	2.17	0.16	200% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	6	14.00	7.45	0.16	200% Above	No	No
50111039701	HYDRALAZINE 100 MG TABLET	4	90.00	14.99	0.09	76%-100% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	4	30.00	2.86	0.04	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	4	90.00	3.20	0.04	10%-25% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	5	30.00	2.86	0.04	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	5	30.00	2.86	0.04	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	5	30.00	3.09	0.04	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	5	180.00	13.34	0.04	76%-100% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	6	30.00	2.77	0.04	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	6	30.00	2.96	0.04	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	6	90.00	3.20	0.04	10%-25% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	6	90.00	5.85	0.04	51%-75% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	4	30.00	2.44	0.04	76%-100% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	5	30.00	2.44	0.04	76%-100% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	5	60.00	4.23	0.04	51%-75% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	6	60.00	5.83	0.04	101%-200% Above	No	No
50111056101	TRAZODONE 100 MG TABLET	5	30.00	3.93	0.08	51%-75% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	5	30.00	3.94	0.08	51%-75% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	6	30.00	3.93	0.07	76%-100% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	6	30.00	3.94	0.07	76%-100% Above	Yes	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	4	30.00	1.64	0.04	26%-50% Above	Yes	No

## NADAC Summary Report

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50111064701	FLUOXETINE HCL 10 MG CAPSULE	5	30.00	1.64	0.04	26%-50% Above	Yes	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	6	30.00	0.30	0.04	51%-75% Below	Yes	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	6	30.00	1.64	0.04	26%-50% Above	Yes	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	4	30.00	1.54	0.03	51%-75% Above	Yes	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	5	90.00	0.90	0.03	51%-75% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	6	30.00	0.30	0.03	51%-75% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	6	30.00	1.54	0.03	51%-75% Above	Yes	No
50111078710	AZITHROMYCIN 250 MG TABLET	6	6.00	5.79	0.48	101%-200% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	4	6.00	4.28	0.52	26%-50% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	4	6.00	5.88	0.52	76%-100% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	5	6.00	3.98	0.50	26%-50% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	5	6.00	4.07	0.50	26%-50% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	5	6.00	4.28	0.50	26%-50% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	6	6.00	3.98	0.48	26%-50% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	6	6.00	4.07	0.48	26%-50% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	6	6.00	4.28	0.48	26%-50% Above	No	No
50111078766	AZITHROMYCIN 250 MG TABLET	4	6.00	3.98	0.52	26%-50% Above	No	No
50111078766	AZITHROMYCIN 250 MG TABLET	6	6.00	4.19	0.48	26%-50% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	5	2.00	3.58	1.01	76%-100% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	6	15.00	9.86	0.92	26%-50% Below	No	No
50111091701	TORSEMIDE 20 MG TABLET	4	90.00	4.99	0.09	26%-50% Below	No	No
50111091801	TORSEMIDE 100 MG TABLET	6	45.00	12.49	0.23	10%-25% Above	No	No
50228010710	METFORMIN HCL 1,000 MG TABLET	5	180.00	6.39	0.03	10%-25% Above	No	No
50228012405	CLOPIDOGREL 75 MG TABLET	5	30.00	4.06	0.07	76%-100% Above	No	No
50228012405	CLOPIDOGREL 75 MG TABLET	6	30.00	4.06	0.06	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50228013690	LEVOCETIRIZINE 5 MG TABLET	4	30.00	4.90	0.08	101%-200% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	5	30.00	6.90	0.07	200% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	5	90.00	13.76	0.07	101%-200% Above	Yes	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	6	30.00	6.90	0.07	200% Above	No	No
50228014601	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	30.00	3.02	0.04	101%-200% Above	No	No
50228014601	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	30.00	3.02	0.04	101%-200% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	90.00	5.12	0.04	51%-75% Above	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	90.00	8.67	0.04	101%-200% Above	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	90.00	6.31	0.04	76%-100% Above	Yes	No
50228017505	BUPROPION HCL SR 150 MG TABLET	5	30.00	6.90	0.12	76%-100% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	6	30.00	6.90	0.12	76%-100% Above	No	No
50228017801	GABAPENTIN 800 MG TABLET	4	30.00	6.99	0.13	76%-100% Above	No	No
50228017801	GABAPENTIN 800 MG TABLET	4	90.00	0.90	0.13	76%-100% Below	No	No
50228017801	GABAPENTIN 800 MG TABLET	5	30.00	3.08	0.13	10%-25% Below	No	No
50228042360	RANOLAZINE ER 500 MG TABLET	4	60.00	14.97	0.36	26%-50% Below	No	No
50228042360	RANOLAZINE ER 500 MG TABLET	5	60.00	14.97	0.36	26%-50% Below	No	No
50228042360	RANOLAZINE ER 500 MG TABLET	6	60.00	14.50	0.34	26%-50% Below	No	No
50228043605	NAPROXEN 500 MG TABLET	5	60.00	6.90	0.08	26%-50% Above	No	No
50228043605	NAPROXEN 500 MG TABLET	6	60.00	6.90	0.08	26%-50% Above	No	No
50228046501	NABUMETONE 500 MG TABLET	6	60.00	19.99	0.23	26%-50% Above	No	No
50383004224	PREDNISOLONE 15 MG/5 ML SOLN	4	50.00	14.99	0.10	101%-200% Above	No	No
50383004248	PREDNISOLONE 15 MG/5 ML SOLN	4	18.00	6.43	0.04	200% Above	No	No
50383004248	PREDNISOLONE 15 MG/5 ML SOLN	5	18.00	6.40	0.04	200% Above	No	No
50383004248	PREDNISOLONE 15 MG/5 ML SOLN	5	20.00	4.67	0.04	200% Above	Yes	No
50383004248	PREDNISOLONE 15 MG/5 ML SOLN	5	30.00	0.30	0.04	76%-100% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50383004248	PREDNISOLONE 15 MG/5 ML SOLN	6	18.00	6.40	0.04	200% Above	No	No
50383026715	CLOBETASOL 0.05% CREAM	5	15.00	6.20	0.75	26%-50% Below	No	No
50383070016	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	6.90	0.30	26%-50% Above	No	No
50383070016	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	14.95	0.30	200% Above	No	No
50383070016	FLUTICASONE PROP 50 MCG SPRAY	6	16.00	3.29	0.30	26%-50% Below	No	No
50383070016	FLUTICASONE PROP 50 MCG SPRAY	6	16.00	14.95	0.30	200% Above	No	No
50458058701	CONCERTA ER 54 MG TABLET	4	30.00	339.55	13.31	10%-25% Below	Yes	No
50458058701	CONCERTA ER 54 MG TABLET	5	30.00	339.55	13.31	10%-25% Below	Yes	No
50458058701	CONCERTA ER 54 MG TABLET	6	30.00	339.55	13.31	10%-25% Below	Yes	No
50742014201	METHENAMINE HIPPI 1 GM TABLET	4	60.00	41.11	1.14	26%-50% Below	No	No
50742014201	METHENAMINE HIPPI 1 GM TABLET	6	60.00	41.11	1.04	26%-50% Below	No	No
50742023301	ACETAZOLAMIDE ER 500 MG CAP	4	60.00	17.78	0.43	26%-50% Below	No	No
50742023301	ACETAZOLAMIDE ER 500 MG CAP	6	60.00	17.78	0.47	26%-50% Below	No	No
50742026003	NIFEDIPINE ER 30 MG TABLET	6	90.00	12.49	0.21	26%-50% Below	No	No
50742026201	NIFEDIPINE ER 90 MG TABLET	4	90.00	29.99	0.47	26%-50% Below	No	No
50742061501	METOPROLOL SUCC ER 25 MG TAB	5	30.00	4.90	0.10	51%-75% Above	No	No
50742061501	METOPROLOL SUCC ER 25 MG TAB	6	30.00	4.90	0.10	51%-75% Above	No	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	4	30.00	4.99	0.10	51%-75% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	5	90.00	12.49	0.10	26%-50% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	6	90.00	12.49	0.10	26%-50% Above	Yes	No
50742061605	METOPROLOL SUCC ER 50 MG TAB	4	30.00	4.90	0.10	51%-75% Above	No	No
50742061605	METOPROLOL SUCC ER 50 MG TAB	5	30.00	4.90	0.11	26%-50% Above	No	No
50742061605	METOPROLOL SUCC ER 50 MG TAB	5	30.00	6.90	0.11	101%-200% Above	No	No
50742061605	METOPROLOL SUCC ER 50 MG TAB	6	30.00	6.90	0.10	101%-200% Above	No	No
50742061605	METOPROLOL SUCC ER 50 MG TAB	6	90.00	12.40	0.10	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50742061610	METOPROLOL SUCC ER 50 MG TAB	4	30.00	4.99	0.10	51%-75% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	5	30.00	0.30	0.11	76%-100% Below	No	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	6	30.00	0.30	0.10	76%-100% Below	No	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	6	30.00	4.99	0.10	51%-75% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	6	90.00	23.99	0.10	101%-200% Above	No	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	6	30.00	6.99	0.16	26%-50% Above	Yes	No
50742062101	NIFEDIPINE ER 60 MG TABLET	4	90.00	29.99	0.25	26%-50% Above	No	No
50742062101	NIFEDIPINE ER 60 MG TABLET	6	90.00	0.90	0.23	76%-100% Below	Yes	No
50742065601	CARISOPRODOL 350 MG TABLET	5	90.00	6.99	0.07	10%-25% Above	Yes	No
50742065601	CARISOPRODOL 350 MG TABLET	6	90.00	6.99	0.06	10%-25% Above	Yes	No
50742065728	ESTRADIOL-NORETH 1-0.5 MG TAB	4	28.00	19.99	1.85	51%-75% Below	No	No
50742065728	ESTRADIOL-NORETH 1-0.5 MG TAB	5	28.00	19.99	1.66	51%-75% Below	No	No
50742065728	ESTRADIOL-NORETH 1-0.5 MG TAB	5	28.00	30.23	1.66	26%-50% Below	No	No
50742065728	ESTRADIOL-NORETH 1-0.5 MG TAB	6	28.00	19.99	1.80	51%-75% Below	No	No
50742065728	ESTRADIOL-NORETH 1-0.5 MG TAB	6	28.00	29.58	1.80	26%-50% Below	No	No
51224000160	BENZONATATE 200 MG CAPSULE	4	30.00	7.85	0.14	76%-100% Above	No	No
51224000760	METFORMIN HCL ER 500 MG TABLET	5	60.00	1.31	0.04	26%-50% Below	No	No
51224000760	METFORMIN HCL ER 500 MG TABLET	6	90.00	4.10	0.04	10%-25% Above	No	No
51224001050	BENZONATATE 100 MG CAPSULE	4	45.00	4.99	0.09	10%-25% Above	No	No
51224002160	GABAPENTIN 600 MG TABLET	4	90.00	6.59	0.10	26%-50% Below	No	No
51224002160	GABAPENTIN 600 MG TABLET	5	90.00	6.59	0.11	26%-50% Below	No	No
51224002160	GABAPENTIN 600 MG TABLET	5	90.00	6.99	0.11	26%-50% Below	No	No
51224002160	GABAPENTIN 600 MG TABLET	5	120.00	8.78	0.11	26%-50% Below	No	No
51224002160	GABAPENTIN 600 MG TABLET	6	90.00	6.59	0.10	26%-50% Below	No	No
51224002160	GABAPENTIN 600 MG TABLET	6	90.00	6.99	0.10	10%-25% Below	No	No



# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
51224002160	GABAPENTIN 600 MG TABLET	6	120.00	8.78	0.10	26%-50% Below	No	No
51224010750	METFORMIN HCL ER 750 MG TABLET	6	60.00	7.31	0.08	26%-50% Above	No	No
51224012250	AZITHROMYCIN 500 MG TABLET	4	5.00	6.60	1.04	26%-50% Above	No	No
51224012250	AZITHROMYCIN 500 MG TABLET	5	2.00	8.66	1.01	200% Above	No	No
51293061201	PHENAZOPYRIDINE 200 MG TAB	6	10.00	4.90	0.63	10%-25% Below	No	No
51293062501	PHENOBARBITAL 16.2 MG TABLET	5	30.00	12.56	0.26	51%-75% Above	No	No
51293062510	PHENOBARBITAL 16.2 MG TABLET	5	30.00	12.79	0.26	51%-75% Above	No	No
51293062510	PHENOBARBITAL 16.2 MG TABLET	6	30.00	12.79	0.23	76%-100% Above	No	No
51293062510	PHENOBARBITAL 16.2 MG TABLET	6	90.00	14.99	0.23	26%-50% Below	No	No
51293082001	METHIMAZOLE 5 MG TABLET	5	30.00	1.62	0.08	26%-50% Below	No	No
51293082001	METHIMAZOLE 5 MG TABLET	6	30.00	1.62	0.08	26%-50% Below	No	No
51660052601	ALLERGY (LORATADINE) 10 MG TAB	5	90.00	3.72	0.06	26%-50% Below	Yes	No
51660052601	ALLERGY (LORATADINE) 10 MG TAB	6	90.00	3.72	0.06	26%-50% Below	Yes	No
51660052605	ALLERGY (LORATADINE) 10 MG TAB	4	30.00	1.96	0.06	10%-25% Above	No	No
51660052605	ALLERGY (LORATADINE) 10 MG TAB	6	30.00	2.54	0.06	26%-50% Above	No	No
51672126906	BETAMETHASONE VA 0.1% CREAM	5	45.00	16.61	0.54	26%-50% Below	No	No
51672128202	TRIAMCINOLONE 0.1% CREAM	5	30.00	5.27	0.14	26%-50% Above	No	No
51672128202	TRIAMCINOLONE 0.1% CREAM	6	30.00	5.27	0.14	10%-25% Above	No	No
51672129303	CLOBETASOL 0.05% SOLUTION	5	50.00	9.99	0.46	51%-75% Below	No	No
51672129303	CLOBETASOL 0.05% SOLUTION	6	50.00	19.94	0.46	10%-25% Below	No	No
51672130200	TERCONAZOLE 0.8% CREAM	5	20.00	0.20	1.42	76%-100% Below	Yes	No
51672130200	TERCONAZOLE 0.8% CREAM	6	20.00	19.25	1.24	10%-25% Below	No	No
51672130406	TERCONAZOLE 0.4% CREAM	6	45.00	9.99	0.60	51%-75% Below	Yes	No
51672130406	TERCONAZOLE 0.4% CREAM	6	45.00	14.99	0.60	26%-50% Below	Yes	No
51672131200	MUPIROCIN 2% OINTMENT	5	22.00	7.86	0.19	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
51672131200	MUPIROCIN 2% OINTMENT	6	22.00	4.90	0.16	26%-50% Above	No	No
51672210208	CETIRIZINE HCL 1 MG/ML SOLN	6	100.00	7.13	0.03	101%-200% Above	No	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	4	120.00	5.78	0.04	26%-50% Above	Yes	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	4	120.00	8.71	0.04	76%-100% Above	No	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	4	300.00	3.00	0.04	51%-75% Below	No	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	6	75.00	0.75	0.04	51%-75% Below	No	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	6	75.00	3.89	0.04	26%-50% Above	Yes	No
51672300302	HYDROCORTISONE 2.5% CREAM	6	56.70	7.95	0.09	51%-75% Above	No	No
51672401801	ETODOLAC 400 MG TABLET	4	60.00	0.60	0.36	76%-100% Below	Yes	No
51672401801	ETODOLAC 400 MG TABLET	6	60.00	11.12	0.36	26%-50% Below	No	No
51672403701	ENALAPRIL MALEATE 2.5 MG TAB	4	30.00	4.90	0.13	10%-25% Above	No	No
51672403701	ENALAPRIL MALEATE 2.5 MG TAB	5	30.00	4.90	0.12	26%-50% Above	No	No
51672403701	ENALAPRIL MALEATE 2.5 MG TAB	6	30.00	4.90	0.11	26%-50% Above	No	No
51672403901	ENALAPRIL MALEATE 10 MG TAB	5	30.00	4.90	0.15	10%-25% Above	No	No
51672403901	ENALAPRIL MALEATE 10 MG TAB	6	30.00	4.90	0.14	10%-25% Above	No	No
51672404601	ENALAPRIL-HYDROCHLOROTHIAZIDE 10-25 MG TABLET	5	30.00	6.59	0.18	10%-25% Above	Yes	No
51672404601	ENALAPRIL-HYDROCHLOROTHIAZIDE 10-25 MG TABLET	5	60.00	6.90	0.18	26%-50% Below	No	No
51672404601	ENALAPRIL-HYDROCHLOROTHIAZIDE 10-25 MG TABLET	6	30.00	6.59	0.18	10%-25% Above	Yes	No
51672404601	ENALAPRIL-HYDROCHLOROTHIAZIDE 10-25 MG TABLET	6	60.00	6.90	0.18	26%-50% Below	No	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	5	30.00	9.99	0.25	26%-50% Above	Yes	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	6	15.00	2.37	0.25	26%-50% Below	Yes	No
51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM	5	45.00	6.00	0.19	26%-50% Below	No	No
51672411806	FLUOROURACIL 5% CREAM	6	40.00	46.74	1.81	26%-50% Below	No	No
51672529404	MALATHION 0.5% LOTION	4	59.00	0.59	3.55	76%-100% Below	Yes	No
51862006301	DIAZEPAM 5 MG TABLET	4	60.00	1.78	0.03	10%-25% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
51862006301	DIAZEPAM 5 MG TABLET	6	60.00	1.78	0.02	10%-25% Above	No	No
51862031803	NECON 0.5-35-28 TABLET	4	28.00	11.23	0.70	26%-50% Below	No	No
51862031803	NECON 0.5-35-28 TABLET	5	28.00	11.23	0.57	26%-50% Below	No	No
51862031803	NECON 0.5-35-28 TABLET	6	28.00	11.23	0.61	26%-50% Below	No	No
51862032001	LIOTHYRONINE SOD 5 MCG TAB	4	30.00	14.26	0.55	10%-25% Below	Yes	No
51862032001	LIOTHYRONINE SOD 5 MCG TAB	5	30.00	14.26	0.54	10%-25% Below	Yes	No
51862032001	LIOTHYRONINE SOD 5 MCG TAB	6	30.00	14.26	0.42	10%-25% Above	Yes	No
51862033305	ESTRADIOL 1 MG TABLET	5	90.00	10.95	0.10	10%-25% Above	Yes	No
51862033305	ESTRADIOL 1 MG TABLET	6	30.00	3.96	0.10	10%-25% Above	No	No
51862033305	ESTRADIOL 1 MG TABLET	6	30.00	4.31	0.10	26%-50% Above	No	No
51862033401	ESTRADIOL 2 MG TABLET	4	15.00	3.01	0.16	10%-25% Above	No	No
51862033401	ESTRADIOL 2 MG TABLET	5	30.00	4.90	0.14	10%-25% Above	No	No
51862033401	ESTRADIOL 2 MG TABLET	6	15.00	3.01	0.15	26%-50% Above	No	No
51862033401	ESTRADIOL 2 MG TABLET	6	30.00	3.04	0.15	26%-50% Below	No	No
51862048601	TRIMETHOPRIM 100 MG TABLET	4	12.00	0.12	0.29	76%-100% Below	Yes	No
51862048601	TRIMETHOPRIM 100 MG TABLET	5	12.00	0.12	0.28	76%-100% Below	Yes	No
51862048601	TRIMETHOPRIM 100 MG TABLET	6	12.00	0.12	0.26	76%-100% Below	Yes	No
51862053516	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	200.00	2.00	0.06	76%-100% Below	Yes	No
51862053516	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	6	180.00	14.90	0.07	10%-25% Above	No	No
51862056406	LOW-OGESTREL-28 TABLET	5	28.00	0.28	0.45	76%-100% Below	Yes	No
51862088403	CAMILA 0.35 MG TABLET	5	84.00	8.69	0.22	51%-75% Below	Yes	No
51862094205	DIAZEPAM 5 MG TABLET	5	1.00	0.01	0.03	51%-75% Below	No	No
51991029301	OXCARBAZEPINE 300 MG TABLET	4	180.00	21.65	0.21	26%-50% Below	No	No
51991029401	OXCARBAZEPINE 600 MG TABLET	6	30.00	7.69	0.41	26%-50% Below	No	No
51991062328	ESTRADIOL-NORETH 0.5-0.1 MG TB	5	28.00	14.99	2.14	51%-75% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
51991070510	ALPRAZOLAM 0.5 MG TABLET	5	40.00	0.70	0.02	26%-50% Below	No	No
51991070510	ALPRAZOLAM 0.5 MG TABLET	6	40.00	0.70	0.02	26%-50% Below	No	No
51991070605	ALPRAZOLAM 1 MG TABLET	4	60.00	2.28	0.03	26%-50% Above	No	No
51991070605	ALPRAZOLAM 1 MG TABLET	5	60.00	2.28	0.03	26%-50% Above	No	No
51991070605	ALPRAZOLAM 1 MG TABLET	6	60.00	2.28	0.03	26%-50% Above	No	No
51991070610	ALPRAZOLAM 1 MG TABLET	4	30.00	2.52	0.03	200% Above	No	No
51991070610	ALPRAZOLAM 1 MG TABLET	5	30.00	2.52	0.03	200% Above	No	No
51991070610	ALPRAZOLAM 1 MG TABLET	6	30.00	2.52	0.03	200% Above	No	No
51991074790	DULOXETINE HCL DR 30 MG CAP	4	30.00	14.99	0.14	200% Above	Yes	No
51991074790	DULOXETINE HCL DR 30 MG CAP	4	90.00	44.99	0.14	200% Above	Yes	No
51991074890	DULOXETINE HCL DR 60 MG CAP	4	60.00	6.99	0.13	10%-25% Below	Yes	No
51991074890	DULOXETINE HCL DR 60 MG CAP	5	30.00	14.99	0.15	200% Above	Yes	No
51991074890	DULOXETINE HCL DR 60 MG CAP	5	60.00	6.99	0.15	10%-25% Below	Yes	No
51991074890	DULOXETINE HCL DR 60 MG CAP	6	30.00	14.99	0.14	200% Above	Yes	No
51991074890	DULOXETINE HCL DR 60 MG CAP	6	60.00	6.99	0.14	10%-25% Below	Yes	No
51991081403	AZELASTINE 0.1% (137 MCG) SPRY	4	30.00	6.99	0.33	26%-50% Below	Yes	No
51991081403	AZELASTINE 0.1% (137 MCG) SPRY	6	30.00	0.30	0.35	76%-100% Below	Yes	No
51991081403	AZELASTINE 0.1% (137 MCG) SPRY	6	90.00	50.21	0.35	51%-75% Above	Yes	No
51991081901	PROPRANOLOL ER 120 MG CAPSULE	5	7.00	14.86	0.47	200% Above	No	No
51991081901	PROPRANOLOL ER 120 MG CAPSULE	6	30.00	14.99	0.45	10%-25% Above	No	No
51991082001	PROPRANOLOL ER 160 MG CAPSULE	4	90.00	44.99	0.78	26%-50% Below	Yes	No
51991082001	PROPRANOLOL ER 160 MG CAPSULE	7	90.00	44.99	0.85	26%-50% Below	Yes	No
52817018000	CLONIDINE HCL 0.1 MG TABLET	4	93.00	5.68	0.03	101%-200% Above	No	No
52817018000	CLONIDINE HCL 0.1 MG TABLET	5	30.00	1.49	0.03	51%-75% Above	No	No
52817018000	CLONIDINE HCL 0.1 MG TABLET	6	30.00	1.49	0.03	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
52817018000	CLONIDINE HCL 0.1 MG TABLET	6	60.00	2.32	0.03	26%-50% Above	No	No
52817021010	CYPROHEPTADINE 4 MG TABLET	5	60.00	14.90	0.13	76%-100% Above	No	No
52817021010	CYPROHEPTADINE 4 MG TABLET	6	60.00	14.90	0.10	101%-200% Above	No	No
52817033010	CYCLOBENZAPRINE 5 MG TABLET	6	30.00	1.92	0.03	76%-100% Above	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	4	30.00	5.58	0.03	200% Above	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	5	60.00	1.11	0.03	26%-50% Below	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	7	60.00	1.61	0.03	10%-25% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	5	20.00	1.16	0.03	101%-200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	5	90.00	1.46	0.03	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	5	90.00	2.93	0.03	10%-25% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	5	90.00	3.02	0.03	10%-25% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	5	90.00	6.90	0.03	101%-200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	6	15.00	1.12	0.03	101%-200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	6	20.00	1.16	0.03	101%-200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	6	30.00	1.41	0.03	76%-100% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	6	30.00	4.26	0.03	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	6	90.00	2.93	0.03	26%-50% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	6	90.00	3.02	0.03	26%-50% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	6	90.00	6.90	0.03	200% Above	No	No
52817033250	CYCLOBENZAPRINE 10 MG TABLET	5	21.00	2.38	0.03	200% Above	No	No
52817036000	METOPROLOL TARTRATE 25 MG TAB	5	180.00	5.53	0.02	26%-50% Above	No	No
52817036000	METOPROLOL TARTRATE 25 MG TAB	6	180.00	5.76	0.02	26%-50% Above	No	No
52817036100	METOPROLOL TARTRATE 50 MG TAB	5	60.00	1.91	0.02	26%-50% Above	No	No
52817036100	METOPROLOL TARTRATE 50 MG TAB	6	60.00	1.91	0.02	26%-50% Above	No	No
52817036200	METOPROLOL TARTRATE 100 MG TAB	5	30.00	1.61	0.04	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
52817036200	METOPROLOL TARTRATE 100 MG TAB	6	30.00	1.61	0.04	26%-50% Above	No	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	5	20.00	6.99	0.18	76%-100% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	5	60.00	4.99	0.18	51%-75% Below	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	6	14.00	4.99	0.19	76%-100% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	6	14.00	6.90	0.19	101%-200% Above	No	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	6	28.00	0.28	0.19	76%-100% Below	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	6	60.00	6.99	0.19	26%-50% Below	Yes	No
53489012002	DOXYCYCLINE HYCLATE 100 MG TAB	5	14.00	9.99	0.15	200% Above	No	No
53489012002	DOXYCYCLINE HYCLATE 100 MG TAB	5	20.00	14.99	0.15	200% Above	No	No
53489014310	SPIRONOLACTONE 25 MG TABLET	5	30.00	1.01	0.06	26%-50% Below	No	No
53489014310	SPIRONOLACTONE 25 MG TABLET	6	30.00	1.01	0.06	26%-50% Below	No	No
53489014401	SPIRONOLACTONE-HYDROCHLOROTHIAZIDE 25-25 TAB	4	30.00	12.28	0.75	26%-50% Below	No	No
53489014405	SPIRONOLACTONE-HYDROCHLOROTHIAZIDE 25-25 TAB	5	30.00	11.86	0.70	26%-50% Below	No	No
53489055301	PROPAFENONE HCL 300 MG TAB	5	90.00	35.06	0.66	26%-50% Below	No	No
53489055301	PROPAFENONE HCL 300 MG TAB	6	90.00	34.09	0.76	26%-50% Below	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	10.00	0.10	0.10	76%-100% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	15.00	3.65	0.10	101%-200% Above	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	16.00	4.43	0.10	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	20.00	5.26	0.10	101%-200% Above	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	30.00	6.90	0.10	101%-200% Above	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	40.00	6.90	0.10	76%-100% Above	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	90.00	6.99	0.10	10%-25% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	10.00	3.17	0.10	200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	40.00	9.88	0.10	101%-200% Above	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	45.00	0.45	0.10	76%-100% Below	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	5.00	1.89	0.09	200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	10.00	3.05	0.09	200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	20.00	0.20	0.09	76%-100% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	6.00	2.03	0.10	200% Above	No	No
53746010905	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	20.00	5.26	0.10	101%-200% Above	No	No
53746010905	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	12.00	0.84	0.09	10%-25% Below	No	No
53746011005	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	75.00	6.92	0.13	26%-50% Below	No	No
53746011005	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	100.00	9.22	0.14	26%-50% Below	No	No
53746011005	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	100.00	9.22	0.13	26%-50% Below	No	No
53746011005	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	120.00	9.84	0.14	26%-50% Below	No	No
53746051101	SPIRONOLACTONE 25 MG TABLET	5	30.00	0.30	0.06	76%-100% Below	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	6	90.00	3.38	0.06	26%-50% Below	Yes	No
53746051105	SPIRONOLACTONE 25 MG TABLET	6	90.00	10.02	0.06	76%-100% Above	No	No
53746051401	SPIRONOLACTONE 50 MG TABLET	5	270.00	29.99	0.14	10%-25% Below	No	No
53746051501	SPIRONOLACTONE 100 MG TABLET	4	60.00	0.99	0.22	76%-100% Below	No	No
53746051501	SPIRONOLACTONE 100 MG TABLET	5	60.00	0.99	0.23	76%-100% Below	No	No
53746051501	SPIRONOLACTONE 100 MG TABLET	5	90.00	29.99	0.23	26%-50% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	5	180.00	46.01	0.23	10%-25% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	6	60.00	0.99	0.22	76%-100% Below	No	No
53746051501	SPIRONOLACTONE 100 MG TABLET	6	180.00	46.01	0.22	10%-25% Above	Yes	No
53746054401	PRIMIDONE 50 MG TABLET	4	120.00	13.24	0.16	26%-50% Below	No	No
53746054401	PRIMIDONE 50 MG TABLET	5	120.00	13.24	0.17	26%-50% Below	No	No
53746054401	PRIMIDONE 50 MG TABLET	6	120.00	13.24	0.16	26%-50% Below	No	No
53746061705	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	5	40.00	0.40	0.12	76%-100% Below	Yes	No
53746066901	ACEBUTOLOL 200 MG CAPSULE	4	30.00	14.02	0.61	10%-25% Below	No	No

## NADAC Summary Report

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53746066901	ACEBUTOLOL 200 MG CAPSULE	5	30.00	14.02	0.59	10%-25% Below	No	No
54092038701	ADDERALL XR 20 MG CAPSULE	4	60.00	348.74	6.82	10%-25% Below	Yes	No
54092038701	ADDERALL XR 20 MG CAPSULE	5	30.00	174.37	6.82	10%-25% Below	Yes	No
54092038701	ADDERALL XR 20 MG CAPSULE	5	60.00	348.74	6.82	10%-25% Below	Yes	No
54092038701	ADDERALL XR 20 MG CAPSULE	6	30.00	174.37	6.82	10%-25% Below	Yes	No
54092038901	ADDERALL XR 25 MG CAPSULE	6	30.00	174.37	6.84	10%-25% Below	Yes	No
54838050280	HYDROXYZINE 10 MG/5 ML SYRUP	6	100.00	6.99	0.06	10%-25% Above	Yes	No
54838055240	CHILD CETIRIZINE HCL 1 MG/ML	5	120.00	8.56	0.03	101%-200% Above	No	No
54838055840	LORATADINE ALLERGY 5 MG/5 ML	4	150.00	9.40	0.04	51%-75% Above	No	No
54838055840	LORATADINE ALLERGY 5 MG/5 ML	6	150.00	9.40	0.04	51%-75% Above	No	No
55111012105	ATORVASTATIN 10 MG TABLET	4	30.00	0.30	0.04	51%-75% Below	No	No
55111012105	ATORVASTATIN 10 MG TABLET	5	30.00	0.30	0.04	51%-75% Below	No	No
55111012105	ATORVASTATIN 10 MG TABLET	6	30.00	0.30	0.04	51%-75% Below	No	No
55111012205	ATORVASTATIN 20 MG TABLET	5	90.00	0.90	0.06	76%-100% Below	No	No
55111012205	ATORVASTATIN 20 MG TABLET	6	90.00	0.90	0.05	76%-100% Below	No	No
55111012405	ATORVASTATIN 80 MG TABLET	4	30.00	5.53	0.10	76%-100% Above	No	No
55111012405	ATORVASTATIN 80 MG TABLET	5	30.00	5.53	0.10	76%-100% Above	No	No
55111012405	ATORVASTATIN 80 MG TABLET	6	30.00	7.71	0.10	101%-200% Above	No	No
55111012705	CIPROFLOXACIN HCL 500 MG TAB	4	10.00	2.32	0.14	51%-75% Above	No	No
55111012705	CIPROFLOXACIN HCL 500 MG TAB	4	20.00	3.90	0.14	26%-50% Above	No	No
55111012705	CIPROFLOXACIN HCL 500 MG TAB	5	14.00	2.92	0.14	26%-50% Above	No	No
55111012705	CIPROFLOXACIN HCL 500 MG TAB	6	14.00	3.41	0.15	51%-75% Above	No	No
55111012705	CIPROFLOXACIN HCL 500 MG TAB	6	20.00	5.56	0.15	76%-100% Above	No	No
55111013781	ZENATANE 40 MG CAPSULE	4	60.00	6.99	3.08	76%-100% Below	No	No
55111013781	ZENATANE 40 MG CAPSULE	6	60.00	6.99	3.04	76%-100% Below	No	No



## NADAC Summary Report

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55111014512	FLUCONAZOLE 150 MG TABLET	5	2.00	5.66	0.97	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	6	1.00	0.01	0.87	76%-100% Below	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	6	1.00	3.45	0.87	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	6	2.00	0.02	0.87	76%-100% Below	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	6	3.00	8.16	0.87	200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	4	10.00	8.24	0.08	200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	4	12.00	11.34	0.08	200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	5	15.00	6.99	0.09	200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	5	18.00	0.96	0.09	26%-50% Below	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	6	18.00	4.99	0.08	200% Above	No	No
55111015810	OMEPRAZOLE DR 20 MG CAPSULE	4	30.00	0.30	0.04	51%-75% Below	Yes	No
55111015810	OMEPRAZOLE DR 20 MG CAPSULE	4	30.00	2.91	0.04	101%-200% Above	Yes	No
55111015810	OMEPRAZOLE DR 20 MG CAPSULE	5	30.00	2.91	0.04	101%-200% Above	Yes	No
55111015810	OMEPRAZOLE DR 20 MG CAPSULE	5	90.00	4.18	0.04	10%-25% Above	Yes	No
55111015810	OMEPRAZOLE DR 20 MG CAPSULE	5	90.00	7.25	0.04	101%-200% Above	Yes	No
55111015810	OMEPRAZOLE DR 20 MG CAPSULE	6	30.00	2.91	0.04	101%-200% Above	Yes	No
55111016730	OLANZAPINE 15 MG TABLET	5	30.00	8.99	0.16	76%-100% Above	No	No
55111016730	OLANZAPINE 15 MG TABLET	6	30.00	8.99	0.16	76%-100% Above	No	No
55111017915	TIZANIDINE HCL 2 MG TABLET	5	30.00	7.51	0.06	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	4	30.00	9.06	0.05	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	5	30.00	1.01	0.06	26%-50% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	5	30.00	3.00	0.06	76%-100% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	5	30.00	9.06	0.06	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	5	45.00	6.90	0.06	101%-200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	6	30.00	9.06	0.05	200% Above	No	No

## NADAC Summary Report

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55111018010	TIZANIDINE HCL 4 MG TABLET	6	45.00	6.90	0.05	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	4	30.00	4.99	0.05	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	4	45.00	4.99	0.05	101%-200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	4	60.00	0.60	0.05	76%-100% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	4	90.00	4.99	0.05	10%-25% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	5	20.00	4.99	0.06	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	5	30.00	4.99	0.06	101%-200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	5	30.00	7.59	0.06	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	5	30.00	9.15	0.06	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	5	60.00	0.60	0.06	76%-100% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	6	20.00	7.87	0.05	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	6	30.00	7.59	0.05	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	6	30.00	9.15	0.05	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	6	45.00	4.99	0.05	101%-200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	6	60.00	0.60	0.05	76%-100% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	6	90.00	4.90	0.05	10%-25% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	6	90.00	4.99	0.05	10%-25% Above	No	No
55111019605	CLOPIDOGREL 75 MG TABLET	5	21.00	3.12	0.07	101%-200% Above	No	No
55111023190	PRAVASTATIN SODIUM 40 MG TAB	5	90.00	5.85	0.09	26%-50% Below	No	No
55111028050	LEVOFLOXACIN 500 MG TABLET	5	5.00	2.20	0.21	101%-200% Above	No	No
55111028130	LEVOFLOXACIN 750 MG TABLET	6	10.00	5.33	0.40	26%-50% Above	Yes	No
55111029136	SUMATRIPTAN SUCC 25 MG TABLET	6	10.00	13.72	0.69	76%-100% Above	Yes	No
55111029209	SUMATRIPTAN SUCC 50 MG TABLET	6	10.00	12.24	0.56	101%-200% Above	No	No
55111029236	SUMATRIPTAN SUCC 50 MG TABLET	5	12.00	0.12	0.55	76%-100% Below	Yes	No
55111029236	SUMATRIPTAN SUCC 50 MG TABLET	6	12.00	0.12	0.56	76%-100% Below	Yes	No

## NADAC Summary Report

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55111029298	SUMATRIPTAN SUCC 50 MG TABLET	5	9.00	9.95	0.55	76%-100% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	6	9.00	9.95	0.56	76%-100% Above	No	No
55111029336	SUMATRIPTAN SUCC 100 MG TABLET	4	9.00	11.15	0.58	101%-200% Above	No	No
55111029336	SUMATRIPTAN SUCC 100 MG TABLET	5	9.00	11.15	0.60	101%-200% Above	No	No
55111029336	SUMATRIPTAN SUCC 100 MG TABLET	6	9.00	11.15	0.60	101%-200% Above	No	No
55111032001	GLIMEPIRIDE 1 MG TABLET	4	60.00	4.99	0.04	76%-100% Above	No	No
55111032001	GLIMEPIRIDE 1 MG TABLET	6	60.00	4.99	0.05	76%-100% Above	No	No
55111032005	GLIMEPIRIDE 1 MG TABLET	4	30.00	2.99	0.04	101%-200% Above	No	No
55111032005	GLIMEPIRIDE 1 MG TABLET	5	30.00	2.99	0.04	101%-200% Above	No	No
55111032005	GLIMEPIRIDE 1 MG TABLET	6	30.00	3.11	0.05	101%-200% Above	No	No
55111032101	GLIMEPIRIDE 2 MG TABLET	6	90.00	12.49	0.06	101%-200% Above	Yes	No
55111032105	GLIMEPIRIDE 2 MG TABLET	5	60.00	4.99	0.06	26%-50% Above	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	5	60.00	6.90	0.06	76%-100% Above	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	6	30.00	2.65	0.06	26%-50% Above	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	6	60.00	4.99	0.06	26%-50% Above	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	6	60.00	6.90	0.06	76%-100% Above	No	No
55111032201	GLIMEPIRIDE 4 MG TABLET	4	180.00	30.64	0.05	200% Above	Yes	No
55111032205	GLIMEPIRIDE 4 MG TABLET	4	60.00	4.90	0.05	26%-50% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	5	60.00	4.90	0.06	26%-50% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	5	135.00	12.49	0.06	51%-75% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	6	60.00	4.90	0.05	51%-75% Above	No	No
55111033390	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	1.36	0.06	26%-50% Below	No	No
55111033390	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	1.36	0.06	10%-25% Below	No	No
55111033390	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	11.94	0.06	101%-200% Above	No	No
55111033901	AMLODIPINE-BENAZEPRIL 5-10 MG	5	30.00	6.90	0.13	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
55111033901	AMLODIPINE-BENAZEPRIL 5-10 MG	6	30.00	2.83	0.13	26%-50% Below	No	No
55111034001	AMLODIPINE-BENAZEPRIL 5-20 MG	5	30.00	4.90	0.14	10%-25% Above	No	No
55111034001	AMLODIPINE-BENAZEPRIL 5-20 MG	6	30.00	2.52	0.14	26%-50% Below	No	No
55111039830	LANSOPRAZOLE DR 15 MG CAPSULE	5	30.00	14.99	0.39	26%-50% Above	No	No
55111039830	LANSOPRAZOLE DR 15 MG CAPSULE	6	30.00	14.99	0.33	26%-50% Above	No	No
55111052230	ATOMOXETINE HCL 60 MG CAPSULE	4	30.00	38.18	1.58	10%-25% Below	No	No
55111052230	ATOMOXETINE HCL 60 MG CAPSULE	6	30.00	38.18	1.50	10%-25% Below	No	No
55111062930	ESZOPICLONE 1 MG TABLET	5	30.00	6.90	0.17	26%-50% Above	No	No
55111062930	ESZOPICLONE 1 MG TABLET	6	30.00	6.90	0.18	26%-50% Above	No	No
55111062930	ESZOPICLONE 1 MG TABLET	7	30.00	6.90	0.17	26%-50% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	5	90.00	16.47	0.06	101%-200% Above	No	No
55111065001	METAXALONE 800 MG TABLET	5	30.00	14.99	0.80	26%-50% Below	No	No
55111072510	MONTELUKAST SOD 10 MG TABLET	4	30.00	6.90	0.08	200% Above	No	No
55111072530	MONTELUKAST SOD 10 MG TABLET	5	30.00	6.90	0.07	200% Above	No	No
55111072530	MONTELUKAST SOD 10 MG TABLET	6	30.00	6.90	0.08	101%-200% Above	No	No
55111072901	ALLOPURINOL 100 MG TABLET	4	30.00	6.99	0.06	200% Above	Yes	No
55111072901	ALLOPURINOL 100 MG TABLET	5	30.00	6.99	0.07	200% Above	Yes	No
55111072901	ALLOPURINOL 100 MG TABLET	6	30.00	6.99	0.06	200% Above	Yes	No
55111072910	ALLOPURINOL 100 MG TABLET	4	30.00	4.90	0.06	101%-200% Above	No	No
55111072910	ALLOPURINOL 100 MG TABLET	5	30.00	1.32	0.07	26%-50% Below	No	No
55111072910	ALLOPURINOL 100 MG TABLET	5	30.00	4.90	0.07	101%-200% Above	No	No
55111072910	ALLOPURINOL 100 MG TABLET	6	30.00	4.90	0.06	101%-200% Above	No	No
55111073005	ALLOPURINOL 300 MG TABLET	5	30.00	12.70	0.10	200% Above	No	No
55111073005	ALLOPURINOL 300 MG TABLET	5	30.00	14.97	0.10	200% Above	No	No
55111073005	ALLOPURINOL 300 MG TABLET	5	90.00	19.21	0.10	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
55111078401	FEXOFENADINE HCL 180 MG TABLET	5	90.00	15.50	0.31	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	5	90.00	18.78	0.31	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	6	90.00	15.50	0.30	26%-50% Below	Yes	No
55111079630	FEBUXOSTAT 40 MG TABLET	6	90.00	83.32	1.11	10%-25% Below	No	No
57237000201	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	90.00	6.31	0.04	76%-100% Above	No	No
57237000299	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	30.00	2.60	0.04	101%-200% Above	No	No
57237000299	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	30.00	2.60	0.04	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	5	1.00	2.69	0.97	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	5	2.00	5.61	0.97	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	1.00	3.45	0.87	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	2.00	1.51	0.87	10%-25% Below	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	2.00	5.61	0.87	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	2.00	5.70	0.87	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	5.00	3.78	0.87	10%-25% Below	No	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	4	30.00	6.99	0.06	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	4	90.00	53.46	0.06	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	5	2.00	1.66	0.07	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.00	0.30	0.07	76%-100% Below	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.00	6.99	0.07	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	6	7.00	3.96	0.06	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.00	0.30	0.06	76%-100% Below	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.00	6.99	0.06	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	6	90.00	13.71	0.06	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	6	90.00	44.19	0.06	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	6	180.00	44.99	0.06	200% Above	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
57237001830	DULOXETINE HCL DR 30 MG CAP	6	180.00	44.99	0.14	76%-100% Above	No	No
57237001930	DULOXETINE HCL DR 60 MG CAP	4	180.00	44.99	0.13	76%-100% Above	No	No
57237001930	DULOXETINE HCL DR 60 MG CAP	5	90.00	8.23	0.15	26%-50% Below	No	No
57237001999	DULOXETINE HCL DR 60 MG CAP	6	30.00	4.99	0.14	10%-25% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	4	30.00	6.99	0.12	76%-100% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	6	20.00	4.59	0.13	51%-75% Above	No	No
57237004101	PENICILLIN VK 500 MG TABLET	6	20.00	4.37	0.10	101%-200% Above	No	No
57237004101	PENICILLIN VK 500 MG TABLET	6	21.00	4.47	0.10	101%-200% Above	No	No
57237004101	PENICILLIN VK 500 MG TABLET	6	28.00	5.83	0.10	101%-200% Above	No	No
57237004105	PENICILLIN VK 500 MG TABLET	6	28.00	3.25	0.10	10%-25% Above	No	No
57237004330	VALACYCLOVIR HCL 1 GRAM TABLET	6	21.00	7.78	0.58	26%-50% Below	No	No
57237006230	FINASTERIDE 5 MG TABLET	5	28.00	9.90	0.08	200% Above	No	No
57237006230	FINASTERIDE 5 MG TABLET	6	28.00	9.90	0.07	200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	6	18.00	4.99	0.09	101%-200% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	4	5.00	1.99	0.23	51%-75% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	5	10.00	3.25	0.23	26%-50% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	5	15.00	4.41	0.23	26%-50% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	5	18.00	4.90	0.23	10%-25% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	5	18.00	5.45	0.23	26%-50% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	6	10.00	3.25	0.23	26%-50% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	6	12.00	3.66	0.23	26%-50% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	6	12.00	3.75	0.23	26%-50% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	6	18.00	4.90	0.23	10%-25% Above	No	No
57237007810	ONDANSETRON ODT 8 MG TABLET	5	18.00	7.49	0.27	51%-75% Above	No	No
57237007810	ONDANSETRON ODT 8 MG TABLET	6	18.00	9.99	0.26	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
57237009960	CEFDINIR 300 MG CAPSULE	4	14.00	4.99	0.50	26%-50% Below	No	No
57237009960	CEFDINIR 300 MG CAPSULE	5	14.00	14.99	0.48	101%-200% Above	No	No
57237010099	METOPROLOL TARTRATE 25 MG TAB	5	60.00	2.25	0.02	51%-75% Above	No	No
57237010099	METOPROLOL TARTRATE 25 MG TAB	6	60.00	0.87	0.02	26%-50% Below	No	No
57237011490	ALFUZOSIN HCL ER 10 MG TABLET	4	30.00	0.30	0.14	76%-100% Below	Yes	No
57237011490	ALFUZOSIN HCL ER 10 MG TABLET	5	30.00	6.99	0.15	51%-75% Above	No	No
57237011490	ALFUZOSIN HCL ER 10 MG TABLET	5	90.00	37.21	0.15	101%-200% Above	Yes	No
57237011490	ALFUZOSIN HCL ER 10 MG TABLET	6	30.00	6.99	0.13	76%-100% Above	No	No
57237016290	OMEPRAZOLE DR 40 MG CAPSULE	5	30.00	4.99	0.06	101%-200% Above	No	No
57237016290	OMEPRAZOLE DR 40 MG CAPSULE	6	30.00	4.99	0.06	101%-200% Above	No	No
57237016890	ROSUVASTATIN CALCIUM 5 MG TAB	6	90.00	44.90	0.09	200% Above	No	No
57237016999	ROSUVASTATIN CALCIUM 10 MG TAB	4	30.00	1.56	0.07	10%-25% Below	No	No
57237016999	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.00	1.56	0.07	10%-25% Below	No	No
57237016999	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.00	1.56	0.06	10%-25% Below	No	No
57237018090	PRAMIPEXOLE 0.125 MG TABLET	4	30.00	3.77	0.05	101%-200% Above	No	No
57237018090	PRAMIPEXOLE 0.125 MG TABLET	5	30.00	3.77	0.05	101%-200% Above	No	No
57237018090	PRAMIPEXOLE 0.125 MG TABLET	6	30.00	3.77	0.05	101%-200% Above	No	No
57237018190	PRAMIPEXOLE 0.25 MG TABLET	5	60.00	4.90	0.05	51%-75% Above	No	No
57237018190	PRAMIPEXOLE 0.25 MG TABLET	6	60.00	4.90	0.05	76%-100% Above	No	No
57237022405	RAMIPRIL 5 MG CAPSULE	4	30.00	3.28	0.06	76%-100% Above	No	No
57237022405	RAMIPRIL 5 MG CAPSULE	5	30.00	1.32	0.06	26%-50% Below	No	No
57237022405	RAMIPRIL 5 MG CAPSULE	6	30.00	1.32	0.07	26%-50% Below	No	No
57237022405	RAMIPRIL 5 MG CAPSULE	7	30.00	2.41	0.06	10%-25% Above	No	No
57237023301	SULFAMETHOXAZOLE-TMP DS TABLET	5	4.00	0.16	0.06	26%-50% Below	No	No
57237023301	SULFAMETHOXAZOLE-TMP DS TABLET	6	14.00	0.57	0.07	26%-50% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	6	40.00	1.64	0.07	26%-50% Below	No	No
57664017088	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	60.00	5.12	0.12	26%-50% Below	No	No
57664037708	TRAMADOL HCL 50 MG TABLET	6	20.00	2.42	0.02	200% Above	No	No
57664037713	TRAMADOL HCL 50 MG TABLET	4	60.00	1.05	0.02	26%-50% Below	No	No
57664037713	TRAMADOL HCL 50 MG TABLET	5	15.00	1.08	0.02	101%-200% Above	No	No
57664037713	TRAMADOL HCL 50 MG TABLET	5	30.00	0.53	0.02	26%-50% Below	No	No
57664037713	TRAMADOL HCL 50 MG TABLET	5	60.00	1.05	0.02	26%-50% Below	No	No
57664037713	TRAMADOL HCL 50 MG TABLET	6	12.00	0.92	0.02	200% Above	No	No
57664037713	TRAMADOL HCL 50 MG TABLET	6	60.00	1.05	0.02	10%-25% Below	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	4	60.00	2.10	0.02	26%-50% Above	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	4	120.00	9.62	0.02	200% Above	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	5	59.00	1.98	0.02	26%-50% Above	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	6	90.00	2.77	0.02	26%-50% Above	No	No
57664037988	DEXMETHYLPHENIDATE 10 MG TAB	5	30.00	14.99	0.27	76%-100% Above	No	No
57664049983	MIRTAZAPINE 15 MG TABLET	4	30.00	4.01	0.09	51%-75% Above	Yes	No
57664049983	MIRTAZAPINE 15 MG TABLET	5	30.00	4.01	0.09	51%-75% Above	Yes	No
57664050289	TIZANIDINE HCL 2 MG TABLET	5	270.00	44.90	0.06	101%-200% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	4	60.00	3.10	0.02	101%-200% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	4	180.00	4.99	0.02	10%-25% Above	Yes	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	5	15.00	1.77	0.02	200% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	5	60.00	3.10	0.02	101%-200% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	5	180.00	2.61	0.02	26%-50% Below	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	6	45.00	3.44	0.02	200% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	6	60.00	3.10	0.02	101%-200% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	6	90.00	5.07	0.02	101%-200% Above	Yes	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
57664050658	METOPROLOL TARTRATE 25 MG TAB	6	180.00	1.80	0.02	51%-75% Below	Yes	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	8	180.00	9.44	0.02	101%-200% Above	Yes	No
57664068788	AMITRIPTYLINE HCL 10 MG TAB	5	30.00	4.29	0.06	101%-200% Above	No	No
57664079783	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-5-12.5	4	30.00	48.27	2.47	26%-50% Below	No	No
57664085385	MINOCYCLINE 100 MG CAPSULE	6	30.00	8.51	0.38	10%-25% Below	No	No
57664085385	MINOCYCLINE 100 MG CAPSULE	6	30.00	14.90	0.38	26%-50% Above	No	No
58657045101	PHENAZOPYRIDINE 200 MG TAB	6	6.00	14.99	0.63	200% Above	No	No
58657050016	CODEINE-GUAIFEN 10-100 MG/5 ML	4	120.00	6.91	0.03	76%-100% Above	Yes	No
58657050016	CODEINE-GUAIFEN 10-100 MG/5 ML	4	240.00	14.99	0.03	101%-200% Above	Yes	No
58657050016	CODEINE-GUAIFEN 10-100 MG/5 ML	5	120.00	10.59	0.03	101%-200% Above	Yes	No
58657050016	CODEINE-GUAIFEN 10-100 MG/5 ML	5	150.00	6.99	0.03	51%-75% Above	Yes	No
58657050016	CODEINE-GUAIFEN 10-100 MG/5 ML	5	240.00	14.90	0.03	101%-200% Above	No	No
58657050016	CODEINE-GUAIFEN 10-100 MG/5 ML	6	240.00	14.99	0.03	101%-200% Above	Yes	No
58657064501	CARISOPRODOL 350 MG TABLET	6	30.00	2.90	0.06	51%-75% Above	No	No
58657064510	CARISOPRODOL 350 MG TABLET	5	120.00	5.14	0.07	26%-50% Below	No	No
58657064510	CARISOPRODOL 350 MG TABLET	5	180.00	13.59	0.07	10%-25% Above	No	No
58657064510	CARISOPRODOL 350 MG TABLET	6	120.00	5.14	0.06	26%-50% Below	No	No
58657064510	CARISOPRODOL 350 MG TABLET	6	180.00	13.59	0.06	10%-25% Above	No	No
58657067601	CIPROFLOXACIN HCL 500 MG TAB	6	14.00	3.01	0.15	26%-50% Above	No	No
58657067601	CIPROFLOXACIN HCL 500 MG TAB	6	20.00	3.99	0.15	26%-50% Above	No	No
58657067650	CIPROFLOXACIN HCL 500 MG TAB	4	20.00	1.80	0.14	26%-50% Below	No	No
59310057922	PROAIR HFA 90 MCG INHALER	5	8.50	37.13	7.54	26%-50% Below	No	No
59310057922	PROAIR HFA 90 MCG INHALER	6	8.50	37.13	7.99	26%-50% Below	No	No
59417010210	VYVANSE 20 MG CAPSULE	6	30.00	273.35	10.71	10%-25% Below	Yes	No
59417010510	VYVANSE 50 MG CAPSULE	5	30.00	273.35	10.70	10%-25% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
59417010510	VYVANSE 50 MG CAPSULE	6	30.00	273.35	10.70	10%-25% Below	Yes	No
59651000205	OMEPRAZOLE DR 20 MG CAPSULE	4	90.00	7.25	0.04	76%-100% Above	No	No
59651000205	OMEPRAZOLE DR 20 MG CAPSULE	6	90.00	4.18	0.04	10%-25% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	4	30.00	5.98	0.06	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	4	90.00	7.40	0.06	26%-50% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	5	30.00	0.30	0.06	76%-100% Below	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	6	90.00	7.40	0.06	26%-50% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	6	90.00	12.49	0.06	101%-200% Above	Yes	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	4	30.00	4.99	0.06	101%-200% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	4	90.00	0.90	0.06	76%-100% Below	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	4	90.00	27.01	0.06	200% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	5	30.00	4.99	0.06	101%-200% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	5	30.00	5.98	0.06	200% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	6	30.00	6.25	0.06	200% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	6	30.00	9.73	0.06	200% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	6	90.00	12.49	0.06	101%-200% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	6	90.00	16.47	0.06	101%-200% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	8	90.00	17.26	0.07	101%-200% Above	No	No
59651000715	AZITHROMYCIN 100 MG/5 ML SUSP	4	30.00	12.50	0.64	26%-50% Below	Yes	No
59651000815	AZITHROMYCIN 200 MG/5 ML SUSP	6	15.00	6.25	0.52	10%-25% Below	Yes	No
59651000830	AZITHROMYCIN 200 MG/5 ML SUSP	6	30.00	14.99	0.29	51%-75% Above	Yes	No
59651002601	AMOX-CLAV 250-62.5 MG/5 ML SUS	4	100.00	17.28	0.46	51%-75% Below	Yes	No
59651003212	IBUPROFEN 100 MG/5 ML SUSP	6	120.00	5.00	0.04	10%-25% Above	Yes	No
59651010469	ELETRIPTAN HBR 20 MG TABLET	6	12.00	0.12	4.53	76%-100% Below	Yes	No
59651017401	DOXEPIN 25 MG CAPSULE	4	60.00	6.99	0.30	51%-75% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
59651017401	DOXEPIN 25 MG CAPSULE	5	60.00	6.99	0.32	51%-75% Below	No	No
59651017401	DOXEPIN 25 MG CAPSULE	5	60.00	6.99	0.32	51%-75% Below	Yes	No
59651017401	DOXEPIN 25 MG CAPSULE	6	60.00	6.99	0.33	51%-75% Below	Yes	No
59651018030	LETROZOLE 2.5 MG TABLET	5	15.00	2.56	0.15	10%-25% Above	No	No
59651018201	METHOTREXATE 2.5 MG TABLET	4	44.00	13.50	0.47	26%-50% Below	No	No
59651018201	METHOTREXATE 2.5 MG TABLET	6	40.00	13.50	0.30	10%-25% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	5	30.00	6.62	0.32	26%-50% Below	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	5	30.00	14.99	0.32	51%-75% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	6	30.00	4.89	0.35	51%-75% Below	No	No
59651027001	GLIPIZIDE ER 10 MG TABLET	4	60.00	14.90	0.20	26%-50% Above	No	No
59651027005	GLIPIZIDE ER 10 MG TABLET	5	60.00	14.90	0.21	10%-25% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	0.21	0.21	76%-100% Below	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	4.99	0.21	10%-25% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	9.99	0.21	101%-200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	14.99	0.21	200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.00	0.21	0.20	76%-100% Below	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.00	6.99	0.20	51%-75% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.00	9.99	0.20	101%-200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.00	14.70	0.20	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.00	14.99	0.20	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	0.21	0.19	76%-100% Below	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	6.90	0.19	51%-75% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	14.95	0.19	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	14.99	0.19	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	14.99	0.19	200% Above	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.00	14.99	0.18	200% Above	Yes	No
59746000106	METHYLPREDNISOLONE 4 MG TABLET	4	21.00	14.99	0.24	101%-200% Above	No	No
59746000106	METHYLPREDNISOLONE 4 MG TABLET	5	10.00	4.99	0.22	101%-200% Above	No	No
59746000106	METHYLPREDNISOLONE 4 MG TABLET	5	21.00	14.99	0.22	200% Above	No	No
59746012106	MECLIZINE 25 MG TABLET	4	30.00	6.88	0.16	26%-50% Above	Yes	No
59746012106	MECLIZINE 25 MG TABLET	5	30.00	0.30	0.14	76%-100% Below	No	No
59746012106	MECLIZINE 25 MG TABLET	6	30.00	0.30	0.15	76%-100% Below	Yes	No
59746017310	PREDNISONE 10 MG TABLET	5	6.00	1.50	0.09	101%-200% Above	No	No
59746017310	PREDNISONE 10 MG TABLET	5	14.00	2.42	0.09	76%-100% Above	No	No
59746017310	PREDNISONE 10 MG TABLET	5	30.00	4.45	0.09	51%-75% Above	No	No
59746017506	PREDNISONE 20 MG TABLET	4	12.00	2.75	0.11	101%-200% Above	No	No
59746017506	PREDNISONE 20 MG TABLET	6	6.00	1.70	0.11	101%-200% Above	No	No
59746017509	PREDNISONE 20 MG TABLET	4	3.00	1.65	0.11	200% Above	No	No
59746017509	PREDNISONE 20 MG TABLET	4	5.00	2.02	0.11	200% Above	No	No
59746017509	PREDNISONE 20 MG TABLET	4	10.00	2.40	0.11	101%-200% Above	No	No
59746017509	PREDNISONE 20 MG TABLET	4	10.00	2.57	0.11	101%-200% Above	No	No
59746017509	PREDNISONE 20 MG TABLET	5	6.00	0.06	0.11	76%-100% Below	No	No
59746017509	PREDNISONE 20 MG TABLET	5	10.00	2.40	0.11	101%-200% Above	No	No
59746017509	PREDNISONE 20 MG TABLET	5	10.00	2.49	0.11	101%-200% Above	No	No
59746017509	PREDNISONE 20 MG TABLET	5	10.00	2.57	0.11	101%-200% Above	No	No
59746017509	PREDNISONE 20 MG TABLET	5	10.00	2.94	0.11	101%-200% Above	No	No
59746017509	PREDNISONE 20 MG TABLET	5	12.00	0.95	0.11	26%-50% Below	No	No
59746017509	PREDNISONE 20 MG TABLET	5	14.00	3.20	0.11	101%-200% Above	No	No
59746017509	PREDNISONE 20 MG TABLET	6	6.00	0.06	0.11	76%-100% Below	No	No
59746017509	PREDNISONE 20 MG TABLET	6	7.00	1.88	0.11	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
59746017509	PREDNISONE 20 MG TABLET	6	10.00	0.80	0.11	26%-50% Below	No	No
59746017509	PREDNISONE 20 MG TABLET	6	10.00	2.66	0.11	101%-200% Above	No	No
59746017509	PREDNISONE 20 MG TABLET	6	30.00	4.99	0.11	26%-50% Above	No	No
59746017706	CYCLOBENZAPRINE 10 MG TABLET	4	20.00	1.16	0.03	101%-200% Above	No	No
59746017706	CYCLOBENZAPRINE 10 MG TABLET	5	20.00	1.16	0.03	101%-200% Above	No	No
59746017706	CYCLOBENZAPRINE 10 MG TABLET	5	30.00	1.41	0.03	51%-75% Above	No	No
59746017710	CYCLOBENZAPRINE 10 MG TABLET	5	30.00	1.41	0.03	51%-75% Above	No	No
59746021601	SPIRONOLACTONE 25 MG TABLET	4	30.00	3.83	0.06	101%-200% Above	No	No
59746021601	SPIRONOLACTONE 25 MG TABLET	5	90.00	8.03	0.06	51%-75% Above	No	No
59746021601	SPIRONOLACTONE 25 MG TABLET	5	90.00	10.05	0.06	76%-100% Above	No	No
59746021601	SPIRONOLACTONE 25 MG TABLET	6	30.00	3.83	0.06	101%-200% Above	No	No
59746021605	SPIRONOLACTONE 25 MG TABLET	5	90.00	9.93	0.06	76%-100% Above	No	No
59746021701	SPIRONOLACTONE 50 MG TABLET	5	60.00	14.99	0.14	76%-100% Above	No	No
59746032530	VALACYCLOVIR HCL 1 GRAM TABLET	5	4.00	4.68	0.59	76%-100% Above	No	No
59746032530	VALACYCLOVIR HCL 1 GRAM TABLET	5	30.00	14.90	0.59	10%-25% Below	No	No
59746032530	VALACYCLOVIR HCL 1 GRAM TABLET	5	60.00	22.22	0.59	26%-50% Below	No	No
59746032530	VALACYCLOVIR HCL 1 GRAM TABLET	6	30.00	14.90	0.58	10%-25% Below	No	No
59746032530	VALACYCLOVIR HCL 1 GRAM TABLET	6	60.00	22.22	0.58	26%-50% Below	No	No
59746033790	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	5	90.00	44.98	0.16	200% Above	No	No
59746036290	VALSARTAN 160 MG TABLET	5	30.00	6.90	0.29	10%-25% Below	No	No
59746036290	VALSARTAN 160 MG TABLET	6	30.00	6.90	0.30	10%-25% Below	No	No
59746044830	IRBESARTAN 150 MG TABLET	4	30.00	11.96	0.24	51%-75% Above	No	No
59746044830	IRBESARTAN 150 MG TABLET	5	30.00	11.96	0.24	51%-75% Above	No	No
59746044830	IRBESARTAN 150 MG TABLET	6	30.00	11.96	0.23	76%-100% Above	No	No
59762005501	MEDROXYPROGESTERONE 2.5 MG TAB	5	90.00	11.62	0.11	10%-25% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
59762007301	HYDROCORTISONE 5 MG TABLET	6	60.00	11.76	0.26	10%-25% Below	No	No
59762015601	ATORVASTATIN 20 MG TABLET	5	90.00	3.62	0.06	26%-50% Below	No	No
59762015702	ATORVASTATIN 40 MG TABLET	4	30.00	4.88	0.07	101%-200% Above	No	No
59762015702	ATORVASTATIN 40 MG TABLET	6	30.00	4.88	0.06	101%-200% Above	No	No
59762015702	ATORVASTATIN 40 MG TABLET	6	30.00	6.76	0.06	200% Above	No	No
59762040101	SUCRALFATE 1 GM TABLET	5	120.00	17.04	0.20	26%-50% Below	No	No
59762040101	SUCRALFATE 1 GM TABLET	6	90.00	11.89	0.21	26%-50% Below	No	No
59762040105	SUCRALFATE 1 GM TABLET	4	120.00	0.01	0.21	76%-100% Below	No	No
59762040105	SUCRALFATE 1 GM TABLET	4	120.00	17.04	0.21	26%-50% Below	No	No
59762040105	SUCRALFATE 1 GM TABLET	5	120.00	15.85	0.20	26%-50% Below	No	No
59762040105	SUCRALFATE 1 GM TABLET	6	120.00	0.01	0.21	76%-100% Below	No	No
59762040105	SUCRALFATE 1 GM TABLET	6	120.00	15.85	0.21	26%-50% Below	No	No
59762070702	DICLOFENAC EPOLAMINE 1.3% PTCH	4	15.00	79.69	6.38	10%-25% Below	No	No
59762070702	DICLOFENAC EPOLAMINE 1.3% PTCH	6	15.00	79.69	6.15	10%-25% Below	No	No
59762100201	SIROLIMUS 1 MG TABLET	5	30.00	134.54	7.32	26%-50% Below	Yes	No
59762106101	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	5	60.00	9.10	0.22	26%-50% Below	No	No
59762121003	DESVENLAFAXINE SUCCNT ER 25 MG	5	30.00	15.92	0.71	10%-25% Below	No	No
59762151701	CELECOXIB 200 MG CAPSULE	4	30.00	14.90	0.17	101%-200% Above	No	No
59762151701	CELECOXIB 200 MG CAPSULE	6	30.00	14.90	0.17	200% Above	No	No
59762159905	NORETH-EE-FE 1-0.02(24)-75 CAP	6	28.00	74.94	3.08	10%-25% Below	No	No
59762159905	NORETH-ESTRAD-FE 1-0.02(24)-75	4	28.00	87.24	3.82	10%-25% Below	No	No
59762219801	AZITHROMYCIN 250 MG TABLET	5	6.00	4.19	0.50	26%-50% Above	No	No
59762219803	AZITHROMYCIN 250 MG TABLET	4	6.00	4.19	0.52	26%-50% Above	No	No
59762219803	AZITHROMYCIN 250 MG TABLET	5	6.00	4.19	0.50	26%-50% Above	No	No
59762219803	AZITHROMYCIN 250 MG TABLET	6	6.00	4.19	0.48	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
59762232201	ELETRIPTAN HBR 40 MG TABLET	5	6.00	6.99	5.97	76%-100% Below	No	No
59762232201	ELETRIPTAN HBR 40 MG TABLET	6	6.00	6.99	5.32	76%-100% Below	No	No
59762312001	AZITHROMYCIN 200 MG/5 ML SUSP	5	15.00	14.90	0.53	76%-100% Above	No	No
59762371904	ALPRAZOLAM 0.25 MG TABLET	5	30.00	1.37	0.02	101%-200% Above	No	No
59762372001	ALPRAZOLAM 0.5 MG TABLET	4	90.00	2.86	0.02	26%-50% Above	No	No
59762372001	ALPRAZOLAM 0.5 MG TABLET	6	90.00	2.86	0.02	26%-50% Above	No	No
59762372004	ALPRAZOLAM 0.5 MG TABLET	5	90.00	2.86	0.02	26%-50% Above	No	No
59762372103	ALPRAZOLAM 1 MG TABLET	5	90.00	2.96	0.03	10%-25% Above	No	No
59762372104	ALPRAZOLAM 1 MG TABLET	4	90.00	2.96	0.03	26%-50% Above	No	No
59762374401	CLINDAMYCIN PHOSP 1% LOTION	4	60.00	14.99	1.13	76%-100% Below	No	No
59762374401	CLINDAMYCIN PHOSP 1% LOTION	5	60.00	14.99	1.05	76%-100% Below	Yes	No
59762374401	CLINDAMYCIN PHOSP 1% LOTION	6	60.00	38.17	1.14	26%-50% Below	No	No
59762444002	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	6.90	0.21	51%-75% Above	No	No
59762444002	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	9.99	0.21	101%-200% Above	No	No
59762444002	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	14.90	0.21	200% Above	No	No
59762444002	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	14.99	0.21	200% Above	No	No
59762444002	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.00	4.90	0.20	10%-25% Above	No	No
59762444002	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.00	14.90	0.20	200% Above	No	No
59762444002	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.00	14.99	0.20	200% Above	No	No
59762444002	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	0.21	0.19	76%-100% Below	No	No
59762444002	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	4.90	0.19	10%-25% Above	No	No
59762444002	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	9.99	0.19	101%-200% Above	No	No
59762444002	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	14.99	0.19	200% Above	No	No
59762453701	MEDROXYPROGESTERONE 150 MG/ML	5	1.00	0.01	31.99	76%-100% Below	Yes	No
59762453802	MEDROXYPROGESTERONE 150 MG/ML	4	1.00	0.01	47.81	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
59762453802	MEDROXYPROGESTERONE 150 MG/ML	4	1.00	34.50	47.81	26%-50% Below	No	No
59762453802	MEDROXYPROGESTERONE 150 MG/ML	5	1.00	0.01	47.84	76%-100% Below	No	No
59762500701	MISOPROSTOL 100 MCG TABLET	6	2.00	1.79	0.37	101%-200% Above	No	No
59762500901	CLINDAMYCIN 2% VAGINAL CREAM	4	40.00	47.01	1.84	26%-50% Below	No	No
59762500901	CLINDAMYCIN 2% VAGINAL CREAM	5	40.00	4.99	1.87	76%-100% Below	Yes	No
59762500901	CLINDAMYCIN 2% VAGINAL CREAM	5	40.00	47.01	1.87	26%-50% Below	No	No
59762531001	PRAZOSIN 1 MG CAPSULE	5	180.00	26.30	0.24	26%-50% Below	No	No
59762531001	PRAZOSIN 1 MG CAPSULE	6	30.00	6.90	0.20	10%-25% Above	No	No
60258015001	SF 5000 PLUS CREAM	5	51.00	8.15	0.10	51%-75% Above	No	No
60258015001	SF 5000 PLUS CREAM	6	51.00	8.15	0.09	76%-100% Above	No	No
60432021208	PREDNISOLONE 15 MG/5 ML SOLN	5	30.00	5.31	0.12	51%-75% Above	No	No
60432026415	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	6.90	0.30	26%-50% Above	No	No
60432027516	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	6	240.00	6.99	0.07	51%-75% Below	Yes	No
60432060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	5	100.00	8.28	0.06	26%-50% Above	No	No
60432060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	6	100.00	8.24	0.06	26%-50% Above	No	No
60432060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	6	140.00	11.20	0.06	26%-50% Above	No	No
60505001506	DILT XR 180 MG CAPSULE	5	30.00	0.30	0.59	76%-100% Below	Yes	No
60505001506	DILT XR 180 MG CAPSULE	6	90.00	84.39	0.56	51%-75% Above	Yes	No
60505003306	PENTOXIFYLLINE ER 400 MG TAB	4	60.00	6.90	0.19	26%-50% Below	No	No
60505003306	PENTOXIFYLLINE ER 400 MG TAB	5	60.00	8.26	0.20	26%-50% Below	No	No
60505004101	ETODOLAC 400 MG TABLET	4	12.00	0.00	0.36	76%-100% Below	No	No
60505006500	OMEPRAZOLE DR 20 MG CAPSULE	5	90.00	9.90	0.04	101%-200% Above	No	No
60505006501	OMEPRAZOLE DR 20 MG CAPSULE	5	90.00	16.73	0.04	200% Above	No	No
60505014101	GLIPIZIDE 5 MG TABLET	6	60.00	2.70	0.03	26%-50% Above	No	No
60505014200	GLIPIZIDE 10 MG TABLET	5	180.00	9.79	0.04	26%-50% Above	Yes	No



# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
60505015701	BUPROPION HCL 100 MG TABLET	4	60.00	14.90	0.18	26%-50% Above	No	No
60505015701	BUPROPION HCL 100 MG TABLET	6	60.00	14.90	0.18	26%-50% Above	No	No
60505016809	PRAVASTATIN SODIUM 10 MG TAB	6	90.00	0.90	0.08	76%-100% Below	No	No
60505016907	PRAVASTATIN SODIUM 20 MG TAB	5	30.00	1.37	0.06	26%-50% Below	No	No
60505017009	PRAVASTATIN SODIUM 40 MG TAB	4	30.00	2.06	0.09	10%-25% Below	No	No
60505017009	PRAVASTATIN SODIUM 40 MG TAB	6	30.00	1.95	0.09	26%-50% Below	No	No
60505025103	TIZANIDINE HCL 2 MG TABLET	5	90.00	21.93	0.06	200% Above	Yes	No
60505025203	TIZANIDINE HCL 4 MG TABLET	4	60.00	0.60	0.05	76%-100% Below	Yes	No
60505025203	TIZANIDINE HCL 4 MG TABLET	4	180.00	14.99	0.05	51%-75% Above	Yes	No
60505025203	TIZANIDINE HCL 4 MG TABLET	5	180.00	14.99	0.06	26%-50% Above	Yes	No
60505025203	TIZANIDINE HCL 4 MG TABLET	6	180.00	14.99	0.05	76%-100% Above	Yes	No
60505036301	OFLOXACIN 0.3% EAR DROPS	4	5.00	14.99	2.46	10%-25% Above	No	No
60505036301	OFLOXACIN 0.3% EAR DROPS	5	5.00	4.99	2.38	51%-75% Below	Yes	No
60505036301	OFLOXACIN 0.3% EAR DROPS	5	5.00	9.95	2.38	10%-25% Below	No	No
60505036301	OFLOXACIN 0.3% EAR DROPS	6	5.00	14.90	2.31	26%-50% Above	No	No
60505036302	OFLOXACIN 0.3% EAR DROPS	6	10.00	14.99	2.12	26%-50% Below	No	No
60505056000	OFLOXACIN 0.3% EYE DROPS	4	5.00	14.99	1.87	51%-75% Above	Yes	No
60505057501	OLOPATADINE HCL 0.1% EYE DROPS	5	5.00	6.99	2.36	26%-50% Below	Yes	No
60505057501	OLOPATADINE HCL 0.1% EYE DROPS	6	5.00	6.99	2.15	26%-50% Below	No	No
60505059304	TRAVOPROST 0.004% EYE DROP	5	2.50	37.47	44.81	51%-75% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	6.99	0.30	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	14.06	0.30	101%-200% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	5	16.00	5.38	0.29	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	5	16.00	6.90	0.29	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	5	16.00	6.99	0.29	51%-75% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
60505082901	FLUTICASONЕ PROP 50 MCG SPRAY	5	16.00	12.49	0.29	101%-200% Above	No	No
60505082901	FLUTICASONЕ PROP 50 MCG SPRAY	6	16.00	5.38	0.30	10%-25% Above	No	No
60505082901	FLUTICASONЕ PROP 50 MCG SPRAY	6	16.00	6.90	0.30	26%-50% Above	No	No
60505082901	FLUTICASONЕ PROP 50 MCG SPRAY	6	16.00	6.99	0.30	26%-50% Above	No	No
60505082901	FLUTICASONЕ PROP 50 MCG SPRAY	6	16.00	14.06	0.30	101%-200% Above	No	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	5	17.00	25.67	2.34	26%-50% Below	No	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	6	17.00	25.67	2.27	26%-50% Below	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	5	30.00	6.90	0.32	26%-50% Below	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	5	30.00	14.99	0.32	51%-75% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	6	30.00	6.90	0.35	26%-50% Below	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	6	30.00	29.99	0.35	101%-200% Above	No	No
60505250301	LEFLUNOMIDE 20 MG TABLET	4	90.00	55.46	1.06	26%-50% Below	No	No
60505257808	ATORVASTATIN 10 MG TABLET	4	90.00	2.57	0.04	10%-25% Below	No	No
60505257808	ATORVASTATIN 10 MG TABLET	4	90.00	17.84	0.04	200% Above	No	No
60505257808	ATORVASTATIN 10 MG TABLET	6	90.00	2.57	0.04	10%-25% Below	No	No
60505257908	ATORVASTATIN 20 MG TABLET	5	30.00	1.21	0.06	26%-50% Below	No	No
60505257908	ATORVASTATIN 20 MG TABLET	5	90.00	3.62	0.06	26%-50% Below	No	No
60505257908	ATORVASTATIN 20 MG TABLET	6	30.00	1.21	0.05	10%-25% Below	No	No
60505257909	ATORVASTATIN 20 MG TABLET	6	90.00	3.62	0.05	26%-50% Below	No	No
60505258008	ATORVASTATIN 40 MG TABLET	5	30.00	4.88	0.07	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	6	30.00	6.76	0.06	200% Above	No	No
60505258009	ATORVASTATIN 40 MG TABLET	5	90.00	13.33	0.07	101%-200% Above	No	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	5	30.00	3.99	0.11	10%-25% Above	No	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	6	30.00	5.85	0.10	76%-100% Above	No	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	6	90.00	9.99	0.10	10%-25% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
60505265701	TRIAMTERENE-HYDROCHLOROTHIAZIDE 75-50 MG TAB	6	90.00	14.98	0.14	10%-25% Above	No	No
60505267108	ATORVASTATIN 80 MG TABLET	6	90.00	59.90	0.10	200% Above	No	No
60505283203	ATOMOXETINE HCL 25 MG CAPSULE	6	60.00	4.99	1.37	76%-100% Below	No	No
60505283303	ATOMOXETINE HCL 40 MG CAPSULE	4	30.00	6.99	1.27	76%-100% Below	Yes	No
60505283503	ATOMOXETINE HCL 80 MG CAPSULE	4	30.00	37.56	1.96	26%-50% Below	No	No
60505283503	ATOMOXETINE HCL 80 MG CAPSULE	5	30.00	37.56	1.77	26%-50% Below	No	No
60505283503	ATOMOXETINE HCL 80 MG CAPSULE	6	30.00	41.24	1.73	10%-25% Below	No	No
60505384901	CELECOXIB 200 MG CAPSULE	5	30.00	0.30	0.15	76%-100% Below	Yes	No
60505384901	CELECOXIB 200 MG CAPSULE	5	30.00	6.99	0.15	51%-75% Above	Yes	No
60505384901	CELECOXIB 200 MG CAPSULE	5	30.00	39.40	0.15	200% Above	Yes	No
60505384901	CELECOXIB 200 MG CAPSULE	6	30.00	0.30	0.17	76%-100% Below	Yes	No
60505384901	CELECOXIB 200 MG CAPSULE	6	30.00	6.99	0.17	26%-50% Above	Yes	No
60758011905	PREDNISOLONE AC 1% EYE DROP	5	5.00	19.91	5.88	26%-50% Below	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	6	5.00	19.91	5.60	26%-50% Below	No	No
60758018805	GENTAMICIN 0.3% EYE DROP	6	5.00	11.61	0.71	200% Above	No	No
60793085901	LEVOXYL 175 MCG TABLET	5	30.00	19.42	1.24	26%-50% Below	No	No
61314022710	TIMOLOL MALEATE 0.5% EYE DROPS	4	10.00	8.57	1.06	10%-25% Below	No	No
61314023805	CARTEOLOL HCL 1% EYE DROPS	5	5.00	4.24	1.31	26%-50% Below	Yes	No
61314054701	LATANOPROST 0.005% EYE DROPS	4	2.50	0.03	1.96	76%-100% Below	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	5	2.50	0.03	1.98	76%-100% Below	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	6	10.00	11.24	0.49	101%-200% Above	No	No
61314063006	NEOMYC-POLYM-DEXAMETH EYE DROP	4	5.00	14.90	2.68	10%-25% Above	No	No
61314063705	PREDNISOLONE AC 1% EYE DROP	4	5.00	14.99	5.65	26%-50% Below	No	No
61314063705	PREDNISOLONE AC 1% EYE DROP	6	5.00	6.92	5.60	51%-75% Below	No	No
61314063705	PREDNISOLONE AC 1% EYE DROP	6	5.00	14.99	5.60	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
61314063705	PREDNISOLONE AC 1% EYE DROP	6	5.00	19.91	5.60	26%-50% Below	No	No
61314063710	PREDNISOLONE AC 1% EYE DROP	6	10.00	44.22	5.46	10%-25% Below	No	No
61314064305	TOBRAMYCIN 0.3% EYE DROP	4	5.00	4.99	1.47	26%-50% Below	Yes	No
61314064610	NEOMYCIN-POLYMYXIN-HC EAR SOLN	4	10.00	0.10	5.50	76%-100% Below	No	No
61314064705	TOBRAMYCIN-DEXAMETH OPHTH SUSP	5	5.00	0.18	16.38	76%-100% Below	No	No
61314064705	TOBRAMYCIN-DEXAMETH OPHTH SUSP	6	5.00	51.38	16.93	26%-50% Below	No	No
61442010201	DICLOFENAC SOD DR 50 MG TAB	4	30.00	9.07	0.12	101%-200% Above	No	No
61442010301	DICLOFENAC SOD DR 75 MG TAB	4	60.00	12.12	0.11	76%-100% Above	No	No
61442010301	DICLOFENAC SOD DR 75 MG TAB	6	60.00	4.99	0.11	10%-25% Below	No	No
61442010310	DICLOFENAC SOD DR 75 MG TAB	4	60.00	8.26	0.11	26%-50% Above	No	No
61442010310	DICLOFENAC SOD DR 75 MG TAB	6	60.00	8.26	0.11	10%-25% Above	No	No
61442010360	DICLOFENAC SOD DR 75 MG TAB	4	60.00	4.90	0.11	10%-25% Below	No	No
61442010360	DICLOFENAC SOD DR 75 MG TAB	6	60.00	4.90	0.11	26%-50% Below	No	No
61442012110	FAMOTIDINE 20 MG TABLET	4	60.00	2.61	0.05	10%-25% Below	No	No
61442012110	FAMOTIDINE 20 MG TABLET	5	60.00	2.61	0.05	10%-25% Below	No	No
61442012110	FAMOTIDINE 20 MG TABLET	5	60.00	5.94	0.05	101%-200% Above	No	No
61442012110	FAMOTIDINE 20 MG TABLET	6	60.00	2.12	0.04	10%-25% Below	No	No
61442012110	FAMOTIDINE 20 MG TABLET	6	60.00	3.48	0.04	26%-50% Above	No	No
61442012110	FAMOTIDINE 20 MG TABLET	6	60.00	5.94	0.04	101%-200% Above	No	No
61442012210	FAMOTIDINE 40 MG TABLET	5	30.00	5.04	0.09	76%-100% Above	No	No
61442012610	MELOXICAM 7.5 MG TABLET	4	30.00	1.56	0.02	101%-200% Above	No	No
61442012610	MELOXICAM 7.5 MG TABLET	5	30.00	1.56	0.02	101%-200% Above	No	No
61442012610	MELOXICAM 7.5 MG TABLET	6	30.00	1.56	0.02	101%-200% Above	No	No
61442014310	LOVASTATIN 40 MG TABLET	6	90.00	4.33	0.07	26%-50% Below	No	No
61442045101	CARISOPRODOL 350 MG TABLET	5	30.00	2.90	0.07	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
61874013030	VRAYLAR 3 MG CAPSULE	6	30.00	1034.44	40.48	10%-25% Below	Yes	No
62037059990	CARTIA XT 240 MG CAPSULE	6	30.00	13.64	0.36	26%-50% Above	No	No
62037072701	METHYLPHENIDATE ER 54 MG TAB	4	30.00	14.99	1.36	51%-75% Below	No	No
62037072701	METHYLPHENIDATE ER 54 MG TAB	6	30.00	14.99	1.14	51%-75% Below	No	No
62037072701	METHYLPHENIDATE ER 54 MG TAB	7	30.00	14.99	1.28	51%-75% Below	No	No
62037072701	METHYLPHENIDATE ER 54 MG TAB	8	30.00	14.99	1.46	51%-75% Below	No	No
62037099901	POTASSIUM CL ER 20 MEQ TABLET	5	180.00	30.56	0.23	26%-50% Below	No	No
62175011837	OMEPRAZOLE DR 20 MG CAPSULE	4	30.00	4.73	0.04	200% Above	No	No
62175011837	OMEPRAZOLE DR 20 MG CAPSULE	5	30.00	4.73	0.04	200% Above	No	No
62175011837	OMEPRAZOLE DR 20 MG CAPSULE	6	90.00	9.90	0.04	101%-200% Above	No	No
62175011843	OMEPRAZOLE DR 20 MG CAPSULE	6	90.00	7.25	0.04	76%-100% Above	No	No
62175012837	ISOSORBIDE MONONIT ER 30 MG TB	5	90.00	25.92	0.10	101%-200% Above	No	No
62175013643	OMEPRAZOLE DR 40 MG CAPSULE	4	30.00	1.03	0.06	26%-50% Below	No	No
62175013643	OMEPRAZOLE DR 40 MG CAPSULE	5	30.00	1.03	0.06	26%-50% Below	No	No
62175013643	OMEPRAZOLE DR 40 MG CAPSULE	5	90.00	29.50	0.06	200% Above	No	No
62175013643	OMEPRAZOLE DR 40 MG CAPSULE	6	30.00	7.84	0.06	200% Above	No	No
62175013643	OMEPRAZOLE DR 40 MG CAPSULE	6	90.00	3.10	0.06	26%-50% Below	No	No
62175013643	OMEPRAZOLE DR 40 MG CAPSULE	6	90.00	16.38	0.06	101%-200% Above	No	No
62175047232	PAROXETINE ER 37.5 MG TABLET	4	30.00	21.66	1.07	26%-50% Below	No	No
62175047232	PAROXETINE ER 37.5 MG TABLET	5	30.00	21.66	1.19	26%-50% Below	No	No
62175047232	PAROXETINE ER 37.5 MG TABLET	6	30.00	21.66	1.16	26%-50% Below	No	No
62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	4.38	0.07	101%-200% Above	No	No
62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	4.47	0.07	101%-200% Above	No	No
62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	4.47	0.07	101%-200% Above	Yes	No
62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	7.40	0.07	10%-25% Above	Yes	No

## NADAC Summary Report

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62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	11.94	0.07	76%-100% Above	Yes	No
62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	5	7.00	1.61	0.06	200% Above	No	No
62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	3.58	0.06	76%-100% Above	No	No
62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	4.47	0.06	101%-200% Above	No	No
62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	4.47	0.06	101%-200% Above	Yes	No
62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	6.53	0.06	200% Above	Yes	No
62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.00	8.16	0.06	26%-50% Above	Yes	No
62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.00	11.94	0.06	101%-200% Above	Yes	No
62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	6	28.00	0.28	0.06	76%-100% Below	Yes	No
62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	0.30	0.06	76%-100% Below	Yes	No
62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	3.73	0.06	101%-200% Above	No	No
62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	4.47	0.06	101%-200% Above	Yes	No
62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	4.66	0.06	101%-200% Above	No	No
62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	4.66	0.06	101%-200% Above	Yes	No
62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	17.41	0.06	200% Above	Yes	No
62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	18.22	0.06	200% Above	Yes	No
62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	29.99	0.06	200% Above	Yes	No
62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.00	4.57	0.06	101%-200% Above	No	No
62175061746	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	11.85	0.07	76%-100% Above	No	No
62175061746	PANTOPRAZOLE SOD DR 40 MG TAB	5	19.00	3.01	0.06	101%-200% Above	No	No
62175061746	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	11.85	0.06	101%-200% Above	No	No
62332002431	FLUOXETINE HCL 40 MG CAPSULE	4	30.00	3.99	0.07	76%-100% Above	No	No
62332002431	FLUOXETINE HCL 40 MG CAPSULE	5	30.00	3.99	0.07	76%-100% Above	No	No
62332002431	FLUOXETINE HCL 40 MG CAPSULE	6	30.00	3.99	0.07	76%-100% Above	No	No
62332002990	LOSARTAN POTASSIUM 100 MG TAB	5	60.00	9.61	0.12	26%-50% Above	No	No

# NADAC Summary Report

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62332003331	ROPINIROLE HCL 2 MG TABLET	4	30.00	6.44	0.07	200% Above	No	No
62332003331	ROPINIROLE HCL 2 MG TABLET	4	90.00	17.32	0.07	101%-200% Above	No	No
62332004060	LAMOTRIGINE 200 MG TABLET	5	120.00	1.20	0.09	76%-100% Below	No	No
62332004590	VALSARTAN 80 MG TABLET	4	90.00	29.99	0.25	26%-50% Above	No	No
62332004690	VALSARTAN 160 MG TABLET	6	30.00	14.90	0.30	51%-75% Above	No	No
62332005671	CLONIDINE HCL 0.3 MG TABLET	4	60.00	3.76	0.05	26%-50% Above	No	No
62332005671	CLONIDINE HCL 0.3 MG TABLET	5	60.00	3.76	0.05	26%-50% Above	No	No
62332008190	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	4	15.00	4.49	0.36	10%-25% Below	No	No
62332008190	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	6	45.00	13.49	0.37	10%-25% Below	No	No
62332012090	PREGABALIN 50 MG CAPSULE	5	30.00	4.90	0.10	51%-75% Above	No	No
62332012090	PREGABALIN 50 MG CAPSULE	6	30.00	4.90	0.09	76%-100% Above	No	No
62332012190	PREGABALIN 75 MG CAPSULE	6	90.00	14.90	0.09	76%-100% Above	No	No
62332012290	PREGABALIN 100 MG CAPSULE	6	120.00	7.78	0.09	26%-50% Below	No	No
62332013330	OLMESARTAN MEDOXOMIL 40 MG TAB	4	30.00	6.90	0.18	26%-50% Above	No	No
62332013330	OLMESARTAN MEDOXOMIL 40 MG TAB	5	30.00	6.90	0.17	26%-50% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	5	30.00	6.99	0.15	51%-75% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	5	30.00	14.99	0.15	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	6	30.00	6.99	0.17	26%-50% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	6	30.00	14.99	0.17	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	6	60.00	14.99	0.17	26%-50% Above	No	No
62332019030	FEBUXOSTAT 40 MG TABLET	6	30.00	27.77	1.11	10%-25% Below	No	No
62332021030	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TB	5	30.00	24.95	1.54	26%-50% Below	No	No
62332021030	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TB	6	30.00	29.23	1.43	26%-50% Below	No	No
62332034390	CANDESARTAN CILEXETIL 16 MG TB	6	30.00	17.89	0.93	26%-50% Below	No	No
62332038690	MODAFINIL 200 MG TABLET	5	60.00	14.99	0.61	51%-75% Below	No	No

# NADAC Summary Report

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62332038690	MODAFINIL 200 MG TABLET	6	60.00	14.99	0.54	51%-75% Below	No	No
62332048560	DESONIDE 0.05% OINTMENT	6	60.00	9.99	1.18	76%-100% Below	No	No
62332049141	TIZANIDINE HCL 2 MG CAPSULE	4	60.00	14.99	0.12	101%-200% Above	Yes	No
62332049141	TIZANIDINE HCL 2 MG CAPSULE	5	60.00	14.99	0.12	101%-200% Above	Yes	No
62332049141	TIZANIDINE HCL 2 MG CAPSULE	6	60.00	14.99	0.10	101%-200% Above	Yes	No
62332055590	FENOFIBRATE 160 MG TABLET	5	30.00	4.90	0.26	26%-50% Below	No	No
62559049001	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	6	30.00	6.90	0.20	10%-25% Above	No	No
62559051001	INDAPAMIDE 1.25 MG TABLET	5	28.00	9.64	0.16	101%-200% Above	No	No
62559051001	INDAPAMIDE 1.25 MG TABLET	6	28.00	9.64	0.14	101%-200% Above	No	No
62559062037	CHOLESTYRAMINE POWDER	6	756.00	89.51	0.17	26%-50% Below	No	No
62756001540	TESTOSTERONE CYP 200 MG/ML	4	1.00	10.31	14.65	26%-50% Below	No	No
62756001540	TESTOSTERONE CYP 200 MG/ML	6	2.00	23.56	15.19	10%-25% Below	No	No
62756001540	TESTOSTERONE CYP 200 MG/ML	6	2.00	25.43	15.19	10%-25% Below	No	No
62756014202	METFORMIN HCL ER 500 MG TABLET	6	120.00	6.13	0.04	26%-50% Above	No	No
62756016013	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.00	1.14	0.06	26%-50% Below	No	No
62756016088	TAMSULOSIN HCL 0.4 MG CAPSULE	5	90.00	13.71	0.07	101%-200% Above	Yes	No
62756016088	TAMSULOSIN HCL 0.4 MG CAPSULE	6	90.00	14.39	0.06	101%-200% Above	Yes	No
62756035664	ONDANSETRON ODT 8 MG TABLET	5	15.00	16.30	0.27	200% Above	No	No
62756035664	ONDANSETRON ODT 8 MG TABLET	6	18.00	2.77	0.26	26%-50% Below	No	No
62756052269	SUMATRIPTAN SUCC 100 MG TABLET	4	10.00	4.99	0.58	10%-25% Below	No	No
62756052269	SUMATRIPTAN SUCC 100 MG TABLET	5	9.00	6.90	0.60	26%-50% Above	No	No
62756052269	SUMATRIPTAN SUCC 100 MG TABLET	5	9.00	9.53	0.60	76%-100% Above	No	No
62756052269	SUMATRIPTAN SUCC 100 MG TABLET	5	10.00	4.99	0.60	10%-25% Below	No	No
62756052269	SUMATRIPTAN SUCC 100 MG TABLET	6	9.00	6.90	0.60	26%-50% Above	No	No
62756052269	SUMATRIPTAN SUCC 100 MG TABLET	6	10.00	4.99	0.60	10%-25% Below	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
62756079788	DIVALPROEX SOD DR 250 MG TAB	4	60.00	12.77	0.08	101%-200% Above	No	No
62756079788	DIVALPROEX SOD DR 250 MG TAB	6	60.00	12.77	0.09	101%-200% Above	No	No
63304017513	MESALAMINE DR 1.2 GM TABLET	6	120.00	286.68	3.00	10%-25% Below	No	No
63304017513	MESALAMINE DR 1.2 GM TABLET	6	180.00	59.99	3.00	76%-100% Below	No	No
63304044890	FENOFIBRATE 48 MG TABLET	5	30.00	6.90	0.15	51%-75% Above	No	No
63304044890	FENOFIBRATE 48 MG TABLET	6	30.00	6.90	0.13	76%-100% Above	No	No
63304044990	FENOFIBRATE 145 MG TABLET	4	30.00	4.90	0.21	10%-25% Below	No	No
63304044990	FENOFIBRATE 145 MG TABLET	5	28.00	9.90	0.20	51%-75% Above	No	No
63304044990	FENOFIBRATE 145 MG TABLET	5	30.00	4.65	0.20	10%-25% Below	No	No
63304044990	FENOFIBRATE 145 MG TABLET	6	28.00	9.90	0.19	76%-100% Above	No	No
63304044990	FENOFIBRATE 145 MG TABLET	6	30.00	4.65	0.19	10%-25% Below	No	No
63304047901	CEVIMELINE HCL 30 MG CAPSULE	4	90.00	0.90	0.86	76%-100% Below	No	No
63304069205	CLINDAMYCIN HCL 150 MG CAPSULE	5	15.00	4.16	0.14	76%-100% Above	Yes	No
63304069205	CLINDAMYCIN HCL 150 MG CAPSULE	6	30.00	0.30	0.13	76%-100% Below	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	4	40.00	4.99	0.27	51%-75% Below	Yes	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	5	40.00	4.99	0.29	51%-75% Below	Yes	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	5	40.00	6.99	0.29	26%-50% Below	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	6	28.00	0.28	0.26	76%-100% Below	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	6	30.00	4.99	0.26	26%-50% Below	No	No
63304082705	ATORVASTATIN 10 MG TABLET	5	90.00	2.57	0.04	26%-50% Below	No	No
63304082805	ATORVASTATIN 20 MG TABLET	4	30.00	1.21	0.05	10%-25% Below	No	No
63304082805	ATORVASTATIN 20 MG TABLET	4	90.00	3.62	0.05	10%-25% Below	No	No
63304082805	ATORVASTATIN 20 MG TABLET	5	30.00	1.21	0.06	26%-50% Below	No	No
63304082805	ATORVASTATIN 20 MG TABLET	6	30.00	1.21	0.05	10%-25% Below	No	No
63304082805	ATORVASTATIN 20 MG TABLET	6	90.00	3.62	0.05	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
63304090090	FENOFIBRATE 54 MG TABLET	6	90.00	12.49	0.16	10%-25% Below	No	No
63323004401	CYANOCOBALAMIN 1,000 MCG/ML	5	3.00	12.40	3.11	26%-50% Above	No	No
63481052910	CORTISPORIN-TC EAR SUSPENSION	5	10.00	189.03	22.25	10%-25% Below	Yes	No
64380071206	BENZONATATE 100 MG CAPSULE	5	30.00	4.90	0.09	76%-100% Above	No	No
64380071206	BENZONATATE 100 MG CAPSULE	5	60.00	4.90	0.09	10%-25% Below	No	No
64380071306	BENZONATATE 200 MG CAPSULE	6	30.00	9.99	0.13	101%-200% Above	No	No
64380071306	BENZONATATE 200 MG CAPSULE	6	30.00	11.68	0.13	101%-200% Above	No	No
64380073506	HYDRALAZINE 50 MG TABLET	5	60.00	7.33	0.05	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	5	1.00	0.96	0.15	200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	5	5.00	2.28	0.15	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	5	6.00	0.63	0.15	26%-50% Below	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	5	8.00	3.11	0.15	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	6	1.00	0.96	0.14	200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	6	3.00	1.66	0.14	200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.00	4.43	0.14	101%-200% Above	No	No
64380074108	BUSPIRONE HCL 5 MG TABLET	6	60.00	2.22	0.03	26%-50% Above	No	No
64380074207	BUSPIRONE HCL 10 MG TABLET	6	90.00	9.64	0.04	101%-200% Above	No	No
64380074208	BUSPIRONE HCL 10 MG TABLET	5	60.00	4.80	0.04	76%-100% Above	No	No
64380074318	BUSPIRONE HCL 15 MG TABLET	5	225.00	21.06	0.06	51%-75% Above	No	No
64380074805	PRAMIPEXOLE 0.5 MG TABLET	6	30.00	0.30	0.06	76%-100% Below	Yes	No
64380074805	PRAMIPEXOLE 0.5 MG TABLET	6	90.00	29.66	0.06	200% Above	Yes	No
64380076111	OMEGA-3 ETHYL ESTERS 1 GM CAP	6	360.00	175.46	0.17	101%-200% Above	Yes	No
64380076921	PEG 3350-ELECTROLYTE SOLUTION	6	4000.00	22.00	0.01	26%-50% Below	No	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	4	60.00	14.90	0.30	10%-25% Below	No	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	7	60.00	13.50	0.27	10%-25% Below	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
64380079506	CYPROHEPTADINE 4 MG TABLET	6	60.00	4.90	0.10	10%-25% Below	No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	8	10.00	17.07	1.92	10%-25% Below	No	No
64380080706	IBUPROFEN 800 MG TABLET	6	15.00	2.06	0.08	51%-75% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	4	30.00	0.30	0.08	76%-100% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	4	30.00	2.94	0.08	10%-25% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	4	90.00	8.38	0.08	10%-25% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	5	30.00	0.00	0.08	76%-100% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	6	30.00	0.30	0.08	76%-100% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	6	30.00	3.03	0.08	10%-25% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	6	120.00	7.71	0.08	10%-25% Below	No	No
64380080806	IBUPROFEN 600 MG TABLET	5	30.00	2.13	0.06	10%-25% Above	No	No
64380080807	IBUPROFEN 600 MG TABLET	4	12.00	1.33	0.06	76%-100% Above	No	No
64380080807	IBUPROFEN 600 MG TABLET	4	20.00	1.73	0.06	26%-50% Above	Yes	No
64380083406	ACETAZOLAMIDE 250 MG TABLET	6	180.00	44.99	0.54	51%-75% Below	No	No
64380090603	CLARITHROMYCIN 500 MG TABLET	6	28.00	8.97	0.48	26%-50% Below	No	No
64380093405	LOSARTAN POTASSIUM 50 MG TAB	6	90.00	9.23	0.08	26%-50% Above	No	No
64380097106	HYDROCORTISONE 10 MG TABLET	5	270.00	59.99	0.31	26%-50% Below	No	No
64980028005	GLIPIZIDE ER 5 MG TABLET	5	30.00	5.13	0.12	26%-50% Above	No	No
64980028005	GLIPIZIDE ER 5 MG TABLET	5	30.00	6.11	0.12	51%-75% Above	No	No
64980028005	GLIPIZIDE ER 5 MG TABLET	6	30.00	5.13	0.12	26%-50% Above	No	No
64980028101	GLIPIZIDE ER 10 MG TABLET	6	30.00	6.99	0.20	10%-25% Above	Yes	No
64980028105	GLIPIZIDE ER 10 MG TABLET	4	30.00	8.99	0.20	51%-75% Above	No	No
64980028105	GLIPIZIDE ER 10 MG TABLET	5	30.00	8.99	0.21	26%-50% Above	No	No
64980028105	GLIPIZIDE ER 10 MG TABLET	5	60.00	14.90	0.21	10%-25% Above	No	No
64980028105	GLIPIZIDE ER 10 MG TABLET	6	30.00	8.99	0.20	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
64980030301	CHLORTHALIDONE 25 MG TABLET	4	30.00	6.90	0.18	26%-50% Above	No	No
64980030301	CHLORTHALIDONE 25 MG TABLET	6	30.00	6.90	0.19	10%-25% Above	No	No
64980030550	DENTA 5000 PLUS CREAM	4	51.00	0.51	0.09	76%-100% Below	Yes	No
64980030550	DENTA 5000 PLUS CREAM	5	51.00	7.24	0.10	26%-50% Above	Yes	No
64980030550	DENTA 5000 PLUS CREAM	6	51.00	5.10	0.09	10%-25% Above	No	No
64980041509	PREGABALIN 200 MG CAPSULE	6	90.00	7.56	0.11	26%-50% Below	No	No
64980043710	ATENOLOL 25 MG TABLET	5	30.00	2.65	0.03	200% Above	No	No
64980043710	ATENOLOL 25 MG TABLET	6	30.00	2.65	0.03	200% Above	No	No
64980043710	ATENOLOL 25 MG TABLET	6	90.00	6.73	0.03	101%-200% Above	No	No
64980043810	ATENOLOL 50 MG TABLET	4	90.00	9.39	0.03	200% Above	No	No
64980043810	ATENOLOL 50 MG TABLET	6	30.00	3.85	0.03	200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	5	270.00	14.99	0.03	76%-100% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	6	270.00	14.99	0.03	76%-100% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	4	60.00	7.74	0.05	101%-200% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	4	90.00	5.61	0.05	26%-50% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	5	60.00	7.74	0.05	101%-200% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	6	60.00	0.60	0.05	76%-100% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	6	60.00	7.74	0.05	101%-200% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	6	90.00	5.61	0.05	26%-50% Above	No	No
65162011511	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	12.00	2.49	0.12	51%-75% Above	No	No
65162019011	NAPROXEN 500 MG TABLET	5	60.00	7.34	0.08	51%-75% Above	No	No
65162019011	NAPROXEN 500 MG TABLET	6	20.00	2.94	0.08	76%-100% Above	No	No
65162019011	NAPROXEN 500 MG TABLET	6	60.00	6.55	0.08	26%-50% Above	No	No
65162019011	NAPROXEN 500 MG TABLET	6	60.00	7.34	0.08	51%-75% Above	No	No
65162019050	NAPROXEN 500 MG TABLET	4	30.00	4.38	0.07	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65162019050	NAPROXEN 500 MG TABLET	4	180.00	20.54	0.07	51%-75% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	5	60.00	0.60	0.08	76%-100% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	6	20.00	3.43	0.08	101%-200% Above	Yes	No
65162027210	SULFAMETHOXAZOLE-TMP DS TABLET	5	20.00	2.38	0.06	76%-100% Above	No	No
65162027210	SULFAMETHOXAZOLE-TMP DS TABLET	6	20.00	3.15	0.07	101%-200% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	4	14.00	4.16	0.06	200% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	4	20.00	2.38	0.06	76%-100% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	4	20.00	4.35	0.06	200% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	5	20.00	0.20	0.06	76%-100% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	5	20.00	2.38	0.06	76%-100% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	6	14.00	0.14	0.07	76%-100% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	6	14.00	2.17	0.07	101%-200% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	6	14.00	3.37	0.07	200% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	6	20.00	0.20	0.07	76%-100% Below	No	No
65162044210	MECLIZINE 25 MG TABLET	5	45.00	4.90	0.14	10%-25% Below	No	No
65162046510	IBUPROFEN 600 MG TABLET	5	30.00	2.13	0.06	10%-25% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	6	90.00	4.75	0.08	26%-50% Below	No	No
65162047810	NITROFURANTOIN MONO-MCR 100 MG	5	10.00	14.99	0.60	101%-200% Above	No	No
65162047810	NITROFURANTOIN MONO-MCR 100 MG	5	14.00	14.99	0.60	76%-100% Above	No	No
65162047810	NITROFURANTOIN MONO-MCR 100 MG	5	14.00	19.99	0.60	101%-200% Above	No	No
65162047810	NITROFURANTOIN MONO-MCR 100 MG	6	30.00	14.99	0.59	10%-25% Below	No	No
65162052110	PROMETHAZINE 25 MG TABLET	4	10.00	0.10	0.05	76%-100% Below	Yes	No
65162052110	PROMETHAZINE 25 MG TABLET	5	30.00	4.24	0.05	200% Above	Yes	No
65162052110	PROMETHAZINE 25 MG TABLET	5	40.00	0.40	0.05	76%-100% Below	Yes	No
65162052110	PROMETHAZINE 25 MG TABLET	6	12.00	2.14	0.05	200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65162052110	PROMETHAZINE 25 MG TABLET	6	360.00	29.99	0.05	51%-75% Above	Yes	No
65162052111	PROMETHAZINE 25 MG TABLET	4	30.00	3.61	0.05	101%-200% Above	No	No
65162052111	PROMETHAZINE 25 MG TABLET	6	30.00	4.93	0.05	200% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	4	12.00	1.01	0.02	200% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	4	40.00	1.64	0.02	51%-75% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	6	10.00	0.97	0.02	200% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	6	21.00	0.37	0.02	10%-25% Below	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	6	24.00	1.19	0.02	101%-200% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	6	30.00	1.33	0.02	76%-100% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	6	180.00	4.72	0.02	10%-25% Above	No	No
65162062750	TRAMADOL HCL 50 MG TABLET	4	15.00	2.37	0.02	200% Above	No	No
65162063709	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	4.90	0.06	101%-200% Above	No	No
65162063709	PANTOPRAZOLE SOD DR 40 MG TAB	5	60.00	4.90	0.06	10%-25% Above	No	No
65162063709	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	4.90	0.06	101%-200% Above	No	No
65162063711	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	15.14	0.06	200% Above	No	No
65162063711	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	15.85	0.06	200% Above	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	4	100.00	8.28	0.06	26%-50% Above	Yes	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	5	140.00	11.06	0.06	10%-25% Above	Yes	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	6	140.00	11.06	0.06	10%-25% Above	Yes	No
65162071009	COLCHICINE 0.6 MG TABLET	6	30.00	18.45	0.86	26%-50% Below	No	No
65162071110	GUANFACINE 1 MG TABLET	5	30.00	14.99	0.26	76%-100% Above	No	No
65162074510	PROMETHAZINE 12.5 MG TABLET	5	28.00	4.02	0.05	101%-200% Above	Yes	No
65162075310	BENZAEPRIIL HCL 20 MG TABLET	4	90.00	9.68	0.09	10%-25% Above	Yes	No
65162077810	BUDESONIDE EC 3 MG CAPSULE	6	60.00	0.60	0.93	76%-100% Below	Yes	No
65162077810	BUDESONIDE EC 3 MG CAPSULE	6	90.00	0.90	0.93	76%-100% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65162083909	VALSARTAN 160 MG TABLET	5	90.00	21.74	0.29	10%-25% Below	Yes	No
65162089023	OLOPATADINE 665 MCG NASAL SPRY	6	30.50	30.50	1.78	26%-50% Below	No	No
65162089129	MOMETASONE FUROATE 50 MCG SPRY	5	17.00	6.99	2.34	76%-100% Below	Yes	No
65162089129	MOMETASONE FUROATE 50 MCG SPRY	6	17.00	6.99	2.27	76%-100% Below	Yes	No
65862000505	CITALOPRAM HBR 10 MG TABLET	5	30.00	2.05	0.03	101%-200% Above	No	No
65862000801	METFORMIN HCL 500 MG TABLET	6	180.00	2.48	0.02	10%-25% Below	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	4	120.00	2.74	0.02	26%-50% Above	No	No
65862000899	METFORMIN HCL 500 MG TABLET	5	30.00	1.26	0.02	101%-200% Above	No	No
65862000899	METFORMIN HCL 500 MG TABLET	5	120.00	2.74	0.02	26%-50% Above	No	No
65862000899	METFORMIN HCL 500 MG TABLET	5	180.00	3.87	0.02	10%-25% Above	No	No
65862001001	METFORMIN HCL 1,000 MG TABLET	5	180.00	4.30	0.03	10%-25% Below	Yes	No
65862001001	METFORMIN HCL 1,000 MG TABLET	6	180.00	4.30	0.03	10%-25% Below	Yes	No
65862001005	METFORMIN HCL 1,000 MG TABLET	4	60.00	2.65	0.03	51%-75% Above	No	No
65862001005	METFORMIN HCL 1,000 MG TABLET	5	60.00	2.65	0.03	51%-75% Above	No	No
65862001005	METFORMIN HCL 1,000 MG TABLET	6	60.00	2.65	0.03	51%-75% Above	No	No
65862001005	METFORMIN HCL 1,000 MG TABLET	6	180.00	6.48	0.03	26%-50% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	4	30.00	2.45	0.07	10%-25% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	4	30.00	2.23	0.05	51%-75% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	4	90.00	5.40	0.05	10%-25% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	5	30.00	0.30	0.05	76%-100% Below	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	5	30.00	2.08	0.05	26%-50% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	5	30.00	2.23	0.05	51%-75% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	5	30.00	2.32	0.05	51%-75% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	6	30.00	0.30	0.05	76%-100% Below	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	6	30.00	2.23	0.05	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862001205	SERTRALINE HCL 50 MG TABLET	6	30.00	2.32	0.05	51%-75% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	6	90.00	5.49	0.05	26%-50% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	4	30.00	3.35	0.06	51%-75% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	4	30.00	3.75	0.06	76%-100% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	4	90.00	7.28	0.06	10%-25% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	5	30.00	2.86	0.07	26%-50% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	5	30.00	3.26	0.07	51%-75% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	5	30.00	3.75	0.07	76%-100% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	5	60.00	6.49	0.07	51%-75% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	6	30.00	3.26	0.07	51%-75% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	6	30.00	3.35	0.07	51%-75% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	6	90.00	8.57	0.07	26%-50% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	4	14.00	0.14	0.14	76%-100% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	4	14.00	2.99	0.14	51%-75% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	4	14.00	2.99	0.14	51%-75% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	4	14.00	7.07	0.14	200% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	4	20.00	3.37	0.14	10%-25% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	5	14.00	2.99	0.14	51%-75% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	5	20.00	0.20	0.14	76%-100% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	5	20.00	3.95	0.14	26%-50% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	5	21.00	4.11	0.14	26%-50% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	5	30.00	5.56	0.14	26%-50% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	6	20.00	3.95	0.13	26%-50% Above	Yes	No
65862005290	SIMVASTATIN 20 MG TABLET	5	90.00	1.40	0.03	26%-50% Below	No	No
65862005299	SIMVASTATIN 20 MG TABLET	6	90.00	0.90	0.03	51%-75% Below	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862006201	METOPROLOL TARTRATE 25 MG TAB	4	60.00	2.34	0.02	51%-75% Above	No	No
65862006201	METOPROLOL TARTRATE 25 MG TAB	5	60.00	2.34	0.02	51%-75% Above	No	No
65862006201	METOPROLOL TARTRATE 25 MG TAB	6	60.00	2.34	0.02	51%-75% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	4	30.00	1.45	0.02	76%-100% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	6	30.00	1.45	0.02	76%-100% Above	No	No
65862006301	METOPROLOL TARTRATE 50 MG TAB	6	180.00	6.68	0.02	51%-75% Above	Yes	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	4	100.00	1.00	0.02	51%-75% Below	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	4	100.00	5.65	0.02	101%-200% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	4	300.00	14.99	0.02	101%-200% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	5	100.00	7.92	0.02	200% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	5	200.00	14.99	0.02	200% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	6	100.00	7.92	0.02	200% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	6	200.00	3.10	0.02	26%-50% Below	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	6	200.00	14.99	0.02	200% Above	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	5	150.00	11.51	0.03	101%-200% Above	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	6	150.00	11.42	0.02	200% Above	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	5	28.00	7.28	0.14	76%-100% Above	Yes	No
65862014305	CARVEDILOL 6.25 MG TABLET	4	180.00	1.80	0.02	51%-75% Below	No	No
65862014305	CARVEDILOL 6.25 MG TABLET	4	180.00	5.62	0.02	26%-50% Above	No	No
65862014305	CARVEDILOL 6.25 MG TABLET	5	60.00	2.66	0.02	76%-100% Above	No	No
65862014305	CARVEDILOL 6.25 MG TABLET	6	60.00	2.66	0.02	76%-100% Above	No	No
65862014305	CARVEDILOL 6.25 MG TABLET	6	180.00	9.99	0.02	101%-200% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	5	9.00	6.99	0.55	26%-50% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	6	9.00	6.99	0.56	26%-50% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	5	9.00	9.53	0.60	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	5	60.00	2.46	0.03	26%-50% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.00	1.82	0.03	76%-100% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.00	0.30	0.04	51%-75% Below	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.00	1.82	0.04	51%-75% Above	No	No
65862017001	ATENOLOL 100 MG TABLET	5	90.00	11.06	0.05	101%-200% Above	No	No
65862017601	PENICILLIN VK 500 MG TABLET	5	28.00	0.00	0.10	76%-100% Below	No	No
65862017601	PENICILLIN VK 500 MG TABLET	6	20.00	4.37	0.10	101%-200% Above	No	No
65862017760	CEFDINIR 300 MG CAPSULE	4	14.00	14.90	0.50	101%-200% Above	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	5	14.00	5.69	0.29	26%-50% Above	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	5	42.00	14.99	0.29	10%-25% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	5	18.00	8.26	0.09	200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	7	12.00	6.90	0.08	200% Above	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	4	18.00	1.25	0.10	26%-50% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	4	18.00	14.90	0.10	200% Above	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	5	18.00	14.90	0.11	200% Above	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	5	18.00	19.30	0.11	200% Above	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	6	15.00	13.93	0.09	200% Above	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	6	18.00	14.90	0.09	200% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	4	30.00	1.42	0.04	10%-25% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	5	30.00	1.42	0.04	26%-50% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	5	30.00	1.55	0.04	26%-50% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	6	30.00	1.55	0.04	26%-50% Above	No	No
65862019299	FLUOXETINE HCL 10 MG CAPSULE	5	60.00	2.46	0.04	10%-25% Above	No	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	5	30.00	1.45	0.03	26%-50% Above	No	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	6	30.00	1.45	0.03	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	4	30.00	1.45	0.03	26%-50% Above	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	5	30.00	1.45	0.03	26%-50% Above	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	5	270.00	5.29	0.03	26%-50% Below	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	6	30.00	1.45	0.03	51%-75% Above	No	No
65862019401	FLUOXETINE HCL 40 MG CAPSULE	4	30.00	6.96	0.07	200% Above	No	No
65862019401	FLUOXETINE HCL 40 MG CAPSULE	5	30.00	4.90	0.07	101%-200% Above	No	No
65862019401	FLUOXETINE HCL 40 MG CAPSULE	5	60.00	11.34	0.07	101%-200% Above	No	No
65862019401	FLUOXETINE HCL 40 MG CAPSULE	5	60.00	13.27	0.07	200% Above	No	No
65862019401	FLUOXETINE HCL 40 MG CAPSULE	6	30.00	1.55	0.07	10%-25% Below	No	No
65862019401	FLUOXETINE HCL 40 MG CAPSULE	6	60.00	14.90	0.07	200% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	4	31.00	13.32	0.07	200% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	4	90.00	19.68	0.07	101%-200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	5	30.00	4.90	0.07	101%-200% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	5	31.00	13.32	0.07	200% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	6	30.00	4.90	0.07	101%-200% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	6	31.00	13.32	0.07	200% Above	No	No
65862019430	FLUOXETINE HCL 40 MG CAPSULE	5	30.00	3.99	0.07	76%-100% Above	No	No
65862019430	FLUOXETINE HCL 40 MG CAPSULE	6	90.00	9.99	0.07	51%-75% Above	No	No
65862019499	FLUOXETINE HCL 40 MG CAPSULE	5	30.00	1.55	0.07	26%-50% Below	No	No
65862019499	FLUOXETINE HCL 40 MG CAPSULE	6	30.00	7.28	0.07	200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	5	30.00	2.95	0.06	51%-75% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	6	30.00	2.95	0.06	51%-75% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	5	30.00	6.27	0.09	101%-200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	6	15.00	2.39	0.08	76%-100% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	6	30.00	6.27	0.08	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	6	90.00	9.27	0.08	26%-50% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	6	90.00	16.80	0.08	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	4	30.00	10.47	0.12	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	4	90.00	14.18	0.12	26%-50% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	5	30.00	4.44	0.12	10%-25% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	5	30.00	4.99	0.12	26%-50% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	5	30.00	10.47	0.12	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	5	90.00	14.09	0.12	26%-50% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	5	90.00	14.18	0.12	26%-50% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	6	30.00	5.13	0.11	26%-50% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	6	30.00	6.13	0.11	76%-100% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	6	30.00	10.47	0.11	200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	6	30.00	10.94	0.11	200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	6	90.00	29.40	0.11	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	6	90.00	30.81	0.11	200% Above	No	No
65862021150	MINOCYCLINE 100 MG CAPSULE	5	60.00	17.03	0.39	26%-50% Below	No	No
65862021401	ZALEPLON 5 MG CAPSULE	6	30.00	6.99	0.16	26%-50% Above	Yes	No
65862021860	CEFDINIR 125 MG/5 ML SUSP	4	60.00	14.99	0.16	51%-75% Above	Yes	No
65862021860	CEFDINIR 125 MG/5 ML SUSP	5	120.00	14.99	0.17	10%-25% Below	Yes	No
65862021901	CEFDINIR 250 MG/5 ML SUSP	6	100.00	12.46	0.17	26%-50% Below	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	5	60.00	14.99	0.16	51%-75% Above	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	6	60.00	12.42	0.18	10%-25% Above	No	No
65862022660	CLARITHROMYCIN 500 MG TABLET	4	20.00	6.50	0.48	26%-50% Below	No	No
65862022801	LAMOTRIGINE 100 MG TABLET	5	30.00	4.82	0.06	101%-200% Above	Yes	No
65862022801	LAMOTRIGINE 100 MG TABLET	6	30.00	4.82	0.06	101%-200% Above	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862024708	LEVETIRACETAM 750 MG TABLET	5	360.00	44.99	0.18	26%-50% Below	Yes	No
65862029490	ROSUVASTATIN CALCIUM 10 MG TAB	4	90.00	0.01	0.07	76%-100% Below	No	No
65862029490	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.00	9.99	0.07	200% Above	No	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	4	12.00	7.70	0.33	76%-100% Above	Yes	No
65862035705	CLOPIDOGREL 75 MG TABLET	4	30.00	4.06	0.06	101%-200% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	4	30.00	14.90	0.06	200% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	4	90.00	44.90	0.06	200% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	5	30.00	4.06	0.07	76%-100% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	6	30.00	4.06	0.06	101%-200% Above	No	No
65862035790	CLOPIDOGREL 75 MG TABLET	4	90.00	44.99	0.06	200% Above	Yes	No
65862037301	ESCITALOPRAM 5 MG TABLET	6	30.00	4.30	0.06	101%-200% Above	No	No
65862037405	ESCITALOPRAM 10 MG TABLET	4	30.00	4.43	0.05	101%-200% Above	No	No
65862037501	ESCITALOPRAM 20 MG TABLET	4	30.00	0.30	0.08	76%-100% Below	No	No
65862037505	ESCITALOPRAM 20 MG TABLET	4	30.00	11.68	0.08	200% Above	No	No
65862037505	ESCITALOPRAM 20 MG TABLET	4	90.00	14.38	0.08	76%-100% Above	No	No
65862037505	ESCITALOPRAM 20 MG TABLET	5	30.00	11.68	0.09	200% Above	No	No
65862037505	ESCITALOPRAM 20 MG TABLET	6	30.00	11.68	0.08	200% Above	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	4	9.00	3.00	0.23	26%-50% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	4	10.00	0.10	0.23	76%-100% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	4	15.00	4.50	0.23	26%-50% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	15.00	4.50	0.23	26%-50% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	18.00	5.26	0.23	26%-50% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	18.00	9.99	0.23	101%-200% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	10.00	3.25	0.23	26%-50% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	18.00	9.99	0.23	101%-200% Above	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862039110	ONDANSETRON ODT 8 MG TABLET	4	18.00	7.10	0.27	26%-50% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	5	18.00	2.79	0.27	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	6	12.00	5.04	0.26	51%-75% Above	Yes	No
65862041901	SULFAMETHOXAZOLE-TMP SS TABLET	5	30.00	4.60	0.07	101%-200% Above	No	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	5	20.00	4.26	0.06	200% Above	No	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	6	14.00	2.08	0.07	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	4	14.00	0.14	0.06	76%-100% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	4	14.00	2.17	0.06	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	4	14.00	4.16	0.06	200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	4	20.00	2.47	0.06	76%-100% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	4	20.00	4.26	0.06	200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	13.00	0.13	0.06	76%-100% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	14.00	0.14	0.06	76%-100% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	20.00	2.78	0.06	101%-200% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	28.00	3.60	0.06	76%-100% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	13.00	0.13	0.07	76%-100% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	20.00	0.20	0.07	76%-100% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	20.00	2.78	0.07	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	20.00	2.78	0.07	101%-200% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	20.00	4.35	0.07	200% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	20.00	5.76	0.07	200% Above	No	No
65862044930	VALACYCLOVIR HCL 1 GRAM TABLET	4	4.00	19.99	0.57	200% Above	No	No
65862044930	VALACYCLOVIR HCL 1 GRAM TABLET	5	21.00	14.99	0.59	10%-25% Above	No	No
65862044930	VALACYCLOVIR HCL 1 GRAM TABLET	6	6.00	14.99	0.58	200% Above	No	No
65862046890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	5	30.00	14.90	0.16	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862046890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	6	90.00	44.99	0.16	200% Above	No	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	5	90.00	55.18	0.20	200% Above	Yes	No
65862046999	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	4	30.00	14.90	0.19	101%-200% Above	No	No
65862046999	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	5	30.00	14.90	0.20	101%-200% Above	No	No
65862047099	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	30.00	14.90	0.19	101%-200% Above	No	No
65862047605	RAMIPRIL 5 MG CAPSULE	5	30.00	3.28	0.06	76%-100% Above	No	No
65862047605	RAMIPRIL 5 MG CAPSULE	6	30.00	3.28	0.07	51%-75% Above	No	No
65862049301	QUETIAPINE FUMARATE 200 MG TAB	4	30.00	6.26	0.11	76%-100% Above	Yes	No
65862049460	QUETIAPINE FUMARATE 300 MG TAB	5	30.00	6.99	0.18	26%-50% Above	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	6	20.00	0.20	0.40	76%-100% Below	Yes	No
65862050301	AMOX-CLAV 875-125 MG TABLET	6	20.00	14.90	0.28	101%-200% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	6	20.00	19.90	0.28	200% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.20	0.28	76%-100% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	20.00	11.38	0.28	101%-200% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	14.00	6.90	0.30	51%-75% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	14.00	8.10	0.30	76%-100% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	20.00	9.99	0.30	51%-75% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	20.00	11.38	0.30	76%-100% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	14.00	0.14	0.28	76%-100% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	14.00	8.19	0.28	101%-200% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	20.00	6.99	0.28	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	20.00	11.38	0.28	101%-200% Above	No	No
65862051330	PIOGLITAZONE HCL 30 MG TABLET	5	90.00	16.12	0.15	10%-25% Above	Yes	No
65862051601	NAPROXEN SODIUM 550 MG TAB	5	14.00	14.90	0.47	101%-200% Above	No	No
65862051601	NAPROXEN SODIUM 550 MG TAB	5	30.00	4.99	0.47	51%-75% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862052305	GABAPENTIN 600 MG TABLET	4	180.00	1.80	0.10	76%-100% Below	Yes	No
65862052305	GABAPENTIN 600 MG TABLET	5	90.00	10.68	0.11	10%-25% Above	No	No
65862052305	GABAPENTIN 600 MG TABLET	6	90.00	9.99	0.10	10%-25% Above	Yes	No
65862052305	GABAPENTIN 600 MG TABLET	6	180.00	1.80	0.10	76%-100% Below	Yes	No
65862052405	GABAPENTIN 800 MG TABLET	4	90.00	14.90	0.13	26%-50% Above	No	No
65862052405	GABAPENTIN 800 MG TABLET	5	90.00	7.16	0.13	26%-50% Below	No	No
65862052405	GABAPENTIN 800 MG TABLET	6	30.00	3.13	0.13	10%-25% Below	Yes	No
65862052660	PIOGLITAZONE-METFORMIN 15-850	5	60.00	26.27	0.83	26%-50% Below	No	No
65862052660	PIOGLITAZONE-METFORMIN 15-850	6	60.00	26.27	0.56	10%-25% Below	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	5	30.00	1.93	0.13	26%-50% Below	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	6	30.00	1.93	0.13	26%-50% Below	No	No
65862052830	VENLAFAXINE HCL ER 75 MG CAP	4	30.00	4.90	0.13	26%-50% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	5	30.00	8.85	0.13	101%-200% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	6	30.00	8.85	0.13	101%-200% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	6	30.00	14.43	0.13	200% Above	No	No
65862053401	AMOX-CLAV 400-57 MG/5 ML SUSP	6	200.00	17.23	0.07	10%-25% Above	No	No
65862053513	AMOX-CLAV 600-42.9 MG/5 ML SUS	6	125.00	13.29	0.07	51%-75% Above	No	No
65862053513	AMOX-CLAV 600-42.9 MG/5 ML SUS	6	125.00	13.38	0.07	51%-75% Above	No	No
65862053575	AMOX-CLAV 600-42.9 MG/5 ML SUS	5	150.00	14.90	0.08	10%-25% Above	No	No
65862053575	AMOX-CLAV 600-42.9 MG/5 ML SUS	6	75.00	9.94	0.09	51%-75% Above	No	No
65862053750	LEVOFLOXACIN 500 MG TABLET	4	7.00	2.68	0.18	101%-200% Above	No	No
65862053750	LEVOFLOXACIN 500 MG TABLET	4	7.00	2.77	0.18	101%-200% Above	Yes	No
65862053750	LEVOFLOXACIN 500 MG TABLET	5	10.00	3.15	0.21	51%-75% Above	No	No
65862053750	LEVOFLOXACIN 500 MG TABLET	6	30.00	3.57	0.21	26%-50% Below	No	No
65862053820	LEVOFLOXACIN 750 MG TABLET	4	30.00	5.73	0.38	26%-50% Below	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862053820	LEVOFLOXACIN 750 MG TABLET	5	7.00	0.07	0.41	76%-100% Below	Yes	No
65862053820	LEVOFLOXACIN 750 MG TABLET	5	10.00	9.99	0.41	101%-200% Above	Yes	No
65862054890	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	4	30.00	6.90	0.37	26%-50% Below	No	No
65862054890	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	5	30.00	6.90	0.30	10%-25% Below	No	No
65862054890	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	6	30.00	6.90	0.28	10%-25% Below	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.99	0.07	51%-75% Below	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	0.99	0.06	26%-50% Below	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	4.38	0.06	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	6.44	0.06	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	4.57	0.06	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	3.81	0.07	76%-100% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	4.38	0.07	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	2.18	0.06	10%-25% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	3.81	0.06	76%-100% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	4.38	0.06	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.00	11.85	0.06	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	2.18	0.06	10%-25% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	4.38	0.06	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	4.57	0.06	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	5.22	0.06	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	6	180.00	23.04	0.06	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.00	3.73	0.06	76%-100% Above	No	No
65862056790	MONTELUKAST SOD 4 MG TAB CHEW	5	90.00	12.49	0.10	26%-50% Above	Yes	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	6	30.00	6.99	0.09	101%-200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	4	30.00	6.99	0.08	200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862057490	MONTELUKAST SOD 10 MG TABLET	4	90.00	7.88	0.08	10%-25% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	4	90.00	12.92	0.08	76%-100% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	4	90.00	29.99	0.08	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	30.00	0.30	0.07	76%-100% Below	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	30.00	6.99	0.07	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	6	30.00	6.99	0.08	101%-200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	6	90.00	8.69	0.08	10%-25% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	6	90.00	12.49	0.08	76%-100% Above	Yes	No
65862058601	AMLODIPINE-BENAZEPRIL 10-20 MG	4	90.00	44.99	0.16	200% Above	No	No
65862058701	AMLODIPINE-BENAZEPRIL 10-40 MG	5	90.00	44.99	0.18	101%-200% Above	No	No
65862059601	CLINDAMYCIN (PEDI) 75 MG/5 ML	6	300.00	4.99	0.20	76%-100% Below	Yes	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	5	15.00	2.12	0.07	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	5	7.00	0.27	0.07	26%-50% Below	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.00	6.90	0.07	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.00	12.33	0.07	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.00	1.14	0.06	26%-50% Below	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.00	4.90	0.06	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.00	6.90	0.06	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.00	14.90	0.06	200% Above	No	No
65862062405	GEMFIBROZIL 600 MG TABLET	5	30.00	0.30	0.11	76%-100% Below	No	No
65862062405	GEMFIBROZIL 600 MG TABLET	6	30.00	0.30	0.10	76%-100% Below	No	No
65862062405	GEMFIBROZIL 600 MG TABLET	6	180.00	12.49	0.10	26%-50% Below	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	5	6.00	4.07	0.50	26%-50% Above	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	5	6.00	4.28	0.50	26%-50% Above	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	6	6.00	4.28	0.48	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862064130	AZITHROMYCIN 250 MG TABLET	6	6.00	6.06	0.48	101%-200% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	4	6.00	4.19	0.52	26%-50% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	4	6.00	4.28	0.52	26%-50% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	4	6.00	6.06	0.52	76%-100% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	6	6.00	4.19	0.48	26%-50% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	6	6.00	4.28	0.48	26%-50% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	6	6.00	4.99	0.48	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	5	6.00	3.98	0.50	26%-50% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	5	6.00	4.19	0.50	26%-50% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	6	6.00	3.98	0.48	26%-50% Above	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	6	2.00	3.09	0.92	51%-75% Above	No	No
65862064264	AZITHROMYCIN 500 MG TABLET	5	3.00	4.17	1.01	26%-50% Above	No	No
65862064290	AZITHROMYCIN 500 MG TABLET	6	4.00	6.39	0.92	51%-75% Above	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	6	60.00	2.41	0.02	76%-100% Above	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	4	30.00	1.48	0.02	101%-200% Above	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	5	45.00	1.76	0.02	51%-75% Above	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	6	45.00	0.45	0.03	51%-75% Below	Yes	No
65862067899	ALPRAZOLAM 1 MG TABLET	6	90.00	0.90	0.03	51%-75% Below	Yes	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	4	30.00	4.90	0.19	10%-25% Below	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	5	30.00	4.90	0.18	10%-25% Below	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	6	30.00	4.90	0.20	10%-25% Below	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	4	30.00	10.27	0.19	76%-100% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	5	30.00	10.27	0.18	76%-100% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	6	30.00	10.27	0.20	51%-75% Above	No	No
65862073205	AMIODARONE HCL 200 MG TABLET	6	90.00	19.95	0.14	51%-75% Above	Yes	No

## NADAC Summary Report

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65862077685	MILI 0.25-0.035 MG TABLET	6	84.00	0.84	0.21	76%-100% Below	No	No
65862077885	TRI-LO-MILI TABLET	5	84.00	0.84	0.19	76%-100% Below	No	No
65862078030	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	4	30.00	4.99	0.37	51%-75% Below	No	No
65862078030	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	6	30.00	4.99	0.39	51%-75% Below	No	No
65862084003	MOXIFLOXACIN 0.5% EYE DROPS	5	3.00	9.99	5.48	26%-50% Below	Yes	No
65862084003	MOXIFLOXACIN 0.5% EYE DROPS	6	3.00	0.03	5.76	76%-100% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	6	28.00	1.73	0.04	26%-50% Above	No	No
65862085901	FAMOTIDINE 20 MG TABLET	6	60.00	2.12	0.04	10%-25% Below	No	No
65862085901	FAMOTIDINE 20 MG TABLET	6	90.00	2.60	0.04	26%-50% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	6	180.00	5.20	0.04	26%-50% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	6	180.00	5.45	0.04	26%-50% Below	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	4	90.00	13.92	0.09	51%-75% Above	No	No
65862086001	FAMOTIDINE 40 MG TABLET	5	180.00	20.18	0.09	10%-25% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	6	30.00	5.35	0.09	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	6	90.00	13.45	0.09	51%-75% Above	No	No
65862090905	CELECOXIB 200 MG CAPSULE	5	60.00	36.51	0.15	200% Above	Yes	No
65862092585	INCASSIA 0.35 MG TABLET	6	84.00	8.69	0.21	51%-75% Below	Yes	No
65862093488	AUROVELA 24 FE 1 MG-20 MCG TAB	4	84.00	0.84	0.88	76%-100% Below	No	No
65862094088	AUROVELA FE 1-20 TABLET	5	84.00	0.84	0.27	76%-100% Below	No	No
65862094188	AUROVELA FE 1.5 MG-30 MCG TAB	6	84.00	0.84	0.30	76%-100% Below	No	No
65862096701	ESZOPICLONE 1 MG TABLET	4	30.00	0.30	0.21	76%-100% Below	Yes	No
65862096701	ESZOPICLONE 1 MG TABLET	5	30.00	0.30	0.17	76%-100% Below	Yes	No
65862096801	ESZOPICLONE 2 MG TABLET	5	30.00	19.99	0.23	101%-200% Above	Yes	No
65862096801	ESZOPICLONE 2 MG TABLET	6	30.00	19.99	0.25	101%-200% Above	Yes	No
65862096901	ESZOPICLONE 3 MG TABLET	5	30.00	0.30	0.19	76%-100% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862096901	ESZOPICLONE 3 MG TABLET	6	30.00	0.30	0.16	76%-100% Below	Yes	No
65862096901	ESZOPICLONE 3 MG TABLET	6	30.00	14.99	0.16	200% Above	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	5	90.00	12.40	0.15	10%-25% Below	No	No
66220072930	KRISTALOSE 20 GM PACKET	4	30.00	214.87	8.09	10%-25% Below	Yes	No
66220072930	KRISTALOSE 20 GM PACKET	5	30.00	214.87	8.09	10%-25% Below	Yes	No
66220072930	KRISTALOSE 20 GM PACKET	6	30.00	214.87	8.09	10%-25% Below	Yes	No
66689034599	CHLORTHALIDONE 25 MG TABLET	4	15.00	1.97	0.18	10%-25% Below	No	No
66689034599	CHLORTHALIDONE 25 MG TABLET	4	15.00	6.99	0.18	101%-200% Above	No	No
66689034599	CHLORTHALIDONE 25 MG TABLET	5	15.00	1.84	0.19	26%-50% Below	No	No
66993001968	ALBUTEROL HFA 90 MCG INHALER	4	18.00	29.14	1.88	10%-25% Below	No	No
66993001968	ALBUTEROL HFA 90 MCG INHALER	4	18.00	29.90	1.88	10%-25% Below	No	No
66993001968	ALBUTEROL HFA 90 MCG INHALER	5	18.00	14.99	1.89	51%-75% Below	No	No
66993001968	ALBUTEROL HFA 90 MCG INHALER	5	18.00	21.85	1.89	26%-50% Below	No	No
66993001968	ALBUTEROL HFA 90 MCG INHALER	5	18.00	29.14	1.89	10%-25% Below	No	No
66993001968	ALBUTEROL HFA 90 MCG INHALER	5	18.00	29.90	1.89	10%-25% Below	No	No
66993001968	ALBUTEROL HFA 90 MCG INHALER	5	36.00	43.71	1.89	26%-50% Below	Yes	No
66993001968	ALBUTEROL HFA 90 MCG INHALER	5	54.00	65.56	1.89	26%-50% Below	Yes	No
66993001968	ALBUTEROL HFA 90 MCG INHALER	5	54.00	87.41	1.89	10%-25% Below	No	No
66993001968	ALBUTEROL HFA 90 MCG INHALER	6	18.00	14.99	1.88	51%-75% Below	No	No
66993001968	ALBUTEROL HFA 90 MCG INHALER	6	18.00	26.31	1.88	10%-25% Below	Yes	No
66993001968	ALBUTEROL HFA 90 MCG INHALER	6	18.00	29.14	1.88	10%-25% Below	No	No
66993001968	ALBUTEROL HFA 90 MCG INHALER	6	36.00	43.71	1.88	26%-50% Below	Yes	No
66993060536	ETONOGESTREL-EE VAGINAL RING	5	1.00	75.71	100.39	10%-25% Below	No	No
66993060536	ETONOGESTREL-EE VAGINAL RING	5	3.00	0.03	100.39	76%-100% Below	Yes	No
66993060536	ETONOGESTREL-EE VAGINAL RING	6	3.00	0.00	103.75	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
66993068130	OLANZAPINE 5 MG TABLET	5	90.00	6.99	0.11	26%-50% Below	Yes	No
66993068130	OLANZAPINE 5 MG TABLET	6	90.00	6.99	0.12	26%-50% Below	Yes	No
66993068330	OLANZAPINE 10 MG TABLET	4	30.00	0.30	0.12	76%-100% Below	Yes	No
66993068330	OLANZAPINE 10 MG TABLET	5	30.00	0.30	0.12	76%-100% Below	Yes	No
66993068530	OLANZAPINE 20 MG TABLET	6	90.00	109.77	0.22	200% Above	Yes	No
67405060301	FLUCONAZOLE 150 MG TABLET	4	2.00	4.90	0.91	101%-200% Above	No	No
67405060301	FLUCONAZOLE 150 MG TABLET	5	3.00	4.90	0.97	51%-75% Above	No	No
67405060301	FLUCONAZOLE 150 MG TABLET	6	1.00	0.76	0.87	10%-25% Below	No	No
67405060301	FLUCONAZOLE 150 MG TABLET	6	1.00	3.36	0.87	200% Above	No	No
67405060301	FLUCONAZOLE 150 MG TABLET	6	2.00	4.90	0.87	101%-200% Above	No	No
67877012420	SILVER SULFADIAZINE 1% CREAM	5	20.00	12.53	0.21	101%-200% Above	Yes	No
67877014701	TEMAZEPAM 30 MG CAPSULE	6	18.00	1.21	0.10	26%-50% Below	No	No
67877014705	TEMAZEPAM 30 MG CAPSULE	6	90.00	6.05	0.10	26%-50% Below	No	No
67877019705	AMLODIPINE BESYLATE 2.5 MG TAB	4	90.00	2.88	0.01	101%-200% Above	No	No
67877019705	AMLODIPINE BESYLATE 2.5 MG TAB	5	90.00	2.47	0.01	101%-200% Above	No	No
67877019710	AMLODIPINE BESYLATE 2.5 MG TAB	4	90.00	8.20	0.01	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	1.26	0.01	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	1.35	0.01	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	4.65	0.01	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	11.77	0.01	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	5	30.00	0.30	0.01	10%-25% Below	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	5	30.00	1.26	0.01	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	5	30.00	1.35	0.01	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	5	30.00	4.65	0.01	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	5	90.00	9.24	0.01	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	6	30.00	1.26	0.01	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	6	30.00	1.35	0.01	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	6	30.00	1.38	0.01	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	6	30.00	4.65	0.01	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	0.73	0.01	26%-50% Below	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	2.47	0.01	101%-200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	2.56	0.01	101%-200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	1.13	0.01	200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	5	30.00	1.13	0.01	200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	5	30.00	1.26	0.01	200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	6	30.00	1.15	0.01	200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	6	30.00	1.26	0.01	200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	2.47	0.01	101%-200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	11.68	0.01	200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	8	30.00	1.29	0.01	200% Above	No	No
67877019890	AMLODIPINE BESYLATE 5 MG TAB	5	30.00	3.72	0.01	200% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	0.35	0.02	10%-25% Below	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	3.15	0.02	101%-200% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	5	30.00	0.32	0.02	26%-50% Below	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	5	30.00	0.35	0.02	26%-50% Below	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	3.15	0.02	101%-200% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	6	30.00	0.32	0.02	26%-50% Below	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	6	30.00	0.34	0.02	26%-50% Below	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	8	30.00	0.34	0.02	26%-50% Below	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	3.78	0.02	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	3.15	0.02	101%-200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	7.47	0.02	200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	5	30.00	1.48	0.02	200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	5	30.00	3.78	0.02	200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	3.15	0.02	101%-200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	6	30.00	1.48	0.02	200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	6	30.00	1.53	0.02	200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	6	30.00	3.92	0.02	200% Above	No	No
67877019990	AMLODIPINE BESYLATE 10 MG TAB	5	30.00	0.35	0.02	26%-50% Below	No	No
67877019990	AMLODIPINE BESYLATE 10 MG TAB	6	90.00	7.80	0.02	200% Above	No	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	5	14.00	6.90	0.63	10%-25% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	4	14.00	3.13	0.12	76%-100% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	4	30.00	2.83	0.12	10%-25% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	5	30.00	4.50	0.13	10%-25% Above	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	4	15.00	1.07	0.03	101%-200% Above	No	No
67877022210	GABAPENTIN 100 MG CAPSULE	6	30.00	1.65	0.03	76%-100% Above	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	5	90.00	5.61	0.05	10%-25% Above	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	5	120.00	4.03	0.05	26%-50% Below	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	6	21.00	1.81	0.05	76%-100% Above	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	6	90.00	4.99	0.05	10%-25% Above	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	6	120.00	4.03	0.05	26%-50% Below	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	4	90.00	4.85	0.05	10%-25% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	4	90.00	4.90	0.05	10%-25% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	4	120.00	4.90	0.05	10%-25% Below	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	4	270.00	14.90	0.05	10%-25% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877022310	GABAPENTIN 300 MG CAPSULE	5	30.00	2.39	0.05	51%-75% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	5	60.00	7.83	0.05	101%-200% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	5	90.00	5.61	0.05	10%-25% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	6	30.00	2.39	0.05	51%-75% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	6	30.00	7.80	0.05	200% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	6	90.00	4.90	0.05	10%-25% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	6	90.00	5.61	0.05	26%-50% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	6	90.00	6.72	0.05	51%-75% Above	No	No
67877022405	GABAPENTIN 400 MG CAPSULE	4	60.00	5.64	0.07	26%-50% Above	No	No
67877022410	GABAPENTIN 400 MG CAPSULE	5	90.00	4.90	0.07	26%-50% Below	No	No
67877022410	GABAPENTIN 400 MG CAPSULE	6	90.00	3.84	0.06	26%-50% Below	No	No
67877022501	MYCOPHENOLATE 500 MG TABLET	4	180.00	596.25	0.33	200% Above	No	No
67877025130	TRIAMCINOLONE 0.1% CREAM	5	30.00	4.99	0.14	10%-25% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	5	30.00	5.66	0.14	26%-50% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	6	30.00	1.83	0.14	51%-75% Below	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	6	30.00	4.99	0.14	10%-25% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	6	30.00	5.66	0.14	26%-50% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	8	30.00	8.11	0.14	76%-100% Above	Yes	No
67877026118	RIZATRIPTAN 5 MG TABLET	4	9.00	14.99	0.81	101%-200% Above	Yes	No
67877026218	RIZATRIPTAN 10 MG TABLET	5	6.00	0.06	0.62	76%-100% Below	Yes	No
67877026218	RIZATRIPTAN 10 MG TABLET	5	30.00	13.24	0.62	26%-50% Below	No	No
67877027430	LANSOPRAZOLE DR 15 MG CAPSULE	6	90.00	19.11	0.33	26%-50% Below	Yes	No
67877031901	IBUPROFEN 400 MG TABLET	5	10.00	1.13	0.05	101%-200% Above	No	No
67877031901	IBUPROFEN 400 MG TABLET	6	12.00	1.22	0.06	76%-100% Above	No	No
67877031901	IBUPROFEN 400 MG TABLET	6	18.00	1.51	0.06	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877032001	IBUPROFEN 600 MG TABLET	7	20.00	2.99	0.06	101%-200% Above	No	No
67877032005	IBUPROFEN 600 MG TABLET	5	30.00	2.22	0.06	10%-25% Above	No	No
67877032101	IBUPROFEN 800 MG TABLET	4	30.00	2.13	0.08	10%-25% Below	No	No
67877032101	IBUPROFEN 800 MG TABLET	6	21.00	3.34	0.08	76%-100% Above	No	No
67877032101	IBUPROFEN 800 MG TABLET	8	20.00	1.81	0.08	10%-25% Above	No	No
67877032105	IBUPROFEN 800 MG TABLET	4	90.00	5.08	0.08	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	5	60.00	4.14	0.08	10%-25% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	5	90.00	5.08	0.08	26%-50% Below	No	No
67877041401	METFORMIN HCL ER 750 MG TABLET	4	30.00	4.03	0.09	26%-50% Above	Yes	No
67877041401	METFORMIN HCL ER 750 MG TABLET	4	90.00	10.60	0.09	10%-25% Above	Yes	No
67877041401	METFORMIN HCL ER 750 MG TABLET	5	30.00	4.03	0.09	26%-50% Above	Yes	No
67877041401	METFORMIN HCL ER 750 MG TABLET	6	30.00	4.03	0.08	51%-75% Above	Yes	No
67877041920	LINEZOLID 600 MG TABLET	6	14.00	18.68	2.27	26%-50% Below	No	No
67877045005	TAMSULOSIN HCL 0.4 MG CAPSULE	4	10.00	6.53	0.06	200% Above	No	No
67877045005	TAMSULOSIN HCL 0.4 MG CAPSULE	4	30.00	11.58	0.06	200% Above	No	No
67877045005	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.00	6.99	0.06	200% Above	No	No
67877046490	PREGABALIN 75 MG CAPSULE	4	30.00	4.99	0.10	51%-75% Above	No	No
67877046490	PREGABALIN 75 MG CAPSULE	5	30.00	4.99	0.10	51%-75% Above	No	No
67877046490	PREGABALIN 75 MG CAPSULE	6	30.00	4.99	0.09	76%-100% Above	No	No
67877046590	PREGABALIN 100 MG CAPSULE	5	60.00	6.90	0.10	10%-25% Above	No	No
67877046590	PREGABALIN 100 MG CAPSULE	6	60.00	6.90	0.09	10%-25% Above	No	No
67877046690	PREGABALIN 150 MG CAPSULE	5	90.00	6.80	0.11	26%-50% Below	No	No
67877046690	PREGABALIN 150 MG CAPSULE	6	60.00	6.99	0.10	10%-25% Above	No	No
67877046690	PREGABALIN 150 MG CAPSULE	6	90.00	6.80	0.10	26%-50% Below	No	No
67877048230	TELMISARTAN 20 MG TABLET	4	30.00	19.90	0.43	51%-75% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877048230	TELMISARTAN 20 MG TABLET	5	30.00	19.90	0.43	51%-75% Above	No	No
67877048430	TELMISARTAN 80 MG TABLET	4	30.00	6.99	0.43	26%-50% Below	No	No
67877048430	TELMISARTAN 80 MG TABLET	4	90.00	18.95	0.43	51%-75% Below	No	No
67877048430	TELMISARTAN 80 MG TABLET	4	90.00	44.99	0.43	10%-25% Above	No	No
67877048430	TELMISARTAN 80 MG TABLET	5	30.00	6.99	0.39	26%-50% Below	No	No
67877048430	TELMISARTAN 80 MG TABLET	6	90.00	19.02	0.39	26%-50% Below	No	No
67877049005	EZETIMIBE 10 MG TABLET	4	30.00	6.90	0.17	26%-50% Above	No	No
67877049301	AZATHIOPRINE 50 MG TABLET	4	90.00	15.27	0.22	10%-25% Below	No	No
67877049301	AZATHIOPRINE 50 MG TABLET	5	90.00	15.27	0.23	26%-50% Below	No	No
67877049301	AZATHIOPRINE 50 MG TABLET	6	90.00	15.27	0.26	26%-50% Below	No	No
67877050651	COLESEVELAM 625 MG TABLET	4	30.00	14.90	0.56	10%-25% Below	No	No
67877050651	COLESEVELAM 625 MG TABLET	4	120.00	0.01	0.56	76%-100% Below	No	No
67877050651	COLESEVELAM 625 MG TABLET	6	90.00	31.85	0.47	10%-25% Below	No	No
67877050990	EZETIMIBE-SIMVASTATIN 10-40 MG	6	90.00	12.49	1.17	76%-100% Below	No	No
67877051110	ATORVASTATIN 10 MG TABLET	5	30.00	0.86	0.04	26%-50% Below	No	No
67877051210	ATORVASTATIN 20 MG TABLET	4	30.00	1.21	0.05	10%-25% Below	No	No
67877051210	ATORVASTATIN 20 MG TABLET	5	30.00	4.90	0.06	101%-200% Above	No	No
67877051210	ATORVASTATIN 20 MG TABLET	6	90.00	3.62	0.05	26%-50% Below	No	No
67877051310	ATORVASTATIN 40 MG TABLET	4	30.00	5.64	0.07	101%-200% Above	No	No
67877051310	ATORVASTATIN 40 MG TABLET	5	30.00	5.64	0.07	101%-200% Above	No	No
67877051310	ATORVASTATIN 40 MG TABLET	6	30.00	5.64	0.06	200% Above	No	No
67877051310	ATORVASTATIN 40 MG TABLET	6	30.00	5.89	0.06	200% Above	No	No
67877051405	ATORVASTATIN 80 MG TABLET	5	30.00	4.90	0.10	51%-75% Above	No	No
67877051405	ATORVASTATIN 80 MG TABLET	6	30.00	4.90	0.10	51%-75% Above	No	No
67877054568	CEPHALEXIN 250 MG/5 ML SUSP	4	200.00	14.95	0.09	10%-25% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877056110	METFORMIN HCL 500 MG TABLET	5	60.00	1.69	0.02	51%-75% Above	No	No
67877056110	METFORMIN HCL 500 MG TABLET	6	60.00	1.69	0.02	51%-75% Above	No	No
67877056305	METFORMIN HCL 1,000 MG TABLET	5	60.00	0.99	0.03	26%-50% Below	No	No
67877056305	METFORMIN HCL 1,000 MG TABLET	5	60.00	4.45	0.03	101%-200% Above	No	No
67877056305	METFORMIN HCL 1,000 MG TABLET	6	60.00	0.99	0.03	26%-50% Below	No	No
67877056305	METFORMIN HCL 1,000 MG TABLET	6	60.00	4.45	0.03	101%-200% Above	No	No
67877056305	METFORMIN HCL 1,000 MG TABLET	7	60.00	0.99	0.03	26%-50% Below	No	No
67877057060	DRONABINOL 10 MG CAPSULE	4	60.00	151.15	3.91	26%-50% Below	No	No
67877057060	DRONABINOL 10 MG CAPSULE	5	60.00	151.15	3.91	26%-50% Below	No	No
67877057060	DRONABINOL 10 MG CAPSULE	6	60.00	161.39	3.56	10%-25% Below	No	No
67877057060	DRONABINOL 10 MG CAPSULE	7	60.00	161.39	3.68	26%-50% Below	No	No
67877057305	BENZONATATE 100 MG CAPSULE	4	21.00	5.64	0.09	101%-200% Above	Yes	No
67877057305	BENZONATATE 100 MG CAPSULE	5	14.00	5.24	0.09	200% Above	Yes	No
67877057305	BENZONATATE 100 MG CAPSULE	5	15.00	0.15	0.09	76%-100% Below	Yes	No
67877057305	BENZONATATE 100 MG CAPSULE	5	30.00	0.30	0.09	76%-100% Below	Yes	No
67877057305	BENZONATATE 100 MG CAPSULE	6	30.00	6.99	0.09	101%-200% Above	Yes	No
67877057505	BENZONATATE 200 MG CAPSULE	4	21.00	8.59	0.14	200% Above	Yes	No
67877057505	BENZONATATE 200 MG CAPSULE	5	21.00	8.50	0.15	101%-200% Above	No	No
67877057505	BENZONATATE 200 MG CAPSULE	5	30.00	4.99	0.15	10%-25% Above	Yes	No
67877057505	BENZONATATE 200 MG CAPSULE	5	30.00	6.99	0.15	51%-75% Above	Yes	No
67877057505	BENZONATATE 200 MG CAPSULE	5	30.00	11.72	0.15	101%-200% Above	No	No
67877057505	BENZONATATE 200 MG CAPSULE	6	21.00	0.21	0.13	76%-100% Below	Yes	No
67877057505	BENZONATATE 200 MG CAPSULE	6	30.00	6.99	0.13	51%-75% Above	Yes	No
67877058901	COLCHICINE 0.6 MG TABLET	4	9.00	9.95	0.88	10%-25% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	5	30.00	4.90	0.19	10%-25% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877069601	CHLORTHALIDONE 25 MG TABLET	5	90.00	44.99	0.19	101%-200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	6	30.00	4.90	0.19	10%-25% Below	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	6	90.00	11.04	0.19	26%-50% Below	No	No
67877075560	DRONABINOL 10 MG CAPSULE	8	60.00	161.39	3.82	26%-50% Below	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.00	14.90	0.20	200% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	14.90	0.19	200% Above	No	No
68001011203	LANSOPRAZOLE DR 30 MG CAPSULE	6	30.00	14.90	0.15	200% Above	No	No
68001011205	LANSOPRAZOLE DR 30 MG CAPSULE	5	30.00	14.90	0.15	200% Above	No	No
68001015103	CARVEDILOL 12.5 MG TABLET	5	180.00	6.70	0.03	26%-50% Above	No	No
68001015103	CARVEDILOL 12.5 MG TABLET	6	60.00	2.67	0.03	51%-75% Above	No	No
68001015203	CARVEDILOL 25 MG TABLET	4	60.00	2.59	0.04	10%-25% Above	No	No
68001015203	CARVEDILOL 25 MG TABLET	5	60.00	2.59	0.04	10%-25% Above	No	No
68001015203	CARVEDILOL 25 MG TABLET	5	180.00	4.90	0.04	10%-25% Below	No	No
68001015203	CARVEDILOL 25 MG TABLET	6	60.00	2.69	0.04	10%-25% Above	No	No
68001015203	CARVEDILOL 25 MG TABLET	8	60.00	3.24	0.04	26%-50% Above	No	No
68001016200	PROMETHAZINE 25 MG TABLET	6	30.00	4.39	0.05	101%-200% Above	No	No
68001016208	PROMETHAZINE 25 MG TABLET	6	30.00	4.39	0.05	101%-200% Above	No	No
68001017903	GLIMEPIRIDE 4 MG TABLET	5	135.00	4.90	0.06	26%-50% Below	No	No
68001019603	ESCITALOPRAM 10 MG TABLET	5	30.00	4.34	0.06	101%-200% Above	No	No
68001019603	ESCITALOPRAM 10 MG TABLET	5	30.00	9.31	0.06	200% Above	No	No
68001019603	ESCITALOPRAM 10 MG TABLET	6	30.00	9.31	0.06	200% Above	No	No
68001023503	POTASSIUM CL ER 20 MEQ TABLET	4	30.00	10.44	0.24	26%-50% Above	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	5	30.00	2.17	0.04	51%-75% Above	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	6	30.00	2.17	0.04	51%-75% Above	No	No
68001023900	CLONIDINE HCL 0.3 MG TABLET	6	60.00	3.76	0.05	26%-50% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68001024617	ONDANSETRON ODT 4 MG TABLET	4	18.00	4.90	0.23	10%-25% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	4	18.00	5.17	0.23	10%-25% Above	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	5	3.00	4.06	0.27	200% Above	No	No
68001025001	ZOLMITRIPTAN 5 MG TABLET	5	9.00	14.90	2.23	10%-25% Below	No	No
68001025320	FLUCONAZOLE 150 MG TABLET	4	3.00	8.07	0.91	101%-200% Above	No	No
68001025320	FLUCONAZOLE 150 MG TABLET	6	4.00	4.90	0.87	26%-50% Above	No	No
68001028108	DICLOFENAC SOD DR 75 MG TAB	5	30.00	5.16	0.11	51%-75% Above	No	No
68001031400	LOVASTATIN 10 MG TABLET	5	30.00	1.34	0.07	26%-50% Below	No	No
68001031400	LOVASTATIN 10 MG TABLET	6	30.00	1.34	0.07	26%-50% Below	No	No
68001033203	LISINOPRIL 2.5 MG TABLET	6	30.00	1.55	0.02	101%-200% Above	No	No
68001033308	LISINOPRIL 5 MG TABLET	5	30.00	0.29	0.02	26%-50% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	4	30.00	2.40	0.02	200% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	5	30.00	2.40	0.02	200% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	6	30.00	2.47	0.02	200% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	5	90.00	5.86	0.03	101%-200% Above	No	No
68001033600	LISINOPRIL 30 MG TABLET	5	90.00	7.28	0.06	26%-50% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	6	30.00	14.90	0.08	200% Above	No	No
68001036105	MONTELUKAST SOD 10 MG TABLET	6	30.00	19.90	0.08	200% Above	No	No
68001036500	METRONIDAZOLE 500 MG TABLET	6	14.00	1.41	0.16	26%-50% Below	No	No
68001036503	METRONIDAZOLE 500 MG TABLET	6	14.00	7.00	0.16	200% Above	No	No
68001039603	POTASSIUM CL ER 10 MEQ CAPSULE	5	60.00	14.90	0.16	51%-75% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	6	60.00	2.12	0.04	10%-25% Below	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	4	30.00	1.45	0.03	26%-50% Above	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	4	30.00	3.51	0.03	200% Above	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	5	30.00	1.45	0.03	26%-50% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	5	30.00	3.51	0.03	200% Above	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	6	30.00	3.63	0.03	200% Above	No	No
68001040303	LEVETIRACETAM 500 MG TABLET	4	60.00	9.77	0.12	26%-50% Above	No	No
68001041508	DULOXETINE HCL DR 60 MG CAP	5	30.00	14.90	0.15	200% Above	No	No
68001041508	DULOXETINE HCL DR 60 MG CAP	6	30.00	14.90	0.14	200% Above	No	No
68001042300	NITROFURANTOIN MONO-MCR 100 MG	5	14.00	19.90	0.60	101%-200% Above	No	No
68001042300	NITROFURANTOIN MONO-MCR 100 MG	6	14.00	14.90	0.59	76%-100% Above	No	No
68001045400	ESCITALOPRAM 5 MG TABLET	5	30.00	19.90	0.06	200% Above	No	No
68001045400	ESCITALOPRAM 5 MG TABLET	6	30.00	19.90	0.06	200% Above	No	No
68001045608	ESCITALOPRAM 20 MG TABLET	6	30.00	11.68	0.08	200% Above	No	No
68180011507	LEVETIRACETAM 1,000 MG TABLET	5	60.00	9.70	0.24	26%-50% Below	No	No
68180011507	LEVETIRACETAM 1,000 MG TABLET	6	60.00	9.70	0.25	26%-50% Below	No	No
68180011707	LEVETIRACETAM ER 500 MG TABLET	5	180.00	44.90	0.28	10%-25% Below	No	No
68180012101	CEPHALEXIN 250 MG CAPSULE	6	10.00	1.71	0.09	76%-100% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	5	28.00	0.28	0.13	76%-100% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	5	30.00	2.33	0.13	26%-50% Below	No	No
68180012202	CEPHALEXIN 500 MG CAPSULE	5	56.00	0.56	0.13	76%-100% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	6	15.00	1.17	0.13	26%-50% Below	No	No
68180012202	CEPHALEXIN 500 MG CAPSULE	6	30.00	3.31	0.13	10%-25% Below	No	No
68180012202	CEPHALEXIN 500 MG CAPSULE	6	30.00	5.39	0.13	26%-50% Above	Yes	No
68180016013	AZITHROMYCIN 250 MG TABLET	4	6.00	0.06	0.52	76%-100% Below	Yes	No
68180016013	AZITHROMYCIN 250 MG TABLET	4	6.00	4.07	0.52	26%-50% Above	Yes	No
68180016013	AZITHROMYCIN 250 MG TABLET	4	6.00	4.28	0.52	26%-50% Above	Yes	No
68180016013	AZITHROMYCIN 250 MG TABLET	5	6.00	0.06	0.50	76%-100% Below	Yes	No
68180016013	AZITHROMYCIN 250 MG TABLET	5	6.00	4.28	0.50	26%-50% Above	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180016013	AZITHROMYCIN 250 MG TABLET	5	6.00	6.06	0.50	76%-100% Above	Yes	No
68180016013	AZITHROMYCIN 250 MG TABLET	6	6.00	0.06	0.48	76%-100% Below	Yes	No
68180016013	AZITHROMYCIN 250 MG TABLET	6	6.00	4.28	0.48	26%-50% Above	Yes	No
68180016106	AZITHROMYCIN 500 MG TABLET	6	3.00	0.03	0.92	76%-100% Below	Yes	No
68180016106	AZITHROMYCIN 500 MG TABLET	6	5.00	6.60	0.92	26%-50% Above	Yes	No
68180018001	CEFADROXIL 500 MG CAPSULE	6	4.00	0.04	0.24	76%-100% Below	Yes	No
68180021509	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	5	30.00	0.30	0.16	76%-100% Below	Yes	No
68180021509	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	5	90.00	59.90	0.16	200% Above	No	No
68180023209	FENOFIBRATE 160 MG TABLET	4	30.00	6.99	0.28	10%-25% Below	Yes	No
68180023209	FENOFIBRATE 160 MG TABLET	5	30.00	6.99	0.26	10%-25% Below	Yes	No
68180029506	DULOXETINE HCL DR 30 MG CAP	6	60.00	0.99	0.14	76%-100% Below	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	4	30.00	14.90	0.16	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	6	30.00	14.90	0.15	200% Above	No	No
68180035205	SERTRALINE HCL 50 MG TABLET	4	30.00	2.32	0.05	51%-75% Above	No	No
68180035205	SERTRALINE HCL 50 MG TABLET	5	90.00	5.49	0.05	26%-50% Above	No	No
68180035306	SERTRALINE HCL 100 MG TABLET	5	30.00	2.86	0.07	26%-50% Above	No	No
68180037609	LOSARTAN POTASSIUM 25 MG TAB	6	45.00	4.83	0.06	51%-75% Above	Yes	No
68180037609	LOSARTAN POTASSIUM 25 MG TAB	6	90.00	9.67	0.06	51%-75% Above	Yes	No
68180037803	LOSARTAN POTASSIUM 100 MG TAB	4	30.00	0.99	0.12	51%-75% Below	No	No
68180037803	LOSARTAN POTASSIUM 100 MG TAB	5	30.00	0.99	0.12	51%-75% Below	No	No
68180037803	LOSARTAN POTASSIUM 100 MG TAB	6	30.00	0.99	0.11	51%-75% Below	No	No
68180037803	LOSARTAN POTASSIUM 100 MG TAB	7	30.00	0.99	0.12	51%-75% Below	No	No
68180040201	CEFPROZIL 250 MG/5 ML SUSP	6	50.00	3.71	0.35	76%-100% Below	Yes	No
68180044002	CEPHALEXIN 125 MG/5 ML SUSP	6	200.00	6.99	0.10	51%-75% Below	Yes	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	5	200.00	14.99	0.08	10%-25% Below	Yes	No



# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180044901	QUETIAPINE FUMARATE 300 MG TAB	4	30.00	8.99	0.17	76%-100% Above	No	No
68180044901	QUETIAPINE FUMARATE 300 MG TAB	5	30.00	8.99	0.18	51%-75% Above	No	No
68180045901	AMLODIPINE-BENAZEPRIL 5-20 MG	5	30.00	6.99	0.14	51%-75% Above	No	No
68180045901	AMLODIPINE-BENAZEPRIL 5-20 MG	5	30.00	13.99	0.14	200% Above	No	No
68180045901	AMLODIPINE-BENAZEPRIL 5-20 MG	6	30.00	6.99	0.14	51%-75% Above	No	No
68180046301	AMLODIPINE-BENAZEPRIL 5-40 MG	6	90.00	44.99	0.16	200% Above	No	No
68180046403	SIMVASTATIN 40 MG TABLET	4	30.00	0.00	0.04	76%-100% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	5	30.00	0.00	0.04	76%-100% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	6	30.00	0.00	0.04	76%-100% Below	No	No
68180046801	LOVASTATIN 20 MG TABLET	6	90.00	11.48	0.06	101%-200% Above	Yes	No
68180046901	LOVASTATIN 40 MG TABLET	6	90.00	4.33	0.07	26%-50% Below	No	No
68180051201	LISINOPRIL 2.5 MG TABLET	4	90.00	2.20	0.02	26%-50% Above	Yes	No
68180051202	LISINOPRIL 2.5 MG TABLET	4	30.00	1.23	0.02	101%-200% Above	No	No
68180051202	LISINOPRIL 2.5 MG TABLET	5	30.00	1.23	0.02	101%-200% Above	No	No
68180051202	LISINOPRIL 2.5 MG TABLET	6	30.00	1.23	0.02	101%-200% Above	No	No
68180051301	LISINOPRIL 5 MG TABLET	5	30.00	0.29	0.02	26%-50% Below	No	No
68180051301	LISINOPRIL 5 MG TABLET	6	30.00	0.29	0.02	26%-50% Below	No	No
68180051301	LISINOPRIL 5 MG TABLET	6	90.00	1.14	0.02	10%-25% Below	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	4	30.00	1.25	0.02	101%-200% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	4	30.00	1.25	0.02	101%-200% Above	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	5	30.00	1.25	0.02	101%-200% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	5	30.00	1.25	0.02	101%-200% Above	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	6	30.00	1.25	0.02	101%-200% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	6	30.00	1.25	0.02	101%-200% Above	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	6	30.00	1.27	0.02	101%-200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180051701	LISINOPRIL 40 MG TABLET	6	30.00	2.58	0.05	76%-100% Above	No	No
68180051703	LISINOPRIL 40 MG TABLET	4	30.00	2.49	0.04	76%-100% Above	No	No
68180051703	LISINOPRIL 40 MG TABLET	4	90.00	4.99	0.04	10%-25% Above	Yes	No
68180051703	LISINOPRIL 40 MG TABLET	4	90.00	5.98	0.04	26%-50% Above	Yes	No
68180051703	LISINOPRIL 40 MG TABLET	5	30.00	2.13	0.04	51%-75% Above	No	No
68180051703	LISINOPRIL 40 MG TABLET	5	30.00	2.49	0.04	76%-100% Above	No	No
68180051703	LISINOPRIL 40 MG TABLET	5	60.00	4.23	0.04	51%-75% Above	Yes	No
68180051703	LISINOPRIL 40 MG TABLET	6	30.00	2.79	0.05	101%-200% Above	No	No
68180051703	LISINOPRIL 40 MG TABLET	6	60.00	4.23	0.05	51%-75% Above	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	5	90.00	1.31	0.04	51%-75% Below	Yes	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	5	30.00	0.67	0.04	26%-50% Below	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	5	30.00	1.34	0.04	10%-25% Above	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	5	60.00	2.04	0.04	10%-25% Below	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	6	30.00	0.67	0.04	26%-50% Below	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	6	30.00	1.34	0.04	10%-25% Above	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	6	60.00	2.04	0.04	10%-25% Below	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	7	30.00	0.67	0.04	26%-50% Below	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	8	30.00	0.67	0.04	26%-50% Below	No	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	90.00	2.30	0.06	51%-75% Below	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	90.00	3.76	0.06	10%-25% Below	Yes	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	30.00	1.07	0.06	26%-50% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	180.00	6.66	0.06	26%-50% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	30.00	1.99	0.05	10%-25% Above	No	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	4	90.00	1.94	0.05	51%-75% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	5	30.00	0.30	0.05	76%-100% Below	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	7	90.00	3.77	0.06	26%-50% Below	Yes	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	4	30.00	1.77	0.05	10%-25% Above	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	5	30.00	1.68	0.05	10%-25% Above	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	5	30.00	1.79	0.05	10%-25% Above	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	5	90.00	3.88	0.05	10%-25% Below	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	6	30.00	1.84	0.05	10%-25% Above	No	No
68180058901	RAMIPRIL 2.5 MG CAPSULE	5	30.00	9.03	0.06	200% Above	Yes	No
68180058901	RAMIPRIL 2.5 MG CAPSULE	6	30.00	9.03	0.07	200% Above	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	5	30.00	0.30	0.71	76%-100% Below	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	6	20.00	9.54	0.26	76%-100% Above	Yes	No
68180069806	TRAMADOL HCL ER 200 MG TABLET	4	30.00	6.99	2.08	76%-100% Below	No	No
68180069806	TRAMADOL HCL ER 200 MG TABLET	4	30.00	40.70	2.08	26%-50% Below	No	No
68180069806	TRAMADOL HCL ER 200 MG TABLET	5	30.00	6.99	2.14	76%-100% Below	No	No
68180069806	TRAMADOL HCL ER 200 MG TABLET	6	30.00	6.99	1.98	76%-100% Below	No	No
68180071160	CEFDINIR 300 MG CAPSULE	5	14.00	0.14	0.48	76%-100% Below	Yes	No
68180071160	CEFDINIR 300 MG CAPSULE	5	20.00	0.20	0.48	76%-100% Below	No	No
68180071160	CEFDINIR 300 MG CAPSULE	5	20.00	0.20	0.48	76%-100% Below	Yes	No
68180071160	CEFDINIR 300 MG CAPSULE	6	20.00	0.20	0.49	76%-100% Below	Yes	No
68180071160	CEFDINIR 300 MG CAPSULE	6	20.00	6.99	0.49	26%-50% Below	Yes	No
68180071160	CEFDINIR 300 MG CAPSULE	6	20.00	14.99	0.49	51%-75% Above	No	No
68180071160	CEFDINIR 300 MG CAPSULE	6	20.00	19.99	0.49	101%-200% Above	Yes	No
68180071909	AMLODIPINE BESYLATE 2.5 MG TAB	4	30.00	1.45	0.01	200% Above	Yes	No
68180071909	AMLODIPINE BESYLATE 2.5 MG TAB	5	30.00	1.45	0.01	200% Above	Yes	No
68180071909	AMLODIPINE BESYLATE 2.5 MG TAB	6	30.00	1.45	0.01	200% Above	Yes	No
68180071909	AMLODIPINE BESYLATE 2.5 MG TAB	6	90.00	8.29	0.01	200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	1.23	0.01	10%-25% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	2.56	0.01	101%-200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	2.00	0.78	0.01	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	30.00	1.35	0.01	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	30.00	1.35	0.01	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	90.00	1.37	0.01	26%-50% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	90.00	2.56	0.01	101%-200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	90.00	2.56	0.01	101%-200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	30.00	1.38	0.01	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	30.00	1.38	0.01	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	1.37	0.01	26%-50% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	2.56	0.01	101%-200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	2.65	0.01	101%-200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	11.39	0.01	200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	0.99	0.02	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	1.57	0.02	200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	1.71	0.02	10%-25% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	1.88	0.02	26%-50% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	3.24	0.02	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	3.24	0.02	101%-200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	5	30.00	0.30	0.02	26%-50% Below	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	5	30.00	0.99	0.02	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	5	30.00	1.57	0.02	200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	3.24	0.02	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	6	30.00	0.30	0.02	26%-50% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	6	30.00	0.99	0.02	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	6	30.00	1.62	0.02	200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	6	90.00	3.24	0.02	101%-200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	6	90.00	7.56	0.02	200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	7	30.00	0.99	0.01	101%-200% Above	No	No
68180072205	CEFDINIR 125 MG/5 ML SUSP	6	100.00	14.90	0.11	26%-50% Above	No	No
68180072305	CEFDINIR 250 MG/5 ML SUSP	6	100.00	14.90	0.17	10%-25% Below	No	No
68180075601	AMLODIPINE-BENAZEPRIL 5-10 MG	5	30.00	11.70	0.13	101%-200% Above	No	No
68180078001	ZOLPIDEM TART ER 12.5 MG TAB	6	30.00	10.37	0.31	10%-25% Above	No	No
68180079902	POTASSIUM CL ER 10 MEQ CAPSULE	6	180.00	82.84	0.15	200% Above	Yes	No
68180083773	TRI-LO-MARZIA TABLET	4	28.00	0.28	0.17	76%-100% Below	Yes	No
68180083773	TRI-LO-MARZIA TABLET	5	28.00	0.28	0.19	76%-100% Below	Yes	No
68180083773	TRI-LO-MARZIA TABLET	5	28.00	3.25	0.19	26%-50% Below	No	No
68180083773	TRI-LO-MARZIA TABLET	5	28.00	3.58	0.19	26%-50% Below	No	No
68180083773	TRI-LO-MARZIA TABLET	5	84.00	0.84	0.19	76%-100% Below	Yes	No
68180083773	TRI-LO-MARZIA TABLET	6	28.00	3.58	0.17	10%-25% Below	No	No
68180083873	NORG-EE 0.18-0.215-0.25/0.035	4	28.00	3.32	0.18	26%-50% Below	No	No
68180083873	NORG-EE 0.18-0.215-0.25/0.035	5	28.00	3.32	0.17	26%-50% Below	No	No
68180083873	NORG-EE 0.18-0.215-0.25/0.035	6	28.00	3.32	0.17	26%-50% Below	No	No
68180084473	KURVELO-28 TABLET	5	112.00	29.99	0.23	10%-25% Above	No	No
68180086473	BLISOVI 24 FE TABLET	4	28.00	0.28	0.88	76%-100% Below	Yes	No
68180086473	BLISOVI 24 FE TABLET	4	84.00	143.57	0.88	76%-100% Above	Yes	No
68180086473	BLISOVI 24 FE TABLET	5	28.00	0.28	0.85	76%-100% Below	Yes	No
68180086473	BLISOVI 24 FE TABLET	5	84.00	0.84	0.85	76%-100% Below	Yes	No
68180086473	BLISOVI 24 FE TABLET	5	84.00	143.57	0.85	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180086473	BLISOVI 24 FE TABLET	6	84.00	0.84	0.92	76%-100% Below	Yes	No
68180086473	BLISOVI 24 FE TABLET	6	84.00	143.57	0.92	76%-100% Above	Yes	No
68180086673	BLISOVI FE 1.5-30 TABLET	4	84.00	0.01	0.31	76%-100% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	4	28.00	0.28	0.40	76%-100% Below	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	5	28.00	0.28	0.36	76%-100% Below	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	6	28.00	0.28	0.33	76%-100% Below	Yes	No
68180090213	DROSPIRENONE-EE 3-0.03 MG TAB	4	28.00	0.28	0.31	76%-100% Below	No	No
68180094111	TESTOSTERONE 1.62% GEL PUMP	5	75.00	0.75	0.84	76%-100% Below	Yes	No
68180094111	TESTOSTERONE 1.62% GEL PUMP	6	75.00	0.75	0.69	76%-100% Below	Yes	No
68180095604	CLOBETASOL 0.05% CREAM	4	60.00	9.44	0.69	76%-100% Below	Yes	No
68180095604	CLOBETASOL 0.05% CREAM	6	60.00	9.44	0.63	51%-75% Below	Yes	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	4	8.50	14.39	3.84	51%-75% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	5	8.50	14.39	3.80	51%-75% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	5	8.50	26.00	3.80	10%-25% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	6	8.50	14.39	3.77	51%-75% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	6	8.50	26.00	3.77	10%-25% Below	No	No
68180096501	LEVOTHYROXINE 25 MCG TABLET	4	30.00	6.84	0.20	10%-25% Above	No	No
68180096501	LEVOTHYROXINE 25 MCG TABLET	5	30.00	6.84	0.20	10%-25% Above	No	No
68180096501	LEVOTHYROXINE 25 MCG TABLET	6	30.00	7.86	0.19	26%-50% Above	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	4	30.00	7.88	0.20	26%-50% Above	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	5	30.00	7.88	0.20	26%-50% Above	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	6	30.00	7.88	0.19	26%-50% Above	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	4	30.00	8.90	0.22	26%-50% Above	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	5	30.00	8.90	0.22	26%-50% Above	No	No
68180096801	LEVOTHYROXINE 88 MCG TABLET	6	90.00	25.52	0.23	10%-25% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180096901	LEVOTHYROXINE 100 MCG TABLET	4	30.00	11.58	0.28	26%-50% Above	No	No
68180096901	LEVOTHYROXINE 100 MCG TABLET	5	10.00	4.29	0.28	51%-75% Above	No	No
68180096903	LEVOTHYROXINE 100 MCG TABLET	5	30.00	10.96	0.28	26%-50% Above	No	No
68180096903	LEVOTHYROXINE 100 MCG TABLET	6	30.00	10.96	0.32	10%-25% Above	No	No
68180097101	LEVOTHYROXINE 125 MCG TABLET	5	30.00	10.07	0.28	10%-25% Above	No	No
68180097103	LEVOTHYROXINE 125 MCG TABLET	4	30.00	11.79	0.29	26%-50% Above	No	No
68180097301	LEVOTHYROXINE 150 MCG TABLET	5	30.00	13.10	0.30	26%-50% Above	No	No
68180097301	LEVOTHYROXINE 150 MCG TABLET	6	30.00	13.10	0.29	51%-75% Above	No	No
68180097303	LEVOTHYROXINE 150 MCG TABLET	4	30.00	12.71	0.29	26%-50% Above	No	No
68180097303	LEVOTHYROXINE 150 MCG TABLET	5	30.00	12.71	0.30	26%-50% Above	No	No
68180098001	LISINAPRIL 10 MG TABLET	4	90.00	2.23	0.02	10%-25% Above	No	No
68180098001	LISINAPRIL 10 MG TABLET	6	90.00	2.61	0.02	10%-25% Above	No	No
68180098003	LISINAPRIL 10 MG TABLET	4	30.00	1.27	0.02	76%-100% Above	No	No
68180098003	LISINAPRIL 10 MG TABLET	5	30.00	0.30	0.02	51%-75% Below	Yes	No
68180098003	LISINAPRIL 10 MG TABLET	5	30.00	1.27	0.02	76%-100% Above	No	No
68180098003	LISINAPRIL 10 MG TABLET	5	90.00	3.55	0.02	76%-100% Above	Yes	No
68180098003	LISINAPRIL 10 MG TABLET	6	30.00	0.30	0.02	51%-75% Below	Yes	No
68180098003	LISINAPRIL 10 MG TABLET	6	30.00	1.27	0.02	76%-100% Above	No	No
68180098003	LISINAPRIL 10 MG TABLET	6	90.00	1.43	0.02	26%-50% Below	Yes	No
68180098003	LISINAPRIL 10 MG TABLET	6	90.00	2.61	0.02	10%-25% Above	Yes	No
68180098003	LISINAPRIL 10 MG TABLET	8	90.00	5.42	0.02	101%-200% Above	Yes	No
68180098103	LISINAPRIL 20 MG TABLET	4	30.00	0.30	0.03	51%-75% Below	Yes	No
68180098103	LISINAPRIL 20 MG TABLET	4	30.00	1.64	0.03	101%-200% Above	No	No
68180098103	LISINAPRIL 20 MG TABLET	4	30.00	1.64	0.03	101%-200% Above	Yes	No
68180098103	LISINAPRIL 20 MG TABLET	4	30.00	2.71	0.03	200% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180098103	LISINOPRIL 20 MG TABLET	4	90.00	3.44	0.03	26%-50% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	5	30.00	1.64	0.03	101%-200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	5	30.00	1.64	0.03	101%-200% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	5	30.00	2.71	0.03	200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	5	90.00	0.90	0.03	51%-75% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	5	90.00	3.44	0.03	26%-50% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	6	30.00	1.64	0.03	101%-200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	6	30.00	1.69	0.03	101%-200% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	6	90.00	0.90	0.03	51%-75% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	6	90.00	2.07	0.03	10%-25% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	6	90.00	3.58	0.03	26%-50% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	6	90.00	5.95	0.03	101%-200% Above	No	No
68382001901	VENLAFAXINE HCL 37.5 MG TABLET	5	30.00	11.31	0.14	101%-200% Above	No	No
68382001901	VENLAFAXINE HCL 37.5 MG TABLET	6	30.00	11.31	0.09	200% Above	No	No
68382002210	ATENOLOL 25 MG TABLET	5	30.00	0.30	0.03	51%-75% Below	Yes	No
68382002210	ATENOLOL 25 MG TABLET	5	90.00	6.13	0.03	101%-200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	6	30.00	0.30	0.03	51%-75% Below	Yes	No
68382002310	ATENOLOL 50 MG TABLET	5	90.00	3.38	0.03	10%-25% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	5	180.00	12.49	0.03	101%-200% Above	No	No
68382002401	ATENOLOL 100 MG TABLET	6	90.00	5.53	0.05	26%-50% Above	Yes	No
68382003516	VENLAFAXINE HCL ER 75 MG CAP	4	30.00	8.85	0.13	101%-200% Above	No	No
68382003516	VENLAFAXINE HCL ER 75 MG CAP	4	30.00	14.43	0.13	200% Above	No	No
68382003516	VENLAFAXINE HCL ER 75 MG CAP	5	30.00	4.90	0.13	10%-25% Above	No	No
68382003516	VENLAFAXINE HCL ER 75 MG CAP	5	90.00	24.54	0.13	101%-200% Above	No	No
68382003610	VENLAFAXINE HCL ER 150 MG CAP	5	30.00	6.90	0.18	10%-25% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382003610	VENLAFAXINE HCL ER 150 MG CAP	6	30.00	6.90	0.20	10%-25% Above	No	No
68382003616	VENLAFAXINE HCL ER 150 MG CAP	4	30.00	6.99	0.19	10%-25% Above	Yes	No
68382003616	VENLAFAXINE HCL ER 150 MG CAP	6	30.00	10.27	0.20	51%-75% Above	No	No
68382003616	VENLAFAXINE HCL ER 150 MG CAP	6	90.00	9.04	0.20	26%-50% Below	Yes	No
68382004101	PROMETHAZINE 25 MG TABLET	6	30.00	4.24	0.05	101%-200% Above	No	No
68382004110	PROMETHAZINE 25 MG TABLET	6	12.00	2.52	0.05	200% Above	No	No
68382004110	PROMETHAZINE 25 MG TABLET	6	20.00	3.71	0.05	200% Above	No	No
68382005001	MELOXICAM 7.5 MG TABLET	5	60.00	2.46	0.02	76%-100% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	5	30.00	4.99	0.02	200% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	4	30.00	1.44	0.02	101%-200% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	5	30.00	1.44	0.02	101%-200% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	6	30.00	1.44	0.02	101%-200% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	6	30.00	4.52	0.02	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	4	60.00	8.03	0.02	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	4	90.00	10.50	0.02	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	7.00	0.92	0.02	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	30.00	1.44	0.02	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	30.00	1.53	0.02	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	60.00	4.99	0.02	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	60.00	8.03	0.02	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	90.00	11.55	0.02	200% Above	No	No
68382009201	CARVEDILOL 3.125 MG TABLET	5	180.00	6.14	0.02	26%-50% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	4	60.00	0.95	0.02	26%-50% Below	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	5	60.00	0.95	0.02	26%-50% Below	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	8	60.00	1.18	0.02	10%-25% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382009305	CARVEDILOL 6.25 MG TABLET	5	60.00	2.28	0.02	51%-75% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	4	60.00	2.45	0.03	51%-75% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	4	60.00	2.76	0.03	51%-75% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	5	60.00	2.36	0.03	26%-50% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	5	60.00	2.45	0.03	26%-50% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	5	60.00	7.92	0.03	200% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	6	60.00	3.12	0.03	76%-100% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	4	60.00	3.21	0.04	51%-75% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	5	60.00	3.21	0.04	26%-50% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	6	60.00	3.33	0.04	51%-75% Above	No	No
68382009601	HYDROXYCHLOROQUINE 200 MG TAB	5	30.00	0.30	0.28	76%-100% Below	No	No
68382009601	HYDROXYCHLOROQUINE 200 MG TAB	6	30.00	0.30	0.28	76%-100% Below	No	No
68382009705	PAROXETINE HCL 10 MG TABLET	5	30.00	3.33	0.07	51%-75% Above	No	No
68382009716	PAROXETINE HCL 10 MG TABLET	6	30.00	3.42	0.07	51%-75% Above	No	No
68382009805	PAROXETINE HCL 20 MG TABLET	4	30.00	8.71	0.08	200% Above	No	No
68382009805	PAROXETINE HCL 20 MG TABLET	5	30.00	8.71	0.08	200% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	5	30.00	3.41	0.08	26%-50% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	5	30.00	3.50	0.08	26%-50% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	5	30.00	4.90	0.08	76%-100% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	6	30.00	3.41	0.09	26%-50% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	6	30.00	3.50	0.09	26%-50% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	6	30.00	4.90	0.09	76%-100% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	6	90.00	9.02	0.09	10%-25% Above	No	No
68382009905	PAROXETINE HCL 30 MG TABLET	6	30.00	8.77	0.12	101%-200% Above	No	No
68382009916	PAROXETINE HCL 30 MG TABLET	4	30.00	4.35	0.13	10%-25% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382012305	AMLODIPINE BESYLATE 10 MG TAB	5	30.00	1.48	0.02	200% Above	No	No
68382012305	AMLODIPINE BESYLATE 10 MG TAB	6	30.00	1.48	0.02	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	4	30.00	0.30	0.06	76%-100% Below	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	4	30.00	9.99	0.06	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	5	7.00	3.96	0.07	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.00	9.99	0.07	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	5	180.00	16.69	0.07	26%-50% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.00	9.99	0.06	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	4	30.00	1.09	0.06	26%-50% Below	No	No
68382013510	LOSARTAN POTASSIUM 25 MG TAB	6	90.00	7.63	0.06	26%-50% Above	No	No
68382013606	LOSARTAN POTASSIUM 50 MG TAB	4	30.00	4.90	0.09	76%-100% Above	No	No
68382013606	LOSARTAN POTASSIUM 50 MG TAB	5	30.00	4.90	0.09	76%-100% Above	No	No
68382013610	LOSARTAN POTASSIUM 50 MG TAB	6	90.00	9.27	0.08	26%-50% Above	No	No
68382013616	LOSARTAN POTASSIUM 50 MG TAB	6	30.00	4.90	0.08	101%-200% Above	No	No
68382013710	LOSARTAN POTASSIUM 100 MG TAB	6	90.00	14.18	0.11	26%-50% Above	No	No
68382013716	LOSARTAN POTASSIUM 100 MG TAB	5	30.00	4.90	0.12	26%-50% Above	No	No
68382013716	LOSARTAN POTASSIUM 100 MG TAB	6	30.00	4.90	0.11	26%-50% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	6	30.00	3.84	0.03	200% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	4	30.00	0.99	0.05	26%-50% Below	No	No
68382013905	TOPIRAMATE 50 MG TABLET	5	30.00	0.99	0.05	26%-50% Below	No	No
68382013905	TOPIRAMATE 50 MG TABLET	5	30.00	6.33	0.05	200% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	5	60.00	4.68	0.05	26%-50% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	6	30.00	0.99	0.05	26%-50% Below	No	No
68382013905	TOPIRAMATE 50 MG TABLET	6	30.00	6.33	0.05	200% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	6	60.00	4.59	0.05	26%-50% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382013905	TOPIRAMATE 50 MG TABLET	6	60.00	11.48	0.05	200% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	4	30.00	3.46	0.07	51%-75% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	4	45.00	14.90	0.07	200% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	4	60.00	4.90	0.07	10%-25% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	5	45.00	14.90	0.07	200% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	5	60.00	2.96	0.07	26%-50% Below	No	No
68382014005	TOPIRAMATE 100 MG TABLET	5	60.00	4.90	0.07	10%-25% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	5	120.00	19.90	0.07	101%-200% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	6	45.00	14.90	0.07	200% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	6	60.00	2.96	0.07	10%-25% Below	No	No
68382014005	TOPIRAMATE 100 MG TABLET	6	120.00	19.90	0.07	101%-200% Above	No	No
68382014014	TOPIRAMATE 100 MG TABLET	6	60.00	5.41	0.07	26%-50% Above	No	No
68382014014	TOPIRAMATE 100 MG TABLET	6	60.00	7.53	0.07	76%-100% Above	No	No
68382018314	BUSPIRONE HCL 30 MG TABLET	4	60.00	9.54	0.24	26%-50% Below	No	No
68382018314	BUSPIRONE HCL 30 MG TABLET	5	60.00	8.99	0.23	26%-50% Below	No	No
68382018314	BUSPIRONE HCL 30 MG TABLET	6	60.00	8.99	0.24	26%-50% Below	No	No
68382018314	BUSPIRONE HCL 30 MG TABLET	7	60.00	8.11	0.23	26%-50% Below	No	No
68382020906	ANASTROZOLE 1 MG TABLET	4	30.00	0.30	0.14	76%-100% Below	Yes	No
68382020906	ANASTROZOLE 1 MG TABLET	6	30.00	0.30	0.14	76%-100% Below	Yes	No
68382024705	BENZONATATE 100 MG CAPSULE	6	60.00	4.90	0.09	10%-25% Below	No	No
68382025601	OXYBUTYNIN CL ER 10 MG TABLET	4	30.00	6.99	0.21	10%-25% Above	Yes	No
68382025601	OXYBUTYNIN CL ER 10 MG TABLET	4	30.00	14.99	0.21	101%-200% Above	Yes	No
68382025601	OXYBUTYNIN CL ER 10 MG TABLET	6	30.00	6.99	0.20	10%-25% Above	Yes	No
68382031601	MINOCYCLINE 50 MG CAPSULE	4	30.00	6.99	0.20	10%-25% Above	Yes	No
68382031601	MINOCYCLINE 50 MG CAPSULE	6	30.00	6.99	0.20	10%-25% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382031818	MINOCYCLINE 100 MG CAPSULE	6	20.00	5.68	0.38	10%-25% Below	No	No
68382032010	POTASSIUM CL ER 10 MEQ TABLET	4	30.00	0.30	0.16	76%-100% Below	No	No
68382038306	EXEMESTANE 25 MG TABLET	6	90.00	424.16	1.67	101%-200% Above	Yes	No
68382039801	POTASSIUM CL ER 20 MEQ TABLET	4	180.00	14.99	0.29	51%-75% Below	No	No
68382039801	POTASSIUM CL ER 20 MEQ TABLET	6	180.00	14.99	0.27	51%-75% Below	No	No
68382041205	OMEPRAZOLE DR 20 MG CAPSULE	4	90.00	6.17	0.04	51%-75% Above	No	No
68382041205	OMEPRAZOLE DR 20 MG CAPSULE	5	90.00	7.16	0.04	101%-200% Above	No	No
68382050001	OMEPRAZOLE DR 40 MG CAPSULE	6	90.00	9.90	0.06	51%-75% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	4	90.00	16.47	0.06	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	5	90.00	16.47	0.06	101%-200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	6	90.00	13.72	0.06	101%-200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	6	90.00	16.47	0.06	101%-200% Above	No	No
68382052860	CHOLESTYRAMINE PACKET	4	180.00	152.69	1.27	26%-50% Below	No	No
68382053701	POTASSIUM CITRATE ER 10 MEQ TB	5	30.00	7.33	0.39	26%-50% Below	No	No
68382053701	POTASSIUM CITRATE ER 10 MEQ TB	6	30.00	7.33	0.29	10%-25% Below	No	No
68382061928	COLESEVELAM 625 MG TABLET	5	120.00	0.01	0.51	76%-100% Below	No	No
68382065005	ISOSORBIDE MONONIT ER 30 MG TB	5	30.00	6.99	0.10	101%-200% Above	Yes	No
68382065005	ISOSORBIDE MONONIT ER 30 MG TB	5	90.00	0.90	0.10	76%-100% Below	Yes	No
68382065005	ISOSORBIDE MONONIT ER 30 MG TB	6	30.00	6.99	0.11	101%-200% Above	Yes	No
68382065005	ISOSORBIDE MONONIT ER 30 MG TB	6	180.00	1.80	0.11	76%-100% Below	Yes	No
68382066005	SPIRONOLACTONE 25 MG TABLET	6	30.00	3.83	0.06	101%-200% Above	No	No
68382075810	METFORMIN HCL 500 MG TABLET	6	180.00	18.24	0.02	200% Above	Yes	No
68382075905	METFORMIN HCL 850 MG TABLET	5	60.00	2.61	0.03	26%-50% Above	Yes	No
68382075905	METFORMIN HCL 850 MG TABLET	6	60.00	2.61	0.03	26%-50% Above	Yes	No
68382076010	METFORMIN HCL 1,000 MG TABLET	4	60.00	2.65	0.03	51%-75% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382076010	METFORMIN HCL 1,000 MG TABLET	5	60.00	2.65	0.03	51%-75% Above	Yes	No
68382076010	METFORMIN HCL 1,000 MG TABLET	5	90.00	3.61	0.03	26%-50% Above	Yes	No
68382076010	METFORMIN HCL 1,000 MG TABLET	5	180.00	4.30	0.03	10%-25% Below	Yes	No
68382076010	METFORMIN HCL 1,000 MG TABLET	6	60.00	2.65	0.03	51%-75% Above	Yes	No
68382076010	METFORMIN HCL 1,000 MG TABLET	6	180.00	4.30	0.03	10%-25% Below	Yes	No
68382077501	METHOTREXATE 2.5 MG TABLET	4	24.00	14.90	0.47	26%-50% Above	No	No
68382077501	METHOTREXATE 2.5 MG TABLET	4	40.00	11.10	0.47	26%-50% Below	No	No
68382077501	METHOTREXATE 2.5 MG TABLET	5	24.00	14.90	0.34	76%-100% Above	No	No
68382077501	METHOTREXATE 2.5 MG TABLET	6	24.00	14.90	0.30	101%-200% Above	No	No
68382080505	TRAZODONE 50 MG TABLET	5	30.00	2.59	0.04	101%-200% Above	No	No
68382080505	TRAZODONE 50 MG TABLET	6	30.00	2.59	0.04	101%-200% Above	No	No
68382080510	TRAZODONE 50 MG TABLET	5	30.00	2.77	0.04	101%-200% Above	No	No
68382080510	TRAZODONE 50 MG TABLET	5	45.00	3.38	0.04	76%-100% Above	No	No
68382080510	TRAZODONE 50 MG TABLET	6	30.00	0.86	0.04	26%-50% Below	No	No
68382080601	TRAZODONE 100 MG TABLET	4	90.00	0.90	0.08	76%-100% Below	No	No
68382080601	TRAZODONE 100 MG TABLET	5	30.00	3.85	0.08	51%-75% Above	No	No
68382080701	TRAZODONE 150 MG TABLET	6	30.00	3.99	0.16	10%-25% Below	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	14.99	0.21	200% Above	No	No
68382097001	CHLORTHALIDONE 25 MG TABLET	5	30.00	6.99	0.19	10%-25% Above	Yes	No
68462010340	FLUCONAZOLE 150 MG TABLET	4	3.00	4.90	0.91	76%-100% Above	No	No
68462010340	FLUCONAZOLE 150 MG TABLET	5	2.00	5.71	0.97	101%-200% Above	No	No
68462010530	ONDANSETRON HCL 4 MG TABLET	5	18.00	7.11	0.09	200% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	5	18.00	8.26	0.09	200% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	6	15.00	0.15	0.08	76%-100% Below	No	No
68462010630	ONDANSETRON HCL 8 MG TABLET	6	15.00	14.02	0.09	200% Above	Yes	No

## NADAC Summary Report

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68462010805	TOPIRAMATE 25 MG TABLET	5	30.00	4.80	0.03	200% Above	No	No
68462010805	TOPIRAMATE 25 MG TABLET	6	30.00	1.49	0.03	51%-75% Above	No	No
68462010805	TOPIRAMATE 25 MG TABLET	6	30.00	4.80	0.03	200% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	6	1.00	3.22	0.87	200% Above	No	No
68462012605	GABAPENTIN 600 MG TABLET	5	30.00	4.69	0.11	26%-50% Above	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	4	21.00	9.99	0.36	26%-50% Above	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	5	21.00	5.00	0.32	26%-50% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	5	21.00	9.99	0.32	26%-50% Above	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	6	21.00	5.00	0.38	26%-50% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	6	21.00	9.99	0.38	26%-50% Above	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	6	63.00	15.01	0.38	26%-50% Below	No	No
68462015305	TOPIRAMATE 50 MG TABLET	7	30.00	0.99	0.05	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	5	5.00	1.71	0.23	26%-50% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	8	4.00	1.65	0.22	76%-100% Above	No	No
68462016201	CARVEDILOL 3.125 MG TABLET	6	180.00	7.27	0.02	51%-75% Above	Yes	No
68462016201	CARVEDILOL 3.125 MG TABLET	6	336.00	14.99	0.02	76%-100% Above	Yes	No
68462016301	CARVEDILOL 6.25 MG TABLET	5	180.00	6.86	0.02	51%-75% Above	Yes	No
68462016301	CARVEDILOL 6.25 MG TABLET	6	180.00	6.86	0.02	51%-75% Above	Yes	No
68462016305	CARVEDILOL 6.25 MG TABLET	5	60.00	0.89	0.02	26%-50% Below	No	No
68462016501	CARVEDILOL 25 MG TABLET	5	180.00	9.90	0.04	51%-75% Above	No	No
68462018801	NAPROXEN 250 MG TABLET	6	15.00	1.44	0.05	76%-100% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	6	20.00	0.20	0.08	76%-100% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	6	60.00	6.90	0.08	26%-50% Above	No	No
68462019255	MOMETASONE FUROATE 0.1% CREAM	4	45.00	10.13	0.31	26%-50% Below	No	No
68462019590	PRAVASTATIN SODIUM 10 MG TAB	6	90.00	11.00	0.08	26%-50% Above	Yes	No

## NADAC Summary Report

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68462019605	PRAVASTATIN SODIUM 20 MG TAB	6	90.00	0.01	0.07	76%-100% Below	No	No
68462020013	TELMISARTAN 40 MG TABLET	4	30.00	9.46	0.42	10%-25% Below	No	No
68462020013	TELMISARTAN 40 MG TABLET	5	30.00	9.46	0.40	10%-25% Below	No	No
68462020113	TELMISARTAN 80 MG TABLET	6	90.00	59.90	0.39	51%-75% Above	No	No
68462025601	ROPINIROLE HCL 2 MG TABLET	4	60.00	6.90	0.07	51%-75% Above	No	No
68462025601	ROPINIROLE HCL 2 MG TABLET	5	60.00	6.90	0.07	51%-75% Above	No	No
68462025601	ROPINIROLE HCL 2 MG TABLET	6	60.00	6.90	0.07	51%-75% Above	No	No
68462026190	ROSUVASTATIN CALCIUM 5 MG TAB	5	30.00	0.30	0.09	76%-100% Below	No	No
68462026190	ROSUVASTATIN CALCIUM 5 MG TAB	6	30.00	0.30	0.09	76%-100% Below	No	No
68462026190	ROSUVASTATIN CALCIUM 5 MG TAB	7	30.00	0.30	0.08	76%-100% Below	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	4	90.00	9.90	0.08	26%-50% Above	No	No
68462026830	ATOMOXETINE HCL 40 MG CAPSULE	6	7.00	6.23	1.08	10%-25% Below	No	No
68462026930	ATOMOXETINE HCL 60 MG CAPSULE	6	30.00	38.18	1.50	10%-25% Below	No	No
68462029855	CLOTRIMAZOLE-BETAMETHASONE CRM	5	45.00	6.38	0.19	26%-50% Below	No	No
68462029855	CLOTRIMAZOLE-BETAMETHASONE CRM	6	45.00	6.38	0.18	10%-25% Below	No	No
68462030201	INDOMETHACIN 50 MG CAPSULE	4	30.00	5.27	0.13	26%-50% Above	No	No
68462030329	HEATHER 0.35 MG TABLET	4	28.00	0.28	0.23	76%-100% Below	No	No
68462030329	HEATHER 0.35 MG TABLET	5	84.00	11.58	0.22	26%-50% Below	No	No
68462030450	NORETHINDRONE 5 MG TABLET	5	60.00	0.60	0.81	76%-100% Below	Yes	No
68462030450	NORETHINDRONE 5 MG TABLET	5	60.00	14.99	0.81	51%-75% Below	Yes	No
68462030450	NORETHINDRONE 5 MG TABLET	6	60.00	0.60	0.78	76%-100% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	4	28.00	0.28	0.23	76%-100% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	5	28.00	0.28	0.22	76%-100% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	5	84.00	0.84	0.22	76%-100% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	5	84.00	8.69	0.22	51%-75% Below	Yes	No



## NADAC Summary Report

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68462033190	PRAMIPEXOLE 0.25 MG TABLET	5	30.00	6.46	0.05	200% Above	No	No
68462033190	PRAMIPEXOLE 0.25 MG TABLET	6	30.00	6.46	0.05	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	4	30.00	7.38	0.08	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	5	30.00	0.30	0.07	76%-100% Below	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	5	30.00	6.99	0.07	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	5	30.00	7.38	0.07	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	6	30.00	0.30	0.07	76%-100% Below	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	6	30.00	6.99	0.07	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	6	30.00	7.38	0.07	200% Above	No	No
68462035705	POTASSIUM CL ER 10 MEQ CAPSULE	5	30.00	10.76	0.16	101%-200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	5	30.00	2.82	0.04	101%-200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	6	30.00	2.82	0.04	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	4	30.00	4.90	0.06	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	5	30.00	4.90	0.06	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	5	30.00	9.64	0.06	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	6	30.00	4.90	0.06	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	6	30.00	9.64	0.06	200% Above	No	No
68462040601	INDOMETHACIN 25 MG CAPSULE	5	20.00	4.63	0.12	76%-100% Above	No	No
68462040601	INDOMETHACIN 25 MG CAPSULE	6	20.00	4.63	0.11	101%-200% Above	No	No
68462042121	ATOVAQUONE 750 MG/5 ML SUSP	5	300.00	328.68	1.45	10%-25% Below	No	No
68462042121	ATOVAQUONE 750 MG/5 ML SUSP	6	300.00	328.68	1.35	10%-25% Below	No	No
68462043890	OLMESARTAN MEDOXOMIL 40 MG TAB	5	90.00	143.96	0.17	200% Above	Yes	No
68462053047	CLOBETASOL 0.05% OINTMENT	5	45.00	185.00	0.37	200% Above	Yes	No
68462053253	CLOBETASOL 0.05% SOLUTION	5	50.00	6.14	0.46	51%-75% Below	Yes	No
68462063945	NITROGLYCERIN 0.4 MG TABLET SL	5	25.00	13.43	0.33	51%-75% Above	Yes	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68462063945	NITROGLYCERIN 0.4 MG TABLET SL	6	25.00	5.06	0.34	26%-50% Below	No	No
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	5	84.00	0.84	0.36	76%-100% Below	No	No
68462074635	ACYCLOVIR 5% OINTMENT	6	30.00	134.57	1.70	101%-200% Above	Yes	No
68462079817	TRIAMCINOLONE 0.5% OINTMENT	6	45.00	9.99	0.38	26%-50% Below	Yes	No
68462086665	CLINDAMYCIN PH 1% GEL	4	60.00	6.99	0.88	76%-100% Below	No	No
68462086665	CLINDAMYCIN PH 1% GEL	6	60.00	6.99	0.84	76%-100% Below	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	4	30.00	1.54	0.03	51%-75% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	5	30.00	1.54	0.03	51%-75% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	6	30.00	1.54	0.03	51%-75% Above	No	No
68645045590	ENALAPRIL MALEATE 5 MG TABLET	4	90.00	29.14	0.17	76%-100% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	4	30.00	1.42	0.01	200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.00	0.30	0.01	26%-50% Below	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.00	4.13	0.01	200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.00	0.30	0.01	26%-50% Below	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.00	2.79	0.01	101%-200% Above	No	No
68645051254	NIFEDIPINE ER 30 MG TABLET	5	30.00	6.99	0.21	10%-25% Above	No	No
68645051254	NIFEDIPINE ER 30 MG TABLET	6	30.00	6.99	0.21	10%-25% Above	No	No
68645051354	NIFEDIPINE ER 60 MG TABLET	6	90.00	44.99	0.25	76%-100% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	5	30.00	0.30	0.06	76%-100% Below	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	5	30.00	14.99	0.06	200% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	6	30.00	14.99	0.06	200% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	5	30.00	14.99	0.09	200% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	5	90.00	37.99	0.09	200% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	4	30.00	2.75	0.07	26%-50% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	5	30.00	0.30	0.07	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68645052154	SERTRALINE HCL 25 MG TABLET	5	30.00	2.75	0.07	26%-50% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	4	90.00	9.33	0.06	51%-75% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	5	30.00	3.84	0.07	76%-100% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	6	30.00	3.97	0.07	76%-100% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	6	45.00	5.21	0.07	51%-75% Above	No	No
68645054459	METFORMIN HCL 500 MG TABLET	4	60.00	1.78	0.02	76%-100% Above	No	No
68645054459	METFORMIN HCL 500 MG TABLET	4	180.00	3.87	0.02	26%-50% Above	No	No
68645054459	METFORMIN HCL 500 MG TABLET	5	30.00	1.26	0.02	101%-200% Above	No	No
68645054459	METFORMIN HCL 500 MG TABLET	5	60.00	1.78	0.02	51%-75% Above	No	No
68645054459	METFORMIN HCL 500 MG TABLET	6	30.00	1.26	0.02	101%-200% Above	No	No
68645054459	METFORMIN HCL 500 MG TABLET	6	30.00	1.29	0.02	101%-200% Above	No	No
68645054459	METFORMIN HCL 500 MG TABLET	6	60.00	1.78	0.02	76%-100% Above	No	No
68645054459	METFORMIN HCL 500 MG TABLET	6	180.00	3.40	0.02	10%-25% Above	No	No
68645054559	METFORMIN HCL 1,000 MG TABLET	4	180.00	6.48	0.03	26%-50% Above	No	No
68645054559	METFORMIN HCL 1,000 MG TABLET	6	180.00	6.48	0.03	26%-50% Above	No	No
68645055254	LISINOPRIL 10 MG TABLET	4	90.00	2.61	0.02	26%-50% Above	No	No
68645055354	LISINOPRIL 20 MG TABLET	5	30.00	0.30	0.03	51%-75% Below	No	No
68645055354	LISINOPRIL 20 MG TABLET	5	30.00	1.64	0.03	101%-200% Above	No	No
68645055354	LISINOPRIL 20 MG TABLET	5	90.00	3.44	0.03	26%-50% Above	No	No
68645055354	LISINOPRIL 20 MG TABLET	6	30.00	0.30	0.03	51%-75% Below	No	No
68645055354	LISINOPRIL 20 MG TABLET	6	90.00	3.44	0.03	26%-50% Above	No	No
68645055554	LISINOPRIL 40 MG TABLET	5	30.00	2.49	0.04	76%-100% Above	No	No
68645055554	LISINOPRIL 40 MG TABLET	6	30.00	2.49	0.05	76%-100% Above	No	No
68645055554	LISINOPRIL 40 MG TABLET	6	30.00	2.58	0.05	76%-100% Above	No	No
68645055554	LISINOPRIL 40 MG TABLET	6	90.00	5.98	0.05	26%-50% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68645055554	LISINOPRIL 40 MG TABLET	6	90.00	7.48	0.05	76%-100% Above	No	No
68645055554	LISINOPRIL 40 MG TABLET	6	90.00	12.39	0.05	200% Above	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	30.00	3.81	0.05	101%-200% Above	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	180.00	8.26	0.06	10%-25% Below	No	No
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	6	90.00	9.99	0.05	101%-200% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	4	20.00	2.62	0.08	51%-75% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	5	30.00	3.39	0.08	26%-50% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	5	45.00	0.45	0.08	76%-100% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	5	90.00	4.99	0.08	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	6	21.00	0.21	0.08	76%-100% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	6	60.00	0.60	0.08	76%-100% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	6	270.00	16.43	0.08	10%-25% Below	No	No
68645057054	CITALOPRAM HBR 20 MG TABLET	5	90.00	3.88	0.03	26%-50% Above	No	No
68645057054	CITALOPRAM HBR 20 MG TABLET	6	30.00	1.79	0.03	76%-100% Above	No	No
68645057054	CITALOPRAM HBR 20 MG TABLET	6	135.00	5.45	0.03	26%-50% Above	No	No
68645057154	CITALOPRAM HBR 40 MG TABLET	4	30.00	2.00	0.04	51%-75% Above	No	No
68645057154	CITALOPRAM HBR 40 MG TABLET	4	90.00	4.52	0.04	26%-50% Above	No	No
68645057154	CITALOPRAM HBR 40 MG TABLET	5	30.00	3.99	0.04	200% Above	No	No
68645057290	GLIMEPIRIDE 2 MG TABLET	4	30.00	3.99	0.06	101%-200% Above	No	No
68645057290	GLIMEPIRIDE 2 MG TABLET	5	30.00	0.30	0.06	76%-100% Below	No	No
68645057290	GLIMEPIRIDE 2 MG TABLET	5	30.00	3.99	0.06	101%-200% Above	No	No
68645057290	GLIMEPIRIDE 2 MG TABLET	6	30.00	0.30	0.06	76%-100% Below	No	No
68645057290	GLIMEPIRIDE 2 MG TABLET	7	180.00	19.99	0.05	101%-200% Above	No	No
68645057390	GLIMEPIRIDE 4 MG TABLET	5	180.00	19.99	0.06	76%-100% Above	No	No
68645057454	GLIPIZIDE 5 MG TABLET	4	90.00	3.24	0.03	10%-25% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	2.86	0.02	101%-200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	7.56	0.02	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	5	30.00	1.57	0.02	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	6	30.00	0.30	0.02	26%-50% Below	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	6	30.00	1.57	0.02	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	6	30.00	1.62	0.02	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	6	90.00	3.24	0.02	101%-200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	3.75	0.01	101%-200% Above	No	No
68645058359	METFORMIN HCL 850 MG TABLET	4	180.00	6.36	0.03	10%-25% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	5	45.00	22.49	0.07	200% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	5	90.00	10.96	0.07	76%-100% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	6	90.00	10.96	0.06	76%-100% Above	No	No
68682001004	SODIUM SULFACETAMIDE 10% LOTN	4	118.00	1.18	0.83	76%-100% Below	No	No
68682071310	ENALAPRIL MALEATE 20 MG TAB	6	180.00	44.90	0.15	51%-75% Above	No	No
69097012203	TOPIRAMATE 25 MG TABLET	6	90.00	9.99	0.03	200% Above	Yes	No
69097012212	TOPIRAMATE 25 MG TABLET	4	180.00	5.17	0.03	10%-25% Below	No	No
69097012303	TOPIRAMATE 50 MG TABLET	6	60.00	2.03	0.05	26%-50% Below	No	No
69097012315	TOPIRAMATE 50 MG TABLET	5	30.00	2.62	0.05	51%-75% Above	No	No
69097012315	TOPIRAMATE 50 MG TABLET	6	30.00	2.62	0.05	51%-75% Above	No	No
69097012415	TOPIRAMATE 100 MG TABLET	5	30.00	3.46	0.07	51%-75% Above	No	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	1.37	0.01	26%-50% Above	Yes	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	1.88	0.02	26%-50% Above	Yes	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	1.97	0.02	26%-50% Above	Yes	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	2.49	0.01	76%-100% Above	Yes	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	3.01	0.01	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	6	90.00	7.47	0.02	200% Above	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	4	6.70	9.25	4.40	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	4	6.70	11.49	4.40	51%-75% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	4	6.70	14.99	4.40	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	5	6.70	9.25	4.32	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	5	6.70	11.49	4.32	51%-75% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	5	6.70	14.99	4.32	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	5	13.40	22.98	4.32	51%-75% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	6	6.70	9.25	3.99	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	6	6.70	11.49	3.99	51%-75% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	6	6.70	19.99	3.99	10%-25% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	6	6.70	23.34	3.99	10%-25% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	6	13.40	22.98	3.99	51%-75% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	6.70	14.99	4.23	26%-50% Below	Yes	No
69097015302	VALACYCLOVIR HCL 500 MG TABLET	6	30.00	14.90	0.29	51%-75% Above	No	No
69097015807	MELOXICAM 7.5 MG TABLET	4	90.00	3.46	0.02	76%-100% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	5	30.00	0.30	0.02	51%-75% Below	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	6	30.00	0.30	0.02	51%-75% Below	Yes	No
69097015907	MELOXICAM 15 MG TABLET	4	30.00	0.30	0.02	51%-75% Below	Yes	No
69097015907	MELOXICAM 15 MG TABLET	5	30.00	0.30	0.02	51%-75% Below	Yes	No
69097015907	MELOXICAM 15 MG TABLET	5	30.00	1.31	0.02	101%-200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	5	30.00	1.53	0.02	101%-200% Above	No	No
69097015907	MELOXICAM 15 MG TABLET	5	30.00	1.53	0.02	101%-200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	5	90.00	3.10	0.02	51%-75% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	5	90.00	3.29	0.02	76%-100% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097015907	MELOXICAM 15 MG TABLET	6	25.00	1.40	0.02	101%-200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	6	30.00	0.30	0.02	51%-75% Below	Yes	No
69097015907	MELOXICAM 15 MG TABLET	6	30.00	1.31	0.02	76%-100% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	6	30.00	1.53	0.02	101%-200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	6	90.00	3.29	0.02	51%-75% Above	Yes	No
69097015912	MELOXICAM 15 MG TABLET	7	30.00	1.44	0.02	101%-200% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	5	30.00	1.44	0.02	101%-200% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	6	30.00	1.44	0.02	101%-200% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	6	90.00	3.10	0.02	26%-50% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	5	4.00	2.61	0.31	101%-200% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	6	12.00	17.36	0.31	200% Above	No	No
69097042107	CELECOXIB 200 MG CAPSULE	4	30.00	14.90	0.17	101%-200% Above	No	No
69097042207	CELECOXIB 100 MG CAPSULE	6	60.00	14.90	0.11	101%-200% Above	No	No
69097045805	FENOFIBRATE 145 MG TABLET	4	30.00	14.90	0.21	101%-200% Above	No	No
69097045805	FENOFIBRATE 145 MG TABLET	5	30.00	14.90	0.20	101%-200% Above	No	No
69097052444	DICLOFENAC SODIUM 1% GEL	5	100.00	1.00	0.13	76%-100% Below	Yes	No
69097052444	DICLOFENAC SODIUM 1% GEL	5	100.00	8.26	0.13	26%-50% Below	No	No
69097052444	DICLOFENAC SODIUM 1% GEL	6	100.00	1.00	0.12	76%-100% Below	Yes	No
69097067805	PREGABALIN 50 MG CAPSULE	4	120.00	19.90	0.10	51%-75% Above	No	No
69097067805	PREGABALIN 50 MG CAPSULE	5	120.00	19.90	0.10	51%-75% Above	No	No
69097067905	PREGABALIN 75 MG CAPSULE	4	60.00	14.90	0.10	101%-200% Above	No	No
69097068205	PREGABALIN 150 MG CAPSULE	5	180.00	44.90	0.11	101%-200% Above	No	No
69097081312	GABAPENTIN 100 MG CAPSULE	5	30.00	0.30	0.03	51%-75% Below	Yes	No
69097081312	GABAPENTIN 100 MG CAPSULE	6	30.00	0.30	0.03	51%-75% Below	Yes	No
69097081312	GABAPENTIN 100 MG CAPSULE	6	270.00	17.16	0.03	101%-200% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097081507	GABAPENTIN 400 MG CAPSULE	6	180.00	15.70	0.06	26%-50% Above	Yes	No
69097082312	CITALOPRAM HBR 20 MG TABLET	5	30.00	0.62	0.03	26%-50% Below	No	No
69097082312	CITALOPRAM HBR 20 MG TABLET	5	90.00	3.31	0.03	10%-25% Above	No	No
69097082312	CITALOPRAM HBR 20 MG TABLET	6	30.00	0.62	0.03	26%-50% Below	No	No
69097082507	RALOXIFENE HCL 60 MG TABLET	4	30.00	8.44	0.43	26%-50% Below	No	No
69097082507	RALOXIFENE HCL 60 MG TABLET	5	30.00	8.27	0.44	26%-50% Below	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	6	30.00	2.71	0.08	10%-25% Above	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	4	30.00	3.81	0.05	101%-200% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	4	90.00	5.49	0.05	10%-25% Above	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	4	90.00	5.49	0.05	10%-25% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	5	30.00	0.30	0.05	76%-100% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	5	45.00	6.24	0.05	101%-200% Above	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	5	90.00	9.24	0.05	101%-200% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	6	90.00	3.47	0.05	10%-25% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	6	90.00	5.49	0.05	26%-50% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	4	30.00	3.35	0.06	51%-75% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	4	30.00	3.84	0.06	76%-100% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	5	30.00	3.84	0.07	76%-100% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	5	180.00	4.36	0.07	51%-75% Below	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	6	30.00	3.35	0.07	51%-75% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	6	90.00	9.33	0.07	51%-75% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	6	135.00	12.49	0.07	26%-50% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	4	60.00	3.10	0.03	51%-75% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	5	15.00	1.33	0.03	101%-200% Above	No	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	6	60.00	3.10	0.03	51%-75% Above	Yes	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097084607	CYCLOBENZAPRINE 10 MG TABLET	5	30.00	6.90	0.03	200% Above	No	No
69097084607	CYCLOBENZAPRINE 10 MG TABLET	6	30.00	6.90	0.03	200% Above	No	No
69097084615	CYCLOBENZAPRINE 10 MG TABLET	4	9.00	1.80	0.03	200% Above	No	No
69097084615	CYCLOBENZAPRINE 10 MG TABLET	4	30.00	1.50	0.03	76%-100% Above	No	No
69097084615	CYCLOBENZAPRINE 10 MG TABLET	6	15.00	1.12	0.03	101%-200% Above	No	No
69097084615	CYCLOBENZAPRINE 10 MG TABLET	6	30.00	1.50	0.03	76%-100% Above	No	No
69097084615	CYCLOBENZAPRINE 10 MG TABLET	8	30.00	6.90	0.02	200% Above	No	No
69097084705	ESCITALOPRAM 5 MG TABLET	4	30.00	4.30	0.05	101%-200% Above	No	No
69097084805	ESCITALOPRAM 10 MG TABLET	5	90.00	9.39	0.06	76%-100% Above	Yes	No
69097084805	ESCITALOPRAM 10 MG TABLET	6	90.00	11.82	0.06	101%-200% Above	No	No
69097084905	ESCITALOPRAM 20 MG TABLET	5	30.00	0.30	0.09	76%-100% Below	No	No
69097086107	ZONISAMIDE 100 MG CAPSULE	5	60.00	11.04	0.17	10%-25% Above	Yes	No
69097086807	NADOLOL 40 MG TABLET	4	30.00	6.99	0.44	26%-50% Below	Yes	No
69097086807	NADOLOL 40 MG TABLET	5	30.00	6.99	0.52	51%-75% Below	Yes	No
69097086807	NADOLOL 40 MG TABLET	6	30.00	6.99	0.49	51%-75% Below	Yes	No
69097089407	FENOFIBRATE 67 MG CAPSULE	6	30.00	14.90	0.25	76%-100% Above	No	No
69097094312	GABAPENTIN 300 MG CAPSULE	4	60.00	4.05	0.05	26%-50% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	4	90.00	0.99	0.05	76%-100% Below	No	No
69097094312	GABAPENTIN 300 MG CAPSULE	5	10.00	0.10	0.05	76%-100% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	5	60.00	0.60	0.05	76%-100% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	5	60.00	4.05	0.05	26%-50% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	5	90.00	0.99	0.05	76%-100% Below	No	No
69097094312	GABAPENTIN 300 MG CAPSULE	5	90.00	5.70	0.05	10%-25% Above	No	No
69097094312	GABAPENTIN 300 MG CAPSULE	5	180.00	10.66	0.05	10%-25% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	6	10.00	0.10	0.05	76%-100% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097094312	GABAPENTIN 300 MG CAPSULE	6	30.00	0.30	0.05	76%-100% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	6	30.00	4.46	0.05	200% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	6	60.00	0.60	0.05	76%-100% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	6	60.00	4.05	0.05	26%-50% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	6	90.00	0.99	0.05	76%-100% Below	No	No
69097094312	GABAPENTIN 300 MG CAPSULE	6	120.00	1.20	0.05	76%-100% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	6	270.00	29.99	0.05	101%-200% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	7	90.00	0.99	0.05	76%-100% Below	No	No
69097094705	ATORVASTATIN 80 MG TABLET	6	90.00	22.88	0.10	101%-200% Above	No	No
69097096507	NABUMETONE 500 MG TABLET	4	120.00	27.03	0.27	10%-25% Below	No	No
69238101703	ISOTRETINOIN 30 MG CAPSULE	5	60.00	0.60	3.71	76%-100% Below	Yes	No
69238110005	DOXYCYCLINE HYCLATE 100 MG CAP	6	20.00	14.90	0.19	200% Above	No	No
69238115409	EZETIMIBE 10 MG TABLET	5	30.00	6.99	0.16	26%-50% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	6	30.00	6.99	0.15	26%-50% Above	Yes	No
69238134201	ETODOLAC 400 MG TABLET	5	12.00	11.06	0.36	101%-200% Above	No	No
69238148901	BUMETANIDE 0.5 MG TABLET	6	30.00	5.52	0.23	10%-25% Below	No	No
69238161503	OFLOXACIN 0.3% EAR DROPS	6	10.00	14.90	2.31	26%-50% Below	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	6	30.00	8.90	0.21	26%-50% Above	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	6	90.00	26.91	0.21	26%-50% Above	No	No
69238183201	LEVOTHYROXINE 75 MCG TABLET	5	90.00	24.56	0.23	10%-25% Above	No	No
69238183301	LEVOTHYROXINE 88 MCG TABLET	6	90.00	23.88	0.23	10%-25% Above	No	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	6	90.00	32.87	0.32	10%-25% Above	No	No
69238199107	DIGOXIN 125 MCG TABLET	7	90.00	78.93	0.29	101%-200% Above	Yes	No
69292053201	PROPRANOLOL 20 MG TABLET	4	30.00	4.90	0.10	51%-75% Above	No	No
69292053201	PROPRANOLOL 20 MG TABLET	5	30.00	4.90	0.09	76%-100% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69292053201	PROPRANOLOL 20 MG TABLET	6	30.00	4.90	0.08	76%-100% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	5	30.00	1.30	0.03	26%-50% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	6	30.00	1.55	0.03	51%-75% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	6	30.00	1.64	0.03	76%-100% Above	No	No
69315011701	FUROSEMIDE 40 MG TABLET	5	30.00	1.68	0.04	51%-75% Above	No	No
69315011710	FUROSEMIDE 40 MG TABLET	5	30.00	1.68	0.04	51%-75% Above	No	No
69315011710	FUROSEMIDE 40 MG TABLET	6	60.00	2.70	0.03	26%-50% Above	No	No
69315012710	FOLIC ACID 1 MG TABLET	4	30.00	0.49	0.02	26%-50% Below	No	No
69315012710	FOLIC ACID 1 MG TABLET	4	30.00	1.31	0.02	76%-100% Above	No	No
69315012710	FOLIC ACID 1 MG TABLET	5	90.00	2.72	0.02	10%-25% Above	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	6	30.00	0.49	0.02	26%-50% Below	No	No
69315012710	FOLIC ACID 1 MG TABLET	6	30.00	1.31	0.02	76%-100% Above	No	No
69315012710	FOLIC ACID 1 MG TABLET	6	90.00	2.63	0.02	10%-25% Above	No	No
69315012710	FOLIC ACID 1 MG TABLET	6	120.00	3.29	0.02	10%-25% Above	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	4	30.00	4.78	0.07	101%-200% Above	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	30.00	4.78	0.06	101%-200% Above	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	30.00	4.78	0.06	101%-200% Above	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	30.00	5.23	0.06	101%-200% Above	No	No
69315030730	NYSTATIN 100,000 UNIT/GM OINT	4	30.00	6.04	0.35	26%-50% Below	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	5	2.00	0.71	0.04	200% Above	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	5	30.00	0.86	0.04	26%-50% Below	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	6	30.00	1.58	0.04	10%-25% Above	No	No
69315090505	LORAZEPAM 1 MG TABLET	4	45.00	2.69	0.04	51%-75% Above	No	No
69315090505	LORAZEPAM 1 MG TABLET	6	48.00	3.20	0.04	51%-75% Above	No	No
69315090510	LORAZEPAM 1 MG TABLET	6	60.00	3.34	0.04	26%-50% Above	No	No

## NADAC Summary Report

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69315091001	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	5	180.00	27.29	0.22	26%-50% Below	No	No
69315091001	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	6	180.00	27.29	0.20	10%-25% Below	No	No
69367024101	NABUMETONE 500 MG TABLET	5	60.00	6.95	0.22	26%-50% Below	No	No
69367024101	NABUMETONE 500 MG TABLET	6	60.00	6.95	0.23	26%-50% Below	No	No
69367025409	FENOFIBRATE 160 MG TABLET	2	30.00	4.90	0.24	26%-50% Below	No	No
69452014420	BENZONATATE 200 MG CAPSULE	6	30.00	4.90	0.13	10%-25% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	4	30.00	11.59	0.14	101%-200% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	6	30.00	11.72	0.13	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	1.00	1.05	0.15	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	0.42	0.15	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	1.97	0.15	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	6.00	2.50	0.15	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	12.00	8.34	0.15	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	1.00	1.05	0.15	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.00	0.04	0.15	76%-100% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.00	1.97	0.15	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.00	4.39	0.15	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.00	4.43	0.15	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	1.00	1.05	0.14	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.00	0.04	0.14	76%-100% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.00	0.04	0.14	76%-100% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.00	0.42	0.14	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.00	1.97	0.14	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.00	4.43	0.14	101%-200% Above	No	No
69452015773	RIZATRIPTAN 10 MG ODT	5	12.00	4.99	1.02	51%-75% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69452015773	RIZATRIPTAN 10 MG ODT	6	12.00	4.99	1.04	51%-75% Below	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	6	6.00	4.19	0.48	26%-50% Above	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	6	6.00	4.24	0.48	26%-50% Above	No	No
69452020720	CALCITRIOL 0.25 MCG CAPSULE	5	30.00	14.99	0.20	101%-200% Above	No	No
69452020720	CALCITRIOL 0.25 MCG CAPSULE	6	30.00	14.99	0.20	101%-200% Above	No	No
69452023420	PROGESTERONE 200 MG CAPSULE	5	90.00	29.99	0.55	26%-50% Below	Yes	No
69543025216	VIRTUSSIN AC 10-100 MG/5 ML LQ	5	180.00	13.50	0.03	101%-200% Above	No	No
69543025216	VIRTUSSIN AC 10-100 MG/5 ML LQ	6	240.00	14.90	0.03	101%-200% Above	No	No
69543025216	VIRTUSSIN AC 10-100 MG/5 ML LQ	6	240.00	14.99	0.03	101%-200% Above	No	No
69543025216	VIRTUSSIN AC 10-100 MG/5 ML LQ	7	180.00	13.50	0.03	101%-200% Above	No	No
69543025850	PREPLUS CA-FE 27 MG-FA 1 MG TB	5	90.00	32.91	0.12	200% Above	Yes	No
69543025850	PREPLUS CA-FE 27 MG-FA 1 MG TB	6	90.00	32.91	0.12	101%-200% Above	Yes	No
69543038810	KETOROLAC 10 MG TABLET	4	15.00	14.26	0.80	10%-25% Above	No	No
69543038810	KETOROLAC 10 MG TABLET	5	15.00	6.99	0.80	26%-50% Below	No	No
69543038810	KETOROLAC 10 MG TABLET	5	20.00	0.20	0.80	76%-100% Below	No	No
69543038810	KETOROLAC 10 MG TABLET	6	20.00	6.99	0.80	51%-75% Below	No	No
69584009250	BUSPIRONE HCL 10 MG TABLET	4	90.00	9.24	0.04	101%-200% Above	No	No
69584009250	BUSPIRONE HCL 10 MG TABLET	5	90.00	9.24	0.04	101%-200% Above	No	No
69584009310	BUSPIRONE HCL 15 MG TABLET	6	180.00	16.98	0.05	51%-75% Above	No	No
69584011190	CARISOPRODOL 350 MG TABLET	6	180.00	13.59	0.06	10%-25% Above	No	No
69584061250	METHOCARBAMOL 750 MG TABLET	6	30.00	3.90	0.09	26%-50% Above	Yes	No
69584084110	SOTALOL 80 MG TABLET	6	60.00	9.80	0.08	76%-100% Above	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML	4	3.00	6.56	3.06	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML	5	4.00	10.05	3.11	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML	6	1.00	2.71	3.24	10%-25% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69784050001	EC-NAPROXEN DR 500 MG TABLET	5	180.00	12.49	3.45	76%-100% Below	No	No
69918030130	TRANEXAMIC ACID 650 MG TABLET	4	30.00	43.89	2.33	26%-50% Below	No	No
69918030130	TRANEXAMIC ACID 650 MG TABLET	5	30.00	43.89	2.14	26%-50% Below	No	No
69918030130	TRANEXAMIC ACID 650 MG TABLET	6	30.00	43.89	2.31	26%-50% Below	No	No
70000012501	CHILD ALLERGY 5 MG/5 ML SOLN	6	75.00	5.30	0.04	51%-75% Above	No	No
70010004301	METHYLPHENIDATE ER 20 MG TAB	4	30.00	6.99	0.80	51%-75% Below	Yes	No
70010004301	METHYLPHENIDATE ER 20 MG TAB	5	30.00	6.99	0.79	51%-75% Below	Yes	No
70010006305	METFORMIN HCL 500 MG TABLET	5	30.00	1.17	0.02	101%-200% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	5	60.00	1.69	0.02	51%-75% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	6	30.00	1.17	0.02	101%-200% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	6	60.00	0.65	0.02	26%-50% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	6	60.00	5.28	0.02	200% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	6	180.00	1.96	0.02	26%-50% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	6	360.00	7.00	0.02	10%-25% Above	No	No
70010006401	METFORMIN HCL 850 MG TABLET	4	180.00	0.00	0.03	76%-100% Below	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	6	60.00	2.65	0.03	51%-75% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	6	60.00	4.45	0.03	101%-200% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	6	180.00	6.48	0.03	26%-50% Above	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	4	60.00	2.56	0.03	51%-75% Above	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	5	60.00	1.18	0.03	26%-50% Below	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	5	60.00	2.56	0.03	26%-50% Above	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	5	90.00	1.77	0.03	26%-50% Below	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	6	60.00	1.18	0.03	26%-50% Below	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	6	60.00	2.56	0.03	51%-75% Above	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	6	60.00	2.65	0.03	51%-75% Above	No	No

## NADAC Summary Report

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70010006510	METFORMIN HCL 1,000 MG TABLET	6	60.00	2.99	0.03	76%-100% Above	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	6	180.00	6.66	0.03	26%-50% Above	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	8	60.00	1.25	0.03	10%-25% Below	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	8	180.00	5.26	0.03	10%-25% Above	No	No
70010010810	GABAPENTIN 100 MG CAPSULE	6	90.00	3.74	0.03	26%-50% Above	No	No
70010010910	GABAPENTIN 300 MG CAPSULE	6	180.00	6.05	0.05	26%-50% Below	No	No
70010049101	METFORMIN HCL ER 500 MG TABLET	5	30.00	0.30	0.04	51%-75% Below	No	No
70010049101	METFORMIN HCL ER 500 MG TABLET	5	360.00	9.99	0.04	10%-25% Below	No	No
70010049101	METFORMIN HCL ER 500 MG TABLET	6	30.00	0.30	0.04	51%-75% Below	No	No
70010049101	METFORMIN HCL ER 500 MG TABLET	6	90.00	3.99	0.04	10%-25% Above	No	No
70010049101	METFORMIN HCL ER 500 MG TABLET	7	360.00	9.99	0.04	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	4	60.00	4.11	0.04	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	5	30.00	1.77	0.04	51%-75% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	5	90.00	4.01	0.04	10%-25% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	5	120.00	7.22	0.04	51%-75% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	6	30.00	1.77	0.04	51%-75% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	6	60.00	4.11	0.04	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	6	120.00	5.13	0.04	10%-25% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	6	120.00	7.22	0.04	51%-75% Above	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	4	60.00	4.20	0.04	76%-100% Above	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	5	30.00	3.59	0.04	200% Above	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	5	60.00	4.20	0.04	76%-100% Above	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	6	30.00	3.59	0.04	200% Above	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	6	30.00	3.72	0.04	200% Above	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	6	180.00	10.41	0.04	51%-75% Above	Yes	No

## NADAC Summary Report

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70010049110	METFORMIN HCL ER 500 MG TABLET	6	360.00	7.85	0.04	26%-50% Below	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	6	360.00	10.76	0.04	10%-25% Below	Yes	No
70010075401	METHOCARBAMOL 500 MG TABLET	5	40.00	4.08	0.07	26%-50% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	6	30.00	3.24	0.07	51%-75% Above	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	6	30.00	1.73	0.09	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML	4	2.00	7.94	3.06	26%-50% Above	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML	4	4.00	14.80	3.06	10%-25% Above	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML	5	2.00	7.94	3.11	26%-50% Above	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML	5	2.00	7.99	3.11	26%-50% Above	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML	5	3.00	11.37	3.11	10%-25% Above	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML	5	3.00	11.37	3.11	10%-25% Above	Yes	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML	5	4.00	7.98	3.11	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML	5	6.00	21.65	3.11	10%-25% Above	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML	6	1.00	4.37	3.24	26%-50% Above	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML	6	1.00	4.43	3.24	26%-50% Above	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML	6	2.00	7.94	3.24	10%-25% Above	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML	6	4.00	7.92	3.24	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML	6	4.00	11.57	3.24	10%-25% Below	No	No
70069017201	CYANOCOBALAMIN 1,000 MCG/ML	4	10.00	10.60	3.25	51%-75% Below	No	No
70377000315	SIMVASTATIN 20 MG TABLET	4	30.00	0.30	0.03	51%-75% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	5	30.00	0.30	0.03	51%-75% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	6	30.00	0.30	0.03	51%-75% Below	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	4	30.00	0.30	0.04	76%-100% Below	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	4	30.00	0.84	0.04	26%-50% Below	No	No
70377000415	SIMVASTATIN 40 MG TABLET	5	30.00	0.30	0.04	76%-100% Below	Yes	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70377000415	SIMVASTATIN 40 MG TABLET	5	30.00	0.84	0.04	26%-50% Below	No	No
70377000415	SIMVASTATIN 40 MG TABLET	5	90.00	2.51	0.04	26%-50% Below	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	6	30.00	0.30	0.04	76%-100% Below	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	6	30.00	0.84	0.04	26%-50% Below	No	No
70377000415	SIMVASTATIN 40 MG TABLET	6	90.00	0.90	0.04	76%-100% Below	Yes	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	5	90.00	189.68	0.09	200% Above	Yes	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	6	90.00	0.90	0.09	76%-100% Below	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	4	90.00	0.90	0.07	76%-100% Below	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.00	0.30	0.07	76%-100% Below	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.00	0.90	0.07	76%-100% Below	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.00	189.14	0.07	200% Above	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.00	0.30	0.06	76%-100% Below	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.00	189.14	0.06	200% Above	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	4	30.00	0.30	0.08	76%-100% Below	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	4	30.00	6.99	0.08	101%-200% Above	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	4	90.00	44.99	0.08	200% Above	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.00	0.30	0.08	76%-100% Below	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	5	90.00	188.67	0.08	200% Above	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.00	0.30	0.08	76%-100% Below	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	6	90.00	188.67	0.08	200% Above	Yes	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	4	90.00	29.99	0.13	101%-200% Above	Yes	No
70377002711	ATORVASTATIN 10 MG TABLET	4	90.00	8.83	0.04	101%-200% Above	Yes	No
70377002711	ATORVASTATIN 10 MG TABLET	5	30.00	0.30	0.04	51%-75% Below	Yes	No
70377002711	ATORVASTATIN 10 MG TABLET	5	90.00	8.83	0.04	101%-200% Above	Yes	No
70377002711	ATORVASTATIN 10 MG TABLET	6	30.00	0.30	0.04	51%-75% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70377002713	ATORVASTATIN 10 MG TABLET	5	90.00	0.01	0.04	76%-100% Below	No	No
70377002811	ATORVASTATIN 20 MG TABLET	4	90.00	10.89	0.05	101%-200% Above	Yes	No
70377002811	ATORVASTATIN 20 MG TABLET	5	30.00	0.30	0.06	76%-100% Below	Yes	No
70377002811	ATORVASTATIN 20 MG TABLET	5	90.00	0.90	0.06	76%-100% Below	Yes	No
70377002811	ATORVASTATIN 20 MG TABLET	5	90.00	10.89	0.06	101%-200% Above	Yes	No
70377002811	ATORVASTATIN 20 MG TABLET	6	30.00	0.30	0.05	76%-100% Below	Yes	No
70377002811	ATORVASTATIN 20 MG TABLET	6	90.00	0.90	0.05	76%-100% Below	Yes	No
70377002811	ATORVASTATIN 20 MG TABLET	6	90.00	10.89	0.05	101%-200% Above	Yes	No
70377002811	ATORVASTATIN 20 MG TABLET	6	90.00	11.44	0.05	101%-200% Above	Yes	No
70377002811	ATORVASTATIN 20 MG TABLET	6	90.00	29.99	0.05	200% Above	Yes	No
70377002813	ATORVASTATIN 20 MG TABLET	6	30.00	0.00	0.05	76%-100% Below	No	No
70377002911	ATORVASTATIN 40 MG TABLET	4	30.00	5.73	0.07	101%-200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	4	90.00	21.91	0.07	200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	5	30.00	5.73	0.07	101%-200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	5	90.00	10.93	0.07	51%-75% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	5	90.00	15.72	0.07	101%-200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	6	30.00	5.98	0.06	200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	6	90.00	10.93	0.06	101%-200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	6	90.00	15.72	0.06	101%-200% Above	Yes	No
70377002913	ATORVASTATIN 40 MG TABLET	4	90.00	0.01	0.07	76%-100% Below	No	No
70377002913	ATORVASTATIN 40 MG TABLET	5	30.00	5.73	0.07	101%-200% Above	No	No
70377002913	ATORVASTATIN 40 MG TABLET	6	30.00	5.73	0.06	200% Above	No	No
70377002913	ATORVASTATIN 40 MG TABLET	6	90.00	15.72	0.06	101%-200% Above	No	No
70377003012	ATORVASTATIN 80 MG TABLET	5	30.00	6.50	0.10	101%-200% Above	Yes	No
70377003012	ATORVASTATIN 80 MG TABLET	5	90.00	0.90	0.10	76%-100% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70436000201	POTASSIUM CL ER 10 MEQ TABLET	4	180.00	16.81	0.16	26%-50% Below	No	No
70436000201	POTASSIUM CL ER 10 MEQ TABLET	5	60.00	5.60	0.15	26%-50% Below	No	No
70436000201	POTASSIUM CL ER 10 MEQ TABLET	6	60.00	5.60	0.16	26%-50% Below	No	No
70436000203	POTASSIUM CL ER 10 MEQ TABLET	4	30.00	6.99	0.16	26%-50% Above	Yes	No
70436000203	POTASSIUM CL ER 10 MEQ TABLET	4	90.00	12.49	0.16	10%-25% Below	Yes	No
70436000203	POTASSIUM CL ER 10 MEQ TABLET	5	30.00	6.99	0.15	26%-50% Above	Yes	No
70436000203	POTASSIUM CL ER 10 MEQ TABLET	6	30.00	0.30	0.16	76%-100% Below	Yes	No
70436000203	POTASSIUM CL ER 10 MEQ TABLET	6	30.00	6.99	0.16	26%-50% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	4	90.00	44.99	0.16	200% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	6	90.00	0.90	0.15	76%-100% Below	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	6	90.00	25.52	0.15	76%-100% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	6	90.00	26.79	0.15	101%-200% Above	Yes	No
70436001004	BUPROPION HCL XL 150 MG TABLET	6	30.00	4.90	0.15	10%-25% Above	No	No
70436001006	BUPROPION HCL XL 150 MG TABLET	4	30.00	14.99	0.16	200% Above	No	No
70436001006	BUPROPION HCL XL 150 MG TABLET	5	30.00	14.99	0.18	101%-200% Above	No	No
70436001006	BUPROPION HCL XL 150 MG TABLET	6	30.00	14.99	0.15	200% Above	No	No
70436001102	BUPROPION HCL XL 300 MG TABLET	4	30.00	14.90	0.21	101%-200% Above	No	No
70436001102	BUPROPION HCL XL 300 MG TABLET	5	30.00	0.00	0.22	76%-100% Below	No	No
70436001102	BUPROPION HCL XL 300 MG TABLET	5	30.00	0.30	0.22	76%-100% Below	Yes	No
70436001102	BUPROPION HCL XL 300 MG TABLET	6	30.00	0.00	0.20	76%-100% Below	No	No
70436001102	BUPROPION HCL XL 300 MG TABLET	6	30.00	0.30	0.20	76%-100% Below	Yes	No
70436001102	BUPROPION HCL XL 300 MG TABLET	6	30.00	4.90	0.20	10%-25% Below	No	No
70436001102	BUPROPION HCL XL 300 MG TABLET	6	30.00	14.90	0.20	101%-200% Above	No	No
70436005801	BUPROPION HCL SR 100 MG TABLET	4	60.00	6.99	0.14	10%-25% Below	Yes	No
70436005801	BUPROPION HCL SR 100 MG TABLET	5	60.00	6.99	0.13	10%-25% Below	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70436005801	BUPROPION HCL SR 100 MG TABLET	6	60.00	6.99	0.14	10%-25% Below	Yes	No
70436005901	BUPROPION HCL SR 150 MG TABLET	5	30.00	0.30	0.12	76%-100% Below	Yes	No
70436006001	BUPROPION HCL SR 200 MG TABLET	6	30.00	13.10	0.18	101%-200% Above	No	No
70700011885	VIENVA-28 TABLET	5	84.00	29.99	0.24	26%-50% Above	No	No
70700011885	VIENVA-28 TABLET	7	84.00	0.84	0.21	76%-100% Below	No	No
70700011984	ESTARYLLA 0.25-0.035 MG TABLET	4	28.00	0.28	0.21	76%-100% Below	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	4	84.00	0.84	0.21	76%-100% Below	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	5	28.00	0.28	0.21	76%-100% Below	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	5	28.00	3.73	0.21	26%-50% Below	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	6	28.00	4.01	0.21	26%-50% Below	No	No
70700012085	TRI-LO-ESTARYLLA TABLET	6	84.00	10.74	0.17	10%-25% Below	No	No
70700012185	TRI-ESTARYLLA TABLET	4	28.00	0.28	0.18	76%-100% Below	Yes	No
70700012185	TRI-ESTARYLLA TABLET	5	28.00	0.28	0.17	76%-100% Below	Yes	No
70700012185	TRI-ESTARYLLA TABLET	5	28.00	9.99	0.17	101%-200% Above	Yes	No
70700012185	TRI-ESTARYLLA TABLET	5	84.00	0.84	0.17	76%-100% Below	Yes	No
70700012185	TRI-ESTARYLLA TABLET	5	84.00	20.66	0.17	26%-50% Above	Yes	No
70700012185	TRI-ESTARYLLA TABLET	6	28.00	0.28	0.17	76%-100% Below	Yes	No
70700012185	TRI-ESTARYLLA TABLET	6	28.00	9.99	0.17	101%-200% Above	Yes	No
70700012185	TRI-ESTARYLLA TABLET	6	84.00	0.84	0.17	76%-100% Below	Yes	No
70700012185	TRI-ESTARYLLA TABLET	6	84.00	9.97	0.17	26%-50% Below	No	No
70700012185	TRI-ESTARYLLA TABLET	6	84.00	20.66	0.17	26%-50% Above	Yes	No
70700015285	GEMMILY 1 MG-20 MCG CAPSULE	6	28.00	74.94	3.08	10%-25% Below	No	No
70700015285	GEMMILY 1 MG-20 MCG CAPSULE	6	84.00	0.84	3.08	76%-100% Below	No	No
70700026330	LANSOPRAZOLE DR 30 MG CAPSULE	5	90.00	16.27	0.15	10%-25% Above	Yes	No
70700026330	LANSOPRAZOLE DR 30 MG CAPSULE	6	90.00	9.90	0.15	26%-50% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70700026330	LANSOPRAZOLE DR 30 MG CAPSULE	6	90.00	44.99	0.15	200% Above	Yes	No
70710111208	TIZANIDINE HCL 4 MG CAPSULE	5	30.00	6.99	0.15	51%-75% Above	No	No
70710111208	TIZANIDINE HCL 4 MG CAPSULE	6	30.00	6.99	0.29	10%-25% Below	No	No
70710112307	DOXYCYCLINE MONO 100 MG TABLET	5	20.00	14.90	0.34	101%-200% Above	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	5	14.00	9.99	0.43	51%-75% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	4	1.00	0.01	0.91	76%-100% Below	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	4	1.00	3.22	0.91	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	4	3.00	8.16	0.91	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	2.00	0.02	0.97	76%-100% Below	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	2.00	5.70	0.97	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	2.00	8.46	0.97	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	3.00	8.16	0.97	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	3.00	9.99	0.97	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	6	1.00	3.22	0.87	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	6	1.00	3.45	0.87	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	6	2.00	0.02	0.87	76%-100% Below	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	6	2.00	5.70	0.87	200% Above	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	5	3.00	4.99	0.72	101%-200% Above	No	No
70710114003	FLUCONAZOLE 200 MG TABLET	5	3.00	6.99	0.72	200% Above	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	5	4.00	0.04	0.72	76%-100% Below	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	5	60.00	0.60	0.72	76%-100% Below	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	6	60.00	0.60	0.61	76%-100% Below	Yes	No
70710122501	AMITRIPTYLINE HCL 10 MG TAB	6	180.00	19.17	0.06	76%-100% Above	Yes	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	5	30.00	0.30	0.10	76%-100% Below	No	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	6	30.00	0.30	0.10	76%-100% Below	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70710123001	AMITRIPTYLINE HCL 150 MG TAB	5	30.00	0.30	0.67	76%-100% Below	Yes	No
70710123001	AMITRIPTYLINE HCL 150 MG TAB	6	30.00	0.30	0.64	76%-100% Below	Yes	No
70756021551	FENOFIBRATE 160 MG TABLET	5	30.00	14.95	0.26	76%-100% Above	No	No
70756021590	FENOFIBRATE 160 MG TABLET	5	30.00	14.90	0.26	76%-100% Above	No	No
70756021590	FENOFIBRATE 160 MG TABLET	5	30.00	14.99	0.26	76%-100% Above	No	No
70756021590	FENOFIBRATE 160 MG TABLET	5	90.00	12.49	0.26	26%-50% Below	No	No
70756021590	FENOFIBRATE 160 MG TABLET	5	90.00	44.90	0.26	76%-100% Above	No	No
70756021590	FENOFIBRATE 160 MG TABLET	5	90.00	44.99	0.26	76%-100% Above	No	No
70756021590	FENOFIBRATE 160 MG TABLET	6	30.00	14.90	0.25	76%-100% Above	No	No
70756021590	FENOFIBRATE 160 MG TABLET	6	30.00	14.99	0.25	76%-100% Above	No	No
70756081390	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	5	30.00	8.37	0.35	10%-25% Below	No	No
70756081390	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	6	30.00	8.37	0.39	26%-50% Below	No	No
70954000520	OXYBUTYNIN 5 MG TABLET	5	90.00	33.34	0.07	200% Above	No	No
70954002010	PRAZOSIN 2 MG CAPSULE	5	60.00	6.99	0.33	51%-75% Below	Yes	No
70954002010	PRAZOSIN 2 MG CAPSULE	6	60.00	6.99	0.28	51%-75% Below	Yes	No
70954005810	PREDNISONE 5 MG TABLET	3	1.00	1.14	0.07	200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	6	5.00	0.40	0.11	26%-50% Below	No	No
70954006030	PREDNISONE 20 MG TABLET	6	14.00	2.42	0.11	51%-75% Above	No	No
71093012005	GABAPENTIN 100 MG CAPSULE	6	90.00	3.74	0.03	26%-50% Above	No	No
71093015504	ZOLPIDEM TARTRATE 5 MG TABLET	4	30.00	1.51	0.03	51%-75% Above	No	No
71093015504	ZOLPIDEM TARTRATE 5 MG TABLET	5	30.00	1.51	0.03	51%-75% Above	No	No
71093015604	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.00	1.21	0.03	10%-25% Above	Yes	No
71093015604	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.00	1.21	0.04	10%-25% Above	Yes	No
71093015606	ZOLPIDEM TARTRATE 10 MG TABLET	4	30.00	1.73	0.03	51%-75% Above	No	No
71093015606	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.00	1.73	0.03	51%-75% Above	No	No

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
71093015606	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.00	0.50	0.04	51%-75% Below	No	No
71930001730	ONDANSETRON HCL 4 MG TABLET	5	15.00	4.90	0.09	200% Above	No	No
71930001730	ONDANSETRON HCL 4 MG TABLET	5	18.00	8.48	0.09	200% Above	No	No
71930001830	ONDANSETRON HCL 8 MG TABLET	5	30.00	2.09	0.11	26%-50% Below	No	No
71930001952	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	12.00	2.76	0.10	101%-200% Above	No	No
71930001952	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	60.00	4.99	0.10	10%-25% Below	No	No
71930001952	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	12.00	2.76	0.09	101%-200% Above	No	No
71930002012	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	15.00	0.15	0.12	76%-100% Below	Yes	No
71930002052	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	28.00	4.99	0.13	26%-50% Above	No	No
71930002152	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	90.00	8.30	0.13	26%-50% Below	No	No
71930002152	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	75.00	6.92	0.14	26%-50% Below	No	No
71930002152	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	90.00	8.30	0.14	26%-50% Below	No	No
71930002152	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	75.00	6.92	0.13	26%-50% Below	No	No
71930002152	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	90.00	8.30	0.13	26%-50% Below	No	No
71930002643	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	4	90.00	0.90	0.06	76%-100% Below	Yes	No
71930002643	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	120.00	6.99	0.07	10%-25% Below	Yes	No
71930002643	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	120.00	14.99	0.07	51%-75% Above	Yes	No
71930002643	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	6	240.00	14.99	0.07	10%-25% Below	Yes	No
71930004712	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	30.00	6.75	0.18	10%-25% Above	No	No
71930004712	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	120.00	24.53	0.18	10%-25% Above	No	No
71930004712	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	120.00	24.53	0.18	10%-25% Above	No	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	4	10.00	0.10	0.11	76%-100% Below	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	4	12.00	1.93	0.11	26%-50% Above	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	4	20.00	2.72	0.11	10%-25% Above	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	5	20.00	4.09	0.11	76%-100% Above	Yes	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
71930005552	ACETAMINOPHEN-COD #3 TABLET	5	120.00	9.42	0.11	26%-50% Below	No	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	6	14.00	3.18	0.11	101%-200% Above	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	6	20.00	2.72	0.11	10%-25% Above	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	6	120.00	9.42	0.11	26%-50% Below	No	No
71930006315	LEVETIRACETAM 500 MG TABLET	4	60.00	4.90	0.12	26%-50% Below	No	No
71930006315	LEVETIRACETAM 500 MG TABLET	5	60.00	4.90	0.11	26%-50% Below	No	No
71930006352	LEVETIRACETAM 500 MG TABLET	5	180.00	13.32	0.11	26%-50% Below	No	No
71930006352	LEVETIRACETAM 500 MG TABLET	6	180.00	13.32	0.12	26%-50% Below	No	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.00	0.30	0.07	76%-100% Below	No	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.00	1.45	0.07	10%-25% Below	No	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.00	0.30	0.06	76%-100% Below	No	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.00	1.45	0.06	10%-25% Below	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	4	30.00	1.45	0.07	26%-50% Below	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.00	1.45	0.07	10%-25% Below	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.00	1.56	0.07	10%-25% Below	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.00	1.45	0.06	10%-25% Below	No	No
72205000490	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.00	14.95	0.08	200% Above	No	No
72205000490	ROSUVASTATIN CALCIUM 20 MG TAB	6	90.00	12.49	0.08	76%-100% Above	No	No
72205000499	ROSUVASTATIN CALCIUM 20 MG TAB	4	30.00	4.90	0.08	101%-200% Above	No	No
72205000499	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.00	1.81	0.08	10%-25% Below	No	No
72205000499	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.00	4.90	0.08	101%-200% Above	No	No
72205000499	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.00	6.90	0.08	101%-200% Above	No	No
72205000499	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.00	1.81	0.08	10%-25% Below	No	No
72205000499	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.00	4.90	0.08	101%-200% Above	No	No
72205000499	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.00	6.90	0.08	200% Above	No	No



## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
72205001390	PREGABALIN 75 MG CAPSULE	5	60.00	4.99	0.10	10%-25% Below	No	No
72205001590	PREGABALIN 150 MG CAPSULE	6	60.00	6.90	0.10	10%-25% Above	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	4	90.00	0.90	0.09	76%-100% Below	No	No
72205002799	ROSUVASTATIN CALCIUM 5 MG TAB	5	30.00	1.56	0.09	26%-50% Below	No	No
72205002830	FEBUXOSTAT 40 MG TABLET	4	30.00	33.59	1.32	10%-25% Below	No	No
72205002930	FEBUXOSTAT 80 MG TABLET	5	30.00	6.99	1.58	76%-100% Below	No	No
72205002930	FEBUXOSTAT 80 MG TABLET	5	30.00	38.80	1.58	10%-25% Below	No	No
72578000105	DOXYCYCLINE HYCLATE 100 MG TAB	6	14.00	14.90	0.15	200% Above	No	No
72578000801	METRONIDAZOLE 500 MG TABLET	6	20.00	9.90	0.16	200% Above	No	No
72618300002	NURTEC ODT 75 MG TABLET	4	8.00	728.28	107.00	10%-25% Below	Yes	No
72647033104	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	0.21	0.21	76%-100% Below	No	No
72647033104	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	14.99	0.19	200% Above	No	No
73473030060	CLINDAMYCIN PH 1% GEL	6	60.00	43.06	0.84	10%-25% Below	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	4	6.00	0.06	0.60	76%-100% Below	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	5	21.00	14.90	0.43	51%-75% Above	No	No
75834011001	CHLORTHALIDONE 50 MG TABLET	4	30.00	4.90	0.28	26%-50% Below	No	No
75834011001	CHLORTHALIDONE 50 MG TABLET	5	30.00	4.90	0.39	51%-75% Below	No	No
75834011001	CHLORTHALIDONE 50 MG TABLET	6	30.00	4.90	0.36	51%-75% Below	No	No
75834015901	VERAPAMIL ER 240 MG TABLET	5	30.00	0.30	0.20	76%-100% Below	No	No
75834015901	VERAPAMIL ER 240 MG TABLET	6	30.00	0.30	0.20	76%-100% Below	No	No
75834015905	VERAPAMIL ER 240 MG TABLET	5	90.00	35.78	0.20	76%-100% Above	Yes	No
75834025601	ATORVASTATIN 20 MG TABLET	6	30.00	1.21	0.05	10%-25% Below	No	No
75854060203	BALCOLTRA TABLET	5	84.00	583.13	7.73	10%-25% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	5	75.00	4.71	0.04	26%-50% Above	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	75.00	3.94	0.04	10%-25% Above	No	No

## NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Dispensed	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
76204020030	ALBUTEROL SUL 2.5 MG/3 ML SOLN	5	270.00	2.70	0.05	76%-100% Below	No	No
76204060030	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	5	90.00	6.90	0.06	26%-50% Above	No	No
76204090025	LEVALBUTEROL 1.25 MG/3 ML SOL	4	300.00	69.09	0.32	26%-50% Below	No	No
76282023910	AMLODIPINE BESYLATE 10 MG TAB	6	90.00	3.83	0.02	101%-200% Above	No	No
76282025010	ESCITALOPRAM 10 MG TABLET	5	15.00	2.59	0.06	200% Above	No	No
76282041290	FINASTERIDE 5 MG TABLET	4	90.00	8.29	0.08	10%-25% Above	No	No
76385011050	CARVEDILOL 3.125 MG TABLET	4	60.00	0.60	0.02	51%-75% Below	Yes	No
76385011050	CARVEDILOL 3.125 MG TABLET	4	60.00	2.48	0.02	76%-100% Above	No	No
76385011050	CARVEDILOL 3.125 MG TABLET	5	60.00	0.60	0.02	51%-75% Below	Yes	No
76385011050	CARVEDILOL 3.125 MG TABLET	5	60.00	2.48	0.02	76%-100% Above	No	No
76385011050	CARVEDILOL 3.125 MG TABLET	6	60.00	2.48	0.02	76%-100% Above	No	No
76385011050	CARVEDILOL 3.125 MG TABLET	6	120.00	1.20	0.02	51%-75% Below	Yes	No
76385011150	CARVEDILOL 6.25 MG TABLET	5	180.00	1.80	0.02	51%-75% Below	Yes	No
76385011250	CARVEDILOL 12.5 MG TABLET	4	60.00	2.76	0.03	51%-75% Above	No	No
76385011250	CARVEDILOL 12.5 MG TABLET	5	60.00	2.76	0.03	51%-75% Above	Yes	No
76385011250	CARVEDILOL 12.5 MG TABLET	5	180.00	6.79	0.03	26%-50% Above	Yes	No
76385011250	CARVEDILOL 12.5 MG TABLET	6	60.00	2.76	0.03	51%-75% Above	Yes	No
76385011250	CARVEDILOL 12.5 MG TABLET	6	60.00	2.86	0.03	51%-75% Above	Yes	No
76385011250	CARVEDILOL 12.5 MG TABLET	6	180.00	6.79	0.03	26%-50% Above	Yes	No
76385013201	PINDOLOL 10 MG TABLET	4	60.00	4.99	1.23	76%-100% Below	No	No
76385014450	HYDROXYCHLOROQUINE 200 MG TAB	6	60.00	11.93	0.28	26%-50% Below	No	No