

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00002145780	MOUNJARO 15 MG/0.5 ML PEN	4	2.00	654.28	514.89	26%-50% Below	No	No
00002145780	MOUNJARO 15 MG/0.5 ML PEN	5	6.00	1962.84	515.42	26%-50% Below	No	No
00002145780	MOUNJARO 15 MG/0.5 ML PEN	6	2.00	654.28	515.11	26%-50% Below	No	No
00002145780	MOUNJARO 15 MG/0.5 ML PEN	7	2.00	654.28	515.05	26%-50% Below	No	No
00002145780	MOUNJARO 15 MG/0.5 ML PEN	8	2.00	654.28	515.46	26%-50% Below	No	No
00002146080	MOUNJARO 12.5 MG/0.5 ML PEN	5	2.00	654.28	515.75	26%-50% Below	No	No
00002146080	MOUNJARO 12.5 MG/0.5 ML PEN	5	6.00	1962.84	515.75	26%-50% Below	No	No
00002146080	MOUNJARO 12.5 MG/0.5 ML PEN	7	6.00	1962.84	515.54	26%-50% Below	No	No
00002147180	MOUNJARO 10 MG/0.5 ML PEN	4	2.00	654.28	514.30	26%-50% Below	No	No
00002147180	MOUNJARO 10 MG/0.5 ML PEN	5	2.00	654.28	515.59	26%-50% Below	No	No
00002147180	MOUNJARO 10 MG/0.5 ML PEN	6	2.00	654.28	515.68	26%-50% Below	No	No
00002147180	MOUNJARO 10 MG/0.5 ML PEN	7	2.00	654.28	515.66	26%-50% Below	No	No
00002148480	MOUNJARO 7.5 MG/0.5 ML PEN	4	6.00	1962.84	514.26	26%-50% Below	No	No
00002148480	MOUNJARO 7.5 MG/0.5 ML PEN	7	2.00	654.28	515.82	26%-50% Below	No	No
00002149580	MOUNJARO 5 MG/0.5 ML PEN	4	2.00	654.28	514.38	26%-50% Below	No	No
00002150680	MOUNJARO 2.5 MG/0.5 ML PEN	7	2.00	654.28	515.82	26%-50% Below	No	No
00003085522	SPRYCEL TAB 80MG	4	30.00	17308.47	.		No	No
00003085522	SPRYCEL TAB 80MG	6	30.00	17308.47	.		No	No
00003085522	SPRYCEL TAB 80MG	7	30.00	17308.47	.		No	No
00003089511	SOTYKTU TAB 6MG	4	30.00	6198.38	.		No	No
00003089511	SOTYKTU TAB 6MG	5	30.00	6198.38	.		No	No
00003089511	SOTYKTU TAB 6MG	6	30.00	6198.38	.		No	No
00003089511	SOTYKTU TAB 6MG	7	30.00	6198.38	.		No	No
00005200010	PREVNAR 20 INJ	4	0.50	251.02	.		No	No
00005200010	PREVNAR 20 INJ	7	0.50	247.09	.		Yes	No

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00006027731	JANUVIA 100 MG TABLET	5	90.00	1052.03	18.34	26%-50% Below	No	No
00006027731	JANUVIA 100 MG TABLET	6	90.00	1052.03	18.33	26%-50% Below	No	No
00006494300	PNEUMOVAX 23 INJ 25/0.5	6	0.50	111.98	.		No	No
00006505506	LAGEVRIO CAP 200MG	7	40.00	0.00	.		No	No
00009005604	MEDROL 4 MG DOSEPAK	7	21.00	6.49	0.26	10%-25% Above	No	No
00023392102	BOTOX INJ 200UNIT	6	1.00	1202.82	.		No	No
00023649810	UBRELVY 50 MG TABLET	4	30.00	1896.94	99.13	26%-50% Below	No	No
00023649810	UBRELVY 50 MG TABLET	7	10.00	632.31	99.19	26%-50% Below	No	No
00024591902	DUPIXENT 200 MG/1.14 ML PEN	5	2.28	2327.56	1601.85	26%-50% Below	No	No
00024591902	DUPIXENT 200 MG/1.14 ML PEN	7	2.28	2327.56	1605.91	26%-50% Below	No	No
00024591902	DUPIXENT INJ 200MG	4	2.28	2327.56	.		No	No
00054001825	PREDNISONE 20 MG TABLET	7	6.00	0.70	0.07	51%-75% Above	No	No
00054001825	PREDNISONE 20 MG TABLET	7	15.00	1.74	0.07	51%-75% Above	No	No
00054001825	PREDNISONE 20 MG TABLET	8	10.00	1.16	0.09	26%-50% Above	No	No
00054004544	IPRATROPIUM 0.03% SPRAY	5	30.00	13.94	0.52	10%-25% Below	No	No
00054004544	IPRATROPIUM 0.03% SPRAY	7	30.00	13.94	0.53	10%-25% Below	No	No
00054016625	MYCOPHENOLATE 500 MG TABLET	7	356.00	64.15	0.23	10%-25% Below	No	No
00054018913	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	6	45.00	27.30	0.93	26%-50% Below	No	No
00054018913	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	7	45.00	27.30	0.73	10%-25% Below	No	No
00054032656	FLUTICASONE-SALMETEROL 100-50	4	60.00	49.48	0.93	10%-25% Below	No	No
00054032656	FLUTICASONE-SALMETEROL 100-50	6	180.00	148.45	1.23	26%-50% Below	No	No
00054032656	FLUTICASONE-SALMETEROL 100-50	8	60.00	49.48	1.21	26%-50% Below	No	No
00054032756	FLUTICASONE-SALMETEROL 250-50	5	60.00	61.47	1.16	10%-25% Below	No	No
00054032756	FLUTICASONE-SALMETEROL 250-50	6	60.00	61.47	1.47	26%-50% Below	No	No
00054032756	FLUTICASONE-SALMETEROL 250-50	7	60.00	61.47	1.19	10%-25% Below	No	No

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00054040013	DESVENLAFAXINE SUCCNT ER 50 MG	7	30.00	50.65	0.37	200% Above	No	No
00054040022	DESVENLAFAXINE SUCCNT ER 50 MG	4	30.00	50.65	0.43	200% Above	No	No
00054040022	DESVENLAFAXINE SUCCNT ER 50 MG	5	30.00	0.99	0.40	76%-100% Below	No	No
00054040022	DESVENLAFAXINE SUCCNT ER 50 MG	5	30.00	50.65	0.40	200% Above	No	No
00054040022	DESVENLAFAXINE SUCCNT ER 50 MG	6	30.00	50.65	0.50	200% Above	No	No
00054040022	DESVENLAFAXINE SUCCNT ER 50 MG	7	30.00	0.99	0.37	76%-100% Below	No	No
00054040022	DESVENLAFAXINE SUCCNT ER 50 MG	7	30.00	3.95	0.37	51%-75% Below	No	No
00054040022	DESVENLAFAXINE SUCCNT ER 50 MG	7	30.00	50.65	0.37	200% Above	No	No
00054040022	DESVENLAFAXINE SUCCNT ER 50 MG	8	30.00	50.65	0.45	200% Above	No	No
00054060313	DESVENLAFAXINE SUCCNT ER 25 MG	5	7.00	0.99	0.43	51%-75% Below	No	No
00054062127	ICOSAPENT ETHYL 0.5 GM CAPSULE	7	240.00	135.62	0.68	10%-25% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	4	6.70	11.85	2.76	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	4	13.40	23.71	2.76	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	5	6.70	11.85	2.88	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	6	6.70	11.85	2.76	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	7	6.70	11.85	2.63	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	8	6.70	11.85	2.82	26%-50% Below	No	No
00054300001	BUTALBITAL-ACETAMINOPHEN-CAFFEINE-CODEINE 50-325-40-30 MG CP	5	40.00	21.62	0.67	10%-25% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	3.35	0.38	26%-50% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	3.35	0.38	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	5	16.00	3.35	0.38	26%-50% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	5	16.00	3.35	0.38	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	5	16.00	3.39	0.28	10%-25% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	5	32.00	4.10	0.38	51%-75% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	6	16.00	3.35	0.41	26%-50% Below	No	No

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00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	6	16.00	3.35	0.41	26%-50% Below	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	6	48.00	10.05	0.41	26%-50% Below	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	7	16.00	3.35	0.40	26%-50% Below	No	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	7	16.00	3.35	0.40	26%-50% Below	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	7	16.00	9.93	0.40	51%-75% Above	No	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	7	48.00	6.14	0.40	51%-75% Below	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	8	16.00	3.35	0.43	51%-75% Below	No	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	8	16.00	3.35	0.43	51%-75% Below	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	8	48.00	10.05	0.43	51%-75% Below	No	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	5	150.00	8.01	0.08	26%-50% Below	Yes	No
00054414622	CLOTRIMAZOLE 10 MG TROCHE	6	50.00	23.77	0.38	10%-25% Above	Yes	No
00054418025	DEXAMETHASONE 0.75 MG TABLET	7	30.00	1.55	0.15	51%-75% Below	Yes	No
00054418325	DEXAMETHASONE 2 MG TABLET	5	40.00	8.65	0.30	26%-50% Below	No	No
00054418325	DEXAMETHASONE 2 MG TABLET	7	30.00	6.49	0.28	10%-25% Below	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	4	15.00	3.27	0.29	10%-25% Below	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	5	5.00	1.09	0.30	26%-50% Below	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	5	6.00	1.31	0.30	26%-50% Below	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	5	15.00	3.27	0.30	26%-50% Below	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	6	6.00	1.31	0.35	26%-50% Below	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	7	5.00	1.09	0.27	10%-25% Below	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	7	15.00	3.27	0.27	10%-25% Below	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	8	5.00	1.09	0.33	26%-50% Below	No	No
00054418625	DEXAMETHASONE 6 MG TABLET	5	5.00	3.31	0.57	10%-25% Above	No	No
00054418625	DEXAMETHASONE 6 MG TABLET	6	7.00	4.64	0.60	10%-25% Above	No	No
00054418625	DEXAMETHASONE 6 MG TABLET	7	5.00	3.31	0.48	26%-50% Above	No	No

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00054429731	FUROSEMIDE 20 MG TABLET	6	30.00	0.70	0.03	10%-25% Below	No	No
00054429931	FUROSEMIDE 40 MG TABLET	4	180.00	4.32	0.03	10%-25% Below	No	No
00054429931	FUROSEMIDE 40 MG TABLET	6	90.00	2.16	0.03	26%-50% Below	No	No
00054452725	LITHIUM CARBONATE 300 MG TAB	5	60.00	5.12	0.18	51%-75% Below	No	No
00054452725	LITHIUM CARBONATE 300 MG TAB	6	60.00	5.12	0.19	51%-75% Below	No	No
00054452725	LITHIUM CARBONATE 300 MG TAB	7	179.00	15.29	0.17	26%-50% Below	No	No
00054458111	MERCAPTOPYRINE 50 MG TABLET	4	34.00	36.33	1.72	26%-50% Below	Yes	No
00054458111	MERCAPTOPYRINE 50 MG TABLET	5	34.00	36.33	1.46	26%-50% Below	Yes	No
00054458111	MERCAPTOPYRINE 50 MG TABLET	7	34.00	36.33	1.43	10%-25% Below	Yes	No
00054458111	MERCAPTOPYRINE 50 MG TABLET	8	32.00	34.20	0.95	10%-25% Above	Yes	No
00054981725	PREDNISONE 10 MG TABLET	5	8.00	0.88	0.05	101%-200% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	5	5.00	0.54	0.05	101%-200% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	5	10.00	1.09	0.05	101%-200% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	7	10.00	1.09	0.05	101%-200% Above	No	No
00054982831	PREDNISONE 5 MG TABLET	7	10.00	1.01	0.04	101%-200% Above	No	No
00065008515	NAPHCON-A EYE DROPS	6	15.00	12.66	0.54	51%-75% Above	Yes	No
00069029110	NIVESTYM INJ 300/0.5	7	14.00	5816.82	.		No	No
00069032401	NYVEPRIA INJ 6/0.6ML	4	0.60	3723.26	.		No	No
00069032401	NYVEPRIA INJ 6/0.6ML	5	0.60	3723.26	.		No	No
00069032401	NYVEPRIA INJ 6/0.6ML	6	0.60	3723.26	.		No	No
00069034405	ABRYSVO INJ	7	1.00	280.30	.		No	No
00069237710	COMIRNATY INJ 30/0.3ML	7	0.30	121.91	.		Yes	No
00069237710	COMIRNATY INJ 30/0.3ML	8	0.30	121.91	.		Yes	No
00069532130	PAXLOVID 300-100 MG DOSE PACK	8	30.00	888.96	46.59	26%-50% Below	No	No
00074003828	ORLISSA 150 MG TABLET	5	84.00	2118.64	39.75	26%-50% Below	No	No

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00074003828	ORLISSA 150 MG TABLET	7	84.00	2118.64	39.77	26%-50% Below	No	No
00074104328	RINVOQ TAB 45MG ER	4	28.00	11481.39	.		No	No
00074372790	SYNTHROID 137 MCG TABLET	6	90.00	5.81	1.51	76%-100% Below	No	No
00074372790	SYNTHROID 137 MCG TABLET	7	90.00	3.56	1.51	76%-100% Below	Yes	No
00074372790	SYNTHROID 137 MCG TABLET	7	90.00	5.81	1.51	76%-100% Below	No	No
00074434190	SYNTHROID 25 MCG TABLET	7	30.00	0.92	1.51	76%-100% Below	No	No
00074455219	SYNTHROID 50 MCG TABLET	2	30.00	19.29	1.51	51%-75% Below	No	No
00074455219	SYNTHROID 50 MCG TABLET	3	30.00	19.29	1.51	51%-75% Below	No	No
00074455219	SYNTHROID 50 MCG TABLET	4	30.00	19.29	1.51	51%-75% Below	No	No
00074455219	SYNTHROID 50 MCG TABLET	5	30.00	19.29	1.51	51%-75% Below	No	No
00074455219	SYNTHROID 50 MCG TABLET	6	30.00	19.29	1.51	51%-75% Below	No	No
00074455219	SYNTHROID 50 MCG TABLET	7	30.00	19.29	1.51	51%-75% Below	No	No
00074455290	SYNTHROID 50 MCG TABLET	5	90.00	1.93	1.51	76%-100% Below	Yes	No
00074518290	SYNTHROID 75 MCG TABLET	5	90.00	2.05	1.51	76%-100% Below	Yes	No
00074518290	SYNTHROID 75 MCG TABLET	6	90.00	2.05	1.51	76%-100% Below	Yes	No
00074518290	SYNTHROID 75 MCG TABLET	8	90.00	2.05	1.51	76%-100% Below	Yes	No
00074706890	SYNTHROID 125 MCG TABLET	4	90.00	86.90	1.51	26%-50% Below	No	No
00074706890	SYNTHROID 125 MCG TABLET	6	90.00	4.88	1.51	76%-100% Below	No	No
00074706890	SYNTHROID 125 MCG TABLET	6	90.00	5.04	1.51	76%-100% Below	No	No
00074714890	SYNTHROID 200 MCG TABLET	8	90.00	3.63	1.51	76%-100% Below	Yes	No
00078086742	KISQALI TAB 400DOSE	4	42.00	13421.07	.		No	No
00078086742	KISQALI TAB 400DOSE	5	42.00	13421.07	.		No	No
00088221905	LANTUS SOLOSTAR 100 UNIT/ML	4	12.00	47.19	6.17	26%-50% Below	No	No
00088221905	LANTUS SOLOSTAR 100 UNIT/ML	4	27.00	106.18	6.17	26%-50% Below	No	No
00088221905	LANTUS SOLOSTAR 100 UNIT/ML	5	9.00	35.39	6.18	26%-50% Below	No	No

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00088221905	LANTUS SOLOSTAR 100 UNIT/ML	5	12.00	47.19	6.18	26%-50% Below	No	No
00088221905	LANTUS SOLOSTAR 100 UNIT/ML	5	27.00	106.18	6.18	26%-50% Below	No	No
00088221905	LANTUS SOLOSTAR 100 UNIT/ML	6	9.00	35.39	6.18	26%-50% Below	No	No
00088221905	LANTUS SOLOSTAR 100 UNIT/ML	7	9.00	35.39	6.18	26%-50% Below	No	No
00088221905	LANTUS SOLOSTAR 100 UNIT/ML	7	12.00	47.19	6.18	26%-50% Below	No	No
00088221905	LANTUS SOLOSTAR 100 UNIT/ML	7	27.00	106.18	6.18	26%-50% Below	No	No
00088221905	LANTUS SOLOSTAR 100 UNIT/ML	8	27.00	106.18	6.18	26%-50% Below	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	4	60.00	3.75	0.02	200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	5	60.00	3.75	0.02	200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	5	90.00	5.17	0.02	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	7	60.00	3.75	0.02	200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	8	60.00	3.75	0.03	101%-200% Above	No	No
00093005305	BUSPIRONE HCL 5 MG TABLET	4	90.00	5.17	0.02	101%-200% Above	No	No
00093005305	BUSPIRONE HCL 5 MG TABLET	4	270.00	15.50	0.02	101%-200% Above	No	No
00093005305	BUSPIRONE HCL 5 MG TABLET	7	14.00	0.80	0.02	101%-200% Above	No	No
00093005305	BUSPIRONE HCL 5 MG TABLET	7	45.00	2.58	0.02	101%-200% Above	No	No
00093005305	BUSPIRONE HCL 5 MG TABLET	7	60.00	3.44	0.02	101%-200% Above	No	No
00093005305	BUSPIRONE HCL 5 MG TABLET	7	90.00	5.17	0.02	101%-200% Above	No	No
00093005401	BUSPIRONE HCL 10 MG TABLET	7	53.00	4.18	0.03	101%-200% Above	No	No
00093005401	BUSPIRONE HCL 10 MG TABLET	7	90.00	7.10	0.03	101%-200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	4	30.00	1.89	0.03	101%-200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	4	30.00	2.37	0.03	101%-200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	4	180.00	14.20	0.03	101%-200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	5	30.00	2.37	0.03	101%-200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	5	60.00	3.78	0.03	101%-200% Above	No	No

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00093005405	BUSPIRONE HCL 10 MG TABLET	5	60.00	4.00	0.03	101%-200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	5	90.00	6.00	0.03	101%-200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	6	30.00	1.89	0.03	76%-100% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	6	30.00	2.37	0.03	101%-200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	6	60.00	4.00	0.03	76%-100% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	6	90.00	6.00	0.03	76%-100% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	6	120.00	7.56	0.03	76%-100% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	7	30.00	1.89	0.03	101%-200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	7	30.00	2.37	0.03	101%-200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	7	60.00	3.78	0.03	101%-200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	7	60.00	4.00	0.03	101%-200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	7	90.00	5.67	0.03	101%-200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	8	60.00	4.00	0.03	76%-100% Above	No	No
00093005801	TRAMADOL HCL 50 MG TABLET	4	21.00	0.29	0.03	26%-50% Below	No	No
00093005801	TRAMADOL HCL 50 MG TABLET	6	8.00	0.13	0.03	26%-50% Below	No	No
00093005805	TRAMADOL HCL 50 MG TABLET	4	9.00	0.15	0.03	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	4	20.00	0.33	0.03	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	4	42.00	0.68	0.03	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	5	12.00	0.20	0.02	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	5	30.00	0.49	0.02	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	5	60.00	0.98	0.02	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	6	10.00	0.16	0.03	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	6	20.00	0.33	0.03	26%-50% Below	No	No
00093005805	TRAMADOL HCL 50 MG TABLET	6	20.00	0.33	0.03	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	6	30.00	0.49	0.03	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093005805	TRAMADOL HCL 50 MG TABLET	6	42.00	0.68	0.03	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	6	180.00	2.50	0.03	51%-75% Below	No	No
00093005805	TRAMADOL HCL 50 MG TABLET	7	1.00	0.02	0.02	10%-25% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	7	9.00	0.15	0.02	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	7	20.00	0.33	0.02	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	7	21.00	0.29	0.02	26%-50% Below	No	No
00093005805	TRAMADOL HCL 50 MG TABLET	7	30.00	0.49	0.02	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	7	42.00	0.68	0.02	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	7	60.00	0.98	0.02	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	8	20.00	0.28	0.03	26%-50% Below	No	No
00093005805	TRAMADOL HCL 50 MG TABLET	8	28.00	0.46	0.03	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	8	180.00	2.50	0.03	26%-50% Below	No	No
00093026292	FLUOCINONIDE 0.05% CREAM	6	120.00	24.73	0.31	26%-50% Below	No	No
00093026430	FLUOCINONIDE 0.05% OINTMENT	5	30.00	46.34	0.23	200% Above	No	No
00093031101	LOPERAMIDE 2 MG CAPSULE	7	12.00	2.17	0.14	26%-50% Above	No	No
00093031401	KETOROLAC 10 MG TABLET	5	30.00	8.87	0.39	10%-25% Below	No	No
00093031401	KETOROLAC 10 MG TABLET	7	20.00	5.92	0.34	10%-25% Below	No	No
00093031401	KETOROLAC 10 MG TABLET	8	15.00	4.44	0.40	10%-25% Below	No	No
00093057610	LOVASTATIN 20 MG TABLET	7	90.00	8.75	0.04	101%-200% Above	No	No
00093075210	ATENOLOL 50 MG TABLET	6	90.00	2.71	0.03	10%-25% Above	No	No
00093077198	PRAVASTATIN SODIUM 10 MG TAB	5	30.00	2.93	0.05	76%-100% Above	No	No
00093077198	PRAVASTATIN SODIUM 10 MG TAB	6	30.00	2.93	0.06	51%-75% Above	No	No
00093078701	ATENOLOL 25 MG TABLET	7	60.00	1.82	0.02	51%-75% Above	No	No
00093078701	ATENOLOL 25 MG TABLET	7	180.00	5.45	0.02	51%-75% Above	No	No
00093078710	ATENOLOL 25 MG TABLET	4	90.00	2.73	0.02	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093078710	ATENOLOL 25 MG TABLET	5	180.00	5.45	0.02	51%-75% Above	No	No
00093078710	ATENOLOL 25 MG TABLET	8	90.00	2.73	0.02	10%-25% Above	No	No
00093081201	NORTRIPTYLINE HCL 50 MG CAP	7	180.00	15.50	0.10	10%-25% Below	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	4	60.00	0.72	0.02	26%-50% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	4	90.00	1.08	0.02	26%-50% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	5	60.00	0.72	0.02	26%-50% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	5	90.00	1.27	0.02	10%-25% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	6	6.00	0.08	0.03	26%-50% Below	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	6	30.00	0.42	0.03	26%-50% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	6	30.00	0.42	0.03	26%-50% Below	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	6	60.00	0.72	0.03	51%-75% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	6	90.00	1.08	0.03	51%-75% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	6	90.00	1.27	0.03	26%-50% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	7	10.00	0.14	0.02	26%-50% Below	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	7	30.00	0.42	0.02	26%-50% Below	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	7	30.00	0.86	0.02	26%-50% Above	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	7	60.00	0.72	0.02	26%-50% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	7	90.00	1.08	0.02	26%-50% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	7	90.00	1.27	0.02	26%-50% Below	No	No
00093094801	DICLOFENAC POT 50 MG TABLET	4	60.00	6.84	0.15	10%-25% Below	No	No
00093094801	DICLOFENAC POT 50 MG TABLET	5	60.00	6.84	0.16	26%-50% Below	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	4	45.00	2.66	0.04	26%-50% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	4	90.00	5.31	0.04	26%-50% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	5	60.00	3.54	0.04	26%-50% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	5	180.00	10.62	0.04	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093100301	BUSPIRONE HCL 15 MG TABLET	7	60.00	3.54	0.04	26%-50% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	7	90.00	5.31	0.04	26%-50% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	7	180.00	10.62	0.04	26%-50% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	7	270.00	15.93	0.04	26%-50% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	8	180.00	10.62	0.05	10%-25% Above	No	No
00093100305	BUSPIRONE HCL 15 MG TABLET	4	60.00	3.54	0.04	26%-50% Above	No	No
00093100305	BUSPIRONE HCL 15 MG TABLET	4	270.00	15.93	0.04	26%-50% Above	Yes	No
00093100305	BUSPIRONE HCL 15 MG TABLET	5	60.00	3.54	0.04	26%-50% Above	No	No
00093100305	BUSPIRONE HCL 15 MG TABLET	6	60.00	3.54	0.05	10%-25% Above	No	No
00093100305	BUSPIRONE HCL 15 MG TABLET	7	60.00	3.54	0.04	26%-50% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	3	22.00	2.85	0.19	26%-50% Below	No	No
00093101042	MUPIROCIN 2% OINTMENT	4	22.00	2.85	0.15	10%-25% Below	No	No
00093101042	MUPIROCIN 2% OINTMENT	4	22.00	2.85	0.15	10%-25% Below	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	5	22.00	2.85	0.16	10%-25% Below	No	No
00093101042	MUPIROCIN 2% OINTMENT	5	22.00	2.85	0.16	10%-25% Below	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	6	22.00	2.85	0.17	10%-25% Below	No	No
00093101042	MUPIROCIN 2% OINTMENT	6	22.00	2.85	0.17	10%-25% Below	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	6	44.00	5.69	0.17	10%-25% Below	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	7	22.00	2.85	0.15	10%-25% Below	No	No
00093101042	MUPIROCIN 2% OINTMENT	7	22.00	2.85	0.15	10%-25% Below	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	8	22.00	2.85	0.18	26%-50% Below	No	No
00093106101	SOTALOL 80 MG TABLET	8	120.00	11.86	0.08	10%-25% Above	Yes	No
00093117701	NEOMYCIN 500 MG TABLET	4	6.00	3.17	0.79	26%-50% Below	Yes	No
00093117701	NEOMYCIN 500 MG TABLET	7	6.00	3.17	0.83	26%-50% Below	No	No
00093171301	WARFARIN SODIUM 2 MG TABLET	5	30.00	5.80	0.09	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093171301	WARFARIN SODIUM 2 MG TABLET	6	30.00	5.80	0.08	101%-200% Above	No	No
00093171301	WARFARIN SODIUM 2 MG TABLET	7	30.00	5.80	0.08	101%-200% Above	No	No
00093171301	WARFARIN SODIUM 2 MG TABLET	8	30.00	5.80	0.08	101%-200% Above	No	No
00093171401	WARFARIN SODIUM 2.5 MG TABLET	5	50.00	8.99	0.08	101%-200% Above	Yes	No
00093202623	AZITHROMYCIN 200 MG/5 ML SUSP	4	15.00	7.99	0.32	51%-75% Above	No	No
00093202623	AZITHROMYCIN 200 MG/5 ML SUSP	8	15.00	7.99	0.38	26%-50% Above	No	No
00093202631	AZITHROMYCIN 200 MG/5 ML SUSP	4	30.00	15.98	0.21	101%-200% Above	No	No
00093202694	AZITHROMYCIN 200 MG/5 ML SUSP	4	22.50	11.99	0.25	101%-200% Above	No	No
00093202694	AZITHROMYCIN 200 MG/5 ML SUSP	5	22.50	11.99	0.27	76%-100% Above	No	No
00093202694	AZITHROMYCIN 200 MG/5 ML SUSP	6	45.00	23.98	0.30	76%-100% Above	No	No
00093206406	CILOSTAZOL 100 MG TABLET	5	180.00	32.15	0.11	51%-75% Above	No	No
00093206801	DOXAZOSIN MESYLATE 4 MG TAB	7	90.00	39.34	0.09	200% Above	Yes	No
00093206901	DOXAZOSIN MESYLATE 2 MG TAB	5	90.00	37.49	0.06	200% Above	Yes	No
00093206901	DOXAZOSIN MESYLATE 2 MG TAB	7	90.00	37.49	0.06	200% Above	Yes	No
00093214062	TRI-LO-SPRINTEC TABLET	5	28.00	15.11	0.10	200% Above	No	No
00093214062	TRI-LO-SPRINTEC TABLET	6	28.00	15.11	0.12	200% Above	No	No
00093214062	TRI-LO-SPRINTEC TABLET	7	28.00	15.11	0.10	200% Above	No	No
00093214062	TRI-LO-SPRINTEC TABLET	8	28.00	15.11	0.12	200% Above	No	No
00093216568	NALOXONE HCL 4 MG NASAL SPRAY	7	2.00	70.10	23.70	26%-50% Above	Yes	No
00093220301	METOCLOPRAMIDE 10 MG TABLET	4	30.00	0.88	0.04	26%-50% Below	No	No
00093220301	METOCLOPRAMIDE 10 MG TABLET	6	90.00	2.25	0.05	26%-50% Below	No	No
00093220301	METOCLOPRAMIDE 10 MG TABLET	7	30.00	0.88	0.04	26%-50% Below	No	No
00093220301	METOCLOPRAMIDE 10 MG TABLET	7	90.00	2.25	0.04	26%-50% Below	No	No
00093220301	METOCLOPRAMIDE 10 MG TABLET	7	120.00	3.00	0.04	26%-50% Below	No	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	4	42.00	1.23	0.04	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093220305	METOCLOPRAMIDE 10 MG TABLET	4	60.00	1.76	0.04	26%-50% Below	Yes	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	4	90.00	2.65	0.04	26%-50% Below	No	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	4	120.00	3.53	0.04	26%-50% Below	No	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	5	42.00	1.23	0.04	26%-50% Below	Yes	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	5	90.00	2.65	0.04	26%-50% Below	No	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	5	120.00	3.53	0.04	26%-50% Below	No	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	5	120.00	3.53	0.04	26%-50% Below	Yes	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	6	10.00	0.29	0.05	26%-50% Below	Yes	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	6	120.00	3.53	0.05	26%-50% Below	Yes	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	7	90.00	2.65	0.04	26%-50% Below	No	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	7	120.00	3.53	0.04	26%-50% Below	No	No
00093220401	METOCLOPRAMIDE 5 MG TABLET	4	90.00	2.31	0.04	26%-50% Below	No	No
00093220401	METOCLOPRAMIDE 5 MG TABLET	6	90.00	2.31	0.04	26%-50% Below	No	No
00093220401	METOCLOPRAMIDE 5 MG TABLET	7	90.00	2.31	0.04	26%-50% Below	No	No
00093221001	SUCRALFATE 1 GM TABLET	5	40.00	4.73	0.19	26%-50% Below	No	No
00093221001	SUCRALFATE 1 GM TABLET	6	42.00	4.96	0.20	26%-50% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	8	60.00	7.09	0.20	26%-50% Below	Yes	No
00093224001	CEPHALEXIN 500 MG TABLET	7	14.00	70.06	1.78	101%-200% Above	No	No
00093224001	CEPHALEXIN 500 MG TABLET	7	15.00	50.49	1.78	76%-100% Above	No	No
00093224001	CEPHALEXIN 500 MG TABLET	7	21.00	107.26	1.78	101%-200% Above	Yes	No
00093224001	CEPHALEXIN 500 MG TABLET	7	28.00	143.01	1.78	101%-200% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	4	56.00	9.13	0.10	51%-75% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	5	20.00	3.26	0.09	76%-100% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	5	21.00	3.43	0.09	76%-100% Above	Yes	No
00093227434	AMOX-CLAV 500-125 MG TABLET	6	30.00	7.34	0.32	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093227534	AMOX-CLAV 875-125 MG TABLET	4	14.00	3.18	0.28	10%-25% Below	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	5	20.00	4.54	0.27	10%-25% Below	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	7	20.00	4.54	0.27	10%-25% Below	No	No
00093240101	HYDROXYCHLOROQUINE 200 MG TAB	5	180.00	132.61	0.15	200% Above	No	No
00093310705	AMOXICILLIN 250 MG CAPSULE	4	30.00	1.28	0.06	26%-50% Below	Yes	No
00093310705	AMOXICILLIN 250 MG CAPSULE	4	60.00	2.55	0.06	26%-50% Below	Yes	No
00093310705	AMOXICILLIN 250 MG CAPSULE	5	60.00	2.55	0.08	26%-50% Below	Yes	No
00093310705	AMOXICILLIN 250 MG CAPSULE	6	30.00	1.28	0.09	26%-50% Below	Yes	No
00093310705	AMOXICILLIN 250 MG CAPSULE	6	60.00	2.55	0.09	26%-50% Below	Yes	No
00093310705	AMOXICILLIN 250 MG CAPSULE	7	30.00	1.28	0.06	26%-50% Below	Yes	No
00093310705	AMOXICILLIN 250 MG CAPSULE	7	60.00	2.55	0.06	26%-50% Below	Yes	No
00093310705	AMOXICILLIN 250 MG CAPSULE	8	30.00	1.28	0.07	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	4	4.00	0.76	0.09	101%-200% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	4	15.00	0.71	0.09	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	4	20.00	0.95	0.09	26%-50% Below	No	No
00093310905	AMOXICILLIN 500 MG CAPSULE	4	20.00	0.95	0.09	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	4	21.00	1.00	0.09	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	4	30.00	1.43	0.09	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	5	4.00	0.19	0.09	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	5	4.00	0.76	0.09	101%-200% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	5	12.00	0.57	0.09	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	5	21.00	1.00	0.09	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	5	28.00	1.33	0.09	26%-50% Below	No	No
00093310905	AMOXICILLIN 500 MG CAPSULE	5	30.00	1.43	0.09	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	5	40.00	1.90	0.09	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093310905	AMOXICILLIN 500 MG CAPSULE	6	15.00	0.71	0.11	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	6	20.00	0.95	0.11	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	6	21.00	1.85	0.11	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	6	30.00	1.43	0.11	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	7	4.00	0.19	0.08	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	7	4.00	0.76	0.08	101%-200% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	7	14.00	0.67	0.08	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	7	21.00	1.00	0.08	26%-50% Below	No	No
00093310905	AMOXICILLIN 500 MG CAPSULE	7	30.00	1.43	0.08	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	7	40.00	1.90	0.08	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	8	15.00	0.71	0.10	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	8	20.00	0.95	0.10	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	8	28.00	1.33	0.10	51%-75% Below	Yes	No
00093314501	CEPHALEXIN 250 MG CAPSULE	8	45.00	2.68	0.09	26%-50% Below	No	No
00093314505	CEPHALEXIN 250 MG CAPSULE	4	16.00	0.95	0.08	10%-25% Below	No	No
00093314505	CEPHALEXIN 250 MG CAPSULE	4	28.00	1.67	0.08	10%-25% Below	No	No
00093314701	CEPHALEXIN 500 MG CAPSULE	5	20.00	1.39	0.12	26%-50% Below	No	No
00093314701	CEPHALEXIN 500 MG CAPSULE	5	21.00	1.46	0.12	26%-50% Below	No	No
00093314701	CEPHALEXIN 500 MG CAPSULE	8	10.00	0.70	0.13	26%-50% Below	No	No
00093314701	CEPHALEXIN 500 MG CAPSULE	8	14.00	0.97	0.13	26%-50% Below	No	No
00093314701	CEPHALEXIN 500 MG CAPSULE	8	40.00	2.78	0.13	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	4	4.00	0.28	0.12	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	4	28.00	1.95	0.12	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	4	30.00	2.09	0.12	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	5	14.00	0.97	0.12	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093314705	CEPHALEXIN 500 MG CAPSULE	5	20.00	1.39	0.12	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	5	21.00	1.46	0.12	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	5	30.00	2.09	0.12	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	6	20.00	1.39	0.13	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	6	21.00	1.46	0.13	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	6	30.00	2.09	0.13	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	7	14.00	0.97	0.12	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	7	28.00	1.95	0.12	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	7	28.00	2.58	0.12	10%-25% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	7	30.00	2.09	0.12	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	8	21.00	1.46	0.13	26%-50% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	3	8.50	14.02	2.62	26%-50% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	3	8.50	15.90	2.62	26%-50% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	4	30.00	0.54	0.03	26%-50% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	4	30.00	0.54	0.03	26%-50% Below	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	5	30.00	0.54	0.03	26%-50% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	5	30.00	0.54	0.03	26%-50% Below	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	5	60.00	1.09	0.03	26%-50% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	5	60.00	1.09	0.03	26%-50% Below	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	6	30.00	0.54	0.03	26%-50% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	6	30.00	0.54	0.03	26%-50% Below	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	7	30.00	0.54	0.03	26%-50% Below	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	7	60.00	1.09	0.03	26%-50% Below	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	8	30.00	0.54	0.03	26%-50% Below	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	8	45.00	0.81	0.03	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093321301	CLONAZEPAM 2 MG TABLET	4	60.00	1.35	0.04	26%-50% Below	No	No
00093321305	CLONAZEPAM 2 MG TABLET	6	60.00	1.35	0.04	26%-50% Below	No	No
00093321305	CLONAZEPAM 2 MG TABLET	7	60.00	1.35	0.03	26%-50% Below	No	No
00093321915	KETOCONAZOLE 2% CREAM	7	15.00	12.29	0.21	200% Above	No	No
00093321930	KETOCONAZOLE 2% CREAM	6	60.00	41.45	0.24	101%-200% Above	Yes	No
00093321992	KETOCONAZOLE 2% CREAM	4	120.00	29.90	0.18	26%-50% Above	Yes	No
00093321992	KETOCONAZOLE 2% CREAM	7	120.00	29.90	0.16	51%-75% Above	Yes	No
00093321992	KETOCONAZOLE 2% CREAM	8	60.00	31.46	0.19	101%-200% Above	Yes	No
00093323405	SULFASALAZINE 500 MG TABLET	4	90.00	9.60	0.13	10%-25% Below	No	No
00093323405	SULFASALAZINE 500 MG TABLET	5	90.00	9.60	0.14	10%-25% Below	No	No
00093342201	CYCLOBENZAPRINE 10 MG TABLET	4	30.00	0.29	0.02	26%-50% Below	No	No
00093342201	CYCLOBENZAPRINE 10 MG TABLET	5	30.00	0.28	0.02	26%-50% Below	No	No
00093342201	CYCLOBENZAPRINE 10 MG TABLET	5	30.00	0.29	0.02	26%-50% Below	No	No
00093342201	CYCLOBENZAPRINE 10 MG TABLET	6	30.00	0.29	0.02	51%-75% Below	No	No
00093342201	CYCLOBENZAPRINE 10 MG TABLET	6	90.00	0.86	0.02	51%-75% Below	No	No
00093342201	CYCLOBENZAPRINE 10 MG TABLET	7	20.00	0.19	0.02	26%-50% Below	No	No
00093342201	CYCLOBENZAPRINE 10 MG TABLET	7	30.00	0.29	0.02	26%-50% Below	No	No
00093342201	CYCLOBENZAPRINE 10 MG TABLET	8	21.00	0.20	0.02	51%-75% Below	No	No
00093342201	CYCLOBENZAPRINE 10 MG TABLET	8	30.00	0.29	0.02	51%-75% Below	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	4	30.00	0.28	0.02	26%-50% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	5	30.00	0.28	0.02	26%-50% Below	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	5	30.00	0.28	0.02	26%-50% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	5	60.00	0.56	0.02	26%-50% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	6	15.00	0.14	0.02	51%-75% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	6	30.00	0.28	0.02	51%-75% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093342210	CYCLOBENZAPRINE 10 MG TABLET	6	60.00	0.56	0.02	51%-75% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	6	90.00	0.85	0.02	51%-75% Below	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	7	20.00	0.19	0.02	26%-50% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	7	30.00	0.28	0.02	26%-50% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	7	90.00	0.44	0.02	51%-75% Below	Yes	No
00093342501	LORAZEPAM 0.5 MG TABLET	5	75.00	1.47	0.04	26%-50% Below	No	No
00093342501	LORAZEPAM 0.5 MG TABLET	6	60.00	1.38	0.05	26%-50% Below	No	No
00093342501	LORAZEPAM 0.5 MG TABLET	7	75.00	1.49	0.04	26%-50% Below	No	No
00093342601	LORAZEPAM 1 MG TABLET	4	30.00	0.66	0.05	51%-75% Below	No	No
00093342601	LORAZEPAM 1 MG TABLET	6	2.00	0.04	0.05	51%-75% Below	No	No
00093342601	LORAZEPAM 1 MG TABLET	7	30.00	0.66	0.04	26%-50% Below	No	No
00093342701	LORAZEPAM 2 MG TABLET	5	30.00	1.24	0.07	26%-50% Below	No	No
00093354143	ESTRADIOL 0.01% CREAM	6	42.50	67.79	0.51	200% Above	No	No
00093354143	ESTRADIOL 0.01% CREAM	6	42.50	113.41	0.51	200% Above	No	No
00093354143	ESTRADIOL 0.01% CREAM	7	42.50	67.79	0.48	200% Above	No	No
00093354143	ESTRADIOL 0.01% CREAM	7	42.50	113.41	0.48	200% Above	No	No
00093354256	ATOMOXETINE HCL 10 MG CAPSULE	4	60.00	131.30	0.41	200% Above	No	No
00093413664	CEFDINIR 125 MG/5 ML SUSP	7	60.00	20.29	0.12	101%-200% Above	No	No
00093413764	CEFDINIR 250 MG/5 ML SUSP	5	60.00	39.58	0.14	200% Above	No	No
00093413773	CEFDINIR 250 MG/5 ML SUSP	4	100.00	49.56	0.15	200% Above	No	No
00093415573	AMOXICILLIN 250 MG/5 ML SUSP	7	100.00	3.63	0.02	51%-75% Above	Yes	No
00093415573	AMOXICILLIN 250 MG/5 ML SUSP	8	100.00	3.49	0.03	26%-50% Above	Yes	No
00093415579	AMOXICILLIN 250 MG/5 ML SUSP	7	80.00	3.05	0.02	51%-75% Above	No	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	4	100.00	5.59	0.03	76%-100% Above	No	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	4	200.00	11.18	0.03	76%-100% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	5	100.00	5.59	0.03	76%-100% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	5	200.00	11.18	0.03	76%-100% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	5	300.00	16.78	0.03	76%-100% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	6	100.00	5.59	0.03	51%-75% Above	No	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	6	200.00	11.18	0.03	51%-75% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	6	300.00	16.78	0.03	51%-75% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	7	100.00	5.59	0.03	101%-200% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	7	200.00	11.18	0.03	101%-200% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	8	200.00	11.18	0.03	76%-100% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	8	300.00	16.78	0.03	76%-100% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	5	75.00	4.18	0.03	51%-75% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	5	150.00	8.36	0.03	51%-75% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	6	150.00	8.36	0.04	51%-75% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	7	150.00	8.36	0.03	51%-75% Above	Yes	No
00093417773	CEPHALEXIN 250 MG/5 ML SUSP	6	100.00	11.20	0.08	26%-50% Above	No	No
00093505698	ATORVASTATIN 10 MG TABLET	7	90.00	0.90	0.02	51%-75% Below	No	No
00093505798	ATORVASTATIN 80 MG TABLET	4	90.00	10.09	0.08	26%-50% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	5	30.00	3.36	0.07	51%-75% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	5	90.00	10.09	0.07	51%-75% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	6	30.00	3.36	0.09	26%-50% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	6	90.00	10.09	0.09	26%-50% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	7	30.00	3.36	0.06	76%-100% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	7	90.00	10.09	0.06	76%-100% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	8	90.00	10.09	0.08	26%-50% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	5	90.00	8.75	0.05	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093505898	ATORVASTATIN 40 MG TABLET	6	90.00	8.75	0.06	51%-75% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	7	30.00	2.92	0.04	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	7	90.00	8.75	0.04	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	8	90.00	8.75	0.06	76%-100% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	5	90.00	8.72	0.03	101%-200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	6	90.00	8.72	0.04	101%-200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	7	90.00	8.72	0.03	200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	8	90.00	8.72	0.04	101%-200% Above	No	No
00093506001	HYDROXYZINE HCL 10 MG TABLET	6	60.00	10.34	0.03	200% Above	No	No
00093506005	HYDROXYZINE HCL 10 MG TABLET	5	60.00	10.34	0.03	200% Above	No	No
00093506005	HYDROXYZINE HCL 10 MG TABLET	7	60.00	10.34	0.03	200% Above	No	No
00093506101	HYDROXYZINE HCL 25 MG TABLET	4	60.00	3.08	0.04	26%-50% Above	No	No
00093506105	HYDROXYZINE HCL 25 MG TABLET	5	30.00	1.54	0.04	26%-50% Above	No	No
00093506105	HYDROXYZINE HCL 25 MG TABLET	5	60.00	5.31	0.04	101%-200% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	5	60.00	3.08	0.04	26%-50% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	6	60.00	3.08	0.05	10%-25% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	6	90.00	4.63	0.05	10%-25% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	7	60.00	3.08	0.03	26%-50% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	8	40.00	2.06	0.04	10%-25% Above	No	No
00093550456	OLANZAPINE-FLUOXETINE 6-25 MG	4	90.00	496.75	4.11	26%-50% Above	No	No
00093555301	DEXMETHYLPHENIDATE ER 20 MG CP	6	30.00	77.06	1.41	76%-100% Above	No	No
00093555401	DEXMETHYLPHENIDATE ER 30 MG CP	6	30.00	84.60	1.32	101%-200% Above	No	No
00093555401	DEXMETHYLPHENIDATE ER 30 MG CP	7	30.00	84.60	1.46	76%-100% Above	No	No
00093590786	MESALAMINE DR 400 MG CAPSULE	4	30.00	44.06	1.69	10%-25% Below	No	No
00093590786	MESALAMINE DR 400 MG CAPSULE	5	30.00	44.06	1.70	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093681673	BUDESONIDE 0.5 MG/2 ML SUSP	6	60.00	23.51	0.69	26%-50% Below	No	No
00093681673	BUDESONIDE 0.5 MG/2 ML SUSP	6	120.00	47.02	0.69	26%-50% Below	No	No
00093681673	BUDESONIDE 0.5 MG/2 ML SUSP	7	120.00	47.02	0.57	26%-50% Below	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	4	30.00	2.66	0.06	26%-50% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	5	90.00	7.99	0.06	51%-75% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	6	30.00	2.66	0.07	26%-50% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	7	30.00	2.66	0.06	51%-75% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	8	30.00	2.66	0.07	26%-50% Above	No	No
00093720110	PRAVASTATIN SODIUM 20 MG TAB	4	30.00	3.19	0.05	101%-200% Above	No	No
00093720110	PRAVASTATIN SODIUM 20 MG TAB	5	30.00	3.19	0.05	101%-200% Above	No	No
00093720110	PRAVASTATIN SODIUM 20 MG TAB	5	90.00	9.58	0.05	101%-200% Above	No	No
00093720110	PRAVASTATIN SODIUM 20 MG TAB	6	30.00	3.19	0.06	51%-75% Above	No	No
00093720110	PRAVASTATIN SODIUM 20 MG TAB	6	90.00	9.58	0.06	51%-75% Above	No	No
00093720110	PRAVASTATIN SODIUM 20 MG TAB	7	30.00	3.19	0.05	101%-200% Above	No	No
00093720110	PRAVASTATIN SODIUM 20 MG TAB	8	90.00	9.58	0.06	76%-100% Above	No	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	4	30.00	3.19	0.05	101%-200% Above	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	4	90.00	9.58	0.05	101%-200% Above	No	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	4	90.00	9.58	0.05	101%-200% Above	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	5	30.00	3.19	0.05	101%-200% Above	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	6	30.00	3.19	0.06	51%-75% Above	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	6	90.00	9.58	0.06	51%-75% Above	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	7	30.00	3.19	0.05	101%-200% Above	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	7	90.00	9.58	0.05	101%-200% Above	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	4	30.00	4.53	0.08	76%-100% Above	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	4	90.00	13.60	0.08	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093720210	PRAVASTATIN SODIUM 40 MG TAB	5	30.00	4.53	0.08	76%-100% Above	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	5	90.00	13.60	0.08	76%-100% Above	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	6	30.00	4.53	0.09	76%-100% Above	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	6	90.00	13.60	0.09	76%-100% Above	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	7	30.00	4.53	0.07	101%-200% Above	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	7	90.00	13.60	0.07	101%-200% Above	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	8	30.00	4.53	0.08	76%-100% Above	No	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	6	90.00	13.60	0.09	76%-100% Above	Yes	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	7	90.00	13.60	0.07	101%-200% Above	No	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	7	90.00	13.60	0.07	101%-200% Above	Yes	No
00093727156	PIOGLITAZONE HCL 15 MG TABLET	5	90.00	8.17	0.07	26%-50% Above	No	No
00093727198	PIOGLITAZONE HCL 15 MG TABLET	4	90.00	8.17	0.07	26%-50% Above	Yes	No
00093727198	PIOGLITAZONE HCL 15 MG TABLET	7	90.00	8.17	0.07	26%-50% Above	Yes	No
00093727298	PIOGLITAZONE HCL 30 MG TABLET	6	90.00	11.74	0.11	10%-25% Above	Yes	No
00093735156	LANSOPRAZOLE DR 30 MG CAPSULE	5	30.00	4.14	0.09	51%-75% Above	No	No
00093735156	LANSOPRAZOLE DR 30 MG CAPSULE	6	30.00	4.14	0.11	26%-50% Above	No	No
00093767902	ETONOGESTREL-EE VAGINAL RING	7	1.00	62.45	49.23	26%-50% Above	Yes	No
00093767902	ETONOGESTREL-EE VAGINAL RING	7	3.00	127.91	49.23	10%-25% Below	Yes	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	4	30.00	3.68	0.06	76%-100% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	5	30.00	3.68	0.06	76%-100% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	6	30.00	3.68	0.07	76%-100% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	7	30.00	3.68	0.06	101%-200% Above	No	No
00093770456	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 200-300 MG TAB	4	90.00	2740.77	0.45	200% Above	Yes	No
00093811956	FAMCICLOVIR 500 MG TABLET	7	21.00	13.70	0.73	10%-25% Below	No	No
00093834410	GLYBURIDE 5 MG TABLET	4	30.00	3.76	0.06	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093834410	GLYBURIDE 5 MG TABLET	4	120.00	15.02	0.06	101%-200% Above	No	No
00093834410	GLYBURIDE 5 MG TABLET	5	30.00	3.76	0.05	101%-200% Above	No	No
00093834410	GLYBURIDE 5 MG TABLET	6	30.00	3.76	0.06	101%-200% Above	No	No
00093834410	GLYBURIDE 5 MG TABLET	7	30.00	3.76	0.05	101%-200% Above	No	No
00093834410	GLYBURIDE 5 MG TABLET	7	90.00	11.27	0.05	101%-200% Above	No	No
00093874001	MEXILETINE 200 MG CAPSULE	7	60.00	51.94	0.26	200% Above	No	No
00093874001	MEXILETINE 200 MG CAPSULE	8	60.00	51.94	0.30	101%-200% Above	No	No
00093922206	DIFLUNISAL 500 MG TABLET	5	10.00	6.71	0.85	10%-25% Below	No	No
00115148701	DEXTROAMP-AMPHET ER 10 MG CAP	6	30.00	120.55	0.53	200% Above	Yes	No
00115148701	DEXTROAMP-AMPHET ER 10 MG CAP	7	30.00	120.55	0.37	200% Above	Yes	No
00115148801	DEXTROAMP-AMPHET ER 15 MG CAP	4	90.00	361.65	0.44	200% Above	No	No
00115148901	DEXTROAMP-AMPHET ER 20 MG CAP	4	30.00	120.55	0.47	200% Above	No	No
00115148901	DEXTROAMP-AMPHET ER 20 MG CAP	6	30.00	120.55	0.53	200% Above	No	No
00115148901	DEXTROAMP-AMPHET ER 20 MG CAP	7	30.00	120.55	0.50	200% Above	No	No
00115149001	DEXTROAMP-AMPHET ER 25 MG CAP	6	30.00	120.55	0.51	200% Above	Yes	No
00115149101	DEXTROAMP-AMPHET ER 30 MG CAP	6	5.00	20.09	0.54	200% Above	No	No
00115149101	DEXTROAMP-AMPHET ER 30 MG CAP	6	30.00	120.55	0.54	200% Above	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	4	2.00	370.51	117.45	51%-75% Above	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	4	6.00	329.99	117.45	51%-75% Below	Yes	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	5	2.00	281.59	112.64	10%-25% Above	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	6	2.00	109.99	109.09	26%-50% Below	Yes	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	6	2.00	281.59	109.09	26%-50% Above	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	7	2.00	109.99	105.72	26%-50% Below	Yes	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	7	2.00	281.59	105.72	26%-50% Above	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	8	2.00	109.99	113.29	51%-75% Below	Yes	No

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00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	8	4.00	219.99	113.29	51%-75% Below	Yes	No
00115173601	METHYLPHENIDATE ER(CD) 10 MG CP	8	30.00	24.74	1.20	26%-50% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	4	60.00	2.26	0.06	26%-50% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	5	60.00	2.26	0.06	26%-50% Below	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	5	90.00	3.65	0.06	26%-50% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	7	60.00	2.26	0.06	26%-50% Below	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	7	90.00	3.65	0.06	26%-50% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	8	90.00	3.38	0.06	26%-50% Below	Yes	No
00115180302	HYDROXYZINE PAM 25 MG CAP	5	90.00	3.38	0.06	26%-50% Below	No	No
00115180302	HYDROXYZINE PAM 25 MG CAP	6	90.00	3.38	0.06	26%-50% Below	No	No
00115180302	HYDROXYZINE PAM 25 MG CAP	7	90.00	3.38	0.06	26%-50% Below	No	No
00115180401	HYDROXYZINE PAM 50 MG CAP	5	30.00	1.51	0.07	26%-50% Below	No	No
00115351101	PYRIDOSTIGMINE BR 60 MG TABLET	5	60.00	27.25	0.23	76%-100% Above	No	No
00115351101	PYRIDOSTIGMINE BR 60 MG TABLET	7	360.00	163.51	0.24	76%-100% Above	No	No
00115521116	COLESTIPOL HCL 1 GM TABLET	6	60.00	24.91	0.80	26%-50% Below	No	No
00115521116	COLESTIPOL HCL 1 GM TABLET	6	180.00	74.74	0.80	26%-50% Below	No	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	4	30.00	7.24	0.34	26%-50% Below	No	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	6	30.00	7.24	0.41	26%-50% Below	No	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	7	30.00	7.24	0.34	26%-50% Below	No	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	7	90.00	21.71	0.34	26%-50% Below	Yes	No
00115992001	DEXMETHYLPHENIDATE ER 15 MG CP	5	90.00	225.07	1.38	76%-100% Above	No	No
00115992101	DEXMETHYLPHENIDATE ER 20 MG CP	4	60.00	154.12	1.51	51%-75% Above	No	No
00115992101	DEXMETHYLPHENIDATE ER 20 MG CP	5	30.00	77.06	0.90	101%-200% Above	No	No
00115992101	DEXMETHYLPHENIDATE ER 20 MG CP	5	60.00	154.12	0.90	101%-200% Above	No	No
00115992101	DEXMETHYLPHENIDATE ER 20 MG CP	6	30.00	77.06	1.41	76%-100% Above	No	No

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00115992101	DEXMETHYLPHENIDATE ER 20 MG CP	6	60.00	154.12	1.41	76%-100% Above	No	No
00115992101	DEXMETHYLPHENIDATE ER 20 MG CP	7	30.00	77.06	0.84	200% Above	No	No
00115992101	DEXMETHYLPHENIDATE ER 20 MG CP	8	30.00	77.06	1.43	76%-100% Above	No	No
00115993178	LEVALBUTEROL 0.63 MG/3 ML SOL	4	75.00	24.77	0.25	26%-50% Above	No	No
00115993178	LEVALBUTEROL 0.63 MG/3 ML SOL	7	75.00	24.77	0.22	51%-75% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	4	473.00	2.03	0.01	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	5	473.00	2.03	0.01	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	5	473.00	2.55	0.01	10%-25% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	6	473.00	2.03	0.01	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	6	473.00	2.03	0.01	26%-50% Below	Yes	No
00116200116	CHLORHEXIDINE 0.12% RINSE	6	473.00	2.55	0.01	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	7	473.00	2.03	0.01	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	8	473.00	2.03	0.01	26%-50% Below	No	No
00121059516	SOD CITRATE-CITRIC ACID SOLN	6	473.00	7.24	0.02	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	3	13.00	1.15	0.14	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	3	25.00	2.22	0.14	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	4	15.00	1.33	0.11	10%-25% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	4	45.00	3.99	0.11	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	4	65.00	5.77	0.11	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	5	12.50	1.11	0.12	10%-25% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	5	15.00	1.33	0.12	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	5	20.00	1.77	0.12	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	5	24.00	2.13	0.12	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	5	36.00	3.19	0.12	10%-25% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	5	50.00	4.44	0.12	10%-25% Below	No	No

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00121075908	PREDNISOLONE 15 MG/5 ML SOLN	5	70.00	6.21	0.12	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	5	80.00	7.10	0.12	10%-25% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	6	25.00	2.22	0.13	26%-50% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	6	30.00	2.66	0.13	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	6	30.00	2.66	0.13	26%-50% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	6	35.00	3.10	0.13	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	6	50.00	4.44	0.13	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	7	10.00	0.89	0.11	10%-25% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	7	15.00	1.33	0.11	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	7	20.00	1.77	0.11	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	7	23.00	2.04	0.11	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	7	30.00	2.66	0.11	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	7	30.00	2.66	0.11	10%-25% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	7	40.00	3.55	0.11	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	8	25.00	2.22	0.13	26%-50% Below	No	No
00121077504	GUAIFEN-CODEINE 100-10 MG/5 ML	4	240.00	8.42	0.05	26%-50% Below	No	No
00121077504	GUAIFEN-CODEINE 100-10 MG/5 ML	5	120.00	4.21	0.05	10%-25% Below	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	5	59.00	2.07	0.03	10%-25% Above	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	5	180.00	6.32	0.03	10%-25% Above	Yes	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	5	200.00	7.02	0.03	10%-25% Above	Yes	No
00121085416	SULFATRIM PEDIATRIC SUSPENSION	7	175.00	6.79	0.05	10%-25% Below	No	No
00121085416	SULFATRIM PEDIATRIC SUSPENSION	8	56.00	2.17	0.06	26%-50% Below	No	No
00121086802	NYSTATIN 100,000 UNIT/ML SUSP	5	40.00	1.25	0.12	51%-75% Below	Yes	No
00121086816	NYSTATIN 100,000 UNIT/ML SUSP	5	80.00	2.61	0.04	10%-25% Below	Yes	No
00121086816	NYSTATIN 100,000 UNIT/ML SUSP	7	60.00	1.77	0.06	26%-50% Below	No	No

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00121086816	NYSTATIN 100,000 UNIT/ML SUSP	8	150.00	4.43	0.06	26%-50% Below	No	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	7	150.00	5.54	0.11	51%-75% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	5	25.00	5.24	0.57	51%-75% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	5	30.00	6.29	0.57	51%-75% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	5	97.00	20.33	0.57	51%-75% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	6	15.00	4.47	0.60	26%-50% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	6	20.00	4.19	0.60	51%-75% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	6	25.00	5.24	0.60	51%-75% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	6	30.00	6.29	0.60	51%-75% Below	No	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	6	50.00	10.48	0.60	51%-75% Below	No	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	6	60.00	12.58	0.60	51%-75% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	7	60.00	12.58	0.54	51%-75% Below	No	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	7	60.00	12.58	0.54	51%-75% Below	Yes	No
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	4	75.00	15.72	0.63	51%-75% Below	No	No
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	6	80.00	16.77	0.63	51%-75% Below	Yes	No
00121092816	PROMETHAZINE-CODEINE SOLUTION	7	240.00	4.37	0.04	51%-75% Below	No	No
00121104516	NYSTATIN SUS 100000U	7	60.00	1.86	.		No	No
00121104516	NYSTATIN SUS 100000U	7	224.00	6.94	.		No	No
00143122701	DICYCLOMINE 20 MG TABLET	4	15.00	1.73	0.08	26%-50% Above	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	5	270.00	31.08	0.08	26%-50% Above	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	7	45.00	5.18	0.08	26%-50% Above	Yes	No
00143122710	DICYCLOMINE 20 MG TABLET	5	28.00	4.79	0.08	101%-200% Above	No	No
00143122710	DICYCLOMINE 20 MG TABLET	5	60.00	10.26	0.08	101%-200% Above	No	No
00143122710	DICYCLOMINE 20 MG TABLET	6	28.00	4.79	0.11	51%-75% Above	No	No
00143149501	PHENOBARBITAL 15 MG TABLET	7	3.00	0.58	0.07	101%-200% Above	No	No

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00143211205	DOXYCYCLINE HYCLATE 100 MG TAB	7	20.00	22.05	0.10	200% Above	No	No
00143211250	DOXYCYCLINE HYCLATE 100 MG TAB	6	10.00	11.03	0.13	200% Above	No	No
00143211250	DOXYCYCLINE HYCLATE 100 MG TAB	6	14.00	15.44	0.13	200% Above	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	4	14.00	3.18	0.28	10%-25% Below	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	4	20.00	4.54	0.28	10%-25% Below	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	5	14.00	3.18	0.27	10%-25% Below	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	5	20.00	4.54	0.27	10%-25% Below	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	5	28.00	6.35	0.27	10%-25% Below	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	6	14.00	3.18	0.31	26%-50% Below	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	6	20.00	4.54	0.31	26%-50% Below	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	6	28.00	6.35	0.31	26%-50% Below	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	7	14.00	3.18	0.27	10%-25% Below	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	7	20.00	4.54	0.27	10%-25% Below	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	8	14.00	3.18	0.29	10%-25% Below	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	8	20.00	4.54	0.29	10%-25% Below	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	8	28.00	6.35	0.29	10%-25% Below	No	No
00143928501	AMOXICILLIN 875 MG TABLET	4	10.00	1.98	0.15	26%-50% Above	No	No
00143928501	AMOXICILLIN 875 MG TABLET	4	14.00	1.39	0.15	26%-50% Below	No	No
00143928501	AMOXICILLIN 875 MG TABLET	4	20.00	1.99	0.15	26%-50% Below	No	No
00143928501	AMOXICILLIN 875 MG TABLET	5	10.00	1.00	0.14	26%-50% Below	No	No
00143928501	AMOXICILLIN 875 MG TABLET	5	20.00	1.99	0.14	26%-50% Below	No	No
00143928501	AMOXICILLIN 875 MG TABLET	6	20.00	1.99	0.18	26%-50% Below	No	No
00143928501	AMOXICILLIN 875 MG TABLET	7	10.00	1.00	0.15	26%-50% Below	No	No
00143928501	AMOXICILLIN 875 MG TABLET	7	20.00	1.99	0.15	26%-50% Below	No	No
00143962001	CYANOCOBALAMIN 10,000 MCG/10 ML	5	10.00	5.09	3.18	76%-100% Below	No	No

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00143962101	CYANOCOBALAM INJ 1000MCG	4	2.00	2.98	.		No	No
00143962101	CYANOCOBALAM INJ 1000MCG	5	2.00	2.98	.		No	No
00143962101	CYANOCOBALAM INJ 1000MCG	6	2.00	2.98	.		No	No
00143962101	CYANOCOBALAM INJ 1000MCG	7	2.00	2.98	.		No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	4	2.00	2.98	1.78	10%-25% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	5	1.00	1.49	1.74	10%-25% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	5	2.00	2.98	1.74	10%-25% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	5	10.00	14.88	1.74	10%-25% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	6	1.00	1.49	2.10	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	6	2.00	2.98	2.10	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	6	3.00	4.46	2.10	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	6	4.00	5.95	2.10	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	6	6.00	8.93	2.10	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	4	2.00	15.40	11.89	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	4	2.00	15.40	11.89	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	4	3.00	23.11	11.89	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	4	4.00	30.81	11.89	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	4	6.00	46.21	11.89	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	4	10.00	77.02	11.89	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	5	1.00	7.70	11.74	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	5	2.00	15.40	11.74	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	5	2.00	15.40	11.74	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	5	3.00	23.11	11.74	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	5	4.00	30.81	11.74	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	6	2.00	15.40	13.60	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00143965901	TESTOSTERONE CYP 200 MG/ML	6	2.00	22.53	13.60	10%-25% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	6	3.00	23.11	13.60	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	6	4.00	30.81	13.60	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	7	2.00	15.40	10.60	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	7	2.00	15.40	10.60	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	7	3.00	23.11	10.60	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	7	3.00	23.11	10.60	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	7	4.00	30.81	10.60	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	7	4.00	30.81	10.60	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	7	5.00	38.51	10.60	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	7	6.00	46.21	10.60	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	8	2.00	15.40	14.12	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	8	4.00	30.81	14.12	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	8	4.00	30.81	14.12	26%-50% Below	Yes	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	4	30.00	37.06	0.11	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	5	14.00	17.30	0.11	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	5	20.00	29.90	0.11	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	6	21.00	25.94	0.14	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	6	30.00	37.06	0.14	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	7	30.00	37.06	0.10	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	8	14.00	17.30	0.13	200% Above	No	No
00143980350	DOXYCYCLINE HYCLATE 100 MG CAP	5	20.00	24.71	0.11	200% Above	No	No
00143985316	AMOX-CLAV 600-42.9 MG/5 ML SUS	4	125.00	6.55	0.07	10%-25% Below	Yes	No
00143985316	AMOX-CLAV 600-42.9 MG/5 ML SUS	6	125.00	6.55	0.08	26%-50% Below	Yes	No
00143985316	AMOX-CLAV 600-42.9 MG/5 ML SUS	7	125.00	6.55	0.06	10%-25% Below	Yes	No

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00143985324	AMOX-CLAV 600-42.9 MG/5 ML SUS	4	200.00	10.48	0.06	10%-25% Below	Yes	No
00143985375	AMOX-CLAV 600-42.9 MG/5 ML SUS	4	150.00	7.86	0.08	26%-50% Below	Yes	No
00143985375	AMOX-CLAV 600-42.9 MG/5 ML SUS	5	150.00	13.66	0.07	26%-50% Above	No	No
00143988675	AMOXICILLIN 200 MG/5 ML SUSP	4	150.00	7.80	0.03	26%-50% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	4	100.00	5.59	0.03	76%-100% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	4	200.00	11.18	0.03	76%-100% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	5	100.00	5.59	0.03	76%-100% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	5	300.00	16.78	0.03	76%-100% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	6	100.00	5.59	0.03	51%-75% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	6	200.00	11.18	0.03	51%-75% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	7	100.00	5.59	0.03	101%-200% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	7	200.00	11.18	0.03	101%-200% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	8	100.00	5.59	0.03	76%-100% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	8	200.00	11.18	0.03	76%-100% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	4	150.00	8.36	0.03	76%-100% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	5	150.00	8.36	0.03	51%-75% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	6	150.00	8.36	0.04	51%-75% Above	No	No
00143988901	AMOXICILLIN 250 MG/5 ML SUSP	6	200.00	6.94	0.03	26%-50% Above	No	No
00143998201	AMOX-CLAV 400-57 MG/5 ML SUSP	4	100.00	18.73	0.05	200% Above	Yes	No
00143998201	AMOX-CLAV 400-57 MG/5 ML SUSP	5	100.00	18.73	0.06	200% Above	Yes	No
00143998201	AMOX-CLAV 400-57 MG/5 ML SUSP	8	200.00	37.46	0.07	101%-200% Above	Yes	No
00143998275	AMOX-CLAV 400-57 MG/5 ML SUSP	4	150.00	28.10	0.06	101%-200% Above	Yes	No
00143998275	AMOX-CLAV 400-57 MG/5 ML SUSP	7	150.00	28.10	0.06	200% Above	Yes	No
00168000215	TRIAMCINOLONE 0.5% CREAM	5	15.00	4.39	0.20	26%-50% Above	No	No
00168000215	TRIAMCINOLONE 0.5% CREAM	5	30.00	8.78	0.20	26%-50% Above	No	No

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00168000615	TRIAMCINOLONE 0.1% OINTMENT	6	30.00	1.35	0.15	51%-75% Below	Yes	No
00168000680	TRIAMCINOLONE 0.1% OINTMENT	6	80.00	3.34	0.07	26%-50% Below	Yes	No
00168009915	KETOCONAZOLE 2% CREAM	5	15.00	12.29	0.22	200% Above	No	No
00168009915	KETOCONAZOLE 2% CREAM	7	15.00	12.29	0.21	200% Above	No	No
00168009915	KETOCONAZOLE 2% CREAM	7	45.00	36.86	0.21	200% Above	No	No
00168009960	KETOCONAZOLE 2% CREAM	6	60.00	31.46	0.19	101%-200% Above	No	No
00168009960	KETOCONAZOLE 2% CREAM	7	60.00	31.46	0.16	200% Above	No	No
00168009960	KETOCONAZOLE 2% CREAM	8	60.00	31.46	0.19	101%-200% Above	No	No
00168016330	CLOBETASOL 0.05% CREAM	5	30.00	83.12	0.14	200% Above	No	No
00168025815	CLOTRIMAZOLE-BETAMETHASONE CRM	6	45.00	33.36	0.24	200% Above	No	No
00168025815	CLOTRIMAZOLE-BETAMETHASONE CRM	6	60.00	44.48	0.24	200% Above	Yes	No
00168025815	CLOTRIMAZOLE-BETAMETHASONE CRM	7	15.00	11.12	0.21	200% Above	No	No
00168025846	CLOTRIMAZOLE-BETAMETHASONE CRM	4	45.00	22.22	0.16	200% Above	No	No
00168025846	CLOTRIMAZOLE-BETAMETHASONE CRM	5	45.00	22.22	0.15	200% Above	No	No
00168025846	CLOTRIMAZOLE-BETAMETHASONE CRM	5	45.00	24.83	0.15	200% Above	No	No
00168025846	CLOTRIMAZOLE-BETAMETHASONE CRM	8	45.00	24.83	0.17	200% Above	No	No
00168027740	CLINDAMYCIN 2% VAGINAL CREAM	4	40.00	41.64	1.42	26%-50% Below	No	No
00168034646	TERCONAZOLE 0.4% CREAM	8	45.00	15.77	0.62	26%-50% Below	No	No
00168034720	TERCONAZOLE 0.8% CREAM	7	20.00	27.95	1.01	26%-50% Above	Yes	No
00168035730	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	4	30.00	6.41	0.31	26%-50% Below	No	No
00168035730	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	4	30.00	6.41	0.31	26%-50% Below	Yes	No
00168035730	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	6	30.00	6.41	0.29	26%-50% Below	No	No
00168035730	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	7	30.00	6.41	0.26	10%-25% Below	Yes	No
00168035730	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	8	30.00	6.41	0.29	26%-50% Below	Yes	No
00168041630	TACROLIMUS 0.1% OINTMENT	8	30.00	24.30	1.19	26%-50% Below	No	No

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00169320415	FIASP 100 UNIT/ML FLEXTOUCH	4	6.00	136.80	35.75	26%-50% Below	No	No
00169320415	FIASP 100 UNIT/ML FLEXTOUCH	5	15.00	342.01	35.76	26%-50% Below	No	No
00169320415	FIASP 100 UNIT/ML FLEXTOUCH	7	15.00	342.01	35.75	26%-50% Below	No	No
00169320615	FIASP PMPCRT INJ U-100	7	32.00	1091.79	.		No	No
00169413013	OZEMPIC 1 MG/DOSE (4 MG/3 ML) PEN	5	3.00	592.73	311.80	26%-50% Below	No	No
00169418113	OZEMPIC 0.25-0.5 MG/DOSE (2 MG/3 ML) PEN	2	3.00	126.86	310.85	76%-100% Below	No	No
00169418113	OZEMPIC 0.25-0.5 MG/DOSE (2 MG/3 ML) PEN	3	3.00	126.86	310.85	76%-100% Below	No	No
00169418113	OZEMPIC 0.25-0.5 MG/DOSE (2 MG/3 ML) PEN	4	3.00	126.86	310.85	76%-100% Below	No	No
00169431430	RYBELSUS 14 MG TABLET	4	30.00	592.73	31.08	26%-50% Below	No	No
00169431430	RYBELSUS 14 MG TABLET	6	30.00	592.73	31.15	26%-50% Below	No	No
00169431430	RYBELSUS 14 MG TABLET	7	30.00	592.73	31.16	26%-50% Below	No	No
00169477212	OZEMPIC 2 MG/DOSE (8 MG/3 ML) PEN	6	3.00	592.73	311.72	26%-50% Below	No	No
00169477212	OZEMPIC 2 MG/DOSE (8 MG/3 ML) PEN	8	3.00	592.73	311.72	26%-50% Below	No	No
00169517603	VAGIFEM 10 MCG VAGINAL TAB	7	8.00	104.14	20.43	26%-50% Below	No	No
00169633910	NOVOLOG 100 UNIT/ML FLEXPEN	3	15.00	45.89	8.95	51%-75% Below	No	No
00169633910	NOVOLOG 100 UNIT/ML FLEXPEN	4	27.00	153.90	8.95	26%-50% Below	No	No
00169633910	NOVOLOG 100 UNIT/ML FLEXPEN	5	27.00	153.90	8.95	26%-50% Below	No	No
00169633910	NOVOLOG 100 UNIT/ML FLEXPEN	6	15.00	45.89	8.95	51%-75% Below	No	No
00169633910	NOVOLOG 100 UNIT/ML FLEXPEN	7	15.00	46.48	8.95	51%-75% Below	No	No
00169633910	NOVOLOG 100 UNIT/ML FLEXPEN	7	27.00	153.90	8.95	26%-50% Below	No	No
00169633910	NOVOLOG 100 UNIT/ML FLEXPEN	8	15.00	45.95	8.95	51%-75% Below	No	No
00169643210	LEVEMIR FLEXPEN 100 UNIT/ML	4	12.00	79.20	10.36	26%-50% Below	No	No
00169643210	LEVEMIR FLEXPEN 100 UNIT/ML	6	36.00	237.60	10.36	26%-50% Below	No	No
00169750111	NOVOLOG 100 UNIT/ML VIAL	4	60.00	265.64	6.95	26%-50% Below	No	No
00169750111	NOVOLOG 100 UNIT/ML VIAL	7	60.00	265.64	6.95	26%-50% Below	No	No

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00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	4	30.00	0.78	0.01	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	4	60.00	1.57	0.01	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	1.78	0.01	76%-100% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	2.35	0.01	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.00	0.78	0.01	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.00	0.99	0.01	200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.00	1.78	0.01	76%-100% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.00	2.35	0.01	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.00	0.78	0.01	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.00	0.99	0.01	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	6	45.00	1.17	0.01	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	6	60.00	1.57	0.01	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.00	0.78	0.01	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.00	0.99	0.01	200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	7	60.00	1.57	0.01	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.00	1.78	0.01	76%-100% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.00	2.35	0.01	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.00	0.78	0.01	76%-100% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.00	1.78	0.01	26%-50% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.00	2.35	0.01	76%-100% Above	No	No
00172392560	DIAZEPAM 2 MG TABLET	7	10.00	0.15	0.02	10%-25% Below	No	No
00172392660	DIAZEPAM 5 MG TABLET	4	30.00	0.39	0.02	26%-50% Below	No	No
00172392660	DIAZEPAM 5 MG TABLET	5	30.00	0.39	0.02	26%-50% Below	No	No
00172392660	DIAZEPAM 5 MG TABLET	6	1.00	0.02	0.03	26%-50% Below	No	No
00172392660	DIAZEPAM 5 MG TABLET	6	30.00	0.39	0.03	51%-75% Below	No	No

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00172392660	DIAZEPAM 5 MG TABLET	7	2.00	0.03	0.02	26%-50% Below	No	No
00172392660	DIAZEPAM 5 MG TABLET	7	30.00	0.39	0.02	26%-50% Below	No	No
00172392670	DIAZEPAM 5 MG TABLET	7	2.00	0.03	0.02	26%-50% Below	Yes	No
00172392680	DIAZEPAM 5 MG TABLET	7	2.00	0.03	0.02	26%-50% Below	No	No
00172392760	DIAZEPAM 10 MG TABLET	6	2.00	0.03	0.03	26%-50% Below	No	No
00172392760	DIAZEPAM 10 MG TABLET	6	60.00	0.67	0.03	51%-75% Below	No	No
00172392760	DIAZEPAM 10 MG TABLET	7	1.00	0.01	0.03	51%-75% Below	No	No
00172392760	DIAZEPAM 10 MG TABLET	8	2.00	0.03	0.03	26%-50% Below	No	No
00172392770	DIAZEPAM 10 MG TABLET	4	1.00	0.01	0.03	51%-75% Below	No	No
00172392770	DIAZEPAM 10 MG TABLET	5	10.00	0.13	0.02	26%-50% Below	No	No
00172409680	BACLOFEN 10 MG TABLET	4	45.00	0.84	0.04	26%-50% Below	No	No
00172409680	BACLOFEN 10 MG TABLET	5	45.00	0.84	0.03	26%-50% Below	No	No
00172572860	FAMOTIDINE 20 MG TABLET	4	30.00	0.69	0.03	10%-25% Below	No	No
00172572860	FAMOTIDINE 20 MG TABLET	5	30.00	1.05	0.03	10%-25% Above	No	No
00172572860	FAMOTIDINE 20 MG TABLET	5	60.00	1.39	0.03	10%-25% Below	Yes	No
00172572860	FAMOTIDINE 20 MG TABLET	5	90.00	3.16	0.03	10%-25% Above	No	No
00172572860	FAMOTIDINE 20 MG TABLET	5	180.00	6.32	0.03	10%-25% Above	No	No
00172572860	FAMOTIDINE 20 MG TABLET	6	60.00	1.39	0.04	26%-50% Below	Yes	No
00172572860	FAMOTIDINE 20 MG TABLET	7	30.00	0.69	0.03	10%-25% Below	No	No
00172572860	FAMOTIDINE 20 MG TABLET	7	60.00	1.39	0.03	10%-25% Below	Yes	No
00172572880	FAMOTIDINE 20 MG TABLET	5	60.00	1.39	0.03	10%-25% Below	No	No
00172572880	FAMOTIDINE 20 MG TABLET	5	180.00	4.16	0.03	10%-25% Below	No	No
00172572880	FAMOTIDINE 20 MG TABLET	6	60.00	1.39	0.04	26%-50% Below	No	No
00172572960	FAMOTIDINE 40 MG TABLET	4	30.00	2.69	0.05	76%-100% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	4	90.00	12.01	0.05	101%-200% Above	No	No

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00172572960	FAMOTIDINE 40 MG TABLET	5	30.00	2.69	0.05	76%-100% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	6	30.00	2.69	0.06	51%-75% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	6	90.00	8.08	0.06	51%-75% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	7	30.00	2.69	0.05	76%-100% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	7	90.00	12.01	0.05	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	8	90.00	8.08	0.06	51%-75% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	8	180.00	16.16	0.06	51%-75% Above	No	No
00172572970	FAMOTIDINE 40 MG TABLET	4	60.00	5.39	0.05	76%-100% Above	No	No
00172572970	FAMOTIDINE 40 MG TABLET	5	60.00	5.39	0.05	76%-100% Above	No	No
00172572970	FAMOTIDINE 40 MG TABLET	5	90.00	8.08	0.05	76%-100% Above	No	No
00172572970	FAMOTIDINE 40 MG TABLET	6	60.00	5.39	0.06	51%-75% Above	No	No
00172572970	FAMOTIDINE 40 MG TABLET	7	60.00	5.39	0.05	76%-100% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	7	20.00	7.13	0.42	10%-25% Below	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	8	14.00	4.99	0.50	26%-50% Below	No	No
00185012901	BUMETANIDE 1 MG TABLET	6	30.00	13.04	0.19	101%-200% Above	No	No
00185012901	BUMETANIDE 1 MG TABLET	7	30.00	13.04	0.14	200% Above	No	No
00185012901	BUMETANIDE 1 MG TABLET	8	30.00	13.04	0.25	51%-75% Above	No	No
00185012905	BUMETANIDE 1 MG TABLET	3	180.00	65.24	0.19	76%-100% Above	No	No
00185012905	BUMETANIDE 1 MG TABLET	4	180.00	65.24	0.15	101%-200% Above	No	No
00185012905	BUMETANIDE 1 MG TABLET	7	210.00	91.29	0.14	200% Above	No	No
00185067401	HYDROXYZINE PAM 25 MG CAP	4	30.00	1.04	0.06	26%-50% Below	No	No
00185067401	HYDROXYZINE PAM 25 MG CAP	6	30.00	1.04	0.06	26%-50% Below	No	No
00185067401	HYDROXYZINE PAM 25 MG CAP	6	90.00	3.38	0.06	26%-50% Below	No	No
00185067401	HYDROXYZINE PAM 25 MG CAP	7	60.00	2.08	0.06	26%-50% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	4	60.00	2.26	0.06	26%-50% Below	No	No

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00185067405	HYDROXYZINE PAM 25 MG CAP	6	30.00	1.13	0.06	26%-50% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	6	60.00	2.26	0.06	26%-50% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	7	30.00	1.13	0.06	26%-50% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	7	60.00	2.26	0.06	26%-50% Below	No	No
00185067601	HYDROXYZINE PAM 50 MG CAP	4	120.00	5.12	0.07	26%-50% Below	No	No
00185067601	HYDROXYZINE PAM 50 MG CAP	5	60.00	2.56	0.07	26%-50% Below	No	No
00185067601	HYDROXYZINE PAM 50 MG CAP	5	120.00	5.12	0.07	26%-50% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	90.00	19.70	0.25	10%-25% Below	Yes	No
00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	30.00	6.55	0.33	26%-50% Below	No	No
00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.00	13.10	0.33	26%-50% Below	No	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	4	30.00	6.41	0.25	10%-25% Below	No	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	5	30.00	6.41	0.26	10%-25% Below	No	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	6	30.00	6.41	0.29	10%-25% Below	No	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	6	60.00	12.82	0.29	10%-25% Below	No	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	7	30.00	6.41	0.24	10%-25% Below	No	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	4	60.00	0.74	0.02	26%-50% Below	No	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	5	60.00	0.74	0.02	26%-50% Below	No	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	6	45.00	0.63	0.02	26%-50% Below	No	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	7	60.00	0.74	0.02	26%-50% Below	No	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	8	45.00	0.63	0.02	26%-50% Below	No	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	5	15.00	0.21	0.02	26%-50% Below	Yes	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	6	90.00	1.25	0.02	26%-50% Below	Yes	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	7	1.00	0.01	0.02	26%-50% Below	Yes	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	7	15.00	0.21	0.02	26%-50% Below	Yes	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	8	50.00	0.70	0.02	26%-50% Below	Yes	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00228202910	ALPRAZOLAM 0.5 MG TABLET	4	60.00	0.88	0.02	26%-50% Below	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	4	90.00	1.31	0.02	26%-50% Below	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	5	30.00	0.44	0.02	10%-25% Below	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	5	60.00	0.88	0.02	10%-25% Below	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	5	90.00	1.31	0.02	10%-25% Below	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	6	30.00	0.44	0.02	26%-50% Below	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	6	60.00	0.88	0.02	26%-50% Below	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	6	90.00	1.31	0.02	26%-50% Below	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	7	30.00	0.44	0.02	10%-25% Below	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	7	60.00	0.88	0.02	10%-25% Below	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	8	30.00	0.44	0.02	26%-50% Below	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	8	90.00	1.31	0.02	26%-50% Below	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	4	30.00	0.44	0.02	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	4	60.00	0.75	0.02	26%-50% Below	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	4	60.00	0.88	0.02	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	5	2.00	0.03	0.02	10%-25% Below	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	5	30.00	0.44	0.02	10%-25% Below	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	5	30.00	0.44	0.02	10%-25% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	5	60.00	0.88	0.02	10%-25% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	5	120.00	1.50	0.02	26%-50% Below	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	6	30.00	0.44	0.02	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	6	60.00	0.75	0.02	26%-50% Below	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	6	90.00	1.31	0.02	26%-50% Below	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	7	2.00	0.03	0.02	10%-25% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	7	20.00	0.29	0.02	10%-25% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00228202950	ALPRAZOLAM 0.5 MG TABLET	7	30.00	0.44	0.02	10%-25% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	7	60.00	0.75	0.02	26%-50% Below	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	7	60.00	0.88	0.02	10%-25% Below	Yes	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	4	30.00	0.44	0.02	26%-50% Below	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	4	60.00	0.88	0.02	26%-50% Below	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	5	10.00	0.15	0.02	10%-25% Below	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	5	45.00	0.66	0.02	10%-25% Below	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	6	30.00	0.44	0.02	26%-50% Below	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	6	90.00	1.31	0.02	26%-50% Below	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	7	30.00	0.44	0.02	10%-25% Below	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	7	45.00	0.66	0.02	10%-25% Below	No	No
00228203150	ALPRAZOLAM 1 MG TABLET	4	60.00	0.91	0.02	26%-50% Below	No	No
00228203150	ALPRAZOLAM 1 MG TABLET	5	60.00	0.91	0.02	26%-50% Below	No	No
00228203150	ALPRAZOLAM 1 MG TABLET	6	60.00	0.91	0.03	26%-50% Below	Yes	No
00228203150	ALPRAZOLAM 1 MG TABLET	7	60.00	0.91	0.02	26%-50% Below	No	No
00228203150	ALPRAZOLAM 1 MG TABLET	8	60.00	0.91	0.03	26%-50% Below	No	No
00228203196	ALPRAZOLAM 1 MG TABLET	5	60.00	0.91	0.02	26%-50% Below	No	No
00228203196	ALPRAZOLAM 1 MG TABLET	6	60.00	0.91	0.03	26%-50% Below	No	No
00228203196	ALPRAZOLAM 1 MG TABLET	7	60.00	0.91	0.02	26%-50% Below	No	No
00228203910	ALPRAZOLAM 2 MG TABLET	7	10.00	0.31	0.04	10%-25% Below	No	No
00228203910	ALPRAZOLAM 2 MG TABLET	8	10.00	0.27	0.05	26%-50% Below	No	No
00228207610	TEMAZEPAM 15 MG CAPSULE	7	90.00	3.71	0.06	26%-50% Below	No	No
00228207710	TEMAZEPAM 30 MG CAPSULE	5	30.00	1.58	0.08	26%-50% Below	No	No
00228207710	TEMAZEPAM 30 MG CAPSULE	6	30.00	1.58	0.09	26%-50% Below	No	No
00228207710	TEMAZEPAM 30 MG CAPSULE	7	30.00	1.58	0.08	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00228207710	TEMAZEPAM 30 MG CAPSULE	8	30.00	1.58	0.09	26%-50% Below	No	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	4	90.00	1.06	0.02	26%-50% Below	No	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	4	180.00	2.12	0.02	26%-50% Below	No	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	5	16.00	0.17	0.02	51%-75% Below	No	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	5	90.00	1.06	0.02	26%-50% Below	No	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	6	16.00	0.17	0.03	51%-75% Below	No	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	6	180.00	2.12	0.03	51%-75% Below	No	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	7	90.00	1.06	0.02	26%-50% Below	No	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	8	16.00	0.17	0.03	51%-75% Below	No	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	8	30.00	0.35	0.03	51%-75% Below	No	No
00228212850	CLONIDINE HCL 0.2 MG TABLET	5	90.00	1.90	0.03	26%-50% Below	No	No
00228212850	CLONIDINE HCL 0.2 MG TABLET	7	90.00	1.90	0.03	26%-50% Below	No	No
00228212910	CLONIDINE HCL 0.3 MG TABLET	4	90.00	2.02	0.04	26%-50% Below	No	No
00228212910	CLONIDINE HCL 0.3 MG TABLET	7	90.00	2.02	0.03	26%-50% Below	No	No
00228257111	INDAPAMIDE 2.5 MG TABLET	7	30.00	8.36	0.10	101%-200% Above	No	No
00228259711	INDAPAMIDE 1.25 MG TABLET	4	90.00	16.33	0.09	76%-100% Above	No	No
00228259711	INDAPAMIDE 1.25 MG TABLET	7	90.00	10.00	0.10	10%-25% Above	No	No
00228259711	INDAPAMIDE 1.25 MG TABLET	7	90.00	16.33	0.10	76%-100% Above	No	No
00228277811	PROPRANOLOL ER 60 MG CAPSULE	7	30.00	23.30	0.14	200% Above	No	No
00228277911	PROPRANOLOL ER 80 MG CAPSULE	4	90.00	81.76	0.16	200% Above	No	No
00228277911	PROPRANOLOL ER 80 MG CAPSULE	5	90.00	81.76	0.17	200% Above	No	No
00228277911	PROPRANOLOL ER 80 MG CAPSULE	8	90.00	81.76	0.20	200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	4	90.00	21.21	0.04	200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	4	180.00	48.94	0.04	200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	90.00	10.00	0.04	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	90.00	21.21	0.04	200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	90.00	24.47	0.04	200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	30.00	7.07	0.05	200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	30.00	8.16	0.05	200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	90.00	21.21	0.04	200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	90.00	24.47	0.04	200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	90.00	10.00	0.05	101%-200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	90.00	21.21	0.05	200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	90.00	24.47	0.05	200% Above	No	No
00228285011	GUANFACINE HCL ER 1 MG TABLET	5	30.00	10.69	0.15	101%-200% Above	No	No
00228285011	GUANFACINE HCL ER 1 MG TABLET	6	30.00	10.69	0.20	76%-100% Above	No	No
00228299611	TAMSULOSIN HCL 0.4 MG CAPSULE	4	90.00	10.97	0.05	101%-200% Above	No	No
00228299611	TAMSULOSIN HCL 0.4 MG CAPSULE	5	90.00	10.97	0.05	101%-200% Above	No	No
00228305911	DEXTROAMP-AMPHET ER 10 MG CAP	4	30.00	120.55	0.44	200% Above	Yes	No
00228305911	DEXTROAMP-AMPHET ER 10 MG CAP	5	30.00	120.55	0.44	200% Above	Yes	No
00228305911	DEXTROAMP-AMPHET ER 10 MG CAP	5	30.00	158.62	0.44	200% Above	No	No
00228305911	DEXTROAMP-AMPHET ER 10 MG CAP	8	30.00	120.55	0.61	200% Above	Yes	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	4	30.00	120.55	0.47	200% Above	Yes	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	5	30.00	107.86	0.42	200% Above	No	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	5	30.00	120.55	0.42	200% Above	Yes	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	6	30.00	107.86	0.53	200% Above	No	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	6	30.00	120.55	0.53	200% Above	No	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	6	30.00	120.55	0.53	200% Above	Yes	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	7	30.00	120.55	0.50	200% Above	No	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	7	30.00	120.55	0.50	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	8	30.00	120.55	0.66	200% Above	Yes	No
00228306111	DEXTROAMP-AMPHET ER 30 MG CAP	5	30.00	120.55	0.34	200% Above	Yes	No
00228306111	DEXTROAMP-AMPHET ER 30 MG CAP	6	30.00	120.55	0.54	200% Above	No	No
00228306111	DEXTROAMP-AMPHET ER 30 MG CAP	7	30.00	120.55	0.40	200% Above	Yes	No
00228306311	DEXTROAMP-AMPHET ER 15 MG CAP	5	30.00	120.55	0.44	200% Above	Yes	No
00228306311	DEXTROAMP-AMPHET ER 15 MG CAP	6	30.00	120.55	0.57	200% Above	Yes	No
00228306311	DEXTROAMP-AMPHET ER 15 MG CAP	7	30.00	120.55	0.48	200% Above	Yes	No
00228306411	DEXTROAMP-AMPHET ER 25 MG CAP	4	30.00	120.55	0.45	200% Above	Yes	No
00245010810	FERROUS SULF TAB 325MG EC	8	90.00	6.15	.		No	No
00245021111	MIDODRINE HCL 2.5 MG TABLET	7	30.00	7.00	0.07	200% Above	Yes	No
00245021111	MIDODRINE HCL 2.5 MG TABLET	8	60.00	14.00	0.10	101%-200% Above	Yes	No
00245021211	MIDODRINE HCL 5 MG TABLET	6	90.00	55.78	0.17	200% Above	Yes	No
00245021311	MIDODRINE HCL 10 MG TABLET	4	90.00	44.44	0.23	101%-200% Above	Yes	No
00245021311	MIDODRINE HCL 10 MG TABLET	6	60.00	29.63	0.28	51%-75% Above	Yes	No
00245021311	MIDODRINE HCL 10 MG TABLET	7	90.00	44.44	0.22	101%-200% Above	Yes	No
00245531711	KLOR-CON M10 TABLET	6	90.00	13.28	0.20	10%-25% Below	Yes	No
00245531911	KLOR-CON M20 TABLET	5	90.00	10.09	0.13	10%-25% Below	Yes	No
00245531911	KLOR-CON M20 TABLET	6	90.00	10.09	0.13	10%-25% Below	Yes	No
00310621030	FARXIGA 10 MG TABLET	6	90.00	1069.01	18.63	26%-50% Below	No	No
00316018601	HYDROCORTISO CRE 1% RX	7	28.40	1.48	.		No	No
00378001401	METHOTREXATE 2.5 MG TABLET	4	26.00	18.70	0.15	200% Above	Yes	No
00378001401	METHOTREXATE 2.5 MG TABLET	5	24.00	17.26	0.15	200% Above	Yes	No
00378001401	METHOTREXATE 2.5 MG TABLET	6	24.00	17.26	0.21	200% Above	Yes	No
00378001401	METHOTREXATE 2.5 MG TABLET	7	24.00	17.26	0.16	200% Above	Yes	No
00378001401	METHOTREXATE 2.5 MG TABLET	8	24.00	17.26	0.17	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378001401	METHOTREXATE 2.5 MG TABLET	8	38.00	27.33	0.17	200% Above	Yes	No
00378001805	METOPROLOL TARTRATE 25 MG TAB	4	180.00	6.21	0.02	101%-200% Above	No	No
00378001805	METOPROLOL TARTRATE 25 MG TAB	7	180.00	6.21	0.01	101%-200% Above	No	No
00378005301	CIMETIDINE 200 MG TABLET	6	60.00	34.79	0.30	76%-100% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	4	30.00	2.61	0.04	101%-200% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	4	90.00	7.83	0.04	101%-200% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	5	30.00	2.61	0.04	101%-200% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	6	30.00	2.61	0.05	76%-100% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	6	90.00	7.83	0.05	76%-100% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	7	30.00	2.61	0.04	101%-200% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	7	90.00	7.83	0.04	101%-200% Above	No	No
00378018105	ALLOPURINOL 300 MG TABLET	4	14.00	2.39	0.06	101%-200% Above	No	No
00378018105	ALLOPURINOL 300 MG TABLET	7	30.00	5.13	0.06	101%-200% Above	No	No
00378018105	ALLOPURINOL 300 MG TABLET	8	30.00	5.13	0.07	101%-200% Above	No	No
00378018201	PROPRANOLOL 10 MG TABLET	7	30.00	6.24	0.08	101%-200% Above	No	No
00378018201	PROPRANOLOL 10 MG TABLET	8	30.00	6.24	0.06	200% Above	No	No
00378022201	CHLORTHALIDONE 25 MG TABLET	6	90.00	36.70	0.10	200% Above	No	No
00378027101	DIAZEPAM 2 MG TABLET	6	30.00	0.44	0.02	26%-50% Below	No	No
00378027101	DIAZEPAM 2 MG TABLET	6	120.00	1.78	0.02	26%-50% Below	No	No
00378027101	DIAZEPAM 2 MG TABLET	8	8.00	0.12	0.02	26%-50% Below	No	No
00378034501	DIAZEPAM 5 MG TABLET	8	30.00	0.46	0.03	26%-50% Below	No	No
00378034505	DIAZEPAM 5 MG TABLET	4	90.00	1.37	0.02	26%-50% Below	No	No
00378034505	DIAZEPAM 5 MG TABLET	5	90.00	1.37	0.02	26%-50% Below	No	No
00378034505	DIAZEPAM 5 MG TABLET	6	15.00	0.23	0.03	26%-50% Below	No	No
00378034505	DIAZEPAM 5 MG TABLET	6	90.00	1.37	0.03	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378034505	DIAZEPAM 5 MG TABLET	7	90.00	1.37	0.02	26%-50% Below	No	No
00378034505	DIAZEPAM 5 MG TABLET	8	90.00	1.37	0.03	26%-50% Below	No	No
00378064010	PREDNISONE 5 MG TABLET	4	70.00	7.10	0.04	101%-200% Above	Yes	No
00378064010	PREDNISONE 5 MG TABLET	5	30.00	3.04	0.04	101%-200% Above	Yes	No
00378064110	PREDNISONE 10 MG TABLET	4	10.00	1.09	0.05	101%-200% Above	Yes	No
00378064110	PREDNISONE 10 MG TABLET	4	15.00	1.63	0.05	101%-200% Above	Yes	No
00378064110	PREDNISONE 10 MG TABLET	4	21.00	2.28	0.05	101%-200% Above	Yes	No
00378064110	PREDNISONE 10 MG TABLET	5	5.00	0.54	0.05	101%-200% Above	Yes	No
00378064110	PREDNISONE 10 MG TABLET	5	10.00	1.09	0.05	101%-200% Above	Yes	No
00378064110	PREDNISONE 10 MG TABLET	5	20.00	2.17	0.05	101%-200% Above	Yes	No
00378064110	PREDNISONE 10 MG TABLET	5	25.00	2.72	0.05	101%-200% Above	Yes	No
00378064110	PREDNISONE 10 MG TABLET	5	30.00	3.26	0.05	101%-200% Above	Yes	No
00378064110	PREDNISONE 10 MG TABLET	6	5.00	0.54	0.06	76%-100% Above	Yes	No
00378064205	PREDNISONE 20 MG TABLET	7	7.00	0.81	0.07	51%-75% Above	Yes	No
00378064210	PREDNISONE 20 MG TABLET	4	10.00	1.16	0.07	51%-75% Above	Yes	No
00378064210	PREDNISONE 20 MG TABLET	4	14.00	1.63	0.07	51%-75% Above	Yes	No
00378087299	CLONIDINE 0.2 MG/DAY PATCH	5	12.00	234.23	10.35	76%-100% Above	No	No
00378113401	KETOROLAC 10 MG TABLET	4	20.00	5.92	0.35	10%-25% Below	No	No
00378113401	KETOROLAC 10 MG TABLET	5	3.00	0.89	0.39	10%-25% Below	No	No
00378114001	BUSPIRONE HCL 5 MG TABLET	6	90.00	5.63	0.02	101%-200% Above	No	No
00378137578	MESALAMINE ER 0.375 GRAM CAP	4	180.00	280.22	0.56	101%-200% Above	No	No
00378172293	AMLODIPINE-VALSARTAN 10-160 MG	8	90.00	112.69	0.48	101%-200% Above	No	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	4	28.00	10.77	0.45	10%-25% Below	No	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	4	90.00	34.61	0.45	10%-25% Below	Yes	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	5	30.00	11.54	0.50	10%-25% Below	No	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	6	30.00	11.54	0.65	26%-50% Below	No	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	6	90.00	34.61	0.65	26%-50% Below	Yes	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	7	30.00	11.54	0.47	10%-25% Below	No	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	7	90.00	34.61	0.47	10%-25% Below	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	4	90.00	2.77	0.04	10%-25% Below	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	5	30.00	1.73	0.03	76%-100% Above	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	6	90.00	2.77	0.05	26%-50% Below	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	5	30.00	1.55	0.04	10%-25% Above	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	5	90.00	1.93	0.04	26%-50% Below	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	7	30.00	1.55	0.04	10%-25% Above	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	7	90.00	1.93	0.04	26%-50% Below	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	8	90.00	3.70	0.06	26%-50% Below	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	4	90.00	2.05	0.05	51%-75% Below	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	4	90.00	3.84	0.05	10%-25% Below	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	5	90.00	2.05	0.05	51%-75% Below	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	6	90.00	3.84	0.06	26%-50% Below	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	8	90.00	3.95	0.06	10%-25% Below	Yes	No
00378180710	LEVOTHYROXINE 88 MCG TABLET	6	90.00	3.91	0.07	26%-50% Below	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	4	32.00	1.43	0.05	10%-25% Below	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	5	90.00	2.29	0.04	26%-50% Below	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	7	90.00	2.29	0.04	26%-50% Below	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	8	90.00	2.29	0.06	51%-75% Below	Yes	No
00378181110	LEVOTHYROXINE 112 MCG TABLET	6	30.00	1.52	0.07	26%-50% Below	Yes	No
00378181377	LEVOTHYROXINE 125 MCG TABLET	6	90.00	4.88	0.09	26%-50% Below	Yes	No
00378181377	LEVOTHYROXINE 125 MCG TABLET	7	90.00	5.80	0.05	10%-25% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378181510	LEVOTHYROXINE 150 MCG TABLET	5	90.00	2.84	0.06	26%-50% Below	Yes	No
00378181510	LEVOTHYROXINE 150 MCG TABLET	5	90.00	4.21	0.06	10%-25% Below	Yes	No
00378181510	LEVOTHYROXINE 150 MCG TABLET	6	30.00	1.40	0.08	26%-50% Below	Yes	No
00378181510	LEVOTHYROXINE 150 MCG TABLET	6	90.00	4.21	0.08	26%-50% Below	Yes	No
00378181510	LEVOTHYROXINE 150 MCG TABLET	7	45.00	1.42	0.06	26%-50% Below	Yes	No
00378181510	LEVOTHYROXINE 150 MCG TABLET	7	90.00	4.21	0.06	10%-25% Below	Yes	No
00378181510	LEVOTHYROXINE 150 MCG TABLET	8	30.00	1.40	0.08	26%-50% Below	Yes	No
00378181710	LEVOTHYROXINE 175 MCG TABLET	5	90.00	3.90	0.07	26%-50% Below	Yes	No
00378181710	LEVOTHYROXINE 175 MCG TABLET	5	90.00	5.74	0.07	10%-25% Below	Yes	No
00378181710	LEVOTHYROXINE 175 MCG TABLET	8	90.00	5.74	0.11	26%-50% Below	Yes	No
00378181977	LEVOTHYROXINE 200 MCG TABLET	4	90.00	3.70	0.08	26%-50% Below	Yes	No
00378181977	LEVOTHYROXINE 200 MCG TABLET	6	90.00	3.70	0.10	51%-75% Below	Yes	No
00378181977	LEVOTHYROXINE 200 MCG TABLET	6	90.00	6.19	0.10	26%-50% Below	Yes	No
00378181977	LEVOTHYROXINE 200 MCG TABLET	7	90.00	3.70	0.07	26%-50% Below	Yes	No
00378182377	LEVOTHYROXINE 137 MCG TABLET	4	30.00	2.44	0.06	26%-50% Above	Yes	No
00378182377	LEVOTHYROXINE 137 MCG TABLET	5	30.00	2.44	0.06	26%-50% Above	Yes	No
00378182377	LEVOTHYROXINE 137 MCG TABLET	6	90.00	5.69	0.09	26%-50% Below	Yes	No
00378182377	LEVOTHYROXINE 137 MCG TABLET	7	30.00	2.44	0.06	26%-50% Above	Yes	No
00378182377	LEVOTHYROXINE 137 MCG TABLET	7	90.00	5.69	0.06	10%-25% Above	Yes	No
00378182377	LEVOTHYROXINE 137 MCG TABLET	8	90.00	5.69	0.08	10%-25% Below	Yes	No
00378214605	SPIRONOLACTONE 25 MG TABLET	4	30.00	0.90	0.05	26%-50% Below	No	No
00378214605	SPIRONOLACTONE 25 MG TABLET	5	30.00	0.90	0.05	26%-50% Below	No	No
00378214605	SPIRONOLACTONE 25 MG TABLET	6	30.00	0.90	0.05	26%-50% Below	No	No
00378214605	SPIRONOLACTONE 25 MG TABLET	7	30.00	0.90	0.05	26%-50% Below	No	No
00378235193	ESOMEPRAZOLE MAG DR 40 MG CAP	6	30.00	42.13	0.16	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378306605	FENOFIBRATE 145 MG TABLET	5	30.00	9.12	0.11	101%-200% Above	No	No
00378306605	FENOFIBRATE 145 MG TABLET	6	30.00	9.12	0.13	101%-200% Above	No	No
00378306605	FENOFIBRATE 145 MG TABLET	7	30.00	9.12	0.13	101%-200% Above	No	No
00378306677	FENOFIBRATE 145 MG TABLET	7	90.00	234.70	0.13	200% Above	No	No
00378306677	FENOFIBRATE 145 MG TABLET	8	90.00	234.70	0.14	200% Above	No	No
00378334053	XULANE 150-35 MCG/DAY PATCH	4	3.00	63.77	39.79	26%-50% Below	Yes	No
00378334053	XULANE 150-35 MCG/DAY PATCH	5	3.00	63.77	40.19	26%-50% Below	Yes	No
00378334053	XULANE 150-35 MCG/DAY PATCH	6	3.00	63.77	40.19	26%-50% Below	Yes	No
00378334053	XULANE 150-35 MCG/DAY PATCH	7	3.00	63.77	38.91	26%-50% Below	Yes	No
00378334053	XULANE 150-35 MCG/DAY PATCH	8	3.00	63.77	39.07	26%-50% Below	Yes	No
00378335299	ESTRADIOL 0.1 MG PATCH (1/WK)	4	4.00	33.07	10.00	10%-25% Below	No	No
00378363101	CARVEDILOL TAB 3.125MG	6	180.00	6.43	.		No	No
00378363201	CARVEDILOL 6.25 MG TABLET	5	60.00	1.75	0.02	51%-75% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	4	30.00	0.30	0.03	51%-75% Below	No	No
00378395005	ATORVASTATIN 10 MG TABLET	5	90.00	7.07	0.03	101%-200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	6	30.00	0.30	0.03	51%-75% Below	No	No
00378395005	ATORVASTATIN 10 MG TABLET	6	90.00	7.07	0.03	101%-200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	7	30.00	2.36	0.02	200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	7	90.00	7.07	0.02	200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	8	30.00	2.36	0.03	101%-200% Above	No	No
00378395077	ATORVASTATIN 10 MG TABLET	5	90.00	7.07	0.03	101%-200% Above	Yes	No
00378395077	ATORVASTATIN 10 MG TABLET	7	90.00	7.07	0.02	200% Above	Yes	No
00378395077	ATORVASTATIN 10 MG TABLET	8	90.00	7.07	0.03	101%-200% Above	Yes	No
00378395105	ATORVASTATIN 20 MG TABLET	5	30.00	2.91	0.03	101%-200% Above	No	No
00378395105	ATORVASTATIN 20 MG TABLET	5	90.00	8.72	0.03	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378395105	ATORVASTATIN 20 MG TABLET	6	90.00	8.72	0.04	101%-200% Above	No	No
00378395105	ATORVASTATIN 20 MG TABLET	7	30.00	2.91	0.03	200% Above	No	No
00378395105	ATORVASTATIN 20 MG TABLET	7	90.00	8.72	0.03	200% Above	No	No
00378395177	ATORVASTATIN 20 MG TABLET	5	90.00	8.72	0.03	101%-200% Above	Yes	No
00378395177	ATORVASTATIN 20 MG TABLET	6	90.00	8.72	0.04	101%-200% Above	Yes	No
00378395177	ATORVASTATIN 20 MG TABLET	7	6.00	0.58	0.03	200% Above	Yes	No
00378395177	ATORVASTATIN 20 MG TABLET	8	90.00	8.72	0.04	101%-200% Above	Yes	No
00378395205	ATORVASTATIN 40 MG TABLET	4	30.00	2.92	0.05	76%-100% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	4	90.00	8.75	0.05	76%-100% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	5	28.00	2.72	0.05	101%-200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	5	30.00	2.92	0.05	101%-200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	5	90.00	8.75	0.05	101%-200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	6	28.00	2.72	0.06	51%-75% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	6	30.00	2.92	0.06	76%-100% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	6	90.00	8.75	0.06	51%-75% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	7	28.00	2.72	0.04	101%-200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	7	30.00	2.92	0.04	101%-200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	7	90.00	8.75	0.04	101%-200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	8	30.00	2.92	0.06	76%-100% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	8	90.00	8.75	0.06	76%-100% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	4	30.00	3.36	0.08	26%-50% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	5	30.00	3.36	0.07	51%-75% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	6	30.00	3.36	0.09	26%-50% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	7	30.00	3.36	0.06	76%-100% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	8	30.00	3.36	0.08	26%-50% Above	No	No

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00378395377	ATORVASTATIN 80 MG TABLET	5	90.00	10.09	0.07	51%-75% Above	Yes	No
00378395377	ATORVASTATIN 80 MG TABLET	7	90.00	10.09	0.06	76%-100% Above	No	No
00378427577	VALACYCLOVIR HCL 500 MG TABLET	7	20.00	4.13	0.23	10%-25% Below	No	No
00378427693	VALACYCLOVIR HCL 1 GRAM TABLET	7	21.00	9.71	0.41	10%-25% Above	No	No
00378427693	VALACYCLOVIR HCL 1 GRAM TABLET	7	30.00	13.88	0.41	10%-25% Above	No	No
00378428885	ELETRIPTAN HBR 40 MG TABLET	5	6.00	13.91	2.01	10%-25% Above	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	4	30.00	1.87	0.10	26%-50% Below	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	4	270.00	16.82	0.10	26%-50% Below	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	5	180.00	11.21	0.10	26%-50% Below	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	6	30.00	1.87	0.11	26%-50% Below	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	6	60.00	3.74	0.11	26%-50% Below	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	7	30.00	1.87	0.09	26%-50% Below	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	7	90.00	5.61	0.09	26%-50% Below	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	8	30.00	1.87	0.12	26%-50% Below	No	No
00378459610	METOPROLOL SUCC ER 50 MG TAB	4	15.00	1.93	0.06	101%-200% Above	No	No
00378461501	DOXYLAMINE-PYRIDOXINE 10-10 MG	4	60.00	156.19	1.55	51%-75% Above	No	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	6	24.00	126.18	6.89	10%-25% Below	Yes	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	4	8.00	40.64	5.73	10%-25% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	6	8.00	40.64	6.51	10%-25% Below	No	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	4	24.00	116.47	5.40	10%-25% Below	No	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	5	8.00	38.82	5.42	10%-25% Below	No	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	6	8.00	38.82	6.37	10%-25% Below	No	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	7	24.00	116.47	5.57	10%-25% Below	No	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	8	8.00	38.82	7.02	26%-50% Below	No	No
00378470693	SAXAGLIPTIN HCL 5 MG TABLET	6	30.00	65.31	5.51	51%-75% Below	Yes	No

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00378470693	SAXAGLIPTIN HCL 5 MG TABLET	7	30.00	65.31	3.46	26%-50% Below	Yes	No
00378470693	SAXAGLIPTIN HCL 5 MG TABLET	8	30.00	65.31	3.46	26%-50% Below	Yes	No
00378518693	PRASUGREL 10 MG TABLET	4	90.00	207.68	0.31	200% Above	Yes	No
00378581577	VALSARTAN 320 MG TABLET	4	90.00	25.69	0.20	26%-50% Above	No	No
00378581577	VALSARTAN 320 MG TABLET	5	90.00	25.69	0.20	26%-50% Above	No	No
00378623205	CITALOPRAM HBR 20 MG TABLET	5	135.00	2.85	0.03	10%-25% Below	No	No
00378623205	CITALOPRAM HBR 20 MG TABLET	6	30.00	0.63	0.03	26%-50% Below	No	No
00378623205	CITALOPRAM HBR 20 MG TABLET	7	30.00	0.63	0.03	10%-25% Below	No	No
00378623205	CITALOPRAM HBR 20 MG TABLET	8	90.00	1.90	0.03	26%-50% Below	No	No
00378623301	CITALOPRAM HBR 40 MG TABLET	6	90.00	4.96	0.04	10%-25% Above	No	No
00378623305	CITALOPRAM HBR 40 MG TABLET	6	90.00	4.96	0.04	10%-25% Above	No	No
00378632177	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	4	30.00	4.91	0.12	26%-50% Above	No	No
00378632177	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	4	56.00	9.17	0.12	26%-50% Above	No	No
00378632177	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	5	30.00	4.91	0.12	26%-50% Above	No	No
00378632577	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	6	90.00	77.07	0.25	200% Above	No	No
00378647099	SCOPOLAMINE 1 MG/3 DAY PATCH	4	4.00	26.46	5.98	10%-25% Above	No	No
00378647099	SCOPOLAMINE 1 MG/3 DAY PATCH	5	4.00	26.46	5.87	10%-25% Above	No	No
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	4	30.00	6.34	0.04	200% Above	Yes	No
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	5	90.00	9.15	0.04	101%-200% Above	No	No
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	8	90.00	9.15	0.05	101%-200% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	2.18	0.05	51%-75% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	6.53	0.05	51%-75% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	6.53	0.05	51%-75% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	5	2.00	0.15	0.05	51%-75% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	5	20.00	1.45	0.05	51%-75% Above	Yes	No

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00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	2.18	0.05	51%-75% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.00	6.53	0.05	51%-75% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	28.00	2.03	0.06	26%-50% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	2.18	0.06	26%-50% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	2.18	0.06	26%-50% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	6.53	0.06	26%-50% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	7	1.00	0.07	0.05	51%-75% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.00	2.18	0.05	51%-75% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.00	2.18	0.05	51%-75% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.00	3.43	0.05	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	7	60.00	6.51	0.05	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.00	6.53	0.05	51%-75% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.00	6.53	0.05	51%-75% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.00	2.18	0.05	26%-50% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.00	3.43	0.05	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	6.53	0.05	26%-50% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	6.53	0.05	26%-50% Above	Yes	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.00	6.53	0.05	51%-75% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	2.18	0.06	26%-50% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.00	2.18	0.05	51%-75% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.00	6.53	0.05	51%-75% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	6.53	0.05	26%-50% Above	No	No
00378699152	ALBUTEROL SUL 0.63 MG/3 ML SOL	6	225.00	61.64	0.21	26%-50% Above	No	No
00378705752	ALBUTEROL SUL 0.63 MG/3 ML SOL	6	75.00	8.44	0.20	26%-50% Below	Yes	No
00378705752	ALBUTEROL SUL 0.63 MG/3 ML SOL	7	75.00	8.44	0.18	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378718705	METFORMIN HCL 1,000 MG TABLET	5	60.00	0.99	0.02	10%-25% Below	No	No
00378718705	METFORMIN HCL 1,000 MG TABLET	7	60.00	0.99	0.02	10%-25% Below	No	No
00378727253	NORETHINDRONE 0.35 MG TABLET	4	28.00	2.11	0.10	10%-25% Below	No	No
00378727253	NORETHINDRONE 0.35 MG TABLET	5	28.00	2.11	0.10	10%-25% Below	No	No
00378727253	NORETHINDRONE 0.35 MG TABLET	5	84.00	6.32	0.10	10%-25% Below	No	No
00378727253	NORETHINDRONE 0.35 MG TABLET	6	28.00	2.11	0.10	26%-50% Below	No	No
00378727253	NORETHINDRONE 0.35 MG TABLET	7	84.00	24.77	0.08	200% Above	No	No
00378728053	NORETHIND-ETH ESTRAD 1-0.02 MG	7	21.00	4.30	0.17	10%-25% Above	No	No
00378728053	NORETHIND-ETH ESTRAD 1-0.02 MG	8	21.00	4.30	0.23	10%-25% Below	No	No
00378728353	NORETH-EE-FE 1-0.02(21)-75 TAB	5	28.00	10.62	0.12	200% Above	No	No
00378728353	NORETH-EE-FE 1-0.02(21)-75 TAB	6	28.00	10.62	0.14	101%-200% Above	No	No
00378728353	NORETH-EE-FE 1-0.02(21)-75 TAB	7	28.00	10.62	0.14	101%-200% Above	No	No
00378728353	NORETH-EE-FE 1-0.02(21)-75 TAB	8	28.00	10.62	0.15	101%-200% Above	No	No
00378729553	ESTRADIOL-NORETH 1-0.5 MG TAB	5	28.00	44.55	0.52	200% Above	No	No
00378797052	IPRATROPIUM BR 0.02% SOLN	5	62.50	2.67	0.07	26%-50% Below	Yes	No
00378797052	IPRATROPIUM BR 0.02% SOLN	6	62.50	2.67	0.09	51%-75% Below	Yes	No
00378797052	IPRATROPIUM BR 0.02% SOLN	7	62.50	2.67	0.06	26%-50% Below	Yes	No
00378797052	IPRATROPIUM BR 0.02% SOLN	8	125.00	5.34	0.08	26%-50% Below	Yes	No
00378803077	LANSOPRAZOLE DR 30 MG CAPSULE	4	30.00	4.14	0.10	26%-50% Above	No	No
00378803077	LANSOPRAZOLE DR 30 MG CAPSULE	5	30.00	4.14	0.09	51%-75% Above	No	No
00378803077	LANSOPRAZOLE DR 30 MG CAPSULE	6	30.00	4.14	0.11	26%-50% Above	No	No
00378803077	LANSOPRAZOLE DR 30 MG CAPSULE	7	30.00	4.14	0.09	51%-75% Above	No	No
00378826093	METHYLPHENIDATE 10 MG/9 HR PATCH	4	30.00	286.54	11.47	10%-25% Below	Yes	No
00378827091	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	180.00	5.74	0.07	51%-75% Below	No	No
00378827093	ALBUTEROL SUL 2.5 MG/3 ML SOLN	5	360.00	10.73	0.06	26%-50% Below	No	No

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00378868854	CLINDAMYCIN-BENZOYL PEROX 1-5%	8	50.00	23.80	0.74	26%-50% Below	No	No
00378910493	NITROGLYCERIN 0.2 MG/HR PATCH	6	90.00	39.59	0.54	10%-25% Below	Yes	No
00378912598	FENTANYL 37.5 MCG/HR PATCH	4	5.00	117.78	40.08	26%-50% Below	No	No
00378912598	FENTANYL 37.5 MCG/HR PATCH	5	10.00	235.56	39.55	26%-50% Below	No	No
00378932032	WIXELA 100-50 INHUB	4	60.00	49.48	0.93	10%-25% Below	Yes	No
00378932032	WIXELA 100-50 INHUB	4	120.00	98.96	0.93	10%-25% Below	Yes	No
00378932032	WIXELA 100-50 INHUB	4	180.00	148.45	0.93	10%-25% Below	Yes	No
00378932032	WIXELA 100-50 INHUB	6	60.00	49.48	1.23	26%-50% Below	Yes	No
00378932032	WIXELA 100-50 INHUB	8	60.00	49.48	1.21	26%-50% Below	Yes	No
00378932132	WIXELA 250-50 INHUB	5	60.00	61.47	1.16	10%-25% Below	No	No
00378932132	WIXELA 250-50 INHUB	5	60.00	61.47	1.16	10%-25% Below	Yes	No
00378932132	WIXELA 250-50 INHUB	6	60.00	61.47	1.47	26%-50% Below	Yes	No
00378932132	WIXELA 250-50 INHUB	7	60.00	61.47	1.19	10%-25% Below	No	No
00378932132	WIXELA 250-50 INHUB	7	60.00	61.47	1.19	10%-25% Below	Yes	No
00378932132	WIXELA 250-50 INHUB	7	180.00	184.41	1.19	10%-25% Below	Yes	No
00378932132	WIXELA 250-50 INHUB	8	60.00	61.47	1.51	26%-50% Below	No	No
00378969052	LEVALBUTEROL 0.31 MG/3 ML SOL	6	75.00	68.45	0.26	200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	12.00	0.87	0.13	26%-50% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	12.00	2.40	0.12	51%-75% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	15.00	1.08	0.12	26%-50% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	20.00	1.44	0.12	26%-50% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	30.00	2.16	0.12	26%-50% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	10.00	0.72	0.15	51%-75% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	10.00	2.00	0.15	26%-50% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	20.00	1.44	0.15	51%-75% Below	No	No

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00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	24.00	4.80	0.15	26%-50% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	10.00	0.72	0.12	26%-50% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	12.00	2.90	0.12	101%-200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	20.00	1.44	0.12	26%-50% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	26.00	1.87	0.12	26%-50% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	30.00	2.16	0.12	26%-50% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	30.00	6.00	0.12	51%-75% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	20.00	1.44	0.14	26%-50% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	20.00	4.00	0.14	26%-50% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	30.00	2.16	0.14	26%-50% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	90.00	6.49	0.14	26%-50% Below	Yes	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	10.00	0.72	0.13	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	2.00	0.14	0.12	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	20.00	1.44	0.12	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	26.00	1.87	0.12	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	8.00	0.58	0.15	51%-75% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	10.00	0.72	0.15	51%-75% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	20.00	1.44	0.15	51%-75% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	25.00	1.80	0.15	51%-75% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	90.00	6.49	0.15	51%-75% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	8.00	0.58	0.12	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	10.00	0.72	0.12	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	10.00	2.16	0.12	76%-100% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	12.00	0.87	0.12	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	12.00	2.90	0.12	101%-200% Above	No	No

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00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	15.00	1.08	0.12	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	18.00	1.30	0.12	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	20.00	1.44	0.12	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	30.00	2.16	0.12	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	12.00	0.87	0.14	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	20.00	1.44	0.14	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	26.00	1.87	0.14	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	30.00	2.16	0.14	26%-50% Below	Yes	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	10.00	0.72	0.12	26%-50% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	14.00	1.01	0.12	26%-50% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	60.00	4.33	0.12	26%-50% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	20.00	1.44	0.15	51%-75% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	24.00	1.73	0.15	51%-75% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	60.00	4.33	0.15	51%-75% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	7.00	0.50	0.12	26%-50% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	10.00	0.72	0.12	26%-50% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	12.00	0.87	0.12	26%-50% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	15.00	1.08	0.12	26%-50% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	18.00	1.30	0.12	26%-50% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	60.00	4.33	0.12	26%-50% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	90.00	6.49	0.14	26%-50% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	12.00	0.81	0.14	51%-75% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	15.00	1.09	0.14	26%-50% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	30.00	2.02	0.14	51%-75% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	16.00	1.08	0.13	26%-50% Below	No	No

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00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	8.00	0.54	0.16	51%-75% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	16.00	1.08	0.16	51%-75% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	20.00	1.34	0.16	51%-75% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	28.00	1.88	0.14	26%-50% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	180.00	12.10	0.14	51%-75% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	12.00	0.81	0.13	26%-50% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	16.00	1.08	0.13	26%-50% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	180.00	12.10	0.13	26%-50% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	180.00	12.10	0.16	51%-75% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	30.00	2.02	0.14	26%-50% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	180.00	12.10	0.14	26%-50% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	180.00	12.10	0.15	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	16.00	1.08	0.14	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	10.00	0.67	0.13	26%-50% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	12.00	0.81	0.13	26%-50% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	60.00	4.03	0.13	26%-50% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	10.00	0.67	0.16	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	14.00	0.94	0.16	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	30.00	2.02	0.15	51%-75% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	90.00	6.21	0.17	51%-75% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	90.00	6.21	0.14	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	90.00	6.21	0.14	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	120.00	8.28	0.14	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	30.00	2.07	0.14	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	84.00	5.80	0.14	51%-75% Below	No	No

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00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	90.00	6.21	0.14	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	60.00	4.14	0.17	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	84.00	5.80	0.17	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	90.00	6.21	0.17	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	30.00	2.07	0.14	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	84.00	5.80	0.14	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	90.00	6.21	0.14	51%-75% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	120.00	8.28	0.14	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	60.00	4.14	0.14	51%-75% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	120.00	8.28	0.14	51%-75% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	120.00	8.28	0.17	51%-75% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	120.00	8.28	0.14	51%-75% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	90.00	6.21	0.16	51%-75% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	120.00	8.28	0.16	51%-75% Below	No	No
00406012701	METHYLPHENIDATE ER 27 MG TAB	6	30.00	109.06	0.74	200% Above	No	No
00406013601	METHYLPHENIDATE ER 36 MG TAB	5	60.00	224.99	0.67	200% Above	No	No
00406013601	METHYLPHENIDATE ER 36 MG TAB	7	27.00	101.24	0.63	200% Above	No	No
00406015401	METHYLPHENIDATE ER 54 MG TAB	4	30.00	122.41	0.63	200% Above	No	No
00406048301	ACETAMINOPHEN-COD #2 TABLET	8	18.00	2.39	0.29	51%-75% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	4	3.00	0.35	0.21	26%-50% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	4	16.00	1.89	0.21	26%-50% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	4	40.00	4.73	0.21	26%-50% Below	Yes	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	5	8.00	0.95	0.21	26%-50% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	5	10.00	1.18	0.21	26%-50% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	5	20.00	2.36	0.21	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406048401	ACETAMINOPHEN-COD #3 TABLET	5	21.00	2.48	0.21	26%-50% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	5	42.00	4.96	0.21	26%-50% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	6	7.00	0.83	0.28	51%-75% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	6	10.00	1.18	0.28	51%-75% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	6	12.00	1.42	0.28	51%-75% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	6	25.00	2.96	0.28	51%-75% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	7	10.00	1.18	0.22	26%-50% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	7	30.00	3.55	0.22	26%-50% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	7	42.00	4.96	0.22	26%-50% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	8	28.00	3.31	0.26	51%-75% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	4	12.00	1.75	0.21	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	4	20.00	2.36	0.21	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	4	120.00	14.18	0.21	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	5	8.00	0.95	0.21	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	5	12.00	1.42	0.21	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	5	20.00	2.59	0.21	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	5	120.00	14.18	0.21	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	6	10.00	1.18	0.28	51%-75% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	6	15.00	1.77	0.28	51%-75% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	6	120.00	14.18	0.28	51%-75% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	7	20.00	2.36	0.22	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	7	42.00	4.96	0.22	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	8	15.00	1.77	0.26	51%-75% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	8	120.00	14.18	0.26	51%-75% Below	No	No
00406048501	ACETAMINOPHEN-COD #4 TABLET	5	120.00	25.49	0.39	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406048501	ACETAMINOPHEN-COD #4 TABLET	7	120.00	25.49	0.39	26%-50% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	8.00	0.33	0.11	51%-75% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	28.00	1.16	0.11	51%-75% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	7	12.00	0.50	0.11	51%-75% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	7	20.00	9.58	0.11	200% Above	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	7	90.00	3.74	0.11	51%-75% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	8	28.00	1.16	0.12	51%-75% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	4	5.00	0.21	0.10	51%-75% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	4	30.00	1.25	0.10	51%-75% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	4	60.00	2.50	0.10	51%-75% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	5.00	0.21	0.11	51%-75% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	10.00	0.42	0.11	51%-75% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	12.00	0.50	0.11	51%-75% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	15.00	0.62	0.11	51%-75% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	36.00	1.50	0.11	51%-75% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	60.00	2.50	0.11	51%-75% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	6	12.00	0.50	0.12	51%-75% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	7	20.00	0.83	0.11	51%-75% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	7	30.00	1.25	0.11	51%-75% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	8	40.00	1.66	0.12	51%-75% Below	No	No
00406052201	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	18.00	0.89	0.16	51%-75% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	4	84.00	5.41	0.20	51%-75% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	4	120.00	7.73	0.20	51%-75% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	5	84.00	5.41	0.21	51%-75% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	5	120.00	7.73	0.21	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	6	84.00	5.41	0.23	51%-75% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	6	120.00	7.73	0.23	51%-75% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	7	84.00	5.41	0.22	51%-75% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	7	120.00	7.73	0.22	51%-75% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	4	20.00	0.93	0.08	26%-50% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	5	15.00	0.69	0.08	26%-50% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	5	60.00	2.86	0.08	26%-50% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	6	20.00	0.93	0.09	26%-50% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	6	30.00	1.39	0.09	26%-50% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	7	6.00	0.28	0.07	26%-50% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	7	10.00	0.46	0.07	26%-50% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	7	28.00	1.30	0.07	26%-50% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	8	10.00	0.46	0.10	51%-75% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	8	20.00	0.93	0.10	51%-75% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	8	30.00	1.39	0.10	51%-75% Below	No	No
00406114201	METHYLPHENIDATE 5 MG TABLET	3	60.00	18.35	0.12	101%-200% Above	No	No
00406114401	METHYLPHENIDATE 10 MG TABLET	7	90.00	38.52	0.12	200% Above	No	No
00406114401	METHYLPHENIDATE 10 MG TABLET	8	90.00	38.52	0.18	101%-200% Above	Yes	No
00406117003	NALTREXONE 50 MG TABLET	4	30.00	14.62	0.84	26%-50% Below	No	No
00406183001	METHYLPHENIDATE ER(CD) 30 MG CP	8	30.00	22.20	1.16	26%-50% Below	No	No
00406324301	HYDROMORPHONE 2 MG TABLET	4	49.00	2.39	0.09	26%-50% Below	No	No
00406324301	HYDROMORPHONE 2 MG TABLET	5	84.00	4.09	0.09	26%-50% Below	No	No
00406324301	HYDROMORPHONE 2 MG TABLET	5	120.00	5.84	0.09	26%-50% Below	No	No
00406324301	HYDROMORPHONE 2 MG TABLET	6	20.00	0.97	0.11	51%-75% Below	No	No
00406324301	HYDROMORPHONE 2 MG TABLET	7	25.00	1.22	0.08	26%-50% Below	No	No

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00406324901	HYDROMORPHONE 8 MG TABLET	4	30.00	5.65	0.34	26%-50% Below	No	No
00406324901	HYDROMORPHONE 8 MG TABLET	5	30.00	5.65	0.33	26%-50% Below	No	No
00406324901	HYDROMORPHONE 8 MG TABLET	6	30.00	5.65	0.38	26%-50% Below	No	No
00406324901	HYDROMORPHONE 8 MG TABLET	7	30.00	5.65	0.32	26%-50% Below	No	No
00406324901	HYDROMORPHONE 8 MG TABLET	7	35.00	6.59	0.32	26%-50% Below	No	No
00406511301	LISDEXAMFETAMINE 30 MG CAPSULE	5	30.00	197.35	3.27	101%-200% Above	No	No
00406511301	LISDEXAMFETAMINE 30 MG CAPSULE	6	30.00	197.35	5.20	26%-50% Above	No	No
00406511301	LISDEXAMFETAMINE 30 MG CAPSULE	7	30.00	197.35	3.68	76%-100% Above	No	No
00406511401	LISDEXAMFETAMINE 40 MG CAPSULE	7	30.00	197.35	4.64	26%-50% Above	No	No
00406511501	LISDEXAMFETAMINE 50 MG CAPSULE	4	30.00	197.35	2.49	101%-200% Above	No	No
00406511501	LISDEXAMFETAMINE 50 MG CAPSULE	5	30.00	197.35	3.51	76%-100% Above	No	No
00406511501	LISDEXAMFETAMINE 50 MG CAPSULE	6	30.00	197.35	5.10	26%-50% Above	No	No
00406511601	LISDEXAMFETAMINE 60 MG CAPSULE	4	30.00	197.35	3.37	76%-100% Above	No	No
00406802003	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	5	45.00	27.30	0.75	10%-25% Below	No	No
00406831501	MORPHINE SULF ER 15 MG TABLET	6	14.00	1.59	0.22	26%-50% Below	No	No
00406833001	MORPHINE SULF ER 30 MG TABLET	4	60.00	11.84	0.32	26%-50% Below	No	No
00406833001	MORPHINE SULF ER 30 MG TABLET	5	60.00	11.84	0.31	26%-50% Below	No	No
00406833001	MORPHINE SULF ER 30 MG TABLET	6	60.00	11.84	0.36	26%-50% Below	No	No
00406833001	MORPHINE SULF ER 30 MG TABLET	7	60.00	11.84	0.31	26%-50% Below	No	No
00406851501	OXYCODONE HCL (IR) 15 MG TAB	5	120.00	9.94	0.16	26%-50% Below	No	No
00406851501	OXYCODONE HCL (IR) 15 MG TAB	6	120.00	9.94	0.17	51%-75% Below	No	No
00406853001	OXYCODONE HCL (IR) 30 MG TAB	4	120.00	17.69	0.25	26%-50% Below	No	No
00406853001	OXYCODONE HCL (IR) 30 MG TAB	5	120.00	17.69	0.25	26%-50% Below	No	No
00406853001	OXYCODONE HCL (IR) 30 MG TAB	7	120.00	17.69	0.26	26%-50% Below	No	No
00406895101	DEXTROAMP-AMPHET ER 5 MG CAP	7	30.00	104.85	0.42	200% Above	No	No

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00406895201	DEXTROAMP-AMPHET ER 10 MG CAP	4	30.00	104.85	0.44	200% Above	No	No
00406895201	DEXTROAMP-AMPHET ER 10 MG CAP	5	30.00	29.90	0.44	101%-200% Above	No	No
00406895201	DEXTROAMP-AMPHET ER 10 MG CAP	5	30.00	104.85	0.44	200% Above	No	No
00406895201	DEXTROAMP-AMPHET ER 10 MG CAP	6	30.00	104.85	0.53	200% Above	No	No
00406895201	DEXTROAMP-AMPHET ER 10 MG CAP	7	30.00	104.85	0.37	200% Above	No	No
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	5	30.00	104.85	0.44	200% Above	No	No
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	6	30.00	29.90	0.57	51%-75% Above	No	No
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	7	30.00	29.90	0.48	101%-200% Above	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	6	60.00	209.70	0.53	200% Above	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	7	30.00	104.85	0.50	200% Above	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	7	60.00	209.70	0.50	200% Above	No	No
00406895501	DEXTROAMP-AMPHET ER 25 MG CAP	5	30.00	104.85	0.42	200% Above	No	No
00406895501	DEXTROAMP-AMPHET ER 25 MG CAP	6	60.00	209.70	0.51	200% Above	No	No
00406895501	DEXTROAMP-AMPHET ER 25 MG CAP	7	30.00	104.85	0.47	200% Above	No	No
00406895501	DEXTROAMP-AMPHET ER 25 MG CAP	7	60.00	209.70	0.47	200% Above	No	No
00406895501	DEXTROAMP-AMPHET ER 25 MG CAP	8	30.00	104.85	0.56	200% Above	No	No
00406996101	TEMAZEPAM 15 MG CAPSULE	6	30.00	1.24	0.07	26%-50% Below	No	No
00406996201	TEMAZEPAM 30 MG CAPSULE	5	30.00	1.58	0.08	26%-50% Below	No	No
00406996201	TEMAZEPAM 30 MG CAPSULE	6	30.00	1.58	0.09	26%-50% Below	No	No
00406996201	TEMAZEPAM 30 MG CAPSULE	7	30.00	1.58	0.08	26%-50% Below	No	No
00406996201	TEMAZEPAM 30 MG CAPSULE	8	30.00	1.58	0.09	26%-50% Below	No	No
00409655701	TESTOSTERONE CYP 1,000 MG/10 ML	4	10.00	52.74	3.61	26%-50% Above	No	No
00409655701	TESTOSTERONE CYP 1,000 MG/10 ML	7	10.00	58.01	3.40	51%-75% Above	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	4	1.00	7.70	11.89	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	4	2.00	15.40	11.89	26%-50% Below	No	No

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00409656201	TESTOSTERONE CYP 200 MG/ML	4	5.00	38.51	11.89	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	4	6.00	46.21	11.89	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	5	1.00	7.70	11.74	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	5	2.00	15.40	11.74	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	5	6.00	46.21	11.74	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	5	8.00	61.62	11.74	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	6	1.00	7.70	13.60	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	6	1.00	12.23	13.60	10%-25% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	6	2.00	15.40	13.60	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	6	4.00	48.94	13.60	10%-25% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	6	5.00	38.51	13.60	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	6	6.00	46.21	13.60	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	7	1.00	7.70	10.60	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	7	1.00	12.59	10.60	10%-25% Above	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	7	2.00	15.40	10.60	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	7	2.00	25.18	10.60	10%-25% Above	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	7	4.00	50.36	10.60	10%-25% Above	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	7	5.00	38.51	10.60	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	7	6.00	46.21	10.60	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	7	8.00	61.62	10.60	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	7	12.00	151.08	10.60	10%-25% Above	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	8	2.00	15.40	14.12	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	8	5.00	38.51	14.12	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	8	6.00	75.54	14.12	10%-25% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	8	8.00	61.62	14.12	26%-50% Below	No	No

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00409656220	TESTOSTERONE CYP 2,000 MG/10 ML	6	10.00	34.84	3.99	10%-25% Below	No	No
00409656220	TESTOSTERONE CYP 2,000 MG/10 ML	8	2.00	6.97	3.16	10%-25% Above	No	No
00456120130	LINZESS 145 MCG CAPSULE	4	30.00	331.04	17.30	26%-50% Below	No	No
00456120130	LINZESS 145 MCG CAPSULE	5	30.00	331.04	17.31	26%-50% Below	No	No
00456120130	LINZESS 145 MCG CAPSULE	5	90.00	993.12	17.31	26%-50% Below	No	No
00456120130	LINZESS 145 MCG CAPSULE	6	30.00	331.04	17.31	26%-50% Below	No	No
00456120330	LINZESS 72 MCG CAPSULE	6	30.00	331.04	17.30	26%-50% Below	No	No
00469266030	VEOZAH 45 MG TABLET	4	30.00	336.60	17.59	26%-50% Below	No	No
00472001304	GRISEOFULVIN 125 MG/5 ML SUSP	8	600.00	135.72	0.36	26%-50% Below	Yes	No
00472011720	TRETINOIN 0.025% CREAM	4	20.00	12.70	0.80	10%-25% Below	Yes	No
00472011720	TRETINOIN 0.025% CREAM	5	20.00	12.70	0.79	10%-25% Below	Yes	No
00472011720	TRETINOIN 0.025% CREAM	6	20.00	12.70	1.00	26%-50% Below	Yes	No
00472011720	TRETINOIN 0.025% CREAM	7	20.00	12.70	0.87	26%-50% Below	Yes	No
00472011720	TRETINOIN 0.025% CREAM	8	20.00	12.70	0.84	10%-25% Below	Yes	No
00472011745	TRETINOIN 0.025% CREAM	8	45.00	19.22	0.82	26%-50% Below	Yes	No
00472016615	NYSTATIN 100,000 UNIT/GM OINT	4	15.00	7.43	0.23	101%-200% Above	Yes	No
00472016630	NYSTATIN 100,000 UNIT/GM OINT	6	30.00	12.35	0.24	51%-75% Above	Yes	No
00472037945	CLOTRIMAZOLE-BETAMETHASONE CRM	7	45.00	31.77	0.17	200% Above	No	No
00472103016	HYDROMET 5 MG-1.5 MG/5 ML SOLN	6	120.00	9.13	0.06	26%-50% Above	No	No
00480363298	PITAVASTATIN 2 MG TABLET	4	30.00	288.13	1.71	200% Above	No	No
00480363298	PITAVASTATIN 2 MG TABLET	5	30.00	288.13	1.89	200% Above	No	No
00480363298	PITAVASTATIN 2 MG TABLET	6	30.00	288.13	1.97	200% Above	No	No
00480363298	PITAVASTATIN 2 MG TABLET	7	30.00	288.13	1.67	200% Above	No	No
00480363298	PITAVASTATIN 2 MG TABLET	8	30.00	288.13	2.00	200% Above	No	No
00480363398	PITAVASTATIN 4 MG TABLET	6	30.00	48.63	1.96	10%-25% Below	No	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00480363398	PITAVASTATIN 4 MG TABLET	8	30.00	48.63	2.02	10%-25% Below	No	No
00480727010	PRAVASTATIN SODIUM 80 MG TAB	4	30.00	5.50	0.14	26%-50% Above	No	No
00480727010	PRAVASTATIN SODIUM 80 MG TAB	5	30.00	5.50	0.14	26%-50% Above	No	No
00480727010	PRAVASTATIN SODIUM 80 MG TAB	6	30.00	5.50	0.17	10%-25% Above	No	No
00480727010	PRAVASTATIN SODIUM 80 MG TAB	7	30.00	5.50	0.15	10%-25% Above	No	No
00480727098	PRAVASTATIN SODIUM 80 MG TAB	7	30.00	5.50	0.15	10%-25% Above	No	No
00480871010	LEVOTHYROXINE 137 MCG TABLET	7	90.00	5.69	0.06	10%-25% Above	No	No
00487020103	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	5	90.00	5.94	0.09	10%-25% Below	No	No
00487930133	SOD CHLORIDE NEB 0.9%	4	90.00	5.51	.		No	No
00487930133	SOD CHLORIDE NEB 0.9%	4	90.00	6.16	.		No	No
00487930133	SOD CHLORIDE NEB 0.9%	5	90.00	5.51	.		No	No
00487930133	SOD CHLORIDE NEB 0.9%	6	90.00	5.51	.		No	No
00487950101	ALBUTEROL SUL 2.5 MG/3 ML SOLN	4	90.00	2.87	0.06	26%-50% Below	No	No
00487950101	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	90.00	2.87	0.07	51%-75% Below	No	No
00487950101	ALBUTEROL SUL 2.5 MG/3 ML SOLN	7	90.00	2.87	0.05	26%-50% Below	No	No
00487950103	ALBUTEROL SUL 2.5 MG/3 ML SOLN	5	360.00	11.48	0.06	26%-50% Below	No	No
00487950103	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	90.00	2.87	0.07	51%-75% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	4	75.00	2.39	0.05	26%-50% Below	No	No
00487970130	BUDESONIDE 0.5 MG/2 ML SUSP	4	60.00	23.51	0.57	26%-50% Below	No	No
00517003125	CYANOCOBALAMIN 1,000 MCG/ML VL	4	1.00	1.49	1.78	10%-25% Below	No	No
00517003125	CYANOCOBALAMIN 1,000 MCG/ML VL	5	1.00	1.49	1.74	10%-25% Below	No	No
00517003125	CYANOCOBALAMIN 1,000 MCG/ML VL	6	1.00	1.49	2.10	26%-50% Below	No	No
00517003225	CYANOCOBALAMIN 10,000 MCG/10 ML	5	10.00	5.09	1.35	51%-75% Below	No	No
00517042001	ESTRADIOL VALERATE 100 MG/5 ML	5	5.00	54.42	13.85	10%-25% Below	No	No
00517072001	BETAMETHASONE SP-AC 30 MG/5 ML	7	5.00	37.64	8.52	10%-25% Below	No	No

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00527058601	DICYCLOMINE 10 MG CAPSULE	5	28.00	2.00	0.08	10%-25% Below	No	No
00527076437	DEXTROAMP-AMPHETAMIN 15 MG TAB	6	60.00	12.81	0.27	10%-25% Below	No	No
00527076537	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.00	13.10	0.34	26%-50% Below	No	No
00527079537	DEXTROAMP-AMPHET ER 30 MG CAP	6	30.00	0.99	0.54	76%-100% Below	No	No
00527079537	DEXTROAMP-AMPHET ER 30 MG CAP	7	30.00	0.99	0.40	76%-100% Below	No	No
00527079537	DEXTROAMP-AMPHET ER 30 MG CAP	8	30.00	0.99	0.64	76%-100% Below	No	No
00527128201	DICYCLOMINE 20 MG TABLET	5	270.00	31.08	0.08	26%-50% Above	No	No
00527130105	PRIMIDONE 50 MG TABLET	6	30.00	4.55	0.14	10%-25% Above	No	No
00527130105	PRIMIDONE 50 MG TABLET	7	30.00	4.55	0.12	26%-50% Above	No	No
00527133705	BACLOFEN 20 MG TABLET	5	30.00	0.97	0.06	26%-50% Below	No	No
00527133705	BACLOFEN 20 MG TABLET	7	30.00	0.97	0.05	26%-50% Below	No	No
00527133850	DOXYCYCLINE MONO 100 MG TABLET	4	20.00	8.31	0.25	51%-75% Above	No	No
00527155201	BUTALBITAL-ASPIRIN-CAFFEINE 50-325-40 MG CAPSULE	8	15.00	9.09	0.74	10%-25% Below	No	No
00527163201	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	7	90.00	13.24	0.08	51%-75% Above	No	No
00527169501	BUTALB-ACETAMINOPHEN-CAFF 50-325-40 TAB	7	15.00	1.29	0.12	26%-50% Below	No	No
00527169501	BUTALB-ACETAMINOPHEN-CAFF 50-325-40 TAB	7	20.00	1.73	0.12	26%-50% Below	No	No
00527193206	CLARITHROMYCIN 500 MG TABLET	3	28.00	14.95	0.44	10%-25% Above	No	No
00527224432	FEBUXOSTAT 40 MG TABLET	6	90.00	325.33	0.42	200% Above	No	No
00527411637	PROPRANOLOL ER 60 MG CAPSULE	4	30.00	23.30	0.15	200% Above	No	No
00527411637	PROPRANOLOL ER 60 MG CAPSULE	6	30.00	23.30	0.18	200% Above	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	4	30.00	0.99	0.16	76%-100% Below	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	6	30.00	0.99	0.21	76%-100% Below	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	6	90.00	81.76	0.21	200% Above	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	7	30.00	3.95	0.16	10%-25% Below	No	No
00527411837	PROPRANOLOL ER 120 MG CAPSULE	4	30.00	33.77	0.18	200% Above	No	No

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00527411837	PROPRANOLOL ER 120 MG CAPSULE	5	30.00	18.49	0.16	200% Above	No	No
00527411837	PROPRANOLOL ER 120 MG CAPSULE	5	30.00	33.77	0.16	200% Above	No	No
00527411837	PROPRANOLOL ER 120 MG CAPSULE	6	30.00	18.49	0.21	101%-200% Above	No	No
00527411837	PROPRANOLOL ER 120 MG CAPSULE	7	30.00	18.49	0.17	200% Above	No	No
00527457937	METHYLPHENIDATE CD 10 MG CAP	5	30.00	24.74	0.70	10%-25% Above	Yes	No
00527457937	METHYLPHENIDATE CD 10 MG CAP	6	30.00	24.74	0.99	10%-25% Below	Yes	No
00527466437	LISDEXAMFETAMINE 40 MG CAPSULE	6	30.00	227.10	5.16	26%-50% Above	No	No
00527466437	LISDEXAMFETAMINE 40 MG CAPSULE	7	30.00	227.10	4.64	51%-75% Above	No	No
00527810837	DEXMETHYLPHENIDATE ER 15 MG CP	5	30.00	75.02	1.38	76%-100% Above	No	No
00527810937	DEXMETHYLPHENIDATE ER 20 MG CP	4	30.00	77.06	1.51	51%-75% Above	No	No
00527810937	DEXMETHYLPHENIDATE ER 20 MG CP	5	30.00	77.06	0.90	101%-200% Above	No	No
00527810937	DEXMETHYLPHENIDATE ER 20 MG CP	7	30.00	77.06	0.84	200% Above	No	No
00536100836	ASPIRIN 81 MG CHEWABLE TABLET	7	30.00	2.24	0.02	200% Above	No	No
00536124701	SENEXON-S 50-8.6 MG TABLET	7	60.00	2.99	0.03	51%-75% Above	Yes	No
00536131385	CHEST CONGESTION RELIEF DM SYR	8	118.00	4.14	0.01	200% Above	Yes	No
00536132701	ACETAMINOPHEN 325 MG TABLET	4	18.00	1.53	0.02	200% Above	No	No
00536589688	NICOTINE 21 MG/24HR PATCH	6	14.00	13.43	1.55	26%-50% Below	Yes	No
00536589688	NICOTINE 21 MG/24HR PATCH	6	84.00	80.60	1.55	26%-50% Below	Yes	No
00536589688	NICOTINE 21 MG/24HR PATCH	7	14.00	13.43	1.28	10%-25% Below	Yes	No
00548540000	MEDROXYPROGESTERONE 150 MG/ML	5	1.00	27.54	16.38	51%-75% Above	No	No
00555032402	HYDROXYZINE PAM 100 MG CAP	5	90.00	61.10	0.32	101%-200% Above	No	No
00555032402	HYDROXYZINE PAM 100 MG CAP	7	90.00	61.10	0.32	101%-200% Above	No	No
00555060602	MEGESTROL 20 MG TABLET	7	30.00	2.72	0.14	26%-50% Below	No	No
00555060602	MEGESTROL 20 MG TABLET	8	30.00	2.72	0.16	26%-50% Below	No	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	6	90.00	19.22	0.27	10%-25% Below	No	No

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00555077902	MEDROXYPROGESTERONE 10 MG TAB	4	12.00	2.05	0.11	51%-75% Above	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	4	30.00	5.14	0.11	51%-75% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	5	10.00	1.71	0.12	26%-50% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	5	12.00	2.05	0.12	26%-50% Above	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	6	5.00	1.27	0.14	76%-100% Above	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	6	10.00	1.71	0.14	10%-25% Above	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	6	12.00	2.05	0.14	10%-25% Above	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	6	30.00	5.14	0.14	10%-25% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	6	30.00	5.14	0.14	10%-25% Above	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	7	7.00	1.20	0.11	51%-75% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	7	10.00	1.71	0.11	51%-75% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	7	12.00	2.05	0.11	51%-75% Above	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	7	30.00	5.14	0.11	51%-75% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	8	5.00	1.27	0.14	51%-75% Above	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	8	30.00	5.14	0.14	10%-25% Above	No	No
00555077904	MEDROXYPROGESTERONE 10 MG TAB	5	10.00	1.71	0.12	26%-50% Above	No	No
00555077904	MEDROXYPROGESTERONE 10 MG TAB	7	10.00	1.71	0.11	51%-75% Above	No	No
00555087202	MEDROXYPROGESTERONE 2.5 MG TAB	4	30.00	3.19	0.09	10%-25% Above	No	No
00555087202	MEDROXYPROGESTERONE 2.5 MG TAB	5	30.00	3.19	0.09	10%-25% Above	No	No
00555087202	MEDROXYPROGESTERONE 2.5 MG TAB	7	30.00	3.17	0.09	10%-25% Above	No	No
00555087202	MEDROXYPROGESTERONE 2.5 MG TAB	7	30.00	3.19	0.09	10%-25% Above	No	No
00555087302	MEDROXYPROGESTERONE 5 MG TAB	4	20.00	3.26	0.12	26%-50% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	4	30.00	3.22	0.07	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	4	90.00	9.67	0.07	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	4	90.00	9.99	0.07	51%-75% Above	No	No

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00555088602	ESTRADIOL 1 MG TABLET	5	10.00	1.07	0.06	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	5	30.00	3.22	0.06	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	5	30.00	3.22	0.06	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	5	90.00	9.67	0.06	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	5	90.00	9.67	0.06	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	6	30.00	3.22	0.07	26%-50% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	7	30.00	3.22	0.06	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	7	30.00	3.22	0.06	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	7	39.00	4.19	0.06	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	7	90.00	9.67	0.06	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	7	90.00	9.99	0.06	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	8	30.00	3.22	0.07	26%-50% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	8	90.00	9.67	0.07	26%-50% Above	Yes	No
00555088604	ESTRADIOL 1 MG TABLET	7	90.00	9.67	0.06	51%-75% Above	No	No
00555088702	ESTRADIOL 2 MG TABLET	5	30.00	4.36	0.08	76%-100% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	5	60.00	8.72	0.08	76%-100% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	5	90.00	13.09	0.08	76%-100% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	6	60.00	8.72	0.10	51%-75% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	6	90.00	13.09	0.10	51%-75% Above	No	No
00555088702	ESTRADIOL 2 MG TABLET	6	90.00	13.09	0.10	51%-75% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	7	30.00	4.36	0.08	76%-100% Above	No	No
00555088702	ESTRADIOL 2 MG TABLET	7	60.00	8.72	0.08	76%-100% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	7	90.00	12.87	0.08	76%-100% Above	No	No
00555088702	ESTRADIOL 2 MG TABLET	8	60.00	8.72	0.10	26%-50% Above	Yes	No
00555088704	ESTRADIOL 2 MG TABLET	4	30.00	4.36	0.08	76%-100% Above	No	No

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00555088704	ESTRADIOL 2 MG TABLET	5	30.00	4.36	0.08	76%-100% Above	No	No
00555088704	ESTRADIOL 2 MG TABLET	5	90.00	13.09	0.08	76%-100% Above	No	No
00555088704	ESTRADIOL 2 MG TABLET	6	30.00	4.36	0.10	51%-75% Above	No	No
00555088704	ESTRADIOL 2 MG TABLET	7	30.00	4.36	0.08	76%-100% Above	No	No
00555088704	ESTRADIOL 2 MG TABLET	7	90.00	13.09	0.08	76%-100% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	5	30.00	2.74	0.06	51%-75% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	5	36.00	3.29	0.06	51%-75% Above	Yes	No
00555089902	ESTRADIOL 0.5 MG TABLET	5	90.00	8.23	0.06	51%-75% Above	Yes	No
00555089902	ESTRADIOL 0.5 MG TABLET	6	30.00	2.74	0.07	10%-25% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	8	30.00	2.74	0.08	10%-25% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	8	36.00	3.29	0.08	10%-25% Above	Yes	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	45.00	9.83	0.25	10%-25% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	30.00	6.55	0.26	10%-25% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	45.00	9.83	0.26	10%-25% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.00	13.10	0.26	10%-25% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	45.00	9.83	0.33	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.00	13.10	0.33	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	90.00	19.66	0.33	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.00	13.10	0.27	10%-25% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	75.00	16.38	0.27	10%-25% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	90.00	19.66	0.27	10%-25% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	4	60.00	12.82	0.25	10%-25% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	5	30.00	6.41	0.26	10%-25% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	5	60.00	12.82	0.26	10%-25% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	6	60.00	12.82	0.29	10%-25% Below	No	No

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00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	6	60.00	13.96	0.29	10%-25% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	7	60.00	12.82	0.24	10%-25% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	60.00	12.82	0.30	26%-50% Below	No	No
00555099702	FLUDROCORTISONE 0.1 MG TABLET	4	60.00	14.47	0.34	26%-50% Below	No	No
00555099702	FLUDROCORTISONE 0.1 MG TABLET	5	60.00	14.47	0.35	26%-50% Below	No	No
00555099702	FLUDROCORTISONE 0.1 MG TABLET	6	60.00	14.47	0.41	26%-50% Below	No	No
00555099702	FLUDROCORTISONE 0.1 MG TABLET	7	90.00	21.71	0.34	26%-50% Below	No	No
00555900867	NORTREL 0.5-35-28 TABLET	7	84.00	31.83	0.29	26%-50% Above	No	No
00555901058	NORTREL 1-35 28 TABLET	5	28.00	10.30	0.19	76%-100% Above	No	No
00555901058	NORTREL 1-35 28 TABLET	5	84.00	30.89	0.19	76%-100% Above	No	No
00555901058	NORTREL 1-35 28 TABLET	6	28.00	10.30	0.27	26%-50% Above	No	No
00555901058	NORTREL 1-35 28 TABLET	7	28.00	10.30	0.23	51%-75% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	4	28.00	0.28	0.12	76%-100% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	4	28.00	5.67	0.12	51%-75% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	4	28.00	9.05	0.12	101%-200% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	5	28.00	5.67	0.12	51%-75% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	5	28.00	9.05	0.12	101%-200% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	5	84.00	17.02	0.12	51%-75% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	5	84.00	27.16	0.12	101%-200% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	6	28.00	5.67	0.13	51%-75% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	6	28.00	9.05	0.13	101%-200% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	7	28.00	5.67	0.11	76%-100% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	7	28.00	9.05	0.11	101%-200% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	7	84.00	17.02	0.11	76%-100% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	8	28.00	9.05	0.13	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00555901658	SPRINTEC 28 DAY TABLET	8	84.00	17.02	0.13	51%-75% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	8	84.00	27.16	0.13	101%-200% Above	No	No
00555901858	TRI-SPRINTEC TABLET	4	28.00	5.51	0.11	51%-75% Above	No	No
00555901858	TRI-SPRINTEC TABLET	4	84.00	16.54	0.11	51%-75% Above	No	No
00555901858	TRI-SPRINTEC TABLET	5	28.00	5.51	0.12	51%-75% Above	No	No
00555901858	TRI-SPRINTEC TABLET	5	84.00	16.54	0.12	51%-75% Above	No	No
00555901858	TRI-SPRINTEC TABLET	6	28.00	5.51	0.13	26%-50% Above	No	No
00555901858	TRI-SPRINTEC TABLET	6	84.00	16.54	0.13	26%-50% Above	No	No
00555901858	TRI-SPRINTEC TABLET	7	28.00	5.51	0.11	76%-100% Above	No	No
00555901858	TRI-SPRINTEC TABLET	7	84.00	16.54	0.11	76%-100% Above	No	No
00555901858	TRI-SPRINTEC TABLET	8	28.00	5.51	0.13	51%-75% Above	No	No
00555901858	TRI-SPRINTEC TABLET	8	84.00	16.54	0.13	51%-75% Above	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	4	28.00	2.03	0.13	26%-50% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	4	84.00	31.87	0.13	101%-200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	5	28.00	10.62	0.12	200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	5	84.00	31.87	0.12	200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	5	84.00	43.71	0.12	200% Above	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	6	28.00	2.03	0.14	26%-50% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	6	84.00	31.87	0.14	101%-200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	7	28.00	10.62	0.14	101%-200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	7	84.00	31.87	0.14	101%-200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	8	84.00	31.87	0.15	101%-200% Above	Yes	No
00555902742	JUNEL 1.5 MG-30 MCG TABLET	4	21.00	9.44	0.32	26%-50% Above	No	No
00555902742	JUNEL 1.5 MG-30 MCG TABLET	4	21.00	9.44	0.32	26%-50% Above	Yes	No
00555902742	JUNEL 1.5 MG-30 MCG TABLET	5	21.00	9.44	0.32	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00555902742	JUNEL 1.5 MG-30 MCG TABLET	5	21.00	9.44	0.32	26%-50% Above	Yes	No
00555902742	JUNEL 1.5 MG-30 MCG TABLET	7	21.00	9.44	0.31	26%-50% Above	No	No
00555902742	JUNEL 1.5 MG-30 MCG TABLET	7	63.00	28.33	0.31	26%-50% Above	Yes	No
00555902742	JUNEL 1.5 MG-30 MCG TABLET	8	21.00	9.44	0.51	10%-25% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	4	28.00	9.26	0.14	101%-200% Above	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	5	28.00	9.26	0.12	101%-200% Above	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	5	84.00	27.78	0.12	101%-200% Above	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	6	28.00	9.26	0.15	101%-200% Above	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	6	28.00	9.26	0.15	101%-200% Above	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	6	84.00	27.78	0.15	101%-200% Above	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	6	84.00	27.78	0.15	101%-200% Above	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	7	28.00	9.26	0.14	101%-200% Above	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	7	84.00	27.78	0.14	101%-200% Above	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	8	28.00	9.26	0.16	101%-200% Above	No	No
00555904358	APRI 28 DAY TABLET	4	28.00	10.77	0.12	200% Above	No	No
00555904358	APRI 28 DAY TABLET	5	28.00	10.77	0.11	200% Above	No	No
00555904358	APRI 28 DAY TABLET	6	28.00	10.77	0.14	101%-200% Above	No	No
00555904358	APRI 28 DAY TABLET	7	28.00	10.77	0.17	101%-200% Above	No	No
00555904358	APRI 28 DAY TABLET	8	84.00	32.30	0.16	101%-200% Above	No	No
00555904558	AVIANE-28 TABLET	5	28.00	5.90	0.13	51%-75% Above	No	No
00555904558	AVIANE-28 TABLET	6	28.00	5.90	0.18	10%-25% Above	No	No
00555904558	AVIANE-28 TABLET	7	28.00	5.90	0.12	51%-75% Above	No	No
00555904558	AVIANE-28 TABLET	7	84.00	17.70	0.12	51%-75% Above	No	No
00555904958	CRYSSELLE-28 TABLET	4	28.00	11.54	0.32	26%-50% Above	No	No
00555904958	CRYSSELLE-28 TABLET	4	84.00	34.62	0.32	26%-50% Above	No	No

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00555904958	CRYSSELLE-28 TABLET	5	28.00	11.54	0.32	26%-50% Above	No	No
00555904958	CRYSSELLE-28 TABLET	7	28.00	11.54	0.32	26%-50% Above	No	No
00555905058	KARIVA 28 DAY TABLET	5	84.00	44.35	0.15	200% Above	Yes	No
00555912366	JOLESSA 0.15 MG-0.03 MG TABLET	4	91.00	51.82	0.12	200% Above	No	No
00555912366	JOLESSA 0.15 MG-0.03 MG TABLET	8	91.00	51.82	0.21	101%-200% Above	No	No
00574010601	BROMOCRIPTINE 2.5 MG TABLET	5	30.00	57.45	1.00	76%-100% Above	No	No
00574010601	BROMOCRIPTINE 2.5 MG TABLET	7	30.00	57.45	1.28	26%-50% Above	No	No
00574010770	CLOTRIMAZOLE 10 MG TROCHE	4	70.00	33.28	0.33	26%-50% Above	No	No
00574029201	AMILORIDE HCL 5 MG TABLET	5	60.00	9.13	0.22	26%-50% Below	No	No
00574050801	FERROUS GLUC TAB 324MG	7	30.00	2.28	.		No	No
00574082001	TESTOSTERONE CYP 200 MG/ML	4	3.00	39.64	11.89	10%-25% Above	No	No
00574082001	TESTOSTERONE CYP 200 MG/ML	4	6.00	79.28	11.89	10%-25% Above	No	No
00574082001	TESTOSTERONE CYP 200 MG/ML	5	3.00	39.64	11.74	10%-25% Above	No	No
00574082001	TESTOSTERONE CYP 200 MG/ML	7	6.00	79.28	10.60	10%-25% Above	Yes	No
00574082001	TESTOSTERONE CYP 200 MG/ML	7	10.00	132.13	10.60	10%-25% Above	Yes	No
00574082001	TESTOSTERONE CYP 200 MG/ML	7	10.00	150.67	10.60	26%-50% Above	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	5	9.00	69.32	11.74	26%-50% Below	No	No
00574082710	TESTOSTERONE CYP 2,000 MG/10 ML	6	10.00	34.84	3.99	10%-25% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	180.00	8.82	0.09	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	200.00	25.48	0.09	26%-50% Above	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	280.00	28.19	0.09	10%-25% Above	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	6	118.00	15.03	0.09	26%-50% Above	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	7	108.00	13.76	0.08	51%-75% Above	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	8	30.00	3.82	0.09	26%-50% Above	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	8	180.00	20.29	0.09	10%-25% Above	No	No

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00574204230	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	6	30.00	6.41	0.29	26%-50% Below	No	No
00574220145	TRETINOIN 0.1% CREAM	4	45.00	41.09	1.65	26%-50% Below	No	No
00574220145	TRETINOIN 0.1% CREAM	6	45.00	41.09	2.09	51%-75% Below	Yes	No
00574220145	TRETINOIN 0.1% CREAM	7	45.00	41.09	1.47	26%-50% Below	Yes	No
00574220545	TRETINOIN 0.05% CREAM	8	45.00	34.18	1.51	26%-50% Below	Yes	No
00574222520	TRETINOIN 0.025% CREAM	4	20.00	12.70	0.80	10%-25% Below	No	No
00574222545	TRETINOIN 0.025% CREAM	8	45.00	19.22	0.82	26%-50% Below	No	No
00574230145	TRETINOIN 0.01% GEL	5	45.00	71.01	2.26	26%-50% Below	Yes	No
00574232545	TRETINOIN 0.025% GEL	7	45.00	61.12	1.73	10%-25% Below	No	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	5	5.00	48.33	3.85	101%-200% Above	No	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	5	5.00	48.33	3.85	101%-200% Above	Yes	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	6	5.00	48.33	3.99	101%-200% Above	Yes	No
00574709012	HYDROCORT AC SUP 25MG	7	12.00	18.13	.		Yes	No
00591034701	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	30.00	1.48	0.03	51%-75% Above	No	No
00591034701	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	30.00	1.48	0.03	76%-100% Above	No	No
00591034801	TRIAMTERENE-HYDROCHLOROTHIAZIDE 75-50 MG TAB	5	90.00	12.35	0.10	26%-50% Above	No	No
00591039501	PENTAZOCINE-NALOXONE TABLET	4	120.00	138.24	1.88	26%-50% Below	Yes	No
00591039501	PENTAZOCINE-NALOXONE TABLET	5	120.00	138.24	1.80	26%-50% Below	Yes	No
00591039501	PENTAZOCINE-NALOXONE TABLET	6	120.00	138.24	1.94	26%-50% Below	Yes	No
00591039501	PENTAZOCINE-NALOXONE TABLET	7	120.00	138.24	1.98	26%-50% Below	Yes	No
00591039501	PENTAZOCINE-NALOXONE TABLET	8	120.00	138.24	1.98	26%-50% Below	Yes	No
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	5	30.00	4.16	0.08	51%-75% Above	No	No
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	5	90.00	12.47	0.08	51%-75% Above	No	No
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	6	30.00	4.16	0.10	26%-50% Above	No	No
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	7	30.00	4.16	0.08	51%-75% Above	No	No

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00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	8	90.00	12.47	0.10	26%-50% Above	No	No
00591046005	GLIPIZIDE 5 MG TABLET	7	180.00	4.32	0.03	10%-25% Below	No	No
00591046010	GLIPIZIDE 5 MG TABLET	6	60.00	1.44	0.03	26%-50% Below	Yes	No
00591046110	GLIPIZIDE 10 MG TABLET	6	180.00	7.13	0.05	10%-25% Below	Yes	No
00591079401	DICYCLOMINE 10 MG CAPSULE	4	20.00	1.43	0.08	10%-25% Below	No	No
00591084510	GLIPIZIDE ER 10 MG TABLET	4	60.00	13.09	0.14	51%-75% Above	No	No
00591084510	GLIPIZIDE ER 10 MG TABLET	5	60.00	13.09	0.14	51%-75% Above	No	No
00591084510	GLIPIZIDE ER 10 MG TABLET	6	60.00	13.09	0.17	26%-50% Above	No	No
00591084510	GLIPIZIDE ER 10 MG TABLET	7	60.00	13.09	0.15	26%-50% Above	No	No
00591215990	CICLOPIROX 1% SHAMPOO	7	120.00	18.65	0.21	26%-50% Below	Yes	No
00591224522	MESALAMINE DR 1.2 GM TABLET	5	14.00	48.72	1.14	200% Above	No	No
00591225804	SCOPOLAMINE 1 MG/3 DAY PATCH	6	4.00	43.25	6.80	51%-75% Above	No	No
00591225804	SCOPOLAMINE 1 MG/3 DAY PATCH	8	4.00	43.25	6.83	51%-75% Above	No	No
00591225879	SCOPOLAMINE 1 MG/3 DAY PATCH	7	10.00	108.12	5.64	76%-100% Above	No	No
00591256201	COLCHICINE 0.6 MG TABLET	5	3.00	6.97	0.22	200% Above	No	No
00591256230	COLCHICINE 0.6 MG TABLET	5	30.00	69.67	0.22	200% Above	No	No
00591256230	COLCHICINE 0.6 MG TABLET	6	30.00	69.67	0.21	200% Above	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	4	15.00	42.01	3.77	10%-25% Below	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	5	15.00	42.01	3.83	26%-50% Below	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	6	15.00	42.01	3.70	10%-25% Below	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	7	15.00	42.01	3.27	10%-25% Below	Yes	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	8	15.00	42.01	3.51	10%-25% Below	No	No
00591294460	PIMECROLIMUS 1% CREAM	7	60.00	102.92	2.69	26%-50% Below	No	No
00591321730	TESTOSTERONE 1% (50 MG/5 G) PK	4	150.00	163.86	0.58	76%-100% Above	No	No
00591321730	TESTOSTERONE 1% (50 MG/5 G) PK	5	150.00	163.86	0.56	76%-100% Above	No	No

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00591321730	TESTOSTERONE 1% (50 MG/5 G) PK	6	150.00	163.86	0.75	26%-50% Above	No	No
00591350804	CLONIDINE 0.1 MG/DAY PATCH	4	4.00	32.11	5.92	26%-50% Above	Yes	No
00591350804	CLONIDINE 0.1 MG/DAY PATCH	5	4.00	32.11	5.01	51%-75% Above	Yes	No
00591350804	CLONIDINE 0.1 MG/DAY PATCH	6	4.00	32.11	6.04	26%-50% Above	Yes	No
00591350804	CLONIDINE 0.1 MG/DAY PATCH	7	4.00	32.11	6.02	26%-50% Above	Yes	No
00591350804	CLONIDINE 0.1 MG/DAY PATCH	8	4.00	32.11	6.93	10%-25% Above	Yes	No
00591352530	LIDOCAINE 5% PATCH	4	30.00	30.24	1.70	26%-50% Below	No	No
00591505210	PREDNISONONE 5 MG TABLET	5	28.00	2.84	0.04	101%-200% Above	No	No
00591544210	PREDNISONONE 10 MG TABLET	4	30.00	3.26	0.05	101%-200% Above	No	No
00591544210	PREDNISONONE 10 MG TABLET	5	6.00	0.65	0.05	101%-200% Above	No	No
00591544210	PREDNISONONE 10 MG TABLET	6	10.00	1.09	0.06	76%-100% Above	No	No
00591544210	PREDNISONONE 10 MG TABLET	6	18.00	1.96	0.06	76%-100% Above	No	No
00591544210	PREDNISONONE 10 MG TABLET	7	14.00	1.52	0.05	101%-200% Above	No	No
00591544210	PREDNISONONE 10 MG TABLET	7	30.00	3.26	0.05	101%-200% Above	No	No
00591544210	PREDNISONONE 10 MG TABLET	8	20.00	2.17	0.06	76%-100% Above	No	No
00591544243	PREDNISONONE 10 MG TAB DOSE PACK	7	48.00	16.81	0.45	10%-25% Below	No	No
00591544305	PREDNISONONE 20 MG TABLET	5	6.00	0.70	0.07	51%-75% Above	No	No
00591544305	PREDNISONONE 20 MG TABLET	5	10.00	1.16	0.07	51%-75% Above	No	No
00591544305	PREDNISONONE 20 MG TABLET	7	14.00	1.63	0.07	51%-75% Above	No	No
00591544305	PREDNISONONE 20 MG TABLET	8	5.00	0.58	0.09	26%-50% Above	No	No
00591544305	PREDNISONONE 20 MG TABLET	8	10.00	1.16	0.09	26%-50% Above	No	No
00591544310	PREDNISONONE 20 MG TABLET	6	13.00	1.51	0.10	10%-25% Above	No	No
00591544310	PREDNISONONE 20 MG TABLET	8	10.00	1.16	0.09	26%-50% Above	No	No
00591554405	ALLOPURINOL 300 MG TABLET	4	30.00	5.13	0.06	101%-200% Above	No	No
00591554405	ALLOPURINOL 300 MG TABLET	6	30.00	5.13	0.07	101%-200% Above	No	No

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00591554405	ALLOPURINOL 300 MG TABLET	7	30.00	5.13	0.06	101%-200% Above	No	No
00591566001	SULINDAC 200 MG TABLET	5	60.00	7.55	0.18	26%-50% Below	No	No
00591578201	ATENOLOL-CHLORTHALIDONE 50-25	6	30.00	12.04	0.33	10%-25% Above	No	No
00597015330	JARDIANCE 25 MG TABLET	4	90.00	1121.98	19.54	26%-50% Below	No	No
00597015330	JARDIANCE 25 MG TABLET	7	90.00	1121.98	19.54	26%-50% Below	No	No
00597015330	JARDIANCE 25 MG TABLET	8	90.00	184.32	19.55	76%-100% Below	No	No
00597030045	SYNJARDY XR 12.5-1,000 MG TAB	4	180.00	190.65	9.76	76%-100% Below	No	No
00603020922	MAGNESIUM OXIDE 400 MG TABLET	5	180.00	20.06	0.03	200% Above	Yes	No
00603116158	DICYCLOMINE 10 MG/5 ML SOLN	5	15.00	1.69	0.15	26%-50% Below	No	No
00603188016	LIDOCAINE 5% PATCH	4	30.00	30.24	1.70	26%-50% Below	Yes	No
00603211521	ALLOPURINOL 100 MG TABLET	6	90.00	7.83	0.05	76%-100% Above	Yes	No
00603211621	ALLOPURINOL 300 MG TABLET	5	90.00	15.38	0.06	101%-200% Above	Yes	No
00603211621	ALLOPURINOL 300 MG TABLET	7	90.00	15.38	0.06	101%-200% Above	Yes	No
00603211621	ALLOPURINOL 300 MG TABLET	7	180.00	30.76	0.06	101%-200% Above	Yes	No
00603211621	ALLOPURINOL 300 MG TABLET	8	90.00	15.38	0.07	101%-200% Above	Yes	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.00	6.26	0.11	101%-200% Above	No	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.00	6.26	0.11	101%-200% Above	Yes	No
00603533715	PREDNISONE 5 MG TAB DOSE PACK	8	21.00	5.71	0.41	26%-50% Below	Yes	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	5	21.00	9.85	0.56	10%-25% Below	Yes	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	5	21.00	14.86	0.56	26%-50% Above	No	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	6	21.00	9.85	0.58	10%-25% Below	No	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	6	21.00	9.85	0.58	10%-25% Below	Yes	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	8	21.00	9.85	0.55	10%-25% Below	No	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	8	21.00	9.85	0.55	10%-25% Below	Yes	No
00603533932	PREDNISONE 20 MG TABLET	6	10.00	1.16	0.10	10%-25% Above	No	No

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00603533932	PREDNISONE 20 MG TABLET	7	10.00	1.16	0.07	51%-75% Above	No	No
00603548321	PROPRANOLOL 20 MG TABLET	5	30.00	5.45	0.08	101%-200% Above	No	No
00603548321	PROPRANOLOL 20 MG TABLET	6	30.00	5.45	0.06	200% Above	No	No
00603548321	PROPRANOLOL 20 MG TABLET	7	30.00	5.45	0.05	200% Above	No	No
00603548321	PROPRANOLOL 20 MG TABLET	7	60.00	10.90	0.05	200% Above	No	No
00713022580	TRIAMCINOLONE 0.1% CREAM	5	240.00	21.53	0.04	101%-200% Above	No	No
00713033986	HALOBETASOL PROP 0.05% OINTMNT	7	50.00	16.53	0.46	26%-50% Below	No	No
00713049312	HYDROCORT AC SUP 30MG	7	10.00	98.07	.		Yes	No
00713063415	MOMETASONE FUROATE 0.1% CREAM	5	30.00	12.64	0.35	10%-25% Above	No	No
00713063515	MOMETASONE FUROATE 0.1% OINT	5	30.00	24.47	0.32	101%-200% Above	No	No
00713063515	MOMETASONE FUROATE 0.1% OINT	6	30.00	24.47	0.31	101%-200% Above	No	No
00713063515	MOMETASONE FUROATE 0.1% OINT	7	30.00	24.47	0.31	101%-200% Above	No	No
00713063537	MOMETASONE FUROATE 0.1% OINT	4	45.00	22.45	0.24	101%-200% Above	No	No
00713063737	METRONIDAZOLE TOPICAL 0.75% GL	4	45.00	44.36	0.36	101%-200% Above	No	No
00713063737	METRONIDAZOLE TOPICAL 0.75% GL	5	45.00	44.36	0.35	101%-200% Above	No	No
00713063737	METRONIDAZOLE TOPICAL 0.75% GL	6	45.00	44.36	0.35	101%-200% Above	No	No
00713063737	METRONIDAZOLE TOPICAL 0.75% GL	8	45.00	44.36	0.40	101%-200% Above	No	No
00713065540	TRIAMCINOLONE 0.1% PASTE	6	5.00	9.37	3.19	26%-50% Below	No	No
00713065540	TRIAMCINOLONE 0.1% PASTE	7	5.00	10.83	3.06	26%-50% Below	No	No
00713065631	CLOBETASOL 0.05% OINTMENT	4	60.00	168.39	0.18	200% Above	No	No
00713065631	CLOBETASOL 0.05% OINTMENT	7	30.00	84.20	0.17	200% Above	No	No
00713067831	NYSTATIN 100,000 UNIT/GM CREAM	4	30.00	12.41	0.16	101%-200% Above	No	No
00713067831	NYSTATIN 100,000 UNIT/GM CREAM	5	30.00	12.41	0.13	200% Above	No	No
00713068615	NYSTATIN 100,000 UNIT/GM OINT	7	30.00	14.85	0.26	76%-100% Above	No	No
00713093681	COLESEVELAM 625 MG TABLET	4	90.00	181.57	0.19	200% Above	No	No

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00713093681	COLESEVELAM 625 MG TABLET	5	180.00	236.38	0.20	200% Above	No	No
00713093681	COLESEVELAM 625 MG TABLET	5	540.00	1089.42	0.20	200% Above	No	No
00713093681	COLESEVELAM 625 MG TABLET	6	90.00	181.57	0.24	200% Above	No	No
00713093681	COLESEVELAM 625 MG TABLET	6	180.00	236.38	0.24	200% Above	No	No
00713093681	COLESEVELAM 625 MG TABLET	7	180.00	236.38	0.18	200% Above	No	No
00713093681	COLESEVELAM 625 MG TABLET	8	90.00	109.90	0.23	200% Above	No	No
00713093681	COLESEVELAM 625 MG TABLET	8	90.00	181.57	0.23	200% Above	No	No
00713093681	COLESEVELAM 625 MG TABLET	8	180.00	363.14	0.23	200% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	5	14.00	0.19	0.02	26%-50% Below	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	6	30.00	0.42	0.02	26%-50% Below	No	No
00781107705	ALPRAZOLAM 0.5 MG TABLET	7	30.00	0.44	0.02	10%-25% Below	Yes	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	4	30.00	0.44	0.02	26%-50% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	4	90.00	1.31	0.02	26%-50% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	5	30.00	0.44	0.02	10%-25% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	5	45.00	0.66	0.02	10%-25% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	5	90.00	1.31	0.02	10%-25% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	6	30.00	0.44	0.02	26%-50% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	6	90.00	1.31	0.02	26%-50% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	7	8.00	0.12	0.02	10%-25% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	7	30.00	0.44	0.02	10%-25% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	7	90.00	1.31	0.02	10%-25% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	8	30.00	0.44	0.02	26%-50% Below	No	No
00781107901	ALPRAZOLAM 1 MG TABLET	7	30.00	0.39	0.02	26%-50% Below	No	No
00781107901	ALPRAZOLAM 1 MG TABLET	7	30.00	0.46	0.02	26%-50% Below	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	4	45.00	0.68	0.02	26%-50% Below	Yes	No

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00781107905	ALPRAZOLAM 1 MG TABLET	4	60.00	0.91	0.02	26%-50% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	4	90.00	1.37	0.02	26%-50% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	5	45.00	0.68	0.02	26%-50% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	5	60.00	0.91	0.02	26%-50% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	5	90.00	1.37	0.02	26%-50% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	6	45.00	0.68	0.03	26%-50% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	6	60.00	0.91	0.03	26%-50% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	6	90.00	1.37	0.03	26%-50% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	7	45.00	0.68	0.02	26%-50% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	7	60.00	0.91	0.02	26%-50% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	7	90.00	1.37	0.02	26%-50% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	8	60.00	0.91	0.03	26%-50% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	8	90.00	1.37	0.03	26%-50% Below	Yes	No
00781185220	AMOX-CLAV 875-125 MG TABLET	5	20.00	4.54	0.27	10%-25% Below	No	No
00781185220	AMOX-CLAV 875-125 MG TABLET	6	20.00	4.54	0.31	26%-50% Below	No	No
00781185220	AMOX-CLAV 875-125 MG TABLET	7	20.00	4.54	0.27	10%-25% Below	No	No
00781185220	AMOX-CLAV 875-125 MG TABLET	8	20.00	4.54	0.29	10%-25% Below	No	No
00781196160	CLARITHROMYCIN 250 MG TABLET	5	20.00	5.63	0.44	26%-50% Below	No	No
00781196160	CLARITHROMYCIN 250 MG TABLET	7	42.00	11.82	0.38	10%-25% Below	No	No
00781196260	CLARITHROMYCIN 500 MG TABLET	5	28.00	13.59	0.43	10%-25% Above	No	No
00781210301	TACROLIMUS 1 MG CAPSULE (IMMEDIATE RELEASE)	7	720.00	185.90	0.17	51%-75% Above	No	No
00781223401	OMEPRAZOLE DR 40 MG CAPSULE	7	30.00	1.97	0.05	26%-50% Above	No	No
00781223401	OMEPRAZOLE DR 40 MG CAPSULE	8	90.00	5.92	0.05	26%-50% Above	No	No
00781223410	OMEPRAZOLE DR 40 MG CAPSULE	6	90.00	5.92	0.05	26%-50% Above	No	No
00781236401	METHYLPHENIDATE ER(LA) 40 MG CP	7	30.00	66.87	1.97	10%-25% Above	No	No

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00781261301	AMOXICILLIN 500 MG CAPSULE	7	16.00	0.76	0.08	26%-50% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	4	20.00	0.95	0.09	26%-50% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	5	15.00	0.71	0.09	26%-50% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	5	21.00	1.00	0.09	26%-50% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	6	12.00	0.57	0.11	51%-75% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	6	15.00	0.71	0.11	51%-75% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	6	30.00	1.43	0.11	51%-75% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	7	20.00	0.95	0.08	26%-50% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	7	21.00	1.00	0.08	26%-50% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	8	15.00	0.71	0.10	51%-75% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	8	28.00	1.33	0.10	51%-75% Below	No	No
00781506120	AMOXICILLIN 875 MG TABLET	6	20.00	1.99	0.18	26%-50% Below	No	No
00781517505	MYCOPHENOLATE 500 MG TABLET	7	4.00	0.72	0.23	10%-25% Below	No	No
00781543820	CEFPODOXIME 100 MG TABLET	4	40.00	29.90	0.89	10%-25% Below	No	No
00781613957	AMOX-CLAV 600-42.9 MG/5 ML SUS	4	75.00	3.93	0.08	26%-50% Below	No	No
00781613957	AMOX-CLAV 600-42.9 MG/5 ML SUS	5	150.00	7.86	0.07	10%-25% Below	No	No
00781613957	AMOX-CLAV 600-42.9 MG/5 ML SUS	6	75.00	3.93	0.08	26%-50% Below	No	No
00781613957	AMOX-CLAV 600-42.9 MG/5 ML SUS	6	150.00	7.86	0.08	26%-50% Below	No	No
00781618667	CIPROFLOX-DEXAMETH OTIC SUSP	4	7.50	75.15	14.10	26%-50% Below	Yes	No
00781618667	CIPROFLOX-DEXAMETH OTIC SUSP	5	7.50	75.15	13.69	26%-50% Below	Yes	No
00781710454	ESTRADIOL 0.1 MG PATCH (1/WK)	5	12.00	99.22	11.15	10%-25% Below	No	No
00781714483	ESTRADIOL 0.05 MG PATCH (2/WK)	6	24.00	121.93	6.51	10%-25% Below	Yes	No
00781716783	ESTRADIOL 0.1 MG PATCH (2/WK)	6	24.00	137.76	6.65	10%-25% Below	Yes	No
00781717250	AZELAIC ACID 15% GEL	5	50.00	24.00	0.60	10%-25% Below	Yes	No
00781717250	AZELAIC ACID 15% GEL	6	50.00	24.00	0.75	26%-50% Below	Yes	No

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00781717250	AZELAIC ACID 15% GEL	7	50.00	24.00	0.58	10%-25% Below	Yes	No
00781717250	AZELAIC ACID 15% GEL	8	50.00	24.00	0.76	26%-50% Below	Yes	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	5	6.70	11.85	2.88	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	6	6.70	11.85	2.76	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	6	13.40	23.71	2.76	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	7	6.70	11.85	2.63	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	8	6.70	11.85	2.82	26%-50% Below	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	5	6.00	1.23	0.39	26%-50% Below	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	6	1.00	0.20	0.35	26%-50% Below	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	6	6.00	1.23	0.35	26%-50% Below	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	7	6.00	1.23	0.40	26%-50% Below	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	8	6.00	1.23	0.35	26%-50% Below	No	No
00781808931	AZITHROMYCIN 250 MG TABLET	7	3.00	0.61	0.40	26%-50% Below	No	No
00832003800	OXYBUTYNIN 5 MG TABLET	4	60.00	14.85	0.05	200% Above	No	No
00832003800	OXYBUTYNIN 5 MG TABLET	5	60.00	14.85	0.05	200% Above	No	No
00832003800	OXYBUTYNIN 5 MG TABLET	6	60.00	14.85	0.05	200% Above	No	No
00832003810	OXYBUTYNIN 5 MG TABLET	5	20.00	4.95	0.05	200% Above	No	No
00832054111	BUMETANIDE 1 MG TABLET	5	180.00	78.25	0.15	101%-200% Above	No	No
00832054111	BUMETANIDE 1 MG TABLET	6	210.00	91.29	0.19	101%-200% Above	No	No
00832054111	BUMETANIDE 1 MG TABLET	7	60.00	26.08	0.14	200% Above	No	No
00832059530	EXEMESTANE 25 MG TABLET	7	90.00	31.10	0.56	26%-50% Below	No	No
00832105410	BACLOFEN 10 MG TABLET	4	60.00	1.12	0.04	26%-50% Below	Yes	No
00832105410	BACLOFEN 10 MG TABLET	5	180.00	3.35	0.03	26%-50% Below	Yes	No
00832142515	BRIMONIDINE-TIMOLOL 0.2%-0.5%	7	15.00	154.50	5.01	101%-200% Above	No	No
00832152011	HALOPERIDOL 1 MG TABLET	5	60.00	8.62	0.20	26%-50% Below	Yes	No

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00832532311	POTASSIUM CL ER 10 MEQ TABLET	5	180.00	9.67	0.10	26%-50% Below	No	No
00832532311	POTASSIUM CL ER 10 MEQ TABLET	6	180.00	11.21	0.11	26%-50% Below	No	No
00832532311	POTASSIUM CL ER 10 MEQ TABLET	6	360.00	22.43	0.11	26%-50% Below	No	No
00832532311	POTASSIUM CL ER 10 MEQ TABLET	7	90.00	4.83	0.09	26%-50% Below	No	No
00832532411	POTASSIUM CL ER 10 MEQ TABLET	7	90.00	13.28	0.09	51%-75% Above	No	No
00832532510	POTASSIUM CL ER 20 MEQ TABLET	6	30.00	3.36	0.15	10%-25% Below	No	No
00832532511	POTASSIUM CL ER 20 MEQ TABLET	8	90.00	10.09	0.14	10%-25% Below	No	No
00832604550	FAMOTIDINE 40 MG/5 ML SUSP	4	50.00	16.92	0.41	10%-25% Below	No	No
00832604550	FAMOTIDINE 40 MG/5 ML SUSP	4	100.00	33.84	0.41	10%-25% Below	Yes	No
00832605311	DICYCLOMINE 10 MG CAPSULE	6	20.00	1.43	0.10	26%-50% Below	No	No
00832607211	METHIMAZOLE 5 MG TABLET	8	90.00	13.52	0.08	76%-100% Above	Yes	No
00832607311	METHIMAZOLE 10 MG TABLET	8	90.00	23.36	0.14	76%-100% Above	Yes	No
00832830330	ISOTRETINOIN 30 MG CAPSULE	5	60.00	120.71	2.38	10%-25% Below	No	No
00832830330	ISOTRETINOIN 30 MG CAPSULE	6	60.00	120.71	2.99	26%-50% Below	No	No
00832830330	ISOTRETINOIN 30 MG CAPSULE	8	60.00	120.71	2.83	26%-50% Below	No	No
00904404073	ASPIRIN 81 MG CHEWABLE TABLET	5	90.00	1.40	0.02	10%-25% Below	Yes	No
00904404073	ASPIRIN 81 MG CHEWABLE TABLET	8	90.00	1.40	0.03	26%-50% Below	Yes	No
00904635161	LEVOFLOXACIN 250 MG TABLET	5	7.00	0.54	0.12	26%-50% Below	No	No
00904640180	TAMSULOSIN HCL 0.4 MG CAPSULE	4	90.00	3.41	0.05	10%-25% Below	No	No
00904640180	TAMSULOSIN HCL 0.4 MG CAPSULE	6	180.00	6.82	0.05	26%-50% Below	No	No
00904640180	TAMSULOSIN HCL 0.4 MG CAPSULE	7	90.00	3.41	0.05	10%-25% Below	No	No
00904671760	CETIRIZINE HCL 10 MG TABLET	4	30.00	0.91	0.06	26%-50% Below	No	No
00904671760	CETIRIZINE HCL 10 MG TABLET	5	30.00	0.91	0.06	26%-50% Below	No	No
00904671760	CETIRIZINE HCL 10 MG TABLET	6	30.00	0.91	0.07	51%-75% Below	No	No
00904671760	CETIRIZINE HCL 10 MG TABLET	7	30.00	0.91	0.05	26%-50% Below	No	No

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00904671760	CETIRIZINE HCL 10 MG TABLET	8	30.00	0.91	0.07	51%-75% Below	No	No
00904671772	CETIRIZINE HCL 10 MG TABLET	4	30.00	1.16	0.06	26%-50% Below	No	No
00904671772	CETIRIZINE HCL 10 MG TABLET	4	30.00	1.16	0.06	26%-50% Below	Yes	No
00904671772	CETIRIZINE HCL 10 MG TABLET	5	30.00	1.16	0.06	26%-50% Below	No	No
00904671772	CETIRIZINE HCL 10 MG TABLET	6	30.00	1.16	0.07	26%-50% Below	No	No
00904671772	CETIRIZINE HCL 10 MG TABLET	7	30.00	1.16	0.05	26%-50% Below	No	No
00904671772	CETIRIZINE HCL 10 MG TABLET	8	30.00	1.16	0.07	26%-50% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	5	90.00	0.46	0.01	51%-75% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	6	90.00	0.46	0.01	51%-75% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	7	90.00	0.61	0.01	26%-50% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	8	90.00	0.46	0.02	51%-75% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	8	90.00	0.53	0.02	51%-75% Below	No	No
00904705060	FEXOFENADINE HCL 180 MG TABLET	5	30.00	2.81	0.23	51%-75% Below	No	No
00904705060	FEXOFENADINE HCL 180 MG TABLET	6	30.00	2.81	0.28	51%-75% Below	No	No
00904705060	FEXOFENADINE HCL 180 MG TABLET	6	90.00	8.43	0.28	51%-75% Below	No	No
00904705060	FEXOFENADINE HCL 180 MG TABLET	7	30.00	2.81	0.23	51%-75% Below	No	No
00904723760	BANOPHEN 25 MG CAPSULE	4	30.00	3.39	0.04	101%-200% Above	Yes	No
00904723860	FISH OIL CAP 1000MG	5	100.00	3.24	.		Yes	No
00904759180	FEROSUL TAB 325MG	8	90.00	0.23	.		No	No
00955100410	ENOXAPARIN 40 MG/0.4 ML SYR	7	4.00	26.44	10.14	26%-50% Below	No	No
08290320550	BD PEN NEEDL MIS 32GX4MM	5	100.00	57.47	.		No	No
08290320550	BD PEN NEEDL MIS 32GX4MM	6	100.00	59.70	.		No	No
08290320550	BD PEN NEEDL MIS 32GX4MM	7	100.00	57.47	.		No	No
08290320749	BD MICRO NDL PEN 32GX6MM	4	200.00	117.99	.		No	No
08290320749	BD MICRO NDL PEN 32GX6MM	6	200.00	117.99	.		No	No

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08290320749	BD MICRO NDL PEN 32GX6MM	7	200.00	117.99	.		No	No
08290320749	BD MICRO NDL PEN 32GX6MM	8	200.00	117.99	.		No	No
08290320883	BD PEN NEEDL MIS 32GX4MM	4	100.00	38.47	.		No	No
08290320883	BD PEN NEEDL MIS 32GX4MM	8	100.00	38.47	.		No	No
08290328418	BD UF 1ML SYN 31GX5/16	4	20.00	7.88	.		Yes	No
08290328418	BD UF 1ML SYN 31GX5/16	6	30.00	11.81	.		Yes	No
08290328438	INSULIN SYRG MIS 0.3/31G	5	100.00	39.68	.		No	No
08290329515	BD AUTOSHLD PEN 30GX3/16	7	300.00	268.83	.		No	No
08508300001	OMNIPOD 5 DX KIT INT G7G6	6	1.00	575.29	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	4	10.00	359.23	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	4	30.00	1670.44	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	5	5.00	287.64	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	5	10.00	369.75	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	5	15.00	859.67	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	5	45.00	2583.25	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	6	10.00	369.75	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	6	15.00	859.67	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	6	30.00	1719.34	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	7	10.00	369.75	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	7	10.00	575.29	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	7	15.00	859.67	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	7	30.00	1719.34	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	7	45.00	2583.25	.		No	No
08627001601	DEXCOM G6 MIS TRANSMIT	4	1.00	234.68	.		No	No
08627001601	DEXCOM G6 MIS TRANSMIT	5	1.00	151.41	.		No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
08627001601	DEXCOM G6 MIS TRANSMIT	5	1.00	233.79	.		Yes	No
08627001601	DEXCOM G6 MIS TRANSMIT	5	1.00	234.68	.		No	No
08627001601	DEXCOM G6 MIS TRANSMIT	5	1.00	235.07	.		No	No
08627001601	DEXCOM G6 MIS TRANSMIT	5	1.00	235.57	.		No	No
08627001601	DEXCOM G6 MIS TRANSMIT	6	1.00	151.41	.		No	No
08627001601	DEXCOM G6 MIS TRANSMIT	6	1.00	235.57	.		No	No
08627001601	DEXCOM G6 MIS TRANSMIT	8	1.00	234.68	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	4	3.00	233.10	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	4	3.00	361.31	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	4	3.00	361.90	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	4	3.00	362.68	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	5	3.00	361.31	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	5	3.00	361.90	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	5	3.00	362.68	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	5	9.00	699.30	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	6	3.00	361.31	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	6	3.00	361.90	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	6	3.00	362.68	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	6	9.00	699.30	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	6	9.00	1079.80	.		Yes	No
08627005303	DEXCOM G6 MIS SENSOR	6	9.00	1088.03	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	7	3.00	361.31	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	7	3.00	362.68	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	7	9.00	1083.92	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	7	9.00	1085.70	.		No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
08627005303	DEXCOM G6 MIS SENSOR	8	3.00	361.31	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	4	3.00	359.93	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	4	3.00	361.30	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	4	3.00	361.89	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	4	3.00	362.67	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	4	3.00	365.64	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	4	3.00	393.06	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	4	9.00	1079.78	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	4	9.00	1096.92	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	5	3.00	359.93	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	5	3.00	361.30	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	5	3.00	362.67	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	5	3.00	365.64	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	5	3.00	393.06	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	5	9.00	1079.78	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	6	3.00	359.93	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	6	3.00	361.30	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	6	3.00	361.89	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	6	3.00	362.67	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	6	3.00	365.64	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	6	3.00	393.06	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	6	9.00	1088.01	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	7	3.00	359.93	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	7	3.00	361.30	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	7	3.00	361.89	.		No	No

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08627007701	DEXCOM G7 MIS SENSOR	7	3.00	365.64	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	7	3.00	393.06	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	7	9.00	699.29	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	7	9.00	1062.64	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	7	9.00	1074.30	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	7	9.00	1079.78	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	7	9.00	1083.89	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	7	9.00	1092.81	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	7	9.00	1096.92	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	8	3.00	359.93	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	8	3.00	361.30	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	8	3.00	365.64	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	8	9.00	1074.30	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	8	9.00	1179.19	.		No	No
08627007801	DEXCOM G7 MIS RECEIVER	5	1.00	294.33	.		Yes	No
10135053301	BACLOFEN TAB 20MG	6	120.00	3.91	.		No	No
10135053301	BACLOFEN TAB 20MG	7	360.00	11.74	.		No	No
10135071101	LABETALOL TAB 100MG	5	60.00	5.28	.		No	No
10135077810	PREDNISONE TAB 20MG	4	10.00	0.73	.		No	No
10135077810	PREDNISONE TAB 20MG	6	15.00	1.09	.		No	No
10135077810	PREDNISONE TAB 20MG	6	24.00	1.74	.		No	No
10135077810	PREDNISONE TAB 20MG	7	5.00	0.36	.		No	No
10135078705	EZETIMIBE TAB 10MG	5	30.00	1.82	.		No	No
10135078705	EZETIMIBE TAB 10MG	6	30.00	1.82	.		No	No
10370028011	DUTASTERIDE-TAMSULOSIN 0.5-0.4	7	30.00	65.46	1.97	10%-25% Above	Yes	No

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10370028011	DUTASTERIDE-TAMSULOSIN 0.5-0.4	8	30.00	65.46	1.79	10%-25% Above	Yes	No
10370036711	TOPIRAMATE ER 100 MG CAPSULE	6	30.00	293.44	13.73	26%-50% Below	No	No
10572010001	PEG-3350 AND ELECTROLYTES SOLN	7	4000.00	11.20	0.00	10%-25% Below	No	No
10572010001	PEG-3350 AND ELECTROLYTES SOLN	8	4000.00	11.20	0.00	26%-50% Below	No	No
10702000310	PROMETHAZINE 25 MG TABLET	4	30.00	0.81	0.04	26%-50% Below	No	No
10702000310	PROMETHAZINE 25 MG TABLET	5	30.00	0.81	0.04	26%-50% Below	No	No
10702000310	PROMETHAZINE 25 MG TABLET	6	30.00	0.81	0.05	26%-50% Below	No	No
10702000310	PROMETHAZINE 25 MG TABLET	7	30.00	0.81	0.04	26%-50% Below	No	No
10702000310	PROMETHAZINE 25 MG TABLET	8	30.00	0.81	0.05	26%-50% Below	No	No
10702000350	PROMETHAZINE 25 MG TABLET	4	2.00	0.05	0.04	26%-50% Below	No	No
10702000350	PROMETHAZINE 25 MG TABLET	4	30.00	0.81	0.04	26%-50% Below	No	No
10702000350	PROMETHAZINE 25 MG TABLET	5	6.00	0.16	0.04	26%-50% Below	No	No
10702000350	PROMETHAZINE 25 MG TABLET	7	12.00	0.32	0.04	26%-50% Below	No	No
10702000350	PROMETHAZINE 25 MG TABLET	7	20.00	0.54	0.04	26%-50% Below	No	No
10702000350	PROMETHAZINE 25 MG TABLET	8	30.00	0.81	0.05	26%-50% Below	No	No
10702000709	CYCLOBENZAPRINE 10 MG TABLET	6	20.00	0.19	0.02	51%-75% Below	No	No
10702001150	HYDROXYZINE HCL 25 MG TABLET	6	60.00	3.08	0.05	10%-25% Above	No	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	6	24.00	1.11	0.09	26%-50% Below	No	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	7	12.00	0.56	0.07	26%-50% Below	No	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	7	28.00	1.30	0.07	26%-50% Below	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	7	30.00	1.39	0.07	26%-50% Below	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	8	20.00	0.93	0.10	51%-75% Below	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	8	40.00	1.85	0.10	51%-75% Below	Yes	No
10702001850	OXYCODONE HCL (IR) 5 MG TABLET	5	30.00	1.39	0.08	26%-50% Below	No	No
10702001850	OXYCODONE HCL (IR) 5 MG TABLET	6	15.00	0.69	0.09	26%-50% Below	No	No

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10702001850	OXYCODONE HCL (IR) 5 MG TABLET	8	16.00	0.74	0.10	51%-75% Below	No	No
10702001850	OXYCODONE HCL (IR) 5 MG TABLET	8	120.00	6.12	0.10	26%-50% Below	No	No
10702002501	PHENTERMINE 37.5 MG TABLET	4	30.00	9.69	0.05	200% Above	No	No
10702002501	PHENTERMINE 37.5 MG TABLET	4	30.00	9.69	0.05	200% Above	Yes	No
10702002501	PHENTERMINE 37.5 MG TABLET	5	30.00	3.81	0.06	101%-200% Above	No	No
10702002501	PHENTERMINE 37.5 MG TABLET	5	30.00	9.69	0.06	200% Above	No	No
10702002501	PHENTERMINE 37.5 MG TABLET	8	30.00	11.82	0.08	200% Above	Yes	No
10702002510	PHENTERMINE 37.5 MG TABLET	6	30.00	9.69	0.09	200% Above	No	No
10702002510	PHENTERMINE 37.5 MG TABLET	7	30.00	9.69	0.06	200% Above	No	No
10702005601	OXYCODONE HCL (IR) 10 MG TAB	4	40.00	2.66	0.12	26%-50% Below	Yes	No
10702005601	OXYCODONE HCL (IR) 10 MG TAB	6	120.00	7.99	0.13	26%-50% Below	No	No
10702005750	OXYCODONE HCL (IR) 20 MG TAB	5	120.00	14.98	0.16	10%-25% Below	No	No
10702005750	OXYCODONE HCL (IR) 20 MG TAB	6	120.00	14.98	0.22	26%-50% Below	No	No
10702005750	OXYCODONE HCL (IR) 20 MG TAB	7	120.00	14.98	0.17	26%-50% Below	No	No
10702010101	METHYLPHENIDATE 10 MG TABLET	4	30.00	12.84	0.14	200% Above	Yes	No
10702010101	METHYLPHENIDATE 10 MG TABLET	7	30.00	12.84	0.12	200% Above	Yes	No
10702010701	DEXMETHYLPHENIDATE 5 MG TAB	5	30.00	3.44	0.18	26%-50% Below	No	No
10702015016	HYDROCODONE-HOMATROPINE SOLN	7	140.00	10.65	0.06	26%-50% Above	No	No
10702019001	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	16.00	1.08	0.14	51%-75% Below	Yes	No
10702019001	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	60.00	4.03	0.14	26%-50% Below	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	4	40.00	3.45	0.13	26%-50% Below	No	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	4	72.00	6.21	0.13	26%-50% Below	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	5	20.00	1.73	0.12	26%-50% Below	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	5	30.00	2.59	0.12	26%-50% Below	No	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	5	40.00	3.45	0.12	26%-50% Below	No	No

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10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	6	12.00	1.04	0.15	26%-50% Below	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	6	40.00	3.45	0.15	26%-50% Below	No	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	6	72.00	6.21	0.15	26%-50% Below	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	7	40.00	3.45	0.12	26%-50% Below	No	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	7	40.00	3.45	0.12	26%-50% Below	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	7	72.00	6.21	0.12	26%-50% Below	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	8	12.00	1.04	0.16	26%-50% Below	No	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	8	40.00	3.45	0.16	26%-50% Below	No	No
11527073044	SODIUM FLUORIDE 5000 PPM PASTE	5	100.00	8.06	0.07	10%-25% Above	No	No
11527073044	SODIUM FLUORIDE 5000 PPM PASTE	6	100.00	8.06	0.11	10%-25% Below	No	No
11527075043	SODIUM FLUORIDE 5000 PPM PASTE	5	100.00	9.01	0.07	26%-50% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	4	30.00	0.36	0.02	26%-50% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	5	30.00	0.36	0.02	26%-50% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	6	30.00	0.36	0.03	51%-75% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	7	30.00	0.36	0.02	26%-50% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	8	30.00	0.36	0.02	26%-50% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	8	90.00	1.09	0.02	26%-50% Below	No	No
11845009661	VITAMIN B-12 SUB 1000MCG	7	225.00	2.91	.		No	No
12608003001	ONE TCH 33G LNC DELICAPL	6	200.00	18.80	.		Yes	No
13107000105	MIRTAZAPINE 7.5 MG TABLET	6	30.00	28.92	0.39	101%-200% Above	No	No
13107000130	MIRTAZAPINE 7.5 MG TABLET	5	180.00	173.52	0.40	101%-200% Above	Yes	No
13107000130	MIRTAZAPINE 7.5 MG TABLET	7	30.00	28.92	0.34	101%-200% Above	No	No
13107000130	MIRTAZAPINE 7.5 MG TABLET	8	180.00	173.52	0.42	101%-200% Above	Yes	No
13107001401	GLYCOPYRROLATE 1 MG TABLET	7	60.00	15.28	0.09	101%-200% Above	No	No
13107003134	MIRTAZAPINE 15 MG TABLET	7	30.00	4.46	0.06	101%-200% Above	No	No

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13107003134	MIRTAZAPINE 15 MG TABLET	8	30.00	4.46	0.06	101%-200% Above	No	No
13107003234	MIRTAZAPINE 45 MG TABLET	7	30.00	8.27	0.11	101%-200% Above	No	No
13107003234	MIRTAZAPINE 45 MG TABLET	7	30.00	8.58	0.11	101%-200% Above	No	No
13107007301	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	60.00	13.10	0.25	10%-25% Below	No	No
13107007901	TRAZODONE 50 MG TABLET	6	30.00	0.86	0.03	10%-25% Below	No	No
13107007901	TRAZODONE 50 MG TABLET	6	90.00	2.57	0.03	10%-25% Below	No	No
13107008305	LORAZEPAM 0.5 MG TABLET	4	60.00	1.38	0.04	26%-50% Below	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	5	30.00	0.69	0.04	26%-50% Below	No	No
13107008305	LORAZEPAM 0.5 MG TABLET	5	30.00	0.69	0.04	26%-50% Below	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	5	120.00	2.76	0.04	26%-50% Below	No	No
13107008305	LORAZEPAM 0.5 MG TABLET	6	60.00	1.38	0.05	26%-50% Below	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	7	30.00	0.69	0.04	26%-50% Below	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	7	60.00	1.38	0.04	26%-50% Below	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	7	90.00	2.07	0.04	26%-50% Below	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	8	60.00	1.38	0.05	26%-50% Below	Yes	No
13107008405	LORAZEPAM 1 MG TABLET	5	30.00	0.77	0.05	26%-50% Below	Yes	No
13107008405	LORAZEPAM 1 MG TABLET	5	45.00	1.16	0.05	26%-50% Below	No	No
13107008405	LORAZEPAM 1 MG TABLET	5	45.00	1.16	0.05	26%-50% Below	Yes	No
13107008405	LORAZEPAM 1 MG TABLET	6	1.00	0.03	0.05	26%-50% Below	Yes	No
13107008405	LORAZEPAM 1 MG TABLET	7	1.00	0.03	0.04	26%-50% Below	Yes	No
13107008405	LORAZEPAM 1 MG TABLET	7	30.00	0.77	0.04	26%-50% Below	Yes	No
13107008405	LORAZEPAM 1 MG TABLET	7	45.00	1.16	0.04	26%-50% Below	No	No
13107008499	LORAZEPAM 1 MG TABLET	4	15.00	0.39	0.05	26%-50% Below	No	No
13107015490	PAROXETINE HCL 10 MG TABLET	4	30.00	3.31	0.06	76%-100% Above	Yes	No
13107015490	PAROXETINE HCL 10 MG TABLET	5	90.00	9.92	0.06	76%-100% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13107015530	PAROXETINE HCL 20 MG TABLET	6	30.00	4.03	0.07	76%-100% Above	No	No
13107015530	PAROXETINE HCL 20 MG TABLET	6	90.00	12.10	0.07	76%-100% Above	No	No
13107015530	PAROXETINE HCL 20 MG TABLET	7	90.00	12.10	0.06	101%-200% Above	No	No
13107015590	PAROXETINE HCL 20 MG TABLET	4	90.00	12.10	0.06	101%-200% Above	Yes	No
13107015590	PAROXETINE HCL 20 MG TABLET	7	90.00	12.10	0.06	101%-200% Above	Yes	No
13107015599	PAROXETINE HCL 20 MG TABLET	5	90.00	12.10	0.06	101%-200% Above	No	No
13107015630	PAROXETINE HCL 30 MG TABLET	6	30.00	2.52	0.09	10%-25% Below	No	No
13107015730	PAROXETINE HCL 40 MG TABLET	6	90.00	7.51	0.12	26%-50% Below	No	No
13107015790	PAROXETINE HCL 40 MG TABLET	5	90.00	7.51	0.10	10%-25% Below	Yes	No
13517062810	PHENOBARBITAL 97.2 MG TABLET	4	180.00	115.15	0.21	200% Above	No	No
13668000701	ZOLPIDEM TARTRATE 5 MG TABLET	6	30.00	0.80	0.03	10%-25% Below	No	No
13668000701	ZOLPIDEM TARTRATE 5 MG TABLET	8	30.00	0.80	0.04	10%-25% Below	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	6	30.00	0.80	0.03	10%-25% Below	Yes	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	4	30.00	0.84	0.03	10%-25% Below	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.00	0.84	0.03	10%-25% Below	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	5	90.00	2.51	0.03	10%-25% Below	Yes	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.00	0.84	0.04	26%-50% Below	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.00	0.84	0.04	26%-50% Below	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	8	90.00	2.47	0.04	26%-50% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	4	30.00	0.84	0.03	10%-25% Below	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	4	30.00	0.84	0.03	10%-25% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.00	0.84	0.03	10%-25% Below	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.00	0.84	0.03	10%-25% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	5	90.00	2.51	0.03	10%-25% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.00	0.84	0.04	26%-50% Below	No	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.00	0.84	0.04	26%-50% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	6	90.00	2.51	0.04	26%-50% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	7	90.00	2.51	0.03	10%-25% Below	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.00	0.84	0.04	26%-50% Below	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.00	0.84	0.04	26%-50% Below	Yes	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	4	30.00	0.84	0.03	10%-25% Below	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.00	0.84	0.03	10%-25% Below	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	5	90.00	2.51	0.03	10%-25% Below	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.00	0.84	0.04	26%-50% Below	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	7	90.00	2.51	0.03	10%-25% Below	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.00	0.84	0.04	26%-50% Below	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	4	90.00	6.90	0.02	200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	5	28.00	2.15	0.02	200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	5	90.00	3.82	0.02	101%-200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	5	90.00	6.90	0.02	200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	7	30.00	2.30	0.02	200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	7	90.00	3.82	0.02	76%-100% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	7	90.00	6.90	0.02	200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	8	30.00	2.30	0.02	200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	8	90.00	6.90	0.02	200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	4	90.00	6.90	0.02	200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	5	30.00	2.30	0.02	200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	6	28.00	2.15	0.03	200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	6	30.00	2.30	0.03	200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	7	28.00	2.15	0.02	200% Above	No	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668000905	CITALOPRAM HBR 10 MG TABLET	7	30.00	2.30	0.02	200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	7	90.00	6.90	0.02	200% Above	Yes	No
13668000905	CITALOPRAM HBR 10 MG TABLET	8	28.00	2.15	0.02	200% Above	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	4	30.00	0.63	0.03	10%-25% Below	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	5	30.00	0.63	0.03	10%-25% Below	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	5	90.00	1.90	0.03	10%-25% Below	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	6	90.00	1.90	0.03	26%-50% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	4	90.00	1.90	0.03	10%-25% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	4	90.00	1.90	0.03	10%-25% Below	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	5	30.00	0.63	0.03	10%-25% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	5	30.00	0.63	0.03	10%-25% Below	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	5	30.00	1.45	0.03	76%-100% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	5	90.00	1.90	0.03	10%-25% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	6	30.00	0.63	0.03	26%-50% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	6	30.00	0.63	0.03	26%-50% Below	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	6	90.00	1.90	0.03	26%-50% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	6	90.00	1.90	0.03	26%-50% Below	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	7	30.00	0.63	0.03	10%-25% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	7	30.00	0.63	0.03	10%-25% Below	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	7	90.00	1.90	0.03	10%-25% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	7	90.00	1.90	0.03	10%-25% Below	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	8	30.00	0.63	0.03	26%-50% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	8	30.00	0.63	0.03	26%-50% Below	Yes	No
13668001101	CITALOPRAM HBR 40 MG TABLET	4	30.00	1.65	0.04	26%-50% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	5	30.00	1.65	0.04	26%-50% Above	No	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668001101	CITALOPRAM HBR 40 MG TABLET	6	30.00	1.65	0.04	10%-25% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	6	90.00	4.96	0.04	10%-25% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	7	30.00	1.65	0.04	26%-50% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	8	30.00	1.65	0.05	10%-25% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	4	30.00	1.65	0.04	26%-50% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	4	90.00	4.96	0.04	26%-50% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	4	135.00	7.44	0.04	26%-50% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	5	30.00	1.65	0.04	26%-50% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	6	30.00	1.65	0.04	10%-25% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	6	90.00	4.96	0.04	10%-25% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	7	30.00	1.65	0.04	26%-50% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	7	30.00	1.65	0.04	26%-50% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	8	30.00	1.65	0.05	10%-25% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	8	30.00	1.65	0.05	10%-25% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	8	135.00	7.44	0.05	10%-25% Above	Yes	No
13668004501	LAMOTRIGINE 25 MG TABLET	5	60.00	2.89	0.03	76%-100% Above	Yes	No
13668004501	LAMOTRIGINE 25 MG TABLET	7	42.00	2.02	0.03	76%-100% Above	Yes	No
13668004501	LAMOTRIGINE 25 MG TABLET	7	120.00	5.77	0.03	76%-100% Above	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	8	30.00	1.70	0.05	10%-25% Above	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	8	60.00	3.39	0.05	10%-25% Above	Yes	No
13668004905	LAMOTRIGINE 200 MG TABLET	6	360.00	19.94	0.08	26%-50% Below	No	No
13668007990	MONTELUKAST SOD 4 MG TAB CHEW	8	30.00	2.67	0.08	10%-25% Above	No	No
13668008030	MONTELUKAST SOD 5 MG TAB CHEW	3	30.00	8.99	0.08	200% Above	No	No
13668008090	MONTELUKAST SOD 5 MG TAB CHEW	8	30.00	4.10	0.07	76%-100% Above	No	No
13668008105	MONTELUKAST SOD 10 MG TABLET	4	30.00	2.32	0.05	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668008105	MONTELUKAST SOD 10 MG TABLET	5	90.00	6.96	0.05	26%-50% Above	No	No
13668008105	MONTELUKAST SOD 10 MG TABLET	8	30.00	2.32	0.06	26%-50% Above	No	No
13668008190	MONTELUKAST SOD 10 MG TABLET	6	90.00	6.96	0.06	26%-50% Above	No	No
13668008190	MONTELUKAST SOD 10 MG TABLET	7	30.00	2.32	0.05	51%-75% Above	No	No
13668009190	PRAMIPEXOLE 0.125 MG TABLET	4	30.00	1.77	0.04	51%-75% Above	No	No
13668009190	PRAMIPEXOLE 0.125 MG TABLET	5	30.00	1.77	0.04	26%-50% Above	No	No
13668009190	PRAMIPEXOLE 0.125 MG TABLET	6	30.00	1.77	0.05	26%-50% Above	No	No
13668009190	PRAMIPEXOLE 0.125 MG TABLET	7	30.00	1.77	0.04	51%-75% Above	No	No
13668009190	PRAMIPEXOLE 0.125 MG TABLET	8	30.00	1.77	0.05	26%-50% Above	No	No
13668009290	PRAMIPEXOLE 0.25 MG TABLET	8	90.00	8.96	0.05	101%-200% Above	No	No
13668009390	PRAMIPEXOLE 0.5 MG TABLET	7	30.00	2.85	0.05	76%-100% Above	No	No
13668009490	PRAMIPEXOLE 1 MG TABLET	5	90.00	12.92	0.06	101%-200% Above	Yes	No
13668009490	PRAMIPEXOLE 1 MG TABLET	7	90.00	12.92	0.06	101%-200% Above	No	No
13668009490	PRAMIPEXOLE 1 MG TABLET	8	90.00	12.92	0.07	76%-100% Above	Yes	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	5	60.00	8.00	0.07	101%-200% Above	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	6	60.00	8.00	0.07	76%-100% Above	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	8	60.00	8.00	0.08	51%-75% Above	No	No
13668010410	ISOSORBIDE MONONIT ER 30 MG TB	5	90.00	19.38	0.07	200% Above	Yes	No
13668010510	ISOSORBIDE MONONIT ER 60 MG TB	5	90.00	25.48	0.09	200% Above	Yes	No
13668010510	ISOSORBIDE MONONIT ER 60 MG TB	6	90.00	25.48	0.10	101%-200% Above	Yes	No
13668010510	ISOSORBIDE MONONIT ER 60 MG TB	7	90.00	25.48	0.09	200% Above	Yes	No
13668010510	ISOSORBIDE MONONIT ER 60 MG TB	8	180.00	50.96	0.10	101%-200% Above	Yes	No
13668011510	LOSARTAN TAB 100MG	6	90.00	8.24	.		No	No
13668013501	ESCITALOPRAM 5 MG TABLET	4	90.00	14.82	0.04	200% Above	Yes	No
13668013501	ESCITALOPRAM 5 MG TABLET	5	30.00	4.94	0.04	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668013501	ESCITALOPRAM 5 MG TABLET	5	90.00	14.82	0.04	200% Above	Yes	No
13668013501	ESCITALOPRAM 5 MG TABLET	6	30.00	4.94	0.05	200% Above	No	No
13668013501	ESCITALOPRAM 5 MG TABLET	6	90.00	14.82	0.05	200% Above	Yes	No
13668013501	ESCITALOPRAM 5 MG TABLET	7	30.00	4.94	0.04	200% Above	No	No
13668013501	ESCITALOPRAM 5 MG TABLET	7	30.00	4.94	0.04	200% Above	Yes	No
13668013501	ESCITALOPRAM 5 MG TABLET	7	90.00	14.82	0.04	200% Above	Yes	No
13668013501	ESCITALOPRAM 5 MG TABLET	8	90.00	14.82	0.05	200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	4	90.00	6.47	0.04	51%-75% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	5	30.00	2.16	0.04	51%-75% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	5	90.00	6.47	0.04	51%-75% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	6	90.00	6.47	0.05	26%-50% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	7	30.00	2.16	0.04	51%-75% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	7	90.00	6.47	0.04	51%-75% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	7	90.00	9.49	0.04	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	8	90.00	6.47	0.05	26%-50% Above	Yes	No
13668013610	ESCITALOPRAM 10 MG TABLET	4	90.00	6.47	0.04	51%-75% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	5	30.00	2.16	0.04	51%-75% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	6	30.00	2.16	0.05	26%-50% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	6	90.00	6.47	0.05	26%-50% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	7	30.00	2.16	0.04	51%-75% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	7	90.00	6.47	0.04	51%-75% Above	No	No
13668013701	ESCITALOPRAM 20 MG TABLET	4	30.00	2.45	0.07	10%-25% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	4	90.00	7.34	0.07	10%-25% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	5	30.00	2.45	0.07	10%-25% Above	No	No
13668013701	ESCITALOPRAM 20 MG TABLET	5	30.00	2.45	0.07	10%-25% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668013701	ESCITALOPRAM 20 MG TABLET	5	90.00	7.34	0.07	10%-25% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	7	30.00	2.45	0.07	10%-25% Above	No	No
13668013701	ESCITALOPRAM 20 MG TABLET	7	30.00	2.45	0.07	10%-25% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	7	90.00	7.34	0.07	10%-25% Above	Yes	No
13668013710	ESCITALOPRAM 20 MG TABLET	4	30.00	2.45	0.07	10%-25% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	4	90.00	7.34	0.07	10%-25% Above	No	No
13668018490	PRAMIPEXOLE 0.75 MG TABLET	5	60.00	3.37	0.07	10%-25% Below	No	No
13668018490	PRAMIPEXOLE 0.75 MG TABLET	6	30.00	3.13	0.07	26%-50% Above	No	No
13668018490	PRAMIPEXOLE 0.75 MG TABLET	6	60.00	3.37	0.07	10%-25% Below	No	No
13668018830	SILDENAFIL 100 MG TABLET	6	18.00	136.38	0.17	200% Above	No	No
13668019030	TOLTERODINE TART ER 4 MG CAP	5	90.00	194.00	0.31	200% Above	Yes	No
13668021630	ARIPIPRAZOLE 2 MG TABLET	6	30.00	115.28	0.12	200% Above	No	No
13668021630	ARIPIPRAZOLE 2 MG TABLET	7	90.00	345.83	0.10	200% Above	No	No
13668021730	ARIPIPRAZOLE 5 MG TABLET	7	30.00	115.28	0.09	200% Above	No	No
13668026805	CARBAMAZEPINE 200 MG TABLET	4	90.00	27.50	0.10	101%-200% Above	No	No
13668026805	CARBAMAZEPINE 200 MG TABLET	5	90.00	27.50	0.10	101%-200% Above	No	No
13668026805	CARBAMAZEPINE 200 MG TABLET	6	90.00	27.50	0.16	76%-100% Above	No	No
13668026805	CARBAMAZEPINE 200 MG TABLET	7	90.00	27.50	0.10	200% Above	No	No
13668026805	CARBAMAZEPINE 200 MG TABLET	8	90.00	27.50	0.10	200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	5	15.00	1.46	0.03	200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	6	60.00	1.72	0.03	10%-25% Below	No	No
13668033005	TRAZODONE 50 MG TABLET	6	180.00	5.15	0.03	10%-25% Below	No	No
13668033101	TRAZODONE 100 MG TABLET	5	30.00	1.87	0.05	10%-25% Above	No	No
13668033101	TRAZODONE 100 MG TABLET	7	30.00	1.87	0.05	10%-25% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	7	30.00	1.87	0.05	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668033105	TRAZODONE 100 MG TABLET	7	60.00	3.74	0.05	10%-25% Above	No	No
13668033201	TRAZODONE 150 MG TABLET	4	30.00	5.21	0.10	51%-75% Above	No	No
13668033201	TRAZODONE 150 MG TABLET	5	30.00	5.21	0.11	51%-75% Above	No	No
13668033201	TRAZODONE 150 MG TABLET	6	30.00	5.21	0.13	26%-50% Above	No	No
13668033201	TRAZODONE 150 MG TABLET	7	30.00	5.21	0.10	51%-75% Above	No	No
13668033205	TRAZODONE 150 MG TABLET	5	30.00	5.21	0.11	51%-75% Above	No	No
13668034030	LAMOTRIGINE ER 50 MG TABLET	7	30.00	137.48	0.50	200% Above	No	No
13668034030	LAMOTRIGINE ER 50 MG TABLET	8	30.00	37.56	0.84	26%-50% Above	No	No
13668034130	LAMOTRIGINE ER 100 MG TABLET	7	270.00	1325.43	0.61	200% Above	No	No
13668035330	NEBIVOLOL 2.5 MG TABLET	4	90.00	68.02	0.08	200% Above	Yes	No
13668035430	NEBIVOLOL 5 MG TABLET	4	11.00	7.96	0.11	200% Above	Yes	No
13668035430	NEBIVOLOL 5 MG TABLET	5	90.00	65.16	0.12	200% Above	Yes	No
13668035530	NEBIVOLOL 10 MG TABLET	4	90.00	65.67	0.16	200% Above	Yes	No
13668035530	NEBIVOLOL 10 MG TABLET	5	90.00	65.67	0.15	200% Above	Yes	No
13668035530	NEBIVOLOL 10 MG TABLET	7	90.00	65.67	0.12	200% Above	Yes	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.00	6.53	0.05	51%-75% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	7	60.00	4.36	0.05	51%-75% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.00	2.18	0.05	26%-50% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	6.53	0.05	26%-50% Above	No	No
13668048201	MINOCYCLINE 50 MG CAPSULE	5	30.00	3.20	0.16	26%-50% Below	No	No
13668048201	MINOCYCLINE 50 MG CAPSULE	5	60.00	6.41	0.16	26%-50% Below	No	No
13668048201	MINOCYCLINE 50 MG CAPSULE	6	30.00	3.20	0.18	26%-50% Below	No	No
13668048201	MINOCYCLINE 50 MG CAPSULE	7	30.00	3.20	0.14	26%-50% Below	No	No
13668048201	MINOCYCLINE 50 MG CAPSULE	8	30.00	3.20	0.18	26%-50% Below	No	No
13668048450	MINOCYCLINE 100 MG CAPSULE	5	20.00	4.00	0.31	26%-50% Below	No	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668048501	MINOCYCLINE HCL 50 MG TABLET	5	90.00	114.61	0.24	200% Above	No	No
13668048501	MINOCYCLINE HCL 50 MG TABLET	8	90.00	114.61	0.30	200% Above	No	No
13668051502	ACYCLOVIR 5% OINTMENT	8	30.00	74.88	0.48	200% Above	No	No
13668059284	APREPITANT 80 MG CAPSULE	5	2.00	71.44	70.52	26%-50% Below	Yes	No
13668059501	NYSTATIN 100,000 UNIT/GM CREAM	4	75.00	36.76	0.23	101%-200% Above	Yes	No
13668059501	NYSTATIN 100,000 UNIT/GM CREAM	7	15.00	7.35	0.20	101%-200% Above	No	No
13668059501	NYSTATIN 100,000 UNIT/GM CREAM	7	75.00	36.76	0.20	101%-200% Above	Yes	No
13668059502	NYSTATIN 100,000 UNIT/GM CREAM	5	60.00	24.82	0.13	200% Above	No	No
13668059502	NYSTATIN 100,000 UNIT/GM CREAM	7	30.00	12.41	0.13	200% Above	Yes	No
13668059502	NYSTATIN 100,000 UNIT/GM CREAM	8	30.00	12.41	0.16	101%-200% Above	No	No
13668072005	ROSUVASTATIN CALCIUM 5 MG TAB	6	90.00	151.89	0.04	200% Above	No	No
13668072005	ROSUVASTATIN CALCIUM 5 MG TAB	7	90.00	151.89	0.04	200% Above	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	4	30.00	50.49	0.04	200% Above	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.00	50.49	0.04	200% Above	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.00	50.49	0.05	200% Above	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.00	151.46	0.05	200% Above	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	7	90.00	151.46	0.04	200% Above	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.00	50.49	0.05	200% Above	No	No
13668072205	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.00	151.09	0.05	200% Above	No	No
13668072305	ROSUVASTATIN CALCIUM 40 MG TAB	4	90.00	151.03	0.09	200% Above	No	No
13668072305	ROSUVASTATIN CALCIUM 40 MG TAB	6	90.00	151.03	0.10	200% Above	No	No
13811009332	ESTRADIOL 0.1% (1 MG) GEL PKT	6	30.00	64.62	2.44	10%-25% Below	No	No
13811009432	ESTRADIOL 0.1% (1.25 MG) GEL PK	4	37.50	45.68	2.55	51%-75% Below	No	No
13811009432	ESTRADIOL 0.1% (1.25 MG) GEL PK	5	37.50	45.68	2.88	51%-75% Below	No	No
13811009432	ESTRADIOL 0.1% (1.25 MG) GEL PK	6	37.50	45.68	2.00	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13811009432	ESTRADIOL 0.1% (1.25 MG) GEL PK	7	37.50	45.68	1.80	26%-50% Below	No	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	4	30.00	159.74	0.55	200% Above	No	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	5	30.00	159.74	0.56	200% Above	No	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	5	30.00	159.74	0.56	200% Above	Yes	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	6	30.00	159.74	0.73	200% Above	No	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	6	30.00	159.74	0.73	200% Above	Yes	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	7	30.00	159.74	0.77	200% Above	Yes	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	8	30.00	159.74	0.82	200% Above	Yes	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	4	30.00	163.74	0.58	200% Above	No	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	5	30.00	163.74	0.63	200% Above	No	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	6	30.00	163.74	0.74	200% Above	Yes	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	7	30.00	163.74	0.71	200% Above	No	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	8	30.00	163.74	0.86	200% Above	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	4	30.00	81.49	0.60	200% Above	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	4	30.00	168.90	0.60	200% Above	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	4	60.00	337.79	0.60	200% Above	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	5	30.00	168.90	0.67	200% Above	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	5	30.00	168.90	0.67	200% Above	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	5	60.00	337.79	0.67	200% Above	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	6	30.00	81.49	0.85	200% Above	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	6	30.00	168.90	0.85	200% Above	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	7	30.00	168.90	0.63	200% Above	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	7	30.00	168.90	0.63	200% Above	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	8	30.00	168.90	0.70	200% Above	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	8	30.00	168.90	0.70	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13811070910	METHYLPHENIDATE ER 54 MG TAB	4	30.00	183.77	0.63	200% Above	No	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	4	30.00	183.77	0.63	200% Above	Yes	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	5	30.00	183.77	0.74	200% Above	No	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	5	30.00	183.77	0.74	200% Above	Yes	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	6	30.00	183.77	0.93	200% Above	No	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	6	30.00	183.77	0.93	200% Above	Yes	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	7	30.00	183.77	0.80	200% Above	No	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	7	30.00	183.77	0.80	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	4	10.00	6.43	0.40	51%-75% Above	No	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	4	10.00	6.43	0.40	51%-75% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	4	10.00	16.19	0.40	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	4	14.00	9.01	0.40	51%-75% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	5	10.00	6.43	0.41	51%-75% Above	No	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	5	10.00	6.43	0.41	51%-75% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	5	14.00	9.01	0.41	51%-75% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	5	30.00	19.30	0.41	51%-75% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	6	10.00	6.43	0.52	10%-25% Above	No	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	6	14.00	3.42	0.52	51%-75% Below	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	6	14.00	9.01	0.52	10%-25% Above	No	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	6	14.00	9.01	0.52	10%-25% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	7	10.00	6.43	0.42	51%-75% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	7	14.00	9.01	0.42	51%-75% Above	No	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	7	14.00	9.01	0.42	51%-75% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	7	20.00	12.87	0.42	51%-75% Above	No	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	8	14.00	9.01	0.50	26%-50% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13811071910	NITROFURANTOIN MONO-MCR 100 MG	8	30.00	19.30	0.50	26%-50% Above	No	No
14539067401	HYDROXYZINE PAM 25 MG CAP	7	12.00	0.45	0.06	26%-50% Below	No	No
14539067401	HYDROXYZINE PAM 25 MG CAP	8	30.00	1.13	0.06	26%-50% Below	No	No
14539067405	HYDROXYZINE PAM 25 MG CAP	4	30.00	1.13	0.06	26%-50% Below	No	No
14539067405	HYDROXYZINE PAM 25 MG CAP	4	90.00	3.38	0.06	26%-50% Below	No	No
14539067405	HYDROXYZINE PAM 25 MG CAP	5	30.00	1.13	0.06	26%-50% Below	No	No
14539067405	HYDROXYZINE PAM 25 MG CAP	6	30.00	1.13	0.06	26%-50% Below	No	No
14539067405	HYDROXYZINE PAM 25 MG CAP	7	30.00	1.13	0.06	26%-50% Below	No	No
16571010009	MONTELUKAST SOD 10 MG TABLET	6	90.00	6.96	0.06	26%-50% Above	Yes	No
16571010009	MONTELUKAST SOD 10 MG TABLET	7	90.00	6.96	0.05	51%-75% Above	Yes	No
16571010010	MONTELUKAST SOD 10 MG TABLET	7	30.00	2.32	0.05	51%-75% Above	No	No
16571011201	HYDROXYCHLOROQUINE 200 MG TAB	4	60.00	44.20	0.16	200% Above	No	No
16571011201	HYDROXYCHLOROQUINE 200 MG TAB	8	60.00	44.20	0.18	200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	7	60.00	3.08	0.03	26%-50% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	6	180.00	9.25	0.05	10%-25% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	7	60.00	5.31	0.03	101%-200% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	7	90.00	4.63	0.03	26%-50% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	8	60.00	5.31	0.04	101%-200% Above	No	No
16571011501	HYDROXYZINE HCL 50 MG TABLET	7	30.00	8.38	0.06	200% Above	No	No
16571011501	HYDROXYZINE HCL 50 MG TABLET	8	30.00	8.38	0.07	200% Above	No	No
16571011650	GABAPENTIN 600 MG TABLET	5	270.00	9.50	0.08	51%-75% Below	No	No
16571011650	GABAPENTIN 600 MG TABLET	8	270.00	9.50	0.09	51%-75% Below	No	No
16571012848	CHLORHEXIDINE 0.12% RINSE	4	473.00	2.03	0.01	26%-50% Below	No	No
16571012848	CHLORHEXIDINE 0.12% RINSE	4	473.00	2.03	0.01	26%-50% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	5	473.00	2.03	0.01	26%-50% Below	Yes	No

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16571012848	CHLORHEXIDINE 0.12% RINSE	6	473.00	2.03	0.01	26%-50% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	7	473.00	2.03	0.01	26%-50% Below	Yes	No
16571013709	ATORVASTATIN 20 MG TABLET	5	90.00	8.72	0.03	101%-200% Above	No	No
16571013710	ATORVASTATIN 20 MG TABLET	7	30.00	2.91	0.03	200% Above	No	No
16571013710	ATORVASTATIN 20 MG TABLET	7	90.00	8.72	0.03	200% Above	No	No
16571013710	ATORVASTATIN 20 MG TABLET	8	90.00	8.72	0.04	101%-200% Above	No	No
16571013809	ATORVASTATIN 40 MG TABLET	4	90.00	8.75	0.05	76%-100% Above	No	No
16571013809	ATORVASTATIN 40 MG TABLET	5	90.00	8.75	0.05	101%-200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	6	90.00	8.75	0.06	51%-75% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	8	30.00	2.92	0.06	76%-100% Above	No	No
16571013910	ATORVASTATIN 80 MG TABLET	5	30.00	3.36	0.07	51%-75% Above	No	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	4	60.00	3.41	0.08	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	5	14.00	0.80	0.08	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	5	28.00	1.59	0.08	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	5	60.00	3.41	0.08	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	5	60.00	10.45	0.08	101%-200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	5	180.00	10.24	0.08	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	6	42.00	2.39	0.10	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	6	60.00	3.41	0.10	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	6	180.00	10.24	0.10	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	7	60.00	3.41	0.08	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	7	60.00	10.45	0.08	101%-200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	7	90.00	5.12	0.08	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	7	180.00	10.24	0.08	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	8	60.00	3.41	0.10	26%-50% Below	Yes	No

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16571020106	DICLOFENAC SOD EC 75 MG TAB	8	60.00	10.45	0.10	76%-100% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	8	180.00	10.06	0.10	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	8	180.00	10.24	0.10	26%-50% Below	Yes	No
16571020110	DICLOFENAC SOD EC 75 MG TAB	5	20.00	3.32	0.08	101%-200% Above	No	No
16571020110	DICLOFENAC SOD EC 75 MG TAB	5	40.00	2.28	0.08	26%-50% Below	No	No
16571020110	DICLOFENAC SOD EC 75 MG TAB	8	28.00	1.59	0.10	26%-50% Below	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	4	60.00	3.41	0.08	26%-50% Below	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	7	60.00	3.41	0.08	26%-50% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	5	30.00	1.71	0.08	26%-50% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	5	180.00	10.24	0.08	26%-50% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	6	180.00	10.24	0.10	26%-50% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	7	10.00	0.57	0.08	26%-50% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	7	30.00	1.71	0.08	26%-50% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	7	60.00	3.41	0.08	26%-50% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	8	60.00	3.41	0.10	26%-50% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	8	180.00	10.24	0.10	26%-50% Below	No	No
16571020206	DICLOFENAC SOD EC 50 MG TAB	5	28.00	2.53	0.08	10%-25% Above	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	5	60.00	5.41	0.08	10%-25% Above	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	5	110.00	9.92	0.08	10%-25% Above	Yes	No
16571040110	CETIRIZINE HCL 5 MG TABLET	4	30.00	0.95	0.05	26%-50% Below	Yes	No
16571040110	CETIRIZINE HCL 5 MG TABLET	6	30.00	0.95	0.05	26%-50% Below	Yes	No
16571040110	CETIRIZINE HCL 5 MG TABLET	7	30.00	0.95	0.04	26%-50% Below	Yes	No
16571040110	CETIRIZINE HCL 5 MG TABLET	8	30.00	0.95	0.05	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	4	14.00	0.54	0.06	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	4	30.00	1.16	0.06	26%-50% Below	No	No

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16571040250	CETIRIZINE HCL 10 MG TABLET	4	30.00	1.16	0.06	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	4	45.00	1.73	0.06	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	4	90.00	1.80	0.06	51%-75% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	4	90.00	3.47	0.06	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	5	30.00	1.16	0.06	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	5	30.00	1.16	0.06	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	5	90.00	1.80	0.06	51%-75% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	5	90.00	3.47	0.06	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	5	90.00	3.47	0.06	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	6	30.00	1.16	0.07	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	6	30.00	1.16	0.07	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	6	90.00	1.80	0.07	51%-75% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	7	10.00	0.39	0.05	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	7	30.00	1.16	0.05	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	7	30.00	1.16	0.05	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	7	90.00	1.80	0.05	51%-75% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	7	180.00	6.93	0.05	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	8	30.00	1.16	0.07	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	8	30.00	1.16	0.07	26%-50% Below	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	4	14.00	2.13	0.13	10%-25% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	4	20.00	3.04	0.13	10%-25% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	5	10.00	1.52	0.13	10%-25% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	7	6.00	0.91	0.13	10%-25% Above	No	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	7	10.00	1.52	0.13	10%-25% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	7	14.00	2.13	0.13	10%-25% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571041250	CIPROFLOXACIN HCL 500 MG TAB	7	20.00	3.04	0.13	10%-25% Above	Yes	No
16571066101	MECLIZINE 25 MG TABLET	4	60.00	3.41	0.07	10%-25% Below	Yes	No
16571066101	MECLIZINE 25 MG TABLET	5	30.00	1.70	0.08	26%-50% Below	No	No
16571066101	MECLIZINE 25 MG TABLET	6	30.00	1.70	0.09	26%-50% Below	Yes	No
16571066110	MECLIZINE 25 MG TABLET	4	30.00	1.70	0.07	10%-25% Below	No	No
16571066110	MECLIZINE 25 MG TABLET	7	30.00	1.70	0.07	10%-25% Below	No	No
16571066401	METRONIDAZOLE 500 MG TABLET	5	14.00	5.20	0.09	200% Above	No	No
16571066401	METRONIDAZOLE 500 MG TABLET	6	15.00	5.57	0.12	200% Above	No	No
16571066401	METRONIDAZOLE 500 MG TABLET	7	14.00	5.20	0.09	200% Above	No	No
16571066450	METRONIDAZOLE 500 MG TABLET	4	30.00	5.54	0.10	76%-100% Above	No	No
16571066450	METRONIDAZOLE 500 MG TABLET	5	14.00	2.58	0.09	101%-200% Above	No	No
16571066450	METRONIDAZOLE 500 MG TABLET	6	14.00	2.58	0.12	51%-75% Above	No	No
16571069803	LANSOPRAZOLE DR 30 MG CAPSULE	4	30.00	4.14	0.10	26%-50% Above	No	No
16571069803	LANSOPRAZOLE DR 30 MG CAPSULE	7	30.00	4.14	0.09	51%-75% Above	No	No
16571072010	QUETIAPINE FUMARATE 200 MG TAB	4	60.00	5.08	0.10	10%-25% Below	No	No
16571074409	GLYCOPYRROLATE 2 MG TABLET	5	120.00	66.14	0.17	200% Above	No	No
16571074409	GLYCOPYRROLATE 2 MG TABLET	6	120.00	66.14	0.21	101%-200% Above	No	No
16571074409	GLYCOPYRROLATE 2 MG TABLET	7	120.00	66.14	0.16	200% Above	No	No
16571075601	ESCITALOPRAM 10 MG TABLET	5	30.00	2.16	0.04	51%-75% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	6	90.00	6.47	0.05	26%-50% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	7	30.00	2.16	0.04	51%-75% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	8	90.00	6.47	0.05	26%-50% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	8	90.00	8.54	0.05	76%-100% Above	No	No
16571076209	LEVOCARNITINE 330 MG TABLET	7	90.00	56.29	0.49	26%-50% Above	No	No
16571076209	LEVOCARNITINE 330 MG TABLET	8	90.00	56.29	0.56	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571077809	DONEPEZIL HCL 5 MG TABLET	6	15.00	1.06	0.04	76%-100% Above	No	No
16571077909	DONEPEZIL HCL 10 MG TABLET	5	30.00	6.53	0.04	200% Above	No	No
16571077950	DONEPEZIL HCL 10 MG TABLET	6	30.00	6.53	0.05	200% Above	No	No
16571077950	DONEPEZIL HCL 10 MG TABLET	7	30.00	6.53	0.04	200% Above	No	No
16571078101	CARISOPRODOL 350 MG TABLET	4	45.00	1.86	0.06	26%-50% Below	Yes	No
16571078101	CARISOPRODOL 350 MG TABLET	8	20.00	0.83	0.07	26%-50% Below	Yes	No
16571080901	QUETIAPINE 150 MG TABLET	4	90.00	91.30	1.23	10%-25% Below	Yes	No
16571081450	DENTA 5000 PLUS CREAM	6	51.00	4.55	0.08	10%-25% Above	Yes	No
16571081450	DENTA 5000 PLUS CREAM	7	51.00	4.55	0.07	26%-50% Above	No	No
16571082201	LORATADINE 10 MG TABLET	5	30.00	0.93	0.05	26%-50% Below	No	No
16571082201	LORATADINE 10 MG TABLET	6	30.00	0.93	0.06	26%-50% Below	No	No
16571082201	LORATADINE 10 MG TABLET	7	30.00	0.93	0.05	26%-50% Below	No	No
16571082201	LORATADINE 10 MG TABLET	8	30.00	0.93	0.06	26%-50% Below	No	No
16571082230	LORATADINE 10 MG TABLET	4	30.00	0.93	0.06	26%-50% Below	No	No
16571082230	LORATADINE 10 MG TABLET	5	30.00	0.93	0.05	26%-50% Below	No	No
16571082230	LORATADINE 10 MG TABLET	8	90.00	2.78	0.06	26%-50% Below	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	3	30.00	6.81	0.12	76%-100% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	4	30.00	6.81	0.10	101%-200% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	5	30.00	6.81	0.10	101%-200% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	6	30.00	6.81	0.11	76%-100% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	7	30.00	6.81	0.10	101%-200% Above	No	No
16571086250	BUPROPION HCL XL 150 MG TABLET	6	30.00	6.81	0.11	76%-100% Above	No	No
16571086250	BUPROPION HCL XL 150 MG TABLET	7	30.00	6.81	0.10	101%-200% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	4	30.00	8.51	0.15	76%-100% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	5	30.00	8.51	0.14	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571086350	BUPROPION HCL XL 300 MG TABLET	6	30.00	8.51	0.17	51%-75% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	7	30.00	8.51	0.13	101%-200% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	7	90.00	25.52	0.13	101%-200% Above	No	No
16571086801	GABAPENTIN 300 MG CAPSULE	5	120.00	2.09	0.04	51%-75% Below	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	4	90.00	1.57	0.04	51%-75% Below	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	4	360.00	6.26	0.04	51%-75% Below	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	5	270.00	4.70	0.04	51%-75% Below	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	7	90.00	1.57	0.04	51%-75% Below	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	7	360.00	6.26	0.04	51%-75% Below	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	8	270.00	4.70	0.04	51%-75% Below	No	No
16714000801	ISOSORBIDE DINITRATE 10 MG TAB	6	180.00	98.88	0.27	101%-200% Above	No	No
16714001001	ISOSORBIDE DINITRATE 30 MG TAB	4	90.00	42.41	0.37	26%-50% Above	No	No
16714001001	ISOSORBIDE DINITRATE 30 MG TAB	5	90.00	42.41	0.33	26%-50% Above	No	No
16714001001	ISOSORBIDE DINITRATE 30 MG TAB	6	90.00	42.41	0.34	26%-50% Above	No	No
16714001001	ISOSORBIDE DINITRATE 30 MG TAB	7	90.00	42.41	0.34	26%-50% Above	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	4	14.00	3.18	0.28	10%-25% Below	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	4	20.00	4.54	0.28	10%-25% Below	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	4	20.00	9.22	0.28	51%-75% Above	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	5	14.00	3.18	0.27	10%-25% Below	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	5	20.00	4.54	0.27	10%-25% Below	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	5	20.00	9.22	0.27	51%-75% Above	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	5	20.00	9.72	0.27	76%-100% Above	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	6	14.00	3.18	0.31	26%-50% Below	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	6	20.00	4.54	0.31	26%-50% Below	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	6	20.00	9.22	0.31	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714001401	AMOX-CLAV 875-125 MG TABLET	7	14.00	3.18	0.27	10%-25% Below	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	7	20.00	4.54	0.27	10%-25% Below	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	7	20.00	9.22	0.27	51%-75% Above	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	7	30.00	6.81	0.27	10%-25% Below	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	8	14.00	3.18	0.29	10%-25% Below	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	8	20.00	4.54	0.29	10%-25% Below	No	No
16714001402	AMOX-CLAV 875-125 MG TABLET	4	14.00	3.18	0.28	10%-25% Below	No	No
16714001402	AMOX-CLAV 875-125 MG TABLET	6	20.00	4.54	0.31	26%-50% Below	No	No
16714003501	LEVETIRACETAM 500 MG TABLET	4	450.00	59.90	0.07	76%-100% Above	No	No
16714003501	LEVETIRACETAM 500 MG TABLET	7	450.00	59.90	0.07	76%-100% Above	No	No
16714003902	COLCHICINE 0.6 MG TABLET	7	5.00	11.61	0.16	200% Above	No	No
16714006401	CARBAMAZEPINE ER 200 MG TABLET	4	150.00	93.63	0.39	51%-75% Above	No	No
16714006401	CARBAMAZEPINE ER 200 MG TABLET	5	150.00	93.63	0.29	101%-200% Above	No	No
16714006401	CARBAMAZEPINE ER 200 MG TABLET	6	150.00	93.63	0.52	10%-25% Above	No	No
16714006401	CARBAMAZEPINE ER 200 MG TABLET	7	150.00	93.63	0.39	51%-75% Above	No	No
16714008110	HYDROXYZINE HCL 10 MG TABLET	4	30.00	5.17	0.03	200% Above	No	No
16714008110	HYDROXYZINE HCL 10 MG TABLET	7	20.00	3.45	0.03	200% Above	No	No
16714008110	HYDROXYZINE HCL 10 MG TABLET	8	90.00	15.51	0.03	200% Above	No	No
16714008210	HYDROXYZINE HCL 25 MG TABLET	5	30.00	1.54	0.04	26%-50% Above	No	No
16714008210	HYDROXYZINE HCL 25 MG TABLET	5	60.00	3.08	0.04	26%-50% Above	No	No
16714008210	HYDROXYZINE HCL 25 MG TABLET	7	28.00	1.44	0.03	26%-50% Above	No	No
16714008210	HYDROXYZINE HCL 25 MG TABLET	7	30.00	1.54	0.03	26%-50% Above	No	No
16714008210	HYDROXYZINE HCL 25 MG TABLET	7	40.00	2.06	0.03	26%-50% Above	No	No
16714008210	HYDROXYZINE HCL 25 MG TABLET	7	60.00	3.08	0.03	26%-50% Above	No	No
16714008211	HYDROXYZINE HCL 25 MG TABLET	4	30.00	2.41	0.04	101%-200% Above	No	No

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16714008211	HYDROXYZINE HCL 25 MG TABLET	5	30.00	2.41	0.04	101%-200% Above	No	No
16714008211	HYDROXYZINE HCL 25 MG TABLET	5	90.00	7.22	0.04	101%-200% Above	No	No
16714008211	HYDROXYZINE HCL 25 MG TABLET	6	60.00	3.08	0.05	10%-25% Above	No	No
16714008211	HYDROXYZINE HCL 25 MG TABLET	7	30.00	2.41	0.03	101%-200% Above	No	No
16714008211	HYDROXYZINE HCL 25 MG TABLET	8	90.00	7.22	0.04	76%-100% Above	No	No
16714008212	HYDROXYZINE HCL 25 MG TABLET	4	60.00	3.08	0.04	26%-50% Above	No	No
16714008212	HYDROXYZINE HCL 25 MG TABLET	6	20.00	1.03	0.05	10%-25% Above	No	No
16714008212	HYDROXYZINE HCL 25 MG TABLET	6	90.00	4.63	0.05	10%-25% Above	No	No
16714008212	HYDROXYZINE HCL 25 MG TABLET	7	90.00	4.63	0.03	26%-50% Above	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	4	60.00	16.76	0.06	200% Above	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	5	60.00	16.76	0.05	200% Above	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	6	60.00	16.76	0.06	200% Above	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	6	90.00	12.48	0.06	101%-200% Above	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	7	60.00	8.32	0.06	101%-200% Above	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	7	60.00	16.76	0.06	200% Above	No	No
16714010105	GEMFIBROZIL 600 MG TABLET	5	30.00	2.06	0.10	26%-50% Below	No	No
16714010105	GEMFIBROZIL 600 MG TABLET	6	30.00	2.06	0.11	26%-50% Below	No	No
16714011001	HYDROXYCHLOROQUINE 200 MG TAB	4	60.00	44.20	0.16	200% Above	No	No
16714011001	HYDROXYCHLOROQUINE 200 MG TAB	5	60.00	44.20	0.15	200% Above	No	No
16714011001	HYDROXYCHLOROQUINE 200 MG TAB	6	90.00	192.10	0.18	200% Above	No	No
16714011001	HYDROXYCHLOROQUINE 200 MG TAB	7	60.00	44.20	0.15	200% Above	No	No
16714011001	HYDROXYCHLOROQUINE 200 MG TAB	7	90.00	66.30	0.15	200% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	4	30.00	1.97	0.05	26%-50% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	5	15.00	0.99	0.05	26%-50% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	5	30.00	1.97	0.05	26%-50% Above	No	No

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16714012302	OMEPRAZOLE DR 40 MG CAPSULE	6	30.00	1.97	0.05	26%-50% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	6	90.00	5.92	0.05	26%-50% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	6	90.00	14.33	0.05	200% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	7	15.00	0.99	0.05	26%-50% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	7	30.00	1.97	0.05	26%-50% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	7	90.00	14.33	0.05	200% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	8	30.00	1.97	0.05	26%-50% Above	No	No
16714012303	OMEPRAZOLE DR 40 MG CAPSULE	4	30.00	1.97	0.05	26%-50% Above	No	No
16714012303	OMEPRAZOLE DR 40 MG CAPSULE	4	90.00	5.92	0.05	26%-50% Above	No	No
16714012303	OMEPRAZOLE DR 40 MG CAPSULE	5	30.00	1.97	0.05	26%-50% Above	No	No
16714012303	OMEPRAZOLE DR 40 MG CAPSULE	5	90.00	5.92	0.05	26%-50% Above	No	No
16714012303	OMEPRAZOLE DR 40 MG CAPSULE	6	30.00	1.97	0.05	26%-50% Above	No	No
16714012303	OMEPRAZOLE DR 40 MG CAPSULE	7	30.00	1.97	0.05	26%-50% Above	No	No
16714012303	OMEPRAZOLE DR 40 MG CAPSULE	7	90.00	5.92	0.05	26%-50% Above	No	No
16714012303	OMEPRAZOLE DR 40 MG CAPSULE	8	30.00	1.97	0.05	26%-50% Above	No	No
16714012303	OMEPRAZOLE DR 40 MG CAPSULE	8	90.00	5.92	0.05	26%-50% Above	No	No
16714013301	DOXEPIN 25 MG CAPSULE	4	30.00	1.60	0.14	51%-75% Below	No	No
16714013301	DOXEPIN 25 MG CAPSULE	5	30.00	1.60	0.15	51%-75% Below	No	No
16714013301	DOXEPIN 25 MG CAPSULE	6	30.00	1.60	0.16	51%-75% Below	No	No
16714013301	DOXEPIN 25 MG CAPSULE	7	30.00	1.60	0.13	51%-75% Below	No	No
16714013301	DOXEPIN 25 MG CAPSULE	7	90.00	4.79	0.13	51%-75% Below	No	No
16714014101	ARIPIRAZOLE 2 MG TABLET	5	30.00	115.28	0.10	200% Above	No	No
16714014101	ARIPIRAZOLE 2 MG TABLET	7	30.00	115.28	0.10	200% Above	No	No
16714014201	ARIPIRAZOLE 5 MG TABLET	4	15.00	57.64	0.09	200% Above	No	No
16714014201	ARIPIRAZOLE 5 MG TABLET	5	15.00	90.25	0.09	200% Above	No	No

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16714014201	ARIPIPIRAZOLE 5 MG TABLET	5	30.00	115.28	0.09	200% Above	No	No
16714014201	ARIPIPIRAZOLE 5 MG TABLET	6	30.00	180.50	0.12	200% Above	No	No
16714014201	ARIPIPIRAZOLE 5 MG TABLET	7	30.00	180.50	0.09	200% Above	No	No
16714015503	NORETH-EE-FE 1-0.02(24)-75 CAP	5	28.00	67.35	0.93	101%-200% Above	No	No
16714015503	NORETH-EE-FE 1-0.02(24)-75 CAP	6	28.00	67.35	0.85	101%-200% Above	No	No
16714015503	NORETH-EE-FE 1-0.02(24)-75 CAP	7	28.00	67.35	0.89	101%-200% Above	No	No
16714015701	PROGESTERONE 100 MG CAPSULE	4	30.00	34.43	0.20	200% Above	No	No
16714015701	PROGESTERONE 100 MG CAPSULE	5	60.00	68.87	0.19	200% Above	No	No
16714015701	PROGESTERONE 100 MG CAPSULE	6	30.00	34.43	0.30	200% Above	No	No
16714015701	PROGESTERONE 100 MG CAPSULE	6	60.00	68.87	0.30	200% Above	No	No
16714015701	PROGESTERONE 100 MG CAPSULE	7	30.00	34.43	0.20	200% Above	No	No
16714015701	PROGESTERONE 100 MG CAPSULE	7	90.00	103.30	0.20	200% Above	No	No
16714015801	PROGESTERONE 200 MG CAPSULE	5	10.00	9.08	0.31	101%-200% Above	No	No
16714015801	PROGESTERONE 200 MG CAPSULE	5	30.00	27.25	0.31	101%-200% Above	No	No
16714015801	PROGESTERONE 200 MG CAPSULE	5	90.00	81.75	0.31	101%-200% Above	No	No
16714015801	PROGESTERONE 200 MG CAPSULE	5	90.00	197.37	0.31	200% Above	No	No
16714015801	PROGESTERONE 200 MG CAPSULE	6	10.00	9.08	0.48	76%-100% Above	No	No
16714015801	PROGESTERONE 200 MG CAPSULE	6	30.00	27.25	0.48	76%-100% Above	No	No
16714015801	PROGESTERONE 200 MG CAPSULE	7	30.00	27.25	0.31	101%-200% Above	No	No
16714015801	PROGESTERONE 200 MG CAPSULE	7	30.00	65.79	0.31	200% Above	No	No
16714015801	PROGESTERONE 200 MG CAPSULE	8	30.00	27.25	0.43	101%-200% Above	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	4	18.00	0.64	0.06	26%-50% Below	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	5	18.00	0.64	0.06	26%-50% Below	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	7	15.00	0.54	0.06	26%-50% Below	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	7	18.00	0.64	0.06	26%-50% Below	No	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714015901	ONDANSETRON HCL 4 MG TABLET	7	18.00	0.68	0.06	26%-50% Below	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	8	18.00	0.68	0.07	26%-50% Below	No	No
16714016001	ONDANSETRON HCL 8 MG TABLET	5	18.00	8.90	0.08	200% Above	No	No
16714016001	ONDANSETRON HCL 8 MG TABLET	6	18.00	8.90	0.10	200% Above	No	No
16714016001	ONDANSETRON HCL 8 MG TABLET	7	18.00	8.90	0.08	200% Above	No	No
16714016101	CLINDAMYCIN PH 1% GEL	4	30.00	24.03	0.27	200% Above	No	No
16714017201	TIZANIDINE HCL 4 MG TABLET	7	30.00	0.75	0.03	10%-25% Below	No	No
16714017202	TIZANIDINE HCL 4 MG TABLET	4	30.00	0.75	0.03	10%-25% Below	No	No
16714017202	TIZANIDINE HCL 4 MG TABLET	5	30.00	0.75	0.03	10%-25% Below	No	No
16714017202	TIZANIDINE HCL 4 MG TABLET	6	10.00	0.25	0.04	26%-50% Below	No	No
16714017202	TIZANIDINE HCL 4 MG TABLET	6	30.00	0.75	0.04	26%-50% Below	No	No
16714017202	TIZANIDINE HCL 4 MG TABLET	7	30.00	0.75	0.03	10%-25% Below	No	No
16714017202	TIZANIDINE HCL 4 MG TABLET	7	120.00	2.99	0.03	10%-25% Below	No	No
16714017202	TIZANIDINE HCL 4 MG TABLET	8	30.00	0.75	0.04	26%-50% Below	No	No
16714017202	TIZANIDINE HCL 4 MG TABLET	8	90.00	2.24	0.04	26%-50% Below	No	No
16714017301	ATORVASTATIN 10 MG TABLET	5	90.00	11.03	0.03	200% Above	No	No
16714017301	ATORVASTATIN 10 MG TABLET	6	90.00	7.07	0.03	101%-200% Above	No	No
16714017301	ATORVASTATIN 10 MG TABLET	7	90.00	11.03	0.02	200% Above	No	No
16714017301	ATORVASTATIN 10 MG TABLET	8	90.00	11.03	0.03	200% Above	No	No
16714017303	ATORVASTATIN 10 MG TABLET	4	30.00	2.36	0.03	200% Above	No	No
16714017303	ATORVASTATIN 10 MG TABLET	4	90.00	7.07	0.03	200% Above	No	No
16714017303	ATORVASTATIN 10 MG TABLET	5	30.00	2.36	0.03	101%-200% Above	No	No
16714017303	ATORVASTATIN 10 MG TABLET	6	30.00	2.36	0.03	101%-200% Above	No	No
16714017303	ATORVASTATIN 10 MG TABLET	7	30.00	2.36	0.02	200% Above	No	No
16714017402	ATORVASTATIN 20 MG TABLET	5	90.00	8.72	0.03	101%-200% Above	No	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714017403	ATORVASTATIN 20 MG TABLET	4	30.00	2.91	0.03	101%-200% Above	No	No
16714017403	ATORVASTATIN 20 MG TABLET	4	90.00	8.72	0.03	101%-200% Above	No	No
16714017403	ATORVASTATIN 20 MG TABLET	5	30.00	2.91	0.03	101%-200% Above	No	No
16714017403	ATORVASTATIN 20 MG TABLET	5	90.00	8.72	0.03	101%-200% Above	No	No
16714017403	ATORVASTATIN 20 MG TABLET	6	30.00	2.91	0.04	101%-200% Above	No	No
16714017403	ATORVASTATIN 20 MG TABLET	7	30.00	2.91	0.03	200% Above	No	No
16714017403	ATORVASTATIN 20 MG TABLET	7	90.00	8.72	0.03	200% Above	No	No
16714017403	ATORVASTATIN 20 MG TABLET	8	30.00	2.91	0.04	101%-200% Above	No	No
16714017403	ATORVASTATIN 20 MG TABLET	8	90.00	8.72	0.04	101%-200% Above	No	No
16714017502	ATORVASTATIN 40 MG TABLET	7	30.00	2.92	0.04	101%-200% Above	No	No
16714017503	ATORVASTATIN 40 MG TABLET	5	30.00	2.92	0.05	101%-200% Above	No	No
16714017503	ATORVASTATIN 40 MG TABLET	5	90.00	8.75	0.05	101%-200% Above	No	No
16714017503	ATORVASTATIN 40 MG TABLET	6	30.00	2.92	0.06	76%-100% Above	No	No
16714017503	ATORVASTATIN 40 MG TABLET	6	90.00	13.64	0.06	101%-200% Above	No	No
16714017503	ATORVASTATIN 40 MG TABLET	7	30.00	2.92	0.04	101%-200% Above	No	No
16714017601	ATORVASTATIN 80 MG TABLET	5	90.00	15.74	0.07	101%-200% Above	No	No
16714017601	ATORVASTATIN 80 MG TABLET	8	30.00	5.25	0.08	101%-200% Above	No	No
16714017602	ATORVASTATIN 80 MG TABLET	4	30.00	3.36	0.08	26%-50% Above	No	No
16714017602	ATORVASTATIN 80 MG TABLET	5	30.00	3.36	0.07	51%-75% Above	No	No
16714017602	ATORVASTATIN 80 MG TABLET	7	30.00	3.36	0.06	76%-100% Above	No	No
16714017603	ATORVASTATIN 80 MG TABLET	7	30.00	3.36	0.06	76%-100% Above	No	No
16714018102	PAROXETINE HCL 10 MG TABLET	4	90.00	7.33	0.06	26%-50% Above	No	No
16714018102	PAROXETINE HCL 10 MG TABLET	7	90.00	7.33	0.06	26%-50% Above	No	No
16714018202	PAROXETINE HCL 20 MG TABLET	7	30.00	2.51	0.06	26%-50% Above	No	No
16714018204	PAROXETINE HCL 20 MG TABLET	5	90.00	12.10	0.06	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714018301	PAROXETINE HCL 30 MG TABLET	6	90.00	7.56	0.09	10%-25% Below	No	No
16714019401	LAMOTRIGINE 25 MG TABLET	7	60.00	2.89	0.03	76%-100% Above	No	No
16714019601	LAMOTRIGINE 150 MG TABLET	5	90.00	7.25	0.06	26%-50% Above	No	No
16714019601	LAMOTRIGINE 150 MG TABLET	8	90.00	7.25	0.07	10%-25% Above	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	5	15.00	1.73	0.16	26%-50% Below	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	5	18.00	2.07	0.16	26%-50% Below	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	6	6.00	0.69	0.19	26%-50% Below	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	6	12.00	1.38	0.19	26%-50% Below	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	6	18.00	2.07	0.19	26%-50% Below	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	7	12.00	1.38	0.15	10%-25% Below	No	No
16714020130	ONDANSETRON ODT 8 MG TABLET	5	15.00	1.94	0.17	10%-25% Below	No	No
16714020130	ONDANSETRON ODT 8 MG TABLET	5	18.00	2.32	0.17	10%-25% Below	No	No
16714020130	ONDANSETRON ODT 8 MG TABLET	6	18.00	2.32	0.19	26%-50% Below	No	No
16714020130	ONDANSETRON ODT 8 MG TABLET	7	18.00	2.32	0.17	10%-25% Below	No	No
16714020130	ONDANSETRON ODT 8 MG TABLET	8	15.00	1.94	0.19	26%-50% Below	No	No
16714023501	PENICILLIN VK 500 MG TABLET	6	21.00	1.86	0.11	10%-25% Below	No	No
16714024901	TRETINOIN 0.05% CREAM	6	20.00	17.64	1.84	51%-75% Below	No	No
16714024901	TRETINOIN 0.05% CREAM	8	20.00	17.64	1.99	51%-75% Below	No	No
16714025701	AMITRIPTYLINE HCL 10 MG TAB	5	90.00	7.68	0.03	101%-200% Above	No	No
16714025701	AMITRIPTYLINE HCL 10 MG TAB	7	90.00	10.34	0.03	200% Above	No	No
16714025702	AMITRIPTYLINE HCL 10 MG TAB	5	30.00	2.56	0.03	101%-200% Above	No	No
16714029403	AMOX-CLAV 600-42.9 MG/5 ML SUS	6	200.00	10.48	0.07	10%-25% Below	No	No
16714029903	AMOXICILLIN 500 MG CAPSULE	6	21.00	1.00	0.11	51%-75% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	5	8.00	0.38	0.09	26%-50% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	5	21.00	1.00	0.09	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714029904	AMOXICILLIN 500 MG CAPSULE	5	30.00	1.43	0.09	26%-50% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	6	16.00	0.76	0.11	51%-75% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	7	14.00	0.67	0.08	26%-50% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	7	15.00	0.71	0.08	26%-50% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	7	21.00	1.00	0.08	26%-50% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	7	30.00	1.43	0.08	26%-50% Below	No	No
16714033002	GABAPENTIN 600 MG TABLET	4	120.00	4.22	0.09	51%-75% Below	No	No
16714033002	GABAPENTIN 600 MG TABLET	5	120.00	4.22	0.08	51%-75% Below	No	No
16714033002	GABAPENTIN 600 MG TABLET	6	120.00	4.22	0.09	51%-75% Below	No	No
16714033002	GABAPENTIN 600 MG TABLET	7	120.00	4.22	0.08	51%-75% Below	No	No
16714033002	GABAPENTIN 600 MG TABLET	8	120.00	4.22	0.09	51%-75% Below	No	No
16714034604	DASETTA 7/7/7-28 TABLET	5	28.00	11.56	0.20	101%-200% Above	No	No
16714034604	DASETTA 7/7/7-28 TABLET	6	28.00	11.56	0.20	101%-200% Above	No	No
16714034604	DASETTA 7/7/7-28 TABLET	8	84.00	34.68	0.31	26%-50% Above	No	No
16714036004	MONO-LINYAH 28 TABLET	8	28.00	5.67	0.13	51%-75% Above	No	No
16714036304	TRI-LINYAH TABLET	5	28.00	5.51	0.12	51%-75% Above	No	No
16714036304	TRI-LINYAH TABLET	6	28.00	5.51	0.13	26%-50% Above	No	No
16714036304	TRI-LINYAH TABLET	7	28.00	5.51	0.11	76%-100% Above	No	No
16714036304	TRI-LINYAH TABLET	8	28.00	5.51	0.13	51%-75% Above	No	No
16714036504	ELINEST-28 TABLET	4	28.00	11.54	0.32	26%-50% Above	No	No
16714036504	ELINEST-28 TABLET	4	84.00	34.62	0.32	26%-50% Above	No	No
16714036504	ELINEST-28 TABLET	7	84.00	34.62	0.32	26%-50% Above	No	No
16714039701	CEFPROZIL 250 MG/5 ML SUSP	7	50.00	6.39	0.26	51%-75% Below	No	No
16714039702	CEFPROZIL 250 MG/5 ML SUSP	7	75.00	8.92	0.17	26%-50% Below	No	No
16714039901	CEFPROZIL 500 MG TABLET	6	20.00	11.38	1.01	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714040101	CEFUROXIME AXETIL 500 MG TAB	7	14.00	15.12	0.43	101%-200% Above	No	No
16714040604	LARIN FE 1-20 TABLET	4	28.00	10.62	0.13	101%-200% Above	No	No
16714040604	LARIN FE 1-20 TABLET	4	84.00	31.87	0.13	101%-200% Above	No	No
16714040604	LARIN FE 1-20 TABLET	5	28.00	10.62	0.12	200% Above	No	No
16714040604	LARIN FE 1-20 TABLET	5	84.00	31.87	0.12	200% Above	No	No
16714040604	LARIN FE 1-20 TABLET	6	28.00	10.62	0.14	101%-200% Above	No	No
16714040604	LARIN FE 1-20 TABLET	7	28.00	10.62	0.14	101%-200% Above	No	No
16714040803	LARIN 21 1-20 TABLET	5	21.00	2.15	0.17	26%-50% Below	No	No
16714040803	LARIN 21 1-20 TABLET	6	21.00	2.15	0.21	51%-75% Below	No	No
16714040803	LARIN 21 1-20 TABLET	7	21.00	2.15	0.17	26%-50% Below	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	4	14.00	9.01	0.40	51%-75% Above	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	4	14.00	21.96	0.40	200% Above	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	5	14.00	9.01	0.41	51%-75% Above	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	5	14.00	21.96	0.41	200% Above	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	6	10.00	6.43	0.52	10%-25% Above	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	7	10.00	6.43	0.42	51%-75% Above	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	7	10.00	15.69	0.42	200% Above	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	7	14.00	9.01	0.42	51%-75% Above	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	7	14.00	21.96	0.42	200% Above	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	7	20.00	12.87	0.42	51%-75% Above	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	8	14.00	9.01	0.50	26%-50% Above	No	No
16714044401	ENALAPRIL MALEATE 10 MG TAB	4	60.00	13.69	0.08	101%-200% Above	No	No
16714044401	ENALAPRIL MALEATE 10 MG TAB	6	60.00	13.69	0.09	101%-200% Above	No	No
16714044401	ENALAPRIL MALEATE 10 MG TAB	7	60.00	13.69	0.07	200% Above	No	No
16714046404	JULEBER 28 DAY TABLET	4	28.00	8.98	0.12	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714046404	JULEBER 28 DAY TABLET	5	28.00	8.98	0.11	101%-200% Above	No	No
16714046404	JULEBER 28 DAY TABLET	6	28.00	8.98	0.14	101%-200% Above	No	No
16714046404	JULEBER 28 DAY TABLET	7	28.00	8.98	0.17	76%-100% Above	No	No
16714046404	JULEBER 28 DAY TABLET	8	28.00	8.98	0.16	101%-200% Above	No	No
16714048302	CLINDAMYCIN (PEDI) 75 MG/5 ML	7	200.00	63.32	0.13	101%-200% Above	No	No
16714055701	METRONIDAZOLE VAGINAL 0.75% GL	7	70.00	51.27	0.22	200% Above	No	No
16714055801	PRAVASTATIN SODIUM 10 MG TAB	5	30.00	2.93	0.05	76%-100% Above	No	No
16714055801	PRAVASTATIN SODIUM 10 MG TAB	7	30.00	2.93	0.05	76%-100% Above	No	No
16714055801	PRAVASTATIN SODIUM 10 MG TAB	8	30.00	2.93	0.07	26%-50% Above	No	No
16714055901	PRAVASTATIN SODIUM 20 MG TAB	5	90.00	9.58	0.05	101%-200% Above	No	No
16714056002	PRAVASTATIN SODIUM 40 MG TAB	6	90.00	13.60	0.09	76%-100% Above	No	No
16714056601	DEXMETHYLPHENIDATE ER 25 MG CP	4	30.00	92.36	2.35	26%-50% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	4	30.00	2.61	0.04	101%-200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	5	30.00	2.61	0.04	101%-200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	6	30.00	2.61	0.05	76%-100% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	7	30.00	2.61	0.04	101%-200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	7	90.00	7.83	0.04	101%-200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	8	30.00	2.61	0.05	76%-100% Above	No	No
16714057604	ALLOPURINOL 100 MG TABLET	4	30.00	2.61	0.04	101%-200% Above	No	No
16714057604	ALLOPURINOL 100 MG TABLET	5	30.00	2.61	0.04	101%-200% Above	No	No
16714057604	ALLOPURINOL 100 MG TABLET	6	30.00	2.61	0.05	76%-100% Above	No	No
16714057604	ALLOPURINOL 100 MG TABLET	7	30.00	2.61	0.04	101%-200% Above	No	No
16714057604	ALLOPURINOL 100 MG TABLET	8	30.00	2.61	0.05	76%-100% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	4	30.00	5.13	0.06	101%-200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	5	30.00	5.13	0.06	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714057702	ALLOPURINOL 300 MG TABLET	6	30.00	5.13	0.07	101%-200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	6	90.00	15.38	0.07	101%-200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	7	7.00	1.20	0.06	101%-200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	7	30.00	5.13	0.06	101%-200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	8	30.00	5.13	0.07	101%-200% Above	No	No
16714061104	SERTRALINE HCL 25 MG TABLET	4	30.00	1.83	0.03	76%-100% Above	No	No
16714061104	SERTRALINE HCL 25 MG TABLET	5	90.00	5.50	0.03	101%-200% Above	No	No
16714061104	SERTRALINE HCL 25 MG TABLET	7	30.00	1.83	0.03	76%-100% Above	No	No
16714061204	SERTRALINE HCL 50 MG TABLET	5	90.00	4.33	0.03	26%-50% Above	No	No
16714061204	SERTRALINE HCL 50 MG TABLET	8	30.00	1.44	0.04	10%-25% Above	No	No
16714061205	SERTRALINE HCL 50 MG TABLET	4	30.00	0.92	0.04	10%-25% Below	No	No
16714061205	SERTRALINE HCL 50 MG TABLET	5	30.00	0.92	0.03	10%-25% Below	No	No
16714061205	SERTRALINE HCL 50 MG TABLET	6	17.00	0.52	0.04	10%-25% Below	No	No
16714061205	SERTRALINE HCL 50 MG TABLET	6	90.00	2.77	0.04	10%-25% Below	No	No
16714061206	SERTRALINE HCL 50 MG TABLET	4	90.00	2.77	0.04	10%-25% Below	No	No
16714061206	SERTRALINE HCL 50 MG TABLET	5	30.00	0.92	0.03	10%-25% Below	No	No
16714061304	SERTRALINE HCL 100 MG TABLET	7	60.00	3.20	0.05	10%-25% Above	No	No
16714061304	SERTRALINE HCL 100 MG TABLET	7	90.00	4.80	0.05	10%-25% Above	No	No
16714061305	SERTRALINE HCL 100 MG TABLET	7	30.00	1.60	0.05	10%-25% Above	No	No
16714062101	ZOLPIDEM TARTRATE 5 MG TABLET	8	30.00	0.80	0.04	10%-25% Below	No	No
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	4	7.00	0.20	0.03	10%-25% Below	No	No
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.00	0.84	0.03	10%-25% Below	No	No
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	5	90.00	2.51	0.03	10%-25% Below	No	No
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.00	0.84	0.04	26%-50% Below	No	No
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.00	0.84	0.04	26%-50% Below	No	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	8	90.00	2.51	0.04	26%-50% Below	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.00	0.84	0.03	10%-25% Below	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.00	0.84	0.04	26%-50% Below	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.00	0.94	0.04	10%-25% Below	No	No
16714063403	OMEPRAZOLE DR 20 MG CAPSULE	4	30.00	1.12	0.03	10%-25% Above	No	No
16714063403	OMEPRAZOLE DR 20 MG CAPSULE	5	30.00	1.12	0.03	10%-25% Above	No	No
16714063403	OMEPRAZOLE DR 20 MG CAPSULE	7	30.00	1.12	0.03	10%-25% Above	No	No
16714064301	MOXIFLOXACIN 0.5% EYE DROPS	4	3.00	22.59	2.37	200% Above	No	No
16714064602	PIOGLITAZONE HCL 30 MG TABLET	6	90.00	11.74	0.11	10%-25% Above	No	No
16714064602	PIOGLITAZONE HCL 30 MG TABLET	6	90.00	20.13	0.11	76%-100% Above	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	4	30.00	0.26	0.02	51%-75% Below	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	4	60.00	0.51	0.02	51%-75% Below	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	4	90.00	0.77	0.02	51%-75% Below	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	5	30.00	0.26	0.02	51%-75% Below	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	5	60.00	0.51	0.02	51%-75% Below	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	5	90.00	0.77	0.02	51%-75% Below	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	6	30.00	0.26	0.02	51%-75% Below	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	7	30.00	0.26	0.02	51%-75% Below	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	7	60.00	0.51	0.02	51%-75% Below	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	8	30.00	0.26	0.02	51%-75% Below	No	No
16714066201	GABAPENTIN 300 MG CAPSULE	5	90.00	2.84	0.04	10%-25% Below	No	No
16714066201	GABAPENTIN 300 MG CAPSULE	6	90.00	2.84	0.04	10%-25% Below	No	No
16714066201	GABAPENTIN 300 MG CAPSULE	6	270.00	8.53	0.04	10%-25% Below	No	No
16714066201	GABAPENTIN 300 MG CAPSULE	7	270.00	8.53	0.04	10%-25% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	4	30.00	0.52	0.04	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714066202	GABAPENTIN 300 MG CAPSULE	4	60.00	1.04	0.04	51%-75% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	4	90.00	1.57	0.04	51%-75% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	5	30.00	0.52	0.04	51%-75% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	5	60.00	1.04	0.04	51%-75% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	5	90.00	1.57	0.04	51%-75% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	5	120.00	2.09	0.04	51%-75% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	6	30.00	0.52	0.04	51%-75% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	6	90.00	1.57	0.04	51%-75% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	7	30.00	0.52	0.04	51%-75% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	7	60.00	1.04	0.04	51%-75% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	7	90.00	1.57	0.04	51%-75% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	7	120.00	2.09	0.04	51%-75% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	8	30.00	0.52	0.04	51%-75% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	8	90.00	1.57	0.04	51%-75% Below	No	No
16714068202	SIMVASTATIN 10 MG TABLET	6	90.00	2.33	0.03	10%-25% Below	No	No
16714068203	SIMVASTATIN 10 MG TABLET	4	30.00	1.95	0.03	101%-200% Above	No	No
16714068303	SIMVASTATIN 20 MG TABLET	4	90.00	1.80	0.03	26%-50% Below	No	No
16714068303	SIMVASTATIN 20 MG TABLET	6	90.00	1.80	0.04	26%-50% Below	No	No
16714068403	SIMVASTATIN 40 MG TABLET	4	90.00	2.85	0.05	26%-50% Below	No	No
16714068403	SIMVASTATIN 40 MG TABLET	5	30.00	0.95	0.05	26%-50% Below	No	No
16714068403	SIMVASTATIN 40 MG TABLET	7	90.00	2.85	0.05	26%-50% Below	No	No
16714069101	FLUCONAZOLE 100 MG TABLET	4	3.00	0.53	0.24	10%-25% Below	No	No
16714069101	FLUCONAZOLE 100 MG TABLET	5	3.00	0.53	0.22	10%-25% Below	No	No
16714069101	FLUCONAZOLE 100 MG TABLET	5	5.00	6.61	0.22	200% Above	No	No
16714069210	FLUCONAZOLE 150 MG TABLET	5	3.00	2.62	0.59	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714069210	FLUCONAZOLE 150 MG TABLET	6	2.00	1.75	0.70	10%-25% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	4	2.00	4.31	0.58	200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	4	7.00	6.12	0.58	26%-50% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	5	1.00	0.87	0.59	26%-50% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	5	2.00	1.75	0.59	26%-50% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	5	2.00	4.31	0.59	200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	5	3.00	2.62	0.59	26%-50% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	5	5.00	4.37	0.59	26%-50% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	5	8.00	17.22	0.59	200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	6	1.00	0.87	0.70	10%-25% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	6	1.00	2.15	0.70	200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	6	2.00	1.75	0.70	10%-25% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	6	2.00	4.31	0.70	200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	6	7.00	6.12	0.70	10%-25% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	7	2.00	1.75	0.53	51%-75% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	7	2.00	4.31	0.53	200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	7	3.00	2.62	0.53	51%-75% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	7	20.00	17.48	0.53	51%-75% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	8	2.00	1.75	0.61	26%-50% Above	No	No
16714069301	FLUCONAZOLE 200 MG TABLET	4	4.00	1.24	0.38	10%-25% Below	No	No
16714069301	FLUCONAZOLE 200 MG TABLET	5	5.00	1.55	0.40	10%-25% Below	No	No
16714069301	FLUCONAZOLE 200 MG TABLET	5	13.00	4.04	0.40	10%-25% Below	No	No
16714069301	FLUCONAZOLE 200 MG TABLET	7	5.00	1.55	0.44	26%-50% Below	No	No
16714069501	FLUCONAZOLE 10 MG/ML SUSP	5	70.00	11.05	0.26	26%-50% Below	No	No
16714069703	VALACYCLOVIR HCL 1 GRAM TABLET	7	3.00	1.39	0.41	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714072003	FLUOXETINE HCL 10 MG CAPSULE	4	30.00	1.54	0.03	51%-75% Above	No	No
16714072003	FLUOXETINE HCL 10 MG CAPSULE	5	30.00	1.54	0.03	51%-75% Above	No	No
16714072003	FLUOXETINE HCL 10 MG CAPSULE	6	7.00	0.36	0.03	51%-75% Above	No	No
16714072003	FLUOXETINE HCL 10 MG CAPSULE	6	30.00	1.54	0.03	51%-75% Above	No	No
16714072003	FLUOXETINE HCL 10 MG CAPSULE	7	30.00	1.54	0.03	76%-100% Above	No	No
16714072003	FLUOXETINE HCL 10 MG CAPSULE	8	30.00	1.54	0.03	51%-75% Above	No	No
16714072102	FLUOXETINE HCL 20 MG CAPSULE	4	30.00	0.38	0.03	51%-75% Below	No	No
16714072102	FLUOXETINE HCL 20 MG CAPSULE	5	30.00	0.38	0.03	51%-75% Below	No	No
16714072102	FLUOXETINE HCL 20 MG CAPSULE	5	90.00	1.14	0.03	51%-75% Below	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	4	30.00	0.38	0.03	51%-75% Below	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	5	30.00	0.38	0.03	51%-75% Below	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	5	90.00	1.14	0.03	51%-75% Below	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	6	30.00	0.38	0.03	51%-75% Below	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	7	30.00	0.38	0.03	51%-75% Below	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	8	90.00	1.14	0.03	51%-75% Below	No	No
16714072202	FLUOXETINE HCL 40 MG CAPSULE	7	90.00	17.24	0.06	200% Above	No	No
16714072203	FLUOXETINE HCL 40 MG CAPSULE	4	30.00	2.66	0.06	26%-50% Above	No	No
16714072203	FLUOXETINE HCL 40 MG CAPSULE	5	30.00	2.66	0.06	51%-75% Above	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	4	30.00	2.66	0.06	26%-50% Above	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	5	30.00	2.66	0.06	51%-75% Above	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	5	90.00	7.99	0.06	51%-75% Above	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	6	30.00	2.66	0.07	26%-50% Above	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	7	30.00	2.66	0.06	51%-75% Above	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	8	30.00	2.66	0.07	26%-50% Above	No	No
16714072901	DESONIDE 0.05% CREAM	5	45.00	102.20	0.38	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714072901	DESONIDE 0.05% CREAM	7	30.00	68.14	0.32	200% Above	No	No
16714072901	DESONIDE 0.05% CREAM	7	45.00	102.20	0.32	200% Above	No	No
16714073301	CELECOXIB 200 MG CAPSULE	4	60.00	133.23	0.09	200% Above	No	No
16714073301	CELECOXIB 200 MG CAPSULE	5	90.00	199.85	0.09	200% Above	No	No
16714073301	CELECOXIB 200 MG CAPSULE	6	90.00	37.97	0.10	200% Above	No	No
16714073301	CELECOXIB 200 MG CAPSULE	6	90.00	199.85	0.10	200% Above	No	No
16714073301	CELECOXIB 200 MG CAPSULE	6	180.00	399.69	0.10	200% Above	No	No
16714073302	CELECOXIB 200 MG CAPSULE	4	30.00	12.66	0.09	200% Above	No	No
16714073302	CELECOXIB 200 MG CAPSULE	5	30.00	12.66	0.09	200% Above	No	No
16714073302	CELECOXIB 200 MG CAPSULE	6	30.00	12.66	0.10	200% Above	No	No
16714073302	CELECOXIB 200 MG CAPSULE	7	30.00	12.66	0.09	200% Above	No	No
16714073302	CELECOXIB 200 MG CAPSULE	7	90.00	37.97	0.09	200% Above	No	No
16714075901	ATOMOXETINE HCL 60 MG CAPSULE	3	30.00	42.79	1.17	10%-25% Above	No	No
16714079701	SUMATRIPTAN SUCC 50 MG TABLET	4	9.00	3.27	0.31	10%-25% Above	No	No
16714079701	SUMATRIPTAN SUCC 50 MG TABLET	5	12.00	10.43	0.33	101%-200% Above	No	No
16714079701	SUMATRIPTAN SUCC 50 MG TABLET	6	9.00	3.27	0.41	10%-25% Below	No	No
16714079701	SUMATRIPTAN SUCC 50 MG TABLET	7	9.00	3.27	0.31	10%-25% Above	No	No
16714079801	SUMATRIPTAN SUCC 100 MG TABLET	4	9.00	7.62	0.41	101%-200% Above	No	No
16714079801	SUMATRIPTAN SUCC 100 MG TABLET	5	10.00	8.47	0.40	101%-200% Above	No	No
16714079801	SUMATRIPTAN SUCC 100 MG TABLET	6	10.00	8.47	0.47	76%-100% Above	No	No
16714079801	SUMATRIPTAN SUCC 100 MG TABLET	7	7.00	5.93	0.40	101%-200% Above	No	No
16714079801	SUMATRIPTAN SUCC 100 MG TABLET	8	27.00	11.42	0.47	10%-25% Below	No	No
16714079902	CETIRIZINE HCL 10 MG TABLET	4	30.00	1.30	0.06	26%-50% Below	No	No
16714079902	CETIRIZINE HCL 10 MG TABLET	4	90.00	3.89	0.06	26%-50% Below	No	No
16714079902	CETIRIZINE HCL 10 MG TABLET	5	30.00	1.30	0.06	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714079902	CETIRIZINE HCL 10 MG TABLET	5	90.00	3.47	0.06	26%-50% Below	No	No
16714079902	CETIRIZINE HCL 10 MG TABLET	5	90.00	3.89	0.06	10%-25% Below	No	No
16714079902	CETIRIZINE HCL 10 MG TABLET	6	30.00	1.30	0.07	26%-50% Below	No	No
16714079902	CETIRIZINE HCL 10 MG TABLET	6	90.00	3.89	0.07	26%-50% Below	No	No
16714079902	CETIRIZINE HCL 10 MG TABLET	7	30.00	1.30	0.05	10%-25% Below	No	No
16714079902	CETIRIZINE HCL 10 MG TABLET	7	90.00	3.89	0.05	10%-25% Below	No	No
16714079902	CETIRIZINE HCL 10 MG TABLET	8	30.00	1.30	0.07	26%-50% Below	No	No
16714079902	CETIRIZINE HCL 10 MG TABLET	8	90.00	3.89	0.07	26%-50% Below	No	No
16714079903	CETIRIZINE HCL 10 MG TABLET	5	30.00	1.16	0.06	26%-50% Below	No	No
16714079903	CETIRIZINE HCL 10 MG TABLET	6	30.00	1.16	0.07	26%-50% Below	No	No
16714079903	CETIRIZINE HCL 10 MG TABLET	7	30.00	1.16	0.05	26%-50% Below	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	4	30.00	1.16	0.06	26%-50% Below	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	5	30.00	1.16	0.06	26%-50% Below	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	5	90.00	3.47	0.06	26%-50% Below	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	6	10.00	0.39	0.07	26%-50% Below	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	6	30.00	1.16	0.07	26%-50% Below	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	7	30.00	1.16	0.05	26%-50% Below	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	8	90.00	3.47	0.07	26%-50% Below	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	4	30.00	6.41	0.25	10%-25% Below	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	4	60.00	12.82	0.25	10%-25% Below	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	5	30.00	6.41	0.26	10%-25% Below	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	5	60.00	12.82	0.26	10%-25% Below	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	7	30.00	6.41	0.24	10%-25% Below	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	7	60.00	12.82	0.24	10%-25% Below	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	30.00	6.41	0.30	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	60.00	12.82	0.30	26%-50% Below	No	No
16714081302	EZETIMIBE 10 MG TABLET	4	90.00	157.55	0.08	200% Above	No	No
16714081302	EZETIMIBE 10 MG TABLET	5	90.00	157.55	0.07	200% Above	No	No
16714081302	EZETIMIBE 10 MG TABLET	6	90.00	117.53	0.09	200% Above	No	No
16714081302	EZETIMIBE 10 MG TABLET	7	90.00	157.55	0.08	200% Above	No	No
16714081303	EZETIMIBE 10 MG TABLET	4	30.00	39.18	0.08	200% Above	No	No
16714081303	EZETIMIBE 10 MG TABLET	6	90.00	117.53	0.09	200% Above	No	No
16714081303	EZETIMIBE 10 MG TABLET	7	30.00	39.18	0.08	200% Above	No	No
16714081303	EZETIMIBE 10 MG TABLET	8	30.00	39.18	0.10	200% Above	No	No
16714082901	BUDESONIDE DR 3 MG CAPSULE	4	90.00	547.67	0.56	200% Above	No	No
16714082901	BUDESONIDE DR 3 MG CAPSULE	6	90.00	676.73	0.73	200% Above	No	No
16714082901	BUDESONIDE DR 3 MG CAPSULE	7	90.00	547.67	0.57	200% Above	No	No
16714085201	METOPROLOL SUCC ER 25 MG TAB	4	90.00	24.15	0.06	200% Above	No	No
16714085201	METOPROLOL SUCC ER 25 MG TAB	7	180.00	48.29	0.05	200% Above	No	No
16714085302	METOPROLOL SUCC ER 50 MG TAB	5	90.00	22.30	0.06	200% Above	No	No
16714085303	METOPROLOL SUCC ER 50 MG TAB	3	30.00	3.86	0.08	51%-75% Above	No	No
16714085303	METOPROLOL SUCC ER 50 MG TAB	4	30.00	3.86	0.06	101%-200% Above	No	No
16714085303	METOPROLOL SUCC ER 50 MG TAB	4	90.00	11.57	0.06	101%-200% Above	No	No
16714085303	METOPROLOL SUCC ER 50 MG TAB	5	30.00	3.86	0.06	101%-200% Above	No	No
16714085303	METOPROLOL SUCC ER 50 MG TAB	5	90.00	11.57	0.06	101%-200% Above	No	No
16714085303	METOPROLOL SUCC ER 50 MG TAB	6	30.00	3.86	0.07	76%-100% Above	No	No
16714085303	METOPROLOL SUCC ER 50 MG TAB	8	30.00	3.86	0.07	76%-100% Above	No	No
16714085402	METOPROLOL SUCC ER 100 MG TAB	6	90.00	40.99	0.11	200% Above	No	No
16714085501	METOPROLOL SUCC ER 200 MG TAB	5	30.00	19.39	0.18	200% Above	No	No
16714088502	ACYCLOVIR 5% OINTMENT	5	30.00	122.40	0.45	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714089601	GLIPIZIDE ER 10 MG TABLET	6	180.00	39.26	0.17	26%-50% Above	No	No
16714089803	LORATADINE 10 MG TABLET	5	30.00	0.93	0.05	26%-50% Below	No	No
16714089803	LORATADINE 10 MG TABLET	6	30.00	0.93	0.06	26%-50% Below	No	No
16714089902	FEXOFENADINE HCL 180 MG TABLET	4	30.00	4.56	0.23	26%-50% Below	No	No
16714089902	FEXOFENADINE HCL 180 MG TABLET	5	30.00	4.56	0.23	26%-50% Below	No	No
16714089902	FEXOFENADINE HCL 180 MG TABLET	7	30.00	4.56	0.23	26%-50% Below	No	No
16714089902	FEXOFENADINE HCL 180 MG TABLET	8	90.00	13.68	0.28	26%-50% Below	No	No
16714095001	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	60.00	14.32	0.20	10%-25% Above	No	No
16714095001	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	60.00	14.32	0.21	10%-25% Above	No	No
16714095001	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	30.00	6.57	0.25	10%-25% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	30.00	6.55	0.25	10%-25% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	60.00	13.10	0.25	10%-25% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	30.00	6.55	0.26	10%-25% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	45.00	9.83	0.26	10%-25% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.00	13.10	0.26	10%-25% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	30.00	6.55	0.33	26%-50% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	45.00	9.83	0.33	26%-50% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.00	13.10	0.33	26%-50% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	45.00	9.83	0.27	10%-25% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.00	13.10	0.27	10%-25% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	30.00	6.55	0.34	26%-50% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.00	13.10	0.34	26%-50% Below	No	No
16714095501	KETOCONAZOLE 2% CREAM	5	15.00	22.49	0.22	200% Above	No	No
16714095502	KETOCONAZOLE 2% CREAM	7	30.00	20.72	0.20	200% Above	No	No
16714095502	KETOCONAZOLE 2% CREAM	8	30.00	20.72	0.25	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714096701	TESTOSTERONE 1.62% GEL PUMP	5	75.00	97.97	0.40	200% Above	No	No
16714096701	TESTOSTERONE 1.62% GEL PUMP	6	75.00	97.97	0.52	101%-200% Above	No	No
16714097901	ESOMEPRAZOLE MAG DR 20 MG CAP	7	30.00	42.13	0.15	200% Above	No	No
16714097901	ESOMEPRAZOLE MAG DR 20 MG CAP	8	30.00	42.13	0.19	200% Above	No	No
16714097902	ESOMEPRAZOLE MAG DR 20 MG CAP	4	30.00	42.13	0.17	200% Above	No	No
16714097902	ESOMEPRAZOLE MAG DR 20 MG CAP	5	30.00	42.13	0.15	200% Above	No	No
16714097902	ESOMEPRAZOLE MAG DR 20 MG CAP	6	30.00	42.13	0.19	200% Above	No	No
16714098002	ESOMEPRAZOLE MAG DR 40 MG CAP	4	90.00	407.04	0.13	200% Above	No	No
16714098002	ESOMEPRAZOLE MAG DR 40 MG CAP	5	90.00	126.39	0.14	200% Above	No	No
16714098002	ESOMEPRAZOLE MAG DR 40 MG CAP	5	90.00	407.04	0.14	200% Above	No	No
16714098002	ESOMEPRAZOLE MAG DR 40 MG CAP	6	90.00	407.04	0.16	200% Above	No	No
16714098002	ESOMEPRAZOLE MAG DR 40 MG CAP	7	30.00	135.68	0.14	200% Above	No	No
16714098002	ESOMEPRAZOLE MAG DR 40 MG CAP	7	90.00	407.04	0.14	200% Above	No	No
16714098425	CLINDAMYCIN-BENZOYL PEROX 1-5%	4	25.00	12.75	0.74	26%-50% Below	No	No
16714098801	ROSUVASTATIN CALCIUM 5 MG TAB	4	30.00	50.63	0.04	200% Above	No	No
16714098801	ROSUVASTATIN CALCIUM 5 MG TAB	5	30.00	50.63	0.04	200% Above	No	No
16714098801	ROSUVASTATIN CALCIUM 5 MG TAB	6	30.00	50.63	0.04	200% Above	No	No
16714098801	ROSUVASTATIN CALCIUM 5 MG TAB	6	90.00	151.89	0.04	200% Above	No	No
16714098801	ROSUVASTATIN CALCIUM 5 MG TAB	7	90.00	151.89	0.04	200% Above	No	No
16714098801	ROSUVASTATIN CALCIUM 5 MG TAB	8	90.00	151.89	0.04	200% Above	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	4	30.00	50.49	0.04	200% Above	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.00	50.49	0.04	200% Above	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.00	151.46	0.04	200% Above	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.00	50.49	0.05	200% Above	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.00	151.46	0.05	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	7	30.00	50.49	0.04	200% Above	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	7	90.00	151.46	0.04	200% Above	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.00	50.49	0.05	200% Above	No	No
16714099001	ROSUVASTATIN CALCIUM 20 MG TAB	4	90.00	210.41	0.06	200% Above	No	No
16714099001	ROSUVASTATIN CALCIUM 20 MG TAB	5	90.00	210.41	0.06	200% Above	No	No
16714099001	ROSUVASTATIN CALCIUM 20 MG TAB	6	90.00	151.09	0.06	200% Above	No	No
16714099001	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.00	50.36	0.05	200% Above	No	No
16714099001	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.00	210.41	0.05	200% Above	No	No
16729000316	GLIMEPIRIDE 4 MG TABLET	4	90.00	12.26	0.04	200% Above	No	No
16729000617	SIMVASTATIN 40 MG TABLET	6	90.00	2.85	0.07	51%-75% Below	No	No
16729003415	LETROZOLE 2.5 MG TABLET	4	90.00	8.08	0.12	26%-50% Below	Yes	No
16729003516	ANASTROZOLE 1 MG TABLET	6	30.00	2.25	0.16	51%-75% Below	No	No
16729011915	MONTELUKAST SOD 10 MG TABLET	4	90.00	6.96	0.05	26%-50% Above	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	4	30.00	2.43	0.06	26%-50% Above	No	No
16729013600	CLONAZEPAM 0.5 MG TABLET	6	30.00	0.42	0.03	26%-50% Below	No	No
16729013600	CLONAZEPAM 0.5 MG TABLET	7	30.00	0.42	0.02	26%-50% Below	No	No
16729013600	CLONAZEPAM 0.5 MG TABLET	7	60.00	0.85	0.02	26%-50% Below	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	6	20.00	0.28	0.03	26%-50% Below	No	No
16729013700	CLONAZEPAM 1 MG TABLET	7	30.00	0.54	0.03	26%-50% Below	No	No
16729013700	CLONAZEPAM 1 MG TABLET	7	60.00	1.09	0.03	26%-50% Below	No	No
16729013716	CLONAZEPAM 1 MG TABLET	7	90.00	1.63	0.03	26%-50% Below	No	No
16729014617	QUETIAPINE FUMARATE 50 MG TAB	4	30.00	2.13	0.04	51%-75% Above	No	No
16729018217	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	90.00	20.68	0.04	200% Above	No	No
16729018217	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	90.00	20.68	0.04	200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	4	30.00	0.78	0.01	101%-200% Above	No	No

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16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.00	0.78	0.01	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.00	2.35	0.01	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.00	2.35	0.01	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.00	0.78	0.01	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.00	2.35	0.01	76%-100% Above	No	No
16729020312	BUSPIRONE HCL 15 MG TABLET	8	60.00	3.54	0.05	10%-25% Above	No	No
16729021616	SERTRALINE HCL 50 MG TABLET	5	30.00	1.94	0.03	76%-100% Above	No	No
16729021616	SERTRALINE HCL 50 MG TABLET	6	30.00	1.94	0.04	51%-75% Above	No	No
16729044315	BUPROPION HCL XL 150 MG TABLET	5	90.00	70.24	0.10	200% Above	No	No
16729044315	BUPROPION HCL XL 150 MG TABLET	6	90.00	70.24	0.11	200% Above	No	No
16729044315	BUPROPION HCL XL 150 MG TABLET	7	90.00	70.24	0.10	200% Above	No	No
16729044315	BUPROPION HCL XL 150 MG TABLET	8	90.00	70.24	0.11	200% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	6	30.00	6.81	0.11	76%-100% Above	No	No
16729044416	BUPROPION HCL XL 300 MG TABLET	7	90.00	25.52	0.13	101%-200% Above	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	4	30.00	0.92	0.04	10%-25% Below	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	6	30.00	0.92	0.05	26%-50% Below	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	7	30.00	0.92	0.04	10%-25% Below	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	8	30.00	0.92	0.05	26%-50% Below	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	4	30.00	1.23	0.05	10%-25% Below	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	6	30.00	1.23	0.06	26%-50% Below	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	8	30.00	1.23	0.06	26%-50% Below	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	8	90.00	3.70	0.06	26%-50% Below	No	No
16729045017	LEVOTHYROXINE 88 MCG TABLET	6	28.00	1.22	0.07	26%-50% Below	No	No
16729045017	LEVOTHYROXINE 88 MCG TABLET	8	90.00	3.91	0.06	26%-50% Below	No	No
16729045115	LEVOTHYROXINE 100 MCG TABLET	4	30.00	1.25	0.05	10%-25% Below	No	No

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16729045115	LEVOTHYROXINE 100 MCG TABLET	6	30.00	1.25	0.06	26%-50% Below	No	No
16729045115	LEVOTHYROXINE 100 MCG TABLET	6	83.00	3.44	0.06	26%-50% Below	No	No
16729045115	LEVOTHYROXINE 100 MCG TABLET	8	30.00	1.25	0.06	26%-50% Below	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	4	30.00	1.34	0.05	10%-25% Below	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	5	30.00	1.34	0.04	10%-25% Above	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	6	30.00	1.34	0.06	26%-50% Below	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	7	30.00	1.75	0.04	26%-50% Above	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	8	30.00	1.34	0.06	26%-50% Below	No	No
16729045217	LEVOTHYROXINE 112 MCG TABLET	5	30.00	2.17	0.06	26%-50% Above	No	No
16729045317	LEVOTHYROXINE 125 MCG TABLET	4	30.00	1.63	0.06	10%-25% Below	No	No
16729045317	LEVOTHYROXINE 125 MCG TABLET	6	30.00	1.63	0.09	26%-50% Below	No	No
16729045317	LEVOTHYROXINE 125 MCG TABLET	6	90.00	4.88	0.09	26%-50% Below	No	No
16729045417	LEVOTHYROXINE 137 MCG TABLET	7	30.00	1.90	0.06	10%-25% Above	No	No
16729045417	LEVOTHYROXINE 137 MCG TABLET	8	30.00	1.90	0.08	10%-25% Below	No	No
16729045517	LEVOTHYROXINE 150 MCG TABLET	5	90.00	4.21	0.06	10%-25% Below	No	No
16729045517	LEVOTHYROXINE 150 MCG TABLET	8	90.00	4.21	0.08	26%-50% Below	No	No
16729045617	LEVOTHYROXINE 175 MCG TABLET	5	30.00	1.91	0.07	10%-25% Below	No	No
16729045617	LEVOTHYROXINE 175 MCG TABLET	6	30.00	1.91	0.11	26%-50% Below	No	No
16729045617	LEVOTHYROXINE 175 MCG TABLET	8	30.00	1.91	0.11	26%-50% Below	No	No
16729045715	LEVOTHYROXINE 200 MCG TABLET	6	90.00	6.19	0.10	26%-50% Below	No	No
16729047901	METHYLPHENIDATE 10 MG TABLET	7	30.00	12.84	0.12	200% Above	No	No
16729047901	METHYLPHENIDATE 10 MG TABLET	8	30.00	12.84	0.18	101%-200% Above	No	No
20555001600	VITAMIN B-12 TAB 1000MCG	4	180.00	10.80	.		Yes	No
21922000201	CLINDAMYCIN PH 1% SOLUTION	5	60.00	29.00	0.16	200% Above	Yes	No
21922000201	CLINDAMYCIN PH 1% SOLUTION	6	60.00	29.00	0.18	101%-200% Above	Yes	No

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21922000909	DICLOFENAC SODIUM 1% GEL	6	100.00	12.95	0.09	51%-75% Above	No	No
21922001604	CLOBETASOL 0.05% CREAM	6	15.00	41.56	0.21	200% Above	No	No
21922001606	CLOBETASOL 0.05% CREAM	4	45.00	124.69	0.12	200% Above	No	No
21922001607	CLOBETASOL 0.05% CREAM	5	60.00	148.76	0.13	200% Above	No	No
21922001607	CLOBETASOL 0.05% CREAM	7	60.00	148.76	0.12	200% Above	No	No
21922001607	CLOBETASOL 0.05% CREAM	8	60.00	148.76	0.15	200% Above	No	No
21922001704	CLOBETASOL 0.05% OINTMENT	7	15.00	50.39	0.14	200% Above	Yes	No
21922001706	CLOBETASOL 0.05% OINTMENT	8	45.00	132.09	0.18	200% Above	Yes	No
21922001707	CLOBETASOL 0.05% OINTMENT	5	60.00	168.39	0.13	200% Above	No	No
21922001707	CLOBETASOL 0.05% OINTMENT	6	60.00	168.39	0.14	200% Above	Yes	No
21922001902	TESTOSTERONE 1% (50 MG/5 G) PK	7	150.00	163.86	0.44	101%-200% Above	No	No
21922002107	PERMETHRIN 5% CREAM	5	60.00	39.41	0.22	101%-200% Above	No	No
21922002707	CLINDAMYCIN PH 1% GEL	6	60.00	48.07	0.28	101%-200% Above	No	No
21922002707	CLINDAMYCIN PH 1% GEL	7	60.00	48.07	0.19	200% Above	No	No
21922003105	NYSTATIN-TRIAMCINOLONE OINTM	6	30.00	62.21	0.30	200% Above	No	No
21922003105	NYSTATIN-TRIAMCINOLONE OINTM	7	30.00	62.21	0.27	200% Above	No	No
21922003601	CLINDAMYCIN PHOSP 1% LOTION	7	60.00	39.76	0.29	101%-200% Above	No	No
21922003923	METRONIDAZOLE VAGINAL 0.75% GL	6	70.00	51.27	0.30	101%-200% Above	No	No
21922003923	METRONIDAZOLE VAGINAL 0.75% GL	7	70.00	51.27	0.22	200% Above	No	No
21922006205	TRIAMCINOLONE 0.1% CREAM	7	30.00	3.34	0.09	26%-50% Above	No	No
23155000301	HYDRALAZINE 50 MG TABLET	6	180.00	29.95	0.05	200% Above	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.00	2.35	0.01	101%-200% Above	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.00	0.78	0.01	101%-200% Above	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	6	45.00	1.17	0.01	101%-200% Above	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.00	2.35	0.01	76%-100% Above	No	No

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23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	30.00	0.40	0.01	10%-25% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	30.00	0.86	0.01	101%-200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	1.22	0.01	10%-25% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.00	0.40	0.01	26%-50% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.00	0.40	0.01	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.00	0.86	0.01	101%-200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.00	1.22	0.01	26%-50% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.00	1.22	0.01	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.00	0.40	0.01	10%-25% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.00	0.40	0.01	10%-25% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.00	0.86	0.01	101%-200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.00	1.22	0.01	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.00	1.39	0.01	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.00	0.86	0.01	101%-200% Above	Yes	No
23155002301	BUSPIRONE HCL 5 MG TABLET	5	60.00	3.75	0.02	200% Above	No	No
23155002301	BUSPIRONE HCL 5 MG TABLET	6	60.00	3.75	0.02	101%-200% Above	No	No
23155002401	BUSPIRONE HCL 10 MG TABLET	5	90.00	7.10	0.03	101%-200% Above	No	No
23155002401	BUSPIRONE HCL 10 MG TABLET	7	180.00	14.20	0.03	101%-200% Above	No	No
23155002401	BUSPIRONE HCL 10 MG TABLET	7	270.00	21.30	0.03	101%-200% Above	No	No
23155002401	BUSPIRONE HCL 10 MG TABLET	8	270.00	21.30	0.03	101%-200% Above	No	No
23155002405	BUSPIRONE HCL 10 MG TABLET	5	20.00	1.58	0.03	101%-200% Above	No	No
23155002405	BUSPIRONE HCL 10 MG TABLET	5	120.00	9.47	0.03	101%-200% Above	No	No
23155002405	BUSPIRONE HCL 10 MG TABLET	6	120.00	9.47	0.03	101%-200% Above	No	No
23155002505	BUSPIRONE HCL 15 MG TABLET	4	60.00	3.54	0.04	26%-50% Above	No	No
23155002505	BUSPIRONE HCL 15 MG TABLET	6	60.00	3.54	0.05	10%-25% Above	No	No

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23155002505	BUSPIRONE HCL 15 MG TABLET	7	60.00	3.54	0.04	26%-50% Above	No	No
23155002506	BUSPIRONE HCL 15 MG TABLET	3	60.00	3.54	0.05	10%-25% Above	No	No
23155002506	BUSPIRONE HCL 15 MG TABLET	4	60.00	3.54	0.04	26%-50% Above	No	No
23155002506	BUSPIRONE HCL 15 MG TABLET	5	60.00	3.54	0.04	26%-50% Above	No	No
23155002506	BUSPIRONE HCL 15 MG TABLET	6	60.00	3.54	0.05	10%-25% Above	No	No
23155002506	BUSPIRONE HCL 15 MG TABLET	7	60.00	3.54	0.04	26%-50% Above	No	No
23155002910	FLUOXETINE HCL 20 MG CAPSULE	4	90.00	1.14	0.03	51%-75% Below	No	No
23155002910	FLUOXETINE HCL 20 MG CAPSULE	5	30.00	0.38	0.03	51%-75% Below	No	No
23155002910	FLUOXETINE HCL 20 MG CAPSULE	6	30.00	0.38	0.03	51%-75% Below	No	No
23155002910	FLUOXETINE HCL 20 MG CAPSULE	6	90.00	1.14	0.03	51%-75% Below	No	No
23155003003	FLUOXETINE HCL 40 MG CAPSULE	6	90.00	17.24	0.07	101%-200% Above	No	No
23155003005	FLUOXETINE HCL 40 MG CAPSULE	7	90.00	7.99	0.06	51%-75% Above	No	No
23155003005	FLUOXETINE HCL 40 MG CAPSULE	8	90.00	7.99	0.07	26%-50% Above	No	No
23155003010	FLUOXETINE HCL 40 MG CAPSULE	8	90.00	7.99	0.07	26%-50% Above	No	No
23155005810	GLYBURIDE 5 MG TABLET	4	30.00	3.76	0.06	101%-200% Above	No	No
23155007001	METHIMAZOLE 5 MG TABLET	4	30.00	4.51	0.08	76%-100% Above	No	No
23155007001	METHIMAZOLE 5 MG TABLET	5	30.00	4.51	0.08	76%-100% Above	No	No
23155007001	METHIMAZOLE 5 MG TABLET	6	30.00	4.51	0.09	51%-75% Above	No	No
23155007001	METHIMAZOLE 5 MG TABLET	6	60.00	9.01	0.09	51%-75% Above	No	No
23155007001	METHIMAZOLE 5 MG TABLET	7	45.00	6.76	0.07	101%-200% Above	No	No
23155013525	DOXYCYCLINE MONO 100 MG TABLET	5	14.00	5.82	0.24	51%-75% Above	Yes	No
23155019101	BUPROPION HCL 75 MG TABLET	4	60.00	19.12	0.11	101%-200% Above	Yes	No
23155019101	BUPROPION HCL 75 MG TABLET	5	120.00	38.23	0.13	101%-200% Above	Yes	No
23155050010	HYDROXYZINE HCL 10 MG TABLET	8	180.00	30.42	0.03	200% Above	Yes	No
23155050101	HYDROXYZINE HCL 25 MG TABLET	5	30.00	1.54	0.04	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
23155050101	HYDROXYZINE HCL 25 MG TABLET	7	30.00	1.54	0.03	26%-50% Above	Yes	No
23155050101	HYDROXYZINE HCL 25 MG TABLET	8	60.00	3.08	0.04	10%-25% Above	No	No
23155050101	HYDROXYZINE HCL 25 MG TABLET	8	360.00	18.50	0.04	10%-25% Above	No	No
23155050110	HYDROXYZINE HCL 25 MG TABLET	7	90.00	4.63	0.03	26%-50% Above	No	No
23155050201	HYDROXYZINE HCL 50 MG TABLET	6	30.00	8.38	0.06	200% Above	No	No
23155060701	GLYCOPYRROLATE 2 MG TABLET	6	90.00	49.61	0.21	101%-200% Above	No	No
23155069310	ALLOPURINOL 100 MG TABLET	7	90.00	7.83	0.04	101%-200% Above	No	No
23155072301	LABETALOL HCL 100 MG TABLET	5	60.00	12.68	0.08	101%-200% Above	No	No
23155072301	LABETALOL HCL 100 MG TABLET	5	180.00	38.03	0.08	101%-200% Above	Yes	No
23155072301	LABETALOL HCL 100 MG TABLET	6	60.00	12.68	0.11	76%-100% Above	No	No
23155072301	LABETALOL HCL 100 MG TABLET	7	60.00	12.68	0.09	101%-200% Above	No	No
23155072401	LABETALOL HCL 200 MG TABLET	5	60.00	14.69	0.14	51%-75% Above	Yes	No
23155072401	LABETALOL HCL 200 MG TABLET	5	60.00	22.33	0.14	101%-200% Above	Yes	No
23155072401	LABETALOL HCL 200 MG TABLET	6	60.00	14.69	0.17	26%-50% Above	Yes	No
23155072401	LABETALOL HCL 200 MG TABLET	7	60.00	14.69	0.14	51%-75% Above	Yes	No
23155072401	LABETALOL HCL 200 MG TABLET	7	60.00	22.33	0.14	101%-200% Above	Yes	No
23155072401	LABETALOL HCL 200 MG TABLET	8	60.00	14.69	0.15	51%-75% Above	Yes	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	90.00	24.47	0.04	200% Above	Yes	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	90.00	24.47	0.04	200% Above	Yes	No
23155077301	ENALAPRIL MALEATE 20 MG TAB	5	90.00	29.34	0.09	200% Above	No	No
23155077301	ENALAPRIL MALEATE 20 MG TAB	7	90.00	29.34	0.10	200% Above	No	No
23155078701	ACETAZOLAMIDE ER 500 MG CAP	6	180.00	84.63	0.30	51%-75% Above	Yes	No
23155079401	DOXEPIN 10 MG CAPSULE	6	30.00	1.22	0.11	51%-75% Below	No	No
23155079401	DOXEPIN 10 MG CAPSULE	7	90.00	3.67	0.10	51%-75% Below	No	No
23155080901	VITAMIN D2 1.25 MG(50,000 UNIT)	4	13.00	0.94	0.11	26%-50% Below	No	No

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23155083201	HYDRALAZINE 10 MG TABLET	7	180.00	11.09	0.03	101%-200% Above	No	No
23155083401	HYDRALAZINE 50 MG TABLET	6	180.00	29.95	0.05	200% Above	Yes	No
23155083501	HYDRALAZINE 100 MG TABLET	4	180.00	54.94	0.08	200% Above	Yes	No
23155083501	HYDRALAZINE 100 MG TABLET	5	270.00	82.40	0.07	200% Above	No	No
23155083501	HYDRALAZINE 100 MG TABLET	7	180.00	54.94	0.08	200% Above	Yes	No
23155083501	HYDRALAZINE 100 MG TABLET	8	270.00	82.40	0.09	200% Above	No	No
23155085503	COLCHICINE 0.6 MG TABLET	6	30.00	69.67	0.21	200% Above	No	No
23155085503	COLCHICINE 0.6 MG TABLET	7	30.00	69.67	0.16	200% Above	No	No
23155085703	ANASTROZOLE 1 MG TABLET	5	30.00	2.25	0.14	26%-50% Below	No	No
23155085703	ANASTROZOLE 1 MG TABLET	6	30.00	2.25	0.16	51%-75% Below	No	No
23155085703	ANASTROZOLE 1 MG TABLET	7	30.00	2.25	0.13	26%-50% Below	No	No
23155085703	ANASTROZOLE 1 MG TABLET	8	30.00	2.25	0.17	51%-75% Below	No	No
23155086705	GABAPENTIN 300 MG CAPSULE	7	30.00	0.52	0.04	51%-75% Below	No	No
23155086705	GABAPENTIN 300 MG CAPSULE	8	30.00	0.52	0.04	51%-75% Below	No	No
23155087301	TORSEMIDE 20 MG TABLET	5	90.00	14.84	0.07	101%-200% Above	No	No
23155087301	TORSEMIDE 20 MG TABLET	6	60.00	9.89	0.07	101%-200% Above	No	No
24208029505	TOBRAMYCIN-DEXAMETH OPHTH SUSP	4	5.00	62.06	4.20	101%-200% Above	No	No
24208029505	TOBRAMYCIN-DEXAMETH OPHTH SUSP	5	10.00	124.11	3.85	200% Above	No	No
24208029505	TOBRAMYCIN-DEXAMETH OPHTH SUSP	8	5.00	48.33	4.33	101%-200% Above	No	No
24208029525	TOBRAMYCIN-DEXAMETH OPHTH SUSP	4	2.50	24.11	5.28	76%-100% Above	No	No
24208031510	POLYMYXIN B-TMP EYE DROPS	4	10.00	6.28	0.40	51%-75% Above	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	4	10.00	7.35	0.40	76%-100% Above	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	6	10.00	6.28	0.44	26%-50% Above	No	No
24208031510	POLYMYXIN B-TMP EYE DROPS	6	10.00	6.28	0.44	26%-50% Above	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	6	10.00	7.35	0.44	51%-75% Above	Yes	No

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24208031510	POLYMYXIN B-TMP EYE DROPS	7	10.00	6.28	0.44	26%-50% Above	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	8	10.00	6.28	0.52	10%-25% Above	Yes	No
24208039830	IPRATROPIUM 0.03% SPRAY	4	30.00	13.94	0.52	10%-25% Below	Yes	No
24208039830	IPRATROPIUM 0.03% SPRAY	5	60.00	27.87	0.52	10%-25% Below	Yes	No
24208039915	IPRATROPIUM 0.06% SPRAY	5	15.00	18.15	1.02	10%-25% Above	Yes	No
24208041010	OFLOXACIN 0.3% EAR DROPS	3	10.00	29.90	1.77	51%-75% Above	No	No
24208045705	DICLOFENAC 0.1% EYE DROPS	5	5.00	9.98	1.62	10%-25% Above	Yes	No
24208045705	DICLOFENAC 0.1% EYE DROPS	7	5.00	9.98	1.61	10%-25% Above	No	No
24208045705	DICLOFENAC 0.1% EYE DROPS	7	5.00	9.98	1.61	10%-25% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	8	2.50	3.45	1.77	10%-25% Below	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	8	2.50	3.45	1.77	10%-25% Below	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	8	7.50	10.35	1.77	10%-25% Below	Yes	No
24208048610	DORZOLAMIDE-TIMOLOL EYE DROPS	5	10.00	12.84	0.92	26%-50% Above	No	No
24208048610	DORZOLAMIDE-TIMOLOL EYE DROPS	5	30.00	38.51	0.92	26%-50% Above	Yes	No
24208048610	DORZOLAMIDE-TIMOLOL EYE DROPS	7	10.00	12.84	1.08	10%-25% Above	No	No
24208063110	NEOMYCIN-POLYMYXIN-HC EAR SOLN	5	10.00	25.90	4.29	26%-50% Below	Yes	No
24208063110	NEOMYCIN-POLYMYXIN-HC EAR SOLN	6	10.00	25.90	5.33	51%-75% Below	Yes	No
24208063110	NEOMYCIN-POLYMYXIN-HC EAR SOLN	7	10.00	25.90	4.63	26%-50% Below	No	No
24208063110	NEOMYCIN-POLYMYXIN-HC EAR SOLN	7	10.00	25.90	4.63	26%-50% Below	Yes	No
24208063562	NEOMYCIN-POLYMYXIN-HC EAR SUSP	6	10.00	29.10	4.93	26%-50% Below	No	No
24208063562	NEOMYCIN-POLYMYXIN-HC EAR SUSP	7	10.00	29.10	3.82	10%-25% Below	No	No
24208079535	NEOMYC-POLYM-DEXAMET EYE OINTM	5	3.50	9.89	2.40	10%-25% Above	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	7	5.00	10.19	1.82	10%-25% Above	Yes	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	7	10.00	20.37	1.82	10%-25% Above	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	7	10.00	20.37	1.82	10%-25% Above	Yes	No

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24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	4	3.50	10.19	2.47	10%-25% Above	Yes	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	6	3.50	8.07	2.80	10%-25% Below	No	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	6	3.50	8.07	2.80	10%-25% Below	Yes	No
24470093301	SOD SUL/SULF SUS 10-5%	4	30.00	159.41	.		No	No
24658026445	ROSUVASTATIN CALCIUM 40 MG TAB	3	45.00	18.31	0.11	200% Above	No	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	5	14.00	15.44	0.10	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	5	20.00	22.05	0.10	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	8	20.00	22.05	0.13	200% Above	Yes	No
24689012001	BUPROPION TAB 100MG	8	90.00	29.84	.		No	No
24979002607	DILTIAZEM 24H ER(CD) 120 MG CP	5	90.00	13.57	0.13	10%-25% Above	No	No
24979002807	DILTIAZEM 24H ER(CD) 240 MG CP	6	30.00	7.22	0.30	10%-25% Below	No	No
24979002807	DILTIAZEM 24H ER(CD) 240 MG CP	7	30.00	7.22	0.21	10%-25% Above	No	No
24979020001	DICYCLOMINE 20 MG TABLET	5	60.00	6.91	0.08	26%-50% Above	No	No
24979020003	DICYCLOMINE 20 MG TABLET	5	15.00	1.73	0.08	26%-50% Above	No	No
24979020101	DICYCLOMINE 10 MG CAPSULE	5	9.00	0.64	0.08	10%-25% Below	No	No
24979023101	POTASSIUM CL ER 10 MEQ TABLET	5	30.00	1.87	0.10	26%-50% Below	No	No
24979023101	POTASSIUM CL ER 10 MEQ TABLET	6	60.00	3.74	0.11	26%-50% Below	No	No
24979023103	POTASSIUM CL ER 10 MEQ TABLET	4	90.00	5.61	0.10	26%-50% Below	No	No
24979023103	POTASSIUM CL ER 10 MEQ TABLET	5	90.00	5.61	0.10	26%-50% Below	No	No
24979023103	POTASSIUM CL ER 10 MEQ TABLET	6	180.00	11.21	0.11	26%-50% Below	No	No
24979023103	POTASSIUM CL ER 10 MEQ TABLET	7	90.00	5.61	0.09	26%-50% Below	No	No
24979023103	POTASSIUM CL ER 10 MEQ TABLET	8	30.00	1.87	0.12	26%-50% Below	No	No
24979023201	POTASSIUM CL ER 20 MEQ TABLET	7	90.00	15.77	0.16	10%-25% Above	No	No
27241008603	AMLODIPINE-OLMESARTAN 10-40 MG	7	90.00	105.44	0.30	200% Above	No	No
27241009706	DULOXETINE HCL DR 20 MG CAP	8	90.00	38.12	0.11	200% Above	Yes	No

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27241009803	DULOXETINE HCL DR 30 MG CAP	4	30.00	5.62	0.07	101%-200% Above	No	No
27241009803	DULOXETINE HCL DR 30 MG CAP	5	30.00	5.62	0.07	101%-200% Above	No	No
27241009803	DULOXETINE HCL DR 30 MG CAP	7	90.00	16.87	0.07	101%-200% Above	No	No
27241009809	DULOXETINE HCL DR 30 MG CAP	4	30.00	5.62	0.07	101%-200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	5	30.00	5.62	0.07	101%-200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	5	180.00	33.73	0.07	101%-200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	6	30.00	5.62	0.08	101%-200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	6	90.00	16.87	0.08	101%-200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	7	180.00	33.73	0.07	101%-200% Above	Yes	No
27241009810	DULOXETINE HCL DR 30 MG CAP	4	14.00	2.62	0.07	101%-200% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	4	30.00	5.62	0.07	101%-200% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	5	30.00	5.62	0.07	101%-200% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	5	60.00	11.24	0.07	101%-200% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	5	90.00	16.87	0.07	101%-200% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	6	30.00	5.62	0.08	101%-200% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	7	30.00	5.62	0.07	101%-200% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	8	90.00	16.87	0.08	101%-200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	4	30.00	0.99	0.10	51%-75% Below	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	4	30.00	5.57	0.10	76%-100% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	5	90.00	16.72	0.09	76%-100% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	5	180.00	33.44	0.09	76%-100% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	5	180.00	33.44	0.09	76%-100% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	6	30.00	0.99	0.11	51%-75% Below	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	6	90.00	16.72	0.11	51%-75% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	7	30.00	5.57	0.09	76%-100% Above	Yes	No

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27241009903	DULOXETINE HCL DR 60 MG CAP	7	90.00	16.72	0.09	76%-100% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	7	180.00	33.44	0.09	76%-100% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	8	30.00	5.57	0.11	51%-75% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	8	90.00	38.00	0.11	200% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	4	30.00	5.57	0.10	76%-100% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	5	30.00	5.57	0.09	76%-100% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	5	30.00	29.90	0.09	200% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	5	90.00	16.72	0.09	76%-100% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	6	30.00	5.57	0.11	51%-75% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	7	30.00	5.57	0.09	76%-100% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	7	90.00	16.72	0.09	76%-100% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	8	30.00	5.57	0.11	51%-75% Above	No	No
27241011205	TADALAFIL 5 MG TABLET	6	30.00	54.32	0.15	200% Above	No	No
27241011205	TADALAFIL 5 MG TABLET	7	30.00	54.32	0.11	200% Above	No	No
27241011603	FENOFIBRATE 54 MG TABLET	5	90.00	23.78	0.07	200% Above	No	No
27241011603	FENOFIBRATE 54 MG TABLET	8	90.00	23.78	0.07	200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	4	30.00	13.56	0.11	200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	5	30.00	13.56	0.09	200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	6	30.00	13.56	0.13	200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	6	90.00	40.68	0.13	200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	7	30.00	13.56	0.11	200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	8	30.00	13.56	0.11	200% Above	No	No
27241011904	FENOFIBRATE 134 MG CAPSULE	6	90.00	57.81	0.14	200% Above	Yes	No
27241012004	FENOFIBRATE 200 MG CAPSULE	4	90.00	92.97	0.17	200% Above	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	5	56.00	47.26	0.21	200% Above	No	No

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27241012502	RANOLAZINE ER 500 MG TABLET	6	56.00	47.26	0.23	200% Above	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	7	56.00	47.26	0.21	200% Above	No	No
27241015604	OXYBUTYNIN CL ER 10 MG TABLET	6	3.00	1.56	0.12	200% Above	No	No
27241016801	DOXEPIN 25 MG CAPSULE	5	30.00	1.60	0.15	51%-75% Below	No	No
27241016801	DOXEPIN 25 MG CAPSULE	6	30.00	1.60	0.16	51%-75% Below	No	No
27241016801	DOXEPIN 25 MG CAPSULE	8	90.00	4.79	0.16	51%-75% Below	No	No
27241019230	TOLTERODINE TART ER 4 MG CAP	6	30.00	64.67	0.40	200% Above	No	No
27241019230	TOLTERODINE TART ER 4 MG CAP	7	30.00	64.67	0.31	200% Above	No	No
27241021601	CHLORTHALIDONE 25 MG TABLET	6	90.00	36.70	0.10	200% Above	No	No
27241022430	VENLAFAXINE HCL ER 225 MG TAB	6	90.00	597.12	0.70	200% Above	Yes	No
27241024949	FAMOTIDINE 40 MG/5 ML SUSP	5	50.00	16.92	0.40	10%-25% Below	No	No
27241024949	FAMOTIDINE 40 MG/5 ML SUSP	6	50.00	16.92	0.54	26%-50% Below	No	No
27241024949	FAMOTIDINE 40 MG/5 ML SUSP	8	50.00	16.92	0.50	26%-50% Below	No	No
27241024949	FAMOTIDINE 40 MG/5 ML SUSP	8	100.00	33.84	0.50	26%-50% Below	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	8.00	0.58	0.12	26%-50% Below	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	10.00	0.72	0.15	51%-75% Below	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	12.00	0.87	0.15	51%-75% Below	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	30.00	2.16	0.15	51%-75% Below	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	30.00	2.16	0.12	26%-50% Below	No	No
27808003603	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	60.00	4.03	0.14	51%-75% Below	No	No
27808003603	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	60.00	4.03	0.16	51%-75% Below	No	No
27808003603	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	60.00	4.03	0.14	26%-50% Below	No	No
27808003701	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	26.00	2.54	0.14	26%-50% Below	Yes	No
27808003701	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	15.00	1.04	0.16	51%-75% Below	No	No
27808003702	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	90.00	6.21	0.14	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27808003703	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	30.00	2.07	0.14	51%-75% Below	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	4	118.00	3.69	0.04	10%-25% Below	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	5	100.00	3.13	0.04	10%-25% Below	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	6	120.00	3.76	0.04	10%-25% Below	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	7	100.00	3.13	0.04	10%-25% Below	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	7	120.00	3.76	0.04	10%-25% Below	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	8	180.00	5.63	0.04	10%-25% Below	No	No
27808009201	DEXMETHYLPHENIDATE 5 MG TAB	8	30.00	3.44	0.26	51%-75% Below	No	No
27808015503	ROSUVASTATIN CALCIUM 5 MG TAB	4	30.00	50.63	0.04	200% Above	No	No
27808015503	ROSUVASTATIN CALCIUM 5 MG TAB	5	30.00	50.63	0.04	200% Above	No	No
27808015503	ROSUVASTATIN CALCIUM 5 MG TAB	5	90.00	151.89	0.04	200% Above	No	No
27808015503	ROSUVASTATIN CALCIUM 5 MG TAB	6	30.00	50.63	0.04	200% Above	No	No
27808015503	ROSUVASTATIN CALCIUM 5 MG TAB	7	30.00	50.63	0.04	200% Above	No	No
27808015503	ROSUVASTATIN CALCIUM 5 MG TAB	8	30.00	50.63	0.04	200% Above	No	No
27808015503	ROSUVASTATIN CALCIUM 5 MG TAB	8	90.00	151.89	0.04	200% Above	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.00	151.46	0.05	200% Above	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	4	30.00	50.49	0.04	200% Above	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.00	50.49	0.04	200% Above	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.00	151.46	0.04	200% Above	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.00	50.49	0.05	200% Above	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	7	30.00	50.49	0.04	200% Above	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	7	90.00	151.46	0.04	200% Above	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.00	50.49	0.05	200% Above	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.00	151.46	0.05	200% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.00	151.09	0.05	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	4	30.00	50.36	0.06	200% Above	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.00	50.36	0.06	200% Above	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	5	90.00	151.09	0.06	200% Above	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.00	50.36	0.06	200% Above	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.00	50.36	0.05	200% Above	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.00	50.36	0.07	200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	5	30.00	50.34	0.08	200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	5	90.00	151.03	0.08	200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	6	30.00	50.34	0.10	200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	7	30.00	50.34	0.08	200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	8	30.00	50.34	0.10	200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	8	90.00	151.03	0.10	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	4	14.00	17.30	0.11	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	4	20.00	24.71	0.11	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	4	90.00	111.19	0.11	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	5	14.00	17.30	0.11	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	5	20.00	24.71	0.11	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	5	30.00	29.90	0.11	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	5	60.00	74.12	0.11	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	6	10.00	12.35	0.14	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	6	20.00	24.71	0.14	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	6	20.00	29.90	0.14	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	6	60.00	74.12	0.14	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	7	10.00	12.35	0.10	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	7	14.00	17.30	0.10	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	7	20.00	24.71	0.10	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	7	30.00	37.06	0.10	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	7	60.00	74.12	0.10	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	7	90.00	111.19	0.10	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	8	14.00	17.30	0.13	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	8	60.00	74.12	0.13	200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	4	4.00	4.41	0.11	200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	4	20.00	22.05	0.11	200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	4	60.00	66.16	0.11	200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	5	14.00	15.44	0.10	200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	6	60.00	66.16	0.13	200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	7	14.00	15.44	0.10	200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	7	20.00	22.05	0.10	200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	7	60.00	66.16	0.10	200% Above	No	No
28595057004	SPINOSAD SUS 0.9%	5	120.00	180.86	.		No	No
29033000301	SUCRALFATE 1 GM TABLET	7	56.00	13.98	0.18	26%-50% Above	No	No
29033000305	SUCRALFATE 1 GM TABLET	4	120.00	14.18	0.19	26%-50% Below	No	No
29033000305	SUCRALFATE 1 GM TABLET	5	120.00	14.18	0.19	26%-50% Below	No	No
29033000305	SUCRALFATE 1 GM TABLET	8	60.00	7.09	0.20	26%-50% Below	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	4	60.00	2.89	0.02	76%-100% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	5	30.00	1.44	0.03	76%-100% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	5	45.00	2.16	0.03	76%-100% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	5	60.00	2.89	0.03	76%-100% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	6	30.00	1.44	0.03	51%-75% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	6	60.00	2.89	0.03	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300011101	LAMOTRIGINE 25 MG TABLET	6	120.00	5.77	0.03	51%-75% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	6	140.00	6.73	0.03	51%-75% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	7	14.00	0.67	0.03	76%-100% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	7	30.00	1.44	0.03	76%-100% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	7	60.00	2.89	0.03	76%-100% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	7	67.00	3.22	0.03	76%-100% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	7	120.00	5.77	0.03	76%-100% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	8	120.00	5.77	0.03	51%-75% Above	No	No
29300011105	LAMOTRIGINE 25 MG TABLET	7	90.00	4.33	0.03	76%-100% Above	No	No
29300011201	LAMOTRIGINE 100 MG TABLET	7	30.00	1.70	0.04	26%-50% Above	No	No
29300011201	LAMOTRIGINE 100 MG TABLET	7	90.00	5.09	0.04	26%-50% Above	No	No
29300011201	LAMOTRIGINE 100 MG TABLET	7	180.00	10.17	0.04	26%-50% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	7	90.00	5.09	0.04	26%-50% Above	No	No
29300011316	LAMOTRIGINE 150 MG TABLET	6	30.00	1.80	0.07	10%-25% Below	No	No
29300011316	LAMOTRIGINE 150 MG TABLET	8	30.00	1.80	0.07	10%-25% Below	No	No
29300011405	LAMOTRIGINE 200 MG TABLET	8	30.00	1.66	0.09	26%-50% Below	No	No
29300011416	LAMOTRIGINE 200 MG TABLET	6	30.00	1.66	0.08	26%-50% Below	No	No
29300011605	TOPIRAMATE 50 MG TABLET	7	90.00	5.27	0.03	76%-100% Above	Yes	No
29300011705	TOPIRAMATE 100 MG TABLET	5	90.00	6.69	0.06	26%-50% Above	Yes	No
29300012410	MELOXICAM 7.5 MG TABLET	4	30.00	1.68	0.02	200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	5	15.00	0.84	0.01	200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	5	30.00	1.68	0.01	200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	5	60.00	3.36	0.01	200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	6	30.00	1.68	0.02	200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	6	60.00	3.36	0.02	200% Above	No	No

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29300012410	MELOXICAM 7.5 MG TABLET	6	90.00	5.04	0.02	200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	7	30.00	1.68	0.01	200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	7	30.00	3.95	0.01	200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	7	90.00	5.04	0.01	200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	4	30.00	0.76	0.02	26%-50% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	4	90.00	2.28	0.02	26%-50% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	5	30.00	0.76	0.02	26%-50% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	5	90.00	2.28	0.02	26%-50% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	6	30.00	0.76	0.02	10%-25% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	6	90.00	2.28	0.02	10%-25% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	7	15.00	0.38	0.02	26%-50% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	7	20.00	0.51	0.02	26%-50% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	7	30.00	0.76	0.02	26%-50% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	8	30.00	0.76	0.02	10%-25% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	30.00	0.78	0.01	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	180.00	4.70	0.01	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	15.00	0.39	0.01	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.00	0.78	0.01	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.00	2.35	0.01	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.00	0.78	0.01	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	45.00	1.17	0.01	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.00	2.35	0.01	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.00	0.78	0.01	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.00	2.35	0.01	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.00	0.78	0.01	76%-100% Above	No	No

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29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.00	2.35	0.01	76%-100% Above	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	4	90.00	4.44	0.03	51%-75% Above	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	90.00	4.44	0.03	51%-75% Above	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	180.00	8.87	0.03	51%-75% Above	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	90.00	4.44	0.03	76%-100% Above	No	No
29300013010	HYDROCHLOROTHIAZIDE 12.5 MG CP	4	30.00	1.48	0.03	51%-75% Above	No	No
29300013010	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	30.00	1.48	0.03	76%-100% Above	No	No
29300013010	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	30.00	1.48	0.03	51%-75% Above	No	No
29300013010	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	90.00	4.44	0.03	51%-75% Above	No	No
29300013010	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	30.00	1.48	0.03	76%-100% Above	No	No
29300013601	CLONIDINE HCL 0.2 MG TABLET	4	30.00	0.63	0.03	26%-50% Below	No	No
29300013601	CLONIDINE HCL 0.2 MG TABLET	5	30.00	0.63	0.03	26%-50% Below	No	No
29300013601	CLONIDINE HCL 0.2 MG TABLET	6	30.00	0.63	0.04	26%-50% Below	No	No
29300013601	CLONIDINE HCL 0.2 MG TABLET	7	30.00	0.63	0.03	26%-50% Below	No	No
29300014701	QUETIAPINE FUMARATE 25 MG TAB	6	90.00	5.81	0.04	76%-100% Above	Yes	No
29300014710	QUETIAPINE FUMARATE 25 MG TAB	7	14.00	0.90	0.03	101%-200% Above	No	No
29300014801	QUETIAPINE FUMARATE 50 MG TAB	5	90.00	6.39	0.04	101%-200% Above	Yes	No
29300014801	QUETIAPINE FUMARATE 50 MG TAB	7	90.00	6.39	0.05	26%-50% Above	Yes	No
29300014801	QUETIAPINE FUMARATE 50 MG TAB	8	30.00	2.13	0.04	51%-75% Above	Yes	No
29300014901	QUETIAPINE FUMARATE 100 MG TAB	7	45.00	7.11	0.04	200% Above	Yes	No
29300015001	QUETIAPINE FUMARATE 200 MG TAB	4	30.00	5.29	0.10	76%-100% Above	Yes	No
29300015001	QUETIAPINE FUMARATE 200 MG TAB	5	30.00	5.29	0.09	76%-100% Above	Yes	No
29300015001	QUETIAPINE FUMARATE 200 MG TAB	6	30.00	5.29	0.12	26%-50% Above	Yes	No
29300015001	QUETIAPINE FUMARATE 200 MG TAB	7	30.00	5.29	0.10	76%-100% Above	Yes	No
29300015101	QUETIAPINE FUMARATE 300 MG TAB	8	30.00	5.45	0.16	10%-25% Above	No	No

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29300015201	QUETIAPINE FUMARATE 400 MG TAB	5	30.00	4.85	0.14	10%-25% Above	Yes	No
29300015201	QUETIAPINE FUMARATE 400 MG TAB	6	30.00	4.85	0.19	10%-25% Below	Yes	No
29300016910	TIZANIDINE HCL 4 MG TABLET	6	10.00	0.25	0.04	26%-50% Below	No	No
29300016910	TIZANIDINE HCL 4 MG TABLET	6	60.00	1.49	0.04	26%-50% Below	No	No
29300016910	TIZANIDINE HCL 4 MG TABLET	7	60.00	1.49	0.03	10%-25% Below	No	No
29300016910	TIZANIDINE HCL 4 MG TABLET	8	14.00	0.35	0.04	26%-50% Below	No	No
29300017116	MEMANTINE HCL 5 MG TABLET	6	30.00	28.13	0.09	200% Above	No	No
29300018705	BISOPROLOL-HYDROCHLOROTHIAZIDE 2.5-6.25 MG TB	4	30.00	7.25	0.22	10%-25% Above	No	No
29300018705	BISOPROLOL-HYDROCHLOROTHIAZIDE 2.5-6.25 MG TB	5	30.00	7.25	0.20	10%-25% Above	No	No
29300018705	BISOPROLOL-HYDROCHLOROTHIAZIDE 2.5-6.25 MG TB	7	30.00	7.25	0.19	26%-50% Above	No	No
29300018705	BISOPROLOL-HYDROCHLOROTHIAZIDE 2.5-6.25 MG TB	7	90.00	28.49	0.19	51%-75% Above	No	No
29300018801	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	5	90.00	21.75	0.21	10%-25% Above	No	No
29300018801	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	7	90.00	21.75	0.19	26%-50% Above	No	No
29300018805	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	5	90.00	21.75	0.21	10%-25% Above	No	No
29300018901	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	7	90.00	16.42	0.21	10%-25% Below	No	No
29300018901	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	8	90.00	16.42	0.28	26%-50% Below	No	No
29300018905	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	6	30.00	5.47	0.27	26%-50% Below	No	No
29300018905	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	7	30.00	5.47	0.21	10%-25% Below	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	4	30.00	2.32	0.05	26%-50% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	5	30.00	2.32	0.05	26%-50% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	5	90.00	6.96	0.05	26%-50% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	6	30.00	2.32	0.06	26%-50% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	6	30.00	7.09	0.06	200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	7	30.00	2.32	0.05	51%-75% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	7	90.00	6.96	0.05	51%-75% Above	No	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300022019	MONTELUKAST SOD 10 MG TABLET	4	30.00	2.32	0.05	26%-50% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	5	30.00	2.32	0.05	26%-50% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	5	90.00	6.96	0.05	26%-50% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	6	30.00	2.32	0.06	26%-50% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	6	90.00	6.96	0.06	26%-50% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	7	30.00	2.32	0.05	51%-75% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	7	90.00	6.96	0.05	51%-75% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	8	20.00	1.55	0.06	26%-50% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	8	30.00	2.32	0.06	26%-50% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	8	90.00	6.96	0.06	26%-50% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	7	14.00	2.58	0.09	101%-200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	4	14.00	2.58	0.10	76%-100% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	5	14.00	2.58	0.09	101%-200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	6	14.00	2.58	0.12	51%-75% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	7	6.00	1.11	0.09	101%-200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	7	14.00	2.58	0.09	101%-200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	8	4.00	0.74	0.11	51%-75% Above	No	No
29300024016	TOLTERODINE TARTRATE 2 MG TAB	8	180.00	70.92	0.27	26%-50% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	5	60.00	3.75	0.02	200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	6	60.00	3.75	0.02	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	7	60.00	3.75	0.02	200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	8	60.00	3.75	0.03	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	4	90.00	5.63	0.02	200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	5	60.00	3.75	0.02	200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	5	90.00	5.63	0.02	200% Above	No	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300024405	BUSPIRONE HCL 5 MG TABLET	6	30.00	1.88	0.02	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	6	30.00	2.22	0.02	200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	6	180.00	11.25	0.02	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	7	30.00	1.88	0.02	200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	7	30.00	2.22	0.02	200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	7	60.00	3.75	0.02	200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	7	90.00	5.63	0.02	200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	8	180.00	11.25	0.03	101%-200% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	4	60.00	4.73	0.03	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	4	90.00	7.10	0.03	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	5	60.00	4.73	0.03	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	5	90.00	7.10	0.03	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	5	180.00	14.20	0.03	101%-200% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	6	60.00	4.73	0.03	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	6	90.00	7.10	0.03	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	6	180.00	14.20	0.03	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	6	180.00	14.20	0.03	101%-200% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	7	30.00	2.39	0.03	101%-200% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	7	60.00	4.73	0.03	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	7	60.00	4.73	0.03	101%-200% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	7	120.00	9.47	0.03	101%-200% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	7	180.00	10.63	0.03	101%-200% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	7	270.00	21.30	0.03	101%-200% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	8	60.00	4.73	0.03	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	8	60.00	4.73	0.03	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300024601	BUSPIRONE HCL 15 MG TABLET	4	120.00	7.08	0.04	26%-50% Above	No	No
29300024601	BUSPIRONE HCL 15 MG TABLET	5	60.00	3.54	0.04	26%-50% Above	No	No
29300024601	BUSPIRONE HCL 15 MG TABLET	5	120.00	7.08	0.04	26%-50% Above	No	No
29300024605	BUSPIRONE HCL 15 MG TABLET	4	60.00	3.54	0.04	26%-50% Above	No	No
29300024605	BUSPIRONE HCL 15 MG TABLET	4	180.00	10.62	0.04	26%-50% Above	No	No
29300024618	BUSPIRONE HCL 15 MG TABLET	5	90.00	5.31	0.04	26%-50% Above	No	No
29300034901	ALLOPURINOL 100 MG TABLET	4	90.00	7.83	0.04	101%-200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	5	30.00	2.61	0.04	101%-200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	5	90.00	7.83	0.04	101%-200% Above	No	No
29300034901	ALLOPURINOL 100 MG TABLET	5	90.00	7.83	0.04	101%-200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	5	180.00	15.66	0.04	101%-200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	6	30.00	2.61	0.05	76%-100% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	6	180.00	15.66	0.05	76%-100% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	7	30.00	2.61	0.04	101%-200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	7	90.00	7.83	0.04	101%-200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	8	90.00	7.83	0.05	76%-100% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	8	180.00	15.66	0.05	76%-100% Above	Yes	No
29300034905	ALLOPURINOL 100 MG TABLET	4	90.00	7.83	0.04	101%-200% Above	No	No
29300034905	ALLOPURINOL 100 MG TABLET	5	30.00	2.61	0.04	101%-200% Above	No	No
29300034905	ALLOPURINOL 100 MG TABLET	5	60.00	15.28	0.04	200% Above	No	No
29300034905	ALLOPURINOL 100 MG TABLET	6	30.00	2.61	0.05	76%-100% Above	No	No
29300034905	ALLOPURINOL 100 MG TABLET	6	60.00	15.28	0.05	200% Above	No	No
29300034905	ALLOPURINOL 100 MG TABLET	6	90.00	7.83	0.05	76%-100% Above	No	No
29300034905	ALLOPURINOL 100 MG TABLET	7	30.00	2.61	0.04	101%-200% Above	No	No
29300034905	ALLOPURINOL 100 MG TABLET	7	60.00	15.28	0.04	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300035001	ALLOPURINOL 300 MG TABLET	7	90.00	15.38	0.06	101%-200% Above	No	No
29300035005	ALLOPURINOL 300 MG TABLET	4	90.00	15.38	0.06	101%-200% Above	No	No
29300035005	ALLOPURINOL 300 MG TABLET	4	90.00	15.38	0.06	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	5	30.00	5.13	0.06	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	5	90.00	15.38	0.06	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	6	90.00	15.38	0.07	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	7	90.00	15.38	0.06	101%-200% Above	No	No
29300035005	ALLOPURINOL 300 MG TABLET	7	90.00	15.38	0.06	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	7	180.00	30.76	0.06	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	8	90.00	15.38	0.07	101%-200% Above	Yes	No
29300035501	TRAMADOL HCL 50 MG TABLET	4	20.00	0.33	0.03	26%-50% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	6	15.00	0.24	0.03	26%-50% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	7	15.00	0.24	0.02	26%-50% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	7	50.00	0.82	0.02	26%-50% Below	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	4	20.00	0.33	0.03	26%-50% Below	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	4	180.00	2.93	0.03	26%-50% Below	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	5	21.00	0.34	0.02	26%-50% Below	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	5	120.00	1.96	0.02	26%-50% Below	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	5	180.00	2.93	0.02	26%-50% Below	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	6	5.00	0.08	0.03	26%-50% Below	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	6	120.00	1.96	0.03	26%-50% Below	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	6	180.00	2.93	0.03	26%-50% Below	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	7	20.00	0.33	0.02	26%-50% Below	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	7	120.00	1.96	0.02	26%-50% Below	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	7	180.00	2.93	0.02	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300035510	TRAMADOL HCL 50 MG TABLET	8	180.00	2.93	0.03	26%-50% Below	No	No
29300039605	AMLODIPINE BESYLATE 2.5 MG TAB	5	90.00	4.01	0.01	200% Above	No	No
29300039605	AMLODIPINE BESYLATE 2.5 MG TAB	6	30.00	1.34	0.01	200% Above	No	No
29300039605	AMLODIPINE BESYLATE 2.5 MG TAB	7	30.00	1.34	0.01	200% Above	No	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	7	90.00	4.01	0.01	200% Above	No	No
29300039619	AMLODIPINE BESYLATE 2.5 MG TAB	7	90.00	4.01	0.01	200% Above	Yes	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	0.36	0.01	10%-25% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	1.09	0.01	10%-25% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	5	30.00	0.36	0.01	10%-25% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	5	90.00	1.09	0.01	10%-25% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	7	30.00	0.36	0.01	26%-50% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	7	90.00	1.09	0.01	26%-50% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	7	180.00	2.18	0.01	26%-50% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	8	90.00	1.09	0.01	10%-25% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	0.36	0.01	10%-25% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	4	180.00	2.18	0.01	10%-25% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	5	30.00	0.36	0.01	10%-25% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	5	90.00	1.09	0.01	10%-25% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	7	30.00	0.36	0.01	26%-50% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	7	90.00	1.09	0.01	26%-50% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	8	30.00	0.36	0.01	10%-25% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	8	60.00	0.73	0.01	10%-25% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	8	90.00	1.09	0.01	10%-25% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	5	30.00	0.50	0.02	10%-25% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	1.50	0.02	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300039805	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	1.50	0.01	10%-25% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	5	30.00	0.50	0.02	10%-25% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	1.50	0.02	10%-25% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	7	30.00	0.50	0.01	10%-25% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	1.50	0.01	10%-25% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	1.50	0.01	10%-25% Above	Yes	No
29300040101	ATENOLOL-CHLORTHALIDONE 100-25	4	30.00	12.81	0.33	26%-50% Above	No	No
29300041001	ATENOLOL 25 MG TABLET	4	90.00	2.73	0.02	51%-75% Above	No	No
29300041001	ATENOLOL 25 MG TABLET	5	30.00	0.91	0.02	51%-75% Above	No	No
29300041001	ATENOLOL 25 MG TABLET	6	30.00	0.91	0.02	26%-50% Above	No	No
29300041001	ATENOLOL 25 MG TABLET	8	90.00	2.73	0.02	10%-25% Above	No	No
29300041101	ATENOLOL 50 MG TABLET	5	90.00	7.16	0.02	200% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	4	30.00	0.42	0.02	10%-25% Below	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	4	60.00	0.83	0.02	10%-25% Below	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	5	30.00	0.42	0.02	10%-25% Below	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	7	30.00	0.42	0.02	10%-25% Below	Yes	No
29300041319	CYCLOBENZAPRINE 5 MG TABLET	4	30.00	0.37	0.02	26%-50% Below	No	No
29300041319	CYCLOBENZAPRINE 5 MG TABLET	5	30.00	0.42	0.02	10%-25% Below	No	No
29300041319	CYCLOBENZAPRINE 5 MG TABLET	7	90.00	1.25	0.02	10%-25% Below	No	No
29300041501	CYCLOBENZAPRINE 10 MG TABLET	5	20.00	0.19	0.02	26%-50% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	4	30.00	0.28	0.02	26%-50% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	5	30.00	0.28	0.02	26%-50% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	5	60.00	0.56	0.02	26%-50% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	6	18.00	0.17	0.02	51%-75% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	6	30.00	0.28	0.02	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300041510	CYCLOBENZAPRINE 10 MG TABLET	7	20.00	0.19	0.02	26%-50% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	7	30.00	0.28	0.02	26%-50% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	7	42.00	0.39	0.02	26%-50% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	8	60.00	0.56	0.02	51%-75% Below	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	4	30.00	0.28	0.02	26%-50% Below	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	4	90.00	0.85	0.02	26%-50% Below	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	5	20.00	0.19	0.02	26%-50% Below	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	5	30.00	0.28	0.02	26%-50% Below	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	6	7.00	0.07	0.02	26%-50% Below	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	6	270.00	2.54	0.02	51%-75% Below	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	7	9.00	0.08	0.02	26%-50% Below	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	7	10.00	0.09	0.02	26%-50% Below	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	7	30.00	0.28	0.02	26%-50% Below	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	7	50.00	0.47	0.02	26%-50% Below	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	8	12.00	0.11	0.02	51%-75% Below	No	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	4	90.00	7.68	0.03	101%-200% Above	No	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	5	30.00	2.56	0.03	101%-200% Above	No	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	6	30.00	2.56	0.04	101%-200% Above	No	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	6	90.00	7.68	0.04	101%-200% Above	No	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	8	30.00	2.56	0.04	101%-200% Above	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	5	90.00	7.68	0.03	101%-200% Above	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	6	30.00	2.56	0.04	101%-200% Above	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	7	30.00	2.56	0.03	101%-200% Above	No	No
29300042001	AMITRIPTYLINE HCL 25 MG TAB	4	30.00	4.87	0.06	101%-200% Above	No	No
29300042001	AMITRIPTYLINE HCL 25 MG TAB	5	30.00	4.87	0.05	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300042001	AMITRIPTYLINE HCL 25 MG TAB	6	30.00	4.87	0.06	101%-200% Above	No	No
29300042001	AMITRIPTYLINE HCL 25 MG TAB	7	30.00	4.87	0.06	101%-200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	5	30.00	4.87	0.05	200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	5	90.00	14.61	0.05	200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	5	180.00	29.21	0.05	200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	6	30.00	0.89	0.06	26%-50% Below	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	6	30.00	4.87	0.06	101%-200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	6	90.00	10.00	0.06	76%-100% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	6	90.00	14.61	0.06	101%-200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	6	180.00	20.00	0.06	76%-100% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	7	30.00	4.87	0.06	101%-200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	7	60.00	9.74	0.06	101%-200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	7	90.00	14.61	0.06	101%-200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	8	30.00	4.87	0.06	101%-200% Above	No	No
29300042110	AMITRIPTYLINE HCL 50 MG TAB	4	30.00	9.73	0.08	200% Above	No	No
29300042110	AMITRIPTYLINE HCL 50 MG TAB	5	30.00	9.73	0.08	200% Above	No	No
29300042110	AMITRIPTYLINE HCL 50 MG TAB	6	30.00	9.73	0.09	200% Above	No	No
29300042110	AMITRIPTYLINE HCL 50 MG TAB	7	30.00	9.73	0.07	200% Above	No	No
29300042901	ZONISAMIDE 50 MG CAPSULE	4	90.00	11.18	0.08	51%-75% Above	No	No
29300042901	ZONISAMIDE 50 MG CAPSULE	5	60.00	7.45	0.08	51%-75% Above	No	No
29300042901	ZONISAMIDE 50 MG CAPSULE	6	78.00	9.69	0.10	10%-25% Above	No	No
29300046801	CLONIDINE HCL 0.1 MG TABLET	6	90.00	0.97	0.03	51%-75% Below	No	No
29300046801	CLONIDINE HCL 0.1 MG TABLET	7	30.00	0.32	0.02	26%-50% Below	No	No
29300046805	CLONIDINE HCL 0.1 MG TABLET	4	30.00	0.32	0.02	51%-75% Below	No	No
29300046805	CLONIDINE HCL 0.1 MG TABLET	7	30.00	0.32	0.02	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300046810	CLONIDINE HCL 0.1 MG TABLET	5	30.00	0.32	0.02	51%-75% Below	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	5	34.00	0.37	0.02	26%-50% Below	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	6	30.00	0.32	0.03	51%-75% Below	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	6	180.00	1.94	0.03	51%-75% Below	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	7	2.00	0.02	0.02	51%-75% Below	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	7	30.00	0.32	0.02	26%-50% Below	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	7	34.00	0.37	0.02	26%-50% Below	No	No
29300047701	BUSPIRONE HCL 15 MG TABLET	6	60.00	3.54	0.05	10%-25% Above	No	No
29300047701	BUSPIRONE HCL 15 MG TABLET	7	60.00	3.54	0.04	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	4	45.00	2.66	0.04	26%-50% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	5	270.00	15.93	0.04	26%-50% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	6	90.00	5.31	0.05	10%-25% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	7	90.00	5.31	0.04	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	7	90.00	5.31	0.04	26%-50% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	7	120.00	7.08	0.04	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	7	180.00	10.62	0.04	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	8	141.00	8.32	0.05	10%-25% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	8	180.00	10.62	0.05	10%-25% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	8	270.00	15.93	0.05	10%-25% Above	No	No
31722000390	VENLAFAXINE HCL ER 75 MG CAP	6	30.00	2.60	0.10	10%-25% Below	No	No
31722000390	VENLAFAXINE HCL ER 75 MG CAP	8	30.00	15.00	0.10	200% Above	No	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	4	30.00	2.48	0.12	26%-50% Below	No	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	5	30.00	2.48	0.12	26%-50% Below	No	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	7	30.00	2.48	0.11	10%-25% Below	No	No
31722001701	FAMOTIDINE 20 MG TABLET	4	90.00	2.08	0.03	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722001701	FAMOTIDINE 20 MG TABLET	7	90.00	2.08	0.03	10%-25% Below	No	No
31722001710	FAMOTIDINE 20 MG TABLET	3	60.00	1.39	0.03	26%-50% Below	No	No
31722001710	FAMOTIDINE 20 MG TABLET	4	60.00	1.39	0.03	10%-25% Below	No	No
31722001710	FAMOTIDINE 20 MG TABLET	5	60.00	1.39	0.03	10%-25% Below	No	No
31722001710	FAMOTIDINE 20 MG TABLET	6	28.00	0.65	0.04	26%-50% Below	No	No
31722001710	FAMOTIDINE 20 MG TABLET	6	60.00	1.39	0.04	26%-50% Below	No	No
31722001710	FAMOTIDINE 20 MG TABLET	6	180.00	4.16	0.04	26%-50% Below	No	No
31722001710	FAMOTIDINE 20 MG TABLET	7	60.00	1.39	0.03	10%-25% Below	No	No
31722001710	FAMOTIDINE 20 MG TABLET	8	60.00	1.39	0.03	26%-50% Below	No	No
31722001801	FAMOTIDINE 40 MG TABLET	5	90.00	8.08	0.05	76%-100% Above	No	No
31722001801	FAMOTIDINE 40 MG TABLET	6	30.00	2.69	0.06	51%-75% Above	No	No
31722001801	FAMOTIDINE 40 MG TABLET	6	60.00	5.39	0.06	51%-75% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	4	10.00	0.90	0.05	76%-100% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	4	30.00	2.69	0.05	76%-100% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	5	90.00	8.08	0.05	76%-100% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	7	30.00	2.69	0.05	76%-100% Above	No	No
31722002790	SOLIFENACIN 5 MG TABLET	7	90.00	178.60	0.16	200% Above	No	No
31722004031	PROMETHAZINE 12.5 MG SUPPOS	5	12.00	19.63	1.90	10%-25% Below	Yes	No
31722004131	PROMETHAZINE 25 MG SUPPOSITORY	6	12.00	20.74	2.55	26%-50% Below	Yes	No
31722006331	FAMOTIDINE 40 MG/5 ML SUSP	4	50.00	16.92	0.41	10%-25% Below	No	No
31722006331	FAMOTIDINE 40 MG/5 ML SUSP	5	100.00	33.84	0.40	10%-25% Below	No	No
31722006331	FAMOTIDINE 40 MG/5 ML SUSP	8	50.00	16.92	0.50	26%-50% Below	No	No
31722006801	BUPROPION HCL SR 200 MG TABLET	4	30.00	5.94	0.11	76%-100% Above	No	No
31722006801	BUPROPION HCL SR 200 MG TABLET	7	30.00	5.94	0.11	76%-100% Above	No	No
31722006860	BUPROPION HCL SR 200 MG TABLET	7	30.00	5.94	0.11	76%-100% Above	No	No

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31722010330	CINACALCET HCL 30 MG TABLET	4	30.00	116.73	0.26	200% Above	No	No
31722010330	CINACALCET HCL 30 MG TABLET	5	30.00	116.73	0.27	200% Above	No	No
31722010330	CINACALCET HCL 30 MG TABLET	6	30.00	116.73	0.40	200% Above	No	No
31722010330	CINACALCET HCL 30 MG TABLET	7	30.00	116.73	0.29	200% Above	No	No
31722012805	GEMFIBROZIL 600 MG TABLET	4	180.00	12.38	0.09	10%-25% Below	No	No
31722012805	GEMFIBROZIL 600 MG TABLET	6	60.00	4.13	0.11	26%-50% Below	No	No
31722012805	GEMFIBROZIL 600 MG TABLET	6	180.00	12.38	0.11	26%-50% Below	No	No
31722012805	GEMFIBROZIL 600 MG TABLET	6	180.00	12.38	0.11	26%-50% Below	Yes	No
31722012805	GEMFIBROZIL 600 MG TABLET	7	180.00	12.38	0.09	10%-25% Below	Yes	No
31722012860	GEMFIBROZIL 600 MG TABLET	7	60.00	4.13	0.09	10%-25% Below	No	No
31722012860	GEMFIBROZIL 600 MG TABLET	8	60.00	4.13	0.11	26%-50% Below	No	No
31722013130	DUTASTERIDE 0.5 MG CAPSULE	7	30.00	6.75	0.17	26%-50% Above	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	5	180.00	3.13	0.04	51%-75% Below	No	No
31722015290	VALSARTAN 80 MG TABLET	4	30.00	15.78	0.12	200% Above	No	No
31722015290	VALSARTAN 80 MG TABLET	7	90.00	15.59	0.13	26%-50% Above	No	No
31722015390	VALSARTAN 160 MG TABLET	4	30.00	5.80	0.15	26%-50% Above	No	No
31722015390	VALSARTAN 160 MG TABLET	5	30.00	5.80	0.15	10%-25% Above	No	No
31722015390	VALSARTAN 160 MG TABLET	5	30.00	16.92	0.15	200% Above	No	No
31722015390	VALSARTAN 160 MG TABLET	6	30.00	16.42	0.18	200% Above	No	No
31722015390	VALSARTAN 160 MG TABLET	7	30.00	5.80	0.16	10%-25% Above	No	No
31722015390	VALSARTAN 160 MG TABLET	7	30.00	16.42	0.16	200% Above	No	No
31722015390	VALSARTAN 160 MG TABLET	7	90.00	49.27	0.16	200% Above	No	No
31722015490	VALSARTAN 320 MG TABLET	6	90.00	25.69	0.23	10%-25% Above	No	No
31722015601	DEXTROAMP-AMPHETAM 7.5 MG TAB	5	30.00	7.26	0.45	26%-50% Below	No	No
31722016605	GABAPENTIN 600 MG TABLET	4	90.00	3.17	0.09	51%-75% Below	No	No

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31722016605	GABAPENTIN 600 MG TABLET	5	180.00	21.04	0.08	26%-50% Above	No	No
31722028610	LEVOTHYROXINE 75 MCG TABLET	6	90.00	3.84	0.06	26%-50% Below	No	No
31722029310	LEVOTHYROXINE 175 MCG TABLET	7	90.00	5.74	0.07	10%-25% Below	No	No
31722029410	LEVOTHYROXINE 200 MCG TABLET	6	90.00	6.19	0.10	26%-50% Below	No	No
31722042605	ATORVASTATIN 40 MG TABLET	5	30.00	2.92	0.05	101%-200% Above	No	No
31722042705	ATORVASTATIN 80 MG TABLET	5	30.00	3.36	0.07	51%-75% Above	No	No
31722052001	HYDRALAZINE 25 MG TABLET	6	90.00	4.00	0.04	10%-25% Above	No	No
31722052001	HYDRALAZINE 25 MG TABLET	6	180.00	8.00	0.04	10%-25% Above	No	No
31722052101	HYDRALAZINE 50 MG TABLET	6	270.00	10.00	0.05	10%-25% Below	No	No
31722052201	HYDRALAZINE 100 MG TABLET	5	60.00	18.31	0.07	200% Above	No	No
31722052201	HYDRALAZINE 100 MG TABLET	6	180.00	54.94	0.08	200% Above	No	No
31722052201	HYDRALAZINE 100 MG TABLET	7	180.00	54.94	0.08	200% Above	No	No
31722052201	HYDRALAZINE 100 MG TABLET	8	180.00	53.89	0.09	200% Above	Yes	No
31722052530	FINASTERIDE 5 MG TABLET	7	22.00	1.51	0.06	10%-25% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	4	60.00	4.36	0.03	101%-200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	5	28.00	2.04	0.03	101%-200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	5	45.00	3.27	0.03	101%-200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	5	60.00	4.36	0.03	101%-200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	6	60.00	4.36	0.04	51%-75% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	7	120.00	8.72	0.03	101%-200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	8	30.00	2.18	0.04	76%-100% Above	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	5	90.00	6.54	0.03	101%-200% Above	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	6	90.00	6.54	0.04	51%-75% Above	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	7	56.00	4.07	0.03	101%-200% Above	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	4	30.00	0.87	0.04	26%-50% Below	No	No

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31722053401	METHOCARBAMOL 750 MG TABLET	5	60.00	1.73	0.04	26%-50% Below	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	6	60.00	1.73	0.05	26%-50% Below	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	7	45.00	1.30	0.03	10%-25% Below	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	4	45.00	1.30	0.04	26%-50% Below	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	6	30.00	0.87	0.05	26%-50% Below	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	6	90.00	2.77	0.05	26%-50% Below	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	8	45.00	1.30	0.05	26%-50% Below	No	No
31722054201	INDOMETHACIN 25 MG CAPSULE	7	120.00	13.01	0.10	10%-25% Above	No	No
31722054301	INDOMETHACIN 50 MG CAPSULE	7	21.00	2.56	0.11	10%-25% Above	No	No
31722054301	INDOMETHACIN 50 MG CAPSULE	7	60.00	7.31	0.11	10%-25% Above	Yes	No
31722054301	INDOMETHACIN 50 MG CAPSULE	7	90.00	10.96	0.11	10%-25% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	4	30.00	3.68	0.06	76%-100% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	5	30.00	3.68	0.06	76%-100% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	5	90.00	11.03	0.06	76%-100% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	6	30.00	3.68	0.07	76%-100% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	7	30.00	3.68	0.06	101%-200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	7	60.00	7.35	0.06	101%-200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	7	90.00	11.03	0.06	101%-200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	8	30.00	3.68	0.07	76%-100% Above	No	No
31722056501	INDOMETHACIN ER 75 MG CAPSULE	7	90.00	96.26	0.19	200% Above	No	No
31722057310	ESOMEPRAZOLE MAG DR 40 MG CAP	4	30.00	42.13	0.13	200% Above	No	No
31722057310	ESOMEPRAZOLE MAG DR 40 MG CAP	5	30.00	42.13	0.14	200% Above	No	No
31722057310	ESOMEPRAZOLE MAG DR 40 MG CAP	6	90.00	126.39	0.16	200% Above	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	5	425.00	15.64	0.03	26%-50% Above	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	6	425.00	15.64	0.03	10%-25% Above	No	No

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31722057447	LEVETIRACETAM 100 MG/ML SOLN	7	425.00	15.64	0.03	26%-50% Above	No	No
31722058530	NEBIVOLOL 2.5 MG TABLET	7	90.00	68.02	0.07	200% Above	Yes	No
31722058530	NEBIVOLOL 2.5 MG TABLET	8	30.00	22.67	0.09	200% Above	Yes	No
31722058630	NEBIVOLOL 5 MG TABLET	5	90.00	65.16	0.12	200% Above	No	No
31722058630	NEBIVOLOL 5 MG TABLET	7	30.00	21.72	0.09	200% Above	No	No
31722058630	NEBIVOLOL 5 MG TABLET	7	90.00	65.16	0.09	200% Above	Yes	No
31722058730	NEBIVOLOL 10 MG TABLET	5	90.00	65.67	0.15	200% Above	No	No
31722058830	NEBIVOLOL 20 MG TABLET	5	90.00	67.79	0.16	200% Above	No	No
31722058890	NEBIVOLOL 20 MG TABLET	4	30.00	22.60	0.17	200% Above	No	No
31722058890	NEBIVOLOL 20 MG TABLET	7	30.00	22.60	0.15	200% Above	No	No
31722058890	NEBIVOLOL 20 MG TABLET	8	30.00	22.60	0.20	200% Above	No	No
31722059590	FENOFIBRATE 48 MG TABLET	6	90.00	16.61	0.11	51%-75% Above	No	No
31722059690	FENOFIBRATE 145 MG TABLET	5	90.00	24.00	0.11	101%-200% Above	No	No
31722059690	FENOFIBRATE 145 MG TABLET	6	90.00	24.00	0.13	76%-100% Above	No	No
31722061405	PREGABALIN 150 MG CAPSULE	5	60.00	2.60	0.06	10%-25% Below	No	No
31722061405	PREGABALIN 150 MG CAPSULE	6	60.00	2.60	0.06	26%-50% Below	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	5	10.00	18.95	1.03	76%-100% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	6	10.00	18.95	1.29	26%-50% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	11	10.00	45.23	1.22	200% Above	No	No
31722065931	LEVOCETIRIZINE 2.5 MG/5 ML SOL	7	225.00	53.08	0.13	76%-100% Above	Yes	No
31722066490	ESOMEPRAZOLE MAG DR 20 MG CAP	7	90.00	391.17	0.15	200% Above	No	No
31722066530	ESOMEPRAZOLE MAG DR 40 MG CAP	6	90.00	126.39	0.16	200% Above	No	No
31722066590	ESOMEPRAZOLE MAG DR 40 MG CAP	5	90.00	126.39	0.14	200% Above	Yes	No
31722066590	ESOMEPRAZOLE MAG DR 40 MG CAP	7	90.00	126.39	0.14	200% Above	Yes	No
31722068601	KETOROLAC 10 MG TABLET	4	15.00	4.44	0.35	10%-25% Below	No	No

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31722068601	KETOROLAC 10 MG TABLET	4	20.00	5.92	0.35	10%-25% Below	No	No
31722068601	KETOROLAC 10 MG TABLET	7	12.00	3.55	0.34	10%-25% Below	No	No
31722068601	KETOROLAC 10 MG TABLET	7	20.00	5.92	0.34	10%-25% Below	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	4	30.00	2.58	0.03	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	4	90.00	7.74	0.03	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	5	30.00	2.58	0.03	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	5	90.00	7.74	0.03	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	6	30.00	2.58	0.03	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	7	30.00	2.58	0.03	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	7	90.00	7.74	0.03	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	8	30.00	2.58	0.03	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	4	30.00	2.58	0.03	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	4	90.00	6.27	0.03	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	5	30.00	2.58	0.03	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	6	30.00	2.58	0.03	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	6	90.00	6.27	0.03	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	7	30.00	2.09	0.03	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	7	30.00	2.58	0.03	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	7	90.00	7.74	0.03	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	8	30.00	2.58	0.03	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	4	30.00	1.74	0.04	51%-75% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	4	60.00	3.49	0.04	51%-75% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	4	90.00	5.23	0.04	51%-75% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	4	180.00	10.46	0.04	51%-75% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	5	30.00	1.74	0.04	51%-75% Above	No	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722070110	LOSARTAN POTASSIUM 50 MG TAB	5	90.00	5.23	0.04	51%-75% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	6	30.00	1.74	0.04	26%-50% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	6	60.00	3.49	0.04	26%-50% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	6	90.00	5.23	0.04	26%-50% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	7	30.00	1.74	0.04	51%-75% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	7	60.00	3.49	0.04	51%-75% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	7	90.00	5.23	0.04	51%-75% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	7	180.00	10.46	0.04	51%-75% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	8	30.00	1.74	0.04	26%-50% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	8	60.00	3.49	0.04	26%-50% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	4	90.00	5.23	0.04	51%-75% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	5	90.00	5.23	0.04	51%-75% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	5	180.00	10.46	0.04	51%-75% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	6	90.00	5.23	0.04	26%-50% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	7	90.00	5.23	0.04	51%-75% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	7	90.00	7.77	0.04	101%-200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	8	90.00	5.23	0.04	26%-50% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	4	30.00	2.75	0.05	76%-100% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	4	90.00	8.24	0.05	76%-100% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	5	15.00	1.37	0.05	76%-100% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	5	30.00	2.75	0.05	76%-100% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	5	90.00	8.24	0.05	76%-100% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	6	30.00	2.75	0.06	51%-75% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	6	45.00	4.12	0.06	51%-75% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	6	90.00	8.24	0.06	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722070210	LOSARTAN POTASSIUM 100 MG TAB	7	30.00	2.75	0.05	76%-100% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	7	90.00	8.24	0.05	76%-100% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	8	30.00	2.75	0.05	51%-75% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	8	45.00	4.12	0.05	51%-75% Above	No	No
31722070230	LOSARTAN POTASSIUM 100 MG TAB	5	30.00	2.75	0.05	76%-100% Above	No	No
31722070230	LOSARTAN POTASSIUM 100 MG TAB	6	30.00	2.75	0.06	51%-75% Above	No	No
31722070230	LOSARTAN POTASSIUM 100 MG TAB	6	90.00	8.24	0.06	51%-75% Above	No	No
31722070230	LOSARTAN POTASSIUM 100 MG TAB	7	30.00	2.75	0.05	76%-100% Above	No	No
31722070230	LOSARTAN POTASSIUM 100 MG TAB	7	90.00	8.24	0.05	76%-100% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	4	30.00	2.75	0.05	76%-100% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	4	90.00	8.24	0.05	76%-100% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	5	30.00	2.75	0.05	76%-100% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	5	90.00	8.24	0.05	76%-100% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	8	90.00	8.24	0.05	51%-75% Above	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	4	30.00	6.20	0.26	10%-25% Below	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	4	30.00	16.58	0.26	101%-200% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	4	90.00	18.59	0.26	10%-25% Below	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	5	30.00	6.20	0.24	10%-25% Below	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	5	30.00	16.58	0.24	101%-200% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	5	180.00	37.17	0.24	10%-25% Below	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	6	90.00	18.59	0.27	10%-25% Below	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	7	30.00	6.20	0.23	10%-25% Below	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	7	30.00	6.20	0.23	10%-25% Below	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	7	30.00	16.58	0.23	101%-200% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	7	90.00	18.59	0.23	10%-25% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722070430	VALACYCLOVIR HCL 500 MG TABLET	8	6.00	1.24	0.27	10%-25% Below	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	8	30.00	6.20	0.27	10%-25% Below	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	8	90.00	18.59	0.27	10%-25% Below	Yes	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	4	28.00	5.78	0.26	10%-25% Below	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	5	90.00	18.59	0.24	10%-25% Below	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	7	15.00	3.10	0.23	10%-25% Below	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	7	21.00	4.34	0.23	10%-25% Below	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	7	90.00	18.59	0.23	10%-25% Below	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	5	14.00	15.15	0.44	101%-200% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	5	30.00	32.47	0.44	101%-200% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	7	4.00	1.85	0.41	10%-25% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	7	14.00	6.48	0.41	10%-25% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	7	30.00	13.88	0.41	10%-25% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	7	90.00	44.90	0.41	10%-25% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	8	90.00	97.42	0.49	101%-200% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	7	21.00	9.71	0.41	10%-25% Above	No	No
31722070930	SILDENAFIL 25 MG TABLET	7	18.00	144.86	0.08	200% Above	No	No
31722071101	SILDENAFIL 100 MG TABLET	5	10.00	80.48	0.14	200% Above	No	No
31722071101	SILDENAFIL 100 MG TABLET	5	18.00	144.86	0.14	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	4	28.00	2.03	0.05	51%-75% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	2.18	0.05	51%-75% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	2.18	0.05	51%-75% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.00	6.53	0.05	51%-75% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	2.18	0.06	26%-50% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	6.53	0.06	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.00	2.18	0.05	51%-75% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.00	2.18	0.05	26%-50% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	6.53	0.05	26%-50% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	4	15.00	1.09	0.05	51%-75% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	2.18	0.05	51%-75% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	6.53	0.05	51%-75% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	10.19	0.05	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	2.18	0.05	51%-75% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	3.40	0.05	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	5	60.00	6.79	0.05	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.00	6.53	0.05	51%-75% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.00	6.53	0.05	51%-75% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.00	10.19	0.05	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	2.18	0.06	26%-50% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	3.40	0.06	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	6	60.00	4.36	0.06	26%-50% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	6.53	0.06	26%-50% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	6.53	0.06	26%-50% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	10.19	0.06	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	7	28.00	11.03	0.05	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.00	2.18	0.05	51%-75% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.00	3.40	0.05	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.00	6.53	0.05	51%-75% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.00	6.53	0.05	51%-75% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.00	10.19	0.05	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.00	35.46	0.05	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.00	2.18	0.05	26%-50% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.00	3.40	0.05	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	8	60.00	4.36	0.05	26%-50% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	8	60.00	6.79	0.05	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	6.41	0.05	26%-50% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	6.53	0.05	26%-50% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	6.53	0.05	26%-50% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	10.19	0.05	101%-200% Above	No	No
31722071730	ATOMOXETINE HCL 40 MG CAPSULE	5	30.00	109.28	0.52	200% Above	No	No
31722071730	ATOMOXETINE HCL 40 MG CAPSULE	6	30.00	109.28	0.60	200% Above	No	No
31722071730	ATOMOXETINE HCL 40 MG CAPSULE	7	90.00	213.99	0.49	200% Above	No	No
31722071830	ATOMOXETINE HCL 60 MG CAPSULE	1	30.00	74.82	0.83	200% Above	No	No
31722071830	ATOMOXETINE HCL 60 MG CAPSULE	2	30.00	74.82	0.91	101%-200% Above	No	No
31722071830	ATOMOXETINE HCL 60 MG CAPSULE	6	30.00	42.12	1.04	26%-50% Above	No	No
31722071830	ATOMOXETINE HCL 60 MG CAPSULE	7	30.00	42.12	0.71	76%-100% Above	No	No
31722071930	ATOMOXETINE HCL 80 MG CAPSULE	7	30.00	76.96	0.47	200% Above	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	4	7.00	0.74	0.14	10%-25% Below	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	4	10.00	1.05	0.14	26%-50% Below	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	5	7.00	0.66	0.13	26%-50% Below	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	5	10.00	0.94	0.13	26%-50% Below	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	5	10.00	1.05	0.13	10%-25% Below	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	6	7.00	0.74	0.15	26%-50% Below	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	6	10.00	0.94	0.15	26%-50% Below	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	6	10.00	1.05	0.15	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722072250	LEVOFLOXACIN 500 MG TABLET	7	10.00	1.05	0.14	26%-50% Below	No	No
31722072320	LEVOFLOXACIN 750 MG TABLET	5	7.00	2.78	0.25	51%-75% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	4	30.00	2.32	0.05	26%-50% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	4	30.00	7.09	0.05	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	4	90.00	6.96	0.05	26%-50% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	5	28.00	2.16	0.05	26%-50% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	5	30.00	2.32	0.05	26%-50% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	5	30.00	7.09	0.05	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	5	40.00	3.09	0.05	26%-50% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	5	90.00	6.96	0.05	26%-50% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	6	28.00	2.16	0.06	26%-50% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	6	30.00	2.32	0.06	26%-50% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	6	90.00	6.96	0.06	26%-50% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	7	28.00	2.16	0.05	51%-75% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	7	30.00	2.32	0.05	51%-75% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	7	90.00	6.96	0.05	51%-75% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	8	30.00	2.32	0.06	26%-50% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	8	90.00	6.96	0.06	26%-50% Above	No	No
31722072630	MONTELUKAST SOD 10 MG TABLET	4	30.00	2.32	0.05	26%-50% Above	No	No
31722072630	MONTELUKAST SOD 10 MG TABLET	5	30.00	2.32	0.05	26%-50% Above	No	No
31722072630	MONTELUKAST SOD 10 MG TABLET	6	30.00	2.32	0.06	26%-50% Above	No	No
31722072630	MONTELUKAST SOD 10 MG TABLET	7	30.00	2.32	0.05	51%-75% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	5	90.00	6.96	0.05	26%-50% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	6	90.00	6.96	0.06	26%-50% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	7	90.00	6.96	0.05	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722072690	MONTELUKAST SOD 10 MG TABLET	8	90.00	6.96	0.06	26%-50% Above	No	No
31722072830	MONTELUKAST SOD 5 MG TAB CHEW	7	90.00	12.30	0.07	101%-200% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	4	30.00	4.10	0.07	76%-100% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	5	30.00	4.10	0.07	76%-100% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	5	90.00	25.48	0.07	200% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	7	30.00	4.10	0.07	101%-200% Above	No	No
31722072930	IRBESARTAN 75 MG TABLET	5	30.00	6.46	0.10	101%-200% Above	Yes	No
31722072930	IRBESARTAN 75 MG TABLET	5	60.00	12.91	0.10	101%-200% Above	No	No
31722072930	IRBESARTAN 75 MG TABLET	6	60.00	12.91	0.13	51%-75% Above	No	No
31722073030	IRBESARTAN 150 MG TABLET	5	90.00	20.80	0.11	101%-200% Above	No	No
31722073190	IRBESARTAN 300 MG TABLET	5	90.00	25.44	0.15	76%-100% Above	No	No
31722073890	DONEPEZIL HCL 10 MG TABLET	4	30.00	6.53	0.04	200% Above	No	No
31722074920	LINEZOLID 600 MG TABLET	6	20.00	19.99	1.88	26%-50% Below	No	No
31722077701	ACYCLOVIR 400 MG TABLET	4	35.00	4.01	0.09	10%-25% Above	No	No
31722077701	ACYCLOVIR 400 MG TABLET	4	42.00	3.08	0.09	10%-25% Below	No	No
31722077701	ACYCLOVIR 400 MG TABLET	5	35.00	4.01	0.09	26%-50% Above	No	No
31722077701	ACYCLOVIR 400 MG TABLET	5	42.00	3.08	0.09	10%-25% Below	No	No
31722077701	ACYCLOVIR 400 MG TABLET	6	35.00	4.01	0.10	10%-25% Above	No	No
31722077701	ACYCLOVIR 400 MG TABLET	6	42.00	3.08	0.10	10%-25% Below	No	No
31722077701	ACYCLOVIR 400 MG TABLET	6	180.00	13.21	0.10	10%-25% Below	No	No
31722077801	ACYCLOVIR 800 MG TABLET	6	90.00	20.39	0.17	26%-50% Above	No	No
31722077801	ACYCLOVIR 800 MG TABLET	7	21.00	4.76	0.12	76%-100% Above	No	No
31722077801	ACYCLOVIR 800 MG TABLET	7	90.00	13.07	0.12	10%-25% Above	No	No
31722081360	LACOSAMIDE 100 MG TABLET	5	60.00	114.67	0.23	200% Above	No	No
31722081360	LACOSAMIDE 100 MG TABLET	6	60.00	114.67	0.28	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722081360	LACOSAMIDE 100 MG TABLET	7	60.00	114.67	0.22	200% Above	No	No
31722081360	LACOSAMIDE 100 MG TABLET	8	60.00	114.67	0.29	200% Above	No	No
31722088290	ROSUVASTATIN CALCIUM 5 MG TAB	4	90.00	151.89	0.04	200% Above	No	No
31722088290	ROSUVASTATIN CALCIUM 5 MG TAB	6	76.00	128.27	0.04	200% Above	No	No
31722088290	ROSUVASTATIN CALCIUM 5 MG TAB	7	90.00	151.89	0.04	200% Above	No	No
31722088290	ROSUVASTATIN CALCIUM 5 MG TAB	8	90.00	151.89	0.04	200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	5	90.00	151.09	0.06	200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	6	90.00	151.09	0.06	200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	8	90.00	151.09	0.07	200% Above	No	No
31722089901	COLCHICINE 0.6 MG TABLET	5	20.00	46.45	0.22	200% Above	No	No
31722089901	COLCHICINE 0.6 MG TABLET	5	30.00	69.67	0.22	200% Above	No	No
31722089901	COLCHICINE 0.6 MG TABLET	7	12.00	27.87	0.16	200% Above	No	No
31722089901	COLCHICINE 0.6 MG TABLET	7	30.00	69.67	0.16	200% Above	No	No
31722089901	COLCHICINE 0.6 MG TABLET	8	90.00	209.01	0.24	200% Above	No	No
31722090501	FLUOXETIN(P) CAP 40MG	5	90.00	7.99	.		No	No
31722093432	DROSPIRENONE-EE 3-0.02 MG TAB	7	84.00	132.58	0.14	200% Above	No	No
31722093612	OMEGA-3 ETHYL ESTERS 1 GM CAP	4	360.00	121.68	0.18	76%-100% Above	Yes	No
31722093612	OMEGA-3 ETHYL ESTERS 1 GM CAP	8	360.00	121.68	0.17	76%-100% Above	Yes	No
31722095501	METHYLPHENIDATE ER 54 MG TAB	5	30.00	204.14	0.74	200% Above	No	No
31722095501	METHYLPHENIDATE ER 54 MG TAB	6	30.00	204.14	0.93	200% Above	No	No
31722095501	METHYLPHENIDATE ER 54 MG TAB	7	30.00	204.14	0.80	200% Above	No	No
31722095801	BENZONATATE 200 MG CAPSULE	6	20.00	1.33	0.12	26%-50% Below	No	No
31722095801	BENZONATATE 200 MG CAPSULE	7	20.00	1.33	0.10	26%-50% Below	No	No
31722095801	BENZONATATE 200 MG CAPSULE	7	30.00	2.00	0.10	26%-50% Below	No	No
33342004710	IRBESARTAN 75 MG TABLET	5	90.00	19.37	0.10	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
33342004710	IRBESARTAN 75 MG TABLET	6	30.00	6.46	0.13	51%-75% Above	Yes	No
33342004710	IRBESARTAN 75 MG TABLET	7	30.00	6.46	0.12	76%-100% Above	Yes	No
33342004710	IRBESARTAN 75 MG TABLET	8	90.00	19.37	0.13	51%-75% Above	Yes	No
33342004810	IRBESARTAN 150 MG TABLET	7	90.00	20.80	0.12	76%-100% Above	Yes	No
33342004910	IRBESARTAN 300 MG TABLET	5	30.00	8.48	0.15	76%-100% Above	No	No
33342004910	IRBESARTAN 300 MG TABLET	5	90.00	25.44	0.15	76%-100% Above	No	No
33342004910	IRBESARTAN 300 MG TABLET	7	30.00	8.48	0.16	76%-100% Above	No	No
33342004910	IRBESARTAN 300 MG TABLET	7	90.00	25.44	0.16	76%-100% Above	Yes	No
33342004910	IRBESARTAN 300 MG TABLET	8	30.00	8.48	0.21	26%-50% Above	No	No
33342005007	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	5	90.00	42.17	0.08	200% Above	No	No
33342005010	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	5	90.00	10.00	0.08	26%-50% Above	No	No
33342005010	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	7	90.00	10.00	0.09	26%-50% Above	No	No
33342005010	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	8	90.00	32.44	0.10	200% Above	No	No
33342005110	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	5	30.00	14.73	0.11	200% Above	No	No
33342005110	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	5	90.00	44.18	0.11	200% Above	No	No
33342005110	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	7	30.00	14.73	0.10	200% Above	No	No
33342005110	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	7	90.00	44.18	0.10	200% Above	No	No
33342005110	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	8	30.00	14.73	0.11	200% Above	No	No
33342005110	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	8	90.00	44.18	0.11	200% Above	No	No
33342005210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	30.00	14.73	0.12	200% Above	No	No
33342005210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	30.00	14.73	0.11	200% Above	No	No
33342005210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	90.00	44.19	0.11	200% Above	No	No
33342005210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	8	30.00	14.73	0.11	200% Above	No	No
33342005707	IRBESARTAN-HYDROCHLOROTHIAZIDE 150-12.5 MG TB	7	90.00	42.38	0.13	200% Above	No	No
33342005710	IRBESARTAN-HYDROCHLOROTHIAZIDE 150-12.5 MG TB	7	180.00	84.76	0.13	200% Above	Yes	No

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33342007007	OLANZAPINE 10 MG TABLET	4	8.00	0.54	0.09	26%-50% Below	Yes	No
33342007410	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	5	30.00	4.91	0.12	26%-50% Above	No	No
33342007410	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	5	90.00	51.53	0.12	200% Above	No	No
33342007410	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	7	30.00	4.91	0.14	10%-25% Above	No	No
33342007510	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	7	30.00	6.05	0.16	26%-50% Above	No	No
33342008841	RIZATRIPTAN 10 MG TABLET	5	9.00	7.07	0.31	101%-200% Above	No	No
33342008841	RIZATRIPTAN 10 MG TABLET	7	9.00	7.07	0.33	101%-200% Above	No	No
33342008841	RIZATRIPTAN 10 MG TABLET	8	54.00	72.77	0.36	200% Above	No	No
33342015715	CELECOXIB 200 MG CAPSULE	5	30.00	29.90	0.09	200% Above	No	No
33342015715	CELECOXIB 200 MG CAPSULE	6	30.00	29.90	0.10	200% Above	No	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	4	30.00	38.43	0.12	200% Above	No	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	4	90.00	115.28	0.12	200% Above	No	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	4	90.00	115.28	0.12	200% Above	Yes	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	4	90.00	154.53	0.12	200% Above	No	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	5	30.00	38.43	0.11	200% Above	No	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	5	90.00	115.28	0.11	200% Above	Yes	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	6	30.00	38.43	0.13	200% Above	No	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	6	90.00	115.28	0.13	200% Above	Yes	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	7	30.00	38.43	0.12	200% Above	No	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	7	90.00	115.28	0.12	200% Above	No	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	8	30.00	38.43	0.13	200% Above	No	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	8	90.00	115.28	0.13	200% Above	Yes	No
33342020010	LEVOCETIRIZINE 5 MG TABLET	5	30.00	3.68	0.06	76%-100% Above	No	No
33342020010	LEVOCETIRIZINE 5 MG TABLET	7	15.00	1.84	0.06	101%-200% Above	No	No
33342020010	LEVOCETIRIZINE 5 MG TABLET	7	30.00	3.68	0.06	101%-200% Above	No	No

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33342025866	OSELTAMIVIR PHOS 75 MG CAPSULE	6	10.00	76.89	1.29	200% Above	No	No
33342029907	ESZOPICLONE 1 MG TABLET	5	30.00	11.28	0.12	200% Above	No	No
33342029907	ESZOPICLONE 1 MG TABLET	5	30.00	23.60	0.12	200% Above	No	No
33342029907	ESZOPICLONE 1 MG TABLET	6	30.00	11.28	0.12	200% Above	No	No
33342029907	ESZOPICLONE 1 MG TABLET	6	30.00	23.60	0.12	200% Above	No	No
33342029907	ESZOPICLONE 1 MG TABLET	7	30.00	23.60	0.11	200% Above	No	No
33342029907	ESZOPICLONE 1 MG TABLET	8	30.00	11.28	0.17	101%-200% Above	No	No
33342029907	ESZOPICLONE 1 MG TABLET	8	30.00	23.60	0.17	200% Above	No	No
33342030011	ESZOPICLONE 2 MG TABLET	6	30.00	11.84	0.10	200% Above	No	No
33342030111	ESZOPICLONE 3 MG TABLET	5	30.00	11.84	0.10	200% Above	No	No
33342030111	ESZOPICLONE 3 MG TABLET	6	30.00	11.84	0.10	200% Above	No	No
33342030111	ESZOPICLONE 3 MG TABLET	7	30.00	11.84	0.09	200% Above	No	No
33342030111	ESZOPICLONE 3 MG TABLET	8	30.00	11.84	0.10	200% Above	No	No
33342032815	TRIAMCINOLONE 0.5% CREAM	6	30.00	8.78	0.23	26%-50% Above	Yes	No
33342032815	TRIAMCINOLONE 0.5% CREAM	7	15.00	4.39	0.19	51%-75% Above	Yes	No
33342032980	TRIAMCINOLONE 0.1% CREAM	4	80.00	7.18	0.05	76%-100% Above	Yes	No
33342032980	TRIAMCINOLONE 0.1% CREAM	5	80.00	7.18	0.04	101%-200% Above	Yes	No
33342032980	TRIAMCINOLONE 0.1% CREAM	6	80.00	7.18	0.05	51%-75% Above	Yes	No
33342032980	TRIAMCINOLONE 0.1% CREAM	7	80.00	7.18	0.04	101%-200% Above	Yes	No
33342033215	TRIAMCINOLONE 0.5% OINTMENT	8	105.00	20.38	0.30	26%-50% Below	Yes	No
33342048315	NYSTATIN-TRIAMCINOLONE OINTMENT	7	15.00	43.66	0.29	200% Above	No	No
33342053208	LEVOFLOXACIN 500 MG TABLET	5	7.00	0.74	0.13	10%-25% Below	Yes	No
33342053208	LEVOFLOXACIN 500 MG TABLET	6	21.00	2.21	0.15	26%-50% Below	Yes	No
33342053208	LEVOFLOXACIN 500 MG TABLET	7	21.00	2.21	0.14	26%-50% Below	Yes	No
33342053208	LEVOFLOXACIN 500 MG TABLET	8	5.00	0.53	0.16	26%-50% Below	Yes	No

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33342053208	LEVOFLOXACIN 500 MG TABLET	8	30.00	3.15	0.16	26%-50% Below	Yes	No
33342053208	LEVOFLOXACIN TAB 500MG	4	7.00	0.74	.		Yes	No
33342053332	LEVOFLOXACIN 750 MG TABLET	5	5.00	0.87	0.25	26%-50% Below	Yes	No
33342053332	LEVOFLOXACIN 750 MG TABLET	5	10.00	1.74	0.25	26%-50% Below	Yes	No
33342053332	LEVOFLOXACIN 750 MG TABLET	7	5.00	0.87	0.28	26%-50% Below	Yes	No
33342053332	LEVOFLOXACIN 750 MG TABLET	7	14.00	2.43	0.28	26%-50% Below	Yes	No
35046001130	B-12 SUB 1000MCG	6	90.00	0.92	.		Yes	No
35573045002	KETOROLAC 10 MG TABLET	6	20.00	5.92	0.42	26%-50% Below	No	No
35573045002	KETOROLAC 10 MG TABLET	7	14.00	4.14	0.34	10%-25% Below	No	No
35573046402	DEXTROAMP-AMPHET ER 5 MG CAP	6	30.00	104.85	0.59	200% Above	No	No
35573046502	DEXTROAMP-AMPHET ER 10 MG CAP	7	30.00	104.85	0.37	200% Above	No	No
35573046902	DEXTROAMP-AMPHET ER 30 MG CAP	7	30.00	104.85	0.40	200% Above	No	No
35573046902	DEXTROAMP-AMPHET ER 30 MG CAP	8	30.00	60.30	0.64	200% Above	No	No
41167431002	ALLEGRA-D TAB 12 HOUR	7	20.00	6.19	.		No	No
41167432007	ALLEGRA-D TAB 24 HOUR	7	90.00	92.81	.		No	No
42192013510	SALICYLIC ACID 27.5% LIQUID	4	10.00	223.91	4.81	200% Above	Yes	No
42192015101	HYDROQUINONE 4% CREAM	4	28.35	27.56	0.56	51%-75% Above	No	No
42192032701	NP THYROID 15 MG TABLET	7	90.00	50.19	0.49	10%-25% Above	No	No
42192032901	NP THYROID 30 MG TABLET	4	30.00	24.99	0.55	51%-75% Above	No	No
42192032901	NP THYROID 30 MG TABLET	5	90.00	65.39	0.56	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	6	90.00	47.97	0.63	10%-25% Below	No	No
42192032901	NP THYROID 30 MG TABLET	7	90.00	75.60	0.57	26%-50% Above	No	No
42192033001	NP THYROID 60 MG TABLET	4	30.00	29.95	0.61	51%-75% Above	No	No
42192033001	NP THYROID 60 MG TABLET	4	90.00	82.74	0.61	26%-50% Above	No	No
42192033001	NP THYROID 60 MG TABLET	6	30.00	27.09	0.70	26%-50% Above	No	No

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42192033001	NP THYROID 60 MG TABLET	6	90.00	53.30	0.70	10%-25% Below	No	No
42192033001	NP THYROID 60 MG TABLET	7	90.00	82.74	0.64	26%-50% Above	No	No
42192033001	NP THYROID 60 MG TABLET	8	90.00	53.30	0.69	10%-25% Below	No	No
42192033801	HYOSCYAMINE 0.125 MG ODT	6	60.00	29.07	0.17	101%-200% Above	No	No
42192033801	HYOSCYAMINE 0.125 MG ODT	7	30.00	14.54	0.14	200% Above	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	6	120.00	58.14	0.16	200% Above	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	7	20.00	8.67	0.15	101%-200% Above	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	7	40.00	19.38	0.15	200% Above	No	No
42192034001	HYOSCYAMINE SULF 0.125 MG TAB	6	28.00	13.57	0.14	200% Above	No	No
42192034001	HYOSCYAMINE SULF 0.125 MG TAB	7	50.00	24.23	0.14	200% Above	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	4	150.00	6.36	0.09	51%-75% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	140.00	5.94	0.09	51%-75% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	180.00	22.95	0.09	26%-50% Above	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	240.00	10.18	0.09	51%-75% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	6	120.00	5.09	0.09	51%-75% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	6	140.00	5.94	0.09	51%-75% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	6	150.00	6.36	0.09	51%-75% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	7	140.00	5.94	0.08	26%-50% Below	No	No
42192061805	BENZONATATE 200 MG CAPSULE	6	30.00	2.00	0.12	26%-50% Below	No	No
42291002790	AMLODIPINE TAB 10MG	3	90.00	1.50	.		No	No
42291015410	CYCLOBENZAPR TAB 10MG	5	90.00	0.85	.		No	No
42291015410	CYCLOBENZAPR TAB 10MG	8	90.00	0.85	.		No	No
42291015490	CYCLOBENZAPR TAB 10MG	3	90.00	0.85	.		No	No
42291082950	TRAZODONE TAB 150MG	5	30.00	4.64	.		No	No
42291082950	TRAZODONE TAB 150MG	6	30.00	4.64	.		No	No

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42291082950	TRAZODONE TAB 150MG	8	30.00	4.64	.		No	No
42291085790	VALSARTAN TAB 80MG	5	30.00	15.78	.		No	No
42291085890	VALSARTAN TAB 160MG	4	30.00	16.92	.		No	No
42291085890	VALSARTAN TAB 160MG	6	30.00	16.92	.		No	No
42291086890	TRAZODONE TAB 50MG	8	90.00	2.57	.		No	No
42385094705	METFORMIN HCL 500 MG TABLET	7	60.00	0.63	0.01	10%-25% Below	No	No
42385094711	METFORMIN HCL 500 MG TABLET	5	60.00	0.63	0.01	10%-25% Below	No	No
42385094711	METFORMIN HCL 500 MG TABLET	6	60.00	0.63	0.02	26%-50% Below	No	No
42385094711	METFORMIN HCL 500 MG TABLET	7	60.00	0.63	0.01	10%-25% Below	No	No
42385094711	METFORMIN HCL 500 MG TABLET	8	60.00	0.63	0.01	26%-50% Below	No	No
42385094905	METFORMIN HCL 1,000 MG TABLET	8	180.00	3.38	0.02	10%-25% Below	Yes	No
42385094911	METFORMIN HCL 1,000 MG TABLET	6	180.00	3.46	0.02	10%-25% Below	No	No
42385095330	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 200-300 MG TAB	5	30.00	913.59	0.43	200% Above	No	No
42385096360	RANOLAZINE ER 500 MG TABLET	4	60.00	50.63	0.21	200% Above	No	No
42385096360	RANOLAZINE ER 500 MG TABLET	5	60.00	50.63	0.21	200% Above	No	No
42385096360	RANOLAZINE ER 500 MG TABLET	6	60.00	50.63	0.23	200% Above	No	No
42385096360	RANOLAZINE ER 500 MG TABLET	7	60.00	50.63	0.21	200% Above	No	No
42385096360	RANOLAZINE ER 500 MG TABLET	8	60.00	50.63	0.25	200% Above	No	No
42494045410	NAPROXEN DR 500 MG TABLET	6	60.00	92.88	2.00	10%-25% Below	No	No
42494045410	NAPROXEN DR 500 MG TABLET	8	60.00	92.88	1.88	10%-25% Below	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	4	15.00	1.84	0.06	76%-100% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	4	30.00	3.68	0.06	76%-100% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	4	90.00	11.03	0.06	76%-100% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	4	90.00	11.03	0.06	76%-100% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	5	15.00	1.84	0.06	76%-100% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42571012290	LEVOCETIRIZINE 5 MG TABLET	5	30.00	3.68	0.06	76%-100% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	5	90.00	11.03	0.06	76%-100% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	5	90.00	11.03	0.06	76%-100% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	6	30.00	3.68	0.07	76%-100% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	6	30.00	3.68	0.07	76%-100% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	6	30.00	8.95	0.07	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	6	90.00	11.03	0.07	76%-100% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	6	90.00	11.03	0.07	76%-100% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	7	30.00	3.68	0.06	101%-200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	7	30.00	3.68	0.06	101%-200% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	7	90.00	11.03	0.06	101%-200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	7	90.00	11.03	0.06	101%-200% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	7	90.00	23.31	0.06	200% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	8	30.00	3.68	0.07	76%-100% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	8	30.00	3.68	0.07	76%-100% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	8	90.00	11.03	0.07	76%-100% Above	Yes	No
42571013725	KETOROLAC 0.5% OPHTH SOLUTION	5	5.00	10.37	1.15	76%-100% Above	Yes	No
42571013725	KETOROLAC 0.5% OPHTH SOLUTION	6	5.00	10.37	1.37	51%-75% Above	Yes	No
42571014126	DORZOLAMIDE HCL 2% EYE DROPS	4	10.00	20.04	1.09	76%-100% Above	No	No
42571014126	DORZOLAMIDE HCL 2% EYE DROPS	5	10.00	20.04	1.02	76%-100% Above	No	No
42571014126	DORZOLAMIDE HCL 2% EYE DROPS	6	10.00	20.04	1.44	26%-50% Above	No	No
42571014401	CELECOXIB 200 MG CAPSULE	7	30.00	12.66	0.09	200% Above	No	No
42571014726	DORZOLAMIDE-TIMOLOL EYE DROPS	4	10.00	12.84	0.95	26%-50% Above	No	No
42571014726	DORZOLAMIDE-TIMOLOL EYE DROPS	5	10.00	12.84	0.92	26%-50% Above	No	No
42571014726	DORZOLAMIDE-TIMOLOL EYE DROPS	6	10.00	12.84	1.08	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42571014726	DORZOLAMIDE-TIMOLOL EYE DROPS	7	10.00	12.84	1.08	10%-25% Above	No	No
42571016101	AMOX-CLAV 500-125 MG TABLET	6	14.00	3.43	0.32	10%-25% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	4	14.00	3.18	0.28	10%-25% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	4	20.00	4.54	0.28	10%-25% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	5	10.00	2.27	0.27	10%-25% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	5	20.00	4.54	0.27	10%-25% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	6	14.00	3.18	0.31	26%-50% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	6	20.00	4.54	0.31	26%-50% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	7	20.00	4.54	0.27	10%-25% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	8	14.00	3.18	0.29	10%-25% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	4	14.00	3.18	0.28	10%-25% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	6	14.00	3.18	0.31	26%-50% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	6	20.00	4.54	0.31	26%-50% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	7	20.00	4.54	0.27	10%-25% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	8	20.00	4.54	0.29	10%-25% Below	No	No
42571022730	TELMISARTAN 40 MG TABLET	6	90.00	29.53	0.21	51%-75% Above	Yes	No
42571022830	TELMISARTAN 80 MG TABLET	5	90.00	22.10	0.13	76%-100% Above	Yes	No
42571023830	AMLODIPINE-OLMESARTAN 10-40 MG	7	30.00	14.90	0.30	51%-75% Above	No	No
42571024301	ACETAZOLAMIDE ER 500 MG CAP	4	120.00	176.84	0.33	200% Above	No	No
42571024301	ACETAZOLAMIDE ER 500 MG CAP	6	90.00	132.63	0.30	200% Above	No	No
42571024301	ACETAZOLAMIDE ER 500 MG CAP	7	90.00	132.63	0.30	200% Above	No	No
42571024301	ACETAZOLAMIDE ER 500 MG CAP	8	90.00	132.63	0.36	200% Above	No	No
42571025101	CLINDAMYCIN HCL 150 MG CAPSULE	4	60.00	3.85	0.09	26%-50% Below	No	No
42571025101	CLINDAMYCIN HCL 150 MG CAPSULE	5	28.00	1.80	0.09	26%-50% Below	No	No
42571025101	CLINDAMYCIN HCL 150 MG CAPSULE	6	30.00	1.93	0.10	26%-50% Below	No	No

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42571025101	CLINDAMYCIN HCL 150 MG CAPSULE	8	22.00	1.41	0.10	26%-50% Below	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	5	20.00	6.94	0.17	101%-200% Above	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	6	21.00	3.54	0.19	10%-25% Below	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	6	30.00	5.05	0.19	10%-25% Below	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	6	30.00	5.05	0.19	10%-25% Below	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	6	40.00	6.74	0.19	10%-25% Below	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	8	20.00	3.37	0.23	26%-50% Below	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	8	21.00	3.54	0.23	26%-50% Below	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	8	30.00	5.05	0.23	26%-50% Below	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	8	40.00	13.37	0.23	26%-50% Above	Yes	No
42571033201	METHENAMINE HIPP 1 GM TABLET	5	60.00	47.46	0.37	101%-200% Above	No	No
42571033201	METHENAMINE HIPP 1 GM TABLET	6	60.00	47.46	0.46	51%-75% Above	No	No
42571033201	METHENAMINE HIPP 1 GM TABLET	7	180.00	142.38	0.35	101%-200% Above	No	No
42571036299	CLOBETASOL 0.05% SOLUTION	7	50.00	52.53	0.19	200% Above	Yes	No
42571036299	CLOBETASOL 0.05% SOLUTION	8	50.00	52.53	0.22	200% Above	No	No
42794001812	LIOthyRONINE SOD 5 MCG TAB	4	180.00	63.34	0.24	26%-50% Above	No	No
42794001812	LIOthyRONINE SOD 5 MCG TAB	6	90.00	31.67	0.26	26%-50% Above	No	No
42794001812	LIOthyRONINE SOD 5 MCG TAB	7	180.00	63.34	0.23	51%-75% Above	No	No
42794001812	LIOthyRONINE SOD 5 MCG TAB	7	270.00	95.01	0.23	51%-75% Above	No	No
42799060501	LOPERAMIDE 2 MG CAPSULE	7	60.00	10.84	0.14	26%-50% Above	No	No
42799080601	IVERMECTIN 3 MG TABLET	5	10.00	28.32	3.34	10%-25% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	5	15.00	1.33	0.12	10%-25% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	5	25.00	2.22	0.12	10%-25% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	6	30.00	2.66	0.13	26%-50% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	7	25.00	2.22	0.11	10%-25% Below	No	No

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42799081501	PREDNISOLONE 15 MG/5 ML SOLN	7	30.00	2.66	0.11	10%-25% Below	No	No
42799092101	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	5	90.00	21.75	0.21	10%-25% Above	Yes	No
42799092201	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	7	90.00	16.42	0.21	10%-25% Below	No	No
42799095301	DICLOFENAC SOD ER 100 MG TAB	4	30.00	16.56	0.62	10%-25% Below	No	No
42799095301	DICLOFENAC SOD ER 100 MG TAB	6	30.00	16.56	0.86	26%-50% Below	No	No
42799095801	ISOSORBIDE MONONIT ER 30 MG TB	4	30.00	6.46	0.07	200% Above	No	No
42799095801	ISOSORBIDE MONONIT ER 30 MG TB	5	30.00	6.46	0.07	200% Above	No	No
42806001801	SULINDAC 150 MG TABLET	7	180.00	19.21	0.14	10%-25% Below	No	No
42806005801	FLAVOXATE HCL 100 MG TABLET	6	21.00	19.59	0.65	26%-50% Above	No	No
42806008805	ESTRADIOL 1 MG TABLET	4	10.00	1.07	0.07	51%-75% Above	No	No
42806009430	POTASSIUM CL 20 MEQ PACKET	6	6.00	21.56	1.18	200% Above	Yes	No
42806014731	AZITHROMYCIN 100 MG/5 ML SUSP	5	15.00	11.81	0.37	101%-200% Above	No	No
42806014731	AZITHROMYCIN 100 MG/5 ML SUSP	8	15.00	11.81	0.42	76%-100% Above	No	No
42806014932	AZITHROMYCIN 200 MG/5 ML SUSP	4	15.00	7.99	0.32	51%-75% Above	No	No
42806014932	AZITHROMYCIN 200 MG/5 ML SUSP	6	15.00	7.99	0.42	26%-50% Above	No	No
42806014932	AZITHROMYCIN 200 MG/5 ML SUSP	8	15.00	7.99	0.38	26%-50% Above	No	No
42806015134	AZITHROMYCIN 200 MG/5 ML SUSP	4	60.00	31.97	0.21	101%-200% Above	No	No
42806016101	HYDROXYZINE HCL 50 MG TABLET	8	90.00	10.63	0.07	51%-75% Above	No	No
42806026695	CHOLESTYRAMINE PACKET	4	30.00	31.70	0.58	76%-100% Above	No	No
42806026695	CHOLESTYRAMINE PACKET	5	30.00	31.70	0.61	51%-75% Above	No	No
42806026695	CHOLESTYRAMINE PACKET	6	30.00	31.70	0.82	26%-50% Above	No	No
42806026695	CHOLESTYRAMINE PACKET	7	30.00	31.70	0.64	51%-75% Above	No	No
42806027095	CHOLESTYRAMINE LIGHT PACKET	5	60.00	75.37	0.77	51%-75% Above	No	No
42806031205	DOXYCYCLINE HYCLATE 100 MG TAB	6	14.00	21.50	0.13	200% Above	No	No
42806031205	DOXYCYCLINE HYCLATE 100 MG TAB	6	20.00	30.71	0.13	200% Above	No	No

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42806031205	DOXYCYCLINE HYCLATE 100 MG TAB	7	14.00	21.50	0.10	200% Above	No	No
42806031205	DOXYCYCLINE HYCLATE 100 MG TAB	7	20.00	30.71	0.10	200% Above	No	No
42806031205	DOXYCYCLINE HYCLATE 100 MG TAB	7	30.00	46.07	0.10	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	4	20.00	30.71	0.11	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	5	20.00	22.05	0.10	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	5	20.00	30.71	0.10	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	7	20.00	22.05	0.10	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	7	28.00	30.88	0.10	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	8	20.00	22.05	0.13	200% Above	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	30.00	6.55	0.25	10%-25% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	30.00	6.55	0.26	10%-25% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	30.00	6.55	0.33	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.00	13.10	0.33	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	30.00	6.55	0.27	10%-25% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.00	13.10	0.34	26%-50% Below	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	6	60.00	12.82	0.29	10%-25% Below	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	7	60.00	23.64	0.24	51%-75% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	6.26	0.12	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	16.00	0.12	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.00	6.26	0.11	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.00	15.41	0.11	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	6.26	0.14	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	6.26	0.14	101%-200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	15.41	0.14	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	15.91	0.14	200% Above	Yes	No

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42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.00	6.26	0.11	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.00	6.26	0.11	101%-200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.00	15.41	0.11	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.00	15.91	0.11	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.00	6.26	0.13	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.00	6.26	0.13	101%-200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.00	7.68	0.18	76%-100% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.00	15.41	0.13	200% Above	No	No
42806041405	BUPROPION HCL XL 150 MG TABLET	4	30.00	6.81	0.10	101%-200% Above	No	No
42806041405	BUPROPION HCL XL 150 MG TABLET	5	30.00	6.81	0.10	101%-200% Above	No	No
42806041405	BUPROPION HCL XL 150 MG TABLET	6	30.00	6.81	0.11	76%-100% Above	No	No
42806041405	BUPROPION HCL XL 150 MG TABLET	7	30.00	6.81	0.10	101%-200% Above	No	No
42806041405	BUPROPION HCL XL 150 MG TABLET	8	7.00	1.59	0.11	101%-200% Above	No	No
42806041409	BUPROPION HCL XL 150 MG TABLET	5	30.00	0.99	0.10	51%-75% Below	No	No
42806041409	BUPROPION HCL XL 150 MG TABLET	5	30.00	6.81	0.10	101%-200% Above	No	No
42806041409	BUPROPION HCL XL 150 MG TABLET	7	30.00	6.81	0.10	101%-200% Above	No	No
42806041409	BUPROPION HCL XL 150 MG TABLET	8	30.00	6.81	0.11	101%-200% Above	No	No
42806041505	BUPROPION HCL SR 150 MG TABLET	4	60.00	5.07	0.07	10%-25% Above	No	No
42806041505	BUPROPION HCL SR 150 MG TABLET	5	60.00	5.07	0.07	10%-25% Above	No	No
42806041605	BUPROPION HCL XL 300 MG TABLET	6	90.00	25.52	0.17	51%-75% Above	No	No
42806041630	BUPROPION HCL XL 300 MG TABLET	6	30.00	8.51	0.17	51%-75% Above	No	No
42806042305	POTASSIUM CL ER 10 MEQ TABLET	8	30.00	1.87	0.12	26%-50% Below	No	No
42806042501	BUPROPION HCL SR 150 MG TABLET	7	60.00	5.07	0.07	10%-25% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	0.29	0.11	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	1.10	0.13	101%-200% Above	No	No

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42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	8.00	0.58	0.11	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.00	0.29	0.11	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.00	0.86	0.11	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	5	26.00	1.87	0.11	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.00	0.29	0.12	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.00	0.86	0.12	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	6	13.00	0.94	0.12	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.00	0.29	0.10	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	8.00	0.58	0.10	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.00	0.29	0.13	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.00	0.86	0.13	26%-50% Below	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	4	120.00	40.56	0.18	76%-100% Above	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	5	120.00	40.56	0.18	76%-100% Above	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	6	120.00	40.56	0.20	51%-75% Above	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	7	120.00	40.56	0.17	76%-100% Above	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	8	120.00	40.56	0.17	76%-100% Above	No	No
42806060309	VENLAFAXINE HCL ER 150 MG CAP	5	30.00	2.48	0.12	26%-50% Below	No	No
42806060309	VENLAFAXINE HCL ER 150 MG CAP	6	30.00	2.48	0.14	26%-50% Below	No	No
42806060309	VENLAFAXINE HCL ER 150 MG CAP	7	30.00	2.48	0.11	10%-25% Below	No	No
42806071401	BENZONATATE 100 MG CAPSULE	4	30.00	4.36	0.07	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	5	30.00	4.36	0.07	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	5	30.00	6.07	0.07	200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	7	21.00	3.05	0.06	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	7	30.00	4.36	0.06	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	8	90.00	13.07	0.08	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42806071405	BENZONATATE 100 MG CAPSULE	6	21.00	3.05	0.08	76%-100% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	6	30.00	4.36	0.08	76%-100% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	7	25.00	3.63	0.06	101%-200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	4	30.00	2.00	0.10	26%-50% Below	No	No
42806071501	BENZONATATE 200 MG CAPSULE	4	30.00	9.97	0.10	200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	4	60.00	19.93	0.10	200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	5	15.00	1.00	0.10	26%-50% Below	No	No
42806071501	BENZONATATE 200 MG CAPSULE	5	30.00	9.97	0.10	200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	5	30.00	10.47	0.10	200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	6	30.00	9.97	0.12	101%-200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	7	30.00	2.00	0.10	26%-50% Below	No	No
42806071501	BENZONATATE 200 MG CAPSULE	7	30.00	9.97	0.10	200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	8	90.00	5.99	0.12	26%-50% Below	No	No
42806071505	BENZONATATE 200 MG CAPSULE	4	30.00	2.00	0.10	26%-50% Below	No	No
42806071505	BENZONATATE 200 MG CAPSULE	7	15.00	1.00	0.10	26%-50% Below	No	No
42806071505	BENZONATATE 200 MG CAPSULE	8	30.00	2.00	0.12	26%-50% Below	No	No
42806081801	FLECAINIDE ACETATE 100 MG TAB	6	180.00	88.22	0.19	101%-200% Above	No	No
42806081801	FLECAINIDE ACETATE 100 MG TAB	7	180.00	60.05	0.16	101%-200% Above	Yes	No
42858000101	OXYCODONE TAB 5MG	5	10.00	0.46	.		No	No
42858000201	OXYCODONE HCL (IR) 10 MG TAB	4	120.00	7.99	0.12	26%-50% Below	No	No
42858000201	OXYCODONE HCL (IR) 10 MG TAB	5	120.00	7.99	0.12	26%-50% Below	No	No
42858000201	OXYCODONE HCL (IR) 10 MG TAB	7	120.00	7.99	0.12	26%-50% Below	No	No
42858000401	OXYCODONE HCL (IR) 20 MG TAB	4	120.00	14.98	0.16	10%-25% Below	No	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	12.00	0.50	0.10	51%-75% Below	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	18.00	0.75	0.10	51%-75% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	6.00	0.25	0.11	51%-75% Below	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	9.00	0.37	0.11	51%-75% Below	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	12.00	0.50	0.11	51%-75% Below	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	15.00	0.62	0.11	51%-75% Below	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	28.00	1.16	0.11	51%-75% Below	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	10.00	0.42	0.12	51%-75% Below	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	12.00	0.50	0.12	51%-75% Below	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	12.00	0.50	0.11	51%-75% Below	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	12.00	0.50	0.12	51%-75% Below	Yes	No
42858010250	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	10.00	0.42	0.10	51%-75% Below	No	No
42858010250	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	20.00	0.83	0.10	51%-75% Below	No	No
42858010250	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	30.00	1.25	0.10	51%-75% Below	No	No
42858010250	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	30.00	1.25	0.11	51%-75% Below	No	No
42858010250	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	30.00	1.25	0.12	51%-75% Below	No	No
42858010250	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	6.00	0.25	0.11	51%-75% Below	No	No
42858010250	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	30.00	1.25	0.11	51%-75% Below	No	No
42858010301	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	28.00	1.39	0.16	51%-75% Below	No	No
42858010301	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	120.00	5.94	0.16	51%-75% Below	Yes	No
42858010301	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	68.00	3.37	0.19	51%-75% Below	Yes	No
42858010301	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	120.00	5.94	0.19	51%-75% Below	Yes	No
42858010301	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	120.00	5.94	0.16	51%-75% Below	Yes	No
42858010350	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	28.00	1.39	0.16	51%-75% Below	No	No
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	4	90.00	5.80	0.20	51%-75% Below	Yes	No
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	4	120.00	7.73	0.20	51%-75% Below	No	No
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	5	90.00	5.80	0.21	51%-75% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	6	90.00	5.80	0.23	51%-75% Below	Yes	No
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	7	35.00	2.25	0.22	51%-75% Below	Yes	No
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	7	90.00	5.80	0.22	51%-75% Below	Yes	No
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	7	120.00	7.73	0.22	51%-75% Below	No	No
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	8	5.00	1.00	0.23	10%-25% Below	Yes	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	5	120.00	7.73	0.21	51%-75% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	6	120.00	7.73	0.23	51%-75% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	7	120.00	7.73	0.22	51%-75% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	8	120.00	7.73	0.23	51%-75% Below	No	No
42858016301	LISDEXAMFETA CAP 30MG	4	30.00	169.51	.		No	No
42858016301	LISDEXAMFETAMINE 30 MG CAPSULE	7	30.00	169.51	3.68	51%-75% Above	No	No
42858016301	LISDEXAMFETAMINE 30 MG CAPSULE	8	30.00	169.51	4.82	10%-25% Above	No	No
42858016401	LISDEXAMFETA CAP 40MG	4	30.00	169.51	.		No	No
42858016401	LISDEXAMFETA CAP 40MG	4	30.00	189.45	.		No	No
42858016401	LISDEXAMFETAMINE 40 MG CAPSULE	5	30.00	169.51	3.84	26%-50% Above	No	No
42858016501	LISDEXAMFETA CAP 50MG	4	30.00	169.51	.		No	No
42858016501	LISDEXAMFETAMINE 50 MG CAPSULE	6	30.00	169.51	5.10	10%-25% Above	No	No
42858016501	LISDEXAMFETAMINE 50 MG CAPSULE	7	30.00	169.51	3.65	51%-75% Above	No	No
42858016501	LISDEXAMFETAMINE 50 MG CAPSULE	8	30.00	169.51	4.69	10%-25% Above	No	No
42858016701	LISDEXAMFETA CAP 70MG	4	30.00	189.45	.		No	No
42858016701	LISDEXAMFETAMINE 70 MG CAPSULE	5	30.00	189.45	3.71	51%-75% Above	No	No
42858016701	LISDEXAMFETAMINE 70 MG CAPSULE	7	30.00	189.45	3.65	51%-75% Above	No	No
42858021501	DEXTROAMP-AMPHET ER 15 MG CAP	6	30.00	12.31	0.57	26%-50% Below	No	No
42858021501	DEXTROAMP-AMPHET ER 15 MG CAP	7	30.00	12.31	0.48	10%-25% Below	No	No
42858032501	DEXTROAMP-AMPHET ER 25 MG CAP	7	30.00	12.31	0.47	10%-25% Below	No	No

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42858060203	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	6	18.00	10.92	0.93	26%-50% Below	No	No
42858060203	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	6	21.00	12.74	0.93	26%-50% Below	No	No
42858060203	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	6	24.00	14.56	0.93	26%-50% Below	No	No
42858060203	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	6	36.00	21.84	0.93	26%-50% Below	No	No
42858060203	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	7	42.00	25.48	0.73	10%-25% Below	No	No
42858072001	DEXTROAMP-AMPHET ER 20 MG CAP	4	30.00	12.31	0.47	10%-25% Below	No	No
42858093001	DEXTROAMP-AMPHET ER 30 MG CAP	4	30.00	12.31	0.36	10%-25% Above	No	No
42858093001	DEXTROAMP-AMPHET ER 30 MG CAP	5	30.00	0.99	0.34	76%-100% Below	No	No
43353025918	LORATADINE TAB 10MG	5	30.00	0.93	.		No	No
43353098780	METFORMIN TAB 1000MG	4	180.00	3.46	.		No	No
43353098780	METFORMIN TAB 1000MG	7	180.00	3.46	.		No	No
43386009019	GAVILYTE-G SOLUTION	4	4000.00	11.20	0.00	26%-50% Below	No	No
43386009019	GAVILYTE-G SOLUTION	5	4000.00	11.20	0.00	26%-50% Below	No	No
43386009019	GAVILYTE-G SOLUTION	7	8000.00	22.40	0.00	10%-25% Below	Yes	No
43386070083	SOD SUL-POTASS SUL-MAG SUL SOL	4	354.00	43.33	0.22	26%-50% Below	No	No
43386070083	SOD SUL-POTASS SUL-MAG SUL SOL	5	354.00	43.33	0.17	26%-50% Below	No	No
43386070083	SOD SUL-POTASS SUL-MAG SUL SOL	5	354.00	43.33	0.17	26%-50% Below	Yes	No
43386070083	SOD SUL-POTASS SUL-MAG SUL SOL	6	354.00	43.33	0.20	26%-50% Below	Yes	No
43386070083	SOD SUL-POTASS SUL-MAG SUL SOL	7	354.00	12.85	0.14	51%-75% Below	Yes	No
43386070083	SOD SUL-POTASS SUL-MAG SUL SOL	7	354.00	38.16	0.14	10%-25% Below	No	No
43386070083	SOD SUL-POTASS SUL-MAG SUL SOL	7	354.00	43.33	0.14	10%-25% Below	No	No
43386070083	SOD SUL-POTASS SUL-MAG SUL SOL	7	354.00	43.33	0.14	10%-25% Below	Yes	No
43528000305	HEPLISAV-B INJ 20/0.5ML	4	0.50	140.58	.		No	No
43528000305	HEPLISAV-B INJ 20/0.5ML	6	0.50	139.51	.		Yes	No
43528000305	HEPLISAV-B INJ 20/0.5ML	7	0.50	139.51	.		Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547004903	TADALAFIL 5 MG TABLET	4	30.00	54.32	0.12	200% Above	Yes	No
43547004903	TADALAFIL 5 MG TABLET	5	30.00	54.32	0.11	200% Above	Yes	No
43547004903	TADALAFIL 5 MG TABLET	6	30.00	54.32	0.15	200% Above	Yes	No
43547004903	TADALAFIL 5 MG TABLET	6	90.00	162.95	0.15	200% Above	Yes	No
43547004903	TADALAFIL 5 MG TABLET	7	30.00	54.32	0.11	200% Above	Yes	No
43547004903	TADALAFIL 5 MG TABLET	8	30.00	54.32	0.17	200% Above	Yes	No
43547005103	TADALAFIL 20 MG TABLET	4	8.00	85.17	0.20	200% Above	Yes	No
43547005103	TADALAFIL 20 MG TABLET	5	15.00	56.55	0.19	200% Above	No	No
43547026810	ROPINIROLE HCL 0.25 MG TABLET	5	60.00	1.67	0.04	26%-50% Below	No	No
43547026810	ROPINIROLE HCL 0.25 MG TABLET	6	60.00	1.67	0.05	26%-50% Below	No	No
43547026810	ROPINIROLE HCL 0.25 MG TABLET	7	60.00	1.67	0.04	26%-50% Below	No	No
43547026910	ROPINIROLE HCL 0.5 MG TABLET	8	360.00	10.12	0.05	26%-50% Below	Yes	No
43547027010	ROPINIROLE HCL 1 MG TABLET	5	90.00	0.84	0.05	76%-100% Below	Yes	No
43547027050	ROPINIROLE HCL 1 MG TABLET	5	90.00	1.63	0.05	51%-75% Below	No	No
43547027050	ROPINIROLE HCL 1 MG TABLET	8	90.00	1.63	0.06	51%-75% Below	No	No
43547027110	ROPINIROLE HCL 2 MG TABLET	5	30.00	1.07	0.06	26%-50% Below	No	No
43547027110	ROPINIROLE HCL 2 MG TABLET	7	90.00	3.22	0.06	26%-50% Below	No	No
43547027509	DONEPEZIL HCL 5 MG TABLET	7	60.00	13.32	0.03	200% Above	No	No
43547027609	DONEPEZIL HCL 10 MG TABLET	5	30.00	6.53	0.04	200% Above	No	No
43547027609	DONEPEZIL HCL 10 MG TABLET	6	30.00	6.53	0.05	200% Above	No	No
43547027609	DONEPEZIL HCL 10 MG TABLET	7	30.00	6.53	0.04	200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	5	30.00	4.94	0.04	200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	6	30.00	4.94	0.05	200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	6	90.00	14.82	0.05	200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	7	30.00	4.94	0.04	200% Above	No	No

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43547028010	ESCITALOPRAM 5 MG TABLET	7	90.00	14.82	0.04	200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	8	85.00	14.00	0.05	200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	8	90.00	14.82	0.05	200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	4	30.00	2.16	0.04	51%-75% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	5	30.00	2.16	0.04	51%-75% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	6	30.00	2.16	0.05	26%-50% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	7	30.00	2.16	0.04	51%-75% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	8	90.00	6.47	0.05	26%-50% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	3	30.00	2.16	0.05	26%-50% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	4	30.00	2.16	0.04	51%-75% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	4	30.00	3.86	0.04	200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	5	30.00	2.16	0.04	51%-75% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	5	30.00	3.86	0.04	200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	5	90.00	6.47	0.04	51%-75% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	6	30.00	2.16	0.05	26%-50% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	6	30.00	3.86	0.05	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	7	30.00	2.16	0.04	51%-75% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	7	83.00	5.97	0.04	51%-75% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	7	90.00	6.47	0.04	51%-75% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	4	30.00	2.45	0.07	10%-25% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	4	90.00	12.51	0.07	101%-200% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	5	30.00	2.45	0.07	10%-25% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	5	60.00	4.90	0.07	10%-25% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	5	90.00	7.34	0.07	10%-25% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	6	90.00	12.51	0.08	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547028210	ESCITALOPRAM 20 MG TABLET	7	7.00	0.57	0.07	10%-25% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	7	60.00	4.90	0.07	10%-25% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	7	90.00	7.34	0.07	10%-25% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	7	90.00	12.51	0.07	76%-100% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	8	90.00	12.51	0.08	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	5	30.00	2.45	0.07	10%-25% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	5	90.00	7.34	0.07	10%-25% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	7	30.00	2.45	0.07	10%-25% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	7	45.00	3.67	0.07	10%-25% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	7	90.00	7.34	0.07	10%-25% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	7	90.00	11.68	0.07	76%-100% Above	No	No
43547028403	TELMISARTAN 40 MG TABLET	7	30.00	9.84	0.16	101%-200% Above	No	No
43547028910	BUPROPION HCL SR 150 MG TABLET	5	90.00	7.61	0.07	10%-25% Above	No	No
43547029010	BUPROPION HCL SR 200 MG TABLET	5	30.00	5.94	0.11	76%-100% Above	No	No
43547029503	FEBUXOSTAT 40 MG TABLET	5	30.00	108.44	0.36	200% Above	No	No
43547029503	FEBUXOSTAT 40 MG TABLET	6	30.00	108.44	0.42	200% Above	No	No
43547029503	FEBUXOSTAT 40 MG TABLET	7	30.00	108.44	0.32	200% Above	No	No
43547029603	FEBUXOSTAT 80 MG TABLET	8	90.00	325.33	0.50	200% Above	No	No
43547030009	OLMESARTAN MEDOXOMIL 20 MG TAB	7	90.00	82.30	0.07	200% Above	No	No
43547030109	OLMESARTAN MEDOXOMIL 40 MG TAB	4	90.00	115.28	0.12	200% Above	No	No
43547030203	ARIPIPRAZOLE 2 MG TABLET	4	180.00	691.67	0.10	200% Above	Yes	No
43547030203	ARIPIPRAZOLE 2 MG TABLET	5	30.00	115.28	0.10	200% Above	Yes	No
43547030203	ARIPIPRAZOLE 2 MG TABLET	6	30.00	115.28	0.12	200% Above	Yes	No
43547030203	ARIPIPRAZOLE 2 MG TABLET	7	30.00	115.28	0.10	200% Above	Yes	No
43547030203	ARIPIPRAZOLE 2 MG TABLET	8	30.00	115.28	0.14	200% Above	Yes	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547030203	ARIPIPRAZOLE 2 MG TABLET	8	180.00	691.67	0.14	200% Above	Yes	No
43547030303	ARIPIPRAZOLE 5 MG TABLET	7	30.00	115.28	0.09	200% Above	Yes	No
43547030303	ARIPIPRAZOLE 5 MG TABLET	8	90.00	345.83	0.11	200% Above	Yes	No
43547030403	ARIPIPRAZOLE 10 MG TABLET	6	90.00	329.36	0.12	200% Above	Yes	No
43547031109	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	4	90.00	14.74	0.12	26%-50% Above	Yes	No
43547031109	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	7	90.00	14.74	0.14	10%-25% Above	Yes	No
43547031409	VALSARTAN-HYDROCHLOROTHIAZIDE 320-12.5 MG TAB	4	90.00	21.38	0.21	10%-25% Above	Yes	No
43547031509	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	7	90.00	23.77	0.23	10%-25% Above	Yes	No
43547033003	IRBESARTAN-HYDROCHLOROTHIAZIDE 150-12.5 MG TB	5	90.00	42.38	0.14	200% Above	No	No
43547033003	IRBESARTAN-HYDROCHLOROTHIAZIDE 150-12.5 MG TB	7	90.00	25.92	0.13	101%-200% Above	No	No
43547033109	IRBESARTAN-HYDROCHLOROTHIAZIDE 300-12.5 MG TB	7	30.00	7.46	0.19	26%-50% Above	No	No
43547033109	IRBESARTAN-HYDROCHLOROTHIAZIDE 300-12.5 MG TB	8	30.00	7.46	0.23	10%-25% Above	No	No
43547033710	BENAZEPRIL HCL 20 MG TABLET	6	90.00	8.55	0.07	26%-50% Above	No	No
43547033750	BENAZEPRIL HCL 20 MG TABLET	5	90.00	8.55	0.06	51%-75% Above	No	No
43547033750	BENAZEPRIL HCL 20 MG TABLET	6	60.00	5.70	0.07	26%-50% Above	No	No
43547033750	BENAZEPRIL HCL 20 MG TABLET	7	60.00	5.70	0.05	76%-100% Above	No	No
43547033750	BENAZEPRIL HCL 20 MG TABLET	8	90.00	8.55	0.07	26%-50% Above	No	No
43547033803	BENAZEPRIL HCL 40 MG TABLET	4	90.00	8.55	0.08	10%-25% Above	No	No
43547033803	BENAZEPRIL HCL 40 MG TABLET	7	90.00	8.55	0.07	26%-50% Above	No	No
43547033810	BENAZEPRIL HCL 40 MG TABLET	5	90.00	8.55	0.07	26%-50% Above	No	No
43547033850	BENAZEPRIL HCL 40 MG TABLET	5	90.00	8.55	0.07	26%-50% Above	No	No
43547033850	BENAZEPRIL HCL 40 MG TABLET	7	90.00	8.55	0.07	26%-50% Above	No	No
43547034006	RISPERIDONE 0.5 MG TABLET	6	30.00	0.75	0.04	26%-50% Below	No	No
43547034006	RISPERIDONE 0.5 MG TABLET	7	30.00	0.75	0.03	10%-25% Below	No	No
43547034050	RISPERIDONE 0.5 MG TABLET	4	135.00	3.39	0.03	10%-25% Below	No	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547034050	RISPERIDONE 0.5 MG TABLET	8	135.00	3.39	0.04	26%-50% Below	No	No
43547034106	RISPERIDONE 1 MG TABLET	4	45.00	1.10	0.04	26%-50% Below	Yes	No
43547034106	RISPERIDONE 1 MG TABLET	5	135.00	2.24	0.03	26%-50% Below	Yes	No
43547034106	RISPERIDONE 1 MG TABLET	8	135.00	2.24	0.04	51%-75% Below	Yes	No
43547035211	LISINOPRIL 5 MG TABLET	4	30.00	0.30	0.01	26%-50% Below	No	No
43547035211	LISINOPRIL 5 MG TABLET	4	90.00	0.91	0.01	10%-25% Below	No	No
43547035211	LISINOPRIL 5 MG TABLET	5	30.00	0.30	0.01	10%-25% Below	No	No
43547035211	LISINOPRIL 5 MG TABLET	6	30.00	0.30	0.02	26%-50% Below	No	No
43547035211	LISINOPRIL 5 MG TABLET	7	30.00	0.30	0.01	10%-25% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	4	30.00	0.38	0.02	10%-25% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	4	60.00	0.76	0.02	10%-25% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	5	30.00	0.38	0.02	10%-25% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	5	60.00	0.76	0.02	10%-25% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	6	30.00	0.38	0.02	26%-50% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	6	60.00	0.76	0.02	26%-50% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	6	90.00	1.14	0.02	26%-50% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	7	30.00	0.38	0.02	10%-25% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	7	60.00	0.76	0.02	10%-25% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	7	90.00	1.14	0.02	10%-25% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	4	30.00	0.55	0.02	10%-25% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	5	30.00	0.55	0.02	10%-25% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	6	30.00	0.55	0.03	26%-50% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	6	90.00	1.66	0.03	26%-50% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	7	30.00	0.55	0.02	10%-25% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	7	90.00	1.66	0.02	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547035411	LISINOPRIL 20 MG TABLET	8	90.00	1.66	0.03	26%-50% Below	No	No
43547035610	LISINOPRIL 40 MG TABLET	4	30.00	1.02	0.04	10%-25% Below	No	No
43547035610	LISINOPRIL 40 MG TABLET	5	30.00	1.02	0.04	10%-25% Below	No	No
43547035610	LISINOPRIL 40 MG TABLET	6	90.00	3.06	0.05	26%-50% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	4	30.00	1.02	0.04	10%-25% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	6	30.00	1.02	0.05	26%-50% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	6	90.00	3.06	0.05	26%-50% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	7	30.00	1.02	0.04	10%-25% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	7	90.00	3.06	0.04	10%-25% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	8	30.00	1.02	0.05	10%-25% Below	No	No
43547036009	LOSARTAN POTASSIUM 25 MG TAB	5	45.00	3.87	0.03	200% Above	No	No
43547036009	LOSARTAN POTASSIUM 25 MG TAB	6	45.00	3.87	0.03	101%-200% Above	Yes	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	4	90.00	7.74	0.03	101%-200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	5	30.00	2.59	0.03	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	6	90.00	7.74	0.03	101%-200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	8	90.00	7.74	0.03	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	4	30.00	1.74	0.04	51%-75% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	4	90.00	5.23	0.04	51%-75% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	5	30.00	1.74	0.04	51%-75% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	5	90.00	5.23	0.04	51%-75% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	6	30.00	1.74	0.04	26%-50% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	7	30.00	1.74	0.04	51%-75% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	7	90.00	5.23	0.04	51%-75% Above	No	No
43547036203	LOSARTAN POTASSIUM 100 MG TAB	7	90.00	8.24	0.05	76%-100% Above	No	No
43547036209	LOSARTAN POTASSIUM 100 MG TAB	5	90.00	8.24	0.05	76%-100% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547036209	LOSARTAN POTASSIUM 100 MG TAB	7	90.00	8.24	0.05	76%-100% Above	Yes	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	4	30.00	2.75	0.05	76%-100% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	5	90.00	8.24	0.05	76%-100% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	7	90.00	8.24	0.05	76%-100% Above	No	No
43547036809	VALSARTAN 80 MG TABLET	5	90.00	15.59	0.12	26%-50% Above	No	No
43547036909	VALSARTAN 160 MG TABLET	5	30.00	5.80	0.15	10%-25% Above	No	No
43547036909	VALSARTAN 160 MG TABLET	7	30.00	5.80	0.16	10%-25% Above	No	No
43547037009	VALSARTAN 320 MG TABLET	5	30.00	8.56	0.20	26%-50% Above	No	No
43547037009	VALSARTAN 320 MG TABLET	6	30.00	8.56	0.23	10%-25% Above	No	No
43547037009	VALSARTAN 320 MG TABLET	7	30.00	8.56	0.20	26%-50% Above	No	No
43547037009	VALSARTAN 320 MG TABLET	8	90.00	25.69	0.23	10%-25% Above	No	No
43547038809	FOSINOPRIL SODIUM 40 MG TAB	7	90.00	14.63	0.20	10%-25% Below	No	No
43547039103	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	90.00	82.99	0.20	200% Above	No	No
43547039109	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	30.00	27.66	0.16	200% Above	Yes	No
43547039109	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	90.00	82.99	0.20	200% Above	Yes	No
43547039209	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	7	90.00	115.34	0.21	200% Above	Yes	No
43547039309	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	4	90.00	115.35	0.21	200% Above	Yes	No
43547039309	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	6	30.00	38.45	0.25	200% Above	Yes	No
43547040110	FUROSEMIDE 20 MG TABLET	6	90.00	1.65	0.03	26%-50% Below	No	No
43547040110	FUROSEMIDE 20 MG TABLET	7	30.00	0.55	0.02	10%-25% Below	No	No
43547040210	FUROSEMIDE 40 MG TABLET	6	30.00	0.72	0.03	26%-50% Below	No	No
43547040210	FUROSEMIDE 40 MG TABLET	8	90.00	2.16	0.03	26%-50% Below	No	No
43547040211	FUROSEMIDE 40 MG TABLET	6	30.00	0.72	0.03	26%-50% Below	No	No
43547040211	FUROSEMIDE 40 MG TABLET	7	30.00	0.72	0.03	10%-25% Below	No	No
43547040211	FUROSEMIDE 40 MG TABLET	7	45.00	1.08	0.03	10%-25% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547040211	FUROSEMIDE 40 MG TABLET	8	30.00	0.72	0.03	26%-50% Below	No	No
43547040611	CLONAZEPAM 0.5 MG TABLET	4	30.00	0.42	0.02	26%-50% Below	No	No
43547040611	CLONAZEPAM 0.5 MG TABLET	5	30.00	0.42	0.02	26%-50% Below	No	No
43547040611	CLONAZEPAM 0.5 MG TABLET	6	30.00	0.42	0.03	26%-50% Below	No	No
43547040611	CLONAZEPAM 0.5 MG TABLET	7	30.00	0.42	0.02	26%-50% Below	No	No
43547040611	CLONAZEPAM 0.5 MG TABLET	8	30.00	0.42	0.03	26%-50% Below	No	No
43547040650	CLONAZEPAM 0.5 MG TABLET	7	21.00	0.62	0.02	26%-50% Above	No	No
43547040650	CLONAZEPAM 0.5 MG TABLET	8	21.00	0.62	0.03	10%-25% Above	No	No
43547040650	CLONAZEPAM 0.5 MG TABLET	8	90.00	1.27	0.03	26%-50% Below	No	No
43547040710	CLONAZEPAM 1 MG TABLET	4	60.00	1.09	0.03	26%-50% Below	Yes	No
43547040710	CLONAZEPAM 1 MG TABLET	5	14.00	0.25	0.03	26%-50% Below	No	No
43547040710	CLONAZEPAM 1 MG TABLET	5	15.00	0.27	0.03	26%-50% Below	No	No
43547040710	CLONAZEPAM 1 MG TABLET	6	30.00	0.54	0.03	26%-50% Below	No	No
43547040711	CLONAZEPAM 1 MG TABLET	7	30.00	0.54	0.03	26%-50% Below	No	No
43547040711	CLONAZEPAM 1 MG TABLET	8	30.00	0.54	0.03	26%-50% Below	No	No
43547040750	CLONAZEPAM 1 MG TABLET	4	90.00	1.63	0.03	26%-50% Below	No	No
43547040750	CLONAZEPAM 1 MG TABLET	5	60.00	1.09	0.03	26%-50% Below	No	No
43547040750	CLONAZEPAM 1 MG TABLET	5	90.00	1.63	0.03	26%-50% Below	No	No
43547040750	CLONAZEPAM 1 MG TABLET	6	30.00	0.54	0.03	26%-50% Below	No	No
43547041711	LISINOPRIL 20 MG TABLET	6	60.00	1.10	0.03	26%-50% Below	No	No
43547041911	LISINOPRIL 40 MG TABLET	6	90.00	3.06	0.05	26%-50% Below	No	No
43547042010	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	8	90.00	1.90	0.03	26%-50% Below	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	5	135.00	2.13	0.03	26%-50% Below	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	7	90.00	1.42	0.03	26%-50% Below	No	No
43547042110	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	30.00	0.64	0.04	26%-50% Below	Yes	No

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43547042110	LISINAPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	90.00	2.85	0.04	10%-25% Below	No	No
43547042110	LISINAPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	90.00	2.85	0.04	26%-50% Below	No	No
43547042110	LISINAPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	90.00	2.85	0.04	10%-25% Below	No	No
43547042110	LISINAPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	30.00	0.64	0.05	51%-75% Below	Yes	No
43547042150	LISINAPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	4	90.00	1.92	0.04	26%-50% Below	No	No
43547042150	LISINAPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	30.00	0.64	0.04	26%-50% Below	No	No
43547042150	LISINAPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	30.00	0.64	0.05	51%-75% Below	No	No
43547042150	LISINAPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	90.00	1.92	0.05	51%-75% Below	No	No
43547042250	LISINAPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	5	30.00	0.68	0.04	26%-50% Below	No	No
43547042250	LISINAPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	6	30.00	0.68	0.05	51%-75% Below	No	No
43547042250	LISINAPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	7	30.00	0.68	0.04	26%-50% Below	No	No
43547042250	LISINAPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	7	90.00	2.03	0.04	26%-50% Below	No	No
43547042250	LISINAPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	8	90.00	2.03	0.05	51%-75% Below	No	No
43547042303	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	7	90.00	32.44	0.09	200% Above	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	4	90.00	32.44	0.09	200% Above	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	4	90.00	32.44	0.09	200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	5	30.00	10.81	0.08	200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	6	90.00	32.44	0.10	200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	7	90.00	32.44	0.09	200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	90.00	44.19	0.12	200% Above	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	90.00	44.19	0.12	200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	8	90.00	44.19	0.11	200% Above	No	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	90.00	44.19	0.11	200% Above	No	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	90.00	44.19	0.12	200% Above	No	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	5	14.00	6.87	0.11	200% Above	Yes	No

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43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	5	90.00	44.18	0.11	200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	6	90.00	44.18	0.12	200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	7	90.00	44.90	0.10	200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	8	90.00	44.18	0.11	200% Above	Yes	No
43547042511	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	5	30.00	14.73	0.11	200% Above	No	No
43547042511	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	6	30.00	14.73	0.12	200% Above	No	No
43547042511	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	7	30.00	14.73	0.10	200% Above	No	No
43547043109	FENOFIBRATE 145 MG TABLET	6	90.00	27.35	0.13	101%-200% Above	No	No
43547044203	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TB	4	30.00	57.83	0.53	200% Above	No	No
43547044203	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TB	5	30.00	57.83	0.46	200% Above	No	No
43547044203	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TB	6	30.00	57.83	0.45	200% Above	No	No
43547044203	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TB	6	90.00	173.50	0.45	200% Above	No	No
43547044203	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TB	7	30.00	57.83	0.59	200% Above	No	No
43547044303	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-25 MG TAB	6	90.00	173.50	0.63	200% Above	No	No
43547048710	METHYLPHENIDATE 10 MG TABLET	6	30.00	12.84	0.18	101%-200% Above	Yes	No
43547052403	NEBIVOLOL 2.5 MG TABLET	5	90.00	68.02	0.10	200% Above	Yes	No
43547052403	NEBIVOLOL 2.5 MG TABLET	7	90.00	68.02	0.07	200% Above	Yes	No
43547052503	NEBIVOLOL 5 MG TABLET	4	30.00	21.72	0.11	200% Above	No	No
43547052509	NEBIVOLOL 5 MG TABLET	4	90.00	84.73	0.11	200% Above	No	No
43547052509	NEBIVOLOL 5 MG TABLET	7	90.00	84.73	0.09	200% Above	No	No
43547052603	NEBIVOLOL 10 MG TABLET	5	90.00	65.67	0.15	200% Above	No	No
43547052603	NEBIVOLOL 10 MG TABLET	7	90.00	65.67	0.12	200% Above	No	No
43547052609	NEBIVOLOL 10 MG TABLET	5	30.00	21.89	0.15	200% Above	No	No
43547052609	NEBIVOLOL 10 MG TABLET	6	30.00	21.89	0.15	200% Above	No	No
43547052609	NEBIVOLOL 10 MG TABLET	8	30.00	21.89	0.15	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547052709	NEBIVOLOL 20 MG TABLET	5	30.00	22.60	0.16	200% Above	No	No
43547052709	NEBIVOLOL 20 MG TABLET	6	30.00	22.60	0.19	200% Above	No	No
43547054610	ENALAPRIL MALEATE 5 MG TABLET	4	60.00	13.22	0.07	200% Above	No	No
43547054610	ENALAPRIL MALEATE 5 MG TABLET	5	60.00	13.22	0.07	200% Above	No	No
43547054610	ENALAPRIL MALEATE 5 MG TABLET	5	180.00	39.65	0.07	200% Above	No	No
43547054610	ENALAPRIL MALEATE 5 MG TABLET	6	60.00	13.22	0.09	101%-200% Above	No	No
43547054610	ENALAPRIL MALEATE 5 MG TABLET	7	60.00	13.22	0.08	101%-200% Above	No	No
43547054610	ENALAPRIL MALEATE 5 MG TABLET	8	60.00	13.22	0.09	101%-200% Above	No	No
43547054610	ENALAPRIL MALEATE 5 MG TABLET	8	180.00	39.65	0.09	101%-200% Above	No	No
43547054710	ENALAPRIL MALEATE 10 MG TAB	7	60.00	13.69	0.07	200% Above	No	No
43547054711	ENALAPRIL MALEATE 10 MG TAB	4	30.00	6.84	0.08	101%-200% Above	No	No
43547054711	ENALAPRIL MALEATE 10 MG TAB	5	30.00	6.84	0.07	200% Above	No	No
43547054711	ENALAPRIL MALEATE 10 MG TAB	5	90.00	20.53	0.07	200% Above	Yes	No
43547054711	ENALAPRIL MALEATE 10 MG TAB	6	30.00	6.84	0.09	101%-200% Above	No	No
43547054711	ENALAPRIL MALEATE 10 MG TAB	7	30.00	6.84	0.07	200% Above	No	No
43547054711	ENALAPRIL MALEATE 10 MG TAB	8	30.00	6.84	0.10	101%-200% Above	No	No
43547054811	ENALAPRIL MALEATE 20 MG TAB	5	180.00	58.68	0.09	200% Above	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	7	30.00	0.32	0.02	26%-50% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	7	90.00	0.97	0.02	26%-50% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	8	30.00	0.32	0.03	51%-75% Below	Yes	No
43547056610	CLONIDINE HCL 0.2 MG TABLET	4	30.00	0.63	0.03	26%-50% Below	Yes	No
43547056610	CLONIDINE HCL 0.2 MG TABLET	6	30.00	0.63	0.04	26%-50% Below	Yes	No
43547060210	LISDEXAMFETAMINE 10 MG CAPSULE	6	30.00	227.10	4.88	51%-75% Above	No	No
43547060310	LISDEXAMFETAMINE 20 MG CAPSULE	5	30.00	227.10	3.15	101%-200% Above	Yes	No
43547060310	LISDEXAMFETAMINE 20 MG CAPSULE	7	30.00	227.10	3.69	101%-200% Above	No	No

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43547060410	LISDEXAMFETAMINE 30 MG CAPSULE	7	30.00	227.10	3.68	101%-200% Above	Yes	No
43547060410	LISDEXAMFETAMINE 30 MG CAPSULE	8	30.00	227.10	4.82	51%-75% Above	Yes	No
43598013901	KETOROLAC 10 MG TABLET	5	15.00	4.44	0.39	10%-25% Below	No	No
43598013901	KETOROLAC 10 MG TABLET	6	15.00	4.44	0.42	26%-50% Below	No	No
43598013901	KETOROLAC 10 MG TABLET	7	15.00	4.44	0.34	10%-25% Below	No	No
43598016430	OLANZAPINE 5 MG TABLET	5	30.00	1.60	0.08	26%-50% Below	No	No
43598016430	OLANZAPINE 5 MG TABLET	6	30.00	1.60	0.09	26%-50% Below	No	No
43598016430	OLANZAPINE 5 MG TABLET	7	30.00	1.60	0.08	26%-50% Below	No	No
43598016430	OLANZAPINE 5 MG TABLET	8	30.00	1.60	0.09	26%-50% Below	No	No
43598016605	OLANZAPINE 10 MG TABLET	5	30.00	2.04	0.10	26%-50% Below	No	No
43598016605	OLANZAPINE 10 MG TABLET	8	30.00	2.04	0.12	26%-50% Below	No	No
43598017001	CHLORTHALIDONE 25 MG TABLET	6	45.00	27.70	0.10	200% Above	No	No
43598021055	SSD 1% CREAM	4	50.00	3.48	0.11	26%-50% Below	No	No
43598021055	SSD 1% CREAM	5	50.00	3.48	0.12	26%-50% Below	No	No
43598021055	SSD 1% CREAM	5	50.00	3.87	0.12	26%-50% Below	No	No
43598021055	SSD 1% CREAM	6	50.00	3.48	0.14	26%-50% Below	No	No
43598021055	SSD 1% CREAM	7	50.00	3.48	0.11	26%-50% Below	No	No
43598021055	SSD 1% CREAM	8	50.00	3.48	0.14	51%-75% Below	No	No
43598026704	ICOSAPENT ETHYL 1 GRAM CAPSULE	7	120.00	93.19	0.68	10%-25% Above	Yes	No
43598029490	PREGABALIN 100 MG CAPSULE	6	60.00	1.61	0.06	51%-75% Below	Yes	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	4	7.50	75.15	14.10	26%-50% Below	No	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	5	7.50	75.15	13.69	26%-50% Below	No	No
43598043611	NITROGLYCERIN 0.4 MG TABLET SL	4	25.00	2.93	0.18	26%-50% Below	No	No
43598043611	NITROGLYCERIN 0.4 MG TABLET SL	5	25.00	2.93	0.18	26%-50% Below	No	No
43598049501	NAPROXEN SODIUM 550 MG TAB	4	30.00	26.47	0.17	200% Above	No	No

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43598049501	NAPROXEN SODIUM 550 MG TAB	8	30.00	26.47	0.21	200% Above	No	No
43598050990	ESOMEPRAZOLE MAG DR 20 MG CAP	5	30.00	42.13	0.15	200% Above	No	No
43598050990	ESOMEPRAZOLE MAG DR 20 MG CAP	6	30.00	42.13	0.19	200% Above	No	No
43598050990	ESOMEPRAZOLE MAG DR 20 MG CAP	7	30.00	42.13	0.15	200% Above	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	4	30.00	42.13	0.13	200% Above	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	4	90.00	126.39	0.13	200% Above	Yes	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	5	30.00	29.90	0.14	200% Above	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	5	30.00	42.13	0.14	200% Above	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	5	30.00	42.13	0.14	200% Above	Yes	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	6	30.00	29.90	0.16	200% Above	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	6	30.00	42.13	0.16	200% Above	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	7	30.00	29.90	0.14	200% Above	No	No
43598051090	ESOMEPRAZOLE MAG DR 40 MG CAP	5	90.00	126.39	0.14	200% Above	No	No
43598051521	LENALIDOMIDE CAP 25MG	7	14.00	7580.02	.		No	No
43598056601	FLUOXETINE HCL 20 MG TABLET	5	180.00	259.42	0.09	200% Above	Yes	No
43598056601	FLUOXETINE HCL 20 MG TABLET	8	180.00	259.42	0.12	200% Above	Yes	No
43598057330	TADALAFIL 20 MG TABLET	7	18.00	191.63	0.18	200% Above	No	No
43598057530	TADALAFIL 5 MG TABLET	4	30.00	54.32	0.12	200% Above	No	No
43598057530	TADALAFIL 5 MG TABLET	5	30.00	54.32	0.11	200% Above	No	No
43598057530	TADALAFIL 5 MG TABLET	7	30.00	54.32	0.11	200% Above	No	No
43598057530	TADALAFIL 5 MG TABLET	8	30.00	54.32	0.17	200% Above	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	4	60.00	179.78	2.23	26%-50% Above	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	5	30.00	89.89	2.20	26%-50% Above	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	5	60.00	179.78	2.20	26%-50% Above	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	7	14.00	37.76	2.17	10%-25% Above	No	No

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43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	7	25.00	74.91	2.17	26%-50% Above	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	7	60.00	161.81	2.17	10%-25% Above	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	7	60.00	179.78	2.17	26%-50% Above	No	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	4	10.00	7.37	0.16	200% Above	Yes	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	5	30.00	22.10	0.15	200% Above	Yes	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	6	30.00	22.10	0.18	200% Above	Yes	No
43598081115	CETIRIZINE HCL 10 MG TABLET	4	30.00	0.45	0.06	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	5	30.00	0.45	0.06	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	5	90.00	1.36	0.06	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	6	30.00	0.45	0.07	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	6	90.00	1.36	0.07	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	7	14.00	0.21	0.05	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	7	30.00	0.45	0.05	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	8	30.00	0.45	0.07	76%-100% Below	No	No
43598083005	ATORVASTATIN 10 MG TABLET	5	30.00	2.36	0.03	101%-200% Above	No	No
43598083005	ATORVASTATIN 10 MG TABLET	6	30.00	2.36	0.03	101%-200% Above	No	No
43598083005	ATORVASTATIN 10 MG TABLET	6	90.00	7.07	0.03	101%-200% Above	No	No
43598083105	ATORVASTATIN 20 MG TABLET	5	30.00	2.91	0.03	101%-200% Above	No	No
43598083105	ATORVASTATIN 20 MG TABLET	5	90.00	8.72	0.03	101%-200% Above	No	No
43598083105	ATORVASTATIN 20 MG TABLET	6	30.00	2.91	0.04	101%-200% Above	No	No
43598083105	ATORVASTATIN 20 MG TABLET	6	90.00	8.72	0.04	101%-200% Above	No	No
43598083105	ATORVASTATIN 20 MG TABLET	7	30.00	2.91	0.03	200% Above	No	No
43598083105	ATORVASTATIN 20 MG TABLET	7	90.00	8.72	0.03	200% Above	No	No
43598083105	ATORVASTATIN 20 MG TABLET	7	90.00	13.60	0.03	200% Above	No	No
43598083105	ATORVASTATIN 20 MG TABLET	8	90.00	8.72	0.04	101%-200% Above	No	No

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43598083205	ATORVASTATIN 40 MG TABLET	4	30.00	2.92	0.05	76%-100% Above	No	No
43598083205	ATORVASTATIN 40 MG TABLET	4	90.00	8.75	0.05	76%-100% Above	No	No
43598083205	ATORVASTATIN 40 MG TABLET	7	30.00	2.92	0.04	101%-200% Above	No	No
43598083205	ATORVASTATIN 40 MG TABLET	7	90.00	8.75	0.04	101%-200% Above	No	No
43598083305	ATORVASTATIN 80 MG TABLET	5	90.00	10.09	0.07	51%-75% Above	No	No
43598083305	ATORVASTATIN 80 MG TABLET	6	90.00	10.09	0.09	26%-50% Above	No	No
43598086360	BUPROPION HCL SR 150 MG TABLET	4	60.00	26.62	0.23	76%-100% Above	No	No
43975027910	DEXTROAMP-AMPHET ER 15 MG CAP	7	30.00	28.52	0.48	76%-100% Above	Yes	No
43975032303	TOLTERODINE TART ER 4 MG CAP	7	90.00	194.00	0.31	200% Above	No	No
45802000403	HYDROCORTISONE 2.5% CREAM	4	28.00	1.92	0.11	26%-50% Below	Yes	No
45802000403	HYDROCORTISONE 2.5% CREAM	5	28.00	1.92	0.10	26%-50% Below	Yes	No
45802000403	HYDROCORTISONE 2.5% CREAM	6	28.00	1.92	0.11	26%-50% Below	Yes	No
45802005435	TRIAMCINOLONE 0.025% OINT	7	45.00	2.81	0.22	51%-75% Below	Yes	No
45802005535	TRIAMCINOLONE 0.1% OINTMENT	5	45.00	2.03	0.12	51%-75% Below	No	No
45802005535	TRIAMCINOLONE 0.1% OINTMENT	6	45.00	2.03	0.15	51%-75% Below	No	No
45802005535	TRIAMCINOLONE 0.1% OINTMENT	7	30.00	1.35	0.11	51%-75% Below	No	No
45802005535	TRIAMCINOLONE 0.1% OINTMENT	8	30.00	1.35	0.13	51%-75% Below	No	No
45802005536	TRIAMCINOLONE 0.1% OINTMENT	6	80.00	3.34	0.07	26%-50% Below	No	No
45802005635	GENTAMICIN 0.1% CREAM	4	30.00	19.37	0.89	26%-50% Below	Yes	No
45802005911	NYSTATIN 100,000 UNIT/GM CREAM	6	30.00	12.41	0.15	101%-200% Above	No	No
45802005911	NYSTATIN 100,000 UNIT/GM CREAM	7	60.00	26.78	0.13	200% Above	No	No
45802005911	NYSTATIN 100,000 UNIT/GM CREAM	8	30.00	12.41	0.16	101%-200% Above	No	No
45802005911	NYSTATIN 100,000 UNIT/GM CREAM	8	60.00	24.82	0.16	101%-200% Above	No	No
45802005935	NYSTATIN 100,000 UNIT/GM CREAM	7	15.00	7.35	0.20	101%-200% Above	No	No
45802005935	NYSTATIN 100,000 UNIT/GM CREAM	7	30.00	14.70	0.20	101%-200% Above	No	No

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45802006435	TRIAMCINOLONE 0.1% CREAM	6	15.00	1.77	0.15	10%-25% Below	No	No
45802006436	TRIAMCINOLONE 0.1% CREAM	7	80.00	5.40	0.04	51%-75% Above	No	No
45802006535	TRIAMCINOLONE 0.5% CREAM	4	15.00	4.39	0.21	26%-50% Above	No	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	8	23.00	66.13	3.27	10%-25% Below	Yes	No
45802009735	ESTRADIOL 0.01% CREAM	5	42.50	29.90	0.45	51%-75% Above	No	No
45802009735	ESTRADIOL 0.01% CREAM	7	42.50	68.40	0.48	200% Above	No	No
45802009735	ESTRADIOL 0.01% CREAM	8	42.50	68.40	0.54	101%-200% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	4	22.00	2.85	0.15	10%-25% Below	No	No
45802011222	MUPIROCIN 2% OINTMENT	5	22.00	2.85	0.16	10%-25% Below	No	No
45802011222	MUPIROCIN 2% OINTMENT	6	22.00	2.85	0.17	10%-25% Below	No	No
45802011222	MUPIROCIN 2% OINTMENT	7	22.00	2.85	0.15	10%-25% Below	No	No
45802011222	MUPIROCIN 2% OINTMENT	8	22.00	2.85	0.18	26%-50% Below	No	No
45802011937	MOMETASONE FUROATE 0.1% OINT	7	15.00	7.48	0.31	51%-75% Above	Yes	No
45802013970	METRONIDAZOLE VAGINAL 0.75% GL	5	70.00	51.27	0.27	101%-200% Above	No	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	4	60.00	12.11	0.31	26%-50% Below	Yes	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	4	120.00	24.22	0.31	26%-50% Below	No	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	6	60.00	12.11	0.32	26%-50% Below	No	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	7	60.00	12.11	0.31	26%-50% Below	No	No
45802026937	PERMETHRIN 5% CREAM	6	60.00	39.41	0.27	101%-200% Above	No	No
45802037632	BETAMETHASONE DP AUG 0.05% CRM	6	100.00	10.57	0.13	10%-25% Below	No	No
45802039001	TACROLIMUS 0.03% OINTMENT	7	60.00	42.84	0.62	10%-25% Above	No	No
45802044102	FLUTICASONE PROP 0.05% LOTION	6	60.00	131.80	3.06	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	3	120.00	7.04	0.10	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	4	120.00	7.04	0.09	26%-50% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	5	120.00	7.04	0.10	26%-50% Below	No	No

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45802046564	KETOCONAZOLE 2% SHAMPOO	5	120.00	7.04	0.10	26%-50% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	6	120.00	7.04	0.10	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	6	120.00	7.04	0.10	26%-50% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	7	1.00	0.06	0.10	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	7	120.00	7.04	0.10	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	8	120.00	7.04	0.10	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	8	120.00	7.04	0.10	26%-50% Below	Yes	No
45802046635	ECONAZOLE NITRATE 1% CREAM	5	30.00	34.25	0.34	200% Above	No	No
45802058084	SCOPOLAMINE 1 MG/3 DAY PATCH	4	8.00	52.92	5.98	10%-25% Above	No	No
45802065075	LORATADINE 10 MG TABLET	4	30.00	0.93	0.06	26%-50% Below	Yes	No
45802065075	LORATADINE 10 MG TABLET	4	90.00	1.45	0.06	51%-75% Below	Yes	No
45802065075	LORATADINE 10 MG TABLET	4	90.00	2.78	0.06	26%-50% Below	Yes	No
45802065075	LORATADINE 10 MG TABLET	5	30.00	0.93	0.05	26%-50% Below	Yes	No
45802065075	LORATADINE 10 MG TABLET	5	30.00	1.73	0.05	10%-25% Above	Yes	No
45802065075	LORATADINE 10 MG TABLET	5	90.00	1.45	0.05	51%-75% Below	Yes	No
45802065075	LORATADINE 10 MG TABLET	5	90.00	2.78	0.05	26%-50% Below	Yes	No
45802065075	LORATADINE 10 MG TABLET	6	30.00	0.93	0.06	26%-50% Below	Yes	No
45802065075	LORATADINE 10 MG TABLET	6	90.00	2.78	0.06	26%-50% Below	Yes	No
45802065075	LORATADINE 10 MG TABLET	7	30.00	0.93	0.05	26%-50% Below	Yes	No
45802065075	LORATADINE 10 MG TABLET	7	90.00	1.45	0.05	51%-75% Below	Yes	No
45802065075	LORATADINE 10 MG TABLET	7	90.00	2.78	0.05	26%-50% Below	Yes	No
45802065075	LORATADINE 10 MG TABLET	8	90.00	1.45	0.06	51%-75% Below	Yes	No
45802065075	LORATADINE 10 MG TABLET	8	90.00	3.13	0.06	26%-50% Below	Yes	No
45802065087	LORATADINE 10 MG TABLET	4	30.00	0.93	0.06	26%-50% Below	No	No
45802065087	LORATADINE 10 MG TABLET	5	30.00	0.93	0.05	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
45802068028	LEVOCETIRIZINE 2.5 MG/5 ML SOL	5	75.00	17.69	0.17	26%-50% Above	Yes	No
45802068028	LEVOCETIRIZINE 2.5 MG/5 ML SOL	7	148.00	34.91	0.13	76%-100% Above	Yes	No
45802071708	TERCONAZOLE 80 MG SUPPOSITORY	5	3.00	35.99	14.94	10%-25% Below	No	No
45802075401	TESTOSTERONE 1.62% GEL PUMP	6	75.00	60.53	0.52	51%-75% Above	Yes	No
45802075401	TESTOSTERONE 1.62% GEL PUMP	7	75.00	60.53	0.39	101%-200% Above	Yes	No
45802086866	POLYETHYLENE GLYCOL 3350 POWD	7	1.00	0.82	0.97	10%-25% Below	No	No
45802088014	NYSTATIN-TRIAMCINOLONE CREAM	5	45.00	42.99	0.65	26%-50% Above	No	No
45802088014	NYSTATIN-TRIAMCINOLONE CREAM	7	15.00	14.33	0.36	101%-200% Above	No	No
45802088014	NYSTATIN-TRIAMCINOLONE CREAM	7	45.00	42.99	0.36	101%-200% Above	No	No
45802088014	NYSTATIN-TRIAMCINOLONE CREAM	8	15.00	14.33	0.51	76%-100% Above	No	No
45802088094	NYSTATIN-TRIAMCINOLONE CREAM	7	30.00	20.12	0.25	101%-200% Above	No	No
45802088096	NYSTATIN-TRIAMCINOLONE CREAM	6	60.00	29.88	0.29	51%-75% Above	No	No
45802089626	SULFACETAMIDE SOD 10% TOP SUSP	7	118.00	46.37	0.53	26%-50% Below	Yes	No
45802090094	CLINDAMYCIN PH 1% GEL	7	30.00	13.68	0.24	76%-100% Above	No	No
45802091987	CETIRIZINE HCL 10 MG TABLET	4	30.00	1.16	0.06	26%-50% Below	No	No
45802091987	CETIRIZINE HCL 10 MG TABLET	5	30.00	1.16	0.06	26%-50% Below	No	No
45802091987	CETIRIZINE HCL 10 MG TABLET	5	30.00	1.16	0.06	26%-50% Below	Yes	No
45802091987	CETIRIZINE HCL 10 MG TABLET	6	30.00	1.16	0.07	26%-50% Below	No	No
45802093716	HYDROCORTISONE 2.5% LOTION	7	59.00	11.76	0.17	10%-25% Above	No	No
45802093716	HYDROCORTISONE 2.5% LOTION	7	59.00	11.76	0.17	10%-25% Above	Yes	No
45802095226	IBUPROFEN 100 MG/5 ML SUSP	4	120.00	2.02	0.03	26%-50% Below	Yes	No
45802095226	IBUPROFEN 100 MG/5 ML SUSP	5	360.00	6.05	0.03	26%-50% Below	Yes	No
45802095226	IBUPROFEN 100 MG/5 ML SUSP	6	120.00	2.02	0.04	51%-75% Below	Yes	No
45802095226	IBUPROFEN 100 MG/5 ML SUSP	6	200.00	3.36	0.04	51%-75% Below	Yes	No
45802095226	IBUPROFEN 100 MG/5 ML SUSP	6	240.00	7.89	0.04	10%-25% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
45802095243	IBUPROFEN 100 MG/5 ML SUSP	5	300.00	5.04	0.02	10%-25% Below	No	No
45802095243	IBUPROFEN 100 MG/5 ML SUSP	6	120.00	2.02	0.03	26%-50% Below	No	No
45802095243	IBUPROFEN 100 MG/5 ML SUSP	6	240.00	4.03	0.03	26%-50% Below	No	No
45802095243	IBUPROFEN 100 MG/5 ML SUSP	6	360.00	6.05	0.03	26%-50% Below	No	No
45802095243	IBUPROFEN 100 MG/5 ML SUSP	6	400.00	6.72	0.03	26%-50% Below	No	No
45802095243	IBUPROFEN 100 MG/5 ML SUSP	8	473.00	7.95	0.03	26%-50% Below	Yes	No
45963055650	GABAPENTIN 300 MG CAPSULE	4	30.00	0.52	0.04	51%-75% Below	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	4	180.00	3.13	0.04	51%-75% Below	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	5	30.00	0.52	0.04	51%-75% Below	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	5	90.00	1.57	0.04	51%-75% Below	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	5	180.00	3.13	0.04	51%-75% Below	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	5	270.00	4.70	0.04	51%-75% Below	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	6	30.00	0.52	0.04	51%-75% Below	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	7	30.00	0.52	0.04	51%-75% Below	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	7	540.00	9.40	0.04	51%-75% Below	No	No
45963055711	GABAPENTIN 400 MG CAPSULE	4	90.00	6.49	0.05	26%-50% Above	No	No
45963055711	GABAPENTIN 400 MG CAPSULE	6	90.00	6.49	0.05	26%-50% Above	No	No
45963055711	GABAPENTIN 400 MG CAPSULE	7	90.00	6.49	0.05	51%-75% Above	No	No
45963055711	GABAPENTIN 400 MG CAPSULE	8	90.00	6.49	0.06	26%-50% Above	No	No
45963055750	GABAPENTIN 400 MG CAPSULE	4	90.00	1.41	0.05	51%-75% Below	No	No
45963055750	GABAPENTIN 400 MG CAPSULE	7	90.00	1.41	0.05	51%-75% Below	No	No
45963067611	METOPROLOL SUCC ER 50 MG TAB	6	90.00	11.57	0.07	76%-100% Above	No	No
45963067611	METOPROLOL SUCC ER 50 MG TAB	7	90.00	11.57	0.05	101%-200% Above	No	No
45963067611	METOPROLOL SUCC ER 50 MG TAB	8	90.00	11.57	0.07	76%-100% Above	No	No
45963067711	METOPROLOL SUCC ER 100 MG TAB	5	30.00	6.62	0.09	101%-200% Above	No	No

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45963067711	METOPROLOL SUCC ER 100 MG TAB	6	90.00	19.87	0.11	101%-200% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	5	30.00	3.86	0.06	101%-200% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	6	30.00	3.86	0.07	76%-100% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	6	90.00	11.57	0.07	76%-100% Above	No	No
46287001401	ORACIT SOL	7	30.00	1.85	.		No	No
47335023583	METHOTREXATE 2.5 MG TABLET	6	80.00	57.54	0.21	200% Above	No	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	4	75.00	2.39	0.05	26%-50% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	4	150.00	4.79	0.05	26%-50% Below	No	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	5	150.00	4.79	0.06	26%-50% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	75.00	2.39	0.07	51%-75% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	150.00	4.79	0.07	51%-75% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	7	150.00	4.79	0.06	26%-50% Below	Yes	No
47335070352	ALBUTEROL SUL 2.5 MG/3 ML SOLN	4	90.00	2.87	0.06	26%-50% Below	No	No
47335070352	ALBUTEROL SUL 2.5 MG/3 ML SOLN	5	180.00	5.74	0.06	26%-50% Below	No	No
47335070352	ALBUTEROL SUL 2.5 MG/3 ML SOLN	7	180.00	5.74	0.05	26%-50% Below	No	No
47335070352	ALBUTEROL SUL 2.5 MG/3 ML SOLN	8	180.00	5.74	0.06	26%-50% Below	No	No
47335070713	TOPIRAMATE 25 MG TABLET	5	180.00	4.12	0.03	10%-25% Below	No	No
47335070713	TOPIRAMATE 25 MG TABLET	6	180.00	4.12	0.03	26%-50% Below	No	No
47335071013	TOPIRAMATE 50 MG TABLET	4	90.00	5.37	0.04	51%-75% Above	No	No
47335071013	TOPIRAMATE 50 MG TABLET	5	90.00	5.37	0.03	51%-75% Above	No	No
47469000928	OMEGA-3 FISH CAP 1000MG	5	90.00	4.83	.		Yes	No
47781017901	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.00	13.10	0.33	26%-50% Below	No	No
47781017901	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.00	14.28	0.33	26%-50% Below	No	No
47781017901	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.00	14.28	0.27	10%-25% Below	No	No
47781019601	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	7	30.00	1.25	0.11	51%-75% Below	No	No

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47781019605	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	6	12.00	0.50	0.12	51%-75% Below	No	No
47781019605	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	8	20.00	0.83	0.12	51%-75% Below	No	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	5	6.00	3.86	0.41	51%-75% Above	No	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	5	14.00	9.01	0.41	51%-75% Above	No	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	5	30.00	19.30	0.41	51%-75% Above	No	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	6	10.00	6.43	0.52	10%-25% Above	No	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	8	14.00	9.01	0.50	26%-50% Above	No	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	8	20.00	12.87	0.50	26%-50% Above	No	No
47781030801	NITROFURANTOIN MCR 100 MG CAP	7	14.00	12.72	0.24	200% Above	No	No
47781035503	BUPRENORPHINE-NALOXONE 2-0.5 MG SL FILM	7	15.00	38.00	1.38	76%-100% Above	Yes	No
47781035503	BUPRENORPHINE-NALOXONE 2-0.5 MG SL FILM	8	15.00	38.00	2.03	10%-25% Above	Yes	No
47781035703	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	5	60.00	179.78	2.20	26%-50% Above	Yes	No
47781035703	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	7	60.00	179.78	2.17	26%-50% Above	Yes	No
47781056201	LISDEXAMFETAMINE 10 MG CAPSULE	4	30.00	169.52	4.69	10%-25% Above	No	No
47781056201	LISDEXAMFETAMINE 10 MG CAPSULE	5	30.00	169.52	4.72	10%-25% Above	No	No
47781056301	LISDEXAMFETAMINE 20 MG CAPSULE	7	15.00	84.76	3.69	51%-75% Above	No	No
47781056301	LISDEXAMFETAMINE 20 MG CAPSULE	7	30.00	169.52	3.69	51%-75% Above	No	No
47781056301	LISDEXAMFETAMINE 20 MG CAPSULE	7	30.00	177.24	3.69	51%-75% Above	No	No
47781056301	LISDEXAMFETAMINE 20 MG CAPSULE	7	30.00	189.46	3.69	51%-75% Above	No	No
47781056301	LISDEXAMFETAMINE 20 MG CAPSULE	8	30.00	169.52	4.83	10%-25% Above	No	No
47781056301	LISDEXAMFETAMINE 20 MG CAPSULE	8	30.00	189.46	4.83	26%-50% Above	No	No
47781056401	LISDEXAMFETAMINE 30 MG CAPSULE	5	30.00	189.46	3.27	76%-100% Above	No	No
47781056401	LISDEXAMFETAMINE 30 MG CAPSULE	6	30.00	189.46	5.20	10%-25% Above	No	No
47781056401	LISDEXAMFETAMINE 30 MG CAPSULE	7	30.00	189.46	3.68	51%-75% Above	No	No
47781056401	LISDEXAMFETAMINE 30 MG CAPSULE	7	90.00	568.38	3.68	51%-75% Above	No	No

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47781056401	LISDEXAMFETAMINE 30 MG CAPSULE	8	30.00	177.24	4.82	10%-25% Above	No	No
47781056401	LISDEXAMFETAMINE 30 MG CAPSULE	8	30.00	189.46	4.82	26%-50% Above	No	No
47781056601	LISDEXAMFETAMINE 50 MG CAPSULE	7	30.00	177.24	3.65	51%-75% Above	No	No
47781056701	LISDEXAMFETAMINE 60 MG CAPSULE	4	30.00	177.24	3.37	51%-75% Above	No	No
47781056701	LISDEXAMFETAMINE 60 MG CAPSULE	4	30.00	189.46	3.37	76%-100% Above	No	No
47781056701	LISDEXAMFETAMINE 60 MG CAPSULE	6	30.00	177.24	4.79	10%-25% Above	No	No
47781056701	LISDEXAMFETAMINE 60 MG CAPSULE	7	30.00	189.46	4.86	26%-50% Above	No	No
47781064010	LEVOTHYROXINE 25 MCG TABLET	7	140.00	4.31	0.04	10%-25% Below	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	4	90.00	2.77	0.04	10%-25% Below	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	6	30.00	0.92	0.05	26%-50% Below	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	6	90.00	2.77	0.05	26%-50% Below	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	7	30.00	0.92	0.04	10%-25% Below	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	8	90.00	2.77	0.05	26%-50% Below	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	4	30.00	1.23	0.05	10%-25% Below	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	6	30.00	1.23	0.06	26%-50% Below	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	6	90.00	3.70	0.06	26%-50% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	4	30.00	1.28	0.05	10%-25% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	4	90.00	3.84	0.05	10%-25% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	6	30.00	1.28	0.06	26%-50% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	6	90.00	3.84	0.06	26%-50% Below	No	No
47781064990	LEVOTHYROXINE 88 MCG TABLET	6	30.00	1.30	0.07	26%-50% Below	No	No
47781064990	LEVOTHYROXINE 88 MCG TABLET	8	30.00	1.30	0.06	26%-50% Below	No	No
47781065190	LEVOTHYROXINE 100 MCG TABLET	5	30.00	1.34	0.04	10%-25% Above	No	No
47781065190	LEVOTHYROXINE 100 MCG TABLET	6	7.00	0.88	0.06	101%-200% Above	No	No
47781065190	LEVOTHYROXINE 100 MCG TABLET	6	30.00	1.34	0.06	26%-50% Below	No	No

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47781065490	LEVOTHYROXINE 112 MCG TABLET	6	90.00	4.55	0.07	26%-50% Below	No	No
47781065990	LEVOTHYROXINE 137 MCG TABLET	7	90.00	5.69	0.06	10%-25% Above	No	No
47781066290	LEVOTHYROXINE 150 MCG TABLET	7	90.00	4.21	0.06	10%-25% Below	No	No
47781066590	LEVOTHYROXINE 175 MCG TABLET	4	30.00	1.91	0.08	10%-25% Below	No	No
47781066590	LEVOTHYROXINE 175 MCG TABLET	5	30.00	1.91	0.07	10%-25% Below	No	No
47781066590	LEVOTHYROXINE 175 MCG TABLET	5	90.00	5.74	0.07	10%-25% Below	No	No
47781066590	LEVOTHYROXINE 175 MCG TABLET	6	30.00	1.91	0.11	26%-50% Below	No	No
47781066590	LEVOTHYROXINE 175 MCG TABLET	6	90.00	5.74	0.11	26%-50% Below	No	No
47781066590	LEVOTHYROXINE 175 MCG TABLET	7	30.00	1.91	0.07	10%-25% Below	No	No
49035056314	ASPIRIN LOW TAB 81MG EC	4	90.00	4.00	.		No	No
49035056314	ASPIRIN LOW TAB 81MG EC	5	90.00	0.91	.		No	No
49281040020	ADACEL INJ	6	0.50	45.56	.		No	No
49281042450	FLUZONE INJ 2024-25	8	0.50	19.74	.		No	No
49281091501	YF-VAX INJ	5	1.00	185.87	.		No	No
49483048110	ASPIRIN EC 81 MG TABLET	4	90.00	0.47	0.01	51%-75% Below	No	No
49483048110	ASPIRIN EC 81 MG TABLET	7	90.00	0.47	0.01	51%-75% Below	No	No
49483048112	ASPIRIN EC 81 MG TABLET	5	30.00	1.24	0.01	200% Above	No	No
49483048112	ASPIRIN EC 81 MG TABLET	6	21.00	0.25	0.01	10%-25% Below	Yes	No
49483048112	ASPIRIN EC 81 MG TABLET	6	90.00	1.07	0.01	10%-25% Below	No	No
49483048112	ASPIRIN EC 81 MG TABLET	6	90.00	1.07	0.01	10%-25% Below	Yes	No
49483048112	ASPIRIN EC 81 MG TABLET	6	90.00	2.53	0.01	101%-200% Above	Yes	No
49483048112	ASPIRIN EC 81 MG TABLET	8	84.00	2.36	0.02	76%-100% Above	Yes	No
49483060250	IBUPROFEN 400 MG TABLET	5	30.00	0.42	0.04	51%-75% Below	Yes	No
49483060250	IBUPROFEN 400 MG TABLET	6	30.00	0.42	0.04	51%-75% Below	No	No
49483060250	IBUPROFEN 400 MG TABLET	6	30.00	0.42	0.04	51%-75% Below	Yes	No

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49483060250	IBUPROFEN 400 MG TABLET	6	40.00	0.56	0.04	51%-75% Below	Yes	No
49483060250	IBUPROFEN 400 MG TABLET	7	30.00	0.42	0.04	51%-75% Below	Yes	No
49483060250	IBUPROFEN 400 MG TABLET	8	30.00	0.42	0.05	51%-75% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	4	30.00	0.55	0.05	51%-75% Below	No	No
49483060350	IBUPROFEN 600 MG TABLET	4	30.00	0.55	0.05	51%-75% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	5	30.00	0.55	0.04	51%-75% Below	No	No
49483060350	IBUPROFEN 600 MG TABLET	5	40.00	0.73	0.04	51%-75% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	5	56.00	1.02	0.04	51%-75% Below	No	No
49483060350	IBUPROFEN 600 MG TABLET	6	16.00	0.29	0.05	51%-75% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	8	30.00	0.55	0.05	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	4	16.00	0.60	0.06	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	4	20.00	0.75	0.06	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	4	30.00	1.12	0.06	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	4	30.00	1.45	0.06	10%-25% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	4	90.00	3.36	0.06	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	5	10.00	0.37	0.06	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	5	20.00	0.75	0.06	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	5	30.00	1.12	0.06	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	5	30.00	1.12	0.06	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	5	45.00	1.68	0.06	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	5	56.00	2.09	0.06	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	5	90.00	3.35	0.06	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	5	90.00	3.36	0.06	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	6	30.00	1.12	0.06	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	6	60.00	2.24	0.06	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
49483060450	IBUPROFEN 800 MG TABLET	6	90.00	3.35	0.06	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	6	90.00	3.36	0.06	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	7	16.00	0.60	0.05	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	7	16.00	0.60	0.05	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	7	28.00	1.04	0.05	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	7	30.00	1.12	0.05	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	7	30.00	1.12	0.05	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	7	90.00	3.35	0.05	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	7	90.00	3.36	0.05	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	8	12.00	0.45	0.07	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	8	21.00	0.78	0.07	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	8	21.00	0.78	0.07	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	8	30.00	1.12	0.07	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	8	90.00	3.36	0.07	26%-50% Below	Yes	No
49483060550	GABAPENTIN 100 MG CAPSULE	5	90.00	0.77	0.02	51%-75% Below	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	6	90.00	0.77	0.02	51%-75% Below	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	6	360.00	3.06	0.02	51%-75% Below	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	7	90.00	0.77	0.02	51%-75% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	5	30.00	0.52	0.04	51%-75% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	6	30.00	0.52	0.04	51%-75% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	7	30.00	0.52	0.04	51%-75% Below	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	6	180.00	3.41	0.02	10%-25% Below	No	No
49483062281	METFORMIN HCL 500 MG TABLET	4	180.00	1.89	0.01	10%-25% Below	No	No
49483062281	METFORMIN HCL 500 MG TABLET	6	60.00	0.63	0.02	26%-50% Below	No	No
49483062281	METFORMIN HCL 500 MG TABLET	8	180.00	1.89	0.01	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
49483070101	FLUOXETINE HCL 10 MG CAPSULE	8	90.00	3.65	0.03	10%-25% Above	No	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	4	90.00	3.47	0.03	26%-50% Above	Yes	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	4	180.00	6.94	0.03	26%-50% Above	Yes	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	5	30.00	1.16	0.03	26%-50% Above	Yes	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	5	90.00	3.47	0.03	26%-50% Above	Yes	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	6	30.00	1.16	0.03	10%-25% Above	Yes	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	6	90.00	3.47	0.03	10%-25% Above	Yes	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	7	90.00	3.47	0.03	26%-50% Above	Yes	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	7	180.00	6.94	0.03	26%-50% Above	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	4	30.00	0.38	0.03	51%-75% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	4	90.00	1.14	0.03	51%-75% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	5	30.00	0.38	0.03	51%-75% Below	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	5	90.00	1.14	0.03	51%-75% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	6	30.00	0.38	0.03	51%-75% Below	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	6	30.00	0.38	0.03	51%-75% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	6	90.00	1.14	0.03	51%-75% Below	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	6	90.00	1.14	0.03	51%-75% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	7	30.00	0.38	0.03	51%-75% Below	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	7	30.00	0.38	0.03	51%-75% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	7	30.00	1.00	0.03	10%-25% Above	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	7	90.00	1.14	0.03	51%-75% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	8	30.00	0.38	0.03	51%-75% Below	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	8	30.00	0.38	0.03	51%-75% Below	Yes	No
49884015676	VARENICLINE 1 MG TABLET	4	56.00	166.93	1.42	101%-200% Above	No	No
49884015676	VARENICLINE 1 MG TABLET	5	56.00	166.93	1.44	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
49884015676	VARENICLINE 1 MG TABLET	6	30.00	89.43	1.29	101%-200% Above	No	No
49884015676	VARENICLINE 1 MG TABLET	6	56.00	166.93	1.29	101%-200% Above	No	No
49884015676	VARENICLINE 1 MG TABLET	7	30.00	89.43	0.88	200% Above	No	No
49884015676	VARENICLINE 1 MG TABLET	7	56.00	166.93	0.88	200% Above	No	No
49884017101	COLCHICINE 0.6 MG TABLET	4	30.00	69.67	0.24	200% Above	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	4	90.00	209.01	0.24	200% Above	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	5	30.00	69.67	0.22	200% Above	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	6	4.00	9.29	0.21	200% Above	No	No
49884017101	COLCHICINE 0.6 MG TABLET	6	90.00	209.01	0.21	200% Above	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	7	4.00	9.29	0.16	200% Above	No	No
49884017101	COLCHICINE 0.6 MG TABLET	7	9.00	20.90	0.16	200% Above	Yes	No
49884017111	COLCHICINE 0.6 MG TABLET	5	30.00	103.07	0.22	200% Above	No	No
49884025011	OLANZAPINE-FLUOXETINE 6-25 MG	7	90.00	496.75	4.92	10%-25% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	4	30.00	3.76	0.08	51%-75% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	5	30.00	3.76	0.09	26%-50% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	6	30.00	3.76	0.10	10%-25% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	6	90.00	11.28	0.10	10%-25% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	7	30.00	3.76	0.07	76%-100% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	7	90.00	11.28	0.07	76%-100% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	8	30.00	3.76	0.11	10%-25% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	8	120.00	15.04	0.11	10%-25% Above	No	No
49884030702	CLONAZEPAM 0.25 MG ODT	7	60.00	25.55	0.38	10%-25% Above	No	No
49884094499	VARENICLINE STARTING MONTH BOX	4	53.00	96.41	2.46	10%-25% Below	No	No
49884094499	VARENICLINE STARTING MONTH BOX	5	53.00	96.41	2.06	10%-25% Below	No	No
49884094499	VARENICLINE STARTING MONTH BOX	7	53.00	96.41	1.03	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50024042900	ALAVERT D-12 TAB 5-120MG	4	24.00	9.79	.		No	No
50024042900	ALAVERT D-12 TAB 5-120MG	5	24.00	9.79	.		No	No
50024042900	ALAVERT D-12 TAB 5-120MG	6	24.00	9.79	.		No	No
50024042900	ALAVERT D-12 TAB 5-120MG	7	24.00	9.79	.		No	No
50102022823	TARINA FE 1-20 EQ TABLET	5	28.00	10.62	0.12	200% Above	No	No
50111032801	HYDRALAZINE 50 MG TABLET	7	180.00	15.79	0.04	101%-200% Above	No	No
50111032803	HYDRALAZINE 50 MG TABLET	4	270.00	44.93	0.04	200% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	4	14.00	2.58	0.10	76%-100% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	4	21.00	3.88	0.10	76%-100% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	4	30.00	5.54	0.10	76%-100% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	5	10.00	1.85	0.09	101%-200% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	5	14.00	2.58	0.09	101%-200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	5	14.00	5.70	0.09	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	5	20.00	3.69	0.09	101%-200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	6	14.00	2.58	0.12	51%-75% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	8	14.00	2.58	0.11	51%-75% Above	Yes	No
50111033402	METRONIDAZOLE 500 MG TABLET	4	14.00	2.58	0.10	76%-100% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	5	14.00	2.58	0.09	101%-200% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	6	14.00	2.58	0.12	51%-75% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	7	21.00	3.88	0.09	101%-200% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	8	42.00	7.75	0.11	51%-75% Above	No	No
50111045001	TRAZODONE 150 MG TABLET	5	60.00	10.41	0.11	51%-75% Above	Yes	No
50111045001	TRAZODONE 150 MG TABLET	6	30.00	5.21	0.13	26%-50% Above	Yes	No
50111045002	TRAZODONE 150 MG TABLET	6	60.00	10.41	0.13	26%-50% Above	No	No
50111045002	TRAZODONE 150 MG TABLET	7	60.00	10.41	0.10	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50111056001	TRAZODONE 50 MG TABLET	4	60.00	3.85	0.03	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	4	180.00	11.56	0.03	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	5	15.00	0.96	0.03	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	5	60.00	3.85	0.03	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	6	15.00	0.96	0.03	76%-100% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	6	30.00	0.86	0.03	10%-25% Below	No	No
50111056001	TRAZODONE 50 MG TABLET	6	30.00	0.86	0.03	10%-25% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	6	60.00	1.72	0.03	10%-25% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	6	60.00	4.35	0.03	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	6	90.00	2.57	0.03	10%-25% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	6	180.00	11.56	0.03	76%-100% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	7	30.00	1.93	0.03	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	7	45.00	2.89	0.03	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	8	90.00	2.57	0.03	10%-25% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	8	180.00	5.15	0.03	10%-25% Below	No	No
50111056001	TRAZODONE 50 MG TABLET	8	180.00	5.15	0.03	10%-25% Below	Yes	No
50111056002	TRAZODONE 50 MG TABLET	6	28.00	0.80	0.03	10%-25% Below	No	No
50111056002	TRAZODONE 50 MG TABLET	6	30.00	0.86	0.03	10%-25% Below	No	No
50111056002	TRAZODONE 50 MG TABLET	6	90.00	2.57	0.03	10%-25% Below	No	No
50111056003	TRAZODONE 50 MG TABLET	6	30.00	0.86	0.03	10%-25% Below	No	No
50111056101	TRAZODONE 100 MG TABLET	4	90.00	5.61	0.05	10%-25% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	7	90.00	5.61	0.05	10%-25% Above	Yes	No
50111056102	TRAZODONE 100 MG TABLET	4	60.00	3.74	0.05	10%-25% Above	No	No
50111056102	TRAZODONE 100 MG TABLET	5	30.00	1.87	0.05	10%-25% Above	No	No
50111056102	TRAZODONE 100 MG TABLET	5	60.00	3.74	0.05	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50111056103	TRAZODONE 100 MG TABLET	7	30.00	1.87	0.05	10%-25% Above	No	No
50111056103	TRAZODONE 100 MG TABLET	7	90.00	5.61	0.05	10%-25% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	4	30.00	1.54	0.03	51%-75% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	6	90.00	4.63	0.03	51%-75% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	4	90.00	2.17	0.03	10%-25% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	5	30.00	0.38	0.03	51%-75% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	5	90.00	2.17	0.03	10%-25% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	7	30.00	0.38	0.03	51%-75% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	7	30.00	0.38	0.03	51%-75% Below	Yes	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	7	90.00	2.17	0.03	10%-25% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	8	30.00	8.60	0.03	200% Above	No	No
50111078710	AZITHROMYCIN 250 MG TABLET	4	6.00	1.23	0.39	26%-50% Below	No	No
50111078710	AZITHROMYCIN 250 MG TABLET	5	4.00	2.64	0.39	51%-75% Above	No	No
50111078710	AZITHROMYCIN 250 MG TABLET	5	6.00	1.23	0.39	26%-50% Below	No	No
50111078710	AZITHROMYCIN 250 MG TABLET	6	6.00	1.23	0.35	26%-50% Below	No	No
50111078710	AZITHROMYCIN 250 MG TABLET	7	6.00	1.23	0.40	26%-50% Below	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	4	6.00	1.23	0.39	26%-50% Below	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	5	6.00	1.23	0.39	26%-50% Below	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	6	6.00	1.23	0.35	26%-50% Below	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	7	6.00	1.23	0.40	26%-50% Below	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	8	6.00	1.23	0.35	26%-50% Below	No	No
50111078766	AZITHROMYCIN 250 MG TABLET	3	6.00	3.57	0.35	51%-75% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	6	4.00	2.08	0.64	10%-25% Below	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	8	5.00	2.60	0.66	10%-25% Below	No	No
50111091501	TORSEMIDE 5 MG TABLET	4	30.00	4.55	0.07	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50111091501	TORSEMIDE 5 MG TABLET	6	30.00	4.55	0.07	101%-200% Above	No	No
50111091501	TORSEMIDE 5 MG TABLET	7	90.00	13.64	0.07	101%-200% Above	No	No
50111091701	TORSEMIDE 20 MG TABLET	4	90.00	14.84	0.08	101%-200% Above	No	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	5	30.00	0.38	0.03	51%-75% Below	No	No
50228011505	FLUOXETINE HCL 40 MG CAPSULE	8	180.00	15.98	0.07	26%-50% Above	No	No
50228011710	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.00	151.46	0.05	200% Above	No	No
50228012410	CLOPIDOGREL 75 MG TABLET	5	30.00	3.45	0.06	101%-200% Above	No	No
50228012410	CLOPIDOGREL 75 MG TABLET	6	30.00	3.45	0.06	76%-100% Above	No	No
50228012410	CLOPIDOGREL 75 MG TABLET	7	30.00	3.45	0.06	76%-100% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	4	30.00	3.68	0.06	76%-100% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	5	30.00	3.68	0.06	76%-100% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	5	30.00	8.95	0.06	200% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	6	30.00	3.68	0.07	76%-100% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	7	30.00	3.68	0.06	101%-200% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	8	30.00	3.68	0.07	76%-100% Above	No	No
50228014505	BUPROPION HCL XL 300 MG TABLET	5	30.00	8.51	0.14	101%-200% Above	No	No
50228014505	BUPROPION HCL XL 300 MG TABLET	8	30.00	8.51	0.16	76%-100% Above	No	No
50228014601	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	90.00	4.44	0.03	51%-75% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	4	30.00	1.48	0.03	51%-75% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	30.00	1.48	0.03	76%-100% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	90.00	4.44	0.03	76%-100% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	30.00	1.48	0.03	51%-75% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	90.00	4.44	0.03	51%-75% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	30.00	1.48	0.03	76%-100% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	30.00	1.48	0.03	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	4	30.00	1.48	0.03	51%-75% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	4	90.00	4.44	0.03	51%-75% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	30.00	1.48	0.03	76%-100% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	90.00	4.44	0.03	76%-100% Above	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	30.00	1.48	0.03	51%-75% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	30.00	1.48	0.03	76%-100% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	90.00	4.44	0.03	76%-100% Above	No	No
50228015805	CELECOXIB 200 MG CAPSULE	4	30.00	12.66	0.09	200% Above	No	No
50228015805	CELECOXIB 200 MG CAPSULE	4	90.00	37.97	0.09	200% Above	No	No
50228015805	CELECOXIB 200 MG CAPSULE	5	30.00	12.66	0.09	200% Above	No	No
50228015805	CELECOXIB 200 MG CAPSULE	6	30.00	12.66	0.10	200% Above	No	No
50228015805	CELECOXIB 200 MG CAPSULE	7	90.00	37.97	0.09	200% Above	No	No
50228017501	BUPROPION HCL SR 150 MG TABLET	4	180.00	15.21	0.07	10%-25% Above	Yes	No
50228017501	BUPROPION HCL SR 150 MG TABLET	5	60.00	11.45	0.07	101%-200% Above	No	No
50228017501	BUPROPION HCL SR 150 MG TABLET	6	60.00	11.45	0.09	101%-200% Above	No	No
50228017501	BUPROPION HCL SR 150 MG TABLET	7	180.00	34.34	0.07	101%-200% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	4	30.00	2.54	0.07	10%-25% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	5	30.00	2.54	0.07	10%-25% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	5	60.00	5.07	0.07	10%-25% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	7	30.00	2.54	0.07	10%-25% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	7	60.00	5.07	0.07	10%-25% Above	No	No
50228017601	BUPROPION HCL SR 200 MG TABLET	7	90.00	17.81	0.11	76%-100% Above	No	No
50228017801	GABAPENTIN 800 MG TABLET	5	34.00	1.79	0.10	26%-50% Below	No	No
50228017801	GABAPENTIN 800 MG TABLET	5	90.00	4.73	0.10	26%-50% Below	No	No
50228017801	GABAPENTIN 800 MG TABLET	5	270.00	14.18	0.10	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228017801	GABAPENTIN 800 MG TABLET	6	90.00	4.73	0.12	51%-75% Below	No	No
50228017801	GABAPENTIN 800 MG TABLET	7	30.00	1.58	0.10	26%-50% Below	No	No
50228017801	GABAPENTIN 800 MG TABLET	7	90.00	4.73	0.10	26%-50% Below	No	No
50228017801	GABAPENTIN 800 MG TABLET	7	270.00	14.18	0.10	26%-50% Below	No	No
50228017801	GABAPENTIN 800 MG TABLET	8	30.00	1.58	0.11	51%-75% Below	No	No
50228017801	GABAPENTIN 800 MG TABLET	8	60.00	3.15	0.11	51%-75% Below	No	No
50228017801	GABAPENTIN 800 MG TABLET	8	90.00	4.73	0.11	51%-75% Below	No	No
50228017905	GABAPENTIN 100 MG CAPSULE	5	30.00	0.26	0.02	51%-75% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	5	60.00	0.51	0.02	51%-75% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	5	90.00	0.77	0.02	51%-75% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	6	14.00	0.12	0.02	51%-75% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	6	90.00	0.77	0.02	51%-75% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	7	30.00	0.26	0.02	51%-75% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	8	30.00	0.26	0.02	51%-75% Below	Yes	No
50228017910	GABAPENTIN 100 MG CAPSULE	6	28.00	0.24	0.02	51%-75% Below	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	6	30.00	0.26	0.02	51%-75% Below	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	6	90.00	0.77	0.02	51%-75% Below	No	No
50228018001	GABAPENTIN 300 MG CAPSULE	4	30.00	0.95	0.04	10%-25% Below	No	No
50228018001	GABAPENTIN 300 MG CAPSULE	4	90.00	2.84	0.04	10%-25% Below	No	No
50228018005	GABAPENTIN 300 MG CAPSULE	5	30.00	0.52	0.04	51%-75% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	5	90.00	1.57	0.04	51%-75% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	5	270.00	4.70	0.04	51%-75% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	6	21.00	1.16	0.04	26%-50% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	6	60.00	1.04	0.04	51%-75% Below	No	No
50228018005	GABAPENTIN 300 MG CAPSULE	6	90.00	1.20	0.04	51%-75% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228018005	GABAPENTIN 300 MG CAPSULE	7	42.00	0.73	0.04	51%-75% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	7	90.00	1.57	0.04	51%-75% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	7	180.00	2.39	0.04	51%-75% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	7	360.00	4.79	0.04	51%-75% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	8	90.00	1.57	0.04	51%-75% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	8	180.00	3.13	0.04	51%-75% Below	Yes	No
50228018010	GABAPENTIN 300 MG CAPSULE	4	60.00	1.04	0.04	51%-75% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	5	21.00	0.37	0.04	51%-75% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	5	60.00	1.04	0.04	51%-75% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	5	120.00	2.09	0.04	51%-75% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	5	180.00	3.13	0.04	51%-75% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	6	30.00	0.52	0.04	51%-75% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	6	60.00	1.04	0.04	51%-75% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	6	90.00	1.57	0.04	51%-75% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	7	30.00	0.52	0.04	51%-75% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	7	60.00	1.04	0.04	51%-75% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	7	90.00	1.57	0.04	51%-75% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	7	120.00	2.09	0.04	51%-75% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	7	150.00	2.61	0.04	51%-75% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	7	180.00	3.13	0.04	51%-75% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	7	810.00	14.09	0.04	51%-75% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	8	30.00	0.52	0.04	51%-75% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	8	60.00	1.04	0.04	51%-75% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	8	180.00	3.13	0.04	51%-75% Below	No	No
50228018101	GABAPENTIN 400 MG CAPSULE	5	90.00	1.41	0.05	51%-75% Below	Yes	No

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50228018101	GABAPENTIN 400 MG CAPSULE	7	90.00	1.41	0.05	51%-75% Below	Yes	No
50228018105	GABAPENTIN 400 MG CAPSULE	6	270.00	4.24	0.05	51%-75% Below	No	No
50228019060	LEVETIRACETAM ER 750 MG TABLET	7	120.00	280.45	0.19	200% Above	No	No
50228019060	LEVETIRACETAM ER 750 MG TABLET	8	120.00	150.25	0.29	200% Above	No	No
50228035090	PREGABALIN 25 MG CAPSULE	5	30.00	0.95	0.04	10%-25% Below	Yes	No
50228035090	PREGABALIN 25 MG CAPSULE	6	60.00	1.89	0.05	26%-50% Below	Yes	No
50228035090	PREGABALIN 25 MG CAPSULE	7	30.00	0.95	0.04	10%-25% Below	Yes	No
50228035090	PREGABALIN 25 MG CAPSULE	7	90.00	2.84	0.04	10%-25% Below	Yes	No
50228035190	PREGABALIN 50 MG CAPSULE	5	90.00	1.93	0.04	26%-50% Below	Yes	No
50228035190	PREGABALIN 50 MG CAPSULE	7	90.00	1.93	0.04	26%-50% Below	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	4	60.00	2.32	0.05	10%-25% Below	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	5	60.00	2.32	0.05	10%-25% Below	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	7	60.00	2.32	0.05	10%-25% Below	Yes	No
50228035390	PREGABALIN 100 MG CAPSULE	4	90.00	2.41	0.05	26%-50% Below	Yes	No
50228035390	PREGABALIN 100 MG CAPSULE	5	90.00	2.41	0.05	26%-50% Below	Yes	No
50228035390	PREGABALIN 100 MG CAPSULE	6	90.00	2.41	0.06	51%-75% Below	Yes	No
50228035390	PREGABALIN 100 MG CAPSULE	7	60.00	1.61	0.04	26%-50% Below	Yes	No
50228035390	PREGABALIN 100 MG CAPSULE	7	90.00	2.41	0.04	26%-50% Below	Yes	No
50228035390	PREGABALIN 100 MG CAPSULE	7	120.00	3.22	0.04	26%-50% Below	Yes	No
50228035390	PREGABALIN 100 MG CAPSULE	8	120.00	3.22	0.06	51%-75% Below	Yes	No
50228035490	PREGABALIN 150 MG CAPSULE	4	90.00	3.81	0.06	10%-25% Below	Yes	No
50228035490	PREGABALIN 150 MG CAPSULE	5	30.00	1.30	0.06	10%-25% Below	No	No
50228035490	PREGABALIN 150 MG CAPSULE	5	90.00	3.90	0.06	10%-25% Below	Yes	No
50228035490	PREGABALIN 150 MG CAPSULE	6	30.00	1.30	0.06	26%-50% Below	No	No
50228035490	PREGABALIN 150 MG CAPSULE	7	1.00	0.04	0.05	10%-25% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228035490	PREGABALIN 150 MG CAPSULE	7	30.00	1.30	0.05	10%-25% Below	No	No
50228035490	PREGABALIN 150 MG CAPSULE	7	90.00	3.90	0.05	10%-25% Below	Yes	No
50228035490	PREGABALIN 150 MG CAPSULE	8	30.00	1.30	0.07	26%-50% Below	No	No
50228035590	PREGABALIN 200 MG CAPSULE	5	180.00	8.41	0.06	10%-25% Below	Yes	No
50228035790	PREGABALIN 300 MG CAPSULE	4	180.00	9.00	0.08	26%-50% Below	Yes	No
50228035790	PREGABALIN 300 MG CAPSULE	7	180.00	9.00	0.07	26%-50% Below	Yes	No
50228037905	EZETIMIBE 10 MG TABLET	5	90.00	117.53	0.07	200% Above	No	No
50228037990	EZETIMIBE 10 MG TABLET	8	90.00	117.53	0.10	200% Above	No	No
50228043605	NAPROXEN 500 MG TABLET	6	60.00	1.40	0.07	51%-75% Below	No	No
50228046501	NABUMETONE 500 MG TABLET	7	28.00	1.93	0.08	10%-25% Below	No	No
50228046505	NABUMETONE 500 MG TABLET	5	60.00	4.14	0.10	26%-50% Below	No	No
50228046505	NABUMETONE 500 MG TABLET	6	60.00	4.14	0.12	26%-50% Below	No	No
50228046601	NABUMETONE 750 MG TABLET	5	30.00	2.21	0.11	26%-50% Below	Yes	No
50228046601	NABUMETONE 750 MG TABLET	7	30.00	2.21	0.11	26%-50% Below	No	No
50228046601	NABUMETONE 750 MG TABLET	7	30.00	2.21	0.11	26%-50% Below	Yes	No
50228046601	NABUMETONE 750 MG TABLET	8	30.00	2.21	0.18	51%-75% Below	Yes	No
50242021501	XOLAIR INJ 150MG/ML	4	2.00	2617.57	.		No	No
50242021501	XOLAIR INJ 150MG/ML	5	2.00	2617.57	.		No	No
50242021501	XOLAIR INJ 150MG/ML	6	2.00	2617.57	.		No	No
50242021501	XOLAIR INJ 150MG/ML	7	2.00	2617.57	.		No	No
50428030716	CVS ASPIRIN TAB 81MG EC	5	90.00	3.78	.		Yes	No
50428030716	CVS ASPIRIN TAB 81MG EC	6	90.00	3.78	.		Yes	No
50428032084	GENUINE ASPR TAB 325MG	7	14.00	0.31	.		Yes	No
50458057930	XARELTO 20 MG TABLET	6	90.00	1045.76	18.20	26%-50% Below	No	No
50458057930	XARELTO 20 MG TABLET	7	30.00	348.59	18.20	26%-50% Below	No	No

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50474071079	CIMZIA 2X200 MG/ML SYRINGE KIT	4	1.00	3500.15	5544.76	26%-50% Below	No	No
50474071079	CIMZIA 2X200 MG/ML SYRINGE KIT	5	1.00	3500.15	5541.80	26%-50% Below	No	No
50474071079	CIMZIA 2X200 MG/ML SYRINGE KIT	6	1.00	3500.15	5541.80	26%-50% Below	No	No
50474071079	CIMZIA 2X200 MG/ML SYRINGE KIT	7	1.00	3500.15	5539.99	26%-50% Below	No	No
50580072695	ZYRTEC ALLGY TAB 10MG	4	90.00	1.80	.		Yes	No
50742014201	METHENAMINE HIPP 1 GM TABLET	7	60.00	47.46	0.35	101%-200% Above	No	No
50742017501	ISOSORBIDE MONONIT ER 30 MG TB	5	90.00	19.38	0.07	200% Above	No	No
50742017501	ISOSORBIDE MONONIT ER 30 MG TB	6	90.00	19.38	0.07	101%-200% Above	No	No
50742017501	ISOSORBIDE MONONIT ER 30 MG TB	7	90.00	19.38	0.06	200% Above	No	No
50742017505	ISOSORBIDE MONONIT ER 30 MG TB	4	30.00	6.46	0.07	200% Above	No	No
50742017505	ISOSORBIDE MONONIT ER 30 MG TB	6	30.00	6.46	0.07	101%-200% Above	No	No
50742017505	ISOSORBIDE MONONIT ER 30 MG TB	8	90.00	19.38	0.08	101%-200% Above	Yes	No
50742017601	ISOSORBIDE MONONIT ER 60 MG TB	5	30.00	4.00	0.09	51%-75% Above	No	No
50742017601	ISOSORBIDE MONONIT ER 60 MG TB	8	30.00	4.00	0.10	26%-50% Above	No	No
50742024690	ISOSORBIDE-HYDRALAZINE 20-37.5 MG TABLET	4	540.00	401.71	1.47	26%-50% Below	Yes	No
50742024690	ISOSORBIDE-HYDRALAZINE 20-37.5 MG TABLET	7	540.00	401.71	0.94	10%-25% Below	Yes	No
50742024830	DILTIAZEM 24H ER(CD) 120 MG CP	5	30.00	7.22	0.13	76%-100% Above	No	No
50742024890	DILTIAZEM 24H ER(CD) 120 MG CP	4	30.00	4.52	0.13	10%-25% Above	No	No
50742024890	DILTIAZEM 24H ER(CD) 120 MG CP	5	30.00	4.52	0.13	10%-25% Above	No	No
50742024890	DILTIAZEM 24H ER(CD) 120 MG CP	6	30.00	4.52	0.17	10%-25% Below	No	No
50742024890	DILTIAZEM 24H ER(CD) 120 MG CP	8	30.00	4.52	0.17	10%-25% Below	No	No
50742024990	DILTIAZEM 24H ER(CD) 180 MG CP	6	90.00	26.76	0.23	26%-50% Above	No	No
50742025090	DILTIAZEM 24H ER(CD) 240 MG CP	4	30.00	7.22	0.22	10%-25% Above	No	No
50742025090	DILTIAZEM 24H ER(CD) 240 MG CP	6	30.00	7.22	0.30	10%-25% Below	No	No
50742025090	DILTIAZEM 24H ER(CD) 240 MG CP	7	30.00	7.22	0.21	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50742025290	DILTIAZEM 24H ER(CD) 360 MG CP	5	30.00	105.80	0.22	200% Above	No	No
50742025290	DILTIAZEM 24H ER(CD) 360 MG CP	6	90.00	469.77	0.25	200% Above	No	No
50742025290	DILTIAZEM 24H ER(CD) 360 MG CP	7	30.00	105.80	0.19	200% Above	No	No
50742025290	DILTIAZEM 24H ER(CD) 360 MG CP	8	30.00	105.80	0.33	200% Above	No	No
50742026001	NIFEDIPINE ER 30 MG TABLET	4	90.00	11.77	0.10	10%-25% Above	Yes	No
50742026001	NIFEDIPINE ER 30 MG TABLET	5	30.00	3.92	0.10	26%-50% Above	Yes	No
50742026001	NIFEDIPINE ER 30 MG TABLET	7	30.00	3.92	0.11	10%-25% Above	Yes	No
50742026003	NIFEDIPINE ER 30 MG TABLET	5	30.00	3.92	0.10	26%-50% Above	No	No
50742026003	NIFEDIPINE ER 30 MG TABLET	7	30.00	3.92	0.11	10%-25% Above	No	No
50742026101	NIFEDIPINE ER 60 MG TABLET	5	30.00	4.86	0.13	26%-50% Above	No	No
50742026101	NIFEDIPINE ER 60 MG TABLET	5	90.00	14.57	0.13	26%-50% Above	No	No
50742026101	NIFEDIPINE ER 60 MG TABLET	6	30.00	4.86	0.14	10%-25% Above	No	No
50742026101	NIFEDIPINE ER 60 MG TABLET	7	30.00	4.86	0.12	26%-50% Above	No	No
50742026101	NIFEDIPINE ER 60 MG TABLET	7	30.00	4.86	0.12	26%-50% Above	Yes	No
50742026201	NIFEDIPINE ER 90 MG TABLET	4	30.00	8.94	0.23	26%-50% Above	No	No
50742026201	NIFEDIPINE ER 90 MG TABLET	5	30.00	8.94	0.22	26%-50% Above	No	No
50742026201	NIFEDIPINE ER 90 MG TABLET	7	90.00	26.83	0.24	10%-25% Above	No	No
50742027901	DICLOFENAC POT 50 MG TABLET	7	30.00	3.42	0.14	10%-25% Below	Yes	No
50742035101	METOLAZONE 10 MG TABLET	4	90.00	71.60	0.53	26%-50% Above	Yes	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	5	4.00	26.46	5.87	10%-25% Above	No	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	7	1.00	6.61	5.64	10%-25% Above	No	No
50742050510	SCOPOLAMINE 1 MG/3 DAY PATCH	7	4.00	26.46	5.64	10%-25% Above	No	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	4	45.00	5.79	0.06	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	4	90.00	11.57	0.06	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	5	30.00	8.55	0.06	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50742061510	METOPROLOL SUCC ER 25 MG TAB	5	45.00	5.79	0.06	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	5	90.00	11.57	0.06	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	5	180.00	23.15	0.06	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	6	90.00	11.57	0.07	76%-100% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	7	45.00	5.79	0.05	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	7	90.00	11.57	0.05	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	8	90.00	11.57	0.06	76%-100% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	8	180.00	23.15	0.06	76%-100% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	3	90.00	11.57	0.08	51%-75% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	4	30.00	7.93	0.06	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	5	30.00	3.86	0.06	101%-200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	5	30.00	7.93	0.06	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	5	90.00	11.57	0.06	101%-200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	6	30.00	7.93	0.07	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	6	90.00	11.57	0.07	76%-100% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	7	30.00	7.93	0.05	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	7	90.00	11.57	0.05	101%-200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	8	30.00	7.93	0.07	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	8	90.00	11.57	0.07	76%-100% Above	Yes	No
50742061701	METOPROLOL SUCC ER 100 MG TAB	7	90.00	19.87	0.10	101%-200% Above	Yes	No
50742061701	METOPROLOL SUCC ER 100 MG TAB	8	90.00	19.87	0.11	76%-100% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	6	90.00	19.87	0.11	101%-200% Above	No	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	6	90.00	19.87	0.11	101%-200% Above	Yes	No
50742061801	METOPROLOL SUCC ER 200 MG TAB	7	90.00	58.16	0.18	200% Above	Yes	No
50742062001	NIFEDIPINE ER 30 MG TABLET	6	60.00	12.10	0.10	101%-200% Above	No	No

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50742062001	NIFEDIPINE ER 30 MG TABLET	8	90.00	18.15	0.10	101%-200% Above	No	No
50742062101	NIFEDIPINE ER 60 MG TABLET	6	90.00	26.64	0.13	101%-200% Above	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	4	2.00	1.25	0.34	76%-100% Above	Yes	No
50742064601	TRIAZOLAM 0.25 MG TABLET	6	2.00	0.71	0.50	26%-50% Below	No	No
50742065728	ESTRADIOL-NORETH 1-0.5 MG TAB	4	28.00	44.55	0.57	101%-200% Above	No	No
50742065728	ESTRADIOL-NORETH 1-0.5 MG TAB	5	28.00	44.55	0.52	200% Above	No	No
50742065728	ESTRADIOL-NORETH 1-0.5 MG TAB	6	28.00	44.55	0.68	101%-200% Above	No	No
50742065728	ESTRADIOL-NORETH 1-0.5 MG TAB	7	28.00	44.55	0.47	200% Above	No	No
50742065728	ESTRADIOL-NORETH 1-0.5 MG TAB	8	28.00	44.55	0.84	76%-100% Above	No	No
50742065828	ESTRADIOL-NORETH 0.5-0.1 MG TB	4	28.00	54.22	0.55	200% Above	No	No
50742065828	ESTRADIOL-NORETH 0.5-0.1 MG TB	5	28.00	54.22	0.49	200% Above	No	No
50742065828	ESTRADIOL-NORETH 0.5-0.1 MG TB	6	28.00	54.22	0.71	101%-200% Above	No	No
50742065828	ESTRADIOL-NORETH 0.5-0.1 MG TB	7	28.00	54.22	0.43	200% Above	No	No
50742065828	ESTRADIOL-NORETH 0.5-0.1 MG TB	8	28.00	54.22	0.69	101%-200% Above	No	No
50924097110	ACCU-CHEK LNC SOFTCLIX	6	100.00	11.38	.		Yes	No
50924097110	ACCU-CHEK LNC SOFTCLIX	7	100.00	11.33	.		Yes	No
50924097110	ACCU-CHEK LNC SOFTCLIX	7	100.00	11.38	.		Yes	No
51167033101	TRIKAFTA TAB	6	84.00	25181.54	.		No	No
51167033101	TRIKAFTA TAB	7	84.00	25181.54	.		No	No
51167033101	TRIKAFTA TAB	8	84.00	25181.54	.		No	No
51224002206	AZITHROMYCIN 250 MG TABLET	5	6.00	1.23	0.39	26%-50% Below	No	No
51224002206	AZITHROMYCIN 250 MG TABLET	6	6.00	1.23	0.35	26%-50% Below	No	No
51224002206	AZITHROMYCIN TAB 250MG	8	6.00	1.23	.		No	No
51224002230	AZITHROMYCIN 250 MG TABLET	5	6.00	1.23	0.39	26%-50% Below	No	No
51224002230	AZITHROMYCIN 250 MG TABLET	6	6.00	1.23	0.35	26%-50% Below	No	No

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51224012230	AZITHROMYCIN 500 MG TABLET	4	2.00	1.04	0.58	10%-25% Below	No	No
51224012230	AZITHROMYCIN 500 MG TABLET	4	3.00	1.56	0.58	10%-25% Below	No	No
51224012230	AZITHROMYCIN 500 MG TABLET	4	13.00	6.75	0.58	10%-25% Below	No	No
51224012230	AZITHROMYCIN 500 MG TABLET	5	1.00	1.52	0.55	101%-200% Above	No	No
51224012230	AZITHROMYCIN 500 MG TABLET	6	13.00	6.75	0.64	10%-25% Below	No	No
51224012230	AZITHROMYCIN 500 MG TABLET	7	13.00	6.75	0.59	10%-25% Below	No	No
51224020630	NALTREXONE 50 MG TABLET	6	15.00	7.31	0.98	26%-50% Below	No	No
51407033210	HYDROCHLOROT TAB 50MG	5	90.00	3.13	.		No	No
51407040410	METOPROL SUC TAB 50MG ER	6	90.00	11.57	.		No	No
51407046201	BENAZEPRIL TAB 5MG	7	90.00	9.10	.		No	No
51407061110	MELOXICAM TAB 15MG	5	30.00	0.76	.		No	No
51407064110	OMEPRAZOLE CAP 20MG	5	90.00	3.35	.		No	No
51407064110	OMEPRAZOLE CAP 20MG	8	90.00	3.35	.		No	No
51407085010	ROSUVASTATIN TAB 20MG	3	15.00	0.72	.		No	No
51407085010	ROSUVASTATIN TAB 20MG	4	15.00	0.72	.		No	No
51407085010	ROSUVASTATIN TAB 20MG	5	15.00	0.72	.		No	No
51407085010	ROSUVASTATIN TAB 20MG	6	15.00	0.72	.		No	No
51407085010	ROSUVASTATIN TAB 20MG	7	15.00	0.72	.		No	No
51660020030	EZETIMIBE 10 MG TABLET	6	85.00	111.00	0.09	200% Above	No	No
51660052601	ALLERGY (LORATADINE) 10 MG TAB	6	90.00	1.45	0.06	51%-75% Below	Yes	No
51660052605	ALLERGY (LORATADINE) 10 MG TAB	6	15.00	0.46	0.06	26%-50% Below	No	No
51660052653	ALLERGY (LORATADINE) 10 MG TAB	4	90.00	2.78	0.06	26%-50% Below	No	No
51660052653	ALLERGY (LORATADINE) 10 MG TAB	5	30.00	0.93	0.05	26%-50% Below	No	No
51660052653	ALLERGY (LORATADINE) 10 MG TAB	6	30.00	0.93	0.06	26%-50% Below	No	No
51672126705	TRIAMCINOLONE 0.1% PASTE	6	15.00	15.99	3.19	51%-75% Below	Yes	No

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51672126705	TRIAMCINOLONE 0.1% PASTE	7	5.00	9.37	3.06	26%-50% Below	Yes	No
51672128202	TRIAMCINOLONE 0.1% CREAM	5	30.00	3.34	0.09	10%-25% Above	No	No
51672128202	TRIAMCINOLONE 0.1% CREAM	6	30.00	3.34	0.10	10%-25% Above	No	No
51672128208	TRIAMCINOLONE 0.1% CREAM	6	320.00	28.71	0.05	51%-75% Above	No	No
51672129302	CLOBETASOL 0.05% SOLUTION	5	25.00	26.27	0.43	101%-200% Above	No	No
51672129303	CLOBETASOL 0.05% SOLUTION	5	50.00	52.53	0.20	200% Above	No	No
51672129802	KETOCONAZOLE 2% CREAM	6	30.00	20.72	0.24	101%-200% Above	No	No
51672129803	KETOCONAZOLE 2% CREAM	5	60.00	31.46	0.16	200% Above	No	No
51672130009	AMMONIUM LACTATE 12% LOTION	4	400.00	14.44	0.06	26%-50% Below	No	No
51672130301	ECONAZOLE NITRATE 1% CREAM	6	15.00	61.99	0.38	200% Above	No	No
51672130406	TERCONAZOLE 0.4% CREAM	4	45.00	15.77	0.54	26%-50% Below	Yes	No
51672130406	TERCONAZOLE 0.4% CREAM	5	45.00	15.77	0.53	26%-50% Below	No	No
51672130406	TERCONAZOLE 0.4% CREAM	6	45.00	15.77	0.56	26%-50% Below	No	No
51672131200	MUPIROCIN 2% OINTMENT	5	22.00	2.85	0.16	10%-25% Below	No	No
51672131200	MUPIROCIN 2% OINTMENT	7	22.00	2.85	0.15	10%-25% Below	No	No
51672131200	MUPIROCIN 2% OINTMENT	8	22.00	2.85	0.18	26%-50% Below	No	No
51672131808	CICLOPIROX 0.77% CREAM	5	90.00	5.98	0.13	26%-50% Below	Yes	No
51672134708	CLOBETASOL 0.05% SHAMPOO	5	118.00	51.30	0.27	51%-75% Above	No	No
51672135708	FLUOCINOLONE 0.01% SCALP OIL	4	118.28	84.30	0.18	200% Above	Yes	No
51672135708	FLUOCINOLONE 0.01% SCALP OIL	7	118.28	84.30	0.14	200% Above	Yes	No
51672136606	CLIND PH-BENZOYL PEROX 1.2-5%	6	45.00	18.71	0.50	10%-25% Below	Yes	No
51672138106	CLINDAMYCIN-BNZ PEROX 1-5% PMP	7	50.00	23.80	0.90	26%-50% Below	No	No
51672139400	TRETINOIN 0.05% CREAM	8	20.00	17.64	1.99	51%-75% Below	No	No
51672139409	TRETINOIN 0.05% CREAM	5	45.00	34.18	1.21	26%-50% Below	No	No
51672139409	TRETINOIN 0.05% CREAM	7	45.00	34.18	1.22	26%-50% Below	No	No

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51672140700	TRETINOIN 0.025% CREAM	7	20.00	12.70	0.87	26%-50% Below	No	No
51672140700	TRETINOIN 0.025% CREAM	8	20.00	12.70	0.84	10%-25% Below	No	No
51672140709	TRETINOIN 0.025% CREAM	4	45.00	19.22	0.67	26%-50% Below	No	No
51672201002	HYDROCORTISONE 0.5% CREAM	6	28.40	7.42	0.11	101%-200% Above	Yes	No
51672208002	TERBINAFINE 1% CREAM	7	30.00	15.92	0.26	101%-200% Above	No	No
51672210208	CETIRIZINE HCL 1 MG/ML SOLN	6	120.00	4.43	0.03	10%-25% Above	No	No
51672210208	CETIRIZINE HCL 1 MG/ML SOLN	7	120.00	4.43	0.03	26%-50% Above	No	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	4	120.00	5.54	0.04	10%-25% Above	Yes	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	4	150.00	7.05	0.04	26%-50% Above	Yes	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	4	240.00	10.59	0.04	10%-25% Above	Yes	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	5	75.00	3.65	0.04	26%-50% Above	Yes	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	5	150.00	7.05	0.04	26%-50% Above	Yes	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	6	150.00	7.05	0.04	10%-25% Above	No	No
51672400201	NORTRIPTYLINE HCL 25 MG CAP	4	180.00	30.47	0.07	101%-200% Above	No	No
51672400201	NORTRIPTYLINE HCL 25 MG CAP	7	180.00	30.47	0.08	101%-200% Above	No	No
51672403001	WARFARIN SODIUM 3 MG TABLET	5	30.00	6.17	0.09	101%-200% Above	No	No
51672403001	WARFARIN SODIUM 3 MG TABLET	6	30.00	6.17	0.08	101%-200% Above	No	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	4	15.00	11.12	0.20	200% Above	No	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	5	15.00	11.12	0.19	200% Above	Yes	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	6	30.00	22.24	0.24	200% Above	Yes	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	8	30.00	22.24	0.22	200% Above	Yes	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	8	45.00	33.36	0.22	200% Above	No	No
51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM	5	45.00	31.77	0.15	200% Above	Yes	No
51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM	6	45.00	31.77	0.17	200% Above	No	No
51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM	6	90.00	63.55	0.17	200% Above	Yes	No

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51672406104	HYDROCORTISONE BUTYR 0.1% SOLN	5	60.00	136.25	1.08	101%-200% Above	No	No
51672406104	HYDROCORTISONE BUTYR 0.1% SOLN	6	60.00	136.25	1.31	51%-75% Above	No	No
51672407008	CETIRIZINE HCL 1 MG/ML SOLN	5	150.00	5.54	0.02	51%-75% Above	No	No
51672407008	CETIRIZINE HCL 1 MG/ML SOLN	6	75.00	2.77	0.02	51%-75% Above	No	No
51672407008	CETIRIZINE HCL 1 MG/ML SOLN	6	150.00	5.54	0.02	51%-75% Above	No	No
51672411103	PHENYTOIN SOD EXT 100 MG CAP	4	101.00	17.13	0.10	51%-75% Above	No	No
51672411103	PHENYTOIN SOD EXT 100 MG CAP	5	101.00	17.13	0.13	26%-50% Above	No	No
51672411103	PHENYTOIN SOD EXT 100 MG CAP	6	333.00	56.48	0.14	10%-25% Above	No	No
51672411606	METRONIDAZOLE TOPICAL 0.75% GL	5	45.00	44.36	0.35	101%-200% Above	Yes	No
51672411806	FLUOROURACIL 5% CREAM	4	40.00	101.66	0.75	200% Above	No	No
51672411806	FLUOROURACIL 5% CREAM	5	40.00	101.66	0.62	200% Above	No	No
51672411806	FLUOROURACIL 5% CREAM	6	40.00	101.66	0.74	200% Above	Yes	No
51672411806	FLUOROURACIL 5% CREAM	7	40.00	101.66	0.69	200% Above	No	No
51672413101	LAMOTRIGINE 100 MG TABLET	4	30.00	1.70	0.04	26%-50% Above	No	No
51672413101	LAMOTRIGINE 100 MG TABLET	4	180.00	10.17	0.04	26%-50% Above	No	No
51672413101	LAMOTRIGINE 100 MG TABLET	5	90.00	5.09	0.04	26%-50% Above	No	No
51672413101	LAMOTRIGINE 100 MG TABLET	6	30.00	1.70	0.05	10%-25% Above	No	No
51672413101	LAMOTRIGINE 100 MG TABLET	7	10.00	0.57	0.04	26%-50% Above	No	No
51672413101	LAMOTRIGINE 100 MG TABLET	7	30.00	1.70	0.04	26%-50% Above	No	No
51672418807	BETAMETHASONE VALER 0.12% FOAM	7	100.00	40.72	0.54	10%-25% Below	No	No
51672421503	METRONIDAZOLE TOPICAL 1% GEL	4	60.00	100.92	0.73	101%-200% Above	Yes	No
51862036240	FLUOROURACIL 5% CREAM	4	40.00	101.66	0.75	200% Above	No	No
51862036240	FLUOROURACIL 5% CREAM	5	40.00	101.66	0.62	200% Above	No	No
51862048601	TRIMETHOPRIM 100 MG TABLET	7	30.00	39.82	1.79	26%-50% Below	No	No
51862054506	SRONYX 0.10-0.02 MG TABLET	6	28.00	5.90	0.18	10%-25% Above	Yes	No

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51862056406	LOW-OGESTREL-28 TABLET	4	28.00	11.54	0.32	26%-50% Above	Yes	No
51862056406	LOW-OGESTREL-28 TABLET	5	28.00	11.54	0.32	26%-50% Above	Yes	No
51862056406	LOW-OGESTREL-28 TABLET	7	84.00	34.62	0.32	26%-50% Above	Yes	No
51862086606	MICROGESTIN FE 1-20 TABLET	5	28.00	2.06	0.12	26%-50% Below	No	No
51862086606	MICROGESTIN FE 1-20 TABLET	6	28.00	2.06	0.14	26%-50% Below	No	No
51862086606	MICROGESTIN FE 1-20 TABLET	7	28.00	1.81	0.14	51%-75% Below	No	No
51862086606	MICROGESTIN FE 1-20 TABLET	8	28.00	2.23	0.15	26%-50% Below	No	No
51862086806	MICROGESTIN 21 1-20 TABLET	5	21.00	4.30	0.17	10%-25% Above	No	No
51862086806	MICROGESTIN 21 1-20 TABLET	7	63.00	12.91	0.17	10%-25% Above	No	No
51862087206	MICROGESTIN 21 1.5-30 TAB	7	21.00	9.44	0.31	26%-50% Above	No	No
51862089603	TILIA FE 28 TABLET	7	84.00	97.45	0.60	76%-100% Above	Yes	No
51991000633	DESVENLAFAXINE SUCCNT ER 25 MG	4	30.00	50.30	0.38	200% Above	No	No
51991000633	DESVENLAFAXINE SUCCNT ER 25 MG	6	14.00	23.47	0.51	200% Above	No	No
51991000633	DESVENLAFAXINE SUCCNT ER 25 MG	6	30.00	50.30	0.51	200% Above	No	No
51991000633	DESVENLAFAXINE SUCCNT ER 25 MG	7	30.00	50.30	0.37	200% Above	No	No
51991000633	DESVENLAFAXINE SUCCNT ER 25 MG	8	30.00	50.30	0.51	200% Above	No	No
51991000690	DESVENLAFAXINE SUCCNT ER 25 MG	5	30.00	65.41	0.43	200% Above	No	No
51991000690	DESVENLAFAXINE SUCCNT ER 25 MG	6	30.00	65.41	0.51	200% Above	No	No
51991000690	DESVENLAFAXINE SUCCNT ER 25 MG	8	30.00	65.41	0.51	200% Above	No	No
51991029301	OXCARBAZEPINE 300 MG TABLET	6	180.00	21.06	0.20	26%-50% Below	No	No
51991031133	DESVENLAFAXINE SUCCNT ER 50 MG	5	30.00	50.65	0.40	200% Above	No	No
51991031133	DESVENLAFAXINE SUCCNT ER 50 MG	7	30.00	50.65	0.37	200% Above	No	No
51991031233	DESVENLAFAXINE SUCCNT ER 100 MG	5	30.00	50.65	0.41	200% Above	No	No
51991031233	DESVENLAFAXINE SUCCNT ER 100 MG	6	30.00	50.65	0.51	200% Above	No	No
51991031233	DESVENLAFAXINE SUCCNT ER 100 MG	6	90.00	151.95	0.51	200% Above	Yes	No

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51991031233	DESVENLAFAXINE SUCCNT ER 100 MG	7	30.00	50.65	0.46	200% Above	No	No
51991031233	DESVENLAFAXINE SUCCNT ER 100 MG	7	90.00	151.95	0.46	200% Above	No	No
51991031233	DESVENLAFAXINE SUCCNT ER 100 MG	8	30.00	50.65	0.47	200% Above	No	No
51991031290	DESVENLAFAXINE SUCCNT ER 100 MG	5	30.00	50.65	0.41	200% Above	No	No
51991031290	DESVENLAFAXINE SUCCNT ER 100 MG	7	30.00	50.65	0.46	200% Above	No	No
51991031290	DESVENLAFAXINE SUCCNT ER 100 MG	8	30.00	50.65	0.47	200% Above	No	No
51991036378	RIZATRIPTAN 10 MG ODT	7	10.00	8.74	0.49	76%-100% Above	No	No
51991062033	ANASTROZOLE 1 MG TABLET	7	30.00	2.25	0.13	26%-50% Below	No	No
51991062033	ANASTROZOLE 1 MG TABLET	7	90.00	6.75	0.13	26%-50% Below	No	No
51991062090	ANASTROZOLE 1 MG TABLET	5	30.00	2.25	0.14	26%-50% Below	No	No
51991074690	DULOXETINE HCL DR 20 MG CAP	7	30.00	29.90	0.08	200% Above	No	No
51991074690	DULOXETINE HCL DR 20 MG CAP	7	90.00	38.12	0.08	200% Above	No	No
51991074710	DULOXETINE HCL DR 30 MG CAP	5	30.00	5.62	0.07	101%-200% Above	No	No
51991074710	DULOXETINE HCL DR 30 MG CAP	5	60.00	11.24	0.07	101%-200% Above	No	No
51991074710	DULOXETINE HCL DR 30 MG CAP	5	90.00	16.87	0.07	101%-200% Above	No	No
51991074710	DULOXETINE HCL DR 30 MG CAP	6	180.00	33.73	0.08	101%-200% Above	No	No
51991074710	DULOXETINE HCL DR 30 MG CAP	7	90.00	16.87	0.07	101%-200% Above	No	No
51991074710	DULOXETINE HCL DR 30 MG CAP	8	90.00	16.87	0.08	101%-200% Above	No	No
51991074790	DULOXETINE HCL DR 30 MG CAP	5	270.00	50.60	0.07	101%-200% Above	Yes	No
51991074790	DULOXETINE HCL DR 30 MG CAP	6	90.00	16.87	0.08	101%-200% Above	No	No
51991074810	DULOXETINE HCL DR 60 MG CAP	5	60.00	11.15	0.09	76%-100% Above	No	No
51991074810	DULOXETINE HCL DR 60 MG CAP	5	90.00	16.72	0.09	76%-100% Above	No	No
51991074810	DULOXETINE HCL DR 60 MG CAP	6	60.00	11.15	0.11	51%-75% Above	No	No
51991074810	DULOXETINE HCL DR 60 MG CAP	7	60.00	11.15	0.09	76%-100% Above	No	No
51991074890	DULOXETINE HCL DR 60 MG CAP	5	30.00	0.99	0.09	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
51991074890	DULOXETINE HCL DR 60 MG CAP	6	90.00	16.72	0.11	51%-75% Above	Yes	No
51991074890	DULOXETINE HCL DR 60 MG CAP	7	30.00	5.57	0.09	76%-100% Above	No	No
51991074890	DULOXETINE HCL DR 60 MG CAP	7	30.00	24.32	0.09	200% Above	No	No
51991075933	LETROZOLE 2.5 MG TABLET	4	30.00	2.69	0.12	26%-50% Below	No	No
51991075933	LETROZOLE 2.5 MG TABLET	5	10.00	0.90	0.13	26%-50% Below	No	No
51991075933	LETROZOLE 2.5 MG TABLET	5	30.00	2.69	0.13	26%-50% Below	No	No
51991075933	LETROZOLE 2.5 MG TABLET	6	10.00	0.90	0.14	26%-50% Below	No	No
51991075933	LETROZOLE 2.5 MG TABLET	7	30.00	2.69	0.12	26%-50% Below	No	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	8	90.00	69.89	0.20	200% Above	Yes	No
51991081901	PROPRANOLOL ER 120 MG CAPSULE	6	90.00	101.30	0.21	200% Above	No	No
51991087733	EPLERENONE 25 MG TABLET	4	90.00	128.66	0.44	200% Above	No	No
51991087733	EPLERENONE 25 MG TABLET	8	90.00	128.66	0.51	101%-200% Above	No	No
51991087833	EPLERENONE 50 MG TABLET	3	30.00	39.41	0.66	76%-100% Above	No	No
51991087833	EPLERENONE 50 MG TABLET	5	30.00	39.41	0.56	101%-200% Above	No	No
51991087833	EPLERENONE 50 MG TABLET	6	30.00	39.41	0.75	51%-75% Above	No	No
51991087833	EPLERENONE 50 MG TABLET	7	30.00	39.41	0.52	101%-200% Above	No	No
52536062501	TESTOSTERONE CYP 200 MG/ML	5	5.00	38.51	11.74	26%-50% Below	No	No
52536062501	TESTOSTERONE CYP 200 MG/ML	6	2.00	15.40	13.60	26%-50% Below	No	No
52747071260	INTEGRA PLUS CAP	6	30.00	19.37	.		No	No
52747071260	INTEGRA PLUS CAP	7	90.00	57.89	.		No	No
52817018000	CLONIDINE HCL 0.1 MG TABLET	4	30.00	0.32	0.02	51%-75% Below	No	No
52817018000	CLONIDINE HCL 0.1 MG TABLET	5	30.00	0.32	0.02	51%-75% Below	No	No
52817018000	CLONIDINE HCL 0.1 MG TABLET	5	60.00	0.65	0.02	51%-75% Below	No	No
52817018000	CLONIDINE HCL 0.1 MG TABLET	6	30.00	0.32	0.03	51%-75% Below	No	No
52817018000	CLONIDINE HCL 0.1 MG TABLET	7	30.00	0.32	0.02	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
52817018210	CLONIDINE HCL 0.3 MG TABLET	4	30.00	0.79	0.04	26%-50% Below	No	No
52817018210	CLONIDINE HCL 0.3 MG TABLET	5	30.00	0.79	0.03	10%-25% Below	No	No
52817018210	CLONIDINE HCL 0.3 MG TABLET	7	30.00	0.79	0.03	10%-25% Below	No	No
52817018210	CLONIDINE HCL 0.3 MG TABLET	8	30.00	0.79	0.04	26%-50% Below	No	No
52817023510	RAMELTEON 8 MG TABLET	8	90.00	168.33	0.87	101%-200% Above	No	No
52817032000	BACLOFEN 10 MG TABLET	7	30.00	0.56	0.03	26%-50% Below	No	No
52817032000	BACLOFEN 10 MG TABLET	7	45.00	0.84	0.03	26%-50% Below	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	5	20.00	0.28	0.02	10%-25% Below	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	5	30.00	0.42	0.02	10%-25% Below	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	6	30.00	0.42	0.02	26%-50% Below	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	7	10.00	0.14	0.02	10%-25% Below	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	7	30.00	0.42	0.02	10%-25% Below	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	8	60.00	0.83	0.02	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	4	20.00	0.19	0.02	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	4	30.00	0.28	0.02	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	4	60.00	0.56	0.02	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	4	90.00	0.85	0.02	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	5	60.00	0.56	0.02	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	5	90.00	0.85	0.02	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	6	15.00	0.14	0.02	51%-75% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	6	60.00	0.56	0.02	51%-75% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	6	90.00	0.85	0.02	51%-75% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	7	14.00	0.13	0.02	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	7	30.00	0.28	0.02	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	7	60.00	0.56	0.02	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
52817033200	CYCLOBENZAPRINE 10 MG TABLET	7	90.00	0.85	0.02	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	8	30.00	0.28	0.02	51%-75% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	8	60.00	0.56	0.02	51%-75% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	8	90.00	0.85	0.02	51%-75% Below	No	No
52817033250	CYCLOBENZAPRINE 10 MG TABLET	5	30.00	0.28	0.02	26%-50% Below	No	No
52817033250	CYCLOBENZAPRINE 10 MG TABLET	7	16.00	0.15	0.02	26%-50% Below	No	No
52817036000	METOPROLOL TARTRATE 25 MG TAB	6	60.00	2.07	0.02	76%-100% Above	No	No
52817036010	METOPROLOL TARTRATE 25 MG TAB	6	30.00	1.04	0.02	76%-100% Above	No	No
52817036010	METOPROLOL TARTRATE 25 MG TAB	7	180.00	4.36	0.01	51%-75% Above	No	No
52817036100	METOPROLOL TARTRATE 50 MG TAB	4	30.00	0.89	0.02	51%-75% Above	No	No
52817036100	METOPROLOL TARTRATE 50 MG TAB	5	30.00	0.89	0.02	51%-75% Above	No	No
52817036100	METOPROLOL TARTRATE 50 MG TAB	6	30.00	0.89	0.02	26%-50% Above	No	No
52817036100	METOPROLOL TARTRATE 50 MG TAB	6	180.00	5.35	0.02	26%-50% Above	No	No
52817036200	METOPROLOL TARTRATE 100 MG TAB	7	180.00	8.50	0.03	76%-100% Above	No	No
52817081701	HYDROCORT-PRAMOXINE 2.5-1% CRM	4	30.00	89.60	1.37	101%-200% Above	No	No
53489011802	DOXYCYCLINE HYCLATE 50 MG CAP	5	30.00	21.51	0.16	200% Above	No	No
53489011802	DOXYCYCLINE HYCLATE 50 MG CAP	5	30.00	34.48	0.16	200% Above	No	No
53489011802	DOXYCYCLINE HYCLATE 50 MG CAP	6	30.00	34.48	0.17	200% Above	No	No
53489011802	DOXYCYCLINE HYCLATE 50 MG CAP	8	30.00	34.48	0.18	200% Above	No	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	4	14.00	17.30	0.11	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	4	20.00	24.71	0.11	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	5	14.00	17.30	0.11	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	5	20.00	24.71	0.11	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	5	28.00	34.59	0.11	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	5	60.00	74.12	0.11	200% Above	Yes	No

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53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	6	20.00	24.71	0.14	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	6	28.00	34.59	0.14	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	6	60.00	74.12	0.14	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	7	14.00	17.30	0.10	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	7	20.00	24.71	0.10	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	7	28.00	34.59	0.10	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	7	30.00	37.06	0.10	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	7	60.00	74.12	0.10	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	8	20.00	24.71	0.13	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	8	60.00	74.12	0.13	200% Above	Yes	No
53489015605	ALLOPURINOL 100 MG TABLET	4	90.00	22.18	0.04	200% Above	No	No
53489015605	ALLOPURINOL 100 MG TABLET	5	30.00	7.40	0.04	200% Above	No	No
53489015605	ALLOPURINOL 100 MG TABLET	7	90.00	22.18	0.04	200% Above	No	No
53489015710	ALLOPURINOL 300 MG TABLET	4	30.00	5.13	0.06	101%-200% Above	No	No
53489015710	ALLOPURINOL 300 MG TABLET	5	30.00	5.13	0.06	101%-200% Above	No	No
53489015710	ALLOPURINOL 300 MG TABLET	6	30.00	5.13	0.07	101%-200% Above	No	No
53489032805	SPIRONOLACTONE 50 MG TABLET	7	30.00	3.17	0.09	10%-25% Above	No	No
53489038601	MINOXIDIL 2.5 MG TABLET	5	15.00	1.88	0.09	26%-50% Above	No	No
53489038601	MINOXIDIL 2.5 MG TABLET	6	15.00	1.88	0.10	10%-25% Above	No	No
53489038601	MINOXIDIL 2.5 MG TABLET	7	30.00	3.76	0.07	76%-100% Above	No	No
53489038601	MINOXIDIL 2.5 MG TABLET	8	30.00	3.76	0.11	10%-25% Above	No	No
53489051001	TRAZODONE TAB 50MG	5	90.00	2.57	.		No	No
53489064701	DOXYCYCLINE HYCLATE 20 MG TAB	5	60.00	4.36	0.09	10%-25% Below	No	No
53489064701	DOXYCYCLINE HYCLATE 20 MG TAB	6	60.00	4.36	0.12	26%-50% Below	No	No
53489064701	DOXYCYCLINE HYCLATE 20 MG TAB	7	60.00	4.36	0.09	10%-25% Below	No	No

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53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	5.00	0.36	0.12	26%-50% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	10.00	0.72	0.12	26%-50% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	12.00	0.87	0.12	26%-50% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	15.00	1.08	0.12	26%-50% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	18.00	1.30	0.12	26%-50% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	20.00	1.44	0.12	26%-50% Below	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	25.00	1.80	0.12	26%-50% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	30.00	2.16	0.12	26%-50% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	5.00	0.36	0.15	51%-75% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	8.00	0.58	0.15	51%-75% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	12.00	0.87	0.15	51%-75% Below	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	12.00	0.87	0.15	51%-75% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	14.00	1.01	0.15	51%-75% Below	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	14.00	1.01	0.15	51%-75% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	15.00	1.08	0.15	51%-75% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	18.00	1.30	0.15	51%-75% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	20.00	1.44	0.15	51%-75% Below	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	30.00	2.16	0.15	51%-75% Below	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	30.00	2.16	0.15	51%-75% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	10.00	0.72	0.12	26%-50% Below	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	12.00	0.87	0.12	26%-50% Below	Yes	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	28.00	1.93	0.17	51%-75% Below	Yes	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	30.00	2.07	0.17	51%-75% Below	Yes	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	10.00	0.69	0.14	51%-75% Below	Yes	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	20.00	1.38	0.14	51%-75% Below	Yes	No

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53746020405	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	120.00	7.73	0.21	51%-75% Below	No	No
53746020405	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	120.00	7.73	0.23	51%-75% Below	No	No
53746020405	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	120.00	7.73	0.22	51%-75% Below	No	No
53746036101	FOLIC ACID 1 MG TABLET	5	90.00	1.09	0.02	26%-50% Below	No	No
53746036110	FOLIC ACID 1 MG TABLET	7	90.00	0.57	0.02	51%-75% Below	Yes	No
53746044201	MECLIZINE 25 MG TABLET	6	45.00	2.56	0.09	26%-50% Below	No	No
53746044201	MECLIZINE 25 MG TABLET	7	45.00	2.56	0.07	10%-25% Below	No	No
53746051101	SPIRONOLACTONE 25 MG TABLET	4	90.00	2.71	0.05	26%-50% Below	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	4	180.00	5.42	0.05	26%-50% Below	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	5	90.00	2.71	0.05	26%-50% Below	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	6	30.00	0.90	0.05	26%-50% Below	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	6	90.00	2.71	0.05	26%-50% Below	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	7	30.00	0.90	0.05	26%-50% Below	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	7	90.00	2.71	0.05	26%-50% Below	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	7	180.00	5.42	0.05	26%-50% Below	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	8	90.00	2.71	0.05	26%-50% Below	Yes	No
53746051105	SPIRONOLACTONE 25 MG TABLET	8	90.00	2.66	0.05	26%-50% Below	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	5	90.00	9.50	0.09	10%-25% Above	No	No
53746051401	SPIRONOLACTONE 50 MG TABLET	5	90.00	9.50	0.09	10%-25% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	5	180.00	18.99	0.09	10%-25% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	7	90.00	9.50	0.09	10%-25% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	4	30.00	0.99	0.17	76%-100% Below	No	No
53746051501	SPIRONOLACTONE 100 MG TABLET	4	60.00	12.28	0.17	10%-25% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	4	90.00	18.42	0.17	10%-25% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	5	90.00	18.42	0.16	26%-50% Above	No	No

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53746051501	SPIRONOLACTONE 100 MG TABLET	7	90.00	18.42	0.16	26%-50% Above	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	4	12.00	0.32	0.04	26%-50% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	4	20.00	0.54	0.04	26%-50% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	4	30.00	0.81	0.04	26%-50% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	5	10.00	0.27	0.04	26%-50% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	5	12.00	0.32	0.04	26%-50% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	5	30.00	0.81	0.04	26%-50% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	6	60.00	1.61	0.05	26%-50% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	7	20.00	0.54	0.04	26%-50% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	7	30.00	0.81	0.04	26%-50% Below	No	No
53746052101	PROMETHAZINE 25 MG TABLET	7	30.00	0.81	0.04	26%-50% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	7	40.00	4.54	0.04	101%-200% Above	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	8	20.00	0.54	0.05	26%-50% Below	Yes	No
53746052110	PROMETHAZINE 25 MG TABLET	4	30.00	0.81	0.04	26%-50% Below	No	No
53746052110	PROMETHAZINE 25 MG TABLET	5	30.00	0.81	0.04	26%-50% Below	No	No
53746052110	PROMETHAZINE 25 MG TABLET	7	30.00	0.81	0.04	26%-50% Below	No	No
53746054401	PRIMIDONE 50 MG TABLET	7	360.00	54.58	0.12	26%-50% Above	No	No
53746061701	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	6	40.00	3.77	0.11	10%-25% Below	No	No
53746061701	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	8	40.00	3.77	0.12	10%-25% Below	No	No
53746061705	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	8	18.00	1.70	0.12	10%-25% Below	Yes	No
53746064101	FLECAINIDE ACETATE 50 MG TAB	4	60.00	10.64	0.10	51%-75% Above	No	No
53746064101	FLECAINIDE ACETATE 50 MG TAB	4	180.00	37.60	0.10	101%-200% Above	No	No
53746064101	FLECAINIDE ACETATE 50 MG TAB	5	60.00	10.64	0.10	76%-100% Above	No	No
53746064101	FLECAINIDE ACETATE 50 MG TAB	6	60.00	10.64	0.11	51%-75% Above	No	No
53746064101	FLECAINIDE ACETATE 50 MG TAB	7	60.00	10.64	0.10	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
53746064201	FLECAINIDE ACETATE 100 MG TAB	6	180.00	60.05	0.19	76%-100% Above	No	No
53746064201	FLECAINIDE ACETATE 100 MG TAB	7	180.00	60.05	0.16	101%-200% Above	No	No
53746074501	PROMETHAZINE 12.5 MG TABLET	4	30.00	0.76	0.04	26%-50% Below	No	No
53746074501	PROMETHAZINE 12.5 MG TABLET	4	120.00	3.05	0.04	26%-50% Below	Yes	No
53746074501	PROMETHAZINE 12.5 MG TABLET	4	180.00	4.57	0.04	26%-50% Below	Yes	No
53746074501	PROMETHAZINE 12.5 MG TABLET	5	30.00	0.76	0.04	26%-50% Below	No	No
53746074501	PROMETHAZINE 12.5 MG TABLET	6	10.00	0.25	0.05	26%-50% Below	No	No
53746074501	PROMETHAZINE 12.5 MG TABLET	6	30.00	0.76	0.05	26%-50% Below	No	No
53746074501	PROMETHAZINE 12.5 MG TABLET	7	12.00	0.80	0.04	51%-75% Above	Yes	No
53746074501	PROMETHAZINE 12.5 MG TABLET	7	30.00	0.76	0.04	26%-50% Below	No	No
53746074501	PROMETHAZINE 12.5 MG TABLET	7	30.00	0.76	0.04	26%-50% Below	Yes	No
53746074501	PROMETHAZINE 12.5 MG TABLET	8	10.00	0.25	0.05	26%-50% Below	No	No
53746074501	PROMETHAZINE 12.5 MG TABLET	8	10.00	0.25	0.05	26%-50% Below	Yes	No
53746075301	BENAZEPRIL HCL 20 MG TABLET	4	90.00	8.55	0.06	51%-75% Above	Yes	No
53746075301	BENAZEPRIL HCL 20 MG TABLET	7	90.00	8.55	0.05	76%-100% Above	Yes	No
53746075305	BENAZEPRIL HCL 20 MG TABLET	5	90.00	8.55	0.06	51%-75% Above	No	No
53746075405	BENAZEPRIL HCL 40 MG TABLET	4	30.00	2.85	0.08	10%-25% Above	No	No
53746075405	BENAZEPRIL HCL 40 MG TABLET	5	30.00	2.85	0.07	26%-50% Above	No	No
53746075405	BENAZEPRIL HCL 40 MG TABLET	7	30.00	2.85	0.07	26%-50% Above	No	No
53746083153	CIPROFLOX-DEXAMETH OTIC SUSP	6	7.50	75.15	14.95	26%-50% Below	No	No
53885000810	ONE TCH 33G LNC DELICAPL	4	200.00	18.97	.		No	No
53885000810	ONE TCH 33G LNC DELICAPL	6	200.00	18.97	.		No	No
53885000810	ONE TCH 33G LNC DELICAPL	7	100.00	9.45	.		Yes	No
53885001110	ONE TCH 30G LNC DELICAPL	5	200.00	18.97	.		No	No
53885001110	ONE TCH 30G LNC DELICAPL	8	300.00	28.35	.		Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
53885001183	ONE TCH FLEX KIT VERIO	5	1.00	17.07	.		No	No
53885004401	ONE TCH FLEX KIT VERIO	6	1.00	17.01	.		Yes	No
53885004401	ONE TCH FLEX KIT VERIO	7	1.00	17.01	.		Yes	No
53885004601	ONE TCH KIT ULTRA 2	5	1.00	22.00	.		No	No
53885024450	ONE TOUCH TES ULTRA	5	50.00	76.30	.		No	No
53885024510	ONE TOUCH TES ULTRA	4	100.00	97.65	.		No	No
53885024510	ONE TOUCH TES ULTRA	5	300.00	450.05	.		Yes	No
53885024510	ONE TOUCH TES ULTRA	6	100.00	152.60	.		No	No
53885024510	ONE TOUCH TES ULTRA	7	100.00	152.60	.		No	No
53885027150	ONE TOUCH TES VERIO	7	50.00	40.65	.		Yes	No
53885027210	ONE TOUCH TES VERIO	4	200.00	163.24	.		No	No
53885027210	ONE TOUCH TES VERIO	5	200.00	163.24	.		No	No
53885027210	ONE TOUCH TES VERIO	6	200.00	163.24	.		No	No
53885027210	ONE TOUCH TES VERIO	7	200.00	163.24	.		No	No
54436020004	XYOSTED 100 MG/0.5 ML AUTO-INJ	6	6.00	1146.40	299.60	26%-50% Below	No	No
54838050280	HYDROXYZ HCL SYP 10MG/5ML	6	95.00	3.40	.		No	No
54838057280	CETIRIZ RX SOL 1MG/ML	7	150.00	5.54	.		No	No
55111014512	FLUCONAZOLE 150 MG TABLET	4	2.00	1.75	0.58	26%-50% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	4	6.00	5.24	0.58	26%-50% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	5	1.00	0.87	0.59	26%-50% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	5	2.00	1.75	0.59	26%-50% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	5	2.00	4.81	0.59	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	5	3.00	2.62	0.59	26%-50% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	6	1.00	0.87	0.70	10%-25% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	6	2.00	1.75	0.70	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111014512	FLUCONAZOLE 150 MG TABLET	6	3.00	2.62	0.70	10%-25% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	7	1.00	0.87	0.53	51%-75% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	7	2.00	1.75	0.53	51%-75% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	7	3.00	2.62	0.53	51%-75% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	7	6.00	5.24	0.53	51%-75% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	8	2.00	1.75	0.61	26%-50% Above	No	No
55111014630	FLUCONAZOLE 200 MG TABLET	5	5.00	1.55	0.40	10%-25% Below	No	No
55111015001	FLUOXETINE HCL 10 MG TABLET	5	30.00	7.37	0.11	101%-200% Above	Yes	No
55111015001	FLUOXETINE HCL 10 MG TABLET	6	30.00	7.37	0.15	51%-75% Above	Yes	No
55111015030	FLUOXETINE HCL 10 MG TABLET	8	90.00	10.00	0.14	10%-25% Below	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	4	12.00	0.45	0.06	26%-50% Below	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	5	18.00	0.68	0.06	26%-50% Below	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	7	12.00	0.45	0.06	26%-50% Below	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	7	18.00	0.68	0.06	26%-50% Below	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	7	18.00	48.67	0.06	200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	8	4.00	0.15	0.07	26%-50% Below	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	8	18.00	0.68	0.07	26%-50% Below	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	6	18.00	1.05	0.10	26%-50% Below	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	7	18.00	1.05	0.08	26%-50% Below	No	No
55111015810	OMEPRAZOLE DR 20 MG CAPSULE	4	90.00	3.35	0.03	10%-25% Above	No	No
55111015810	OMEPRAZOLE DR 20 MG CAPSULE	5	30.00	1.12	0.03	10%-25% Above	No	No
55111015930	OMEPRAZOLE DR 40 MG CAPSULE	4	30.00	2.07	0.06	10%-25% Above	No	No
55111016330	OLANZAPINE 2.5 MG TABLET	4	90.00	4.24	0.08	26%-50% Below	No	No
55111016330	OLANZAPINE 2.5 MG TABLET	5	90.00	4.24	0.08	26%-50% Below	No	No
55111016705	OLANZAPINE 15 MG TABLET	4	30.00	2.46	0.12	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111016705	OLANZAPINE 15 MG TABLET	5	30.00	2.46	0.12	26%-50% Below	No	No
55111016705	OLANZAPINE 15 MG TABLET	6	30.00	2.46	0.14	26%-50% Below	No	No
55111016705	OLANZAPINE 15 MG TABLET	7	30.00	2.46	0.12	26%-50% Below	No	No
55111016705	OLANZAPINE 15 MG TABLET	8	30.00	2.46	0.15	26%-50% Below	No	No
55111016805	OLANZAPINE 20 MG TABLET	4	30.00	2.81	0.15	26%-50% Below	No	No
55111016805	OLANZAPINE 20 MG TABLET	5	30.00	2.81	0.12	10%-25% Below	No	No
55111016805	OLANZAPINE 20 MG TABLET	6	30.00	2.81	0.17	26%-50% Below	No	No
55111016805	OLANZAPINE 20 MG TABLET	7	30.00	2.81	0.14	26%-50% Below	No	No
55111016805	OLANZAPINE 20 MG TABLET	8	30.00	2.81	0.17	26%-50% Below	No	No
55111017915	TIZANIDINE HCL 2 MG TABLET	4	9.00	0.23	0.03	10%-25% Below	No	No
55111017915	TIZANIDINE HCL 2 MG TABLET	5	30.00	0.78	0.03	10%-25% Below	No	No
55111017915	TIZANIDINE HCL 2 MG TABLET	7	30.00	7.76	0.03	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	4	30.00	0.75	0.03	10%-25% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	4	60.00	1.49	0.03	10%-25% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	5	30.00	0.75	0.03	10%-25% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	5	45.00	1.12	0.03	10%-25% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	5	60.00	1.49	0.03	10%-25% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	5	90.00	2.24	0.03	10%-25% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	6	30.00	0.75	0.04	26%-50% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	6	270.00	6.72	0.04	26%-50% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	7	30.00	0.75	0.03	10%-25% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	7	45.00	1.12	0.03	10%-25% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	7	60.00	1.49	0.03	10%-25% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	8	30.00	0.75	0.04	26%-50% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	8	45.00	1.12	0.04	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111018010	TIZANIDINE HCL 4 MG TABLET	8	90.00	2.24	0.04	26%-50% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	4	30.00	0.75	0.03	10%-25% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	4	60.00	1.49	0.03	10%-25% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	4	90.00	2.24	0.03	10%-25% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	5	30.00	0.75	0.03	10%-25% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	5	60.00	1.49	0.03	10%-25% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	5	90.00	2.24	0.03	10%-25% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	6	30.00	0.75	0.04	26%-50% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	6	60.00	1.49	0.04	26%-50% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	6	90.00	2.24	0.04	26%-50% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	6	120.00	2.99	0.04	26%-50% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	7	15.00	0.37	0.03	10%-25% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	7	30.00	0.75	0.03	10%-25% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	7	40.00	1.00	0.03	10%-25% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	7	60.00	1.49	0.03	10%-25% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	7	90.00	2.24	0.03	10%-25% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	8	15.00	0.37	0.04	26%-50% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	8	30.00	0.75	0.04	26%-50% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	8	60.00	1.49	0.04	26%-50% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	8	120.00	2.99	0.04	26%-50% Below	No	No
55111028050	LEVOFLOXACIN 500 MG TABLET	5	10.00	1.05	0.13	10%-25% Below	No	No
55111028050	LEVOFLOXACIN 500 MG TABLET	6	7.00	0.74	0.15	26%-50% Below	No	No
55111028050	LEVOFLOXACIN 500 MG TABLET	7	10.00	1.05	0.14	26%-50% Below	No	No
55111028130	LEVOFLOXACIN 750 MG TABLET	7	10.00	1.74	0.28	26%-50% Below	No	No
55111029136	SUMATRIPTAN SUCC 25 MG TABLET	6	9.00	4.26	0.34	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111029136	SUMATRIPTAN SUCC 25 MG TABLET	7	9.00	4.26	0.30	51%-75% Above	No	No
55111029236	SUMATRIPTAN SUCC 50 MG TABLET	4	30.00	10.89	0.31	10%-25% Above	No	No
55111029290	SUMATRIPTAN SUCC 50 MG TABLET	6	18.00	6.54	0.41	10%-25% Below	Yes	No
55111029290	SUMATRIPTAN SUCC 50 MG TABLET	8	18.00	6.54	0.41	10%-25% Below	Yes	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	4	9.00	3.27	0.31	10%-25% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	5	9.00	3.27	0.33	10%-25% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	6	9.00	3.27	0.41	10%-25% Below	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	6	18.00	6.54	0.41	10%-25% Below	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	8	10.00	3.63	0.41	10%-25% Below	No	No
55111032001	GLIMEPIRIDE 1 MG TABLET	4	90.00	4.08	0.03	51%-75% Above	No	No
55111032001	GLIMEPIRIDE 1 MG TABLET	7	30.00	1.36	0.03	51%-75% Above	No	No
55111032005	GLIMEPIRIDE 1 MG TABLET	6	30.00	1.36	0.03	51%-75% Above	No	No
55111032005	GLIMEPIRIDE 1 MG TABLET	7	30.00	1.36	0.03	51%-75% Above	No	No
55111032005	GLIMEPIRIDE 1 MG TABLET	8	90.00	4.08	0.03	26%-50% Above	No	No
55111032101	GLIMEPIRIDE 2 MG TABLET	4	90.00	7.58	0.03	101%-200% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	4	180.00	15.16	0.03	101%-200% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	5	90.00	7.58	0.03	101%-200% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	5	180.00	15.16	0.03	101%-200% Above	No	No
55111032101	GLIMEPIRIDE 2 MG TABLET	7	90.00	7.58	0.03	101%-200% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	7	180.00	15.16	0.03	101%-200% Above	No	No
55111032101	GLIMEPIRIDE 2 MG TABLET	7	180.00	15.16	0.03	101%-200% Above	Yes	No
55111032105	GLIMEPIRIDE 2 MG TABLET	4	30.00	2.53	0.03	101%-200% Above	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	6	30.00	2.53	0.04	101%-200% Above	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	7	30.00	2.53	0.03	101%-200% Above	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	8	30.00	2.53	0.04	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111032205	GLIMEPIRIDE 4 MG TABLET	4	30.00	4.00	0.04	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	4	30.00	4.09	0.04	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	4	60.00	8.17	0.04	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	5	30.00	4.00	0.03	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	5	30.00	4.09	0.03	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	5	60.00	8.17	0.03	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	5	180.00	20.00	0.03	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	6	30.00	4.00	0.05	101%-200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	6	30.00	4.09	0.05	101%-200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	6	180.00	24.52	0.05	101%-200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	7	30.00	4.09	0.04	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	7	60.00	8.17	0.04	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	7	90.00	10.00	0.04	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	8	30.00	4.09	0.04	200% Above	No	No
55111034001	AMLODIPINE-BENAZEPRIL 5-20 MG	5	30.00	7.73	0.09	101%-200% Above	No	No
55111034001	AMLODIPINE-BENAZEPRIL 5-20 MG	6	30.00	7.73	0.11	101%-200% Above	No	No
55111034001	AMLODIPINE-BENAZEPRIL 5-20 MG	7	30.00	7.73	0.10	101%-200% Above	No	No
55111034001	AMLODIPINE-BENAZEPRIL 5-20 MG	7	90.00	23.20	0.10	101%-200% Above	No	No
55111039905	LANSOPRAZOLE DR 30 MG CAPSULE	5	90.00	12.41	0.09	51%-75% Above	No	No
55111039990	LANSOPRAZOLE DR 30 MG CAPSULE	4	30.00	15.42	0.10	200% Above	No	No
55111039990	LANSOPRAZOLE DR 30 MG CAPSULE	5	30.00	15.42	0.09	200% Above	No	No
55111039990	LANSOPRAZOLE DR 30 MG CAPSULE	6	30.00	15.42	0.11	200% Above	No	No
55111039990	LANSOPRAZOLE DR 30 MG CAPSULE	6	90.00	46.27	0.11	200% Above	No	No
55111039990	LANSOPRAZOLE DR 30 MG CAPSULE	7	30.00	15.42	0.09	200% Above	No	No
55111039990	LANSOPRAZOLE DR 30 MG CAPSULE	8	90.00	46.27	0.11	200% Above	No	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111046601	METOPROLOL SUCC ER 25 MG TAB	5	90.00	11.57	0.06	101%-200% Above	No	No
55111046601	METOPROLOL SUCC ER 25 MG TAB	6	30.00	3.86	0.07	76%-100% Above	No	No
55111046601	METOPROLOL SUCC ER 25 MG TAB	8	90.00	11.57	0.06	76%-100% Above	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	4	90.00	11.57	0.06	101%-200% Above	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	5	30.00	3.86	0.06	101%-200% Above	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	5	90.00	11.57	0.06	101%-200% Above	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	7	90.00	11.57	0.05	101%-200% Above	Yes	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	8	90.00	11.57	0.06	76%-100% Above	No	No
55111046701	METOPROLOL SUCC ER 50 MG TAB	5	90.00	11.57	0.06	101%-200% Above	No	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	5	90.00	11.57	0.06	101%-200% Above	No	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	5	90.00	11.57	0.06	101%-200% Above	Yes	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	6	90.00	11.57	0.07	76%-100% Above	No	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	7	90.00	11.57	0.05	101%-200% Above	No	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	8	90.00	11.57	0.07	76%-100% Above	Yes	No
55111046805	METOPROLOL SUCC ER 100 MG TAB	5	90.00	19.87	0.09	101%-200% Above	No	No
55111046805	METOPROLOL SUCC ER 100 MG TAB	6	90.00	19.87	0.11	101%-200% Above	No	No
55111051930	ATOMOXETINE HCL 10 MG CAPSULE	5	7.00	15.32	0.39	200% Above	Yes	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	5	30.00	71.33	0.52	200% Above	No	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	6	14.00	33.29	0.60	200% Above	No	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	6	30.00	71.33	0.60	200% Above	No	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	6	30.00	71.33	0.60	200% Above	Yes	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	7	30.00	71.33	0.49	200% Above	No	No
55111052230	ATOMOXETINE HCL 60 MG CAPSULE	5	30.00	71.33	0.54	200% Above	No	No
55111052230	ATOMOXETINE HCL 60 MG CAPSULE	6	30.00	71.33	0.73	200% Above	No	No
55111052230	ATOMOXETINE HCL 60 MG CAPSULE	8	30.00	71.33	0.56	200% Above	No	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111052830	ATOMOXETINE HCL 25 MG CAPSULE	5	7.00	15.32	0.42	200% Above	No	No
55111052830	ATOMOXETINE HCL 25 MG CAPSULE	5	7.00	15.32	0.42	200% Above	Yes	No
55111052830	ATOMOXETINE HCL 25 MG CAPSULE	5	30.00	65.65	0.42	200% Above	No	No
55111052830	ATOMOXETINE HCL 25 MG CAPSULE	6	30.00	65.65	0.48	200% Above	No	No
55111052830	ATOMOXETINE HCL 25 MG CAPSULE	7	7.00	15.32	0.39	200% Above	Yes	No
55111056330	ATOMOXETINE HCL 80 MG CAPSULE	5	30.00	76.96	0.51	200% Above	No	No
55111056330	ATOMOXETINE HCL 80 MG CAPSULE	7	30.00	76.96	0.47	200% Above	No	No
55111056430	ATOMOXETINE HCL 100 MG CAPSULE	6	28.00	71.83	0.64	200% Above	No	No
55111056430	ATOMOXETINE HCL 100 MG CAPSULE	7	28.00	71.83	0.52	200% Above	No	No
55111057543	IBANDRONATE SODIUM 150 MG TAB	6	3.00	65.69	3.68	200% Above	No	No
55111058601	AMLODIPINE-BENAZEPRIL 10-40 MG	6	90.00	29.72	0.13	101%-200% Above	No	No
55111059760	MEMANTINE HCL 10 MG TABLET	7	180.00	160.76	0.07	200% Above	No	No
55111061701	ESZOPICLONE 3 MG TABLET	4	30.00	11.84	0.09	200% Above	No	No
55111061701	ESZOPICLONE 3 MG TABLET	6	30.00	11.84	0.10	200% Above	No	No
55111061701	ESZOPICLONE 3 MG TABLET	7	30.00	11.84	0.09	200% Above	No	No
55111061901	ESZOPICLONE 2 MG TABLET	5	30.00	11.84	0.10	200% Above	No	No
55111061901	ESZOPICLONE 2 MG TABLET	6	30.00	11.84	0.10	200% Above	No	No
55111061901	ESZOPICLONE 2 MG TABLET	7	30.00	11.84	0.10	200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	4	30.00	1.97	0.05	26%-50% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	5	30.00	1.97	0.05	26%-50% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	5	90.00	5.92	0.05	26%-50% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	6	30.00	1.97	0.05	26%-50% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	7	30.00	1.97	0.05	26%-50% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	8	60.00	3.95	0.05	26%-50% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	8	90.00	5.92	0.05	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111065001	METAXALONE 800 MG TABLET	5	45.00	60.53	0.50	101%-200% Above	No	No
55111065001	METAXALONE 800 MG TABLET	5	60.00	80.70	0.50	101%-200% Above	No	No
55111065001	METAXALONE 800 MG TABLET	6	60.00	80.70	0.60	101%-200% Above	No	No
55111065001	METAXALONE 800 MG TABLET	7	60.00	80.70	0.46	101%-200% Above	No	No
55111068405	IBU 800 MG TABLET	5	90.00	3.36	0.06	26%-50% Below	No	No
55111068405	IBU 800 MG TABLET	6	90.00	3.36	0.06	26%-50% Below	No	No
55111072510	MONTELUKAST SOD 10 MG TABLET	4	30.00	2.32	0.05	26%-50% Above	No	No
55111072510	MONTELUKAST SOD 10 MG TABLET	5	30.00	2.32	0.05	26%-50% Above	No	No
55111072510	MONTELUKAST SOD 10 MG TABLET	6	30.00	2.32	0.06	26%-50% Above	No	No
55111072590	MONTELUKAST SOD 10 MG TABLET	7	90.00	6.96	0.05	51%-75% Above	Yes	No
55111072730	ROPINIROLE HCL ER 6 MG TABLET	4	90.00	376.62	1.31	200% Above	No	No
55111072730	ROPINIROLE HCL ER 6 MG TABLET	7	90.00	376.62	0.99	200% Above	No	No
55111072910	ALLOPURINOL 100 MG TABLET	5	60.00	5.22	0.04	101%-200% Above	No	No
55111073290	VALSARTAN 80 MG TABLET	4	90.00	15.59	0.12	26%-50% Above	No	No
55111073290	VALSARTAN 80 MG TABLET	4	90.00	15.59	0.12	26%-50% Above	Yes	No
55111073290	VALSARTAN 80 MG TABLET	7	30.00	5.20	0.13	26%-50% Above	Yes	No
55111073290	VALSARTAN 80 MG TABLET	7	90.00	15.59	0.13	26%-50% Above	No	No
55111073290	VALSARTAN 80 MG TABLET	7	90.00	15.59	0.13	26%-50% Above	Yes	No
55111073390	VALSARTAN 160 MG TABLET	4	30.00	5.80	0.15	26%-50% Above	No	No
55111073390	VALSARTAN 160 MG TABLET	4	90.00	17.41	0.15	26%-50% Above	Yes	No
55111073390	VALSARTAN 160 MG TABLET	5	30.00	5.80	0.15	10%-25% Above	No	No
55111073390	VALSARTAN 160 MG TABLET	5	30.00	5.80	0.15	10%-25% Above	Yes	No
55111073390	VALSARTAN 160 MG TABLET	7	30.00	5.80	0.16	10%-25% Above	No	No
55111073390	VALSARTAN 160 MG TABLET	7	90.00	17.41	0.16	10%-25% Above	Yes	No
55111073490	VALSARTAN 320 MG TABLET	4	30.00	8.56	0.20	26%-50% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111073490	VALSARTAN 320 MG TABLET	5	90.00	25.69	0.20	26%-50% Above	No	No
55111073490	VALSARTAN 320 MG TABLET	6	90.00	25.69	0.23	10%-25% Above	Yes	No
55111073490	VALSARTAN 320 MG TABLET	8	90.00	25.69	0.23	10%-25% Above	No	No
55111078301	FEXOFENADINE HCL 60 MG TABLET	5	30.00	2.97	0.13	10%-25% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	4	30.00	4.21	0.23	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	4	30.00	4.21	0.23	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	4	90.00	12.62	0.23	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	5	30.00	4.21	0.23	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	5	30.00	4.21	0.23	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	5	90.00	7.11	0.23	51%-75% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	5	90.00	11.29	0.23	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	5	90.00	12.62	0.23	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	5	90.00	12.62	0.23	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	6	5.00	0.70	0.28	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	6	30.00	4.21	0.28	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	6	30.00	4.21	0.28	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	6	90.00	12.62	0.28	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	7	30.00	4.21	0.23	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	7	30.00	4.21	0.23	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	7	90.00	12.62	0.23	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	7	90.00	12.62	0.23	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	7	90.00	13.68	0.23	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	8	30.00	4.21	0.28	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	8	90.00	7.11	0.28	51%-75% Below	Yes	No
55111078430	FEXOFENADINE HCL 180 MG TABLET	4	30.00	4.56	0.23	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111078430	FEXOFENADINE HCL 180 MG TABLET	5	30.00	4.56	0.23	26%-50% Below	No	No
55111078430	FEXOFENADINE HCL 180 MG TABLET	6	30.00	4.56	0.28	26%-50% Below	No	No
55111078430	FEXOFENADINE HCL 180 MG TABLET	7	30.00	4.56	0.23	26%-50% Below	No	No
55150027701	TESTOSTERONE CYP 200 MG/ML	6	2.00	15.40	13.60	26%-50% Below	No	No
55150027701	TESTOSTERONE CYP 200 MG/ML	6	2.00	23.26	13.60	10%-25% Below	No	No
55150027701	TESTOSTERONE CYP 200 MG/ML	8	1.00	11.63	14.12	10%-25% Below	No	No
55150032901	MEDROXYPROGESTERONE 150 MG/ML	6	1.00	15.15	24.46	26%-50% Below	No	No
55150033001	MEDROXYPROGESTERONE 150 MG/ML	8	1.00	25.62	42.07	26%-50% Below	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	4	1.00	0.87	0.58	26%-50% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	4	3.00	2.62	0.58	26%-50% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	4	10.00	8.74	0.58	26%-50% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	5	1.00	0.87	0.59	26%-50% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	5	2.00	1.75	0.59	26%-50% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	5	3.00	2.62	0.59	26%-50% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	2.00	1.75	0.70	10%-25% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	2.00	1.75	0.70	10%-25% Above	Yes	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	3.00	2.62	0.70	10%-25% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	7	1.00	0.87	0.53	51%-75% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	7	2.00	1.75	0.53	51%-75% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	2.00	1.75	0.61	26%-50% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	3.00	2.62	0.61	26%-50% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	6.00	5.24	0.61	26%-50% Above	No	No
57237000630	FLUCONAZOLE 200 MG TABLET	6	2.00	1.03	0.46	10%-25% Above	No	No
57237000705	MIRTAZAPINE 7.5 MG TABLET	7	30.00	14.99	0.34	26%-50% Above	No	No
57237000730	MIRTAZAPINE 7.5 MG TABLET	8	30.00	28.92	0.42	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	4	30.00	3.66	0.05	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	4	47.00	5.73	0.05	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	4	90.00	10.97	0.05	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	5	15.00	1.83	0.05	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.00	3.66	0.05	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	5	90.00	10.97	0.05	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	5	180.00	21.94	0.05	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.00	3.66	0.05	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	6	60.00	7.31	0.05	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	6	90.00	10.97	0.05	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	7	15.00	1.83	0.05	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	7	90.00	10.97	0.05	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	7	180.00	21.94	0.05	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	8	90.00	10.97	0.05	101%-200% Above	Yes	No
57237001405	TAMSULOSIN HCL 0.4 MG CAPSULE	4	90.00	10.97	0.05	101%-200% Above	No	No
57237001405	TAMSULOSIN HCL 0.4 MG CAPSULE	6	15.00	1.83	0.05	101%-200% Above	No	No
57237001830	DULOXETINE HCL DR 30 MG CAP	5	180.00	33.73	0.07	101%-200% Above	No	No
57237001830	DULOXETINE HCL DR 30 MG CAP	8	180.00	33.73	0.08	101%-200% Above	No	No
57237001899	DULOXETINE HCL DR 30 MG CAP	7	90.00	16.87	0.07	101%-200% Above	No	No
57237001930	DULOXETINE HCL DR 60 MG CAP	4	60.00	11.15	0.10	76%-100% Above	No	No
57237001990	DULOXETINE HCL DR 60 MG CAP	5	30.00	38.93	0.09	200% Above	No	No
57237001990	DULOXETINE HCL DR 60 MG CAP	6	30.00	38.93	0.11	200% Above	No	No
57237001990	DULOXETINE HCL DR 60 MG CAP	6	90.00	116.78	0.11	200% Above	No	No
57237001990	DULOXETINE HCL DR 60 MG CAP	6	180.00	233.57	0.11	200% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	4	21.00	3.43	0.10	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237002801	AMOXICILLIN 500 MG TABLET	5	4.00	0.65	0.09	76%-100% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	5	30.00	4.89	0.09	76%-100% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	7	12.00	1.96	0.09	76%-100% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	8	20.00	3.26	0.13	26%-50% Above	Yes	No
57237002801	AMOXICILLIN 500 MG TABLET	8	28.00	4.57	0.13	26%-50% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	5	20.00	1.99	0.14	26%-50% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	7	20.00	1.99	0.15	26%-50% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	8	20.00	1.99	0.18	26%-50% Below	No	No
57237003105	AMOXICILLIN 500 MG CAPSULE	5	14.00	0.67	0.09	26%-50% Below	No	No
57237003105	AMOXICILLIN 500 MG CAPSULE	5	20.00	0.95	0.09	26%-50% Below	No	No
57237003105	AMOXICILLIN 500 MG CAPSULE	5	40.00	1.90	0.09	26%-50% Below	No	No
57237003105	AMOXICILLIN 500 MG CAPSULE	5	56.00	2.67	0.09	26%-50% Below	No	No
57237003105	AMOXICILLIN 500 MG CAPSULE	6	15.00	0.71	0.11	51%-75% Below	No	No
57237003105	AMOXICILLIN 500 MG CAPSULE	7	15.00	0.71	0.08	26%-50% Below	No	No
57237003105	AMOXICILLIN 500 MG CAPSULE	8	21.00	1.00	0.10	51%-75% Below	No	No
57237003301	AMOXICILLIN 400 MG/5 ML SUSP	5	200.00	11.18	0.03	76%-100% Above	No	No
57237003301	AMOXICILLIN 400 MG/5 ML SUSP	5	300.00	16.78	0.03	76%-100% Above	No	No
57237003301	AMOXICILLIN 400 MG/5 ML SUSP	6	100.00	5.59	0.03	51%-75% Above	No	No
57237003301	AMOXICILLIN 400 MG/5 ML SUSP	6	300.00	16.78	0.03	51%-75% Above	No	No
57237003375	AMOXICILLIN 400 MG/5 ML SUSP	6	150.00	8.32	0.04	51%-75% Above	No	No
57237003375	AMOXICILLIN 400 MG/5 ML SUSP	7	150.00	8.32	0.03	51%-75% Above	No	No
57237003501	CEFPROZIL 250 MG/5 ML SUSP	6	100.00	13.02	0.23	26%-50% Below	No	No
57237003501	CEFPROZIL 250 MG/5 ML SUSP	8	100.00	13.02	0.18	26%-50% Below	Yes	No
57237003750	CEFPROZIL 500 MG TABLET	6	20.00	11.38	1.01	26%-50% Below	No	No
57237004101	PENICILLIN VK 500 MG TABLET	6	28.00	2.48	0.11	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237004290	VALACYCLOVIR HCL 500 MG TABLET	5	30.00	6.20	0.24	10%-25% Below	No	No
57237004290	VALACYCLOVIR HCL 500 MG TABLET	7	30.00	6.20	0.23	10%-25% Below	No	No
57237004330	VALACYCLOVIR HCL 1 GRAM TABLET	7	60.00	27.76	0.41	10%-25% Above	No	No
57237004390	VALACYCLOVIR HCL 1 GRAM TABLET	7	60.00	27.76	0.41	10%-25% Above	No	No
57237004705	DIVALPROEX SOD DR 250 MG TAB	5	225.00	6.19	0.11	51%-75% Below	Yes	No
57237007530	ONDANSETRON HCL 4 MG TABLET	4	15.00	0.56	0.06	26%-50% Below	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	4	18.00	0.68	0.06	26%-50% Below	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	5	18.00	0.68	0.06	26%-50% Below	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	6	7.00	0.26	0.07	26%-50% Below	No	No
57237007550	ONDANSETRON HCL 4 MG TABLET	7	18.00	0.68	0.06	26%-50% Below	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	4	18.00	1.05	0.08	10%-25% Below	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	5	15.00	0.88	0.08	10%-25% Below	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	5	18.00	1.05	0.08	10%-25% Below	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	6	18.00	1.05	0.10	26%-50% Below	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	7	15.00	0.88	0.08	26%-50% Below	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	7	18.00	1.05	0.08	26%-50% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	4	15.00	1.73	0.16	26%-50% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	4	18.00	2.07	0.16	26%-50% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	7	18.00	2.07	0.15	10%-25% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	8	4.00	0.46	0.19	26%-50% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	8	12.00	1.38	0.19	26%-50% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	4	15.00	1.73	0.16	26%-50% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	6	9.00	0.88	0.19	26%-50% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	6	10.00	0.98	0.19	26%-50% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	6	15.00	1.73	0.19	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237007730	ONDANSETRON ODT 4 MG TABLET	6	18.00	2.07	0.19	26%-50% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	7	3.00	0.29	0.15	26%-50% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	7	9.00	1.04	0.15	10%-25% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	7	10.00	0.98	0.15	26%-50% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	7	12.00	1.38	0.15	10%-25% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	7	18.00	2.07	0.15	10%-25% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	8	18.00	2.07	0.19	26%-50% Below	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	4	15.00	1.65	0.17	26%-50% Below	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	4	18.00	1.97	0.17	26%-50% Below	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	4	18.00	2.32	0.17	10%-25% Below	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	5	4.00	0.52	0.17	10%-25% Below	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	6	6.00	0.66	0.19	26%-50% Below	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	6	12.00	1.55	0.19	26%-50% Below	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	7	15.00	1.65	0.17	26%-50% Below	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	7	18.00	2.37	0.17	10%-25% Below	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	8	18.00	1.97	0.19	26%-50% Below	No	No
57237009601	CEFADROXIL 500 MG CAPSULE	5	10.00	1.25	0.23	26%-50% Below	No	No
57237009960	CEFDINIR 300 MG CAPSULE	4	20.00	6.95	0.42	10%-25% Below	No	No
57237009960	CEFDINIR 300 MG CAPSULE	6	20.00	6.95	0.49	26%-50% Below	No	No
57237009960	CEFDINIR 300 MG CAPSULE	7	20.00	6.95	0.42	10%-25% Below	No	No
57237010199	METOPROLOL TARTRATE 50 MG TAB	7	30.00	0.89	0.02	51%-75% Above	No	No
57237011490	ALFUZOSIN HCL ER 10 MG TABLET	5	90.00	29.80	0.12	101%-200% Above	No	No
57237011490	ALFUZOSIN HCL ER 10 MG TABLET	6	90.00	29.80	0.11	101%-200% Above	Yes	No
57237014935	FLUCONAZOLE 10 MG/ML SUSP	8	35.00	5.53	0.27	26%-50% Below	No	No
57237015035	FLUCONAZOLE 40 MG/ML SUSP	4	35.00	11.26	0.50	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	4	30.00	1.12	0.03	10%-25% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	4	90.00	3.35	0.03	10%-25% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	5	30.00	1.12	0.03	10%-25% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	5	90.00	3.35	0.03	10%-25% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	7	30.00	1.12	0.03	10%-25% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	7	90.00	3.35	0.03	10%-25% Above	Yes	No
57237021990	PIOGLITAZONE HCL 15 MG TABLET	4	30.00	2.72	0.07	26%-50% Above	No	No
57237022030	PIOGLITAZONE HCL 30 MG TABLET	5	30.00	3.91	0.09	26%-50% Above	No	No
57237022090	PIOGLITAZONE HCL 30 MG TABLET	4	90.00	11.74	0.10	26%-50% Above	No	No
57237022090	PIOGLITAZONE HCL 30 MG TABLET	5	90.00	11.74	0.09	26%-50% Above	No	No
57237022090	PIOGLITAZONE HCL 30 MG TABLET	6	90.00	11.74	0.11	10%-25% Above	No	No
57237022401	RAMIPRIL 5 MG CAPSULE	4	90.00	4.96	0.05	10%-25% Above	No	No
57237022405	RAMIPRIL 5 MG CAPSULE	5	90.00	4.96	0.05	10%-25% Above	No	No
57237023901	ZALEPLON 5 MG CAPSULE	5	30.00	8.39	0.16	76%-100% Above	No	No
57237023901	ZALEPLON 5 MG CAPSULE	6	30.00	8.39	0.14	101%-200% Above	No	No
57237023901	ZALEPLON 5 MG CAPSULE	7	30.00	8.39	0.15	76%-100% Above	No	No
57664005288	LISDEXAMFETAMINE 70 MG CAPSULE	6	30.00	112.77	5.03	10%-25% Below	Yes	No
57664005288	LISDEXAMFETAMINE 70 MG CAPSULE	8	30.00	112.77	6.06	26%-50% Below	No	No
57664022988	METHYLPHENIDATE 10 MG TABLET	6	30.00	12.84	0.18	101%-200% Above	No	No
57664037708	TRAMADOL HCL 50 MG TABLET	5	20.00	0.28	0.02	26%-50% Below	No	No
57664037708	TRAMADOL HCL 50 MG TABLET	5	60.00	0.83	0.02	26%-50% Below	No	No
57664037708	TRAMADOL HCL 50 MG TABLET	5	240.00	3.34	0.02	26%-50% Below	No	No
57664037713	TRAMADOL HCL 50 MG TABLET	4	25.00	0.41	0.03	26%-50% Below	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	5	14.00	0.23	0.02	26%-50% Below	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	6	14.00	0.23	0.03	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57664037718	TRAMADOL HCL 50 MG TABLET	6	15.00	0.24	0.03	26%-50% Below	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	8	10.00	0.16	0.03	26%-50% Below	No	No
57664037888	DEXMETHYLPHENIDATE 5 MG TAB	5	30.00	3.44	0.18	26%-50% Below	No	No
57664037888	DEXMETHYLPHENIDATE 5 MG TAB	6	30.00	3.44	0.27	51%-75% Below	No	No
57664037888	DEXMETHYLPHENIDATE 5 MG TAB	7	30.00	3.44	0.19	26%-50% Below	No	No
57664037888	DEXMETHYLPHENIDATE 5 MG TAB	8	30.00	3.44	0.26	51%-75% Below	No	No
57664037988	DEXMETHYLPHENIDATE 10 MG TAB	4	30.00	4.70	0.27	26%-50% Below	No	No
57664037988	DEXMETHYLPHENIDATE 10 MG TAB	5	30.00	4.70	0.28	26%-50% Below	No	No
57664037988	DEXMETHYLPHENIDATE 10 MG TAB	6	30.00	4.70	0.37	51%-75% Below	No	No
57664037988	DEXMETHYLPHENIDATE 10 MG TAB	7	30.00	4.70	0.29	26%-50% Below	No	No
57664047758	METOPROLOL TARTRATE 50 MG TAB	4	180.00	5.35	0.02	51%-75% Above	No	No
57664047758	METOPROLOL TARTRATE 50 MG TAB	8	5.00	0.15	0.02	26%-50% Above	No	No
57664050318	TIZANIDINE HCL 4 MG TABLET	6	20.00	0.50	0.04	26%-50% Below	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	5	120.00	2.99	0.03	10%-25% Below	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	6	10.00	0.25	0.04	26%-50% Below	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	7	60.00	1.49	0.03	10%-25% Below	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	7	240.00	5.98	0.03	10%-25% Below	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	8	60.00	1.49	0.04	26%-50% Below	No	No
57664050652	METOPROLOL TARTRATE 25 MG TAB	4	90.00	3.11	0.02	101%-200% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	4	56.00	1.93	0.02	101%-200% Above	No	No
57664051083	MIRTAZAPINE 7.5 MG TABLET	7	90.00	86.76	0.34	101%-200% Above	Yes	No
57664065688	PINDOLOL 10 MG TABLET	4	90.00	58.51	1.03	26%-50% Below	No	No
57664065688	PINDOLOL 10 MG TABLET	7	90.00	58.51	0.56	10%-25% Above	No	No
58160081552	TWINRIX INJ	6	1.00	120.91	.		No	No
58160081552	TWINRIX INJ	7	1.00	120.91	.		No	No

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58160081552	TWINRIX INJ	8	1.00	120.91	.		No	No
58160081912	SHINGRIX INJ 50/0.5ML	6	1.00	187.73	.		No	No
58160082111	ENGERIX-B INJ 20MCG/ML	7	1.00	65.55	.		Yes	No
58160082152	ENGERIX-B INJ 20MCG/ML	7	1.00	65.80	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	4	1.00	187.72	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	4	1.00	189.98	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	5	1.00	187.01	.		Yes	No
58160082311	SHINGRIX INJ 50/0.5ML	5	1.00	187.72	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	5	1.00	189.26	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	6	1.00	187.72	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	6	1.00	189.26	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	6	1.00	189.98	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	7	1.00	187.01	.		Yes	No
58160082311	SHINGRIX INJ 50/0.5ML	7	1.00	189.98	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	8	1.00	187.01	.		Yes	No
58160082311	SHINGRIX INJ 50/0.5ML	8	1.00	187.72	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	8	1.00	189.98	.		No	No
58160084252	BOOSTRIX INJ	5	0.50	44.60	.		No	No
58160084252	BOOSTRIX INJ	6	0.50	45.14	.		No	No
58160084252	BOOSTRIX INJ	7	0.50	36.42	.		No	No
58160084252	BOOSTRIX INJ	7	0.50	44.43	.		Yes	No
58160084252	BOOSTRIX INJ	7	0.50	44.97	.		No	No
58657045601	URO-MP CAPSULE	5	30.00	44.21	1.27	10%-25% Above	No	No
58657045601	URO-MP CAPSULE	7	30.00	44.21	1.33	10%-25% Above	Yes	No
58657050016	CODEINE-GUAIFEN 10-100 MG/5 ML	5	240.00	8.42	0.03	10%-25% Above	No	No

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58657064750	CLONIDINE HCL 0.1 MG TABLET	4	60.00	0.65	0.02	51%-75% Below	No	No
58657064750	CLONIDINE HCL 0.1 MG TABLET	5	60.00	0.65	0.02	51%-75% Below	No	No
58657064750	CLONIDINE HCL 0.1 MG TABLET	6	60.00	0.65	0.03	51%-75% Below	No	No
58657067501	CIPROFLOXACIN HCL 250 MG TAB	4	14.00	1.38	0.08	10%-25% Above	No	No
59212042204	DONNATAL ELX MINT	7	120.00	471.45	.		No	No
59417010210	VYVANSE 20 MG CAPSULE	6	30.00	237.32	12.39	26%-50% Below	No	No
59417010510	VYVANSE 50 MG CAPSULE	4	30.00	237.32	12.38	26%-50% Below	No	No
59417010510	VYVANSE 50 MG CAPSULE	5	30.00	237.32	12.40	26%-50% Below	No	No
59417010510	VYVANSE 50 MG CAPSULE	7	30.00	237.32	12.40	26%-50% Below	No	No
59572042500	REVLIMID CAP 25MG	5	14.00	11023.57	.		No	No
59572042500	REVLIMID CAP 25MG	6	14.00	11023.57	.		No	No
59651000205	OMEPRAZOLE DR 20 MG CAPSULE	5	90.00	3.35	0.03	10%-25% Above	Yes	No
59651000205	OMEPRAZOLE DR 20 MG CAPSULE	7	90.00	3.35	0.03	10%-25% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	4	30.00	1.97	0.05	26%-50% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	4	90.00	5.92	0.05	26%-50% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	5	30.00	1.97	0.05	26%-50% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	5	90.00	5.92	0.05	26%-50% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	6	30.00	1.97	0.05	26%-50% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	6	90.00	5.92	0.05	26%-50% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	7	30.00	1.97	0.05	26%-50% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	7	90.00	5.92	0.05	26%-50% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	8	30.00	1.97	0.05	26%-50% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	8	90.00	5.92	0.05	26%-50% Above	Yes	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	4	90.00	5.92	0.05	26%-50% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	5	30.00	1.97	0.05	26%-50% Above	No	No

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59651000330	OMEPRAZOLE DR 40 MG CAPSULE	5	90.00	5.92	0.05	26%-50% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	6	30.00	1.97	0.05	26%-50% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	6	90.00	5.92	0.05	26%-50% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	7	30.00	1.97	0.05	26%-50% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	7	90.00	5.92	0.05	26%-50% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	8	30.00	1.97	0.05	26%-50% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	8	90.00	5.92	0.05	26%-50% Above	No	No
59651000815	AZITHROMYCIN 200 MG/5 ML SUSP	6	15.00	7.99	0.42	26%-50% Above	Yes	No
59651000823	AZITHROMYCIN 200 MG/5 ML SUSP	6	22.50	11.99	0.30	76%-100% Above	Yes	No
59651000830	AZITHROMYCIN 200 MG/5 ML SUSP	5	60.00	31.97	0.23	101%-200% Above	Yes	No
59651000830	AZITHROMYCIN 200 MG/5 ML SUSP	6	30.00	15.98	0.24	101%-200% Above	Yes	No
59651000830	AZITHROMYCIN 200 MG/5 ML SUSP	6	30.00	18.29	0.24	101%-200% Above	Yes	No
59651000960	RANOLAZINE ER 500 MG TABLET	7	180.00	217.26	0.21	200% Above	No	No
59651002988	LO-ZUMANDIMINE 3 MG-0.02 MG TB	5	28.00	25.86	0.17	200% Above	No	No
59651002988	LO-ZUMANDIMINE 3 MG-0.02 MG TB	6	28.00	25.86	0.16	200% Above	No	No
59651002988	LO-ZUMANDIMINE 3 MG-0.02 MG TB	7	28.00	25.86	0.14	200% Above	No	No
59651003247	IBUPROFEN 100 MG/5 ML SUSP	4	300.00	5.04	0.02	10%-25% Below	No	No
59651003247	IBUPROFEN 100 MG/5 ML SUSP	6	120.00	2.02	0.03	26%-50% Below	No	No
59651003247	IBUPROFEN 100 MG/5 ML SUSP	8	120.00	2.02	0.03	26%-50% Below	No	No
59651005205	EZETIMIBE 10 MG TABLET	4	30.00	39.18	0.08	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	5	30.00	39.18	0.07	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	6	30.00	39.18	0.09	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	7	30.00	39.18	0.08	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	8	30.00	39.18	0.10	200% Above	No	No
59651005290	EZETIMIBE 10 MG TABLET	4	90.00	117.53	0.08	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651005290	EZETIMIBE 10 MG TABLET	5	30.00	39.18	0.07	200% Above	No	No
59651005290	EZETIMIBE 10 MG TABLET	6	30.00	39.18	0.09	200% Above	No	No
59651005290	EZETIMIBE 10 MG TABLET	7	30.00	39.18	0.08	200% Above	No	No
59651005290	EZETIMIBE 10 MG TABLET	7	90.00	117.53	0.08	200% Above	No	No
59651005290	EZETIMIBE 10 MG TABLET	8	90.00	117.53	0.10	200% Above	No	No
59651010569	ELETRIPTAN HBR 40 MG TABLET	5	9.00	20.86	2.01	10%-25% Above	No	No
59651011330	FEBUXOSTAT 40 MG TABLET	5	30.00	108.44	0.36	200% Above	No	No
59651011430	FEBUXOSTAT 80 MG TABLET	5	30.00	108.44	0.41	200% Above	No	No
59651011430	FEBUXOSTAT 80 MG TABLET	6	30.00	108.44	0.53	200% Above	No	No
59651011430	FEBUXOSTAT 80 MG TABLET	7	30.00	108.44	0.38	200% Above	No	No
59651013830	NEBIVOLOL 5 MG TABLET	5	30.00	21.72	0.12	200% Above	No	No
59651013830	NEBIVOLOL 5 MG TABLET	6	30.00	21.72	0.13	200% Above	No	No
59651013930	NEBIVOLOL 10 MG TABLET	7	90.00	65.67	0.12	200% Above	No	No
59651013990	NEBIVOLOL 10 MG TABLET	7	90.00	65.67	0.12	200% Above	No	No
59651015201	PROGESTERONE 100 MG CAPSULE	4	90.00	54.41	0.20	200% Above	No	No
59651015301	PROGESTERONE 200 MG CAPSULE	5	20.00	18.17	0.31	101%-200% Above	No	No
59651017501	DOXEPIN 50 MG CAPSULE	4	60.00	5.38	0.18	26%-50% Below	No	No
59651017501	DOXEPIN 50 MG CAPSULE	5	60.00	5.38	0.18	26%-50% Below	No	No
59651017501	DOXEPIN 50 MG CAPSULE	7	180.00	16.15	0.14	26%-50% Below	No	No
59651018201	METHOTREXATE 2.5 MG TABLET	6	104.00	74.80	0.21	200% Above	Yes	No
59651018201	METHOTREXATE 2.5 MG TABLET	7	26.00	18.70	0.16	200% Above	No	No
59651018201	METHOTREXATE 2.5 MG TABLET	7	95.00	68.32	0.16	200% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	5	30.00	12.77	0.26	51%-75% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	5	30.00	12.77	0.26	51%-75% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	6	30.00	12.77	0.28	26%-50% Above	No	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	6	30.00	12.77	0.28	26%-50% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	6	90.00	38.30	0.28	26%-50% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	7	30.00	12.77	0.25	51%-75% Above	Yes	No
59651023690	ANASTROZOLE 1 MG TABLET	6	13.00	0.93	0.16	51%-75% Below	Yes	No
59651023690	ANASTROZOLE 1 MG TABLET	6	30.00	2.25	0.16	51%-75% Below	No	No
59651023690	ANASTROZOLE 1 MG TABLET	7	30.00	2.25	0.13	26%-50% Below	No	No
59651023690	ANASTROZOLE 1 MG TABLET	8	13.00	0.91	0.17	51%-75% Below	Yes	No
59651024130	IMATINIB MESYLATE 400 MG TAB	4	30.00	1632.00	1.91	200% Above	No	No
59651024130	IMATINIB MESYLATE 400 MG TAB	7	30.00	1632.00	2.04	200% Above	No	No
59651029501	NIFEDIPINE ER 30 MG TABLET	5	90.00	18.15	0.08	101%-200% Above	No	No
59651029601	NIFEDIPINE ER 60 MG TABLET	4	90.00	26.64	0.12	101%-200% Above	No	No
59651029601	NIFEDIPINE ER 60 MG TABLET	6	30.00	8.88	0.13	101%-200% Above	Yes	No
59651029701	NIFEDIPINE ER 90 MG TABLET	5	90.00	44.44	0.17	101%-200% Above	No	No
59651029701	NIFEDIPINE ER 90 MG TABLET	8	90.00	44.44	0.23	101%-200% Above	No	No
59651030901	FLUOXETINE HCL 20 MG TABLET	8	90.00	129.71	0.12	200% Above	No	No
59651031477	TIZANIDINE HCL 2 MG CAPSULE	7	21.00	17.15	0.07	200% Above	No	No
59651034001	METHOCARBAMOL 500 MG TABLET	5	40.00	2.72	0.03	101%-200% Above	No	No
59651034001	METHOCARBAMOL 500 MG TABLET	6	40.00	2.72	0.04	51%-75% Above	No	No
59651034001	METHOCARBAMOL 500 MG TABLET	7	90.00	6.13	0.03	101%-200% Above	No	No
59651036005	IBUPROFEN 400 MG TABLET	5	16.00	0.23	0.04	51%-75% Below	No	No
59651036105	IBUPROFEN 600 MG TABLET	4	28.00	0.51	0.05	51%-75% Below	No	No
59651036105	IBUPROFEN 600 MG TABLET	6	18.00	0.33	0.05	51%-75% Below	No	No
59651036105	IBUPROFEN 600 MG TABLET	7	20.00	0.37	0.04	51%-75% Below	No	No
59651036105	IBUPROFEN 600 MG TABLET	7	30.00	0.55	0.04	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	4	56.00	2.09	0.06	26%-50% Below	No	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651036205	IBUPROFEN 800 MG TABLET	4	90.00	2.85	0.06	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	4	90.00	3.36	0.06	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	5	20.00	0.75	0.06	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	5	21.00	0.67	0.06	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	5	30.00	1.12	0.06	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	5	30.00	1.12	0.06	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	5	60.00	2.24	0.06	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	5	90.00	2.85	0.06	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	5	90.00	3.36	0.06	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	6	10.00	0.37	0.06	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	6	14.00	0.52	0.06	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	6	15.00	0.56	0.06	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	6	30.00	1.12	0.06	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	6	42.00	1.57	0.06	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	6	45.00	1.68	0.06	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	6	60.00	2.24	0.06	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	6	90.00	2.85	0.06	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	6	90.00	3.36	0.06	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	6	90.00	3.36	0.06	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	6	270.00	8.56	0.06	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	7	14.00	0.52	0.05	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	7	20.00	0.75	0.05	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	7	21.00	0.67	0.05	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	7	21.00	0.78	0.05	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	7	24.00	0.90	0.05	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651036205	IBUPROFEN 800 MG TABLET	7	30.00	1.12	0.05	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	7	40.00	1.49	0.05	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	7	60.00	2.24	0.05	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	7	90.00	2.85	0.05	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	7	90.00	3.36	0.05	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	8	16.00	0.60	0.07	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	8	30.00	1.12	0.07	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	8	90.00	3.36	0.07	26%-50% Below	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	5	30.00	15.97	0.11	200% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	5	60.00	31.94	0.11	200% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	6	180.00	95.81	0.13	200% Above	No	No
59651039499	BACLOFEN 10 MG TABLET	5	90.00	1.67	0.03	26%-50% Below	No	No
59651040430	MEMANTINE HCL ER 7 MG CAPSULE	6	42.00	87.26	0.31	200% Above	No	No
59651041401	HYDROCORTISONE 10 MG TABLET	5	360.00	85.61	0.21	10%-25% Above	No	No
59651042801	SPIRONOLACTONE 100 MG TABLET	5	30.00	0.99	0.16	76%-100% Below	No	No
59651042801	SPIRONOLACTONE 100 MG TABLET	5	90.00	18.42	0.16	26%-50% Above	Yes	No
59651042801	SPIRONOLACTONE 100 MG TABLET	7	30.00	0.99	0.16	76%-100% Below	No	No
59651042801	SPIRONOLACTONE 100 MG TABLET	8	30.00	3.95	0.20	26%-50% Below	No	No
59651045501	COLCHICINE 0.6 MG TABLET	7	5.00	11.61	0.16	200% Above	No	No
59651048699	PREDNISONE 5 MG TABLET	7	90.00	9.13	0.04	101%-200% Above	No	No
59651048699	PREDNISONE 5 MG TABLET	8	18.00	1.83	0.05	76%-100% Above	No	No
59651048901	PREDNISONE 50 MG TABLET	6	5.00	0.67	0.24	26%-50% Below	No	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	4	20.00	2.10	0.04	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	4	30.00	1.54	0.04	26%-50% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	5	20.00	2.10	0.04	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651050005	HYDROXYZINE HCL 25 MG TABLET	5	30.00	1.54	0.04	26%-50% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	5	60.00	3.08	0.04	26%-50% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	5	90.00	4.63	0.04	26%-50% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	6	45.00	2.31	0.05	10%-25% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	7	30.00	1.54	0.03	26%-50% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	7	60.00	3.08	0.03	26%-50% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	7	90.00	4.63	0.03	26%-50% Above	Yes	No
59651050530	RAMELTEON 8 MG TABLET	6	90.00	168.33	0.82	101%-200% Above	Yes	No
59651051630	EXEMESTANE 25 MG TABLET	6	12.00	45.29	0.83	200% Above	Yes	No
59651051630	EXEMESTANE 25 MG TABLET	8	30.00	113.22	0.77	200% Above	No	No
59651054101	ISOSORBIDE MONONIT ER 120 MG	8	90.00	54.64	0.19	200% Above	No	No
59651057590	FENOFIBRATE 54 MG TABLET	6	30.00	7.93	0.08	200% Above	No	No
59651057690	FENOFIBRATE 160 MG TABLET	4	90.00	40.68	0.11	200% Above	Yes	No
59651057690	FENOFIBRATE 160 MG TABLET	5	90.00	40.68	0.09	200% Above	Yes	No
59651057690	FENOFIBRATE 160 MG TABLET	7	90.00	40.68	0.11	200% Above	Yes	No
59651071901	DICYCLOMINE 10 MG CAPSULE	6	30.00	2.14	0.10	26%-50% Below	No	No
59651071901	DICYCLOMINE 10 MG CAPSULE	8	90.00	6.42	0.10	26%-50% Below	No	No
59651072099	DICYCLOMINE 20 MG TABLET	4	30.00	3.45	0.08	26%-50% Above	No	No
59651072099	DICYCLOMINE 20 MG TABLET	5	30.00	3.45	0.08	26%-50% Above	No	No
59651072099	DICYCLOMINE 20 MG TABLET	7	90.00	10.36	0.08	26%-50% Above	No	No
59651072201	CLONAZEPAM 0.5 MG TABLET	5	60.00	0.85	0.02	10%-25% Below	No	No
59651072201	CLONAZEPAM 0.5 MG TABLET	7	90.00	1.27	0.02	26%-50% Below	No	No
59651072299	CLONAZEPAM 0.5 MG TABLET	4	30.00	0.42	0.02	26%-50% Below	No	No
59651072299	CLONAZEPAM 0.5 MG TABLET	5	15.00	0.21	0.02	26%-50% Below	No	No
59651072299	CLONAZEPAM 0.5 MG TABLET	6	15.00	0.21	0.03	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651072299	CLONAZEPAM 0.5 MG TABLET	7	10.00	0.14	0.02	26%-50% Below	No	No
59651072301	CLONAZEPAM 1 MG TABLET	5	30.00	0.54	0.03	26%-50% Below	No	No
59651072301	CLONAZEPAM 1 MG TABLET	5	45.00	0.81	0.03	26%-50% Below	No	No
59651072301	CLONAZEPAM 1 MG TABLET	5	60.00	1.09	0.03	26%-50% Below	Yes	No
59651072301	CLONAZEPAM 1 MG TABLET	6	30.00	0.54	0.03	26%-50% Below	No	No
59651072301	CLONAZEPAM 1 MG TABLET	6	30.00	0.54	0.03	26%-50% Below	Yes	No
59651072301	CLONAZEPAM 1 MG TABLET	7	30.00	0.54	0.03	26%-50% Below	No	No
59651072301	CLONAZEPAM 1 MG TABLET	7	45.00	0.81	0.03	26%-50% Below	No	No
59651072301	CLONAZEPAM 1 MG TABLET	7	60.00	1.09	0.03	26%-50% Below	No	No
59651072301	CLONAZEPAM 1 MG TABLET	7	60.00	1.09	0.03	26%-50% Below	Yes	No
59651072301	CLONAZEPAM 1 MG TABLET	7	90.00	1.63	0.03	26%-50% Below	No	No
59651072301	CLONAZEPAM 1 MG TABLET	8	30.00	0.54	0.03	26%-50% Below	No	No
59651072399	CLONAZEPAM 1 MG TABLET	5	30.00	0.54	0.03	26%-50% Below	No	No
59651072399	CLONAZEPAM 1 MG TABLET	5	90.00	1.63	0.03	26%-50% Below	No	No
59651072399	CLONAZEPAM 1 MG TABLET	6	30.00	0.54	0.03	26%-50% Below	No	No
59651072399	CLONAZEPAM 1 MG TABLET	6	90.00	1.63	0.03	26%-50% Below	No	No
59651072399	CLONAZEPAM 1 MG TABLET	7	30.00	0.54	0.03	26%-50% Below	No	No
59651072399	CLONAZEPAM 1 MG TABLET	7	90.00	1.63	0.03	26%-50% Below	No	No
59651078201	GLIPIZIDE ER 10 MG TABLET	8	180.00	39.26	0.17	26%-50% Above	No	No
59651078205	GLIPIZIDE ER 10 MG TABLET	5	90.00	19.63	0.14	51%-75% Above	No	No
59651078205	GLIPIZIDE ER 10 MG TABLET	7	60.00	13.09	0.15	26%-50% Above	No	No
59651078205	GLIPIZIDE ER 10 MG TABLET	8	60.00	13.09	0.17	26%-50% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	5.02	0.12	101%-200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	6.26	0.12	101%-200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	6.26	0.12	101%-200% Above	Yes	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	15.41	0.12	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.00	6.26	0.11	101%-200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.00	15.41	0.11	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	6.26	0.14	101%-200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	6.26	0.14	101%-200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.00	6.26	0.11	101%-200% Above	No	No
59746000106	METHYLPREDNISOLONE 4 MG TABLET	4	21.00	11.59	0.13	200% Above	No	No
59746000106	METHYLPREDNISOLONE 4 MG TABLET	5	21.00	11.59	0.12	200% Above	No	No
59746000106	METHYLPREDNISOLONE 4 MG TABLET	6	10.00	5.52	0.15	200% Above	No	No
59746000106	METHYLPREDNISOLONE 4 MG TABLET	7	21.00	11.59	0.13	200% Above	No	No
59746000106	METHYLPREDNISOLONE 4 MG TABLET	8	21.00	11.59	0.16	200% Above	No	No
59746011506	PROCHLORPERAZINE 10 MG TAB	5	30.00	7.40	0.21	10%-25% Above	No	No
59746012206	MECLIZINE 12.5 MG TABLET	5	30.00	1.18	0.05	10%-25% Below	No	No
59746017210	PREDNISONE 5 MG TABLET	4	30.00	3.45	0.04	200% Above	No	No
59746017210	PREDNISONE 5 MG TABLET	4	90.00	9.13	0.04	101%-200% Above	No	No
59746017210	PREDNISONE 5 MG TABLET	5	60.00	6.08	0.04	101%-200% Above	No	No
59746017210	PREDNISONE 5 MG TABLET	6	30.00	3.04	0.06	76%-100% Above	No	No
59746017210	PREDNISONE 5 MG TABLET	8	10.00	1.01	0.05	76%-100% Above	No	No
59746017306	PREDNISONE 10 MG TABLET	7	18.00	1.96	0.05	101%-200% Above	Yes	No
59746017310	PREDNISONE 10 MG TABLET	4	7.00	0.76	0.05	101%-200% Above	No	No
59746017310	PREDNISONE 10 MG TABLET	4	30.00	3.26	0.05	101%-200% Above	No	No
59746017310	PREDNISONE 10 MG TABLET	4	40.00	4.98	0.05	101%-200% Above	No	No
59746017310	PREDNISONE 10 MG TABLET	5	20.00	2.17	0.05	101%-200% Above	No	No
59746017310	PREDNISONE 10 MG TABLET	6	10.00	1.09	0.06	76%-100% Above	No	No
59746017310	PREDNISONE 10 MG TABLET	6	18.00	1.96	0.06	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59746017310	PREDNISONONE 10 MG TABLET	7	10.00	1.09	0.05	101%-200% Above	No	No
59746017310	PREDNISONONE 10 MG TABLET	7	30.00	3.26	0.05	101%-200% Above	No	No
59746017506	PREDNISONONE 20 MG TABLET	5	10.00	1.16	0.07	51%-75% Above	No	No
59746017506	PREDNISONONE 20 MG TABLET	5	14.00	2.13	0.07	101%-200% Above	No	No
59746017506	PREDNISONONE 20 MG TABLET	5	21.00	3.20	0.07	101%-200% Above	No	No
59746017506	PREDNISONONE 20 MG TABLET	6	5.00	0.58	0.10	10%-25% Above	No	No
59746017506	PREDNISONONE 20 MG TABLET	6	6.00	0.91	0.10	51%-75% Above	No	No
59746017506	PREDNISONONE 20 MG TABLET	6	10.00	1.16	0.10	10%-25% Above	No	No
59746017506	PREDNISONONE 20 MG TABLET	7	5.00	0.58	0.07	51%-75% Above	No	No
59746017506	PREDNISONONE 20 MG TABLET	7	10.00	1.16	0.07	51%-75% Above	No	No
59746017506	PREDNISONONE 20 MG TABLET	8	10.00	1.16	0.09	26%-50% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	4	5.00	0.58	0.07	51%-75% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	4	10.00	1.16	0.07	51%-75% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	4	14.00	1.63	0.07	51%-75% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	5	10.00	1.16	0.07	51%-75% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	5	14.00	2.63	0.07	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	5	30.00	3.48	0.07	51%-75% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	6	10.00	1.16	0.10	10%-25% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	6	14.00	1.63	0.10	10%-25% Above	Yes	No
59746017509	PREDNISONONE 20 MG TABLET	7	10.00	1.16	0.07	51%-75% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	8	10.00	1.16	0.09	26%-50% Above	No	No
59746017710	CYCLOBENZAPRINE 10 MG TABLET	7	30.00	0.28	0.02	26%-50% Below	Yes	No
59746033310	LOSARTAN POTASSIUM 25 MG TAB	6	30.00	2.58	0.03	101%-200% Above	No	No
59746033310	LOSARTAN POTASSIUM 25 MG TAB	7	30.00	2.58	0.03	200% Above	No	No
59746033510	LOSARTAN POTASSIUM 100 MG TAB	7	30.00	2.75	0.05	76%-100% Above	No	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59746038506	TERAZOSIN 5 MG CAPSULE	4	30.00	2.50	0.15	26%-50% Below	No	No
59746038506	TERAZOSIN 5 MG CAPSULE	5	90.00	7.51	0.16	26%-50% Below	No	No
59746038506	TERAZOSIN 5 MG CAPSULE	6	30.00	2.50	0.16	26%-50% Below	No	No
59746038506	TERAZOSIN 5 MG CAPSULE	8	30.00	2.50	0.14	26%-50% Below	No	No
59746038606	TERAZOSIN 10 MG CAPSULE	7	90.00	7.90	0.15	26%-50% Below	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	4	90.00	57.90	0.40	51%-75% Above	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	5	10.00	6.43	0.41	51%-75% Above	No	No
59762005501	MEDROXYPROGESTERONE 2.5 MG TAB	4	30.00	3.19	0.09	10%-25% Above	No	No
59762005501	MEDROXYPROGESTERONE 2.5 MG TAB	5	30.00	3.19	0.09	10%-25% Above	No	No
59762005501	MEDROXYPROGESTERONE 2.5 MG TAB	7	30.00	3.19	0.09	10%-25% Above	No	No
59762005601	MEDROXYPROGESTERONE 10 MG TAB	5	10.00	1.71	0.12	26%-50% Above	No	No
59762005601	MEDROXYPROGESTERONE 10 MG TAB	6	5.00	0.86	0.14	10%-25% Above	No	No
59762005601	MEDROXYPROGESTERONE 10 MG TAB	6	10.00	1.71	0.14	10%-25% Above	No	No
59762005601	MEDROXYPROGESTERONE 10 MG TAB	7	10.00	1.71	0.11	51%-75% Above	No	No
59762005601	MEDROXYPROGESTERONE 10 MG TAB	8	10.00	1.71	0.14	10%-25% Above	No	No
59762005601	MEDROXYPROGESTERONE 10 MG TAB	8	30.00	5.14	0.14	10%-25% Above	No	No
59762007401	HYDROCORTISONE 10 MG TABLET	5	75.00	17.84	0.21	10%-25% Above	No	No
59762007401	HYDROCORTISONE 10 MG TABLET	6	75.00	17.84	0.21	10%-25% Above	No	No
59762007401	HYDROCORTISONE 10 MG TABLET	6	180.00	42.80	0.21	10%-25% Above	No	No
59762007401	HYDROCORTISONE 10 MG TABLET	7	75.00	17.84	0.21	10%-25% Above	No	No
59762007401	HYDROCORTISONE 10 MG TABLET	7	180.00	42.80	0.21	10%-25% Above	No	No
59762010405	SULFASALAZINE DR 500 MG TAB	4	60.00	11.71	0.18	10%-25% Above	Yes	No
59762010405	SULFASALAZINE DR 500 MG TAB	7	120.00	23.43	0.15	26%-50% Above	No	No
59762040105	SUCRALFATE 1 GM TABLET	5	60.00	7.09	0.19	26%-50% Below	No	No
59762040105	SUCRALFATE 1 GM TABLET	5	120.00	14.18	0.19	26%-50% Below	No	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59762045001	COLESTIPOL HCL 1 GM TABLET	4	120.00	49.82	0.67	26%-50% Below	No	No
59762045001	COLESTIPOL HCL 1 GM TABLET	5	120.00	49.82	0.69	26%-50% Below	No	No
59762045001	COLESTIPOL HCL 1 GM TABLET	6	120.00	49.82	0.80	26%-50% Below	No	No
59762045001	COLESTIPOL HCL 1 GM TABLET	7	120.00	49.82	0.67	26%-50% Below	No	No
59762045001	COLESTIPOL HCL 1 GM TABLET	7	180.00	74.74	0.67	26%-50% Below	No	No
59762100501	CABERGOLINE 0.5 MG TABLET	5	12.00	60.82	1.53	200% Above	Yes	No
59762100501	CABERGOLINE 0.5 MG TABLET	6	32.00	162.19	1.88	101%-200% Above	Yes	No
59762100501	CABERGOLINE 0.5 MG TABLET	8	12.00	60.82	1.96	101%-200% Above	Yes	No
59762312001	AZITHROMYCIN 200 MG/5 ML SUSP	5	15.00	5.09	0.45	10%-25% Below	No	No
59762312001	AZITHROMYCIN 200 MG/5 ML SUSP	6	15.00	5.09	0.46	10%-25% Below	No	No
59762313001	AZITHROMYCIN 200 MG/5 ML SUSP	5	22.50	17.79	0.27	101%-200% Above	No	No
59762371903	ALPRAZOLAM 0.25 MG TABLET	5	30.00	0.42	0.02	26%-50% Below	No	No
59762372003	ALPRAZOLAM 0.5 MG TABLET	5	60.00	0.88	0.02	10%-25% Below	No	No
59762372004	ALPRAZOLAM 0.5 MG TABLET	4	30.00	0.44	0.02	26%-50% Below	No	No
59762372004	ALPRAZOLAM 0.5 MG TABLET	5	8.00	0.12	0.02	10%-25% Below	No	No
59762372004	ALPRAZOLAM 0.5 MG TABLET	5	30.00	0.44	0.02	10%-25% Below	No	No
59762372004	ALPRAZOLAM 0.5 MG TABLET	5	60.00	0.88	0.02	10%-25% Below	No	No
59762372004	ALPRAZOLAM 0.5 MG TABLET	6	30.00	0.44	0.02	26%-50% Below	No	No
59762372004	ALPRAZOLAM 0.5 MG TABLET	8	30.00	0.44	0.02	26%-50% Below	No	No
59762372004	ALPRAZOLAM 0.5 MG TABLET	8	60.00	0.88	0.02	26%-50% Below	No	No
59762372103	ALPRAZOLAM 1 MG TABLET	4	90.00	1.37	0.02	26%-50% Below	No	No
59762372103	ALPRAZOLAM 1 MG TABLET	5	60.00	0.91	0.02	26%-50% Below	No	No
59762372103	ALPRAZOLAM 1 MG TABLET	5	90.00	1.37	0.02	26%-50% Below	No	No
59762372104	ALPRAZOLAM 1 MG TABLET	6	90.00	1.37	0.03	26%-50% Below	No	No
59762372104	ALPRAZOLAM 1 MG TABLET	7	90.00	1.37	0.02	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59762372203	ALPRAZOLAM 2 MG TABLET	4	60.00	1.88	0.04	26%-50% Below	No	No
59762372203	ALPRAZOLAM 2 MG TABLET	5	60.00	1.88	0.04	10%-25% Below	No	No
59762372203	ALPRAZOLAM 2 MG TABLET	6	60.00	1.88	0.05	26%-50% Below	No	No
59762372203	ALPRAZOLAM 2 MG TABLET	7	60.00	1.88	0.04	10%-25% Below	No	No
59762372203	ALPRAZOLAM 2 MG TABLET	8	60.00	1.88	0.05	26%-50% Below	No	No
59762500901	CLINDAMYCIN 2% VAGINAL CREAM	5	40.00	41.64	1.44	26%-50% Below	No	No
59762500901	CLINDAMYCIN 2% VAGINAL CREAM	5	40.00	41.64	1.44	26%-50% Below	Yes	No
59762501002	CLINDAMYCIN HCL 300 MG CAPSULE	6	14.00	2.36	0.19	10%-25% Below	No	No
59779060027	CVS ASPIRIN TAB 81MG EC	5	90.00	3.78	.		Yes	No
59779060027	CVS ASPIRIN TAB 81MG EC	7	90.00	3.78	.		Yes	No
60219107601	AZATHIOPRINE 50 MG TABLET	4	90.00	29.21	0.15	101%-200% Above	No	No
60219107601	AZATHIOPRINE 50 MG TABLET	5	90.00	29.21	0.14	101%-200% Above	No	No
60219107601	AZATHIOPRINE 50 MG TABLET	5	180.00	58.43	0.14	101%-200% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	5	10.00	18.95	1.03	76%-100% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	6	10.00	18.95	1.29	26%-50% Above	Yes	No
60219158503	FLUOROMETHOLONE 0.1% EYE DROP	8	5.00	52.97	13.75	10%-25% Below	No	No
60219170705	PREDNISONE 10 MG TABLET	4	10.00	1.09	0.05	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	4	42.00	4.57	0.05	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	5	5.00	0.54	0.05	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	6	5.00	0.54	0.06	76%-100% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	6	8.00	1.38	0.06	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	6	9.00	0.98	0.06	76%-100% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	6	30.00	3.26	0.06	76%-100% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	7	5.00	0.54	0.05	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	7	10.00	1.09	0.05	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60219170801	PREDNISONE 20 MG TABLET	4	10.00	1.16	0.07	51%-75% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	5	5.00	0.58	0.07	51%-75% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	5	9.00	1.04	0.07	51%-75% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	5	10.00	1.16	0.07	51%-75% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	8	5.00	0.58	0.09	26%-50% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	4	10.00	1.16	0.07	51%-75% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	5	6.00	0.70	0.07	51%-75% Above	Yes	No
60219170805	PREDNISONE 20 MG TABLET	5	10.00	1.16	0.07	51%-75% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	6	5.00	0.58	0.10	10%-25% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	6	7.00	0.81	0.10	10%-25% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	6	10.00	1.16	0.10	10%-25% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	7	5.00	0.58	0.07	51%-75% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	7	10.00	1.16	0.07	51%-75% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	8	10.00	1.16	0.09	26%-50% Above	No	No
60219174903	ATROPINE 1% EYE DROPS	5	5.00	22.54	5.64	10%-25% Below	Yes	No
60219174903	ATROPINE 1% EYE DROPS	6	5.00	22.54	6.89	26%-50% Below	Yes	No
60219175203	SILDENAFIL 50 MG TABLET	7	6.00	48.29	0.10	200% Above	Yes	No
60219175203	SILDENAFIL 50 MG TABLET	8	6.00	48.29	0.13	200% Above	Yes	No
60219175303	SILDENAFIL 100 MG TABLET	4	6.00	48.29	0.13	200% Above	Yes	No
60219175303	SILDENAFIL 100 MG TABLET	4	10.00	80.48	0.13	200% Above	Yes	No
60219175303	SILDENAFIL 100 MG TABLET	5	6.00	48.29	0.14	200% Above	Yes	No
60219175303	SILDENAFIL 100 MG TABLET	6	8.00	64.38	0.17	200% Above	Yes	No
60219203901	PROCHLORPERAZINE 10 MG TAB	7	10.00	2.47	0.21	10%-25% Above	No	No
60219204301	DEXAMETHASONE 4 MG TABLET	6	5.00	1.09	0.35	26%-50% Below	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	8	60.00	0.98	0.03	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60219234805	TRAMADOL HCL 50 MG TABLET	4	20.00	0.33	0.03	26%-50% Below	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	4	90.00	1.47	0.03	26%-50% Below	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	5	14.00	0.23	0.02	26%-50% Below	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	5	90.00	1.47	0.02	26%-50% Below	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	6	14.00	0.23	0.03	26%-50% Below	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	6	20.00	0.33	0.03	26%-50% Below	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	7	10.00	0.16	0.02	26%-50% Below	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	7	14.00	0.23	0.02	26%-50% Below	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	7	24.00	0.39	0.02	26%-50% Below	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	8	42.00	0.68	0.03	26%-50% Below	Yes	No
60219234807	TRAMADOL HCL 50 MG TABLET	4	240.00	3.91	0.03	26%-50% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	5	15.00	0.24	0.02	26%-50% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	5	70.00	1.14	0.02	26%-50% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	5	90.00	1.47	0.02	26%-50% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	6	12.00	0.20	0.03	26%-50% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	6	20.00	0.33	0.03	26%-50% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	6	70.00	1.14	0.03	26%-50% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	7	10.00	0.16	0.02	26%-50% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	7	70.00	1.14	0.02	26%-50% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	8	12.00	0.20	0.03	26%-50% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	8	70.00	1.14	0.03	26%-50% Below	No	No
60219552209	FENOFIBRATE 160 MG TABLET	4	30.00	13.56	0.11	200% Above	No	No
60219552209	FENOFIBRATE 160 MG TABLET	6	90.00	40.68	0.13	200% Above	No	No
60219552209	FENOFIBRATE 160 MG TABLET	7	90.00	40.68	0.11	200% Above	No	No
60258015001	SF 5000 PLUS CRE 1.1%	5	51.00	5.30	.		No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60258015001	SF 5000 PLUS CRE 1.1%	6	51.00	5.30	.		No	No
60258015001	SF 5000 PLUS CRE 1.1%	7	51.00	5.30	.		No	No
60429019515	FLUTICASONE SPR 50MCG	3	16.00	3.35	.		No	No
60429019515	FLUTICASONE SPR 50MCG	4	16.00	3.35	.		No	No
60429019515	FLUTICASONE SPR 50MCG	5	16.00	3.35	.		No	No
60429019515	FLUTICASONE SPR 50MCG	6	16.00	3.35	.		No	No
60429019515	FLUTICASONE SPR 50MCG	7	16.00	3.35	.		No	No
60429042260	DICLOFENAC TAB 75MG DR	3	60.00	3.41	.		No	No
60429042260	DICLOFENAC TAB 75MG DR	4	60.00	3.41	.		No	No
60429042260	DICLOFENAC TAB 75MG DR	5	60.00	3.41	.		No	No
60429042260	DICLOFENAC TAB 75MG DR	7	60.00	3.41	.		No	No
60432026415	FLUTICASONE PROP 50 MCG SPRAY	5	16.00	3.35	0.38	26%-50% Below	No	No
60505003306	PENTOXIFYLLINE ER 400 MG TAB	4	60.00	10.27	0.28	26%-50% Below	No	No
60505003306	PENTOXIFYLLINE ER 400 MG TAB	5	60.00	10.27	0.26	26%-50% Below	No	No
60505003306	PENTOXIFYLLINE ER 400 MG TAB	6	60.00	10.27	0.25	26%-50% Below	No	No
60505003306	PENTOXIFYLLINE ER 400 MG TAB	7	60.00	10.27	0.27	26%-50% Below	No	No
60505004101	ETODOLAC 400 MG TABLET	5	20.00	10.27	0.27	76%-100% Above	No	No
60505004206	ACYCLOVIR 200 MG CAPSULE	6	30.00	2.43	0.10	10%-25% Below	No	No
60505006502	OMEPRAZOLE DR 20 MG CAPSULE	5	90.00	5.93	0.03	101%-200% Above	No	No
60505006502	OMEPRAZOLE DR 20 MG CAPSULE	6	90.00	5.93	0.04	76%-100% Above	No	No
60505009400	DOXAZOSIN MESYLATE 2 MG TAB	4	75.00	31.24	0.06	200% Above	Yes	No
60505009400	DOXAZOSIN MESYLATE 2 MG TAB	5	90.00	37.49	0.06	200% Above	No	No
60505009400	DOXAZOSIN MESYLATE 2 MG TAB	7	90.00	37.49	0.06	200% Above	Yes	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	5	30.00	13.11	0.09	200% Above	No	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	5	90.00	24.00	0.09	101%-200% Above	No	No

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60505009500	DOXAZOSIN MESYLATE 4 MG TAB	6	30.00	13.11	0.10	200% Above	No	No
60505009501	DOXAZOSIN MESYLATE 4 MG TAB	5	90.00	39.34	0.09	200% Above	No	No
60505009501	DOXAZOSIN MESYLATE 4 MG TAB	8	90.00	39.34	0.09	200% Above	No	No
60505009701	PAROXETINE HCL 10 MG TABLET	4	90.00	9.92	0.06	76%-100% Above	No	No
60505009701	PAROXETINE HCL 10 MG TABLET	7	90.00	9.92	0.06	76%-100% Above	No	No
60505014100	GLIPIZIDE 5 MG TABLET	5	180.00	4.32	0.03	10%-25% Below	Yes	No
60505014101	GLIPIZIDE 5 MG TABLET	5	30.00	0.72	0.03	10%-25% Below	No	No
60505014101	GLIPIZIDE 5 MG TABLET	7	180.00	4.32	0.03	10%-25% Below	No	No
60505014102	GLIPIZIDE 5 MG TABLET	5	180.00	4.32	0.03	10%-25% Below	No	No
60505014200	GLIPIZIDE 10 MG TABLET	8	180.00	6.98	0.05	10%-25% Below	Yes	No
60505014201	GLIPIZIDE 10 MG TABLET	6	60.00	2.38	0.05	10%-25% Below	No	No
60505014201	GLIPIZIDE 10 MG TABLET	8	60.00	2.38	0.05	10%-25% Below	No	No
60505016501	FLUVOXAMINE MALEATE 50 MG TAB	4	30.00	8.01	0.21	26%-50% Above	No	No
60505016501	FLUVOXAMINE MALEATE 50 MG TAB	6	30.00	8.01	0.23	10%-25% Above	No	No
60505016501	FLUVOXAMINE MALEATE 50 MG TAB	7	30.00	8.01	0.20	26%-50% Above	No	No
60505016809	PRAVASTATIN SODIUM 10 MG TAB	5	90.00	8.80	0.05	76%-100% Above	No	No
60505016907	PRAVASTATIN SODIUM 20 MG TAB	6	90.00	9.58	0.06	51%-75% Above	No	No
60505016907	PRAVASTATIN SODIUM 20 MG TAB	8	90.00	9.58	0.06	76%-100% Above	No	No
60505017007	PRAVASTATIN SODIUM 40 MG TAB	5	180.00	27.20	0.08	76%-100% Above	No	No
60505017007	PRAVASTATIN SODIUM 40 MG TAB	8	180.00	27.20	0.08	76%-100% Above	No	No
60505017009	PRAVASTATIN SODIUM 40 MG TAB	5	90.00	55.77	0.08	200% Above	No	No
60505017009	PRAVASTATIN SODIUM 40 MG TAB	6	90.00	13.60	0.09	76%-100% Above	No	No
60505024701	MIRTAZAPINE 15 MG TABLET	4	30.00	4.46	0.06	101%-200% Above	No	No
60505024701	MIRTAZAPINE 15 MG TABLET	5	30.00	4.46	0.06	101%-200% Above	No	No
60505024701	MIRTAZAPINE 15 MG TABLET	6	30.00	4.46	0.06	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60505024701	MIRTAZAPINE 15 MG TABLET	6	90.00	13.37	0.06	101%-200% Above	No	No
60505025203	TIZANIDINE HCL 4 MG TABLET	4	40.00	0.96	0.03	26%-50% Below	No	No
60505025203	TIZANIDINE HCL 4 MG TABLET	5	21.00	0.50	0.03	10%-25% Below	No	No
60505025203	TIZANIDINE HCL 4 MG TABLET	5	30.00	0.72	0.03	10%-25% Below	No	No
60505025203	TIZANIDINE HCL 4 MG TABLET	5	40.00	1.00	0.03	10%-25% Below	No	No
60505025203	TIZANIDINE HCL 4 MG TABLET	6	30.00	0.72	0.04	26%-50% Below	No	No
60505025203	TIZANIDINE HCL 4 MG TABLET	6	40.00	1.00	0.04	26%-50% Below	No	No
60505025203	TIZANIDINE HCL 4 MG TABLET	6	90.00	2.15	0.04	26%-50% Below	No	No
60505025203	TIZANIDINE HCL 4 MG TABLET	7	30.00	0.72	0.03	10%-25% Below	No	No
60505025302	CLOPIDOGREL 75 MG TABLET	5	90.00	8.86	0.06	76%-100% Above	No	No
60505025302	CLOPIDOGREL 75 MG TABLET	6	90.00	8.86	0.06	51%-75% Above	No	No
60505025302	CLOPIDOGREL 75 MG TABLET	8	30.00	2.95	0.06	51%-75% Above	No	No
60505025302	CLOPIDOGREL 75 MG TABLET	8	90.00	8.86	0.06	51%-75% Above	No	No
60505025701	DESMOPRESSIN ACETATE 0.1 MG TB	7	30.00	14.56	0.31	51%-75% Above	No	No
60505036302	OFLOXACIN 0.3% EAR DROPS	8	10.00	96.06	1.64	200% Above	No	No
60505056000	OFLOXACIN 0.3% EYE DROPS	5	5.00	11.03	1.78	10%-25% Above	Yes	No
60505056001	OFLOXACIN 0.3% EYE DROPS	8	10.00	22.06	1.88	10%-25% Above	No	No
60505058301	BIMATOPROST 0.03% EYE DROPS	8	10.00	179.89	12.30	26%-50% Above	Yes	No
60505058304	BIMATOPROST 0.03% EYE DROPS	4	2.50	44.89	13.49	26%-50% Above	No	No
60505058304	BIMATOPROST 0.03% EYE DROPS	5	2.50	44.89	11.62	51%-75% Above	No	No
60505058901	BRIMONIDINE-TIMOLOL 0.2%-0.5%	5	5.00	56.87	9.65	10%-25% Above	Yes	No
60505058901	BRIMONIDINE-TIMOLOL 0.2%-0.5%	7	5.00	56.87	7.09	51%-75% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	3.35	0.38	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	11.64	0.38	76%-100% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	5	16.00	3.35	0.38	26%-50% Below	No	No

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60505082901	FLUTICASONE PROP 50 MCG SPRAY	5	16.00	11.64	0.38	76%-100% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	5	48.00	34.91	0.38	76%-100% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	6	16.00	3.35	0.41	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	6	16.00	11.64	0.41	51%-75% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	7	16.00	3.35	0.40	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	7	16.00	11.64	0.40	76%-100% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	7	48.00	10.05	0.40	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	8	16.00	0.99	0.43	76%-100% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	8	16.00	3.35	0.43	51%-75% Below	No	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	4	17.00	69.74	1.84	101%-200% Above	No	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	6	17.00	69.74	2.12	76%-100% Above	No	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	7	17.00	69.74	2.18	76%-100% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	3	30.00	12.77	0.29	26%-50% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	4	30.00	12.77	0.24	76%-100% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	5	30.00	12.77	0.26	51%-75% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	6	30.00	12.77	0.28	26%-50% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	7	30.00	12.77	0.25	51%-75% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	8	30.00	12.77	0.29	26%-50% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	8	30.00	34.56	0.29	200% Above	No	No
60505131803	PAROXETINE CR 37.5 MG TABLET	8	180.00	408.11	0.60	200% Above	No	No
60505132101	MIDODRINE HCL 5 MG TABLET	5	90.00	55.78	0.13	200% Above	No	No
60505132101	MIDODRINE HCL 5 MG TABLET	6	90.00	55.78	0.17	200% Above	No	No
60505257808	ATORVASTATIN 10 MG TABLET	4	30.00	2.36	0.03	200% Above	No	No
60505257808	ATORVASTATIN 10 MG TABLET	5	30.00	2.36	0.03	101%-200% Above	No	No
60505257808	ATORVASTATIN 10 MG TABLET	6	30.00	2.36	0.03	101%-200% Above	No	No

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60505257808	ATORVASTATIN 10 MG TABLET	7	30.00	2.36	0.02	200% Above	No	No
60505257808	ATORVASTATIN 10 MG TABLET	7	90.00	1.68	0.02	10%-25% Below	No	No
60505257908	ATORVASTATIN 20 MG TABLET	4	28.00	2.71	0.03	101%-200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	4	30.00	2.91	0.03	101%-200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	4	90.00	8.72	0.03	101%-200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	5	90.00	8.72	0.03	101%-200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	6	30.00	2.91	0.04	101%-200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	6	90.00	8.72	0.04	101%-200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	7	30.00	0.53	0.03	26%-50% Below	No	No
60505257908	ATORVASTATIN 20 MG TABLET	7	30.00	2.91	0.03	200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	7	90.00	8.72	0.03	200% Above	No	No
60505257909	ATORVASTATIN 20 MG TABLET	6	90.00	8.72	0.04	101%-200% Above	No	No
60505257909	ATORVASTATIN 20 MG TABLET	8	90.00	8.72	0.04	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	4	30.00	2.92	0.05	76%-100% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	5	30.00	2.92	0.05	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	5	90.00	8.75	0.05	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	6	30.00	2.92	0.06	76%-100% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	7	30.00	2.92	0.04	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	7	90.00	8.75	0.04	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	8	30.00	2.92	0.06	76%-100% Above	No	No
60505258009	ATORVASTATIN 40 MG TABLET	5	30.00	2.92	0.05	101%-200% Above	No	No
60505258009	ATORVASTATIN 40 MG TABLET	7	30.00	2.92	0.04	101%-200% Above	No	No
60505258009	ATORVASTATIN 40 MG TABLET	7	90.00	8.75	0.04	101%-200% Above	No	No
60505265301	TRAZODONE 50 MG TABLET	6	90.00	2.57	0.03	10%-25% Below	No	No
60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	5	90.00	12.47	0.08	51%-75% Above	Yes	No

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60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	7	30.00	4.16	0.08	51%-75% Above	Yes	No
60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	7	90.00	12.47	0.08	51%-75% Above	Yes	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	6	30.00	4.00	0.10	26%-50% Above	No	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	7	30.00	4.00	0.08	51%-75% Above	No	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	8	30.00	4.00	0.10	26%-50% Above	No	No
60505265901	TRAZODONE 300 MG TABLET	6	30.00	55.30	1.11	51%-75% Above	Yes	No
60505265901	TRAZODONE 300 MG TABLET	6	90.00	249.48	1.11	101%-200% Above	No	No
60505265901	TRAZODONE 300 MG TABLET	7	30.00	55.30	0.74	101%-200% Above	Yes	No
60505267108	ATORVASTATIN 80 MG TABLET	4	30.00	3.36	0.08	26%-50% Above	No	No
60505267108	ATORVASTATIN 80 MG TABLET	7	45.00	5.04	0.06	76%-100% Above	No	No
60505267109	ATORVASTATIN 80 MG TABLET	4	30.00	3.36	0.08	26%-50% Above	No	No
60505267303	ARIPIRAZOLE 5 MG TABLET	4	30.00	115.28	0.09	200% Above	No	No
60505324703	FAMCICLOVIR 500 MG TABLET	6	14.00	19.50	0.80	51%-75% Above	No	No
60505324703	FAMCICLOVIR 500 MG TABLET	7	14.00	19.50	0.73	76%-100% Above	No	No
60505379709	PREGABALIN 150 MG CAPSULE	4	60.00	2.60	0.06	10%-25% Below	No	No
60505379709	PREGABALIN 150 MG CAPSULE	6	60.00	2.60	0.06	26%-50% Below	No	No
60505392801	GUANFACINE HCL ER 2 MG TABLET	7	90.00	32.07	0.19	76%-100% Above	Yes	No
60505437303	VILAZODONE HCL 20 MG TABLET	4	30.00	97.44	0.93	200% Above	Yes	No
60505437303	VILAZODONE HCL 20 MG TABLET	5	30.00	97.44	0.91	200% Above	Yes	No
60505437303	VILAZODONE HCL 20 MG TABLET	6	30.00	97.44	1.12	101%-200% Above	Yes	No
60505437303	VILAZODONE HCL 20 MG TABLET	7	30.00	97.44	0.89	200% Above	Yes	No
60505474301	LISDEXAMFETAMINE 50 MG CAPSULE	5	30.00	239.98	3.51	101%-200% Above	No	No
60505474401	LISDEXAMFETAMINE 60 MG CAPSULE	5	30.00	239.98	3.48	101%-200% Above	No	No
60505474401	LISDEXAMFETAMINE 60 MG CAPSULE	6	30.00	239.98	4.79	51%-75% Above	No	No
60505477303	VILAZODONE HCL 20 MG TABLET	8	30.00	97.44	1.05	200% Above	Yes	No

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60505614804	CEFTRIAZONE 1 GM VIAL	5	1.00	16.89	1.60	200% Above	No	No
60505614804	CEFTRIAZONE 1 GM VIAL	7	1.00	1.06	1.62	26%-50% Below	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	5	5.00	18.24	4.68	10%-25% Below	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	6	5.00	18.24	5.19	26%-50% Below	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	6	10.00	36.48	5.19	26%-50% Below	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	7	5.00	18.24	4.55	10%-25% Below	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	7	10.00	29.99	4.55	26%-50% Below	No	No
60758080105	TIMOLOL MALEATE 0.5% EYE DROPS	5	5.00	3.11	0.94	26%-50% Below	No	No
60793085601	LEVOXYL 125 MCG TABLET	4	100.00	5.42	1.07	76%-100% Below	No	No
60846080501	UNITHROID 100 MCG TABLET	6	90.00	35.19	4.23	76%-100% Below	Yes	No
61269050906	PULMICORT 90 MCG FLEXHALER	6	1.00	120.93	189.68	26%-50% Below	No	No
61269052794	CHILD ALLERGY (FEXO) 30 MG/5 ML	4	150.00	6.08	0.06	26%-50% Below	No	No
61269052794	CHILD ALLERGY (FEXO) 30 MG/5 ML	5	300.00	12.16	0.06	26%-50% Below	No	No
61269052794	CHILD ALLERGY (FEXO) 30 MG/5 ML	6	300.00	12.16	0.07	26%-50% Below	No	No
61269052794	CHILD ALLERGY (FEXO) 30 MG/5 ML	7	300.00	12.16	0.06	26%-50% Below	No	No
61314012605	KETOROLAC 0.5% OPHTH SOLUTION	5	5.00	8.46	1.15	26%-50% Above	No	No
61314012605	KETOROLAC 0.5% OPHTH SOLUTION	7	5.00	10.37	1.14	76%-100% Above	No	No
61314014305	BRIMONIDINE 0.2% EYE DROP	8	5.00	3.58	0.85	10%-25% Below	No	No
61314022610	TIMOLOL MALEATE 0.25% EYE DROP	7	10.00	3.72	0.59	26%-50% Below	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	6	2.50	3.45	1.65	10%-25% Below	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	8	2.50	7.79	1.77	51%-75% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	4	10.00	6.28	0.40	51%-75% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	6	10.00	6.28	0.44	26%-50% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	7	10.00	6.28	0.44	26%-50% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	7	10.00	9.05	0.44	101%-200% Above	No	No

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61314062810	POLYMYXIN B-TMP EYE DROPS	8	10.00	6.28	0.52	10%-25% Above	No	No
61314063006	NEOMYC-POLYM-DEXAMETH EYE DROP	7	5.00	10.19	1.82	10%-25% Above	No	No
61314063305	GENTAMICIN 0.3% EYE DROP	7	5.00	6.70	1.07	10%-25% Above	No	No
61314063705	PREDNISOLONE AC 1% EYE DROP	8	5.00	23.47	5.38	10%-25% Below	No	No
61314064511	NEOMYCIN-POLYMYXIN-HC EAR SUSP	7	10.00	29.10	3.82	10%-25% Below	No	No
61314064511	NEOMYCIN-POLYMYXIN-HC EAR SUSP	8	10.00	29.10	5.31	26%-50% Below	No	No
61314064610	NEOMYCIN-POLYMYXIN-HC EAR SOLN	5	10.00	25.90	4.29	26%-50% Below	No	No
61314064705	TOBRAMYCIN-DEXAMETH OPHTH SUSP	4	10.00	96.65	4.20	101%-200% Above	No	No
61314064705	TOBRAMYCIN-DEXAMETH OPHTH SUSP	7	5.00	48.33	3.72	101%-200% Above	No	No
61314064725	TOBRAMYCIN-DEXAMETH OPHTH SUSP	4	2.50	24.11	5.28	76%-100% Above	No	No
61314064725	TOBRAMYCIN-DEXAMETH OPHTH SUSP	7	2.50	24.11	5.56	51%-75% Above	No	No
61314065605	CIPROFLOXACIN 0.3% EYE DROP	4	5.00	5.96	1.38	10%-25% Below	No	No
61314065605	CIPROFLOXACIN 0.3% EYE DROP	4	10.00	19.49	1.38	26%-50% Above	No	No
61314065605	CIPROFLOXACIN 0.3% EYE DROP	6	5.00	5.96	1.65	26%-50% Below	No	No
61314065605	CIPROFLOXACIN 0.3% EYE DROP	7	15.00	29.24	1.34	26%-50% Above	No	No
61314065625	CIPROFLOXACIN 0.3% EYE DROP	6	2.50	3.66	2.82	26%-50% Below	No	No
61314067225	GATIFLOXACIN 0.5% EYE DROPS	7	2.50	14.99	11.74	26%-50% Below	No	No
61442010201	DICLOFENAC SOD DR 50 MG TAB	7	14.00	3.87	0.08	200% Above	No	No
61442010210	DICLOFENAC SOD DR 50 MG TAB	5	60.00	5.41	0.08	10%-25% Above	No	No
61442010210	DICLOFENAC SOD DR 50 MG TAB	7	60.00	5.41	0.08	10%-25% Above	No	No
61442010301	DICLOFENAC SOD DR 75 MG TAB	7	60.00	3.41	0.08	26%-50% Below	No	No
61442010305	DICLOFENAC SOD DR 75 MG TAB	5	60.00	3.41	0.08	26%-50% Below	No	No
61442010305	DICLOFENAC SOD DR 75 MG TAB	6	10.00	0.57	0.10	26%-50% Below	No	No
61442010305	DICLOFENAC SOD DR 75 MG TAB	7	30.00	1.71	0.08	26%-50% Below	No	No
61442010310	DICLOFENAC SOD DR 75 MG TAB	7	60.00	3.41	0.08	26%-50% Below	No	No

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61442014110	LOVASTATIN 10 MG TABLET	4	30.00	2.13	0.04	76%-100% Above	No	No
61442014110	LOVASTATIN 10 MG TABLET	5	30.00	2.13	0.04	76%-100% Above	No	No
61442014110	LOVASTATIN 10 MG TABLET	6	30.00	2.13	0.04	51%-75% Above	No	No
61442014110	LOVASTATIN 10 MG TABLET	7	30.00	2.13	0.04	51%-75% Above	No	No
61703035038	METHOTREXATE 50 MG/2 ML VIAL	4	2.00	4.97	2.90	10%-25% Below	No	No
61703035038	METHOTREXATE 50 MG/2 ML VIAL	4	4.00	9.94	2.90	10%-25% Below	No	No
61703035038	METHOTREXATE 50 MG/2 ML VIAL	4	4.00	9.94	2.90	10%-25% Below	Yes	No
61703035038	METHOTREXATE 50 MG/2 ML VIAL	5	2.00	4.97	2.89	10%-25% Below	No	No
61703035038	METHOTREXATE 50 MG/2 ML VIAL	5	4.00	9.94	2.89	10%-25% Below	No	No
61703035038	METHOTREXATE 50 MG/2 ML VIAL	6	4.00	9.94	3.35	10%-25% Below	No	No
61703035038	METHOTREXATE 50 MG/2 ML VIAL	8	4.00	9.94	2.84	10%-25% Below	No	No
61874011530	VRAYLAR 1.5 MG CAPSULE	4	30.00	885.29	46.22	26%-50% Below	No	No
61874011530	VRAYLAR 1.5 MG CAPSULE	4	90.00	2655.87	46.22	26%-50% Below	No	No
61874011530	VRAYLAR 1.5 MG CAPSULE	5	30.00	885.29	46.31	26%-50% Below	No	No
61874011530	VRAYLAR 1.5 MG CAPSULE	5	90.00	2655.87	46.31	26%-50% Below	No	No
61874011530	VRAYLAR 1.5 MG CAPSULE	6	30.00	885.29	46.30	26%-50% Below	No	No
61874011530	VRAYLAR 1.5 MG CAPSULE	7	90.00	2655.87	46.31	26%-50% Below	No	No
62037072010	POTASSIUM CL ER 20 MEQ TABLET	6	33.00	3.70	0.15	10%-25% Below	No	No
62037072501	METHYLPHENIDATE ER 18 MG TAB	4	30.00	166.39	0.55	200% Above	No	No
62037072501	METHYLPHENIDATE ER 18 MG TAB	7	60.00	332.79	0.77	200% Above	No	No
62037072601	METHYLPHENIDATE ER 36 MG TAB	6	60.00	351.87	0.85	200% Above	No	No
62037072601	METHYLPHENIDATE ER 36 MG TAB	7	60.00	351.87	0.63	200% Above	No	No
62037072701	METHYLPHENIDATE ER 54 MG TAB	4	30.00	24.78	0.63	26%-50% Above	No	No
62037072701	METHYLPHENIDATE ER 54 MG TAB	5	30.00	191.43	0.74	200% Above	No	No
62037072701	METHYLPHENIDATE ER 54 MG TAB	8	30.00	24.78	1.05	10%-25% Below	No	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62037073401	METHYLPHENIDATE ER 27 MG TAB	8	30.00	170.57	0.86	200% Above	No	No
62135013277	FLUCONAZOLE 150 MG TABLET	5	2.00	1.75	0.59	26%-50% Above	No	No
62135013277	FLUCONAZOLE 150 MG TABLET	5	3.00	2.62	0.59	26%-50% Above	No	No
62135013277	FLUCONAZOLE 150 MG TABLET	5	5.00	4.37	0.59	26%-50% Above	No	No
62135021010	FOLIC ACID 1 MG TABLET	4	30.00	0.36	0.02	26%-50% Below	No	No
62135021010	FOLIC ACID 1 MG TABLET	5	30.00	0.36	0.02	26%-50% Below	No	No
62135021010	FOLIC ACID 1 MG TABLET	6	30.00	0.36	0.03	51%-75% Below	No	No
62135021010	FOLIC ACID 1 MG TABLET	7	30.00	0.36	0.02	26%-50% Below	No	No
62175030232	RABEPRAZOLE SOD DR 20 MG TAB	5	30.00	10.17	0.24	26%-50% Above	No	No
62175030232	RABEPRAZOLE SOD DR 20 MG TAB	6	30.00	10.17	0.30	10%-25% Above	No	No
62175030232	RABEPRAZOLE SOD DR 20 MG TAB	7	30.00	10.17	0.19	76%-100% Above	No	No
62175030232	RABEPRAZOLE SOD DR 20 MG TAB	8	30.00	10.17	0.20	51%-75% Above	No	No
62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	6.53	0.06	26%-50% Above	No	No
62332000191	FAMOTIDINE 20 MG TABLET	7	2.00	0.05	0.03	10%-25% Below	No	No
62332000231	FAMOTIDINE 40 MG TABLET	8	90.00	8.08	0.06	51%-75% Above	No	No
62332001131	VENLAFAXINE HCL 75 MG TABLET	5	60.00	18.47	0.06	200% Above	No	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	4	30.00	2.58	0.03	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	4	90.00	7.74	0.03	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	5	45.00	3.87	0.03	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	5	90.00	7.74	0.03	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	6	30.00	2.58	0.03	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	6	90.00	7.74	0.03	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	7	45.00	3.87	0.03	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	7	90.00	7.74	0.03	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	8	90.00	7.74	0.03	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332002891	LOSARTAN POTASSIUM 50 MG TAB	4	30.00	1.74	0.04	51%-75% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	4	90.00	5.23	0.04	51%-75% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	5	14.00	0.81	0.04	51%-75% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	5	30.00	1.74	0.04	51%-75% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	5	90.00	5.23	0.04	51%-75% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	5	180.00	10.46	0.04	51%-75% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	6	30.00	1.74	0.04	26%-50% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	6	90.00	5.23	0.04	26%-50% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	7	30.00	1.74	0.04	51%-75% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	7	90.00	5.23	0.04	51%-75% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	8	30.00	1.74	0.04	26%-50% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	8	90.00	5.23	0.04	26%-50% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	4	90.00	8.24	0.05	76%-100% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	5	90.00	8.24	0.05	76%-100% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	6	90.00	8.24	0.06	51%-75% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	7	45.00	4.12	0.05	76%-100% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	7	90.00	8.24	0.05	76%-100% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	7	90.00	11.43	0.05	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	8	90.00	8.24	0.05	51%-75% Above	Yes	No
62332003231	ROPINIROLE HCL 1 MG TABLET	4	180.00	3.26	0.05	51%-75% Below	No	No
62332003231	ROPINIROLE HCL 1 MG TABLET	6	90.00	1.63	0.05	51%-75% Below	No	No
62332003231	ROPINIROLE HCL 1 MG TABLET	7	180.00	3.26	0.05	51%-75% Below	No	No
62332003331	ROPINIROLE HCL 2 MG TABLET	5	60.00	2.15	0.06	26%-50% Below	No	No
62332003431	ROPINIROLE HCL 3 MG TABLET	5	90.00	3.91	0.07	26%-50% Below	No	No
62332003431	ROPINIROLE HCL 3 MG TABLET	8	90.00	3.91	0.08	26%-50% Below	No	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332003731	LAMOTRIGINE 25 MG TABLET	4	60.00	2.89	0.02	76%-100% Above	No	No
62332004590	VALSARTAN 80 MG TABLET	5	30.00	5.20	0.12	26%-50% Above	No	No
62332004590	VALSARTAN 80 MG TABLET	6	90.00	15.59	0.13	26%-50% Above	No	No
62332005471	CLONIDINE HCL 0.1 MG TABLET	4	30.00	0.32	0.02	51%-75% Below	No	No
62332005571	CLONIDINE HCL 0.2 MG TABLET	5	30.00	0.63	0.03	26%-50% Below	No	No
62332005571	CLONIDINE HCL 0.2 MG TABLET	6	30.00	0.63	0.04	26%-50% Below	No	No
62332005571	CLONIDINE HCL 0.2 MG TABLET	7	30.00	0.63	0.03	26%-50% Below	No	No
62332005671	CLONIDINE HCL 0.3 MG TABLET	5	90.00	2.37	0.03	10%-25% Below	No	No
62332005671	CLONIDINE HCL 0.3 MG TABLET	6	90.00	2.37	0.04	26%-50% Below	No	No
62332005671	CLONIDINE HCL 0.3 MG TABLET	7	90.00	2.37	0.03	10%-25% Below	No	No
62332005671	CLONIDINE HCL 0.3 MG TABLET	8	90.00	2.37	0.04	26%-50% Below	No	No
62332008531	FENOFIBRATE 134 MG CAPSULE	4	90.00	57.81	0.11	200% Above	No	No
62332008531	FENOFIBRATE 134 MG CAPSULE	5	30.00	19.27	0.12	200% Above	No	No
62332008531	FENOFIBRATE 134 MG CAPSULE	6	30.00	19.27	0.14	200% Above	No	No
62332008531	FENOFIBRATE 134 MG CAPSULE	7	30.00	19.27	0.13	200% Above	No	No
62332008531	FENOFIBRATE 134 MG CAPSULE	7	90.00	57.81	0.13	200% Above	No	No
62332008531	FENOFIBRATE 134 MG CAPSULE	8	30.00	19.27	0.14	200% Above	No	No
62332008631	FENOFIBRATE 200 MG CAPSULE	7	90.00	92.97	0.21	200% Above	No	No
62332009731	ARIPIPRAZOLE 2 MG TABLET	4	30.00	115.28	0.10	200% Above	No	No
62332009731	ARIPIPRAZOLE 2 MG TABLET	5	30.00	115.28	0.10	200% Above	No	No
62332009831	ARIPIPRAZOLE 5 MG TABLET	5	30.00	115.28	0.09	200% Above	No	No
62332009831	ARIPIPRAZOLE 5 MG TABLET	6	30.00	115.28	0.12	200% Above	No	No
62332009831	ARIPIPRAZOLE 5 MG TABLET	7	30.00	115.28	0.09	200% Above	No	No
62332009931	ARIPIPRAZOLE 10 MG TABLET	4	90.00	329.36	0.10	200% Above	No	No
62332009931	ARIPIPRAZOLE 10 MG TABLET	8	90.00	329.36	0.12	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332010031	ARIPIPRAZOLE 15 MG TABLET	4	30.00	109.79	0.11	200% Above	No	No
62332010031	ARIPIPRAZOLE 15 MG TABLET	4	90.00	329.36	0.11	200% Above	No	No
62332010031	ARIPIPRAZOLE 15 MG TABLET	5	30.00	109.79	0.12	200% Above	No	No
62332010031	ARIPIPRAZOLE 15 MG TABLET	6	30.00	109.79	0.14	200% Above	No	No
62332010031	ARIPIPRAZOLE 15 MG TABLET	7	30.00	109.79	0.11	200% Above	No	No
62332010031	ARIPIPRAZOLE 15 MG TABLET	7	90.00	329.36	0.11	200% Above	No	No
62332010131	ARIPIPRAZOLE 20 MG TABLET	4	30.00	154.40	0.17	200% Above	No	No
62332010131	ARIPIPRAZOLE 20 MG TABLET	6	30.00	154.40	0.20	200% Above	No	No
62332010131	ARIPIPRAZOLE 20 MG TABLET	7	30.00	154.40	0.18	200% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	5	15.00	0.52	0.02	101%-200% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	5	180.00	6.21	0.02	101%-200% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	6	15.00	0.52	0.02	76%-100% Above	No	No
62332011331	METOPROLOL TARTRATE 50 MG TAB	8	30.00	0.89	0.02	26%-50% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	5	30.00	0.89	0.02	51%-75% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	5	60.00	1.78	0.02	51%-75% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	6	30.00	0.89	0.02	26%-50% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	6	60.00	1.78	0.02	26%-50% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	7	30.00	0.89	0.02	51%-75% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	7	60.00	1.78	0.02	51%-75% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	7	180.00	5.35	0.02	51%-75% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	8	30.00	0.89	0.02	26%-50% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	8	60.00	1.78	0.02	26%-50% Above	No	No
62332012390	PREGABALIN 150 MG CAPSULE	5	60.00	1.03	0.06	51%-75% Below	Yes	No
62332012390	PREGABALIN 150 MG CAPSULE	6	180.00	3.08	0.06	51%-75% Below	Yes	No
62332014131	CELECOXIB 100 MG CAPSULE	4	30.00	8.60	0.08	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332014131	CELECOXIB 100 MG CAPSULE	5	30.00	8.60	0.07	200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	5	30.00	8.60	0.07	200% Above	Yes	No
62332014131	CELECOXIB 100 MG CAPSULE	5	60.00	17.20	0.07	200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	5	60.00	17.20	0.07	200% Above	Yes	No
62332014131	CELECOXIB 100 MG CAPSULE	5	180.00	51.59	0.07	200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	6	30.00	8.60	0.08	200% Above	Yes	No
62332014131	CELECOXIB 100 MG CAPSULE	6	60.00	17.20	0.08	200% Above	Yes	No
62332014131	CELECOXIB 100 MG CAPSULE	6	180.00	51.59	0.08	200% Above	Yes	No
62332014131	CELECOXIB 100 MG CAPSULE	7	30.00	8.60	0.07	200% Above	Yes	No
62332014131	CELECOXIB 100 MG CAPSULE	7	60.00	17.20	0.07	200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	7	60.00	17.20	0.07	200% Above	Yes	No
62332014131	CELECOXIB 100 MG CAPSULE	8	60.00	17.20	0.08	200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	8	180.00	51.59	0.08	200% Above	No	No
62332014171	CELECOXIB 100 MG CAPSULE	6	30.00	8.60	0.08	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	4	15.00	6.33	0.09	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	4	28.00	11.81	0.09	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	4	60.00	25.31	0.09	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	5	14.00	5.91	0.09	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	5	30.00	12.66	0.09	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	5	90.00	37.97	0.09	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	6	30.00	12.66	0.10	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	6	30.00	12.66	0.10	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	6	60.00	25.31	0.10	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	6	90.00	37.97	0.10	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	7	1.00	0.42	0.09	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332014231	CELECOXIB 200 MG CAPSULE	7	28.00	11.81	0.09	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	7	30.00	12.66	0.09	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	7	30.00	14.90	0.09	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	7	60.00	25.31	0.09	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	7	90.00	37.97	0.09	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	8	90.00	37.97	0.11	200% Above	Yes	No
62332014271	CELECOXIB 200 MG CAPSULE	4	30.00	12.66	0.09	200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	5	30.00	12.66	0.09	200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	5	60.00	25.31	0.09	200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	5	180.00	75.94	0.09	200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	6	30.00	12.66	0.10	200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	6	60.00	25.31	0.10	200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	6	90.00	37.97	0.10	200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	7	30.00	12.66	0.09	200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	7	90.00	37.97	0.09	200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	8	30.00	12.66	0.11	200% Above	No	No
62332015090	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	4	30.00	38.45	0.21	200% Above	No	No
62332015090	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	5	30.00	38.45	0.21	200% Above	No	No
62332015090	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	6	30.00	38.45	0.24	200% Above	No	No
62332015090	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	7	30.00	38.45	0.21	200% Above	No	No
62332015090	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	8	30.00	38.45	0.25	200% Above	No	No
62332017460	LACOSAMIDE 200 MG TABLET	7	60.00	110.90	0.30	200% Above	Yes	No
62332019030	FEBUXOSTAT 40 MG TABLET	5	30.00	108.44	0.36	200% Above	No	No
62332019030	FEBUXOSTAT 40 MG TABLET	6	30.00	108.44	0.42	200% Above	No	No
62332019030	FEBUXOSTAT 40 MG TABLET	7	30.00	108.44	0.32	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332020830	AMLODIPINE-VALSARTAN 10-320 MG	5	90.00	34.61	0.50	10%-25% Below	No	No
62332023430	VILAZODONE HCL 40 MG TABLET	6	90.00	385.74	1.22	200% Above	No	No
62332024490	FENOFIBRIC ACID DR 45 MG CAP	4	90.00	52.17	0.17	200% Above	Yes	No
62332024490	FENOFIBRIC ACID DR 45 MG CAP	7	90.00	52.17	0.14	200% Above	Yes	No
62332025130	AZITHROMYCIN 250 MG TABLET	4	6.00	1.23	0.39	26%-50% Below	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	6	6.00	1.23	0.35	26%-50% Below	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	7	6.00	1.23	0.40	26%-50% Below	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	8	6.00	1.23	0.35	26%-50% Below	No	No
62332025230	AZITHROMYCIN 500 MG TABLET	6	2.00	1.04	0.64	10%-25% Below	No	No
62332035231	DOXYCYCLINE HYCLATE 20 MG TAB	8	60.00	4.36	0.12	26%-50% Below	No	No
62332037931	TEMAZEPAM 7.5 MG CAPSULE	4	30.00	23.76	0.91	10%-25% Below	No	No
62332038031	TEMAZEPAM 15 MG CAPSULE	6	30.00	1.24	0.07	26%-50% Below	Yes	No
62332038231	TEMAZEPAM 30 MG CAPSULE	4	30.00	1.58	0.08	26%-50% Below	Yes	No
62332038231	TEMAZEPAM 30 MG CAPSULE	5	30.00	1.58	0.08	26%-50% Below	Yes	No
62332038231	TEMAZEPAM 30 MG CAPSULE	6	30.00	1.58	0.09	26%-50% Below	Yes	No
62332038231	TEMAZEPAM 30 MG CAPSULE	7	30.00	1.58	0.08	26%-50% Below	Yes	No
62332038690	MODAFINIL 200 MG TABLET	4	60.00	601.24	0.38	200% Above	No	No
62332038690	MODAFINIL 200 MG TABLET	5	60.00	601.24	0.36	200% Above	No	No
62332038690	MODAFINIL 200 MG TABLET	6	30.00	57.54	0.37	200% Above	No	No
62332038690	MODAFINIL 200 MG TABLET	6	60.00	601.24	0.37	200% Above	No	No
62332038690	MODAFINIL 200 MG TABLET	7	60.00	115.09	0.36	200% Above	No	No
62332038690	MODAFINIL 200 MG TABLET	7	60.00	601.24	0.36	200% Above	No	No
62332039131	NITROFURANTOIN MCR 100 MG CAP	7	30.00	27.25	0.24	200% Above	No	No
62332039131	NITROFURANTOIN MCR 100 MG CAP	8	30.00	27.25	0.30	101%-200% Above	No	No
62332040231	NADOLOL 20 MG TABLET	6	90.00	115.92	0.18	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332040331	NADOLOL 40 MG TABLET	4	30.00	48.19	0.28	200% Above	Yes	No
62332040331	NADOLOL 40 MG TABLET	5	30.00	48.19	0.31	200% Above	Yes	No
62332040331	NADOLOL 40 MG TABLET	6	30.00	48.19	0.30	200% Above	Yes	No
62332040331	NADOLOL 40 MG TABLET	7	30.00	48.19	0.21	200% Above	Yes	No
62332041510	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	14.19	1.25	10%-25% Above	No	No
62332041510	OSELTAMIVIR PHOS 75 MG CAPSULE	6	10.00	18.95	1.29	26%-50% Above	No	No
62332041510	OSELTAMIVIR PHOS 75 MG CAPSULE	7	10.00	18.95	1.07	76%-100% Above	No	No
62332046431	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.00	0.29	0.11	26%-50% Below	No	No
62332049241	TIZANIDINE HCL 4 MG CAPSULE	5	90.00	91.74	0.08	200% Above	Yes	No
62332049341	TIZANIDINE HCL 6 MG CAPSULE	4	90.00	119.84	0.17	200% Above	Yes	No
62332049341	TIZANIDINE HCL 6 MG CAPSULE	5	120.00	159.78	0.15	200% Above	Yes	No
62332049341	TIZANIDINE HCL 6 MG CAPSULE	6	108.00	143.80	0.18	200% Above	Yes	No
62332049341	TIZANIDINE HCL 6 MG CAPSULE	7	118.00	157.12	0.17	200% Above	Yes	No
62332050503	MOXIFLOXACIN 0.5% EYE DROPS	6	3.00	22.59	2.28	200% Above	No	No
62332050503	MOXIFLOXACIN 0.5% EYE DROPS	7	3.00	22.59	1.95	200% Above	No	No
62332050503	MOXIFLOXACIN 0.5% EYE DROPS	8	3.00	22.59	2.23	200% Above	No	No
62332050606	AZELASTINE HCL 0.05% DROPS	5	6.00	17.96	1.08	101%-200% Above	No	No
62332050606	AZELASTINE HCL 0.05% DROPS	5	18.00	53.89	1.08	101%-200% Above	Yes	No
62332050725	BIMATOPROST 0.03% EYE DROPS	4	2.50	44.89	13.49	26%-50% Above	No	No
62332050725	BIMATOPROST 0.03% EYE DROPS	6	2.50	44.89	12.98	26%-50% Above	No	No
62332050725	BIMATOPROST 0.03% EYE DROPS	7	2.50	44.89	12.86	26%-50% Above	No	No
62332058515	NYSTATIN-TRIAMCINOLONE OINTMENT	5	15.00	23.65	0.23	200% Above	No	No
62332060330	BISOPROLOL FUMARATE 5 MG TAB	7	90.00	33.65	0.21	76%-100% Above	No	No
62332060630	NYSTATIN-TRIAMCINOLONE CREAM	6	30.00	65.33	0.30	200% Above	No	No
62332066245	ADAPALENE-BNZYL PEROX 0.3-2.5%	4	45.00	19.77	0.70	26%-50% Below	No	No

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62332066245	ADAPALENE-BNZYL PEROX 0.3-2.5%	6	45.00	19.77	0.71	26%-50% Below	No	No
62541020130	QSYMIA CAP 3.75-23	4	30.00	181.10	.		No	No
62559015901	FLUVOXAMINE MALEATE 50 MG TAB	5	30.00	8.51	0.19	26%-50% Above	No	No
62559016701	OXYCODONE HCL (IR) 5 MG CAP	5	12.00	7.98	0.32	101%-200% Above	Yes	No
62559025501	ACEBUTOLOL 200 MG CAPSULE	5	30.00	10.87	0.72	26%-50% Below	No	No
62559025501	ACEBUTOLOL 200 MG CAPSULE	6	30.00	10.87	0.71	26%-50% Below	No	No
62559025501	ACEBUTOLOL 200 MG CAPSULE	6	90.00	32.62	0.71	26%-50% Below	Yes	No
62559025501	ACEBUTOLOL 200 MG CAPSULE	7	30.00	10.87	0.54	26%-50% Below	No	No
62559025501	ACEBUTOLOL 200 MG CAPSULE	8	30.00	10.87	0.62	26%-50% Below	No	No
62559025501	ACEBUTOLOL 200 MG CAPSULE	8	90.00	32.62	0.62	26%-50% Below	No	No
62559026530	TRANEXAMIC ACID 650 MG TABLET	5	15.00	29.80	1.11	76%-100% Above	Yes	No
62559026530	TRANEXAMIC ACID 650 MG TABLET	7	30.00	59.61	1.00	76%-100% Above	Yes	No
62559026530	TRANEXAMIC ACID 650 MG TABLET	8	18.00	35.76	1.35	26%-50% Above	Yes	No
62559027690	NEBIVOLOL 5 MG TABLET	7	90.00	65.16	0.09	200% Above	No	No
62559027830	NEBIVOLOL 20 MG TABLET	5	145.00	109.21	0.16	200% Above	No	No
62559038101	FLECAINIDE ACETATE 100 MG TAB	7	180.00	60.05	0.16	101%-200% Above	No	No
62559038201	FLECAINIDE ACETATE 150 MG TAB	5	60.00	28.76	0.26	76%-100% Above	No	No
62559038201	FLECAINIDE ACETATE 150 MG TAB	6	60.00	28.76	0.31	51%-75% Above	No	No
62559038201	FLECAINIDE ACETATE 150 MG TAB	7	60.00	28.76	0.24	76%-100% Above	No	No
62559038201	FLECAINIDE ACETATE 150 MG TAB	8	60.00	28.76	0.33	26%-50% Above	No	No
62559039050	VANCOMYCIN HCL 125 MG CAPSULE	8	33.00	29.86	1.41	26%-50% Below	No	No
62559041701	BENZAEPRILOL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	4	30.00	25.02	0.25	200% Above	No	No
62559041701	BENZAEPRILOL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	6	30.00	25.02	0.29	101%-200% Above	No	No
62559041701	BENZAEPRILOL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	8	30.00	25.02	0.28	101%-200% Above	No	No
62559042401	HYOSCYAMINE 0.125 MG TAB SL	5	12.00	5.81	0.13	200% Above	Yes	No

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62559042401	HYOSCYAMINE 0.125 MG TAB SL	8	270.00	130.82	0.19	101%-200% Above	Yes	No
62559046190	FENOFIBRATE 150 MG CAPSULE	4	30.00	122.37	5.38	10%-25% Below	No	No
62559047001	PYRIDOSTIGMINE BR 60 MG TABLET	7	120.00	54.50	0.24	76%-100% Above	No	No
62559051001	INDAPAMIDE 1.25 MG TABLET	5	90.00	16.33	0.09	76%-100% Above	No	No
62559051001	INDAPAMIDE 1.25 MG TABLET	7	90.00	16.33	0.10	76%-100% Above	No	No
62559051101	INDAPAMIDE 2.5 MG TABLET	5	30.00	5.93	0.09	101%-200% Above	Yes	No
62559051101	INDAPAMIDE 2.5 MG TABLET	5	90.00	17.80	0.09	101%-200% Above	Yes	No
62559051101	INDAPAMIDE 2.5 MG TABLET	6	30.00	5.93	0.13	51%-75% Above	No	No
62559051101	INDAPAMIDE 2.5 MG TABLET	7	30.00	8.27	0.10	101%-200% Above	Yes	No
62559099130	FLUCONAZOLE 100 MG TABLET	5	5.00	0.89	0.22	10%-25% Below	No	No
62559099212	FLUCONAZOLE 150 MG TABLET	4	2.00	1.75	0.58	26%-50% Above	No	No
62559099212	FLUCONAZOLE 150 MG TABLET	5	1.00	0.87	0.59	26%-50% Above	No	No
62559099212	FLUCONAZOLE 150 MG TABLET	5	2.00	1.75	0.59	26%-50% Above	No	No
62559099330	FLUCONAZOLE 200 MG TABLET	5	1.00	0.31	0.40	10%-25% Below	No	No
62756013804	GABAPENTIN 300 MG CAPSULE	4	90.00	1.57	0.04	51%-75% Below	No	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	6	7.50	33.78	14.95	51%-75% Below	Yes	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	7	7.50	75.15	11.37	10%-25% Below	No	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	7	7.50	75.15	11.37	10%-25% Below	Yes	No
62756052169	SUMATRIPTAN SUCC 50 MG TABLET	5	9.00	3.27	0.33	10%-25% Above	No	No
62756097083	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	4	45.00	27.30	0.77	10%-25% Below	No	No
62756097083	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	7	42.00	25.48	0.73	10%-25% Below	No	No
62756097083	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	8	42.00	25.48	0.94	26%-50% Below	No	No
63304007605	POTASSIUM CL ER 10 MEQ TABLET	7	90.00	13.28	0.09	51%-75% Above	No	No
63304045930	ONDANSETRON HCL 8 MG TABLET	4	18.00	3.27	0.10	76%-100% Above	No	No
63304061650	DOXYCYCLINE MONO 100 MG CAP	9	20.00	6.68	0.26	26%-50% Above	No	No

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63304069201	CLINDAMYCIN HCL 150 MG CAPSULE	7	28.00	1.80	0.08	10%-25% Below	No	No
63304069205	CLINDAMYCIN HCL 150 MG CAPSULE	7	30.00	1.93	0.08	10%-25% Below	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	6	30.00	5.05	0.19	10%-25% Below	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	6	42.00	7.07	0.19	10%-25% Below	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	8	28.00	4.72	0.23	26%-50% Below	No	No
63304082790	ATORVASTATIN 10 MG TABLET	5	90.00	7.07	0.03	101%-200% Above	No	No
63304082790	ATORVASTATIN 10 MG TABLET	6	90.00	7.07	0.03	101%-200% Above	No	No
63304083090	ATORVASTATIN 80 MG TABLET	6	90.00	10.09	0.09	26%-50% Above	No	No
63323004401	CYANOCOBALAMIN 1,000 MCG/ML VL	6	1.00	1.84	2.10	10%-25% Below	No	No
63323004401	CYANOCOBALAMIN 1,000 MCG/ML VL	6	3.00	5.53	2.10	10%-25% Below	No	No
63323004401	CYANOCOBALAMIN 1,000 MCG/ML VL	7	1.00	1.84	1.56	10%-25% Above	No	No
64380011601	SOD SUL-POTASS SUL-MAG SUL SOL	4	354.00	43.33	0.22	26%-50% Below	No	No
64380011601	SOD SUL-POTASS SUL-MAG SUL SOL	5	177.00	21.66	0.17	26%-50% Below	No	No
64380011601	SOD SUL-POTASS SUL-MAG SUL SOL	6	354.00	43.33	0.20	26%-50% Below	No	No
64380011601	SOD SUL-POTASS SUL-MAG SUL SOL	7	354.00	43.33	0.14	10%-25% Below	No	No
64380011601	SOD SUL-POTASS SUL-MAG SUL SOL	8	354.00	43.33	0.18	26%-50% Below	No	No
64380020101	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE 10-320-25 MG TAB	7	90.00	707.12	9.13	10%-25% Below	Yes	No
64380021201	METHIMAZOLE 5 MG TABLET	4	45.00	6.76	0.08	76%-100% Above	No	No
64380021201	METHIMAZOLE 5 MG TABLET	5	60.00	9.01	0.08	76%-100% Above	No	No
64380021201	METHIMAZOLE 5 MG TABLET	7	60.00	9.01	0.07	101%-200% Above	No	No
64380021201	METHIMAZOLE 5 MG TABLET	8	30.00	4.51	0.08	76%-100% Above	No	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	6	12.00	1.75	0.28	26%-50% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	7	9.00	1.44	0.22	26%-50% Below	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	4	20.00	2.90	0.07	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	4	30.00	4.36	0.07	101%-200% Above	Yes	No

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64380071207	BENZONATATE 100 MG CAPSULE	5	15.00	2.18	0.07	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	6	20.00	2.90	0.08	76%-100% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	6	21.00	3.05	0.08	76%-100% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	6	30.00	4.36	0.08	76%-100% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	7	30.00	4.36	0.06	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	7	42.00	6.10	0.06	101%-200% Above	No	No
64380071307	BENZONATATE 200 MG CAPSULE	4	21.00	1.40	0.10	26%-50% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	4	30.00	2.00	0.10	26%-50% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	5	15.00	1.00	0.10	26%-50% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	5	30.00	2.00	0.10	26%-50% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	6	15.00	1.00	0.12	26%-50% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	6	30.00	2.00	0.12	26%-50% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	7	30.00	2.00	0.10	26%-50% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	8	15.00	1.00	0.12	26%-50% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	8	30.00	2.00	0.12	26%-50% Below	Yes	No
64380072506	MYCOPHENOLATE 500 MG TABLET	7	360.00	64.87	0.23	10%-25% Below	No	No
64380072606	MYCOPHENOLATE 250 MG CAPSULE	7	540.00	52.81	0.14	26%-50% Below	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.00	0.29	0.11	26%-50% Below	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.00	1.07	0.11	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.00	0.86	0.11	26%-50% Below	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	6	3.00	0.22	0.12	26%-50% Below	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.00	0.29	0.12	26%-50% Below	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	6	6.00	0.43	0.12	26%-50% Below	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.00	1.07	0.10	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.00	0.86	0.10	26%-50% Below	No	No

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64380074108	BUSPIRONE HCL 5 MG TABLET	4	60.00	3.75	0.02	200% Above	No	No
64380074108	BUSPIRONE HCL 5 MG TABLET	5	60.00	3.75	0.02	200% Above	No	No
64380074108	BUSPIRONE HCL 5 MG TABLET	6	60.00	3.75	0.02	101%-200% Above	No	No
64380074108	BUSPIRONE HCL 5 MG TABLET	7	60.00	3.75	0.02	200% Above	No	No
64380074108	BUSPIRONE HCL 5 MG TABLET	7	180.00	11.25	0.02	200% Above	No	No
64380074605	PRAMIPEXOLE 0.125 MG TABLET	5	90.00	5.31	0.04	26%-50% Above	Yes	No
64380074705	PRAMIPEXOLE 0.25 MG TABLET	7	180.00	17.91	0.04	101%-200% Above	Yes	No
64380074805	PRAMIPEXOLE 0.5 MG TABLET	6	90.00	22.62	0.06	200% Above	Yes	No
64380076111	OMEGA-3 ETHYL ESTERS 1 GM CAP	7	120.00	40.56	0.17	76%-100% Above	No	No
64380076621	PEG-3350 AND ELECTROLYTES SOLN	4	4000.00	11.20	0.00	26%-50% Below	No	No
64380076621	PEG-3350 AND ELECTROLYTES SOLN	5	4000.00	11.20	0.00	26%-50% Below	No	No
64380076621	PEG-3350 AND ELECTROLYTES SOLN	7	4000.00	11.20	0.00	10%-25% Below	No	No
64380076621	PEG-3350 AND ELECTROLYTES SOLN	8	4000.00	11.20	0.00	26%-50% Below	No	No
64380076921	PEG 3350-ELECTROLYTE SOLUTION	5	4000.00	15.20	0.01	26%-50% Below	No	No
64380078407	PREDNISONONE 10 MG TABLET	5	60.00	6.52	0.05	101%-200% Above	No	No
64380078408	PREDNISONONE 10 MG TABLET	5	21.00	2.28	0.05	101%-200% Above	No	No
64380078408	PREDNISONONE 10 MG TABLET	6	5.00	0.54	0.06	76%-100% Above	No	No
64380078408	PREDNISONONE 10 MG TABLET	6	20.00	2.17	0.06	76%-100% Above	No	No
64380078408	PREDNISONONE 10 MG TABLET	7	10.00	1.09	0.05	101%-200% Above	No	No
64380078408	PREDNISONONE 10 MG TABLET	7	16.00	1.74	0.05	101%-200% Above	No	No
64380078408	PREDNISONONE 10 MG TABLET	7	21.00	2.28	0.05	101%-200% Above	No	No
64380078507	PREDNISONONE 20 MG TABLET	5	5.00	0.58	0.07	51%-75% Above	No	No
64380078507	PREDNISONONE 20 MG TABLET	5	9.00	1.04	0.07	51%-75% Above	No	No
64380078507	PREDNISONONE 20 MG TABLET	6	5.00	0.58	0.10	10%-25% Above	No	No
64380078507	PREDNISONONE 20 MG TABLET	6	10.00	1.16	0.10	10%-25% Above	No	No

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64380078507	PREDNISONE 20 MG TABLET	6	12.00	1.39	0.10	10%-25% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	7	5.00	0.58	0.07	51%-75% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	7	10.00	1.16	0.07	51%-75% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	7	13.00	1.51	0.07	51%-75% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	7	30.00	3.48	0.07	51%-75% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	8	10.00	1.16	0.09	26%-50% Above	No	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	7	60.00	31.94	0.09	200% Above	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	7	180.00	95.81	0.09	200% Above	Yes	No
64380080707	IBUPROFEN 800 MG TABLET	4	60.00	2.24	0.06	26%-50% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	4	90.00	3.36	0.06	26%-50% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	5	30.00	1.12	0.06	26%-50% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	5	60.00	2.24	0.06	26%-50% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	5	90.00	3.36	0.06	26%-50% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	6	30.00	1.12	0.06	26%-50% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	6	60.00	2.24	0.06	26%-50% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	6	90.00	3.36	0.06	26%-50% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	7	60.00	2.24	0.05	26%-50% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	7	90.00	3.36	0.05	26%-50% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	8	60.00	2.24	0.07	26%-50% Below	No	No
64380080807	IBUPROFEN 600 MG TABLET	8	30.00	0.55	0.05	51%-75% Below	No	No
64380080907	IBUPROFEN 400 MG TABLET	4	18.00	0.25	0.04	51%-75% Below	No	No
64380083506	PREDNISONE 2.5 MG TABLET	5	90.00	2.12	0.06	51%-75% Below	Yes	No
64380083506	PREDNISONE 2.5 MG TABLET	7	90.00	2.12	0.05	51%-75% Below	Yes	No
64380094906	PREDNISONE 50 MG TABLET	5	5.00	0.67	0.15	10%-25% Below	Yes	No
64380094906	PREDNISONE 50 MG TABLET	6	5.00	0.67	0.24	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64380094906	PREDNISONE 50 MG TABLET	8	5.00	0.67	0.19	26%-50% Below	Yes	No
64380097106	HYDROCORTISONE 10 MG TABLET	5	450.00	107.01	0.21	10%-25% Above	No	No
64380097106	HYDROCORTISONE 10 MG TABLET	7	30.00	7.13	0.21	10%-25% Above	Yes	No
64380097106	HYDROCORTISONE 10 MG TABLET	7	270.00	64.21	0.21	10%-25% Above	No	No
64380097206	HYDROCORTISONE 20 MG TABLET	7	30.00	13.55	0.31	26%-50% Above	Yes	No
64679060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	5	240.00	7.51	0.04	10%-25% Below	No	No
64679060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	6	200.00	6.26	0.04	10%-25% Below	No	No
64679060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	8	120.00	3.76	0.04	10%-25% Below	No	No
64764073030	TRINTELLIX 10 MG TABLET	4	30.00	299.68	15.64	26%-50% Below	No	No
64764073030	TRINTELLIX 10 MG TABLET	5	30.00	299.68	15.65	26%-50% Below	No	No
64764073030	TRINTELLIX 10 MG TABLET	6	30.00	299.68	15.65	26%-50% Below	No	No
64764073030	TRINTELLIX 10 MG TABLET	7	90.00	899.03	15.66	26%-50% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	60.00	13.13	0.25	10%-25% Below	Yes	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	6	30.00	6.41	0.27	10%-25% Below	Yes	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	6	60.00	12.81	0.27	10%-25% Below	Yes	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	8	60.00	12.81	0.26	10%-25% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	60.00	13.10	0.25	10%-25% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	60.00	13.10	0.25	10%-25% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	90.00	19.66	0.25	10%-25% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	30.00	6.55	0.26	10%-25% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.00	13.10	0.26	10%-25% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.00	13.10	0.26	10%-25% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	90.00	19.66	0.26	10%-25% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	30.00	6.55	0.33	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.00	13.10	0.33	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.00	13.10	0.33	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.00	14.28	0.33	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	30.00	6.55	0.27	10%-25% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.00	13.10	0.27	10%-25% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.00	14.28	0.27	10%-25% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	90.00	19.66	0.27	10%-25% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	30.00	6.55	0.34	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.00	14.28	0.34	26%-50% Below	No	No
64850050601	DEXTROAMP-AMPHETAMIN 30 MG TAB	5	60.00	12.82	0.26	10%-25% Below	No	No
64850050601	DEXTROAMP-AMPHETAMIN 30 MG TAB	6	10.00	2.14	0.29	10%-25% Below	No	No
64850050601	DEXTROAMP-AMPHETAMIN 30 MG TAB	6	60.00	13.96	0.29	10%-25% Below	No	No
64850050601	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	60.00	13.96	0.30	10%-25% Below	No	No
64850051001	DEXTROAMP-AMPHET ER 5 MG CAP	4	30.00	29.31	0.35	101%-200% Above	Yes	No
64850051101	DEXTROAMP-AMPHET ER 10 MG CAP	4	30.00	93.81	0.44	200% Above	No	No
64850051101	DEXTROAMP-AMPHET ER 10 MG CAP	5	30.00	93.81	0.44	200% Above	No	No
64850051101	DEXTROAMP-AMPHET ER 10 MG CAP	5	30.00	104.85	0.44	200% Above	Yes	No
64850051101	DEXTROAMP-AMPHET ER 10 MG CAP	7	30.00	104.85	0.37	200% Above	Yes	No
64850051201	DEXTROAMP-AMPHET ER 15 MG CAP	5	30.00	104.85	0.44	200% Above	No	No
64850051201	DEXTROAMP-AMPHET ER 15 MG CAP	6	30.00	93.81	0.57	200% Above	No	No
64850051201	DEXTROAMP-AMPHET ER 15 MG CAP	8	30.00	104.85	0.70	200% Above	Yes	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	4	30.00	104.85	0.47	200% Above	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	5	22.00	76.89	0.42	200% Above	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	5	30.00	104.85	0.42	200% Above	Yes	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	6	22.00	76.89	0.53	200% Above	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	6	30.00	104.85	0.53	200% Above	No	No

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64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	6	30.00	104.85	0.53	200% Above	Yes	No
64850051401	DEXTROAMP-AMPHET ER 25 MG CAP	4	30.00	104.85	0.45	200% Above	No	No
64850051401	DEXTROAMP-AMPHET ER 25 MG CAP	5	30.00	104.85	0.42	200% Above	No	No
64850051401	DEXTROAMP-AMPHET ER 25 MG CAP	5	30.00	104.85	0.42	200% Above	Yes	No
64850051401	DEXTROAMP-AMPHET ER 25 MG CAP	5	60.00	209.70	0.42	200% Above	No	No
64850051401	DEXTROAMP-AMPHET ER 25 MG CAP	6	30.00	104.85	0.51	200% Above	No	No
64850051401	DEXTROAMP-AMPHET ER 25 MG CAP	7	30.00	104.85	0.47	200% Above	No	No
64850051401	DEXTROAMP-AMPHET ER 25 MG CAP	7	30.00	104.85	0.47	200% Above	Yes	No
64850051401	DEXTROAMP-AMPHET ER 25 MG CAP	8	30.00	104.85	0.56	200% Above	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	4	30.00	104.85	0.36	200% Above	Yes	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	8	30.00	104.85	0.64	200% Above	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	8	30.00	104.85	0.64	200% Above	Yes	No
64950034316	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG/15 ML SOLUTION	6	120.00	4.61	0.34	76%-100% Below	Yes	No
64980010401	PHOSPHA 250 NEUTRAL TABLET	6	5.00	1.45	0.18	51%-75% Above	Yes	No
64980020901	OXYBUTYNIN CL ER 5 MG TABLET	6	90.00	44.24	0.11	200% Above	No	No
64980021001	OXYBUTYNIN CL ER 10 MG TABLET	5	90.00	46.91	0.09	200% Above	Yes	No
64980021001	OXYBUTYNIN CL ER 10 MG TABLET	6	90.00	46.91	0.12	200% Above	Yes	No
64980021001	OXYBUTYNIN CL ER 10 MG TABLET	7	90.00	46.91	0.09	200% Above	Yes	No
64980021001	OXYBUTYNIN CL ER 10 MG TABLET	8	90.00	46.91	0.11	200% Above	Yes	No
64980026401	METHIMAZOLE 5 MG TABLET	4	30.00	4.51	0.08	76%-100% Above	Yes	No
64980026401	METHIMAZOLE 5 MG TABLET	5	30.00	4.51	0.08	76%-100% Above	Yes	No
64980026401	METHIMAZOLE 5 MG TABLET	6	30.00	4.51	0.09	51%-75% Above	Yes	No
64980026401	METHIMAZOLE 5 MG TABLET	7	30.00	4.51	0.07	101%-200% Above	Yes	No
64980028005	GLIPIZIDE ER 5 MG TABLET	6	30.00	2.92	0.09	10%-25% Above	No	No
64980028005	GLIPIZIDE ER 5 MG TABLET	7	30.00	2.92	0.07	26%-50% Above	No	No

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64980028005	GLIPIZIDE ER 5 MG TABLET	8	30.00	2.92	0.09	10%-25% Above	No	No
64980028105	GLIPIZIDE ER 10 MG TABLET	4	90.00	19.63	0.14	51%-75% Above	No	No
64980028105	GLIPIZIDE ER 10 MG TABLET	4	120.00	26.17	0.14	51%-75% Above	No	No
64980028105	GLIPIZIDE ER 10 MG TABLET	4	180.00	39.26	0.14	51%-75% Above	No	No
64980028105	GLIPIZIDE ER 10 MG TABLET	6	120.00	26.17	0.17	26%-50% Above	No	No
64980030550	DENTA 5000 PLUS CREAM	8	153.00	15.58	0.08	26%-50% Above	Yes	No
64980032430	PROCTOZONE-HC 2.5% CREAM	7	30.00	4.81	0.24	26%-50% Below	No	No
64980033004	FLUOCINOLONE 0.01% SCALP OIL	6	118.28	84.30	0.19	200% Above	No	No
64980034214	ALENDRONATE SODIUM 70 MG TAB	5	4.00	3.08	0.25	200% Above	No	No
64980034214	ALENDRONATE SODIUM 70 MG TAB	7	12.00	6.09	0.24	101%-200% Above	No	No
64980037403	ATOMOXETINE HCL 18 MG CAPSULE	5	7.00	15.32	0.50	200% Above	Yes	No
64980037403	ATOMOXETINE HCL 18 MG CAPSULE	6	30.00	65.65	0.49	200% Above	No	No
64980037403	ATOMOXETINE HCL 18 MG CAPSULE	7	7.00	15.32	0.48	200% Above	Yes	No
64980037603	ATOMOXETINE HCL 40 MG CAPSULE	4	30.00	71.33	0.49	200% Above	No	No
64980037603	ATOMOXETINE HCL 40 MG CAPSULE	5	30.00	71.33	0.52	200% Above	No	No
64980037603	ATOMOXETINE HCL 40 MG CAPSULE	5	90.00	213.99	0.52	200% Above	No	No
64980037603	ATOMOXETINE HCL 40 MG CAPSULE	6	60.00	142.66	0.60	200% Above	No	No
64980037603	ATOMOXETINE HCL 40 MG CAPSULE	8	30.00	71.33	0.60	200% Above	No	No
64980037703	ATOMOXETINE HCL 60 MG CAPSULE	6	30.00	71.33	0.73	200% Above	No	No
64980037803	ATOMOXETINE HCL 80 MG CAPSULE	5	30.00	76.96	0.51	200% Above	No	No
64980037803	ATOMOXETINE HCL 80 MG CAPSULE	6	30.00	76.96	0.63	200% Above	No	No
64980037803	ATOMOXETINE HCL 80 MG CAPSULE	7	90.00	230.89	0.47	200% Above	No	No
64980041110	PREGABALIN 50 MG CAPSULE	4	90.00	1.93	0.04	51%-75% Below	No	No
64980041110	PREGABALIN 50 MG CAPSULE	5	270.00	5.78	0.04	26%-50% Below	No	No
64980041210	PREGABALIN 75 MG CAPSULE	7	60.00	2.32	0.05	10%-25% Below	No	No

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64980043710	ATENOLOL 25 MG TABLET	4	30.00	0.91	0.02	51%-75% Above	No	No
64980043710	ATENOLOL 25 MG TABLET	5	30.00	0.91	0.02	51%-75% Above	No	No
64980043710	ATENOLOL 25 MG TABLET	5	90.00	2.73	0.02	51%-75% Above	No	No
64980043710	ATENOLOL 25 MG TABLET	5	90.00	2.73	0.02	51%-75% Above	Yes	No
64980043710	ATENOLOL 25 MG TABLET	6	30.00	0.91	0.02	26%-50% Above	No	No
64980043710	ATENOLOL 25 MG TABLET	7	30.00	0.91	0.02	51%-75% Above	No	No
64980043810	ATENOLOL 50 MG TABLET	5	30.00	2.89	0.02	200% Above	No	No
64980043810	ATENOLOL 50 MG TABLET	6	30.00	2.89	0.03	200% Above	No	No
64980044801	NEOMYCIN-POLYMYXIN-HC EAR SUSP	7	10.00	29.10	3.82	10%-25% Below	No	No
64980050448	CYPROHEPTADINE 2 MG/5 ML SYRUP	4	473.00	14.10	0.04	26%-50% Below	No	No
64980050448	CYPROHEPTADINE 2 MG/5 ML SYRUP	4	600.00	17.88	0.04	26%-50% Below	No	No
64980050924	DEXAMETHASONE 0.5 MG/5 ML ELX	4	200.00	18.32	0.08	10%-25% Above	No	No
64980050924	DEXAMETHASONE 0.5 MG/5 ML ELX	7	140.00	19.19	0.07	76%-100% Above	No	No
64980051405	TIMOLOL MALEATE 0.5% EYE DROPS	8	5.00	3.11	1.09	26%-50% Below	No	No
64980052810	SODIUM BICARB 650 MG TABLET	6	180.00	5.09	0.01	101%-200% Above	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	4	30.00	0.55	0.03	26%-50% Below	No	No
64980056210	FUROSEMIDE 20 MG TABLET	4	30.00	0.55	0.03	26%-50% Below	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	5	30.00	0.55	0.02	10%-25% Below	No	No
64980056210	FUROSEMIDE 20 MG TABLET	5	30.00	0.55	0.02	10%-25% Below	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	6	30.00	0.55	0.03	26%-50% Below	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	6	90.00	1.65	0.03	26%-50% Below	No	No
64980056210	FUROSEMIDE 20 MG TABLET	6	90.00	1.65	0.03	26%-50% Below	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	7	5.00	0.09	0.02	10%-25% Below	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	7	30.00	0.55	0.02	10%-25% Below	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	8	90.00	1.65	0.03	26%-50% Below	No	No

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64980056310	FUROSEMIDE 40 MG TABLET	5	30.00	0.72	0.03	10%-25% Below	No	No
64980056310	FUROSEMIDE 40 MG TABLET	5	90.00	2.16	0.03	10%-25% Below	No	No
64980056310	FUROSEMIDE 40 MG TABLET	5	90.00	2.16	0.03	10%-25% Below	Yes	No
64980056310	FUROSEMIDE 40 MG TABLET	5	135.00	3.24	0.03	10%-25% Below	Yes	No
64980056310	FUROSEMIDE 40 MG TABLET	6	30.00	0.72	0.03	26%-50% Below	No	No
64980056310	FUROSEMIDE 40 MG TABLET	6	90.00	2.16	0.03	26%-50% Below	No	No
64980056310	FUROSEMIDE 40 MG TABLET	6	90.00	2.16	0.03	26%-50% Below	Yes	No
64980056310	FUROSEMIDE 40 MG TABLET	7	90.00	2.16	0.03	10%-25% Below	Yes	No
64980056310	FUROSEMIDE 40 MG TABLET	7	270.00	6.48	0.03	10%-25% Below	No	No
64980056310	FUROSEMIDE 40 MG TABLET	8	30.00	0.72	0.03	26%-50% Below	No	No
64980056310	FUROSEMIDE 40 MG TABLET	8	90.00	2.16	0.03	26%-50% Below	Yes	No
64980056701	DAPSONE 25 MG TABLET	5	60.00	19.22	0.48	26%-50% Below	No	No
64980060512	LEVETIRACETA TAB 500MG	7	30.00	4.11	.		Yes	No
64980060512	LEVETIRACETA TAB 500MG	7	180.00	23.96	.		Yes	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	4	20.00	2.36	0.21	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	5	8.00	0.95	0.21	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	5	12.00	1.42	0.21	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	7	12.00	1.42	0.22	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	7	18.00	2.13	0.22	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	8	10.00	1.66	0.26	26%-50% Below	No	No
65162004710	OXYCODONE HCL (IR) 5 MG TABLET	7	10.00	0.46	0.07	26%-50% Below	No	No
65162005703	RALOXIFENE HCL 60 MG TABLET	6	30.00	37.07	0.27	200% Above	Yes	No
65162005703	RALOXIFENE HCL 60 MG TABLET	7	90.00	111.20	0.24	200% Above	Yes	No
65162010150	GABAPENTIN 100 MG CAPSULE	4	360.00	3.06	0.02	51%-75% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	5	90.00	0.77	0.02	51%-75% Below	No	No

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65162010150	GABAPENTIN 100 MG CAPSULE	6	90.00	0.77	0.02	51%-75% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	7	90.00	0.77	0.02	51%-75% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	8	90.00	0.77	0.02	51%-75% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	8	360.00	3.06	0.02	51%-75% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	4	30.00	0.52	0.04	51%-75% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	4	180.00	3.13	0.04	51%-75% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	5	30.00	0.52	0.04	51%-75% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	5	90.00	1.57	0.04	51%-75% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	6	30.00	0.52	0.04	51%-75% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	6	90.00	1.57	0.04	51%-75% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	6	120.00	2.09	0.04	51%-75% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	7	30.00	0.52	0.04	51%-75% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	7	60.00	1.04	0.04	51%-75% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	7	90.00	1.57	0.04	51%-75% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	7	90.00	2.69	0.04	10%-25% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	7	120.00	2.09	0.04	51%-75% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	8	30.00	0.52	0.04	51%-75% Below	No	No
65162011510	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	12.00	0.81	0.14	51%-75% Below	Yes	No
65162011510	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	26.00	1.75	0.14	51%-75% Below	Yes	No
65162011510	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	26.00	1.75	0.13	26%-50% Below	Yes	No
65162011510	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	16.00	1.08	0.16	51%-75% Below	Yes	No
65162011550	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	21.00	1.41	0.14	51%-75% Below	No	No
65162019011	NAPROXEN 500 MG TABLET	4	20.00	0.47	0.05	51%-75% Below	No	No
65162019011	NAPROXEN 500 MG TABLET	4	60.00	1.40	0.05	51%-75% Below	No	No
65162019011	NAPROXEN 500 MG TABLET	5	20.00	0.47	0.05	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65162019011	NAPROXEN 500 MG TABLET	6	60.00	1.40	0.07	51%-75% Below	No	No
65162019011	NAPROXEN 500 MG TABLET	7	30.00	0.70	0.05	51%-75% Below	No	No
65162019011	NAPROXEN 500 MG TABLET	7	60.00	1.40	0.05	51%-75% Below	No	No
65162019050	NAPROXEN 500 MG TABLET	4	20.00	0.47	0.05	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	4	60.00	1.40	0.05	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	4	90.00	0.91	0.05	76%-100% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	5	20.00	0.47	0.05	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	5	30.00	0.70	0.05	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	5	60.00	1.40	0.05	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	5	60.00	1.76	0.05	26%-50% Below	No	No
65162019050	NAPROXEN 500 MG TABLET	5	60.00	2.26	0.05	26%-50% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	5	90.00	2.11	0.05	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	5	180.00	5.27	0.05	26%-50% Below	No	No
65162019050	NAPROXEN 500 MG TABLET	6	14.00	0.33	0.07	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	6	20.00	1.09	0.07	10%-25% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	6	60.00	1.40	0.07	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	6	60.00	1.76	0.07	51%-75% Below	No	No
65162019050	NAPROXEN 500 MG TABLET	6	60.00	2.26	0.07	26%-50% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	7	60.00	1.40	0.05	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	7	90.00	0.91	0.05	76%-100% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	7	180.00	5.27	0.05	26%-50% Below	No	No
65162024709	CHLORTHALIDONE 25 MG TABLET	4	30.00	12.23	0.08	200% Above	No	No
65162027210	SULFAMETHOXAZOLE-TMP DS TABLET	6	20.00	0.68	0.05	26%-50% Below	No	No
65162027210	SULFAMETHOXAZOLE-TMP DS TABLET	7	14.00	0.48	0.05	10%-25% Below	No	No
65162027210	SULFAMETHOXAZOLE-TMP DS TABLET	8	6.00	0.20	0.06	26%-50% Below	No	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	4	9.00	0.31	0.05	26%-50% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	4	10.00	0.34	0.05	26%-50% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	4	14.00	0.48	0.05	26%-50% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	4	42.00	1.43	0.05	26%-50% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	5	9.00	0.31	0.05	26%-50% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	5	10.00	0.34	0.05	26%-50% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	5	14.00	0.48	0.05	26%-50% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	5	20.00	0.68	0.05	26%-50% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	6	9.00	0.31	0.05	26%-50% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	6	20.00	0.68	0.05	26%-50% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	7	30.00	1.02	0.05	26%-50% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	7	42.00	1.43	0.05	26%-50% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	8	10.00	0.34	0.06	26%-50% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	8	14.00	0.48	0.06	26%-50% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	8	20.00	0.68	0.06	26%-50% Below	No	No
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	8	9.00	191.32	31.28	26%-50% Below	No	No
65162046510	IBUPROFEN 600 MG TABLET	6	16.00	0.68	0.05	10%-25% Below	No	No
65162046550	IBUPROFEN 600 MG TABLET	3	20.00	0.37	0.06	51%-75% Below	No	No
65162046550	IBUPROFEN 600 MG TABLET	4	30.00	0.55	0.05	51%-75% Below	No	No
65162046550	IBUPROFEN 600 MG TABLET	5	21.00	0.38	0.04	51%-75% Below	No	No
65162046550	IBUPROFEN 600 MG TABLET	7	28.00	0.51	0.04	51%-75% Below	No	No
65162046610	IBUPROFEN 800 MG TABLET	5	40.00	1.49	0.06	26%-50% Below	No	No
65162046610	IBUPROFEN 800 MG TABLET	5	90.00	3.36	0.06	26%-50% Below	No	No
65162046610	IBUPROFEN 800 MG TABLET	7	40.00	1.49	0.05	26%-50% Below	No	No
65162046610	IBUPROFEN 800 MG TABLET	8	40.00	1.49	0.07	26%-50% Below	No	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65162046650	IBUPROFEN 800 MG TABLET	4	20.00	0.75	0.06	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	4	30.00	1.12	0.06	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	4	60.00	2.24	0.06	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	5	30.00	1.12	0.06	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	7	20.00	0.75	0.05	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	7	30.00	1.12	0.05	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	7	60.00	2.24	0.05	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	7	180.00	6.71	0.05	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	8	30.00	1.12	0.07	26%-50% Below	No	No
65162046935	ELURYNG VAGINAL RING	7	1.00	94.55	49.23	76%-100% Above	No	No
65162046935	ELURYNG VAGINAL RING	7	3.00	187.34	49.23	26%-50% Above	No	No
65162047810	NITROFURANTOIN MONO-MCR 100 MG	6	10.00	6.43	0.52	10%-25% Above	No	No
65162047810	NITROFURANTOIN MONO-MCR 100 MG	8	6.00	3.86	0.50	26%-50% Above	No	No
65162055310	METAXALONE 800 MG TABLET	6	60.00	80.70	0.60	101%-200% Above	Yes	No
65162062711	TRAMADOL HCL 50 MG TABLET	5	60.00	0.98	0.02	26%-50% Below	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	6	60.00	0.98	0.03	26%-50% Below	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	7	21.00	0.34	0.02	26%-50% Below	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	7	25.00	0.41	0.02	26%-50% Below	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	7	60.00	0.98	0.02	26%-50% Below	No	No
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	4	30.00	12.77	0.24	76%-100% Above	No	No
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	5	30.00	5.65	0.30	26%-50% Below	No	No
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	5	30.00	12.77	0.26	51%-75% Above	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	5	150.00	4.70	0.04	10%-25% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	6	150.00	4.70	0.04	10%-25% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	7	120.00	3.76	0.04	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	7	180.00	5.63	0.04	10%-25% Below	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	5	12.00	18.79	0.23	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	4	6.00	13.68	0.17	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	5	6.00	13.68	0.20	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	5	9.00	18.36	0.20	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	6	9.00	18.36	0.20	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	7	9.00	18.36	0.15	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	7	12.00	24.48	0.15	200% Above	No	No
65162069179	ONDANSETRON 4 MG/5 ML SOLUTION	6	50.00	7.03	0.27	26%-50% Below	No	No
65162076210	WARFARIN SODIUM 2 MG TABLET	4	4.00	0.69	0.08	101%-200% Above	No	No
65162076210	WARFARIN SODIUM 2 MG TABLET	5	4.00	0.69	0.09	76%-100% Above	No	No
65162076210	WARFARIN SODIUM 2 MG TABLET	6	4.00	0.69	0.08	101%-200% Above	No	No
65162076210	WARFARIN SODIUM 2 MG TABLET	7	4.00	0.69	0.08	101%-200% Above	No	No
65162076210	WARFARIN SODIUM 2 MG TABLET	8	4.00	0.69	0.08	101%-200% Above	No	No
65162076810	WARFARIN SODIUM 7.5 MG TABLET	4	30.00	4.00	0.11	10%-25% Above	No	No
65162076810	WARFARIN SODIUM 7.5 MG TABLET	5	30.00	4.00	0.10	26%-50% Above	No	No
65162076810	WARFARIN SODIUM 7.5 MG TABLET	6	30.00	4.00	0.11	10%-25% Above	No	No
65162076810	WARFARIN SODIUM 7.5 MG TABLET	7	30.00	4.00	0.10	26%-50% Above	No	No
65162076810	WARFARIN SODIUM 7.5 MG TABLET	8	30.00	4.00	0.11	10%-25% Above	No	No
65162077810	BUDESONIDE EC 3 MG CAPSULE	5	90.00	547.67	0.57	200% Above	No	No
65162080710	PROGESTERONE 100 MG CAPSULE	4	30.00	18.14	0.20	200% Above	No	No
65162080710	PROGESTERONE 100 MG CAPSULE	5	30.00	18.14	0.19	200% Above	No	No
65162080710	PROGESTERONE 100 MG CAPSULE	5	90.00	54.41	0.19	200% Above	No	No
65162080710	PROGESTERONE 100 MG CAPSULE	6	30.00	18.14	0.30	101%-200% Above	No	No
65162080710	PROGESTERONE 100 MG CAPSULE	7	30.00	18.14	0.20	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65162080710	PROGESTERONE 100 MG CAPSULE	7	90.00	54.41	0.20	200% Above	No	No
65162080710	PROGESTERONE 100 MG CAPSULE	8	30.00	34.43	0.25	200% Above	No	No
65162080710	PROGESTERONE 100 MG CAPSULE	8	90.00	54.41	0.25	101%-200% Above	No	No
65162089023	OLOPATADINE 665 MCG NASAL SPRY	5	30.50	102.47	0.75	200% Above	No	No
65162089023	OLOPATADINE 665 MCG NASAL SPRY	6	30.50	102.47	1.01	200% Above	No	No
65162089023	OLOPATADINE 665 MCG NASAL SPRY	7	30.50	102.47	0.82	200% Above	No	No
65162089023	OLOPATADINE 665 MCG NASAL SPRY	8	30.50	102.47	1.01	200% Above	No	No
65162089129	MOMETASONE FUROATE 50 MCG SPRY	4	68.00	278.97	1.84	101%-200% Above	Yes	No
65162089129	MOMETASONE FUROATE 50 MCG SPRY	6	17.00	69.74	2.12	76%-100% Above	Yes	No
65162099508	DOTTI 0.075 MG PATCH	7	24.00	206.26	5.70	26%-50% Above	No	No
65702028810	ACCU-CHEK LNC FASTCLIX	5	102.00	11.69	.		No	No
65702028810	ACCU-CHEK LNC FASTCLIX	6	102.00	11.69	.		No	No
65702028810	ACCU-CHEK LNC FASTCLIX	6	102.00	12.34	.		No	No
65702028810	ACCU-CHEK LNC FASTCLIX	7	102.00	11.69	.		No	No
65702040710	ACCU-CHEK TES AVIVA PL	6	100.00	148.11	.		No	No
65702071110	ACCU-CHEK TES GUIDE	5	100.00	38.40	.		No	No
65702071110	ACCU-CHEK TES GUIDE	7	100.00	38.40	.		No	No
65702071110	ACCU-CHEK TES GUIDE	8	100.00	37.94	.		No	No
65702071210	ACCU-CHEK TES GUIDE	4	100.00	37.94	.		No	No
65702071210	ACCU-CHEK TES GUIDE	6	400.00	152.03	.		No	No
65702071210	ACCU-CHEK TES GUIDE	7	100.00	37.80	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	7	100.00	37.94	.		Yes	No
65702073110	ACCU-CHEK KIT GUIDE ME	7	1.00	9.44	.		Yes	No
65862000505	CITALOPRAM HBR 10 MG TABLET	7	90.00	6.90	0.02	200% Above	No	No
65862000701	CITALOPRAM HBR 40 MG TABLET	4	30.00	1.65	0.04	26%-50% Above	No	No

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65862000701	CITALOPRAM HBR 40 MG TABLET	5	30.00	1.65	0.04	26%-50% Above	No	No
65862000701	CITALOPRAM HBR 40 MG TABLET	5	90.00	4.96	0.04	26%-50% Above	No	No
65862000701	CITALOPRAM HBR 40 MG TABLET	5	90.00	4.96	0.04	26%-50% Above	Yes	No
65862000701	CITALOPRAM HBR 40 MG TABLET	6	60.00	3.31	0.04	10%-25% Above	No	No
65862000701	CITALOPRAM HBR 40 MG TABLET	7	90.00	4.96	0.04	26%-50% Above	No	No
65862000701	CITALOPRAM HBR 40 MG TABLET	7	90.00	4.96	0.04	26%-50% Above	Yes	No
65862001005	METFORMIN HCL 1,000 MG TABLET	6	180.00	3.46	0.02	10%-25% Below	No	No
65862001005	METFORMIN HCL 1,000 MG TABLET	8	60.00	1.15	0.02	10%-25% Below	No	No
65862001005	METFORMIN HCL 1,000 MG TABLET	8	180.00	3.46	0.02	10%-25% Below	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	6	30.00	1.77	0.03	51%-75% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	7	30.00	1.77	0.03	76%-100% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	7	60.00	3.53	0.03	76%-100% Above	No	No
65862001130	SERTRALINE HCL 25 MG TABLET	5	30.00	1.77	0.03	101%-200% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	4	30.00	0.92	0.04	10%-25% Below	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	4	90.00	2.77	0.04	10%-25% Below	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	5	30.00	0.92	0.03	10%-25% Below	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	6	30.00	0.92	0.04	10%-25% Below	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	8	30.00	0.92	0.04	10%-25% Below	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	7	30.00	1.60	0.05	10%-25% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	5	30.00	4.89	0.09	76%-100% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	7	14.00	2.28	0.09	76%-100% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	4	14.00	1.39	0.15	26%-50% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	4	16.00	1.59	0.15	26%-50% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	4	20.00	1.99	0.15	26%-50% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	4	20.00	1.99	0.15	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862001501	AMOXICILLIN 875 MG TABLET	5	20.00	1.99	0.14	26%-50% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	5	20.00	1.99	0.14	26%-50% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	6	10.00	1.00	0.18	26%-50% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	6	16.00	1.59	0.18	26%-50% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	6	20.00	1.99	0.18	26%-50% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	7	6.00	1.34	0.15	51%-75% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	7	14.00	1.39	0.15	26%-50% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	7	20.00	1.99	0.15	26%-50% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	7	20.00	1.99	0.15	26%-50% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	8	20.00	1.99	0.18	26%-50% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	8	20.00	1.99	0.18	26%-50% Below	Yes	No
65862001701	AMOXICILLIN 500 MG CAPSULE	4	20.00	1.29	0.09	26%-50% Below	No	No
65862001701	AMOXICILLIN 500 MG CAPSULE	5	21.00	1.35	0.09	26%-50% Below	No	No
65862001701	AMOXICILLIN 500 MG CAPSULE	5	30.00	1.93	0.09	26%-50% Below	No	No
65862001701	AMOXICILLIN 500 MG CAPSULE	6	21.00	1.35	0.11	26%-50% Below	No	No
65862001701	AMOXICILLIN 500 MG CAPSULE	7	24.00	1.55	0.08	10%-25% Below	No	No
65862001701	AMOXICILLIN 500 MG CAPSULE	7	30.00	1.93	0.08	10%-25% Below	No	No
65862001701	AMOXICILLIN 500 MG CAPSULE	8	4.00	0.26	0.10	26%-50% Below	No	No
65862001701	AMOXICILLIN 500 MG CAPSULE	8	21.00	1.35	0.10	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	4	14.00	0.67	0.09	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	4	20.00	0.95	0.09	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	4	21.00	1.00	0.09	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	4	30.00	1.43	0.09	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	5	15.00	0.71	0.09	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	5	16.00	0.76	0.09	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862001705	AMOXICILLIN 500 MG CAPSULE	5	20.00	0.95	0.09	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	5	28.00	1.33	0.09	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	5	30.00	1.43	0.09	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	6	20.00	0.95	0.11	51%-75% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	6	21.00	1.00	0.11	51%-75% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	7	21.00	1.00	0.08	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	7	30.00	1.43	0.08	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	8	12.00	0.57	0.10	51%-75% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	8	21.00	1.00	0.10	51%-75% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	8	28.00	1.33	0.10	51%-75% Below	No	No
65862001801	CEPHALEXIN 250 MG CAPSULE	7	40.00	2.38	0.07	10%-25% Below	No	No
65862001905	CEPHALEXIN 500 MG CAPSULE	5	30.00	2.09	0.12	26%-50% Below	No	No
65862001905	CEPHALEXIN 500 MG CAPSULE	8	40.00	2.78	0.13	26%-50% Below	No	No
65862005090	SIMVASTATIN 5 MG TABLET	5	30.00	1.86	0.03	76%-100% Above	No	No
65862005090	SIMVASTATIN 5 MG TABLET	6	30.00	1.86	0.04	51%-75% Above	No	No
65862005090	SIMVASTATIN 5 MG TABLET	7	30.00	1.86	0.04	51%-75% Above	No	No
65862005090	SIMVASTATIN 5 MG TABLET	8	30.00	1.86	0.04	51%-75% Above	No	No
65862005190	SIMVASTATIN 10 MG TABLET	6	30.00	1.95	0.03	76%-100% Above	No	No
65862005299	SIMVASTATIN 20 MG TABLET	5	30.00	0.60	0.03	26%-50% Below	No	No
65862005299	SIMVASTATIN 20 MG TABLET	6	30.00	0.60	0.04	26%-50% Below	No	No
65862005299	SIMVASTATIN 20 MG TABLET	6	90.00	1.80	0.04	26%-50% Below	No	No
65862005390	SIMVASTATIN 40 MG TABLET	5	90.00	2.02	0.05	51%-75% Below	Yes	No
65862005390	SIMVASTATIN 40 MG TABLET	6	90.00	3.07	0.07	26%-50% Below	No	No
65862005390	SIMVASTATIN 40 MG TABLET	7	90.00	2.02	0.05	51%-75% Below	Yes	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	4	30.00	1.04	0.02	101%-200% Above	No	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862006299	METOPROLOL TARTRATE 25 MG TAB	4	60.00	2.07	0.02	101%-200% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	5	30.00	1.04	0.02	101%-200% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	5	60.00	2.07	0.02	101%-200% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	6	30.00	1.04	0.02	76%-100% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	6	60.00	2.07	0.02	76%-100% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	7	30.00	1.04	0.01	101%-200% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	7	60.00	2.07	0.01	101%-200% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	8	60.00	2.07	0.02	101%-200% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	8	180.00	6.21	0.02	101%-200% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	4	200.00	11.18	0.03	76%-100% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	5	100.00	5.00	0.03	51%-75% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	5	100.00	5.59	0.03	76%-100% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	5	200.00	11.18	0.03	76%-100% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	6	200.00	11.18	0.03	51%-75% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	7	100.00	5.59	0.03	101%-200% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	7	200.00	11.18	0.03	101%-200% Above	No	No
65862007150	AMOXICILLIN 400 MG/5 ML SUSP	7	50.00	2.76	0.04	26%-50% Above	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	5	150.00	8.32	0.03	51%-75% Above	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	5	150.00	8.32	0.03	51%-75% Above	Yes	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	5	150.00	10.95	0.03	101%-200% Above	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	7	75.00	4.16	0.03	51%-75% Above	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	7	150.00	8.32	0.03	51%-75% Above	No	No
65862007601	CIPROFLOXACIN HCL 250 MG TAB	7	10.00	0.99	0.09	10%-25% Above	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	4	14.00	2.13	0.13	10%-25% Above	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	5	28.00	4.25	0.13	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862007701	CIPROFLOXACIN HCL 500 MG TAB	5	42.00	6.38	0.13	10%-25% Above	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	7	6.00	0.91	0.13	10%-25% Above	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	7	10.00	1.52	0.13	10%-25% Above	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	7	14.00	1.97	0.13	10%-25% Above	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	7	14.00	2.13	0.13	10%-25% Above	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	7	20.00	3.04	0.13	10%-25% Above	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	7	28.00	4.25	0.13	10%-25% Above	No	No
65862007705	CIPROFLOXACIN HCL 500 MG TAB	4	14.00	2.13	0.13	10%-25% Above	No	No
65862007705	CIPROFLOXACIN HCL 500 MG TAB	4	20.00	3.04	0.13	10%-25% Above	No	No
65862007705	CIPROFLOXACIN HCL 500 MG TAB	5	14.00	2.13	0.13	10%-25% Above	No	No
65862007705	CIPROFLOXACIN HCL 500 MG TAB	5	20.00	3.04	0.13	10%-25% Above	No	No
65862007705	CIPROFLOXACIN HCL 500 MG TAB	5	28.00	4.25	0.13	10%-25% Above	No	No
65862007705	CIPROFLOXACIN HCL 500 MG TAB	7	10.00	1.52	0.13	10%-25% Above	No	No
65862007705	CIPROFLOXACIN HCL 500 MG TAB	7	14.00	2.13	0.13	10%-25% Above	No	No
65862007705	CIPROFLOXACIN HCL 500 MG TAB	7	20.00	3.04	0.13	10%-25% Above	No	No
65862007850	CIPROFLOXACIN HCL 750 MG TAB	6	28.00	5.43	0.27	26%-50% Below	No	No
65862007930	TERBINAFINE HCL 250 MG TABLET	5	30.00	2.85	0.13	10%-25% Below	No	No
65862007930	TERBINAFINE HCL 250 MG TABLET	5	84.00	7.97	0.13	26%-50% Below	No	No
65862007930	TERBINAFINE HCL 250 MG TABLET	6	14.00	1.33	0.15	26%-50% Below	No	No
65862009520	CEFPODOXIME 100 MG TABLET	6	10.00	34.36	1.11	200% Above	No	No
65862011701	BENZAEPRIIL HCL 20 MG TABLET	6	60.00	5.70	0.07	26%-50% Above	No	No
65862011801	BENZAEPRIIL HCL 40 MG TABLET	5	90.00	8.55	0.07	26%-50% Above	No	No
65862014636	SUMATRIPTAN SUCC 25 MG TABLET	5	9.00	10.13	0.27	200% Above	No	No
65862014636	SUMATRIPTAN SUCC 25 MG TABLET	7	9.00	10.13	0.30	200% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	7	9.00	3.27	0.31	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	6	12.00	5.07	0.47	10%-25% Below	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	8	9.00	3.81	0.47	10%-25% Below	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	6	30.00	0.80	0.03	10%-25% Below	No	No
65862015999	ZOLPIDEM TARTRATE 5 MG TABLET	6	30.00	0.80	0.03	10%-25% Below	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	4	30.00	0.84	0.03	10%-25% Below	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.00	0.84	0.03	10%-25% Below	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.00	0.84	0.04	26%-50% Below	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.00	0.84	0.04	26%-50% Below	No	No
65862016899	ATENOLOL 25 MG TABLET	4	30.00	0.91	0.02	51%-75% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	5	30.00	0.91	0.02	51%-75% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	6	30.00	0.91	0.02	26%-50% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	6	45.00	1.36	0.02	26%-50% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	7	30.00	0.91	0.02	51%-75% Above	No	No
65862016901	ATENOLOL 50 MG TABLET	5	30.00	0.90	0.02	26%-50% Above	No	No
65862016901	ATENOLOL 50 MG TABLET	6	30.00	0.90	0.03	10%-25% Above	No	No
65862016901	ATENOLOL 50 MG TABLET	7	30.00	0.90	0.02	26%-50% Above	No	No
65862016999	ATENOLOL 50 MG TABLET	4	30.00	0.90	0.02	10%-25% Above	No	No
65862016999	ATENOLOL 50 MG TABLET	6	30.00	0.90	0.03	10%-25% Above	No	No
65862016999	ATENOLOL 50 MG TABLET	6	90.00	2.71	0.03	10%-25% Above	No	No
65862016999	ATENOLOL 50 MG TABLET	7	30.00	0.90	0.02	26%-50% Above	No	No
65862017001	ATENOLOL 100 MG TABLET	7	90.00	4.42	0.04	10%-25% Above	No	No
65862017160	TOPIRAMATE 25 MG TABLET	5	30.00	1.67	0.03	101%-200% Above	No	No
65862017160	TOPIRAMATE 25 MG TABLET	6	30.00	1.67	0.03	76%-100% Above	No	No
65862017160	TOPIRAMATE 25 MG TABLET	8	30.00	1.67	0.03	76%-100% Above	No	No
65862017260	TOPIRAMATE 50 MG TABLET	7	30.00	1.76	0.03	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862017360	TOPIRAMATE 100 MG TABLET	5	60.00	4.46	0.06	26%-50% Above	No	No
65862017360	TOPIRAMATE 100 MG TABLET	7	60.00	4.46	0.05	51%-75% Above	No	No
65862017460	TOPIRAMATE 200 MG TABLET	6	90.00	10.43	0.10	10%-25% Above	No	No
65862017601	PENICILLIN VK 500 MG TABLET	6	30.00	2.66	0.11	10%-25% Below	No	No
65862017605	PENICILLIN VK 500 MG TABLET	8	40.00	3.55	0.11	10%-25% Below	No	No
65862017760	CEFDINIR 300 MG CAPSULE	4	20.00	6.95	0.42	10%-25% Below	No	No
65862017760	CEFDINIR 300 MG CAPSULE	5	20.00	6.95	0.41	10%-25% Below	No	No
65862017760	CEFDINIR 300 MG CAPSULE	5	20.00	18.01	0.41	101%-200% Above	No	No
65862017760	CEFDINIR 300 MG CAPSULE	6	20.00	6.95	0.49	26%-50% Below	No	No
65862017760	CEFDINIR 300 MG CAPSULE	8	20.00	6.95	0.51	26%-50% Below	No	No
65862018501	CLINDAMYCIN HCL 150 MG CAPSULE	4	45.00	2.89	0.09	26%-50% Below	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	4	21.00	6.76	0.18	76%-100% Above	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	5	21.00	6.76	0.17	76%-100% Above	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	6	15.00	2.53	0.19	10%-25% Below	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	6	21.00	3.54	0.19	10%-25% Below	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	7	40.00	12.87	0.17	76%-100% Above	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	8	30.00	10.24	0.23	26%-50% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	4	15.00	0.56	0.06	26%-50% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	4	18.00	0.68	0.06	26%-50% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	5	12.00	0.45	0.06	26%-50% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	5	15.00	0.56	0.06	26%-50% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	5	18.00	0.68	0.06	26%-50% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	6	12.00	0.45	0.07	26%-50% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	6	15.00	0.56	0.07	26%-50% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	6	18.00	0.68	0.07	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862018730	ONDANSETRON HCL 4 MG TABLET	7	4.00	0.49	0.06	101%-200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	7	18.00	0.68	0.06	26%-50% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	8	12.00	0.45	0.07	26%-50% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	4	18.00	1.05	0.08	10%-25% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	5	9.00	0.53	0.08	10%-25% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	5	18.00	1.05	0.08	10%-25% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	7	18.00	1.05	0.08	26%-50% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	8	18.00	1.05	0.10	26%-50% Below	No	No
65862019105	CYCLOBENZAPRINE 10 MG TABLET	5	30.00	0.28	0.02	26%-50% Below	No	No
65862019105	CYCLOBENZAPRINE 10 MG TABLET	5	90.00	0.85	0.02	26%-50% Below	No	No
65862019105	CYCLOBENZAPRINE 10 MG TABLET	7	60.00	0.56	0.02	26%-50% Below	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	4	30.00	1.54	0.03	51%-75% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	5	30.00	1.54	0.03	51%-75% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	6	30.00	1.54	0.03	51%-75% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	7	30.00	1.54	0.03	76%-100% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	8	30.00	1.54	0.03	51%-75% Above	No	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	4	30.00	0.38	0.03	51%-75% Below	No	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	6	90.00	1.08	0.03	51%-75% Below	Yes	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	7	30.00	0.38	0.03	51%-75% Below	No	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	8	30.00	0.38	0.03	51%-75% Below	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	4	30.00	0.38	0.03	51%-75% Below	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	5	30.00	0.38	0.03	51%-75% Below	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	5	90.00	1.14	0.03	51%-75% Below	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	7	30.00	0.38	0.03	51%-75% Below	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	8	90.00	1.14	0.03	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862019401	FLUOXETINE HCL 40 MG CAPSULE	6	28.00	2.49	0.07	26%-50% Above	No	No
65862019401	FLUOXETINE HCL 40 MG CAPSULE	7	28.00	2.49	0.06	51%-75% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	4	30.00	6.25	0.06	200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	4	90.00	7.99	0.06	26%-50% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	5	18.00	3.95	0.06	200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	5	60.00	5.33	0.06	51%-75% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	6	30.00	2.66	0.07	26%-50% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	6	30.00	6.25	0.07	101%-200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	6	60.00	5.33	0.07	26%-50% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	6	90.00	7.99	0.07	26%-50% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	7	30.00	2.66	0.06	51%-75% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	7	30.00	2.66	0.06	51%-75% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	7	30.00	6.25	0.06	200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	7	90.00	7.99	0.06	51%-75% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	8	30.00	2.66	0.07	26%-50% Above	Yes	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	4	30.00	2.58	0.03	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	5	30.00	2.58	0.03	200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	5	90.00	7.74	0.03	200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	6	30.00	2.58	0.03	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	7	30.00	2.58	0.03	200% Above	No	No
65862020290	LOSARTAN POTASSIUM 50 MG TAB	5	90.00	5.23	0.04	51%-75% Above	No	No
65862020290	LOSARTAN POTASSIUM 50 MG TAB	6	30.00	1.74	0.04	26%-50% Above	No	No
65862020290	LOSARTAN POTASSIUM 50 MG TAB	7	30.00	1.74	0.04	51%-75% Above	No	No
65862020290	LOSARTAN POTASSIUM 50 MG TAB	8	30.00	1.74	0.04	26%-50% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	4	30.00	1.74	0.04	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862020299	LOSARTAN POTASSIUM 50 MG TAB	4	90.00	5.23	0.04	51%-75% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	5	30.00	1.74	0.04	51%-75% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	5	90.00	5.23	0.04	51%-75% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	6	30.00	1.74	0.04	26%-50% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	7	30.00	1.74	0.04	51%-75% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	8	90.00	5.23	0.04	26%-50% Above	No	No
65862020330	LOSARTAN POTASSIUM 100 MG TAB	5	90.00	12.23	0.05	101%-200% Above	No	No
65862020330	LOSARTAN POTASSIUM 100 MG TAB	7	90.00	12.23	0.05	101%-200% Above	No	No
65862020390	LOSARTAN POTASSIUM 100 MG TAB	7	90.00	8.24	0.05	76%-100% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	4	14.00	1.28	0.05	76%-100% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	4	30.00	2.75	0.05	76%-100% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	5	30.00	2.75	0.05	76%-100% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	5	90.00	8.24	0.05	76%-100% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	6	30.00	2.75	0.06	51%-75% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	6	90.00	8.24	0.06	51%-75% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	7	30.00	2.75	0.05	76%-100% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	7	90.00	8.24	0.05	76%-100% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	8	90.00	8.24	0.05	51%-75% Above	No	No
65862021150	MINOCYCLINE 100 MG CAPSULE	4	60.00	11.99	0.32	26%-50% Below	No	No
65862021150	MINOCYCLINE 100 MG CAPSULE	6	60.00	11.99	0.36	26%-50% Below	No	No
65862021801	CEFDINIR 125 MG/5 ML SUSP	7	100.00	32.13	0.09	200% Above	Yes	No
65862021801	CEFDINIR 125 MG/5 ML SUSP	7	100.00	41.15	0.09	200% Above	No	No
65862021860	CEFDINIR 125 MG/5 ML SUSP	4	60.00	20.29	0.11	200% Above	No	No
65862021860	CEFDINIR 125 MG/5 ML SUSP	5	60.00	20.29	0.12	101%-200% Above	No	No
65862021860	CEFDINIR 125 MG/5 ML SUSP	7	60.00	20.29	0.12	101%-200% Above	Yes	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862021960	CEFDINIR 250 MG/5 ML SUSP	4	60.00	39.58	0.14	200% Above	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	6	60.00	39.58	0.18	200% Above	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	7	60.00	39.58	0.12	200% Above	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	7	120.00	79.15	0.12	200% Above	Yes	No
65862022660	CLARITHROMYCIN 500 MG TABLET	4	28.00	13.59	0.39	10%-25% Above	Yes	No
65862022660	CLARITHROMYCIN 500 MG TABLET	7	20.00	9.70	0.38	26%-50% Above	Yes	No
65862022801	LAMOTRIGINE 100 MG TABLET	5	30.00	1.70	0.04	26%-50% Above	No	No
65862022801	LAMOTRIGINE 100 MG TABLET	8	30.00	1.70	0.05	10%-25% Above	No	No
65862022960	LAMOTRIGINE 150 MG TABLET	6	30.00	1.80	0.07	10%-25% Below	No	No
65862023703	IBANDRONATE SODIUM 150 MG TAB	6	3.00	65.69	3.68	200% Above	Yes	No
65862024608	LEVETIRACETAM 500 MG TABLET	6	60.00	7.99	0.08	51%-75% Above	No	No
65862024608	LEVETIRACETAM 500 MG TABLET	7	60.00	7.99	0.07	76%-100% Above	No	No
65862024608	LEVETIRACETAM 500 MG TABLET	8	60.00	7.99	0.08	51%-75% Above	No	No
65862025047	LEVETIRACETAM 100 MG/ML SOLN	4	150.00	5.52	0.03	26%-50% Above	No	No
65862025047	LEVETIRACETAM 100 MG/ML SOLN	5	150.00	5.52	0.03	26%-50% Above	No	No
65862025047	LEVETIRACETAM 100 MG/ML SOLN	5	630.00	23.18	0.03	26%-50% Above	Yes	No
65862025047	LEVETIRACETAM 100 MG/ML SOLN	6	150.00	5.52	0.03	10%-25% Above	No	No
65862025047	LEVETIRACETAM 100 MG/ML SOLN	8	630.00	23.18	0.03	10%-25% Above	Yes	No
65862029390	ROSUVASTATIN CALCIUM 5 MG TAB	6	30.00	50.63	0.04	200% Above	No	No
65862029390	ROSUVASTATIN CALCIUM 5 MG TAB	6	90.00	151.89	0.04	200% Above	No	No
65862029390	ROSUVASTATIN CALCIUM 5 MG TAB	7	5.00	8.44	0.04	200% Above	No	No
65862029390	ROSUVASTATIN CALCIUM 5 MG TAB	7	90.00	151.89	0.04	200% Above	No	No
65862029390	ROSUVASTATIN CALCIUM 5 MG TAB	8	90.00	151.89	0.04	200% Above	No	No
65862029490	ROSUVASTATIN CALCIUM 10 MG TAB	4	90.00	151.46	0.04	200% Above	No	No
65862029490	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.00	151.46	0.05	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862029490	ROSUVASTATIN CALCIUM 10 MG TAB	7	30.00	50.49	0.04	200% Above	No	No
65862029490	ROSUVASTATIN CALCIUM 10 MG TAB	7	90.00	151.46	0.04	200% Above	No	No
65862029490	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.00	50.49	0.05	200% Above	No	No
65862029590	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.00	50.36	0.06	200% Above	No	No
65862029590	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.00	151.09	0.05	200% Above	No	No
65862029690	ROSUVASTATIN CALCIUM 40 MG TAB	5	30.00	50.34	0.08	200% Above	No	No
65862029690	ROSUVASTATIN CALCIUM 40 MG TAB	5	30.00	70.11	0.08	200% Above	No	No
65862029690	ROSUVASTATIN CALCIUM 40 MG TAB	6	30.00	50.34	0.10	200% Above	No	No
65862029690	ROSUVASTATIN CALCIUM 40 MG TAB	6	30.00	70.11	0.10	200% Above	No	No
65862029690	ROSUVASTATIN CALCIUM 40 MG TAB	6	90.00	210.34	0.10	200% Above	No	No
65862029690	ROSUVASTATIN CALCIUM 40 MG TAB	6	180.00	420.68	0.10	200% Above	No	No
65862029690	ROSUVASTATIN CALCIUM 40 MG TAB	7	30.00	50.34	0.08	200% Above	No	No
65862029690	ROSUVASTATIN CALCIUM 40 MG TAB	7	30.00	70.11	0.08	200% Above	No	No
65862029690	ROSUVASTATIN CALCIUM 40 MG TAB	8	30.00	50.34	0.10	200% Above	No	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	6	12.00	9.24	0.26	101%-200% Above	Yes	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	7	12.00	9.24	0.24	200% Above	Yes	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	8	12.00	9.07	0.26	101%-200% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	4	30.00	3.45	0.06	76%-100% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	5	30.00	3.45	0.06	101%-200% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	6	30.00	3.45	0.06	76%-100% Above	Yes	No
65862037401	ESCITALOPRAM 10 MG TABLET	4	30.00	2.16	0.04	51%-75% Above	No	No
65862037401	ESCITALOPRAM 10 MG TABLET	4	90.00	10.09	0.04	101%-200% Above	No	No
65862037401	ESCITALOPRAM 10 MG TABLET	5	30.00	2.16	0.04	51%-75% Above	No	No
65862037401	ESCITALOPRAM 10 MG TABLET	6	30.00	2.16	0.05	26%-50% Above	No	No
65862037401	ESCITALOPRAM 10 MG TABLET	6	90.00	6.47	0.05	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862037401	ESCITALOPRAM 10 MG TABLET	7	30.00	3.36	0.04	101%-200% Above	No	No
65862037401	ESCITALOPRAM 10 MG TABLET	7	90.00	10.09	0.04	101%-200% Above	No	No
65862037401	ESCITALOPRAM 10 MG TABLET	8	14.00	1.57	0.05	101%-200% Above	No	No
65862037401	ESCITALOPRAM 10 MG TABLET	8	30.00	2.16	0.05	51%-75% Above	No	No
65862037401	ESCITALOPRAM 10 MG TABLET	8	30.00	3.36	0.05	101%-200% Above	No	No
65862037405	ESCITALOPRAM 10 MG TABLET	4	30.00	2.16	0.04	51%-75% Above	No	No
65862037501	ESCITALOPRAM 20 MG TABLET	4	90.00	12.51	0.07	101%-200% Above	No	No
65862037505	ESCITALOPRAM 20 MG TABLET	4	30.00	4.67	0.07	101%-200% Above	No	No
65862037505	ESCITALOPRAM 20 MG TABLET	6	30.00	4.67	0.08	76%-100% Above	No	No
65862037505	ESCITALOPRAM 20 MG TABLET	7	30.00	4.67	0.07	101%-200% Above	No	No
65862037505	ESCITALOPRAM 20 MG TABLET	7	90.00	7.34	0.07	10%-25% Above	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	4	12.00	1.38	0.16	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	4	18.00	2.07	0.16	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	4.00	0.46	0.16	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	12.00	1.38	0.16	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	15.00	1.73	0.16	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	18.00	2.07	0.16	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	18.00	2.07	0.16	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	4.00	0.46	0.19	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	9.00	1.04	0.19	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	10.00	1.15	0.19	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	10.00	1.48	0.19	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	15.00	1.73	0.19	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	18.00	2.07	0.19	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	18.00	2.07	0.19	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862039010	ONDANSETRON ODT 4 MG TABLET	6	18.00	2.26	0.19	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	4.00	0.77	0.15	26%-50% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	18.00	2.07	0.15	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	18.00	2.26	0.15	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	8	12.00	1.38	0.19	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	8	15.00	1.73	0.19	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	8	18.00	2.07	0.19	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	4	10.00	1.29	0.17	10%-25% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	4	18.00	2.32	0.17	10%-25% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	4	18.00	2.32	0.17	10%-25% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	5	7.00	0.90	0.17	10%-25% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	5	10.00	1.29	0.17	10%-25% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	5	10.00	1.29	0.17	10%-25% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	5	18.00	2.32	0.17	10%-25% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	5	18.00	2.32	0.17	10%-25% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	6	15.00	1.94	0.19	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	6	18.00	2.32	0.19	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	7	18.00	2.32	0.17	10%-25% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	7	18.00	2.32	0.17	10%-25% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	8	18.00	2.32	0.19	26%-50% Below	No	No
65862041901	SULFAMETHOXAZOLE-TMP SS TABLET	4	42.00	1.24	0.05	26%-50% Below	No	No
65862041901	SULFAMETHOXAZOLE-TMP SS TABLET	6	24.00	0.37	0.05	51%-75% Below	Yes	No
65862041901	SULFAMETHOXAZOLE-TMP SS TABLET	7	20.00	0.59	0.04	26%-50% Below	No	No
65862041901	SULFAMETHOXAZOLE-TMP SS TABLET	8	14.00	0.41	0.05	26%-50% Below	No	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	4	20.00	0.68	0.05	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	6	14.00	0.48	0.05	26%-50% Below	No	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	6	14.00	1.24	0.05	51%-75% Above	No	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	7	14.00	0.48	0.05	10%-25% Below	No	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	8	14.00	0.48	0.06	26%-50% Below	No	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	8	30.00	1.02	0.06	26%-50% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	4	10.00	0.34	0.05	26%-50% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	4	14.00	0.48	0.05	26%-50% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	4	20.00	0.68	0.05	26%-50% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	4.00	0.14	0.05	26%-50% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	10.00	0.34	0.05	26%-50% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	10.00	0.34	0.05	26%-50% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	14.00	0.48	0.05	26%-50% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	14.00	1.74	0.05	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	20.00	0.68	0.05	26%-50% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	28.00	0.95	0.05	26%-50% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	14.00	0.48	0.05	26%-50% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	14.00	0.48	0.05	26%-50% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	28.00	0.95	0.05	26%-50% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	28.00	0.95	0.05	26%-50% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	10.00	0.34	0.05	26%-50% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	10.00	0.34	0.05	26%-50% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	10.00	1.39	0.05	200% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	12.00	0.41	0.05	26%-50% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	14.00	0.48	0.05	10%-25% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	14.00	0.48	0.05	10%-25% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	20.00	0.68	0.05	26%-50% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	14.00	0.48	0.06	26%-50% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	28.00	0.95	0.06	26%-50% Below	Yes	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	5	30.00	6.20	0.24	10%-25% Below	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	6	30.00	6.20	0.27	10%-25% Below	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	7	30.00	6.20	0.23	10%-25% Below	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	6	90.00	18.59	0.27	10%-25% Below	No	No
65862044930	VALACYCLOVIR HCL 1 GRAM TABLET	7	30.00	13.88	0.41	10%-25% Above	No	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	7	14.00	6.48	0.41	10%-25% Above	No	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	7	15.00	6.94	0.41	10%-25% Above	No	No
65862045460	ALPRAZOLAM ER 0.5 MG TABLET	7	60.00	19.01	0.14	101%-200% Above	No	No
65862046830	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	4	90.00	32.44	0.09	200% Above	No	No
65862046830	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	7	90.00	32.44	0.09	200% Above	No	No
65862046890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	6	90.00	32.44	0.10	200% Above	No	No
65862046890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	6	90.00	42.17	0.10	200% Above	No	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	4	90.00	44.18	0.12	200% Above	No	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	5	90.00	57.46	0.11	200% Above	No	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	6	90.00	44.18	0.12	200% Above	No	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	7	90.00	44.18	0.10	200% Above	No	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	8	90.00	57.46	0.11	200% Above	No	No
65862046999	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	4	90.00	44.18	0.12	200% Above	No	No
65862046999	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	7	90.00	44.18	0.10	200% Above	No	No
65862047030	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	90.00	44.19	0.11	200% Above	No	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	30.00	19.15	0.12	200% Above	No	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	90.00	57.46	0.12	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	30.00	14.73	0.11	200% Above	No	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	90.00	44.19	0.11	200% Above	No	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	90.00	57.46	0.11	200% Above	No	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	8	90.00	57.46	0.11	200% Above	No	No
65862047099	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	30.00	14.73	0.11	200% Above	No	No
65862047099	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	90.00	44.19	0.11	200% Above	No	No
65862047099	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	30.00	14.73	0.12	200% Above	No	No
65862047099	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	30.00	14.73	0.11	200% Above	No	No
65862047099	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	90.00	44.19	0.11	200% Above	No	No
65862047099	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	8	90.00	44.19	0.11	200% Above	No	No
65862047501	RAMIPRIL 2.5 MG CAPSULE	5	5.00	0.27	0.04	26%-50% Above	No	No
65862047701	RAMIPRIL 10 MG CAPSULE	7	90.00	5.12	0.05	10%-25% Above	No	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	4	85.00	2.81	0.05	26%-50% Below	No	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	5	50.00	1.94	0.05	10%-25% Below	No	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	5	130.00	5.04	0.05	10%-25% Below	Yes	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	6	100.00	3.88	0.06	26%-50% Below	No	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	6	180.00	6.98	0.06	26%-50% Below	Yes	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	6	200.00	7.76	0.06	26%-50% Below	No	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	7	160.00	6.21	0.05	10%-25% Below	Yes	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	8	120.00	3.96	0.06	26%-50% Below	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	6	14.00	3.43	0.32	10%-25% Below	Yes	No
65862050301	AMOX-CLAV 875-125 MG TABLET	6	20.00	4.54	0.31	26%-50% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	6	28.00	6.35	0.31	26%-50% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	7	10.00	2.27	0.27	10%-25% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	7	14.00	3.18	0.27	10%-25% Below	No	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862050301	AMOX-CLAV 875-125 MG TABLET	7	20.00	4.54	0.27	10%-25% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	8	28.00	6.35	0.29	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	10.00	2.27	0.28	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	14.00	6.96	0.28	76%-100% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	20.00	4.54	0.28	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	20.00	9.22	0.28	51%-75% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	14.00	3.18	0.27	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	14.00	3.18	0.27	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	20.00	4.54	0.27	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	20.00	4.54	0.27	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	20.00	9.72	0.27	76%-100% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	28.00	6.35	0.27	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	28.00	6.35	0.27	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	42.00	9.53	0.27	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	8.00	1.82	0.31	26%-50% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	14.00	3.18	0.31	26%-50% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	14.00	3.18	0.31	26%-50% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	20.00	4.54	0.31	26%-50% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	20.00	4.54	0.31	26%-50% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	10.00	2.27	0.27	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	14.00	3.18	0.27	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	14.00	3.18	0.27	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	20.00	4.54	0.27	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	20.00	4.54	0.27	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	20.00	9.72	0.27	76%-100% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862050320	AMOX-CLAV 875-125 MG TABLET	8	10.00	2.27	0.29	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	14.00	3.18	0.29	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	20.00	4.54	0.29	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	20.00	4.54	0.29	10%-25% Below	Yes	No
65862051330	PIOGLITAZONE HCL 30 MG TABLET	6	30.00	3.91	0.11	10%-25% Above	No	No
65862051330	PIOGLITAZONE HCL 30 MG TABLET	6	90.00	11.74	0.11	10%-25% Above	No	No
65862051330	PIOGLITAZONE HCL 30 MG TABLET	7	90.00	11.74	0.09	26%-50% Above	No	No
65862051330	PIOGLITAZONE HCL 30 MG TABLET	8	90.00	11.51	0.11	10%-25% Above	Yes	No
65862051601	NAPROXEN SODIUM 550 MG TAB	6	60.00	52.94	0.20	200% Above	Yes	No
65862052305	GABAPENTIN 600 MG TABLET	5	90.00	3.17	0.08	51%-75% Below	No	No
65862052305	GABAPENTIN 600 MG TABLET	6	90.00	3.17	0.09	51%-75% Below	No	No
65862052305	GABAPENTIN 600 MG TABLET	7	90.00	3.17	0.08	51%-75% Below	No	No
65862052730	VENLAFAXINE HCL ER 37.5 MG CAP	7	90.00	7.95	0.07	10%-25% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	7	30.00	2.65	0.07	10%-25% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	7	90.00	7.95	0.07	10%-25% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	7	180.00	15.89	0.07	10%-25% Above	No	No
65862052830	VENLAFAXINE HCL ER 75 MG CAP	4	60.00	9.21	0.08	76%-100% Above	No	No
65862052830	VENLAFAXINE HCL ER 75 MG CAP	5	60.00	9.21	0.08	76%-100% Above	No	No
65862052830	VENLAFAXINE HCL ER 75 MG CAP	8	90.00	7.80	0.10	10%-25% Below	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	6	14.00	1.21	0.10	10%-25% Below	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	6	30.00	2.60	0.10	10%-25% Below	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	8	90.00	7.80	0.10	10%-25% Below	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	6	30.00	2.60	0.10	10%-25% Below	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	7	60.00	8.70	0.08	76%-100% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	8	30.00	2.60	0.10	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862053401	AMOX-CLAV 400-57 MG/5 ML SUSP	3	100.00	18.73	0.07	101%-200% Above	No	No
65862053513	AMOX-CLAV 600-42.9 MG/5 ML SUS	4	125.00	6.55	0.07	10%-25% Below	No	No
65862053513	AMOX-CLAV 600-42.9 MG/5 ML SUS	6	125.00	6.55	0.08	26%-50% Below	No	No
65862053575	AMOX-CLAV 600-42.9 MG/5 ML SUS	4	75.00	3.93	0.08	26%-50% Below	No	No
65862053575	AMOX-CLAV 600-42.9 MG/5 ML SUS	6	75.00	3.93	0.08	26%-50% Below	No	No
65862053820	LEVOFLOXACIN 750 MG TABLET	5	7.00	1.22	0.25	26%-50% Below	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	5	30.00	6.34	0.04	200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	6	30.00	6.34	0.05	200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	7	30.00	6.34	0.04	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.99	0.05	26%-50% Below	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	2.18	0.05	51%-75% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	0.99	0.05	26%-50% Below	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	2.18	0.05	51%-75% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.00	6.53	0.05	51%-75% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	0.99	0.06	26%-50% Below	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	2.18	0.06	26%-50% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	6.53	0.06	26%-50% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.00	0.99	0.05	26%-50% Below	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.00	2.18	0.05	51%-75% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.00	6.53	0.05	51%-75% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.00	16.99	0.05	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	2.18	0.05	51%-75% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	3.90	0.05	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	4	60.00	4.36	0.05	51%-75% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	6.53	0.05	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	2.18	0.05	51%-75% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	5	60.00	4.36	0.05	51%-75% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.00	6.53	0.05	51%-75% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.00	2.18	0.06	26%-50% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.00	6.53	0.06	26%-50% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.00	2.18	0.05	51%-75% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.00	6.53	0.05	51%-75% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.00	6.53	0.05	51%-75% Above	Yes	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.00	9.58	0.05	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.00	2.18	0.05	26%-50% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.00	6.53	0.05	26%-50% Above	No	No
65862056790	MONTELUKAST SOD 4 MG TAB CHEW	4	30.00	2.67	0.07	10%-25% Above	Yes	No
65862056790	MONTELUKAST SOD 4 MG TAB CHEW	5	30.00	2.67	0.07	26%-50% Above	Yes	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	4	30.00	4.10	0.07	76%-100% Above	Yes	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	4	90.00	12.30	0.07	76%-100% Above	Yes	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	5	30.00	4.10	0.07	76%-100% Above	Yes	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	6	30.00	4.10	0.08	76%-100% Above	Yes	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	7	30.00	4.10	0.07	101%-200% Above	Yes	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	7	90.00	12.30	0.07	101%-200% Above	Yes	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	8	30.00	4.10	0.07	76%-100% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	4	30.00	2.32	0.05	26%-50% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	4	90.00	6.96	0.05	26%-50% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	4	90.00	19.77	0.05	200% Above	No	No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	30.00	2.32	0.05	26%-50% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	30.00	6.59	0.05	200% Above	No	No

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65862057490	MONTELUKAST SOD 10 MG TABLET	5	90.00	6.96	0.05	26%-50% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	90.00	19.77	0.05	200% Above	No	No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	90.00	20.27	0.05	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	6	28.00	2.16	0.06	26%-50% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	6	30.00	2.32	0.06	26%-50% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	6	30.00	6.59	0.06	200% Above	No	No
65862057490	MONTELUKAST SOD 10 MG TABLET	6	90.00	6.96	0.06	26%-50% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	6	90.00	19.77	0.06	200% Above	No	No
65862057490	MONTELUKAST SOD 10 MG TABLET	7	30.00	2.32	0.05	51%-75% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	7	90.00	6.96	0.05	51%-75% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	7	90.00	19.77	0.05	200% Above	No	No
65862057490	MONTELUKAST SOD 10 MG TABLET	7	90.00	20.27	0.05	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	8	30.00	2.32	0.06	26%-50% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	8	90.00	6.96	0.06	26%-50% Above	Yes	No
65862058301	AMLODIPINE-BENAZEPRIL 5-10 MG	4	90.00	5.36	0.09	26%-50% Below	No	No
65862058301	AMLODIPINE-BENAZEPRIL 5-10 MG	7	90.00	5.36	0.08	26%-50% Below	No	No
65862058601	AMLODIPINE-BENAZEPRIL 10-20 MG	5	90.00	28.52	0.11	101%-200% Above	No	No
65862058601	AMLODIPINE-BENAZEPRIL 10-20 MG	8	90.00	28.52	0.14	101%-200% Above	No	No
65862059401	DIVALPROEX SOD ER 250 MG TAB	4	30.00	19.83	0.14	200% Above	Yes	No
65862059401	DIVALPROEX SOD ER 250 MG TAB	5	30.00	19.83	0.13	200% Above	Yes	No
65862059401	DIVALPROEX SOD ER 250 MG TAB	6	30.00	19.83	0.17	200% Above	Yes	No
65862059401	DIVALPROEX SOD ER 250 MG TAB	7	30.00	19.83	0.13	200% Above	Yes	No
65862059501	DIVALPROEX SOD ER 500 MG TAB	4	60.00	26.57	0.16	101%-200% Above	Yes	No
65862059501	DIVALPROEX SOD ER 500 MG TAB	5	60.00	26.57	0.16	101%-200% Above	Yes	No
65862059501	DIVALPROEX SOD ER 500 MG TAB	6	60.00	26.57	0.19	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862059501	DIVALPROEX SOD ER 500 MG TAB	7	60.00	26.57	0.17	101%-200% Above	Yes	No
65862059602	CLINDAMYCIN (PEDI) 75 MG/5 ML	6	700.00	104.02	0.18	10%-25% Below	No	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	7	90.00	10.97	0.05	101%-200% Above	Yes	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	4	7.00	0.85	0.05	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	4	30.00	3.66	0.05	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	4	90.00	10.97	0.05	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.00	3.66	0.05	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	5	60.00	7.31	0.05	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.00	3.66	0.05	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	6	60.00	7.31	0.05	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	6	90.00	10.97	0.05	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.00	3.66	0.05	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	7	90.00	10.97	0.05	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	8	60.00	7.31	0.05	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	8	90.00	10.97	0.05	101%-200% Above	No	No
65862060012	RIZATRIPTAN 10 MG TABLET	6	30.00	23.56	0.35	101%-200% Above	No	No
65862060012	RIZATRIPTAN 10 MG TABLET	8	9.00	7.07	0.36	101%-200% Above	No	No
65862060130	MODAFINIL 100 MG TABLET	4	30.00	44.22	0.22	200% Above	Yes	No
65862060130	MODAFINIL 100 MG TABLET	5	60.00	88.44	0.22	200% Above	No	No
65862060130	MODAFINIL 100 MG TABLET	6	30.00	44.22	0.25	200% Above	Yes	No
65862060130	MODAFINIL 100 MG TABLET	6	60.00	88.44	0.25	200% Above	No	No
65862060130	MODAFINIL 100 MG TABLET	6	180.00	265.32	0.25	200% Above	No	No
65862060130	MODAFINIL 100 MG TABLET	7	30.00	44.22	0.21	200% Above	Yes	No
65862060330	MOXIFLOXACIN HCL 400 MG TABLET	7	10.00	1.32	1.20	76%-100% Below	No	No
65862062405	GEMFIBROZIL 600 MG TABLET	5	90.00	6.19	0.10	26%-50% Below	Yes	No

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65862062405	GEMFIBROZIL 600 MG TABLET	8	90.00	6.19	0.11	26%-50% Below	Yes	No
65862064163	AZITHROMYCIN 250 MG TABLET	4	6.00	1.23	0.39	26%-50% Below	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	5	6.00	1.23	0.39	26%-50% Below	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	5	6.00	3.07	0.39	26%-50% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	5	6.00	3.57	0.39	51%-75% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	6	6.00	1.23	0.35	26%-50% Below	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	7	6.00	1.23	0.40	26%-50% Below	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	8	6.00	1.23	0.35	26%-50% Below	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	8	6.00	3.07	0.35	26%-50% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	4	6.00	1.23	0.39	26%-50% Below	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	5	6.00	1.23	0.39	26%-50% Below	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	6	6.00	1.23	0.35	26%-50% Below	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	7	6.00	1.23	0.40	26%-50% Below	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	7	6.00	3.57	0.40	26%-50% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	8	6.00	1.23	0.35	26%-50% Below	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	8	6.00	3.57	0.35	51%-75% Above	No	No
65862064264	AZITHROMYCIN 500 MG TABLET	7	4.00	2.08	0.59	10%-25% Below	No	No
65862066130	ARIPIRAZOLE 2 MG TABLET	4	30.00	115.28	0.10	200% Above	No	No
65862066130	ARIPIRAZOLE 2 MG TABLET	5	30.00	115.28	0.10	200% Above	No	No
65862066130	ARIPIRAZOLE 2 MG TABLET	6	30.00	115.28	0.12	200% Above	No	No
65862066130	ARIPIRAZOLE 2 MG TABLET	7	30.00	115.28	0.10	200% Above	No	No
65862067601	ALPRAZOLAM 0.25 MG TABLET	4	60.00	1.33	0.02	10%-25% Above	No	No
65862067601	ALPRAZOLAM 0.25 MG TABLET	5	30.00	0.42	0.02	26%-50% Below	No	No
65862067601	ALPRAZOLAM 0.25 MG TABLET	5	60.00	0.83	0.02	26%-50% Below	No	No
65862067601	ALPRAZOLAM 0.25 MG TABLET	6	60.00	0.83	0.02	26%-50% Below	No	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862067601	ALPRAZOLAM 0.25 MG TABLET	6	60.00	14.60	0.02	200% Above	No	No
65862067601	ALPRAZOLAM 0.25 MG TABLET	7	1.00	0.01	0.02	26%-50% Below	No	No
65862067601	ALPRAZOLAM 0.25 MG TABLET	7	20.00	0.28	0.02	26%-50% Below	No	No
65862067605	ALPRAZOLAM 0.25 MG TABLET	7	30.00	0.42	0.02	26%-50% Below	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	4	30.00	0.42	0.02	26%-50% Below	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	5	30.00	0.42	0.02	26%-50% Below	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	6	30.00	0.42	0.02	26%-50% Below	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	7	12.00	0.17	0.02	26%-50% Below	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	7	30.00	0.42	0.02	26%-50% Below	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	8	12.00	0.17	0.02	26%-50% Below	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	8	30.00	0.42	0.02	26%-50% Below	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	6	60.00	0.88	0.02	26%-50% Below	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	8	2.00	0.03	0.02	26%-50% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	4	30.00	0.44	0.02	26%-50% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	5	30.00	0.44	0.02	10%-25% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	6	1.00	0.01	0.02	51%-75% Below	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	4	30.00	0.46	0.02	26%-50% Below	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	5	30.00	0.46	0.02	26%-50% Below	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	5	60.00	0.91	0.02	26%-50% Below	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	6	30.00	0.46	0.03	26%-50% Below	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	6	60.00	0.91	0.03	26%-50% Below	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	4	45.00	0.68	0.02	26%-50% Below	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	5	30.00	0.46	0.02	26%-50% Below	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	6	30.00	0.46	0.03	26%-50% Below	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	6	45.00	0.68	0.03	26%-50% Below	No	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862067805	ALPRAZOLAM 1 MG TABLET	7	60.00	0.91	0.02	26%-50% Below	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	8	45.00	0.68	0.03	26%-50% Below	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	6	60.00	0.91	0.03	26%-50% Below	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	7	60.00	0.91	0.02	26%-50% Below	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	4	30.00	2.48	0.12	26%-50% Below	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	5	30.00	2.48	0.12	26%-50% Below	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	5	90.00	7.45	0.12	26%-50% Below	Yes	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	6	30.00	2.48	0.14	26%-50% Below	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	6	90.00	7.45	0.14	26%-50% Below	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	7	30.00	2.48	0.11	10%-25% Below	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	7	90.00	7.45	0.11	10%-25% Below	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	7	180.00	14.90	0.11	10%-25% Below	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	8	30.00	2.48	0.14	26%-50% Below	No	No
65862069730	VENLAFAXINE HCL ER 150 MG CAP	7	90.00	7.45	0.11	10%-25% Below	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	4	30.00	2.48	0.12	26%-50% Below	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	4	90.00	7.45	0.12	26%-50% Below	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	5	30.00	2.48	0.12	26%-50% Below	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	5	90.00	7.45	0.12	26%-50% Below	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	6	30.00	2.48	0.14	26%-50% Below	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	7	30.00	2.48	0.11	10%-25% Below	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	7	90.00	7.45	0.11	10%-25% Below	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	7	90.00	17.41	0.11	51%-75% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	8	30.00	2.48	0.14	26%-50% Below	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	8	90.00	7.45	0.14	26%-50% Below	No	No
65862070020	CEFUROXIME AXETIL 500 MG TAB	6	4.00	4.32	0.48	101%-200% Above	No	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862070060	CEFUROXIME AXETIL 500 MG TAB	6	14.00	15.12	0.48	101%-200% Above	No	No
65862070755	AMOXICILLIN 250 MG/5 ML SUSP	4	150.00	4.05	0.02	10%-25% Above	No	No
65862070755	AMOXICILLIN 250 MG/5 ML SUSP	5	150.00	4.05	0.02	10%-25% Above	No	No
65862073205	AMIODARONE HCL 200 MG TABLET	8	90.00	14.93	0.11	26%-50% Above	Yes	No
65862073260	AMIODARONE HCL 200 MG TABLET	4	30.00	5.07	0.10	51%-75% Above	No	No
65862073260	AMIODARONE HCL 200 MG TABLET	5	30.00	5.07	0.10	51%-75% Above	No	No
65862073260	AMIODARONE HCL 200 MG TABLET	6	30.00	5.07	0.11	51%-75% Above	No	No
65862073260	AMIODARONE HCL 200 MG TABLET	7	30.00	5.07	0.10	51%-75% Above	No	No
65862076090	PREGABALIN 75 MG CAPSULE	7	60.00	2.32	0.05	10%-25% Below	No	No
65862076190	PREGABALIN 100 MG CAPSULE	5	90.00	2.41	0.05	26%-50% Below	No	No
65862076190	PREGABALIN 100 MG CAPSULE	6	90.00	3.06	0.06	26%-50% Below	No	No
65862076290	PREGABALIN 150 MG CAPSULE	4	90.00	3.90	0.06	10%-25% Below	No	No
65862076290	PREGABALIN 150 MG CAPSULE	5	60.00	2.60	0.06	10%-25% Below	No	No
65862076290	PREGABALIN 150 MG CAPSULE	5	90.00	3.90	0.06	10%-25% Below	No	No
65862076290	PREGABALIN 150 MG CAPSULE	6	30.00	1.30	0.06	26%-50% Below	No	No
65862076290	PREGABALIN 150 MG CAPSULE	6	90.00	3.90	0.06	26%-50% Below	No	No
65862076290	PREGABALIN 150 MG CAPSULE	7	30.00	1.30	0.05	10%-25% Below	No	No
65862076290	PREGABALIN 150 MG CAPSULE	7	90.00	3.90	0.05	10%-25% Below	No	No
65862076290	PREGABALIN 150 MG CAPSULE	8	90.00	3.90	0.07	26%-50% Below	No	No
65862076490	PREGABALIN 225 MG CAPSULE	6	30.00	1.24	0.07	26%-50% Below	No	No
65862076490	PREGABALIN 225 MG CAPSULE	7	30.00	1.24	0.06	26%-50% Below	No	No
65862076490	PREGABALIN 225 MG CAPSULE	8	30.00	1.24	0.07	26%-50% Below	No	No
65862077885	TRI-LO-MILI TABLET	2	28.00	5.04	0.13	26%-50% Above	No	No
65862077885	TRI-LO-MILI TABLET	4	84.00	45.34	0.10	200% Above	No	No
65862077885	TRI-LO-MILI TABLET	7	84.00	45.34	0.10	200% Above	No	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862077990	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	4	30.00	27.66	0.18	200% Above	No	No
65862077990	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	30.00	27.66	0.17	200% Above	No	No
65862077990	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	30.00	27.66	0.16	200% Above	No	No
65862078201	METHENAMINE HIPP 1 GM TABLET	4	60.00	47.46	0.39	101%-200% Above	No	No
65862078490	ESOMEPRAZOLE MAG DR 40 MG CAP	5	90.00	126.39	0.14	200% Above	No	No
65862078490	ESOMEPRAZOLE MAG DR 40 MG CAP	8	90.00	126.39	0.16	200% Above	No	No
65862080630	ARMODAFINIL 150 MG TABLET	5	30.00	83.39	0.84	200% Above	No	No
65862080630	ARMODAFINIL 150 MG TABLET	5	30.00	83.39	0.84	200% Above	Yes	No
65862080630	ARMODAFINIL 150 MG TABLET	6	30.00	83.39	0.83	200% Above	Yes	No
65862080630	ARMODAFINIL 150 MG TABLET	7	30.00	83.39	0.71	200% Above	No	No
65862080630	ARMODAFINIL 150 MG TABLET	7	30.00	83.39	0.71	200% Above	Yes	No
65862080730	ARMODAFINIL 250 MG TABLET	6	30.00	83.39	0.83	200% Above	Yes	No
65862080730	ARMODAFINIL 250 MG TABLET	7	30.00	83.39	0.78	200% Above	Yes	No
65862080730	ARMODAFINIL 250 MG TABLET	8	30.00	83.39	0.89	200% Above	Yes	No
65862081390	PITAVASTATIN 2 MG TABLET	4	90.00	184.91	1.71	10%-25% Above	No	No
65862084003	MOXIFLOXACIN 0.5% EYE DROPS	5	3.00	22.59	2.40	200% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	4	60.00	1.39	0.03	10%-25% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	4	90.00	2.08	0.03	10%-25% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	4	180.00	4.16	0.03	10%-25% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	5	60.00	1.39	0.03	10%-25% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	5	90.00	2.08	0.03	10%-25% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	6	30.00	0.69	0.04	26%-50% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	6	60.00	1.39	0.04	26%-50% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	6	180.00	4.16	0.04	26%-50% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	7	28.00	0.65	0.03	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862085901	FAMOTIDINE 20 MG TABLET	7	30.00	0.69	0.03	10%-25% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	7	60.00	1.39	0.03	10%-25% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	7	180.00	4.16	0.03	10%-25% Below	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	4	20.00	1.80	0.05	76%-100% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	4	30.00	2.69	0.05	76%-100% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	4	90.00	8.08	0.05	76%-100% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	5	90.00	8.08	0.05	76%-100% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	5	180.00	16.16	0.05	76%-100% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	6	90.00	8.08	0.06	51%-75% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	6	180.00	16.16	0.06	51%-75% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	7	90.00	8.08	0.05	76%-100% Above	No	No
65862086001	FAMOTIDINE 40 MG TABLET	7	90.00	8.08	0.05	76%-100% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	8	90.00	8.08	0.06	51%-75% Above	Yes	No
65862086099	FAMOTIDINE 40 MG TABLET	4	90.00	8.08	0.05	76%-100% Above	No	No
65862086099	FAMOTIDINE 40 MG TABLET	7	90.00	8.08	0.05	76%-100% Above	No	No
65862086495	SIMPESSE 0.15-0.03-0.01 MG TAB	4	91.00	98.75	0.13	200% Above	No	No
65862086495	SIMPESSE 0.15-0.03-0.01 MG TAB	5	91.00	98.75	0.16	200% Above	No	No
65862087830	SOLIFENACIN 5 MG TABLET	6	90.00	178.60	0.19	200% Above	Yes	No
65862089788	NYLIA 7-7-7-28 TABLET	5	28.00	11.56	0.20	101%-200% Above	No	No
65862089788	NYLIA 7-7-7-28 TABLET	6	28.00	11.56	0.20	101%-200% Above	No	No
65862090801	CELECOXIB 100 MG CAPSULE	7	60.00	17.20	0.07	200% Above	No	No
65862090901	CELECOXIB 200 MG CAPSULE	5	30.00	12.66	0.09	200% Above	No	No
65862090901	CELECOXIB 200 MG CAPSULE	5	90.00	37.97	0.09	200% Above	No	No
65862090901	CELECOXIB 200 MG CAPSULE	7	15.00	6.33	0.09	200% Above	No	No
65862090901	CELECOXIB 200 MG CAPSULE	8	15.00	6.33	0.11	200% Above	No	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862090905	CELECOXIB 200 MG CAPSULE	7	90.00	37.97	0.09	200% Above	Yes	No
65862092585	INCASSIA 0.35 MG TABLET	5	84.00	6.32	0.10	10%-25% Below	Yes	No
65862092901	NITROFURANTOIN MONO-MCR 100 MG	7	20.00	2.64	0.42	51%-75% Below	No	No
65862093488	AUROVELA 24 FE 1 MG-20 MCG TAB	5	28.00	33.18	0.20	200% Above	No	No
65862093488	AUROVELA 24 FE 1 MG-20 MCG TAB	6	28.00	3.12	0.26	51%-75% Below	No	No
65862093488	AUROVELA 24 FE 1 MG-20 MCG TAB	6	28.00	33.18	0.26	200% Above	No	No
65862093488	AUROVELA 24 FE 1 MG-20 MCG TAB	7	28.00	3.58	0.19	26%-50% Below	No	No
65862095430	LURASIDONE HCL 40 MG TABLET	7	30.00	206.80	0.27	200% Above	No	No
65862096801	ESZOPICLONE 2 MG TABLET	4	30.00	11.84	0.10	200% Above	Yes	No
65862096801	ESZOPICLONE 2 MG TABLET	5	90.00	35.53	0.10	200% Above	Yes	No
65862096801	ESZOPICLONE 2 MG TABLET	6	30.00	11.84	0.10	200% Above	Yes	No
65862096901	ESZOPICLONE 3 MG TABLET	4	30.00	24.78	0.09	200% Above	No	No
65862096901	ESZOPICLONE 3 MG TABLET	5	30.00	24.78	0.10	200% Above	No	No
65862096901	ESZOPICLONE 3 MG TABLET	6	30.00	11.84	0.10	200% Above	Yes	No
65862096901	ESZOPICLONE 3 MG TABLET	7	30.00	11.84	0.09	200% Above	Yes	No
65862096901	ESZOPICLONE 3 MG TABLET	7	30.00	24.78	0.09	200% Above	No	No
65862096901	ESZOPICLONE 3 MG TABLET	8	30.00	11.84	0.10	200% Above	Yes	No
65862098601	POTASSIUM CL ER 8 MEQ TABLET	4	30.00	5.30	0.11	51%-75% Above	No	No
65862098601	POTASSIUM CL ER 8 MEQ TABLET	5	30.00	5.30	0.12	51%-75% Above	No	No
65862098601	POTASSIUM CL ER 8 MEQ TABLET	6	30.00	5.30	0.12	26%-50% Above	No	No
65862098601	POTASSIUM CL ER 8 MEQ TABLET	7	30.00	5.30	0.13	26%-50% Above	No	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	5	10.00	0.62	0.10	26%-50% Below	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	5	90.00	5.61	0.10	26%-50% Below	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	6	90.00	2.92	0.11	51%-75% Below	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	7	90.00	2.92	0.09	51%-75% Below	Yes	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862099830	ARMODAFINIL 200 MG TABLET	4	30.00	81.78	0.60	200% Above	No	No
65862099830	ARMODAFINIL 200 MG TABLET	6	30.00	81.78	0.70	200% Above	No	No
65862099830	ARMODAFINIL 200 MG TABLET	7	30.00	81.78	0.62	200% Above	No	No
66685101201	AMOX-CLAV 400-57 MG/5 ML SUSP	6	225.00	42.14	0.07	101%-200% Above	No	No
66993000210	ESTRADIOL 0.01% CREAM	4	42.50	111.99	0.46	200% Above	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	5	42.50	113.41	0.45	200% Above	No	No
66993000210	ESTRADIOL 0.01% CREAM	6	42.50	113.41	0.51	200% Above	No	No
66993000210	ESTRADIOL 0.01% CREAM	6	42.50	113.41	0.51	200% Above	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	6	42.50	158.21	0.51	200% Above	No	No
66993000210	ESTRADIOL 0.01% CREAM	7	42.50	111.99	0.48	200% Above	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	7	42.50	113.41	0.48	200% Above	No	No
66993000210	ESTRADIOL 0.01% CREAM	8	42.50	111.99	0.54	200% Above	Yes	No
66993007896	FLUTICASONE PROPIONATE HFA 44 MCG INHALER	4	10.60	132.91	11.05	10%-25% Above	No	No
66993013597	FLUTICASONE-VILANTEROL 100-25	4	60.00	249.42	3.67	10%-25% Above	No	No
66993013597	FLUTICASONE-VILANTEROL 100-25	5	60.00	249.42	3.65	10%-25% Above	No	No
66993013597	FLUTICASONE-VILANTEROL 100-25	7	60.00	249.42	3.62	10%-25% Above	No	No
66993037083	MEDROXYPROGESTERONE 150 MG/ML	6	1.00	15.15	24.46	26%-50% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	4	1.00	25.62	30.71	10%-25% Below	Yes	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	6	1.00	25.62	36.24	26%-50% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	7	1.00	25.62	30.11	10%-25% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	7	1.00	25.62	30.11	10%-25% Below	Yes	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	8	1.00	25.62	42.07	26%-50% Below	No	No
66993072757	SULFAMETHOXAZOLE-TMP SUSP	4	200.00	7.76	0.05	10%-25% Below	No	No
66993096045	METRONIDAZOLE 0.75% CREAM	5	45.00	49.74	0.34	200% Above	Yes	No
67877012450	SILVER SULFADIAZINE 1% CREAM	5	50.00	3.87	0.12	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877014601	TEMAZEPAM 15 MG CAPSULE	6	30.00	1.24	0.07	26%-50% Below	No	No
67877014601	TEMAZEPAM 15 MG CAPSULE	7	30.00	1.24	0.06	26%-50% Below	No	No
67877014605	TEMAZEPAM 15 MG CAPSULE	4	30.00	1.24	0.06	10%-25% Below	No	No
67877014605	TEMAZEPAM 15 MG CAPSULE	4	90.00	3.71	0.06	26%-50% Below	No	No
67877014605	TEMAZEPAM 15 MG CAPSULE	5	30.00	1.24	0.06	26%-50% Below	No	No
67877014605	TEMAZEPAM 15 MG CAPSULE	6	30.00	1.24	0.07	26%-50% Below	No	No
67877014701	TEMAZEPAM 30 MG CAPSULE	4	30.00	1.58	0.08	26%-50% Below	No	No
67877014701	TEMAZEPAM 30 MG CAPSULE	5	30.00	1.58	0.08	26%-50% Below	No	No
67877014701	TEMAZEPAM 30 MG CAPSULE	6	30.00	1.58	0.09	26%-50% Below	No	No
67877014705	TEMAZEPAM 30 MG CAPSULE	4	30.00	1.58	0.08	26%-50% Below	No	No
67877014705	TEMAZEPAM 30 MG CAPSULE	5	30.00	1.58	0.08	26%-50% Below	No	No
67877014705	TEMAZEPAM 30 MG CAPSULE	6	30.00	1.58	0.09	26%-50% Below	No	No
67877014705	TEMAZEPAM 30 MG CAPSULE	7	30.00	1.58	0.08	26%-50% Below	No	No
67877014705	TEMAZEPAM 30 MG CAPSULE	8	30.00	1.58	0.09	26%-50% Below	No	No
67877015901	METFORMIN HCL ER 500 MG TABLET	5	120.00	2.88	0.03	10%-25% Below	No	No
67877015901	METFORMIN HCL ER 500 MG TABLET	7	360.00	8.64	0.03	10%-25% Below	No	No
67877015905	METFORMIN HCL ER 500 MG TABLET	6	360.00	8.64	0.03	10%-25% Below	No	No
67877015905	METFORMIN HCL ER 500 MG TABLET	8	30.00	1.27	0.03	26%-50% Above	No	No
67877019705	AMLODIPINE BESYLATE 2.5 MG TAB	4	180.00	8.01	0.01	200% Above	No	No
67877019710	AMLODIPINE BESYLATE 2.5 MG TAB	5	30.00	1.34	0.01	200% Above	No	No
67877019710	AMLODIPINE BESYLATE 2.5 MG TAB	6	30.00	1.34	0.01	200% Above	No	No
67877019710	AMLODIPINE BESYLATE 2.5 MG TAB	6	90.00	4.01	0.01	200% Above	No	No
67877019710	AMLODIPINE BESYLATE 2.5 MG TAB	7	30.00	1.34	0.01	200% Above	No	No
67877019710	AMLODIPINE BESYLATE 2.5 MG TAB	8	30.00	1.34	0.01	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	0.36	0.01	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877019805	AMLODIPINE BESYLATE 5 MG TAB	5	30.00	0.36	0.01	10%-25% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	5	90.00	1.09	0.01	10%-25% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	7	30.00	0.36	0.01	26%-50% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	8	30.00	0.36	0.01	10%-25% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	8	90.00	1.09	0.01	10%-25% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	5	30.00	0.36	0.01	10%-25% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	7	90.00	1.09	0.01	26%-50% Above	Yes	No
67877019890	AMLODIPINE BESYLATE 5 MG TAB	5	90.00	1.09	0.01	10%-25% Above	No	No
67877019890	AMLODIPINE BESYLATE 5 MG TAB	8	90.00	1.09	0.01	10%-25% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	5	30.00	0.50	0.02	10%-25% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	6	90.00	2.28	0.02	51%-75% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	2.28	0.01	51%-75% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	1.50	0.02	10%-25% Above	Yes	No
67877019990	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	1.50	0.02	10%-25% Above	No	No
67877019990	AMLODIPINE BESYLATE 10 MG TAB	7	30.00	0.50	0.01	10%-25% Above	No	No
67877021560	CEFUROXIME AXETIL 250 MG TAB	4	20.00	13.96	0.25	101%-200% Above	No	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	7	14.00	15.12	0.43	101%-200% Above	Yes	No
67877021901	CEPHALEXIN 500 MG CAPSULE	5	21.00	1.46	0.12	26%-50% Below	No	No
67877021901	CEPHALEXIN 500 MG CAPSULE	8	30.00	2.09	0.13	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	4	20.00	1.39	0.12	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	5	21.00	1.46	0.12	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	6	14.00	0.97	0.13	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	7	10.00	0.70	0.12	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	7	14.00	0.97	0.12	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	7	15.00	1.04	0.12	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877021905	CEPHALEXIN 500 MG CAPSULE	7	21.00	1.46	0.12	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	7	28.00	1.95	0.12	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	8	15.00	1.04	0.13	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	8	20.00	1.39	0.13	26%-50% Below	No	No
67877022201	GABAPENTIN 100 MG CAPSULE	5	60.00	0.51	0.02	51%-75% Below	No	No
67877022201	GABAPENTIN 100 MG CAPSULE	6	60.00	0.51	0.02	51%-75% Below	No	No
67877022201	GABAPENTIN 100 MG CAPSULE	6	90.00	0.77	0.02	51%-75% Below	No	No
67877022201	GABAPENTIN 100 MG CAPSULE	7	60.00	0.51	0.02	51%-75% Below	No	No
67877022201	GABAPENTIN 100 MG CAPSULE	8	60.00	0.51	0.02	51%-75% Below	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	4	90.00	0.77	0.02	51%-75% Below	Yes	No
67877022205	GABAPENTIN 100 MG CAPSULE	7	90.00	0.77	0.02	51%-75% Below	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	8	90.00	0.77	0.02	51%-75% Below	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	5	30.00	0.52	0.04	51%-75% Below	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	6	30.00	0.52	0.04	51%-75% Below	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	6	360.00	6.26	0.04	51%-75% Below	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	7	30.00	0.52	0.04	51%-75% Below	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	8	30.00	0.52	0.04	51%-75% Below	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	8	60.00	1.04	0.04	51%-75% Below	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	8	270.00	4.70	0.04	51%-75% Below	Yes	No
67877022305	GABAPENTIN 300 MG CAPSULE	5	90.00	1.57	0.04	51%-75% Below	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	5	180.00	2.39	0.04	51%-75% Below	Yes	No
67877022305	GABAPENTIN 300 MG CAPSULE	6	90.00	1.57	0.04	51%-75% Below	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	8	90.00	1.57	0.04	51%-75% Below	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	4	30.00	0.52	0.04	51%-75% Below	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	4	90.00	1.57	0.04	51%-75% Below	No	No

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67877022310	GABAPENTIN 300 MG CAPSULE	5	90.00	1.57	0.04	51%-75% Below	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	6	30.00	0.52	0.04	51%-75% Below	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	6	90.00	1.57	0.04	51%-75% Below	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	7	90.00	1.57	0.04	51%-75% Below	No	No
67877022401	GABAPENTIN 400 MG CAPSULE	5	90.00	6.49	0.05	51%-75% Above	No	No
67877024201	QUETIAPINE FUMARATE 25 MG TAB	5	7.00	0.69	0.03	200% Above	No	No
67877024201	QUETIAPINE FUMARATE 25 MG TAB	5	30.00	2.95	0.03	200% Above	No	No
67877024201	QUETIAPINE FUMARATE 25 MG TAB	5	60.00	3.87	0.03	101%-200% Above	No	No
67877024201	QUETIAPINE FUMARATE 25 MG TAB	6	60.00	3.87	0.04	76%-100% Above	No	No
67877024201	QUETIAPINE FUMARATE 25 MG TAB	7	60.00	3.87	0.03	101%-200% Above	No	No
67877024201	QUETIAPINE FUMARATE 25 MG TAB	7	315.00	20.32	0.03	101%-200% Above	No	No
67877024610	QUETIAPINE FUMARATE 200 MG TAB	7	90.00	13.45	0.10	51%-75% Above	No	No
67877024901	QUETIAPINE FUMARATE 50 MG TAB	7	30.00	2.13	0.05	26%-50% Above	No	No
67877024901	QUETIAPINE FUMARATE 50 MG TAB	8	30.00	2.13	0.04	51%-75% Above	No	No
67877025001	QUETIAPINE FUMARATE 100 MG TAB	7	30.00	2.33	0.04	76%-100% Above	No	No
67877025010	QUETIAPINE FUMARATE 100 MG TAB	7	30.00	2.33	0.04	76%-100% Above	No	No
67877025115	TRIAMCINOLONE 0.1% CREAM	8	60.00	7.06	0.15	10%-25% Below	No	No
67877025130	TRIAMCINOLONE 0.1% CREAM	4	120.00	13.37	0.09	26%-50% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	5	30.00	3.34	0.09	10%-25% Above	No	No
67877025130	TRIAMCINOLONE 0.1% CREAM	5	30.00	3.34	0.09	10%-25% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	5	60.00	6.68	0.09	10%-25% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	6	30.00	3.34	0.10	10%-25% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	6	60.00	6.68	0.10	10%-25% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	6	120.00	13.37	0.10	10%-25% Above	No	No
67877025130	TRIAMCINOLONE 0.1% CREAM	7	30.00	3.34	0.09	26%-50% Above	Yes	No

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67877025130	TRIAMCINOLONE 0.1% CREAM	7	60.00	6.68	0.09	26%-50% Above	Yes	No
67877025180	TRIAMCINOLONE 0.1% CREAM	6	80.00	8.29	0.05	76%-100% Above	No	No
67877026118	RIZATRIPTAN 5 MG TABLET	5	15.00	26.61	0.38	200% Above	Yes	No
67877026218	RIZATRIPTAN 10 MG TABLET	4	9.00	7.07	0.32	101%-200% Above	No	No
67877026218	RIZATRIPTAN 10 MG TABLET	5	18.00	14.14	0.31	101%-200% Above	Yes	No
67877026218	RIZATRIPTAN 10 MG TABLET	6	9.00	7.07	0.35	101%-200% Above	No	No
67877026218	RIZATRIPTAN 10 MG TABLET	6	9.00	7.07	0.35	101%-200% Above	Yes	No
67877026218	RIZATRIPTAN 10 MG TABLET	7	9.00	7.07	0.33	101%-200% Above	Yes	No
67877026218	RIZATRIPTAN 10 MG TABLET	7	18.00	14.14	0.33	101%-200% Above	Yes	No
67877026218	RIZATRIPTAN 10 MG TABLET	8	30.00	23.56	0.36	101%-200% Above	No	No
67877028810	FINASTERIDE 5 MG TABLET	7	90.00	6.17	0.06	10%-25% Above	No	No
67877028890	FINASTERIDE 5 MG TABLET	7	23.00	1.58	0.06	10%-25% Above	Yes	No
67877031815	TRIAMCINOLONE 0.5% CREAM	7	30.00	8.78	0.19	51%-75% Above	Yes	No
67877031815	TRIAMCINOLONE 0.5% CREAM	8	15.00	4.39	0.23	26%-50% Above	No	No
67877032001	IBUPROFEN 600 MG TABLET	7	30.00	0.55	0.04	51%-75% Below	No	No
67877032005	IBUPROFEN 600 MG TABLET	5	28.00	0.51	0.04	51%-75% Below	No	No
67877032005	IBUPROFEN 600 MG TABLET	6	20.00	0.37	0.05	51%-75% Below	No	No
67877032005	IBUPROFEN 600 MG TABLET	7	20.00	0.37	0.04	51%-75% Below	No	No
67877032005	IBUPROFEN 600 MG TABLET	7	30.00	0.55	0.04	51%-75% Below	No	No
67877032101	IBUPROFEN 800 MG TABLET	7	30.00	1.12	0.05	26%-50% Below	No	No
67877032101	IBUPROFEN 800 MG TABLET	8	15.00	0.56	0.07	26%-50% Below	No	No
67877032101	IBUPROFEN 800 MG TABLET	8	90.00	3.36	0.07	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	4	30.00	1.12	0.06	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	4	30.00	1.45	0.06	10%-25% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	4	60.00	2.24	0.06	26%-50% Below	No	No

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67877032105	IBUPROFEN 800 MG TABLET	4	90.00	4.53	0.07	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	5	21.00	0.78	0.06	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	7	30.00	1.12	0.05	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	7	90.00	3.36	0.05	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	8	60.00	2.24	0.07	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	8	90.00	3.36	0.07	26%-50% Below	No	No
67877041301	METFORMIN HCL ER 500 MG TABLET	7	90.00	3.06	0.03	10%-25% Above	No	No
67877041401	METFORMIN HCL ER 750 MG TABLET	4	30.00	1.99	0.06	10%-25% Above	No	No
67877041401	METFORMIN HCL ER 750 MG TABLET	7	30.00	1.99	0.05	10%-25% Above	No	No
67877041401	METFORMIN HCL ER 750 MG TABLET	7	90.00	5.96	0.05	10%-25% Above	No	No
67877041890	VALSARTAN 320 MG TABLET	6	90.00	25.69	0.23	10%-25% Above	Yes	No
67877041920	LINEZOLID 600 MG TABLET	4	20.00	23.52	1.33	10%-25% Below	Yes	No
67877041920	LINEZOLID 600 MG TABLET	5	14.00	16.46	1.36	10%-25% Below	No	No
67877042260	CHOLESTYRAMINE LIGHT PACKET	5	60.00	75.37	0.77	51%-75% Above	Yes	No
67877042905	GABAPENTIN 800 MG TABLET	4	120.00	6.30	0.10	26%-50% Below	No	No
67877042905	GABAPENTIN 800 MG TABLET	5	120.00	6.30	0.10	26%-50% Below	No	No
67877042905	GABAPENTIN 800 MG TABLET	6	120.00	6.30	0.12	51%-75% Below	No	No
67877042905	GABAPENTIN 800 MG TABLET	7	120.00	6.30	0.10	26%-50% Below	No	No
67877043003	ARIPIPRAZOLE 2 MG TABLET	6	14.00	53.80	0.12	200% Above	No	No
67877043003	ARIPIPRAZOLE 2 MG TABLET	6	30.00	115.28	0.12	200% Above	No	No
67877043003	ARIPIPRAZOLE 2 MG TABLET	7	30.00	115.28	0.10	200% Above	No	No
67877043103	ARIPIPRAZOLE 5 MG TABLET	4	30.00	115.28	0.09	200% Above	No	No
67877044690	OLMESARTAN MEDOXOMIL 20 MG TAB	4	90.00	82.30	0.08	200% Above	No	No
67877044690	OLMESARTAN MEDOXOMIL 20 MG TAB	8	90.00	82.30	0.08	200% Above	No	No
67877044730	OLMESARTAN MEDOXOMIL 40 MG TAB	6	45.00	57.64	0.13	200% Above	Yes	No

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67877044790	OLMESARTAN MEDOXOMIL 40 MG TAB	4	90.00	115.28	0.12	200% Above	No	No
67877044790	OLMESARTAN MEDOXOMIL 40 MG TAB	5	90.00	115.28	0.11	200% Above	No	No
67877044790	OLMESARTAN MEDOXOMIL 40 MG TAB	6	90.00	115.28	0.13	200% Above	No	No
67877044790	OLMESARTAN MEDOXOMIL 40 MG TAB	7	90.00	115.28	0.12	200% Above	No	No
67877045590	FINASTERIDE 1 MG TABLET	7	30.00	11.84	0.04	200% Above	No	No
67877046305	PREGABALIN 50 MG CAPSULE	5	90.00	1.93	0.04	26%-50% Below	No	No
67877048430	TELMISARTAN 80 MG TABLET	5	14.00	3.44	0.13	76%-100% Above	No	No
67877048430	TELMISARTAN 80 MG TABLET	5	30.00	7.37	0.13	76%-100% Above	No	No
67877048430	TELMISARTAN 80 MG TABLET	5	90.00	22.10	0.13	76%-100% Above	No	No
67877048430	TELMISARTAN 80 MG TABLET	5	90.00	22.10	0.13	76%-100% Above	Yes	No
67877048430	TELMISARTAN 80 MG TABLET	6	14.00	3.44	0.16	51%-75% Above	No	No
67877048430	TELMISARTAN 80 MG TABLET	6	30.00	7.37	0.16	51%-75% Above	No	No
67877048430	TELMISARTAN 80 MG TABLET	6	90.00	22.10	0.16	51%-75% Above	No	No
67877048430	TELMISARTAN 80 MG TABLET	7	14.00	3.44	0.16	51%-75% Above	No	No
67877048430	TELMISARTAN 80 MG TABLET	7	30.00	7.37	0.16	51%-75% Above	No	No
67877048430	TELMISARTAN 80 MG TABLET	7	90.00	22.10	0.16	51%-75% Above	Yes	No
67877048430	TELMISARTAN 80 MG TABLET	8	30.00	7.37	0.19	26%-50% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	6	30.00	39.18	0.09	200% Above	No	No
67877049030	EZETIMIBE 10 MG TABLET	6	30.00	36.00	0.09	200% Above	No	No
67877049090	EZETIMIBE 10 MG TABLET	7	90.00	117.53	0.08	200% Above	No	No
67877050830	EZETIMIBE-SIMVASTATIN 10-20 MG	4	30.00	58.20	0.36	200% Above	No	No
67877050830	EZETIMIBE-SIMVASTATIN 10-20 MG	5	30.00	58.20	0.33	200% Above	No	No
67877050830	EZETIMIBE-SIMVASTATIN 10-20 MG	6	30.00	58.20	0.48	200% Above	No	No
67877050830	EZETIMIBE-SIMVASTATIN 10-20 MG	7	30.00	58.20	0.35	200% Above	No	No
67877051110	ATORVASTATIN 10 MG TABLET	5	90.00	7.07	0.03	101%-200% Above	No	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877051110	ATORVASTATIN 10 MG TABLET	6	90.00	7.07	0.03	101%-200% Above	No	No
67877051190	ATORVASTATIN 10 MG TABLET	7	90.00	7.07	0.02	200% Above	No	No
67877051205	ATORVASTATIN 20 MG TABLET	6	90.00	8.72	0.04	101%-200% Above	No	No
67877051210	ATORVASTATIN 20 MG TABLET	4	30.00	2.91	0.03	101%-200% Above	No	No
67877051210	ATORVASTATIN 20 MG TABLET	5	30.00	2.91	0.03	101%-200% Above	No	No
67877051210	ATORVASTATIN 20 MG TABLET	6	30.00	2.91	0.04	101%-200% Above	No	No
67877051210	ATORVASTATIN 20 MG TABLET	7	30.00	2.91	0.03	200% Above	No	No
67877051290	ATORVASTATIN 20 MG TABLET	5	30.00	2.91	0.03	101%-200% Above	No	No
67877051290	ATORVASTATIN 20 MG TABLET	5	90.00	8.72	0.03	101%-200% Above	No	No
67877051290	ATORVASTATIN 20 MG TABLET	7	90.00	8.72	0.03	200% Above	No	No
67877051390	ATORVASTATIN 40 MG TABLET	6	90.00	8.75	0.06	51%-75% Above	No	No
67877051390	ATORVASTATIN 40 MG TABLET	7	90.00	8.75	0.04	101%-200% Above	No	No
67877052660	RANOLAZINE ER 1,000 MG TABLET	6	180.00	249.39	0.37	200% Above	Yes	No
67877052730	SOLIFENACIN 5 MG TABLET	5	30.00	59.53	0.16	200% Above	No	No
67877052730	SOLIFENACIN 5 MG TABLET	6	30.00	59.53	0.19	200% Above	No	No
67877054360	CEFDINIR 300 MG CAPSULE	4	14.00	4.87	0.42	10%-25% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	4	20.00	6.95	0.42	10%-25% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	4	20.00	24.84	0.42	101%-200% Above	No	No
67877054360	CEFDINIR 300 MG CAPSULE	5	14.00	4.87	0.41	10%-25% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	5	14.00	4.87	0.41	10%-25% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	5	20.00	6.95	0.41	10%-25% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	5	20.00	6.95	0.41	10%-25% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	6	4.00	1.39	0.49	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	6	10.00	3.48	0.49	26%-50% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	6	10.00	3.48	0.49	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877054360	CEFDINIR 300 MG CAPSULE	6	14.00	4.87	0.49	26%-50% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	6	14.00	4.87	0.49	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	6	20.00	6.95	0.49	26%-50% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	6	20.00	6.95	0.49	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	6	20.00	24.75	0.49	101%-200% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	7	14.00	4.87	0.42	10%-25% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	7	14.00	4.87	0.42	10%-25% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	7	20.00	6.95	0.42	10%-25% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	7	20.00	6.95	0.42	10%-25% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	8	20.00	6.95	0.51	26%-50% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	8	20.00	6.95	0.51	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	12	20.00	6.69	0.44	10%-25% Below	No	No
67877054568	CEPHALEXIN 250 MG/5 ML SUSP	7	200.00	19.96	0.05	101%-200% Above	No	No
67877054588	CEPHALEXIN 250 MG/5 ML SUSP	4	300.00	33.60	0.07	51%-75% Above	No	No
67877054588	CEPHALEXIN 250 MG/5 ML SUSP	7	100.00	11.20	0.05	101%-200% Above	No	No
67877056110	METFORMIN HCL 500 MG TABLET	4	60.00	0.63	0.01	10%-25% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	4	135.00	1.42	0.01	10%-25% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	4	360.00	3.78	0.01	10%-25% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	5	60.00	0.63	0.01	10%-25% Below	No	No
67877056110	METFORMIN HCL 500 MG TABLET	5	90.00	0.95	0.01	10%-25% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	5	180.00	1.89	0.01	10%-25% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	5	360.00	3.78	0.01	10%-25% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	6	60.00	0.63	0.02	26%-50% Below	No	No
67877056110	METFORMIN HCL 500 MG TABLET	6	60.00	1.45	0.02	51%-75% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	6	180.00	1.89	0.02	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877056110	METFORMIN HCL 500 MG TABLET	6	180.00	1.89	0.02	26%-50% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	6	225.00	2.36	0.02	26%-50% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	7	60.00	0.63	0.01	10%-25% Below	No	No
67877056110	METFORMIN HCL 500 MG TABLET	7	180.00	1.89	0.01	10%-25% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	8	360.00	3.78	0.01	26%-50% Below	Yes	No
67877056205	METFORMIN HCL 850 MG TABLET	6	60.00	1.20	0.02	10%-25% Below	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	5	60.00	2.24	0.02	76%-100% Above	No	No
67877056310	METFORMIN HCL 1,000 MG TABLET	6	60.00	1.15	0.02	10%-25% Below	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	6	180.00	3.46	0.02	10%-25% Below	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	8	60.00	1.15	0.02	10%-25% Below	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	8	180.00	3.46	0.02	10%-25% Below	Yes	No
67877059101	METOPROLOL SUCC ER 50 MG TAB	4	30.00	3.86	0.06	101%-200% Above	No	No
67877059101	METOPROLOL SUCC ER 50 MG TAB	5	135.00	17.36	0.06	101%-200% Above	No	No
67877059101	METOPROLOL SUCC ER 50 MG TAB	6	90.00	11.57	0.07	76%-100% Above	No	No
67877059101	METOPROLOL SUCC ER 50 MG TAB	7	90.00	11.57	0.05	101%-200% Above	No	No
67877059105	METOPROLOL SUCC ER 50 MG TAB	4	90.00	11.57	0.06	101%-200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	4	15.00	6.12	0.08	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	4	30.00	12.23	0.08	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	5	15.00	6.12	0.07	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	5	30.00	12.23	0.07	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	5	34.00	10.20	0.07	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	5	45.00	13.50	0.07	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	6	15.00	6.12	0.10	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	6	30.00	12.23	0.10	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	6	34.00	10.20	0.10	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877069601	CHLORTHALIDONE 25 MG TABLET	6	90.00	36.70	0.10	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	7	15.00	6.12	0.07	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	7	90.00	36.70	0.07	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	8	15.00	6.12	0.09	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	8	30.00	12.23	0.09	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	8	45.00	13.50	0.09	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	8	90.00	24.00	0.09	101%-200% Above	No	No
67877069610	CHLORTHALIDONE 25 MG TABLET	5	15.00	6.12	0.07	200% Above	No	No
67877069610	CHLORTHALIDONE 25 MG TABLET	5	30.00	12.23	0.07	200% Above	No	No
67877069610	CHLORTHALIDONE 25 MG TABLET	6	15.00	6.12	0.10	200% Above	No	No
67877069610	CHLORTHALIDONE 25 MG TABLET	6	30.00	12.23	0.10	200% Above	No	No
67877069610	CHLORTHALIDONE 25 MG TABLET	7	15.00	6.12	0.07	200% Above	No	No
67877069610	CHLORTHALIDONE 25 MG TABLET	7	30.00	12.23	0.07	200% Above	No	No
67877069701	CHLORTHALIDONE 50 MG TABLET	6	90.00	45.18	0.13	200% Above	No	No
67877074495	VARENICLINE 1 MG TABLET	7	56.00	166.93	0.88	200% Above	No	No
67877074495	VARENICLINE 1 MG TABLET	8	56.00	166.93	1.09	101%-200% Above	No	No
67877075701	NIFEDIPINE ER 30 MG TABLET	4	30.00	8.88	0.10	101%-200% Above	No	No
67877075701	NIFEDIPINE ER 30 MG TABLET	5	30.00	8.88	0.10	101%-200% Above	No	No
67877075801	NIFEDIPINE ER 60 MG TABLET	5	30.00	4.86	0.13	26%-50% Above	No	No
67877075801	NIFEDIPINE ER 60 MG TABLET	6	30.00	4.86	0.14	10%-25% Above	No	No
67877075801	NIFEDIPINE ER 60 MG TABLET	7	30.00	4.86	0.12	26%-50% Above	No	No
67877077589	FAMOTIDINE 40 MG/5 ML SUSP	4	50.00	16.92	0.41	10%-25% Below	No	No
67877084210	FAMOTIDINE 20 MG TABLET	5	10.00	0.23	0.03	26%-50% Below	No	No
67877084210	FAMOTIDINE 20 MG TABLET	6	28.00	0.65	0.04	26%-50% Below	No	No
67877084210	FAMOTIDINE 20 MG TABLET	6	60.00	1.39	0.04	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877084210	FAMOTIDINE 20 MG TABLET	7	28.00	0.65	0.03	10%-25% Below	No	No
67877084210	FAMOTIDINE 20 MG TABLET	7	30.00	0.69	0.03	10%-25% Below	No	No
67877084210	FAMOTIDINE 20 MG TABLET	8	30.00	0.69	0.03	26%-50% Below	No	No
67877088901	FAMOTIDINE 40 MG TABLET	5	30.00	2.69	0.05	76%-100% Above	No	No
67877088901	FAMOTIDINE 40 MG TABLET	5	90.00	8.08	0.05	76%-100% Above	No	No
67877088901	FAMOTIDINE 40 MG TABLET	7	30.00	2.69	0.05	76%-100% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	6.26	0.12	101%-200% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.00	6.26	0.11	101%-200% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.00	6.26	0.14	101%-200% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.00	6.26	0.11	101%-200% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.00	6.26	0.13	101%-200% Above	No	No
68001011306	LEVETIRACETAM ER 500 MG TABLET	6	180.00	51.37	0.19	26%-50% Above	No	No
68001013000	AMLODIPINE-BENAZEPRIL 10-20 MG	6	60.00	19.01	0.14	101%-200% Above	No	No
68001013400	AMLODIPINE-BENAZEPRIL 5-20 MG	4	30.00	7.73	0.10	101%-200% Above	No	No
68001013400	AMLODIPINE-BENAZEPRIL 5-20 MG	5	30.00	7.73	0.09	101%-200% Above	No	No
68001013400	AMLODIPINE-BENAZEPRIL 5-20 MG	6	30.00	7.73	0.11	101%-200% Above	No	No
68001013400	AMLODIPINE-BENAZEPRIL 5-20 MG	7	30.00	7.73	0.10	101%-200% Above	No	No
68001015203	CARVEDILOL 25 MG TABLET	6	90.00	3.11	0.03	10%-25% Above	No	No
68001015203	CARVEDILOL 25 MG TABLET	6	180.00	6.21	0.03	10%-25% Above	No	No
68001015303	CARVEDILOL 3.125 MG TABLET	4	60.00	2.14	0.02	101%-200% Above	No	No
68001015303	CARVEDILOL 3.125 MG TABLET	5	60.00	2.14	0.02	101%-200% Above	No	No
68001015303	CARVEDILOL 3.125 MG TABLET	6	60.00	2.14	0.02	76%-100% Above	No	No
68001015303	CARVEDILOL 3.125 MG TABLET	7	60.00	2.14	0.02	101%-200% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	4	60.00	1.83	0.02	51%-75% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	5	60.00	1.83	0.02	76%-100% Above	No	No

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68001015403	CARVEDILOL 6.25 MG TABLET	6	60.00	1.83	0.02	26%-50% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	7	60.00	1.83	0.02	51%-75% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	8	60.00	1.83	0.02	51%-75% Above	No	No
68001015504	ANASTROZOLE 1 MG TABLET	5	8.00	0.60	0.14	26%-50% Below	No	No
68001015504	ANASTROZOLE 1 MG TABLET	7	26.00	1.95	0.13	26%-50% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	4	2.00	0.05	0.04	26%-50% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	4	20.00	0.54	0.04	26%-50% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	4	30.00	0.81	0.04	26%-50% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	4	90.00	2.42	0.04	26%-50% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	5	2.00	0.05	0.04	26%-50% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	5	15.00	0.40	0.04	26%-50% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	6	7.00	0.19	0.05	26%-50% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	6	20.00	0.54	0.05	26%-50% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	7	2.00	0.05	0.04	26%-50% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	7	40.00	4.54	0.04	101%-200% Above	No	No
68001016203	PROMETHAZINE 25 MG TABLET	7	60.00	1.92	0.04	10%-25% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	7	90.00	2.42	0.04	26%-50% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	8	60.00	1.92	0.05	26%-50% Below	No	No
68001018008	QUETIAPINE FUMARATE 50 MG TAB	6	37.00	2.63	0.04	51%-75% Above	No	No
68001018203	QUETIAPINE FUMARATE 200 MG TAB	6	45.00	3.81	0.12	26%-50% Below	No	No
68001018203	QUETIAPINE FUMARATE 200 MG TAB	7	45.00	3.81	0.10	10%-25% Below	No	No
68001018203	QUETIAPINE FUMARATE 200 MG TAB	8	30.00	2.54	0.12	26%-50% Below	No	No
68001018306	QUETIAPINE FUMARATE 300 MG TAB	4	60.00	10.91	0.13	26%-50% Above	No	No
68001018306	QUETIAPINE FUMARATE 300 MG TAB	5	60.00	10.91	0.14	26%-50% Above	No	No
68001018306	QUETIAPINE FUMARATE 300 MG TAB	6	60.00	10.91	0.16	10%-25% Above	No	No

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68001018306	QUETIAPINE FUMARATE 300 MG TAB	7	60.00	10.91	0.13	26%-50% Above	No	No
68001018306	QUETIAPINE FUMARATE 300 MG TAB	8	60.00	10.91	0.16	10%-25% Above	No	No
68001018408	QUETIAPINE FUMARATE 100 MG TAB	4	60.00	4.66	0.04	51%-75% Above	No	No
68001018408	QUETIAPINE FUMARATE 100 MG TAB	5	60.00	4.66	0.04	51%-75% Above	No	No
68001018408	QUETIAPINE FUMARATE 100 MG TAB	6	60.00	4.66	0.06	26%-50% Above	No	No
68001018408	QUETIAPINE FUMARATE 100 MG TAB	7	90.00	6.99	0.04	76%-100% Above	No	No
68001018408	QUETIAPINE FUMARATE 100 MG TAB	8	90.00	6.99	0.06	26%-50% Above	No	No
68001018500	QUETIAPINE FUMARATE 25 MG TAB	4	45.00	2.90	0.03	101%-200% Above	No	No
68001018500	QUETIAPINE FUMARATE 25 MG TAB	7	45.00	2.90	0.03	101%-200% Above	No	No
68001018500	QUETIAPINE FUMARATE 25 MG TAB	8	45.00	2.90	0.03	76%-100% Above	No	No
68001018508	QUETIAPINE FUMARATE 25 MG TAB	5	30.00	1.94	0.03	101%-200% Above	No	No
68001018508	QUETIAPINE FUMARATE 25 MG TAB	5	30.00	3.45	0.03	200% Above	No	No
68001018508	QUETIAPINE FUMARATE 25 MG TAB	7	30.00	1.94	0.03	101%-200% Above	No	No
68001018508	QUETIAPINE FUMARATE 25 MG TAB	7	30.00	3.45	0.03	200% Above	No	No
68001018508	QUETIAPINE FUMARATE 25 MG TAB	8	30.00	1.94	0.03	76%-100% Above	No	No
68001018508	QUETIAPINE FUMARATE 25 MG TAB	8	30.00	3.45	0.03	200% Above	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	4	30.00	0.32	0.02	51%-75% Below	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	5	30.00	0.32	0.02	51%-75% Below	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	5	56.00	0.60	0.02	51%-75% Below	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	6	30.00	0.32	0.03	51%-75% Below	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	7	30.00	0.32	0.02	26%-50% Below	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	8	30.00	0.32	0.03	51%-75% Below	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	5	60.00	1.27	0.03	26%-50% Below	No	No
68001024300	ZONISAMIDE 50 MG CAPSULE	4	60.00	7.45	0.08	51%-75% Above	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	6	18.00	2.07	0.19	26%-50% Below	No	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001024604	ONDANSETRON ODT 4 MG TABLET	7	10.00	1.15	0.15	10%-25% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	4	18.00	2.07	0.16	26%-50% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	5	18.00	2.07	0.16	26%-50% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	6	10.00	1.15	0.19	26%-50% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	6	18.00	2.07	0.19	26%-50% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	7	14.00	1.61	0.15	10%-25% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	7	18.00	2.07	0.15	10%-25% Below	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	4	18.00	2.32	0.17	10%-25% Below	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	5	12.00	1.55	0.17	10%-25% Below	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	6	18.00	2.32	0.19	26%-50% Below	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	7	15.00	1.94	0.17	10%-25% Below	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	7	18.00	2.32	0.17	10%-25% Below	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	8	15.00	1.94	0.19	26%-50% Below	No	No
68001025001	ZOLMITRIPTAN 5 MG TABLET	5	9.00	52.04	1.11	200% Above	No	No
68001025001	ZOLMITRIPTAN 5 MG TABLET	6	9.00	52.04	1.44	200% Above	No	No
68001025204	FLUCONAZOLE 100 MG TABLET	7	4.00	0.71	0.21	10%-25% Below	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	4	3.00	2.62	0.58	26%-50% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	5	1.00	0.87	0.59	26%-50% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	6	2.00	1.75	0.70	10%-25% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	7	2.00	2.70	0.53	101%-200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	7	6.00	5.24	0.53	51%-75% Above	No	No
68001025404	FLUCONAZOLE 200 MG TABLET	6	3.00	0.93	0.46	26%-50% Below	No	No
68001028100	DICLOFENAC SOD DR 75 MG TAB	7	60.00	3.41	0.08	26%-50% Below	No	No
68001028100	DICLOFENAC SOD DR 75 MG TAB	7	60.00	8.54	0.08	76%-100% Above	No	No
68001028100	DICLOFENAC SOD DR 75 MG TAB	8	30.00	1.71	0.10	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001028103	DICLOFENAC SOD DR 75 MG TAB	4	60.00	3.41	0.08	26%-50% Below	No	No
68001028103	DICLOFENAC SOD DR 75 MG TAB	5	60.00	3.41	0.08	26%-50% Below	No	No
68001028103	DICLOFENAC SOD DR 75 MG TAB	7	60.00	3.41	0.08	26%-50% Below	No	No
68001028103	DICLOFENAC SOD DR 75 MG TAB	8	60.00	3.41	0.10	26%-50% Below	No	No
68001030900	BUPROPION HCL 100 MG TABLET	5	60.00	19.90	0.15	101%-200% Above	No	No
68001030900	BUPROPION HCL 100 MG TABLET	7	60.00	19.90	0.15	101%-200% Above	No	No
68001031500	LOVASTATIN 20 MG TABLET	5	30.00	2.92	0.04	101%-200% Above	No	No
68001031500	LOVASTATIN 20 MG TABLET	6	30.00	2.92	0.04	101%-200% Above	No	No
68001031500	LOVASTATIN 20 MG TABLET	7	30.00	2.92	0.04	101%-200% Above	No	No
68001031508	LOVASTATIN 20 MG TABLET	6	30.00	2.92	0.04	101%-200% Above	No	No
68001031508	LOVASTATIN 20 MG TABLET	8	30.00	2.92	0.05	76%-100% Above	No	No
68001031608	LOVASTATIN 40 MG TABLET	5	30.00	2.25	0.05	51%-75% Above	No	No
68001031608	LOVASTATIN 40 MG TABLET	6	30.00	2.25	0.06	26%-50% Above	No	No
68001031608	LOVASTATIN 40 MG TABLET	7	30.00	2.25	0.05	51%-75% Above	No	No
68001032700	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	5	30.00	4.16	0.08	51%-75% Above	No	No
68001032700	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	6	30.00	4.16	0.10	26%-50% Above	No	No
68001032700	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	7	30.00	4.16	0.08	51%-75% Above	No	No
68001032700	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	8	90.00	12.47	0.10	26%-50% Above	No	No
68001032703	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	7	90.00	12.47	0.08	51%-75% Above	No	No
68001033200	LISINOPRIL 2.5 MG TABLET	5	30.00	0.29	0.01	10%-25% Below	No	No
68001033200	LISINOPRIL 2.5 MG TABLET	5	90.00	0.87	0.01	10%-25% Below	No	No
68001033200	LISINOPRIL 2.5 MG TABLET	6	30.00	0.29	0.01	26%-50% Below	No	No
68001033200	LISINOPRIL 2.5 MG TABLET	7	30.00	0.29	0.01	10%-25% Below	No	No
68001033200	LISINOPRIL 2.5 MG TABLET	7	90.00	0.87	0.01	10%-25% Below	No	No
68001033308	LISINOPRIL 5 MG TABLET	4	30.00	0.30	0.01	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001033308	LISINOPRIL 5 MG TABLET	4	90.00	0.91	0.01	10%-25% Below	No	No
68001033308	LISINOPRIL 5 MG TABLET	5	30.00	0.30	0.01	10%-25% Below	No	No
68001033308	LISINOPRIL 5 MG TABLET	6	30.00	0.30	0.02	26%-50% Below	No	No
68001033308	LISINOPRIL 5 MG TABLET	7	30.00	0.30	0.01	10%-25% Below	No	No
68001033308	LISINOPRIL 5 MG TABLET	7	90.00	0.91	0.01	10%-25% Below	No	No
68001033308	LISINOPRIL 5 MG TABLET	8	30.00	0.30	0.02	26%-50% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	4	30.00	0.38	0.02	10%-25% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	5	30.00	0.38	0.02	10%-25% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	5	30.00	1.07	0.02	101%-200% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	6	30.00	0.38	0.02	26%-50% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	6	30.00	1.07	0.02	76%-100% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	6	90.00	1.14	0.02	26%-50% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	7	30.00	0.38	0.02	10%-25% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	7	30.00	1.07	0.02	101%-200% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	7	90.00	1.14	0.02	10%-25% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	8	30.00	0.38	0.02	26%-50% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	8	30.00	1.07	0.02	76%-100% Above	No	No
68001033500	LISINOPRIL 20 MG TABLET	5	30.00	0.55	0.02	10%-25% Below	No	No
68001033500	LISINOPRIL 20 MG TABLET	5	90.00	1.66	0.02	10%-25% Below	No	No
68001033500	LISINOPRIL 20 MG TABLET	6	30.00	0.55	0.03	26%-50% Below	No	No
68001033500	LISINOPRIL 20 MG TABLET	7	30.00	0.55	0.02	10%-25% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	4	30.00	0.55	0.02	10%-25% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	5	30.00	0.55	0.02	10%-25% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	5	30.00	1.32	0.02	76%-100% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	5	90.00	1.66	0.02	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001033508	LISINOPRIL 20 MG TABLET	6	30.00	0.55	0.03	26%-50% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	6	30.00	1.32	0.03	51%-75% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	6	90.00	1.66	0.03	26%-50% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	7	30.00	0.55	0.02	10%-25% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	7	30.00	1.32	0.02	76%-100% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	7	60.00	1.10	0.02	10%-25% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	8	30.00	0.55	0.03	26%-50% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	8	30.00	1.32	0.03	51%-75% Above	No	No
68001033600	LISINOPRIL 30 MG TABLET	6	30.00	1.29	0.06	10%-25% Below	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	4	60.00	7.72	0.06	101%-200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	4	180.00	23.15	0.06	101%-200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	5	45.00	5.79	0.06	101%-200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	5	90.00	11.57	0.06	101%-200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	7	30.00	3.86	0.05	101%-200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	7	30.00	7.64	0.05	200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	7	60.00	7.72	0.05	101%-200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	7	90.00	11.57	0.05	101%-200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	7	180.00	23.15	0.05	101%-200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	4	30.00	2.32	0.05	26%-50% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	4	90.00	6.96	0.05	26%-50% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	5	30.00	2.32	0.05	26%-50% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	5	90.00	6.96	0.05	26%-50% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	6	30.00	2.32	0.06	26%-50% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	6	90.00	6.96	0.06	26%-50% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	7	30.00	2.32	0.05	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001036103	MONTELUKAST SOD 10 MG TABLET	7	90.00	6.96	0.05	51%-75% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	8	90.00	6.96	0.06	26%-50% Above	No	No
68001036105	MONTELUKAST SOD 10 MG TABLET	4	30.00	2.32	0.05	26%-50% Above	No	No
68001036105	MONTELUKAST SOD 10 MG TABLET	5	30.00	2.32	0.05	26%-50% Above	No	No
68001036105	MONTELUKAST SOD 10 MG TABLET	7	30.00	2.32	0.05	51%-75% Above	No	No
68001036206	CEFDINIR 300 MG CAPSULE	4	20.00	6.95	0.42	10%-25% Below	No	No
68001036206	CEFDINIR 300 MG CAPSULE	6	20.00	6.95	0.49	26%-50% Below	No	No
68001036206	CEFDINIR 300 MG CAPSULE	8	20.00	6.95	0.51	26%-50% Below	No	No
68001036400	METRONIDAZOLE 250 MG TABLET	4	21.00	2.46	0.10	10%-25% Above	No	No
68001036500	METRONIDAZOLE 500 MG TABLET	6	21.00	3.88	0.12	51%-75% Above	No	No
68001036503	METRONIDAZOLE 500 MG TABLET	4	3.00	0.55	0.10	76%-100% Above	No	No
68001036503	METRONIDAZOLE 500 MG TABLET	5	14.00	2.58	0.09	101%-200% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	4	30.00	0.69	0.03	10%-25% Below	No	No
68001039708	FAMOTIDINE 20 MG TABLET	4	60.00	1.39	0.03	10%-25% Below	No	No
68001039708	FAMOTIDINE 20 MG TABLET	5	28.00	0.65	0.03	10%-25% Below	No	No
68001039708	FAMOTIDINE 20 MG TABLET	5	30.00	0.69	0.03	26%-50% Below	No	No
68001039708	FAMOTIDINE 20 MG TABLET	5	60.00	1.39	0.03	10%-25% Below	No	No
68001039708	FAMOTIDINE 20 MG TABLET	5	180.00	4.16	0.03	10%-25% Below	No	No
68001039708	FAMOTIDINE 20 MG TABLET	6	28.00	0.65	0.04	26%-50% Below	No	No
68001039708	FAMOTIDINE 20 MG TABLET	6	60.00	1.39	0.04	26%-50% Below	No	No
68001039708	FAMOTIDINE 20 MG TABLET	7	30.00	0.69	0.03	10%-25% Below	No	No
68001039708	FAMOTIDINE 20 MG TABLET	7	60.00	1.39	0.03	10%-25% Below	No	No
68001039708	FAMOTIDINE 20 MG TABLET	8	30.00	0.69	0.03	26%-50% Below	No	No
68001039803	FAMOTIDINE 40 MG TABLET	4	60.00	5.39	0.05	76%-100% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	4	90.00	8.08	0.05	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001039803	FAMOTIDINE 40 MG TABLET	5	30.00	2.69	0.05	76%-100% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	5	60.00	5.39	0.05	76%-100% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	5	90.00	8.08	0.05	76%-100% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	6	30.00	2.69	0.06	51%-75% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	6	60.00	5.39	0.06	51%-75% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	6	90.00	8.08	0.06	51%-75% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	7	30.00	2.69	0.05	76%-100% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	7	60.00	5.39	0.05	76%-100% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	7	90.00	8.08	0.05	76%-100% Above	No	No
68001039900	FLUOXETINE HCL 10 MG CAPSULE	5	30.00	1.54	0.03	51%-75% Above	No	No
68001039900	FLUOXETINE HCL 10 MG CAPSULE	6	30.00	1.54	0.03	51%-75% Above	No	No
68001039900	FLUOXETINE HCL 10 MG CAPSULE	7	30.00	1.54	0.03	76%-100% Above	No	No
68001039908	FLUOXETINE HCL 10 MG CAPSULE	4	90.00	4.63	0.03	51%-75% Above	No	No
68001039908	FLUOXETINE HCL 10 MG CAPSULE	5	30.00	1.54	0.03	51%-75% Above	No	No
68001039908	FLUOXETINE HCL 10 MG CAPSULE	5	90.00	4.63	0.03	51%-75% Above	No	No
68001039908	FLUOXETINE HCL 10 MG CAPSULE	6	90.00	4.63	0.03	51%-75% Above	No	No
68001039908	FLUOXETINE HCL 10 MG CAPSULE	7	30.00	1.54	0.03	76%-100% Above	No	No
68001039908	FLUOXETINE HCL 10 MG CAPSULE	7	90.00	4.63	0.03	76%-100% Above	No	No
68001039908	FLUOXETINE HCL 10 MG CAPSULE	8	90.00	4.63	0.03	51%-75% Above	No	No
68001040000	FLUOXETINE HCL 20 MG CAPSULE	6	30.00	1.22	0.03	26%-50% Above	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	4	30.00	0.38	0.03	51%-75% Below	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	5	7.00	0.09	0.03	51%-75% Below	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	5	30.00	0.38	0.03	51%-75% Below	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	5	90.00	1.14	0.03	51%-75% Below	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	6	30.00	0.38	0.03	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001040008	FLUOXETINE HCL 20 MG CAPSULE	7	30.00	0.38	0.03	51%-75% Below	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	8	30.00	0.38	0.03	51%-75% Below	No	No
68001040100	FLUOXETINE HCL 40 MG CAPSULE	5	30.00	2.66	0.06	51%-75% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	4	30.00	2.66	0.06	26%-50% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	5	30.00	2.66	0.06	51%-75% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	5	180.00	15.98	0.06	51%-75% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	6	30.00	2.66	0.07	26%-50% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	6	90.00	7.99	0.07	26%-50% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	7	30.00	2.66	0.06	51%-75% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	7	90.00	7.99	0.06	51%-75% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	8	30.00	2.66	0.07	26%-50% Above	No	No
68001040303	LEVETIRACETAM 500 MG TABLET	4	180.00	23.96	0.07	76%-100% Above	No	No
68001040303	LEVETIRACETAM 500 MG TABLET	7	60.00	7.99	0.07	76%-100% Above	No	No
68001040303	LEVETIRACETAM 500 MG TABLET	7	180.00	23.96	0.07	76%-100% Above	No	No
68001041103	GABAPENTIN 600 MG TABLET	5	90.00	3.17	0.08	51%-75% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	6	135.00	4.75	0.09	51%-75% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	7	90.00	3.17	0.08	51%-75% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	8	90.00	3.17	0.09	51%-75% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	8	135.00	4.75	0.09	51%-75% Below	No	No
68001041203	GABAPENTIN 800 MG TABLET	4	120.00	6.30	0.10	26%-50% Below	No	No
68001041203	GABAPENTIN 800 MG TABLET	5	120.00	6.30	0.10	26%-50% Below	No	No
68001041203	GABAPENTIN 800 MG TABLET	6	120.00	6.30	0.12	51%-75% Below	No	No
68001041203	GABAPENTIN 800 MG TABLET	7	120.00	6.30	0.10	26%-50% Below	No	No
68001041306	DULOXETINE HCL DR 20 MG CAP	4	30.00	29.90	0.09	200% Above	No	No
68001041306	DULOXETINE HCL DR 20 MG CAP	6	30.00	29.90	0.11	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001041408	DULOXETINE HCL DR 30 MG CAP	4	90.00	16.87	0.07	101%-200% Above	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	4	30.00	1.16	0.06	26%-50% Below	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	5	30.00	1.16	0.06	26%-50% Below	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	5	60.00	2.31	0.06	26%-50% Below	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	6	30.00	1.16	0.07	26%-50% Below	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	6	60.00	2.31	0.07	26%-50% Below	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	7	30.00	1.16	0.05	26%-50% Below	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	7	60.00	2.31	0.05	26%-50% Below	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	8	30.00	1.16	0.07	26%-50% Below	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	8	60.00	2.31	0.07	26%-50% Below	No	No
68001043897	LORATADINE 10 MG TABLET	5	30.00	0.75	0.05	26%-50% Below	No	No
68001043897	LORATADINE 10 MG TABLET	6	30.00	0.75	0.06	51%-75% Below	No	No
68001043897	LORATADINE 10 MG TABLET	7	30.00	0.75	0.05	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	4	30.00	4.56	0.23	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	5	30.00	4.56	0.23	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	6	30.00	4.56	0.28	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	7	30.00	4.56	0.23	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	8	30.00	4.56	0.28	26%-50% Below	No	No
68001046900	METOPROLOL SUCC ER 50 MG TAB	4	30.00	3.86	0.06	101%-200% Above	No	No
68001046908	METOPROLOL SUCC ER 50 MG TAB	4	30.00	3.86	0.06	101%-200% Above	No	No
68001046908	METOPROLOL SUCC ER 50 MG TAB	5	90.00	11.57	0.06	101%-200% Above	No	No
68001046908	METOPROLOL SUCC ER 50 MG TAB	8	30.00	3.86	0.07	76%-100% Above	No	No
68001046908	METOPROLOL SUCC ER 50 MG TAB	8	90.00	11.57	0.07	76%-100% Above	No	No
68001047008	METOPROLOL SUCC ER 100 MG TAB	8	90.00	19.87	0.11	76%-100% Above	No	No
68001047300	DIVALPROEX SOD DR 250 MG TAB	4	540.00	28.30	0.11	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001047300	DIVALPROEX SOD DR 250 MG TAB	8	540.00	28.30	0.11	51%-75% Below	No	No
68001047303	DIVALPROEX SOD DR 250 MG TAB	6	60.00	3.14	0.11	51%-75% Below	No	No
68001048600	LISINOPRIL 40 MG TABLET	5	30.00	1.02	0.04	10%-25% Below	No	No
68001048600	LISINOPRIL 40 MG TABLET	6	30.00	1.02	0.05	26%-50% Below	No	No
68001048600	LISINOPRIL 40 MG TABLET	7	30.00	1.02	0.04	10%-25% Below	No	No
68001048608	LISINOPRIL 40 MG TABLET	4	30.00	1.02	0.04	10%-25% Below	No	No
68001048608	LISINOPRIL 40 MG TABLET	5	30.00	1.02	0.04	10%-25% Below	No	No
68001048608	LISINOPRIL 40 MG TABLET	5	90.00	3.06	0.04	10%-25% Below	No	No
68001048608	LISINOPRIL 40 MG TABLET	6	30.00	1.02	0.05	26%-50% Below	No	No
68001048608	LISINOPRIL 40 MG TABLET	7	30.00	1.02	0.04	10%-25% Below	No	No
68001048608	LISINOPRIL 40 MG TABLET	8	30.00	1.02	0.05	10%-25% Below	No	No
68001050103	METOPROLOL SUCC ER 50 MG TAB	6	30.00	3.86	0.07	76%-100% Above	No	No
68001050103	METOPROLOL SUCC ER 50 MG TAB	7	30.00	3.86	0.05	101%-200% Above	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	5	90.00	19.87	0.09	101%-200% Above	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	5	16.00	1.00	0.10	26%-50% Below	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	5	30.00	1.87	0.10	26%-50% Below	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	6	30.00	1.87	0.11	26%-50% Below	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	7	30.00	1.87	0.09	26%-50% Below	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	8	30.00	1.87	0.12	26%-50% Below	No	No
68001051905	BUPROPION HCL XL 150 MG TABLET	5	30.00	6.81	0.10	101%-200% Above	No	No
68001052005	BUPROPION HCL XL 300 MG TABLET	5	90.00	25.52	0.14	101%-200% Above	No	No
68001052005	BUPROPION HCL XL 300 MG TABLET	6	90.00	25.52	0.17	51%-75% Above	No	No
68001056603	POTASSIUM CL ER 10 MEQ TABLET	5	14.00	2.07	0.09	51%-75% Above	No	No
68001056703	POTASSIUM CL ER 20 MEQ TABLET	5	30.00	8.64	0.12	101%-200% Above	No	No
68001056703	POTASSIUM CL ER 20 MEQ TABLET	6	60.00	6.73	0.15	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001056703	POTASSIUM CL ER 20 MEQ TABLET	8	60.00	6.73	0.14	10%-25% Below	No	No
68001056703	POTASSIUM CL ER 20 MEQ TABLET	8	90.00	10.09	0.14	10%-25% Below	No	No
68001058503	GLIMEPIRIDE 2 MG TABLET	6	180.00	15.16	0.04	101%-200% Above	No	No
68001058603	GLIMEPIRIDE 4 MG TABLET	4	28.00	3.81	0.04	200% Above	No	No
68001058603	GLIMEPIRIDE 4 MG TABLET	4	30.00	4.09	0.04	200% Above	No	No
68001058603	GLIMEPIRIDE 4 MG TABLET	5	30.00	4.09	0.03	200% Above	No	No
68001058603	GLIMEPIRIDE 4 MG TABLET	6	30.00	4.09	0.05	101%-200% Above	No	No
68001058603	GLIMEPIRIDE 4 MG TABLET	7	90.00	12.26	0.04	200% Above	No	No
68001059100	ESCITALOPRAM 5 MG TABLET	5	90.00	14.82	0.04	200% Above	No	No
68001059200	ESCITALOPRAM 10 MG TABLET	4	30.00	2.16	0.04	51%-75% Above	No	No
68001059200	ESCITALOPRAM 10 MG TABLET	5	30.00	2.16	0.04	51%-75% Above	No	No
68001059200	ESCITALOPRAM 10 MG TABLET	6	30.00	2.16	0.05	26%-50% Above	No	No
68001059200	ESCITALOPRAM 10 MG TABLET	7	30.00	2.16	0.04	51%-75% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	5	30.00	2.16	0.04	51%-75% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	5	60.00	4.31	0.04	51%-75% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	5	90.00	6.47	0.04	51%-75% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	6	30.00	2.16	0.05	26%-50% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	7	30.00	2.16	0.04	51%-75% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	7	60.00	4.31	0.04	51%-75% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	8	30.00	2.16	0.05	51%-75% Above	No	No
68001059300	ESCITALOPRAM 20 MG TABLET	4	180.00	14.69	0.07	10%-25% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	4	30.00	2.45	0.07	10%-25% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	4	45.00	3.67	0.07	10%-25% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	5	30.00	2.45	0.07	10%-25% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	5	45.00	3.67	0.07	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001059308	ESCITALOPRAM 20 MG TABLET	7	30.00	2.45	0.07	10%-25% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	7	45.00	3.67	0.07	10%-25% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	7	60.00	4.90	0.07	10%-25% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	7	90.00	7.34	0.07	10%-25% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	7	180.00	14.69	0.07	10%-25% Above	No	No
68001059608	DULOXETINE HCL DR 60 MG CAP	7	30.00	5.57	0.09	76%-100% Above	No	No
68001060600	NITROFURANTOIN MONO-MCR 100 MG	4	10.00	16.19	0.40	200% Above	No	No
68001060600	NITROFURANTOIN MONO-MCR 100 MG	5	10.00	6.43	0.41	51%-75% Above	No	No
68001060600	NITROFURANTOIN MONO-MCR 100 MG	5	14.00	22.46	0.41	200% Above	No	No
68001060600	NITROFURANTOIN MONO-MCR 100 MG	5	20.00	12.87	0.41	51%-75% Above	No	No
68001060600	NITROFURANTOIN MONO-MCR 100 MG	6	10.00	6.43	0.52	10%-25% Above	No	No
68001060600	NITROFURANTOIN MONO-MCR 100 MG	7	14.00	9.01	0.42	51%-75% Above	No	No
68001060755	POLYETHYLENE GLYCOL 3350 POWD	5	238.00	1.32	0.02	51%-75% Below	No	No
68001061200	DICLOFENAC SOD ER 100 MG TAB	4	30.00	16.56	0.62	10%-25% Below	No	No
68001061200	DICLOFENAC SOD ER 100 MG TAB	5	30.00	16.56	0.67	10%-25% Below	No	No
68001061200	DICLOFENAC SOD ER 100 MG TAB	6	30.00	16.56	0.86	26%-50% Below	No	No
68001061200	DICLOFENAC SOD ER 100 MG TAB	8	30.00	16.56	0.77	26%-50% Below	No	No
68001061303	BUPROPION HCL XL 150 MG TABLET	6	90.00	20.43	0.11	76%-100% Above	No	No
68001061303	BUPROPION HCL XL 150 MG TABLET	6	270.00	61.29	0.11	76%-100% Above	No	No
68001061403	BUPROPION HCL XL 300 MG TABLET	7	90.00	25.52	0.13	101%-200% Above	No	No
68047025201	OSCIMIN 0.125 MG TABLET	7	42.00	11.30	0.14	76%-100% Above	No	No
68180011707	LEVETIRACETAM ER 500 MG TABLET	5	210.00	59.93	0.16	76%-100% Above	Yes	No
68180011707	LEVETIRACETAM ER 500 MG TABLET	6	210.00	59.93	0.19	26%-50% Above	Yes	No
68180011707	LEVETIRACETAM ER 500 MG TABLET	7	630.00	179.80	0.15	76%-100% Above	Yes	No
68180012101	CEPHALEXIN 250 MG CAPSULE	6	28.00	1.67	0.09	26%-50% Below	Yes	No

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68180012202	CEPHALEXIN 500 MG CAPSULE	4	14.00	0.97	0.12	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	5	21.00	1.46	0.12	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	5	40.00	2.78	0.12	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	6	10.00	0.70	0.13	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	6	14.00	0.97	0.13	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	6	15.00	1.04	0.13	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	6	21.00	1.46	0.13	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	7	15.00	1.04	0.12	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	7	28.00	1.95	0.12	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	7	30.00	2.09	0.12	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	7	40.00	2.78	0.12	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	8	10.00	0.70	0.13	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	8	15.00	1.04	0.13	26%-50% Below	Yes	No
68180015001	FAMOTIDINE 40 MG/5 ML SUSP	5	50.00	50.71	0.80	26%-50% Above	No	No
68180016613	VANCOMYCIN HCL 125 MG CAPSULE	5	10.00	9.05	1.12	10%-25% Below	No	No
68180016613	VANCOMYCIN HCL 125 MG CAPSULE	5	40.00	36.19	1.12	10%-25% Below	No	No
68180018001	CEFADROXIL 500 MG CAPSULE	4	14.00	1.75	0.25	26%-50% Below	Yes	No
68180018008	CEFADROXIL 500 MG CAPSULE	8	20.00	2.50	0.28	51%-75% Below	No	No
68180021709	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	4	30.00	14.73	0.11	200% Above	No	No
68180021709	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	4	90.00	44.19	0.11	200% Above	No	No
68180021709	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	90.00	44.19	0.11	200% Above	No	No
68180023301	AMLODIPINE BESYLATE 2.5 MG TAB	6	90.00	4.01	0.01	200% Above	Yes	No
68180023301	AMLODIPINE BESYLATE 2.5 MG TAB	7	90.00	4.01	0.01	200% Above	Yes	No
68180023301	AMLODIPINE BESYLATE 2.5 MG TAB	8	90.00	4.01	0.01	200% Above	Yes	No
68180023301	AMLODIPINE TAB 2.5MG	5	90.00	4.01	.		Yes	No

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68180029503	DULOXETINE HCL DR 30 MG CAP	6	60.00	11.24	0.08	101%-200% Above	No	No
68180029603	DULOXETINE HCL DR 60 MG CAP	4	30.00	5.57	0.10	76%-100% Above	No	No
68180029603	DULOXETINE HCL DR 60 MG CAP	8	30.00	5.57	0.11	51%-75% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	5	30.00	6.81	0.10	101%-200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	5	90.00	20.43	0.10	101%-200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	6	30.00	6.81	0.11	76%-100% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	6	90.00	20.43	0.11	76%-100% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	4	30.00	6.81	0.10	101%-200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	4	90.00	20.43	0.10	101%-200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	5	7.00	1.59	0.10	101%-200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	5	30.00	6.81	0.10	101%-200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	6	30.00	6.81	0.11	76%-100% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	6	90.00	20.43	0.11	76%-100% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	7	30.00	6.81	0.10	101%-200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	7	90.00	20.43	0.10	101%-200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	8	30.00	6.81	0.11	101%-200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	4	30.00	8.51	0.15	76%-100% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	5	90.00	25.52	0.14	101%-200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	6	90.00	25.52	0.17	51%-75% Above	No	No
68180032006	BUPROPION HCL XL 300 MG TABLET	4	30.00	8.51	0.15	76%-100% Above	No	No
68180032006	BUPROPION HCL XL 300 MG TABLET	5	30.00	8.51	0.14	101%-200% Above	No	No
68180032006	BUPROPION HCL XL 300 MG TABLET	5	90.00	25.52	0.14	101%-200% Above	No	No
68180032006	BUPROPION HCL XL 300 MG TABLET	6	30.00	8.51	0.17	51%-75% Above	No	No
68180032006	BUPROPION HCL XL 300 MG TABLET	7	30.00	8.51	0.13	101%-200% Above	No	No
68180032006	BUPROPION HCL XL 300 MG TABLET	7	90.00	25.52	0.13	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180032006	BUPROPION HCL XL 300 MG TABLET	8	30.00	8.51	0.16	76%-100% Above	No	No
68180032009	BUPROPION HCL XL 300 MG TABLET	5	7.00	1.99	0.14	101%-200% Above	No	No
68180032009	BUPROPION HCL XL 300 MG TABLET	5	90.00	25.52	0.14	101%-200% Above	No	No
68180032009	BUPROPION HCL XL 300 MG TABLET	6	90.00	71.25	0.17	200% Above	No	No
68180032009	BUPROPION HCL XL 300 MG TABLET	8	90.00	25.52	0.16	76%-100% Above	No	No
68180035103	SERTRALINE HCL 25 MG TABLET	5	30.00	1.77	0.03	101%-200% Above	No	No
68180035103	SERTRALINE HCL 25 MG TABLET	6	30.00	1.77	0.03	51%-75% Above	No	No
68180035103	SERTRALINE HCL 25 MG TABLET	7	30.00	1.77	0.03	76%-100% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	4	30.00	0.92	0.04	10%-25% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	4	30.00	1.94	0.04	76%-100% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	4	90.00	2.77	0.04	10%-25% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	5	30.00	0.92	0.03	10%-25% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	6	30.00	0.92	0.04	10%-25% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	6	90.00	2.77	0.04	10%-25% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	8	30.00	0.92	0.04	10%-25% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	8	90.00	2.77	0.04	10%-25% Below	No	No
68180035209	SERTRALINE HCL 50 MG TABLET	8	90.00	2.77	0.04	10%-25% Below	Yes	No
68180035302	SERTRALINE HCL 100 MG TABLET	7	30.00	1.60	0.05	10%-25% Above	No	No
68180037609	LOSARTAN POTASSIUM 25 MG TAB	8	30.00	2.58	0.03	101%-200% Above	No	No
68180038809	FENOFIBRATE 48 MG TABLET	5	90.00	16.61	0.09	101%-200% Above	Yes	No
68180038809	FENOFIBRATE 48 MG TABLET	6	28.00	5.17	0.11	51%-75% Above	Yes	No
68180040401	CEFPROZIL 500 MG TABLET	5	20.00	11.38	0.88	26%-50% Below	Yes	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	5	3.00	22.59	2.40	200% Above	No	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	5	3.00	22.59	2.40	200% Above	Yes	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	6	3.00	22.59	2.28	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	6	3.00	22.59	2.28	200% Above	Yes	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	7	3.00	22.59	1.95	200% Above	Yes	No
68180042308	CEFIXIME 400 MG CAPSULE	4	10.00	60.30	9.97	26%-50% Below	Yes	No
68180043302	BROMFENAC SODIUM 0.07% EYE DRP	5	3.00	219.68	58.07	26%-50% Above	Yes	No
68180044101	CEPHALEXIN 250 MG/5 ML SUSP	5	100.00	11.20	0.06	76%-100% Above	Yes	No
68180044101	CEPHALEXIN 250 MG/5 ML SUSP	5	200.00	29.33	0.06	101%-200% Above	No	No
68180044101	CEPHALEXIN 250 MG/5 ML SUSP	7	200.00	29.33	0.05	101%-200% Above	No	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	6	200.00	26.64	0.07	101%-200% Above	Yes	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	7	200.00	19.96	0.05	101%-200% Above	No	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	7	200.00	19.96	0.05	101%-200% Above	Yes	No
68180044501	QUETIAPINE FUMARATE 25 MG TAB	7	30.00	1.94	0.03	101%-200% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	4	90.00	6.39	0.04	51%-75% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	7	90.00	6.39	0.05	26%-50% Above	No	No
68180044701	QUETIAPINE FUMARATE 100 MG TAB	6	90.00	6.99	0.06	26%-50% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	8	30.00	0.36	0.01	10%-25% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	8	90.00	1.09	0.01	10%-25% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	8	90.00	1.09	0.01	10%-25% Above	Yes	No
68180045502	AMLODIPINE TAB 5MG	7	30.00	0.36	.		No	No
68180046403	SIMVASTATIN 40 MG TABLET	4	30.00	0.95	0.05	26%-50% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	5	30.00	0.95	0.05	26%-50% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	5	90.00	2.85	0.05	26%-50% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	6	30.00	0.95	0.07	51%-75% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	6	90.00	2.85	0.07	51%-75% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	7	30.00	0.95	0.05	26%-50% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	8	30.00	0.95	0.07	51%-75% Below	No	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180046707	LOVASTATIN 10 MG TABLET	5	90.00	6.40	0.04	76%-100% Above	No	No
68180046901	LOVASTATIN 40 MG TABLET	4	30.00	2.25	0.05	51%-75% Above	No	No
68180046903	LOVASTATIN 40 MG TABLET	6	180.00	13.52	0.06	26%-50% Above	No	No
68180046907	LOVASTATIN 40 MG TABLET	8	90.00	6.76	0.06	26%-50% Above	Yes	No
68180047803	SIMVASTATIN 10 MG TABLET	4	90.00	5.85	0.03	101%-200% Above	No	No
68180047803	SIMVASTATIN 10 MG TABLET	5	90.00	5.85	0.03	101%-200% Above	No	No
68180047803	SIMVASTATIN 10 MG TABLET	6	90.00	5.85	0.03	76%-100% Above	No	No
68180047803	SIMVASTATIN 10 MG TABLET	7	90.00	5.85	0.03	101%-200% Above	No	No
68180047902	SIMVASTATIN 20 MG TABLET	5	90.00	1.80	0.03	26%-50% Below	No	No
68180047902	SIMVASTATIN 20 MG TABLET	7	90.00	2.06	0.03	10%-25% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	4	30.00	0.60	0.03	26%-50% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	5	30.00	0.60	0.03	26%-50% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	5	90.00	1.80	0.03	26%-50% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	6	30.00	0.60	0.04	26%-50% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	6	90.00	1.80	0.04	26%-50% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	7	30.00	0.60	0.03	26%-50% Below	No	No
68180051201	LISINOPRIL 2.5 MG TABLET	5	90.00	0.87	0.01	10%-25% Below	Yes	No
68180051301	LISINOPRIL 5 MG TABLET	5	90.00	0.91	0.01	10%-25% Below	Yes	No
68180051301	LISINOPRIL 5 MG TABLET	7	90.00	0.91	0.01	10%-25% Below	No	No
68180051301	LISINOPRIL 5 MG TABLET	7	90.00	0.91	0.01	10%-25% Below	Yes	No
68180051301	LISINOPRIL 5 MG TABLET	8	90.00	0.90	0.02	26%-50% Below	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	4	90.00	0.91	0.01	10%-25% Below	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	5	30.00	0.30	0.01	10%-25% Below	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	5	90.00	0.91	0.01	10%-25% Below	No	No
68180051303	LISINOPRIL 5 MG TABLET	6	30.00	0.30	0.02	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180051303	LISINOPRIL 5 MG TABLET	6	90.00	0.91	0.02	26%-50% Below	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	7	30.00	0.30	0.01	10%-25% Below	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	7	30.00	0.96	0.01	101%-200% Above	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	7	90.00	0.91	0.01	10%-25% Below	No	No
68180051303	LISINOPRIL 5 MG TABLET	7	90.00	0.91	0.01	10%-25% Below	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	7	90.00	1.60	0.01	26%-50% Above	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	8	30.00	0.96	0.02	101%-200% Above	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	8	90.00	0.91	0.02	26%-50% Below	No	No
68180051303	LISINOPRIL 5 MG TABLET	8	90.00	0.91	0.02	26%-50% Below	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	4	90.00	1.42	0.03	26%-50% Below	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	5	90.00	1.06	0.03	51%-75% Below	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	5	90.00	1.42	0.03	26%-50% Below	No	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	5	90.00	1.90	0.03	10%-25% Below	No	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	6	90.00	1.42	0.03	26%-50% Below	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	7	90.00	1.06	0.03	51%-75% Below	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	7	90.00	1.42	0.03	26%-50% Below	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	7	90.00	1.90	0.03	10%-25% Below	No	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	8	90.00	1.06	0.03	51%-75% Below	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	8	90.00	1.42	0.03	51%-75% Below	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	8	90.00	1.90	0.03	26%-50% Below	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	4	90.00	1.42	0.03	26%-50% Below	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	5	30.00	0.47	0.03	26%-50% Below	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	6	30.00	0.47	0.03	26%-50% Below	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	6	90.00	1.42	0.03	26%-50% Below	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	7	30.00	0.47	0.03	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	7	90.00	1.42	0.03	26%-50% Below	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	8	30.00	0.47	0.03	51%-75% Below	No	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	4	30.00	1.45	0.04	10%-25% Above	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	4	90.00	1.92	0.04	26%-50% Below	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	30.00	0.64	0.04	26%-50% Below	No	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	30.00	0.64	0.04	51%-75% Below	No	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	30.00	0.64	0.04	51%-75% Below	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	30.00	0.64	0.04	26%-50% Below	No	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	30.00	0.64	0.04	26%-50% Below	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	30.00	1.45	0.04	26%-50% Above	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	90.00	1.92	0.04	26%-50% Below	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	30.00	0.64	0.05	51%-75% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	4	30.00	0.64	0.04	26%-50% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	30.00	0.64	0.04	26%-50% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	90.00	1.92	0.04	26%-50% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	30.00	0.64	0.04	51%-75% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	60.00	1.28	0.04	26%-50% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	90.00	1.92	0.04	26%-50% Below	No	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	5	180.00	4.05	0.04	26%-50% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	6	90.00	1.93	0.05	51%-75% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	7	90.00	2.03	0.04	26%-50% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	8	180.00	4.05	0.05	51%-75% Below	Yes	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	4	30.00	0.68	0.04	26%-50% Below	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	5	30.00	0.68	0.04	26%-50% Below	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	6	30.00	0.68	0.05	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	7	30.00	0.68	0.04	26%-50% Below	No	No
68180059101	RAMIPRIL 10 MG CAPSULE	4	90.00	5.12	0.05	10%-25% Above	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	7	30.00	50.65	0.37	200% Above	Yes	No
68180059306	DESVENLAFAXINE SUCCNT ER 100 MG	6	30.00	77.59	0.51	200% Above	No	No
68180059306	DESVENLAFAXINE SUCCNT ER 100 MG	7	30.00	77.59	0.46	200% Above	No	No
68180060406	DESVENLAFAXINE SUCCNT ER 25 MG	5	7.00	11.74	0.43	200% Above	No	No
68180060406	DESVENLAFAXINE SUCCNT ER 25 MG	5	16.00	26.83	0.43	200% Above	No	No
68180060406	DESVENLAFAXINE SUCCNT ER 25 MG	5	30.00	21.07	0.43	51%-75% Above	No	No
68180060406	DESVENLAFAXINE SUCCNT ER 25 MG	6	30.00	31.70	0.51	101%-200% Above	No	No
68180060406	DESVENLAFAXINE SUCCNT ER 25 MG	7	14.00	23.47	0.37	200% Above	No	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	6	20.00	4.45	0.27	10%-25% Below	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	6	60.00	13.34	0.27	10%-25% Below	No	No
68180067106	LURASIDONE HCL 40 MG TABLET	8	30.00	206.80	0.33	200% Above	Yes	No
68180069806	TRAMADOL HCL ER 200 MG TABLET	4	30.00	28.26	1.50	26%-50% Below	No	No
68180069806	TRAMADOL HCL ER 200 MG TABLET	5	30.00	28.26	1.70	26%-50% Below	No	No
68180069806	TRAMADOL HCL ER 200 MG TABLET	6	30.00	28.26	1.58	26%-50% Below	No	No
68180069806	TRAMADOL HCL ER 200 MG TABLET	7	30.00	28.26	1.52	26%-50% Below	No	No
68180071160	CEFDINIR 300 MG CAPSULE	5	20.00	24.25	0.41	101%-200% Above	No	No
68180071160	CEFDINIR 300 MG CAPSULE	5	28.00	33.95	0.41	101%-200% Above	No	No
68180071160	CEFDINIR 300 MG CAPSULE	5	42.00	50.92	0.41	101%-200% Above	No	No
68180071160	CEFDINIR 300 MG CAPSULE	7	20.00	6.95	0.42	10%-25% Below	No	No
68180071909	AMLODIPINE BESYLATE 2.5 MG TAB	4	90.00	4.01	0.01	200% Above	Yes	No
68180071909	AMLODIPINE BESYLATE 2.5 MG TAB	5	90.00	4.01	0.01	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	4	15.00	0.18	0.01	10%-25% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	0.36	0.01	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180072003	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	1.05	0.01	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	1.09	0.01	10%-25% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	28.00	0.34	0.01	10%-25% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	30.00	0.36	0.01	10%-25% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	30.00	0.36	0.01	10%-25% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	30.00	1.05	0.01	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	45.00	0.54	0.01	10%-25% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	90.00	1.09	0.01	10%-25% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	90.00	1.09	0.01	10%-25% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	30.00	1.05	0.01	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	28.00	0.34	0.01	26%-50% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	30.00	0.36	0.01	26%-50% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	30.00	0.36	0.01	26%-50% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	30.00	0.85	0.01	101%-200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	90.00	1.09	0.01	26%-50% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	90.00	1.09	0.01	26%-50% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	30.00	0.36	0.01	10%-25% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	90.00	1.09	0.01	10%-25% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	5	30.00	0.50	0.02	10%-25% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	5	30.00	0.50	0.02	10%-25% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	1.50	0.02	10%-25% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	1.50	0.02	10%-25% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	7	30.00	0.50	0.01	10%-25% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	7	30.00	0.50	0.01	10%-25% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	1.50	0.01	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180072103	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	1.50	0.01	10%-25% Above	Yes	No
68180072109	AMLODIPINE BESYLATE 10 MG TAB	7	30.00	0.50	0.01	10%-25% Above	No	No
68180072204	CEFDINIR 125 MG/5 ML SUSP	4	60.00	19.87	0.11	101%-200% Above	No	No
68180072204	CEFDINIR 125 MG/5 ML SUSP	7	60.00	19.87	0.12	101%-200% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	4	60.00	50.73	0.14	200% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	5	60.00	50.73	0.14	200% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	5	120.00	101.47	0.14	200% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	6	60.00	50.73	0.18	200% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	7	60.00	39.58	0.12	200% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	8	60.00	50.73	0.17	200% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	8	120.00	79.15	0.17	200% Above	No	No
68180072305	CEFDINIR 250 MG/5 ML SUSP	7	100.00	62.67	0.12	200% Above	No	No
68180077901	ZOLPIDEM TART ER 6.25 MG TAB	4	30.00	36.08	0.27	200% Above	No	No
68180077901	ZOLPIDEM TART ER 6.25 MG TAB	5	29.00	34.87	0.16	200% Above	No	No
68180077901	ZOLPIDEM TART ER 6.25 MG TAB	6	30.00	36.08	0.19	200% Above	No	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	7	30.00	23.84	0.12	200% Above	No	No
68180079801	POTASSIUM CL ER 8 MEQ CAPSULE	6	90.00	29.30	0.15	101%-200% Above	No	No
68180083773	TRI-LO-MARZIA TABLET	5	84.00	45.34	0.10	200% Above	Yes	No
68180083773	TRI-LO-MARZIA TABLET	6	84.00	45.34	0.12	200% Above	No	No
68180083773	TRI-LO-MARZIA TABLET	8	84.00	45.34	0.12	200% Above	Yes	No
68180084073	NORG-ETHIN ESTRA 0.25-0.035 MG	7	28.00	5.67	0.11	76%-100% Above	No	No
68180084613	DAYSEE 0.15-0.03-0.01 MG TAB	6	91.00	98.75	0.17	200% Above	No	No
68180086106	AZITHROMYCIN 250 MG TABLET	4	5.00	1.02	0.39	26%-50% Below	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	4	6.00	1.23	0.39	26%-50% Below	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	4	6.00	1.23	0.39	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180086111	AZITHROMYCIN 250 MG TABLET	5	6.00	1.23	0.39	26%-50% Below	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	5	6.00	3.57	0.39	51%-75% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	6	6.00	1.23	0.35	26%-50% Below	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	6	6.00	1.23	0.35	26%-50% Below	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	6	6.00	3.57	0.35	51%-75% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	7	6.00	1.23	0.40	26%-50% Below	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	8	6.00	1.23	0.35	26%-50% Below	Yes	No
68180086206	AZITHROMYCIN 500 MG TABLET	4	5.00	2.60	0.58	10%-25% Below	Yes	No
68180086473	BLISOVI 24 FE TABLET	5	28.00	45.67	0.20	200% Above	No	No
68180086473	BLISOVI 24 FE TABLET	5	84.00	136.99	0.20	200% Above	No	No
68180086473	BLISOVI 24 FE TABLET	7	84.00	136.99	0.19	200% Above	No	No
68180086473	BLISOVI 24 FE TABLET	8	28.00	33.18	0.25	200% Above	No	No
68180086573	BLISOVI FE 1-20 TABLET	5	28.00	10.62	0.12	200% Above	No	No
68180086573	BLISOVI FE 1-20 TABLET	5	84.00	16.49	0.12	51%-75% Above	No	No
68180086573	BLISOVI FE 1-20 TABLET	6	28.00	10.62	0.14	101%-200% Above	No	No
68180086573	BLISOVI FE 1-20 TABLET	6	84.00	16.49	0.14	26%-50% Above	No	No
68180086573	BLISOVI FE 1-20 TABLET	7	28.00	10.62	0.14	101%-200% Above	No	No
68180086573	BLISOVI FE 1-20 TABLET	8	28.00	10.62	0.15	101%-200% Above	No	No
68180086573	BLISOVI FE 1-20 TABLET	8	84.00	16.49	0.15	26%-50% Above	No	No
68180086873	DROSPIRENONE-EE 3-0.03 MG TAB	7	28.00	2.74	0.16	26%-50% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	4	28.00	2.11	0.10	10%-25% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	5	28.00	2.11	0.10	10%-25% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	6	28.00	2.11	0.10	26%-50% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	4	28.00	25.86	0.21	200% Above	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	4	84.00	77.57	0.21	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180088673	NIKKI 3 MG-0.02 MG TABLET	5	84.00	77.57	0.17	200% Above	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	6	28.00	2.54	0.16	26%-50% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	7	28.00	2.42	0.14	26%-50% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	7	84.00	77.57	0.14	200% Above	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	8	28.00	2.11	0.17	51%-75% Below	No	No
68180089513	TURQOZ-28 TABLET	4	28.00	11.54	0.32	26%-50% Above	No	No
68180089513	TURQOZ-28 TABLET	5	28.00	11.54	0.32	26%-50% Above	No	No
68180089513	TURQOZ-28 TABLET	7	28.00	11.54	0.32	26%-50% Above	No	No
68180094111	TESTOSTERONE 1.62% GEL PUMP	5	75.00	97.97	0.40	200% Above	Yes	No
68180094111	TESTOSTERONE 1.62% GEL PUMP	6	75.00	97.97	0.52	101%-200% Above	Yes	No
68180094111	TESTOSTERONE 1.62% GEL PUMP	8	75.00	97.97	0.50	101%-200% Above	Yes	No
68180095004	DESOXIMETASONE 0.25% CREAM	6	100.00	18.47	0.35	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	4	8.50	15.90	2.27	10%-25% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	5	8.50	15.90	2.20	10%-25% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	6	8.50	15.90	2.67	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	6	17.00	31.81	2.67	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	7	8.50	15.90	2.22	10%-25% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	7	17.00	31.81	2.22	10%-25% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	8	8.50	15.90	2.70	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	8	17.00	31.81	2.70	26%-50% Below	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	4	30.00	0.92	0.04	10%-25% Below	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	6	30.00	0.92	0.05	26%-50% Below	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	7	30.00	0.92	0.04	10%-25% Below	No	No
68180096509	LEVOTHYROXINE 25 MCG TABLET	8	90.00	3.70	0.05	10%-25% Below	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	4	30.00	1.23	0.05	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180096603	LEVOTHYROXINE 50 MCG TABLET	6	30.00	1.23	0.06	26%-50% Below	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	4	30.00	1.23	0.05	10%-25% Below	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	5	30.00	1.55	0.04	10%-25% Above	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	5	90.00	3.15	0.04	10%-25% Below	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	6	30.00	1.05	0.06	26%-50% Below	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	6	30.00	1.23	0.06	26%-50% Below	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	6	90.00	3.15	0.06	26%-50% Below	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	7	90.00	3.15	0.04	10%-25% Below	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	8	30.00	1.23	0.06	26%-50% Below	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	8	90.00	3.15	0.06	26%-50% Below	No	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	4	30.00	1.28	0.05	10%-25% Below	No	No
68180096801	LEVOTHYROXINE 88 MCG TABLET	6	90.00	3.91	0.07	26%-50% Below	No	No
68180096801	LEVOTHYROXINE 88 MCG TABLET	8	90.00	3.91	0.06	26%-50% Below	No	No
68180096803	LEVOTHYROXINE 88 MCG TABLET	6	90.00	3.91	0.07	26%-50% Below	No	No
68180096803	LEVOTHYROXINE 88 MCG TABLET	8	90.00	3.91	0.06	26%-50% Below	No	No
68180096809	LEVOTHYROXINE 88 MCG TABLET	7	90.00	4.53	0.04	10%-25% Above	No	No
68180097109	LEVOTHYROXINE 125 MCG TABLET	4	30.00	1.63	0.06	10%-25% Below	No	No
68180097201	LEVOTHYROXINE 137 MCG TABLET	6	30.00	1.90	0.09	26%-50% Below	No	No
68180097209	LEVOTHYROXINE 137 MCG TABLET	6	30.00	1.90	0.09	26%-50% Below	No	No
68180097209	LEVOTHYROXINE 137 MCG TABLET	7	90.00	5.69	0.06	10%-25% Above	No	No
68180097209	LEVOTHYROXINE 137 MCG TABLET	8	30.00	1.90	0.08	10%-25% Below	No	No
68180097301	LEVOTHYROXINE 150 MCG TABLET	8	90.00	4.73	0.08	26%-50% Below	No	No
68180097303	LEVOTHYROXINE 150 MCG TABLET	8	90.00	4.21	0.08	26%-50% Below	No	No
68180097309	LEVOTHYROXINE 150 MCG TABLET	7	30.00	1.40	0.06	10%-25% Below	No	No
68180097309	LEVOTHYROXINE 150 MCG TABLET	8	30.00	1.40	0.08	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180097309	LEVOTHYROXINE 150 MCG TABLET	8	90.00	4.21	0.08	26%-50% Below	No	No
68180097401	LEVOTHYROXINE 175 MCG TABLET	8	30.00	1.91	0.11	26%-50% Below	No	No
68180097509	LEVOTHYROXINE 200 MCG TABLET	4	30.00	2.06	0.08	10%-25% Below	No	No
68180097509	LEVOTHYROXINE 200 MCG TABLET	8	30.00	2.06	0.11	26%-50% Below	No	No
68180097903	LISINOPRIL 40 MG TABLET	4	90.00	3.06	0.04	10%-25% Below	Yes	No
68180097903	LISINOPRIL 40 MG TABLET	5	30.00	2.09	0.04	76%-100% Above	Yes	No
68180097903	LISINOPRIL 40 MG TABLET	6	30.00	2.09	0.05	26%-50% Above	Yes	No
68180097903	LISINOPRIL 40 MG TABLET	6	90.00	3.06	0.05	26%-50% Below	No	No
68180097903	LISINOPRIL 40 MG TABLET	7	90.00	3.06	0.04	10%-25% Below	No	No
68180097903	LISINOPRIL 40 MG TABLET	7	90.00	3.06	0.04	10%-25% Below	Yes	No
68180098001	LISINOPRIL 10 MG TABLET	5	60.00	0.76	0.02	10%-25% Below	No	No
68180098001	LISINOPRIL 10 MG TABLET	6	90.00	1.14	0.02	26%-50% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	4	30.00	0.57	0.02	10%-25% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	4	30.00	1.07	0.02	101%-200% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	4	90.00	1.14	0.02	10%-25% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	4	180.00	3.42	0.02	10%-25% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	5	30.00	0.38	0.02	10%-25% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	5	30.00	1.07	0.02	101%-200% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	5	90.00	1.14	0.02	10%-25% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	5	90.00	1.14	0.02	10%-25% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	6	30.00	0.38	0.02	26%-50% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	6	30.00	0.38	0.02	26%-50% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	6	30.00	1.07	0.02	76%-100% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	6	90.00	1.14	0.02	26%-50% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	7	30.00	0.38	0.02	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180098003	LISINOPRIL 10 MG TABLET	7	30.00	0.38	0.02	10%-25% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	7	30.00	1.07	0.02	101%-200% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	7	90.00	1.14	0.02	10%-25% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	8	30.00	0.38	0.02	26%-50% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	8	90.00	1.14	0.02	26%-50% Below	No	No
68180098101	LISINOPRIL 20 MG TABLET	6	30.00	0.55	0.03	26%-50% Below	No	No
68180098101	LISINOPRIL 20 MG TABLET	7	90.00	1.66	0.02	10%-25% Below	No	No
68180098101	LISINOPRIL 20 MG TABLET	8	30.00	0.55	0.03	26%-50% Below	No	No
68180098101	LISINOPRIL 20 MG TABLET	8	90.00	1.66	0.03	26%-50% Below	No	No
68180098103	LISINOPRIL 20 MG TABLET	4	9.00	0.17	0.02	10%-25% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	4	60.00	2.14	0.02	51%-75% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	4	90.00	1.66	0.02	10%-25% Below	No	No
68180098103	LISINOPRIL 20 MG TABLET	5	30.00	0.55	0.02	10%-25% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	5	30.00	1.32	0.02	76%-100% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	5	90.00	1.66	0.02	10%-25% Below	No	No
68180098103	LISINOPRIL 20 MG TABLET	5	90.00	1.66	0.02	10%-25% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	5	90.00	2.46	0.02	10%-25% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	6	30.00	1.32	0.03	51%-75% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	6	90.00	1.66	0.03	26%-50% Below	No	No
68180098103	LISINOPRIL 20 MG TABLET	6	90.00	1.66	0.03	26%-50% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	7	30.00	1.32	0.02	76%-100% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	7	90.00	1.66	0.02	10%-25% Below	No	No
68180098103	LISINOPRIL 20 MG TABLET	7	90.00	1.66	0.02	10%-25% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	7	135.00	2.48	0.02	10%-25% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	8	90.00	1.66	0.03	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180098201	LISINOPRIL 30 MG TABLET	7	30.00	2.17	0.05	51%-75% Above	Yes	No
68180098201	LISINOPRIL 30 MG TABLET	8	30.00	2.17	0.05	26%-50% Above	Yes	No
68180098202	LISINOPRIL 30 MG TABLET	6	30.00	1.29	0.06	10%-25% Below	No	No
68308070645	ADAPALENE 0.1% CREAM	7	45.00	75.33	2.26	26%-50% Below	No	No
68308070645	ADAPALENE 0.1% CREAM	8	45.00	75.33	2.45	26%-50% Below	No	No
68382000105	PAROXETINE HCL 40 MG TABLET	4	30.00	2.50	0.10	10%-25% Below	No	No
68382000105	PAROXETINE HCL 40 MG TABLET	5	30.00	2.50	0.10	10%-25% Below	No	No
68382000105	PAROXETINE HCL 40 MG TABLET	6	30.00	2.50	0.12	26%-50% Below	No	No
68382000105	PAROXETINE HCL 40 MG TABLET	7	30.00	2.50	0.10	10%-25% Below	No	No
68382000106	PAROXETINE HCL 40 MG TABLET	5	30.00	2.50	0.10	10%-25% Below	No	No
68382000106	PAROXETINE HCL 40 MG TABLET	5	90.00	7.51	0.10	10%-25% Below	No	No
68382000106	PAROXETINE HCL 40 MG TABLET	6	30.00	2.50	0.12	26%-50% Below	No	No
68382000106	PAROXETINE HCL 40 MG TABLET	8	90.00	7.51	0.13	26%-50% Below	No	No
68382000301	AZATHIOPRINE 50 MG TABLET	7	30.00	9.74	0.14	101%-200% Above	No	No
68382000610	LAMOTRIGINE 25 MG TABLET	6	60.00	2.89	0.03	51%-75% Above	No	No
68382000610	LAMOTRIGINE 25 MG TABLET	7	60.00	2.89	0.03	76%-100% Above	No	No
68382002210	ATENOLOL 25 MG TABLET	7	90.00	5.30	0.02	200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	8	180.00	5.45	0.02	10%-25% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	7	90.00	2.71	0.02	26%-50% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	8	45.00	3.59	0.03	200% Above	Yes	No
68382002401	ATENOLOL 100 MG TABLET	4	90.00	4.42	0.04	10%-25% Above	No	No
68382002401	ATENOLOL 100 MG TABLET	7	90.00	4.42	0.04	10%-25% Above	No	No
68382002410	ATENOLOL 100 MG TABLET	4	90.00	4.42	0.04	10%-25% Above	No	No
68382003416	VENLAFAXINE HCL ER 37.5 MG CAP	7	90.00	7.95	0.07	10%-25% Above	Yes	No
68382003510	VENLAFAXINE HCL ER 75 MG CAP	4	30.00	2.73	0.11	10%-25% Below	No	No

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68382004001	PROMETHAZINE 12.5 MG TABLET	5	10.00	0.25	0.04	26%-50% Below	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	7	10.00	0.25	0.04	26%-50% Below	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	7	56.00	1.42	0.04	26%-50% Below	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	8	120.00	3.05	0.05	26%-50% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	4	2.00	0.05	0.04	26%-50% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	5	2.00	0.05	0.04	26%-50% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	5	30.00	3.03	0.04	101%-200% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	6	12.00	1.21	0.05	101%-200% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	6	30.00	0.81	0.05	26%-50% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	6	30.00	3.03	0.05	101%-200% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	7	15.00	0.40	0.04	26%-50% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	7	20.00	0.54	0.04	26%-50% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	7	30.00	3.03	0.04	101%-200% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	7	60.00	1.61	0.04	26%-50% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	8	10.00	0.27	0.05	26%-50% Below	No	No
68382004105	PROMETHAZINE 25 MG TABLET	4	90.00	2.42	0.04	26%-50% Below	No	No
68382005001	MELOXICAM 7.5 MG TABLET	5	30.00	0.79	0.01	51%-75% Above	No	No
68382005001	MELOXICAM 7.5 MG TABLET	6	30.00	0.79	0.02	26%-50% Above	No	No
68382005001	MELOXICAM 7.5 MG TABLET	7	30.00	0.79	0.01	76%-100% Above	No	No
68382005001	MELOXICAM 7.5 MG TABLET	8	30.00	1.68	0.02	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	5	90.00	5.04	0.01	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	6	30.00	1.68	0.02	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	6	60.00	3.36	0.02	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	7	15.00	0.84	0.01	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	7	30.00	1.68	0.01	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382005101	MELOXICAM 15 MG TABLET	4	30.00	0.76	0.02	26%-50% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	4	90.00	2.28	0.02	26%-50% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	6	90.00	2.28	0.02	10%-25% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	7	90.00	2.28	0.02	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	4	30.00	0.76	0.02	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	4	90.00	2.04	0.02	10%-25% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	5	30.00	0.68	0.02	10%-25% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	5	30.00	0.76	0.02	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	5	60.00	1.52	0.02	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	5	90.00	2.04	0.02	10%-25% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	5	90.00	2.28	0.02	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	30.00	0.68	0.02	10%-25% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	30.00	0.76	0.02	10%-25% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	90.00	2.04	0.02	10%-25% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	90.00	2.28	0.02	10%-25% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	7	20.00	0.51	0.02	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	7	30.00	0.68	0.02	10%-25% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	7	30.00	0.76	0.02	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	7	90.00	2.04	0.02	10%-25% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	7	90.00	2.28	0.02	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	8	30.00	0.76	0.02	10%-25% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	8	90.00	2.28	0.02	10%-25% Above	No	No
68382007901	HALOPERIDOL 5 MG TABLET	4	30.00	6.14	0.26	10%-25% Below	No	No
68382007901	HALOPERIDOL 5 MG TABLET	5	30.00	6.14	0.27	10%-25% Below	No	No
68382009101	BENZONATATE 200 MG CAPSULE	7	42.00	2.80	0.10	26%-50% Below	No	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382009201	CARVEDILOL 3.125 MG TABLET	5	60.00	1.67	0.02	76%-100% Above	No	No
68382009201	CARVEDILOL 3.125 MG TABLET	5	60.00	2.14	0.02	101%-200% Above	No	No
68382009201	CARVEDILOL 3.125 MG TABLET	6	60.00	2.14	0.02	76%-100% Above	No	No
68382009201	CARVEDILOL 3.125 MG TABLET	7	60.00	1.67	0.02	51%-75% Above	No	No
68382009201	CARVEDILOL 3.125 MG TABLET	7	60.00	2.14	0.02	101%-200% Above	No	No
68382009201	CARVEDILOL 3.125 MG TABLET	8	60.00	1.67	0.02	51%-75% Above	No	No
68382009201	CARVEDILOL 3.125 MG TABLET	8	60.00	2.14	0.02	101%-200% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	5	60.00	2.14	0.02	101%-200% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	5	60.00	2.17	0.02	101%-200% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	6	60.00	2.17	0.02	76%-100% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	7	60.00	2.14	0.02	101%-200% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	5	60.00	1.83	0.02	76%-100% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	7	60.00	1.83	0.02	51%-75% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	7	180.00	5.49	0.02	51%-75% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	5	60.00	2.14	0.02	76%-100% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	5	180.00	6.43	0.02	76%-100% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	6	60.00	2.14	0.02	51%-75% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	6	180.00	6.43	0.02	51%-75% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	7	60.00	2.14	0.02	76%-100% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	7	180.00	6.43	0.02	76%-100% Above	No	No
68382009501	CARVEDILOL 25 MG TABLET	5	180.00	6.21	0.03	10%-25% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	4	60.00	2.07	0.03	10%-25% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	5	60.00	2.07	0.03	10%-25% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	5	180.00	6.21	0.03	10%-25% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	6	60.00	2.07	0.03	10%-25% Above	No	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382009505	CARVEDILOL 25 MG TABLET	6	180.00	6.21	0.03	10%-25% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	7	60.00	2.07	0.03	26%-50% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	7	180.00	6.21	0.03	26%-50% Above	No	No
68382009601	HYDROXYCHLOROQUINE 200 MG TAB	4	180.00	132.61	0.16	200% Above	No	No
68382009601	HYDROXYCHLOROQUINE 200 MG TAB	5	90.00	66.30	0.15	200% Above	No	No
68382009601	HYDROXYCHLOROQUINE 200 MG TAB	7	30.00	22.10	0.15	200% Above	No	No
68382009601	HYDROXYCHLOROQUINE 200 MG TAB	8	180.00	132.61	0.18	200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	4	60.00	44.20	0.16	200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	6	60.00	44.20	0.18	200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	7	60.00	44.20	0.15	200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	7	180.00	132.61	0.15	200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	8	30.00	22.10	0.18	200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	8	60.00	44.20	0.18	200% Above	No	No
68382009705	PAROXETINE HCL 10 MG TABLET	5	30.00	3.31	0.06	76%-100% Above	No	No
68382009705	PAROXETINE HCL 10 MG TABLET	6	90.00	9.92	0.07	51%-75% Above	No	No
68382009705	PAROXETINE HCL 10 MG TABLET	7	30.00	3.31	0.06	76%-100% Above	No	No
68382009716	PAROXETINE HCL 10 MG TABLET	8	90.00	9.92	0.07	51%-75% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	4	30.00	4.00	0.06	101%-200% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	4	30.00	4.03	0.06	101%-200% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	5	30.00	4.00	0.06	101%-200% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	5	30.00	4.03	0.06	101%-200% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	5	90.00	10.00	0.06	76%-100% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	6	30.00	4.00	0.07	76%-100% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	6	30.00	4.03	0.07	76%-100% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	7	30.00	4.03	0.06	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382009810	PAROXETINE HCL 20 MG TABLET	8	30.00	4.00	0.07	76%-100% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	8	90.00	10.00	0.07	51%-75% Above	No	No
68382011414	RISPERIDONE 1 MG TABLET	5	30.00	0.74	0.03	26%-50% Below	No	No
68382011414	RISPERIDONE 1 MG TABLET	6	30.00	0.74	0.04	26%-50% Below	No	No
68382011414	RISPERIDONE 1 MG TABLET	7	30.00	0.74	0.04	26%-50% Below	No	No
68382012305	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	2.28	0.01	51%-75% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	4	7.00	0.85	0.05	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	4	30.00	0.99	0.05	26%-50% Below	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	4	30.00	3.66	0.05	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.00	3.66	0.05	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	5	90.00	10.97	0.05	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	6	10.00	1.22	0.05	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.00	0.99	0.05	26%-50% Below	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.00	3.66	0.05	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	6	90.00	10.97	0.05	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	7	10.00	1.22	0.05	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.00	0.99	0.05	26%-50% Below	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.00	3.66	0.05	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.00	3.95	0.05	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	8	30.00	3.66	0.05	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	4	30.00	3.66	0.05	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	4	90.00	10.97	0.05	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.00	3.66	0.05	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	5	60.00	7.31	0.05	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	5	90.00	10.97	0.05	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	6	7.00	0.85	0.05	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	6	10.00	1.22	0.05	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.00	3.66	0.05	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	6	60.00	7.31	0.05	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	6	90.00	10.97	0.05	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	6	180.00	21.94	0.05	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	7	28.00	3.41	0.05	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.00	3.66	0.05	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	7	60.00	7.31	0.05	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	7	90.00	10.97	0.05	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	7	180.00	21.94	0.05	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	8	60.00	7.31	0.05	101%-200% Above	No	No
68382013510	LOSARTAN POTASSIUM 25 MG TAB	6	90.00	7.74	0.03	101%-200% Above	No	No
68382013716	LOSARTAN POTASSIUM 100 MG TAB	5	90.00	8.24	0.05	76%-100% Above	Yes	No
68382013716	LOSARTAN POTASSIUM 100 MG TAB	8	90.00	8.24	0.05	51%-75% Above	Yes	No
68382013805	TOPIRAMATE 25 MG TABLET	4	90.00	5.00	0.03	101%-200% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	5	30.00	1.67	0.03	101%-200% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	5	60.00	3.33	0.03	101%-200% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	6	60.00	3.33	0.03	76%-100% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	7	30.00	1.67	0.02	101%-200% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	7	60.00	3.33	0.02	101%-200% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	7	90.00	5.00	0.02	101%-200% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	7	180.00	9.99	0.02	101%-200% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	8	60.00	3.33	0.03	76%-100% Above	No	No
68382013814	TOPIRAMATE 25 MG TABLET	6	30.00	1.67	0.03	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382013905	TOPIRAMATE 50 MG TABLET	5	30.00	1.76	0.03	51%-75% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	6	30.00	1.76	0.04	26%-50% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	6	180.00	10.53	0.04	26%-50% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	7	30.00	1.76	0.03	76%-100% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	8	60.00	3.51	0.04	26%-50% Above	No	No
68382013914	TOPIRAMATE 50 MG TABLET	6	30.00	1.76	0.04	26%-50% Above	No	No
68382013914	TOPIRAMATE 50 MG TABLET	7	30.00	1.76	0.03	76%-100% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	4	60.00	4.46	0.06	26%-50% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	4	180.00	13.37	0.06	26%-50% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	5	60.00	4.46	0.06	26%-50% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	5	360.00	26.75	0.06	26%-50% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	8	360.00	26.75	0.06	10%-25% Above	No	No
68382014014	TOPIRAMATE 100 MG TABLET	4	60.00	4.46	0.06	26%-50% Above	No	No
68382014014	TOPIRAMATE 100 MG TABLET	5	60.00	4.46	0.06	26%-50% Above	No	No
68382014014	TOPIRAMATE 100 MG TABLET	6	60.00	4.46	0.06	10%-25% Above	No	No
68382014501	RAMIPRIL 2.5 MG CAPSULE	7	90.00	4.89	0.05	10%-25% Above	No	No
68382014701	RAMIPRIL 10 MG CAPSULE	4	90.00	5.12	0.05	10%-25% Above	No	No
68382018001	BUSPIRONE HCL 5 MG TABLET	4	60.00	3.75	0.02	200% Above	No	No
68382018105	BUSPIRONE HCL 10 MG TABLET	4	60.00	4.73	0.03	101%-200% Above	No	No
68382018105	BUSPIRONE HCL 10 MG TABLET	5	60.00	4.73	0.03	101%-200% Above	No	No
68382018105	BUSPIRONE HCL 10 MG TABLET	5	90.00	7.10	0.03	101%-200% Above	No	No
68382018105	BUSPIRONE HCL 10 MG TABLET	6	60.00	4.73	0.03	101%-200% Above	No	No
68382018105	BUSPIRONE HCL 10 MG TABLET	6	270.00	21.30	0.03	101%-200% Above	No	No
68382018105	BUSPIRONE HCL 10 MG TABLET	7	60.00	4.73	0.03	101%-200% Above	No	No
68382020405	GABAPENTIN 600 MG TABLET	5	60.00	6.85	0.08	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382020405	GABAPENTIN 600 MG TABLET	5	90.00	10.27	0.08	26%-50% Above	No	No
68382020405	GABAPENTIN 600 MG TABLET	5	270.00	30.81	0.08	26%-50% Above	No	No
68382020405	GABAPENTIN 600 MG TABLET	6	60.00	6.85	0.09	10%-25% Above	No	No
68382020405	GABAPENTIN 600 MG TABLET	6	180.00	20.54	0.09	10%-25% Above	No	No
68382020405	GABAPENTIN 600 MG TABLET	7	180.00	20.54	0.08	26%-50% Above	No	No
68382020405	GABAPENTIN 600 MG TABLET	7	540.00	61.61	0.08	26%-50% Above	No	No
68382020906	ANASTROZOLE 1 MG TABLET	4	6.00	0.43	0.14	26%-50% Below	Yes	No
68382020906	ANASTROZOLE 1 MG TABLET	6	90.00	6.75	0.16	51%-75% Below	Yes	No
68382020906	ANASTROZOLE 1 MG TABLET	6	90.00	17.32	0.16	10%-25% Above	No	No
68382020906	ANASTROZOLE 1 MG TABLET	7	6.00	0.43	0.13	26%-50% Below	Yes	No
68382024701	BENZONATATE 100 MG CAPSULE	5	20.00	2.90	0.07	101%-200% Above	No	No
68382025501	OXYBUTYNIN CL ER 5 MG TABLET	8	30.00	14.75	0.10	200% Above	No	No
68382025601	OXYBUTYNIN CL ER 10 MG TABLET	7	90.00	46.91	0.09	200% Above	No	No
68382031818	MINOCYCLINE 100 MG CAPSULE	7	30.00	5.99	0.29	26%-50% Below	Yes	No
68382037001	NYSTATIN 100,000 UNIT/GM POWD	8	15.00	2.42	0.38	51%-75% Below	No	No
68382041101	OMEPRAZOLE DR 10 MG CAPSULE	5	30.00	5.06	0.09	76%-100% Above	No	No
68382048006	FESOTERODINE ER 8 MG TABLET	7	90.00	414.32	0.76	200% Above	No	No
68382050001	OMEPRAZOLE DR 40 MG CAPSULE	5	90.00	5.92	0.05	26%-50% Above	Yes	No
68382050001	OMEPRAZOLE DR 40 MG CAPSULE	6	90.00	5.92	0.05	26%-50% Above	Yes	No
68382050001	OMEPRAZOLE DR 40 MG CAPSULE	8	90.00	5.92	0.05	26%-50% Above	Yes	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	4	30.00	1.97	0.05	26%-50% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	5	30.00	1.97	0.05	26%-50% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	5	90.00	5.92	0.05	26%-50% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	6	30.00	1.97	0.05	26%-50% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	6	90.00	5.92	0.05	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	7	30.00	1.97	0.05	26%-50% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	7	90.00	5.92	0.05	26%-50% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	8	30.00	1.97	0.05	26%-50% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	8	60.00	3.95	0.05	26%-50% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	8	90.00	5.92	0.05	26%-50% Above	No	No
68382052842	CHOLESTYRAMINE POWDER	4	378.00	48.16	0.08	51%-75% Above	No	No
68382053701	POTASSIUM CITRATE ER 10 MEQ TB	7	180.00	158.38	0.20	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	6	90.00	11.57	0.07	76%-100% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	7	45.00	5.79	0.05	101%-200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	4	30.00	3.86	0.06	101%-200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	4	90.00	11.57	0.06	101%-200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	5	30.00	3.86	0.06	101%-200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	5	90.00	11.57	0.06	101%-200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	5	135.00	17.36	0.06	101%-200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	6	30.00	3.86	0.07	76%-100% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	6	60.00	7.72	0.07	76%-100% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	6	90.00	11.57	0.07	76%-100% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	7	30.00	3.86	0.05	101%-200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	7	60.00	7.72	0.05	101%-200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	7	90.00	11.57	0.05	101%-200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	8	30.00	3.86	0.06	76%-100% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	4	90.00	11.57	0.06	101%-200% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	5	90.00	11.57	0.06	101%-200% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	6	90.00	11.57	0.07	76%-100% Above	No	No
68382056610	METOPROLOL SUCC ER 100 MG TAB	4	180.00	39.74	0.10	101%-200% Above	No	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382056610	METOPROLOL SUCC ER 100 MG TAB	5	30.00	6.62	0.09	101%-200% Above	No	No
68382056610	METOPROLOL SUCC ER 100 MG TAB	6	90.00	19.87	0.11	101%-200% Above	No	No
68382056610	METOPROLOL SUCC ER 100 MG TAB	7	30.00	6.62	0.10	101%-200% Above	No	No
68382056610	METOPROLOL SUCC ER 100 MG TAB	7	90.00	19.87	0.10	101%-200% Above	No	No
68382056610	METOPROLOL SUCC ER 100 MG TAB	8	180.00	39.74	0.11	76%-100% Above	No	No
68382058201	LIOTHYRONINE SOD 5 MCG TAB	6	90.00	31.67	0.26	26%-50% Above	No	No
68382059705	DILTIAZEM 24H ER(CD) 240 MG CP	4	30.00	7.22	0.22	10%-25% Above	No	No
68382062301	BUSPIRONE HCL 7.5 MG TABLET	5	60.00	31.94	0.11	200% Above	No	No
68382062301	BUSPIRONE HCL 7.5 MG TABLET	6	60.00	31.94	0.13	200% Above	No	No
68382062301	BUSPIRONE HCL 7.5 MG TABLET	7	60.00	31.94	0.09	200% Above	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	5	45.00	1.35	0.05	26%-50% Below	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	5	90.00	2.71	0.05	26%-50% Below	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	7	30.00	0.90	0.05	26%-50% Below	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	8	90.00	2.71	0.05	26%-50% Below	No	No
68382066201	SPIRONOLACTONE 100 MG TABLET	5	60.00	12.28	0.16	26%-50% Above	No	No
68382071119	MESALAMINE DR 1.2 GM TABLET	6	180.00	626.45	1.39	101%-200% Above	No	No
68382073201	NADOLOL 20 MG TABLET	6	90.00	115.92	0.18	200% Above	No	No
68382074916	TIADYLT ER 360 MG CAPSULE	5	90.00	69.63	0.48	51%-75% Above	Yes	No
68382074916	TIADYLT ER 360 MG CAPSULE	8	90.00	69.63	0.61	26%-50% Above	Yes	No
68382077501	METHOTREXATE 2.5 MG TABLET	4	24.00	17.26	0.15	200% Above	No	No
68382077501	METHOTREXATE 2.5 MG TABLET	7	78.00	56.10	0.16	200% Above	No	No
68382078201	DOXYCYCLINE MONO 50 MG CAP	6	14.00	2.59	0.16	10%-25% Above	No	No
68382080510	TRAZODONE 50 MG TABLET	4	30.00	0.90	0.03	10%-25% Below	No	No
68382080510	TRAZODONE 50 MG TABLET	8	30.00	0.86	0.03	10%-25% Below	No	No
68382080510	TRAZODONE 50 MG TABLET	8	90.00	2.57	0.03	10%-25% Below	No	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382080601	TRAZODONE 100 MG TABLET	4	90.00	8.75	0.05	76%-100% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	5	30.00	1.87	0.05	10%-25% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	5	90.00	5.61	0.05	10%-25% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	5	135.00	8.41	0.05	10%-25% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	5	180.00	17.50	0.05	76%-100% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	6	90.00	8.75	0.06	51%-75% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	7	90.00	8.75	0.05	76%-100% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	7	180.00	17.50	0.05	76%-100% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	5	30.00	1.87	0.05	10%-25% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	7	30.00	1.87	0.05	10%-25% Above	No	No
68382080701	TRAZODONE 150 MG TABLET	4	30.00	5.21	0.10	51%-75% Above	No	No
68382080701	TRAZODONE 150 MG TABLET	5	30.00	5.21	0.11	51%-75% Above	No	No
68382080701	TRAZODONE 150 MG TABLET	6	30.00	5.21	0.13	26%-50% Above	No	No
68382080701	TRAZODONE 150 MG TABLET	7	30.00	4.00	0.10	26%-50% Above	No	No
68382080701	TRAZODONE 150 MG TABLET	7	30.00	5.21	0.10	51%-75% Above	No	No
68382085701	TRIAMTERENE-HYDROCHLOROTHIAZIDE 75-50 MG TAB	6	90.00	14.09	0.11	26%-50% Above	No	No
68382091601	METHYLPREDNISOLONE 4 MG TABLET	5	10.00	5.52	0.12	200% Above	No	No
68382091601	METHYLPREDNISOLONE 4 MG TABLET	7	40.00	22.08	0.13	200% Above	No	No
68382092386	ELETRIPTAN HBR 40 MG TABLET	5	9.00	20.86	2.01	10%-25% Above	No	No
68382097001	CHLORTHALIDONE 25 MG TABLET	5	90.00	36.70	0.07	200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	7	90.00	36.70	0.07	200% Above	Yes	No
68382098106	LAMOTRIGINE ER 100 MG TABLET	6	90.00	331.62	0.85	200% Above	No	No
68462010230	FLUCONAZOLE 100 MG TABLET	5	5.00	0.89	0.22	10%-25% Below	No	No
68462010230	FLUCONAZOLE 100 MG TABLET	7	3.00	0.53	0.21	10%-25% Below	No	No
68462010230	FLUCONAZOLE 100 MG TABLET	8	7.00	1.24	0.28	26%-50% Below	No	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462010430	FLUCONAZOLE 200 MG TABLET	4	2.00	0.62	0.38	10%-25% Below	Yes	No
68462010430	FLUCONAZOLE 200 MG TABLET	7	3.00	0.93	0.44	26%-50% Below	No	No
68462010530	ONDANSETRON HCL 4 MG TABLET	4	10.00	0.38	0.06	26%-50% Below	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	4	12.00	0.45	0.06	26%-50% Below	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	4	18.00	0.68	0.06	26%-50% Below	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	5	4.00	0.15	0.06	26%-50% Below	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	5	18.00	0.68	0.06	26%-50% Below	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	5	18.00	1.14	0.06	10%-25% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	6	18.00	0.68	0.07	26%-50% Below	No	No
68462010530	ONDANSETRON HCL 4 MG TABLET	6	18.00	0.68	0.07	26%-50% Below	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	7	10.00	0.38	0.06	26%-50% Below	No	No
68462010530	ONDANSETRON HCL 4 MG TABLET	7	15.00	0.56	0.06	26%-50% Below	No	No
68462010530	ONDANSETRON HCL 4 MG TABLET	7	15.00	0.56	0.06	26%-50% Below	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	7	18.00	0.68	0.06	26%-50% Below	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	7	18.00	1.14	0.06	10%-25% Above	Yes	No
68462010630	ONDANSETRON HCL 8 MG TABLET	4	12.00	0.70	0.08	10%-25% Below	Yes	No
68462010630	ONDANSETRON HCL 8 MG TABLET	5	15.00	0.88	0.08	10%-25% Below	Yes	No
68462010630	ONDANSETRON HCL 8 MG TABLET	5	18.00	1.05	0.08	10%-25% Below	Yes	No
68462010630	ONDANSETRON HCL 8 MG TABLET	6	18.00	1.05	0.10	26%-50% Below	Yes	No
68462010805	TOPIRAMATE 25 MG TABLET	4	20.00	1.11	0.03	101%-200% Above	No	No
68462010805	TOPIRAMATE 25 MG TABLET	5	20.00	1.11	0.03	101%-200% Above	No	No
68462010805	TOPIRAMATE 25 MG TABLET	5	28.00	1.55	0.03	101%-200% Above	No	No
68462010805	TOPIRAMATE 25 MG TABLET	5	180.00	9.99	0.03	101%-200% Above	No	No
68462010805	TOPIRAMATE 25 MG TABLET	6	360.00	19.98	0.03	76%-100% Above	No	No
68462010805	TOPIRAMATE 25 MG TABLET	7	30.00	1.67	0.02	101%-200% Above	No	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462010905	TOPIRAMATE 100 MG TABLET	6	90.00	6.69	0.06	10%-25% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	7	1.00	0.87	0.53	51%-75% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	8	9.00	7.87	0.61	26%-50% Above	No	No
68462012605	GABAPENTIN 600 MG TABLET	4	90.00	0.99	0.09	76%-100% Below	No	No
68462012605	GABAPENTIN 600 MG TABLET	6	90.00	0.99	0.09	76%-100% Below	No	No
68462012605	GABAPENTIN 600 MG TABLET	7	90.00	0.99	0.08	76%-100% Below	No	No
68462012605	GABAPENTIN 600 MG TABLET	7	90.00	11.86	0.08	51%-75% Above	No	No
68462012705	GABAPENTIN 800 MG TABLET	6	45.00	2.36	0.12	51%-75% Below	No	No
68462012705	GABAPENTIN 800 MG TABLET	7	45.00	2.36	0.10	26%-50% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	5	21.00	4.30	0.17	10%-25% Above	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	5	63.00	12.91	0.17	10%-25% Above	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	7	21.00	4.30	0.17	10%-25% Above	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	8	21.00	4.30	0.23	10%-25% Below	No	No
68462013701	OXCARBAZEPINE 150 MG TABLET	4	90.00	6.80	0.12	26%-50% Below	No	No
68462013701	OXCARBAZEPINE 150 MG TABLET	6	90.00	6.80	0.14	26%-50% Below	No	No
68462013701	OXCARBAZEPINE 150 MG TABLET	7	90.00	6.80	0.11	26%-50% Below	No	No
68462013701	OXCARBAZEPINE 150 MG TABLET	7	180.00	13.59	0.11	26%-50% Below	No	No
68462013701	OXCARBAZEPINE 150 MG TABLET	8	90.00	6.80	0.13	26%-50% Below	No	No
68462013801	OXCARBAZEPINE 300 MG TABLET	4	60.00	7.02	0.18	26%-50% Below	No	No
68462013801	OXCARBAZEPINE 300 MG TABLET	5	60.00	7.02	0.17	26%-50% Below	No	No
68462013901	OXCARBAZEPINE 600 MG TABLET	4	60.00	11.15	0.32	26%-50% Below	No	No
68462013901	OXCARBAZEPINE 600 MG TABLET	6	60.00	11.15	0.38	26%-50% Below	No	No
68462013901	OXCARBAZEPINE 600 MG TABLET	7	60.00	11.15	0.31	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	4	4.00	0.46	0.16	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	4	12.00	1.38	0.16	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462015713	ONDANSETRON ODT 4 MG TABLET	4	18.00	2.07	0.16	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	5	3.00	0.35	0.16	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	5	6.00	0.69	0.16	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	5	12.00	1.38	0.16	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	5	15.00	1.73	0.16	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	5	18.00	2.07	0.16	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	6	10.00	1.15	0.19	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	6	15.00	1.73	0.19	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	6	18.00	2.07	0.19	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	7	6.00	0.69	0.15	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	7	8.00	0.92	0.15	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	7	15.00	1.73	0.15	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	7	18.00	2.26	0.15	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	8	4.00	0.46	0.19	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	8	10.00	1.15	0.19	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	8	18.00	2.07	0.19	26%-50% Below	No	No
68462015811	ONDANSETRON ODT 8 MG TABLET	8	18.00	2.32	0.19	26%-50% Below	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	4	10.00	1.29	0.17	10%-25% Below	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	6	15.00	1.94	0.19	26%-50% Below	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	6	18.00	2.32	0.19	26%-50% Below	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	7	10.00	1.29	0.17	10%-25% Below	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	7	18.00	2.32	0.17	10%-25% Below	No	No
68462016205	CARVEDILOL 3.125 MG TABLET	5	180.00	6.43	0.02	101%-200% Above	No	No
68462016205	CARVEDILOL 3.125 MG TABLET	6	60.00	2.14	0.02	76%-100% Above	No	No
68462016205	CARVEDILOL 3.125 MG TABLET	7	144.00	5.14	0.02	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462016301	CARVEDILOL 6.25 MG TABLET	5	180.00	5.49	0.02	76%-100% Above	Yes	No
68462016301	CARVEDILOL 6.25 MG TABLET	7	180.00	5.27	0.02	51%-75% Above	Yes	No
68462016301	CARVEDILOL 6.25 MG TABLET	7	180.00	5.49	0.02	51%-75% Above	Yes	No
68462016301	CARVEDILOL 6.25 MG TABLET	8	180.00	5.38	0.02	51%-75% Above	Yes	No
68462016301	CARVEDILOL 6.25 MG TABLET	8	180.00	5.49	0.02	51%-75% Above	Yes	No
68462016305	CARVEDILOL 6.25 MG TABLET	4	60.00	1.75	0.02	51%-75% Above	No	No
68462016305	CARVEDILOL 6.25 MG TABLET	5	180.00	5.49	0.02	76%-100% Above	No	No
68462016305	CARVEDILOL 6.25 MG TABLET	6	180.00	5.24	0.02	26%-50% Above	No	No
68462016305	CARVEDILOL 6.25 MG TABLET	7	60.00	1.75	0.02	51%-75% Above	No	No
68462016305	CARVEDILOL 6.25 MG TABLET	7	60.00	1.83	0.02	51%-75% Above	No	No
68462016305	CARVEDILOL 6.25 MG TABLET	7	180.00	5.49	0.02	51%-75% Above	No	No
68462016305	CARVEDILOL 6.25 MG TABLET	8	180.00	5.49	0.02	51%-75% Above	No	No
68462016405	CARVEDILOL 12.5 MG TABLET	6	180.00	6.43	0.02	51%-75% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	4	22.00	2.85	0.15	10%-25% Below	No	No
68462018022	MUPIROCIN 2% OINTMENT	4	22.00	6.56	0.15	76%-100% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	5	22.00	2.85	0.16	10%-25% Below	No	No
68462018022	MUPIROCIN 2% OINTMENT	5	22.00	2.85	0.16	10%-25% Below	Yes	No
68462018022	MUPIROCIN 2% OINTMENT	5	22.00	6.56	0.16	76%-100% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	6	22.00	2.85	0.17	10%-25% Below	No	No
68462018022	MUPIROCIN 2% OINTMENT	7	22.00	2.85	0.15	10%-25% Below	No	No
68462018022	MUPIROCIN 2% OINTMENT	8	22.00	2.85	0.18	26%-50% Below	No	No
68462018022	MUPIROCIN 2% OINTMENT	8	22.00	6.56	0.18	51%-75% Above	No	No
68462018135	CLOTRIMAZOLE 1% TOPICAL CREAM	4	60.00	25.66	0.14	200% Above	Yes	No
68462018449	METRONIDAZOLE VAGINAL 0.75% GL	5	70.00	51.27	0.27	101%-200% Above	No	No
68462018901	NAPROXEN 375 MG TABLET	4	60.00	0.93	0.05	51%-75% Below	No	No

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68462018901	NAPROXEN 375 MG TABLET	5	60.00	0.93	0.05	51%-75% Below	No	No
68462018901	NAPROXEN 375 MG TABLET	6	60.00	0.93	0.06	51%-75% Below	No	No
68462018901	NAPROXEN 375 MG TABLET	7	60.00	0.93	0.05	51%-75% Below	No	No
68462018901	NAPROXEN 375 MG TABLET	8	60.00	0.93	0.06	51%-75% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	5	20.00	0.47	0.05	51%-75% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	5	30.00	0.70	0.05	51%-75% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	5	60.00	1.40	0.05	51%-75% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	7	14.00	0.33	0.05	51%-75% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	7	20.00	0.47	0.05	51%-75% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	7	60.00	1.40	0.05	51%-75% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	8	20.00	1.09	0.06	10%-25% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	8	60.00	1.40	0.06	51%-75% Below	No	No
68462020030	TELMISARTAN 40 MG TABLET	4	15.00	4.92	0.18	76%-100% Above	No	No
68462020030	TELMISARTAN 40 MG TABLET	5	15.00	4.92	0.19	51%-75% Above	No	No
68462020030	TELMISARTAN 40 MG TABLET	5	30.00	9.84	0.19	51%-75% Above	No	No
68462020030	TELMISARTAN 40 MG TABLET	6	15.00	4.92	0.21	51%-75% Above	No	No
68462020030	TELMISARTAN 40 MG TABLET	6	30.00	9.84	0.21	51%-75% Above	No	No
68462020030	TELMISARTAN 40 MG TABLET	7	15.00	4.92	0.16	101%-200% Above	No	No
68462020030	TELMISARTAN 40 MG TABLET	8	15.00	4.92	0.21	51%-75% Above	No	No
68462022101	LITHIUM CARBONATE 300 MG CAP	5	60.00	2.19	0.08	51%-75% Below	No	No
68462022101	LITHIUM CARBONATE 300 MG CAP	7	60.00	2.19	0.09	51%-75% Below	No	No
68462022301	LITHIUM CARBONATE ER 300 MG TB	8	90.00	13.50	0.22	26%-50% Below	No	No
68462022401	LITHIUM CARBONATE ER 450 MG TB	5	30.00	4.50	0.20	10%-25% Below	No	No
68462022401	LITHIUM CARBONATE ER 450 MG TB	6	30.00	4.50	0.27	26%-50% Below	No	No
68462022401	LITHIUM CARBONATE ER 450 MG TB	7	90.00	13.50	0.21	26%-50% Below	No	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462022605	EZETIMIBE 10 MG TABLET	6	90.00	117.53	0.09	200% Above	No	No
68462025301	ROPINIROLE HCL 0.25 MG TABLET	4	30.00	0.84	0.04	26%-50% Below	No	No
68462025301	ROPINIROLE HCL 0.25 MG TABLET	5	30.00	0.84	0.04	26%-50% Below	No	No
68462025301	ROPINIROLE HCL 0.25 MG TABLET	7	30.00	0.84	0.04	26%-50% Below	No	No
68462025401	ROPINIROLE HCL 0.5 MG TABLET	7	180.00	4.50	0.04	26%-50% Below	No	No
68462025401	ROPINIROLE HCL 0.5 MG TABLET	7	180.00	5.06	0.04	26%-50% Below	No	No
68462025501	ROPINIROLE HCL 1 MG TABLET	4	90.00	2.38	0.05	26%-50% Below	No	No
68462025501	ROPINIROLE HCL 1 MG TABLET	7	90.00	2.38	0.05	26%-50% Below	No	No
68462025601	ROPINIROLE HCL 2 MG TABLET	7	60.00	2.15	0.06	26%-50% Below	No	No
68462025801	ROPINIROLE HCL 4 MG TABLET	4	90.00	3.65	0.07	26%-50% Below	No	No
68462025801	ROPINIROLE HCL 4 MG TABLET	7	90.00	3.65	0.07	26%-50% Below	No	No
68462026110	ROSUVASTATIN CALCIUM 5 MG TAB	7	30.00	50.63	0.04	200% Above	No	No
68462026190	ROSUVASTATIN CALCIUM 5 MG TAB	6	90.00	151.89	0.04	200% Above	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	4	30.00	50.49	0.04	200% Above	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.00	50.49	0.04	200% Above	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.00	151.46	0.04	200% Above	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.00	50.49	0.05	200% Above	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.00	151.46	0.05	200% Above	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	7	30.00	50.49	0.04	200% Above	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	7	90.00	151.46	0.04	200% Above	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.00	50.49	0.05	200% Above	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.00	151.46	0.05	200% Above	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.00	50.36	0.06	200% Above	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.00	50.36	0.06	200% Above	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	6	90.00	151.09	0.06	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.00	50.36	0.05	200% Above	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.00	151.09	0.05	200% Above	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.00	50.36	0.07	200% Above	No	No
68462026430	ROSUVASTATIN CALCIUM 40 MG TAB	7	90.00	151.03	0.08	200% Above	No	No
68462026930	ATOMOXETINE HCL 60 MG CAPSULE	2	30.00	42.12	1.14	10%-25% Above	No	No
68462029201	VERAPAMIL ER 120 MG TABLET	5	90.00	18.67	0.18	10%-25% Above	No	No
68462029201	VERAPAMIL ER 120 MG TABLET	8	90.00	18.67	0.23	10%-25% Below	No	No
68462030201	INDOMETHACIN 50 MG CAPSULE	7	20.00	2.44	0.11	10%-25% Above	No	No
68462030329	HEATHER 0.35 MG TABLET	4	28.00	2.11	0.10	10%-25% Below	No	No
68462030329	HEATHER 0.35 MG TABLET	5	28.00	2.11	0.10	10%-25% Below	No	No
68462030329	HEATHER 0.35 MG TABLET	5	84.00	6.32	0.10	10%-25% Below	No	No
68462030329	HEATHER 0.35 MG TABLET	6	28.00	2.11	0.10	26%-50% Below	No	No
68462030329	HEATHER 0.35 MG TABLET	8	28.00	2.11	0.11	26%-50% Below	No	No
68462030384	HEATHER 0.35 MG TABLET	3	28.00	2.11	0.12	26%-50% Below	No	No
68462030384	HEATHER 0.35 MG TABLET	4	28.00	2.11	0.10	10%-25% Below	No	No
68462030384	HEATHER 0.35 MG TABLET	5	28.00	2.11	0.10	10%-25% Below	No	No
68462030450	NORETHINDRONE 5 MG TABLET	5	30.00	28.54	0.27	200% Above	Yes	No
68462030450	NORETHINDRONE 5 MG TABLET	6	30.00	28.54	0.33	101%-200% Above	Yes	No
68462030450	NORETHINDRONE 5 MG TABLET	8	90.00	85.63	0.33	101%-200% Above	No	No
68462030529	NORETHINDRONE 0.35 MG TABLET	4	28.00	2.11	0.10	10%-25% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	4	84.00	6.32	0.10	10%-25% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	5	28.00	2.11	0.10	10%-25% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	5	84.00	6.32	0.10	10%-25% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	6	84.00	6.32	0.10	26%-50% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	8	84.00	6.32	0.11	26%-50% Below	Yes	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	5	28.00	2.18	0.12	26%-50% Below	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	5	84.00	17.02	0.12	51%-75% Above	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	7	84.00	17.02	0.11	76%-100% Above	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	8	84.00	17.02	0.13	51%-75% Above	Yes	No
68462031065	CALCIPOTRIENE 0.005% OINTMENT	4	60.00	73.44	1.86	26%-50% Below	No	No
68462031829	VIORELE 28 DAY TABLET	5	28.00	14.78	0.15	200% Above	No	No
68462031829	VIORELE 28 DAY TABLET	7	28.00	14.78	0.16	200% Above	No	No
68462031829	VIORELE 28 DAY TABLET	8	28.00	14.78	0.20	101%-200% Above	No	No
68462033490	PRAMIPEXOLE 1.5 MG TABLET	5	60.00	22.90	0.06	200% Above	No	No
68462033490	PRAMIPEXOLE 1.5 MG TABLET	6	60.00	22.90	0.07	200% Above	No	No
68462033490	PRAMIPEXOLE 1.5 MG TABLET	7	60.00	22.90	0.06	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	8	90.00	11.03	0.07	76%-100% Above	Yes	No
68462038301	ESZOPICLONE 2 MG TABLET	4	30.00	11.84	0.10	200% Above	No	No
68462038301	ESZOPICLONE 2 MG TABLET	5	30.00	11.84	0.10	200% Above	No	No
68462038301	ESZOPICLONE 2 MG TABLET	6	30.00	11.84	0.10	200% Above	No	No
68462038301	ESZOPICLONE 2 MG TABLET	7	30.00	11.84	0.10	200% Above	No	No
68462038630	SOLIFENACIN 5 MG TABLET	6	30.00	59.53	0.19	200% Above	No	No
68462038630	SOLIFENACIN 5 MG TABLET	8	30.00	59.53	0.19	200% Above	No	No
68462039501	OMEPRAZOLE DR 10 MG CAPSULE	5	15.00	1.93	0.07	76%-100% Above	No	No
68462039501	OMEPRAZOLE DR 10 MG CAPSULE	5	30.00	3.86	0.07	76%-100% Above	No	No
68462039501	OMEPRAZOLE DR 10 MG CAPSULE	6	15.00	1.93	0.08	51%-75% Above	No	No
68462039501	OMEPRAZOLE DR 10 MG CAPSULE	7	15.00	1.93	0.06	76%-100% Above	No	No
68462039501	OMEPRAZOLE DR 10 MG CAPSULE	7	30.00	3.86	0.06	76%-100% Above	No	No
68462039601	OMEPRAZOLE DR 20 MG CAPSULE	5	30.00	1.12	0.03	10%-25% Above	No	No
68462039601	OMEPRAZOLE DR 20 MG CAPSULE	7	30.00	1.12	0.03	10%-25% Above	No	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	4	30.00	1.12	0.03	10%-25% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	4	90.00	3.35	0.03	10%-25% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	5	30.00	1.12	0.03	10%-25% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	5	90.00	3.35	0.03	10%-25% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	7	30.00	1.12	0.03	10%-25% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	7	90.00	3.35	0.03	10%-25% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	4	30.00	1.97	0.05	26%-50% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	5	28.00	1.84	0.05	26%-50% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	5	30.00	1.97	0.05	26%-50% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	5	90.00	5.92	0.05	26%-50% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	6	28.00	1.84	0.05	26%-50% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	6	30.00	1.97	0.05	26%-50% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	6	90.00	5.92	0.05	26%-50% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	7	28.00	1.84	0.05	26%-50% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	7	30.00	1.97	0.05	26%-50% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	7	90.00	5.92	0.05	26%-50% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	8	30.00	1.97	0.05	26%-50% Above	No	No
68462040401	ATOVAQUONE-PROGUANIL 250-100 MG TABLET	5	17.00	31.68	1.61	10%-25% Above	No	No
68462040401	ATOVAQUONE-PROGUANIL 250-100 MG TABLET	6	40.00	74.53	2.23	10%-25% Below	No	No
68462041929	HAILEY FE 1-20 TABLET	4	84.00	31.87	0.13	101%-200% Above	No	No
68462041929	HAILEY FE 1-20 TABLET	7	28.00	10.62	0.14	101%-200% Above	No	No
68462041929	HAILEY FE 1-20 TABLET	8	28.00	10.62	0.15	101%-200% Above	No	No
68462043830	OLMESARTAN MEDOXOMIL 40 MG TAB	5	30.00	38.43	0.11	200% Above	No	No
68462043830	OLMESARTAN MEDOXOMIL 40 MG TAB	5	90.00	115.28	0.11	200% Above	No	No
68462043830	OLMESARTAN MEDOXOMIL 40 MG TAB	7	90.00	115.28	0.12	200% Above	No	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462043830	OLMESARTAN MEDOXOMIL 40 MG TAB	7	90.00	154.53	0.12	200% Above	No	No
68462043890	OLMESARTAN MEDOXOMIL 40 MG TAB	5	30.00	38.43	0.11	200% Above	No	No
68462043890	OLMESARTAN MEDOXOMIL 40 MG TAB	5	90.00	115.28	0.11	200% Above	No	No
68462043890	OLMESARTAN MEDOXOMIL 40 MG TAB	6	30.00	38.43	0.13	200% Above	No	No
68462043890	OLMESARTAN MEDOXOMIL 40 MG TAB	7	30.00	38.43	0.12	200% Above	No	No
68462043890	OLMESARTAN MEDOXOMIL 40 MG TAB	7	90.00	115.28	0.12	200% Above	Yes	No
68462043890	OLMESARTAN MEDOXOMIL 40 MG TAB	8	30.00	38.43	0.13	200% Above	No	No
68462043890	OLMESARTAN MEDOXOMIL 40 MG TAB	8	90.00	115.28	0.13	200% Above	No	No
68462048627	CLINDAMYCIN-BENZOYL PEROX 1-5%	5	50.00	23.80	0.68	26%-50% Below	No	No
68462048627	CLINDAMYCIN-BENZOYL PEROX 1-5%	5	50.00	23.80	0.68	26%-50% Below	Yes	No
68462049833	ZOLMITRIPTAN 5 MG TABLET	7	15.00	14.99	1.29	10%-25% Below	No	No
68462049833	ZOLMITRIPTAN 5 MG TABLET	8	12.00	1.58	1.54	76%-100% Below	No	No
68462050481	HAILEY 21 1.5 MG-30 MCG TAB	4	21.00	9.44	0.32	26%-50% Above	No	No
68462050481	HAILEY 21 1.5 MG-30 MCG TAB	5	21.00	9.44	0.32	26%-50% Above	No	No
68462050481	HAILEY 21 1.5 MG-30 MCG TAB	7	21.00	9.44	0.31	26%-50% Above	No	No
68462056529	NORG-EE 0.18-0.215-0.25/0.035	4	28.00	5.51	0.11	51%-75% Above	No	No
68462057901	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	4	90.00	94.90	0.25	200% Above	No	No
68462057901	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	7	90.00	94.90	0.18	200% Above	No	No
68462058001	FENOFIBRATE 67 MG CAPSULE	4	30.00	10.39	0.08	200% Above	No	No
68462058001	FENOFIBRATE 67 MG CAPSULE	5	30.00	10.39	0.07	200% Above	No	No
68462058001	FENOFIBRATE 67 MG CAPSULE	6	30.00	10.39	0.06	200% Above	No	No
68462058001	FENOFIBRATE 67 MG CAPSULE	7	30.00	10.39	0.07	200% Above	No	No
68462058101	FENOFIBRATE 134 MG CAPSULE	5	90.00	57.81	0.12	200% Above	No	No
68462060935	PIMECROLIMUS 1% CREAM	6	30.00	55.80	3.62	26%-50% Below	Yes	No
68462063945	NITROGLYCERIN 0.4 MG TABLET SL	7	25.00	2.93	0.24	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462063945	NITROGLYCERIN 0.4 MG TABLET SL	8	25.00	1.83	0.25	51%-75% Below	Yes	No
68462067295	LEVONORGESTREL-ETH ESTRAD 0.15 MG-0.03 MG TABLET	6	91.00	51.82	0.16	200% Above	No	No
68462068160	LACOSAMIDE 200 MG TABLET	4	60.00	110.90	0.32	200% Above	Yes	No
68462068160	LACOSAMIDE 200 MG TABLET	5	60.00	110.90	0.32	200% Above	Yes	No
68462068160	LACOSAMIDE 200 MG TABLET	6	60.00	110.90	0.38	200% Above	Yes	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	5	84.00	99.54	0.20	200% Above	Yes	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	7	84.00	99.54	0.19	200% Above	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	8	28.00	33.18	0.25	200% Above	Yes	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	5	28.00	25.56	0.15	200% Above	No	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	7	28.00	25.56	0.16	200% Above	No	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	8	28.00	25.56	0.19	200% Above	No	No
68462087905	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	4	30.00	7.25	0.21	10%-25% Above	No	No
68462087905	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	5	30.00	7.25	0.21	10%-25% Above	No	No
68462087905	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	7	30.00	7.25	0.19	26%-50% Above	No	No
68462089356	VARENICLINE 0.5 MG TABLET	5	60.00	124.11	1.21	51%-75% Above	No	No
68462089456	VARENICLINE 1 MG TABLET	5	60.00	178.85	1.44	101%-200% Above	No	No
68462089504	VARENICLINE STARTING MONTH BOX	7	53.00	96.41	1.03	51%-75% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	6	30.00	0.38	0.03	51%-75% Below	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	7	30.00	0.38	0.03	51%-75% Below	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	8	30.00	0.38	0.03	51%-75% Below	No	No
68645019159	METOPROLOL TARTRATE 100 MG TAB	7	180.00	8.50	0.03	76%-100% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	4	30.00	0.78	0.01	101%-200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.00	0.78	0.01	101%-200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.00	2.35	0.01	101%-200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.00	0.78	0.01	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.00	2.35	0.01	101%-200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.00	0.78	0.01	101%-200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.00	2.35	0.01	101%-200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.00	2.35	0.01	76%-100% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	4	30.00	2.16	0.04	51%-75% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	5	30.00	2.16	0.04	51%-75% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	5	90.00	6.47	0.04	51%-75% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	6	30.00	2.16	0.05	26%-50% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	7	30.00	2.16	0.04	51%-75% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	7	90.00	6.47	0.04	51%-75% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	8	30.00	2.16	0.05	51%-75% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	4	30.00	2.45	0.07	10%-25% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	4	90.00	7.34	0.07	10%-25% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	5	30.00	2.45	0.07	10%-25% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	5	90.00	7.34	0.07	10%-25% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	7	30.00	2.45	0.07	10%-25% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	7	90.00	7.34	0.07	10%-25% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	4	30.00	1.77	0.03	76%-100% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	5	30.00	1.77	0.03	101%-200% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	6	30.00	1.77	0.03	51%-75% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	7	30.00	1.77	0.03	76%-100% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	4	30.00	0.92	0.04	10%-25% Below	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	5	30.00	0.92	0.03	10%-25% Below	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	6	135.00	4.16	0.04	10%-25% Below	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	7	30.00	1.60	0.05	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68645055654	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	7	30.00	6.39	0.03	200% Above	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	180.00	3.83	0.04	26%-50% Below	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	180.00	3.83	0.05	51%-75% Below	No	No
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	4	90.00	2.03	0.04	26%-50% Below	No	No
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	5	90.00	2.03	0.04	26%-50% Below	No	No
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	7	90.00	2.03	0.04	26%-50% Below	No	No
68645056259	IBUPROFEN 600 MG TABLET	4	40.00	0.73	0.05	51%-75% Below	No	No
68645056259	IBUPROFEN 600 MG TABLET	5	16.00	0.29	0.04	51%-75% Below	No	No
68645056259	IBUPROFEN 600 MG TABLET	7	4.00	0.07	0.04	51%-75% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	4	30.00	1.12	0.06	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	4	270.00	10.07	0.06	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	5	12.00	0.45	0.06	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	5	16.00	0.60	0.06	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	5	30.00	1.12	0.06	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	5	60.00	2.24	0.06	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	5	90.00	3.36	0.06	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	6	20.00	0.75	0.06	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	6	90.00	3.36	0.06	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	7	18.00	0.67	0.05	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	7	30.00	1.12	0.05	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	7	30.00	5.82	0.05	200% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	7	60.00	2.24	0.05	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	7	90.00	3.36	0.05	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	8	30.00	1.12	0.07	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	8	90.00	3.36	0.07	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68645057454	GLIPIZIDE 5 MG TABLET	5	90.00	2.16	0.03	10%-25% Below	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	5	30.00	0.50	0.02	10%-25% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	1.50	0.02	10%-25% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	7	30.00	0.50	0.01	10%-25% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	1.50	0.01	10%-25% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	4	180.00	1.89	0.01	10%-25% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	5	90.00	0.95	0.01	10%-25% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	5	180.00	1.89	0.01	10%-25% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	7	180.00	1.89	0.01	10%-25% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	8	180.00	10.00	0.01	200% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	6	90.00	1.73	0.02	10%-25% Below	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	6	180.00	3.46	0.02	10%-25% Below	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	8	60.00	1.15	0.02	10%-25% Below	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	8	180.00	3.46	0.02	10%-25% Below	No	No
68645059459	FAMOTIDINE 20 MG TABLET	6	60.00	1.39	0.04	26%-50% Below	No	No
68645059459	FAMOTIDINE 20 MG TABLET	7	14.00	0.32	0.03	10%-25% Below	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	4	30.00	0.72	0.03	10%-25% Below	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	5	90.00	2.16	0.03	10%-25% Below	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	5	120.00	2.88	0.03	10%-25% Below	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	6	90.00	2.16	0.03	10%-25% Below	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	6	180.00	4.32	0.03	10%-25% Below	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	7	120.00	2.88	0.03	10%-25% Below	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	8	180.00	4.32	0.03	10%-25% Below	No	No
68645060790	ENALAPRIL MALEATE 20 MG TAB	5	90.00	24.00	0.09	101%-200% Above	No	No
68645060890	LISINOPRIL 2.5 MG TABLET	4	90.00	0.87	0.01	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68645060890	LISINOPRIL 2.5 MG TABLET	6	90.00	0.87	0.01	26%-50% Below	No	No
68645060890	LISINOPRIL 2.5 MG TABLET	8	90.00	0.87	0.01	26%-50% Below	No	No
68645060990	LISINOPRIL 5 MG TABLET	4	30.00	0.30	0.01	26%-50% Below	No	No
68645060990	LISINOPRIL 5 MG TABLET	5	30.00	0.30	0.01	10%-25% Below	No	No
68645060990	LISINOPRIL 5 MG TABLET	5	90.00	0.91	0.01	10%-25% Below	No	No
68645060990	LISINOPRIL 5 MG TABLET	6	90.00	0.91	0.02	26%-50% Below	No	No
68645060990	LISINOPRIL 5 MG TABLET	7	45.00	0.45	0.01	10%-25% Below	No	No
68645061090	LISINOPRIL 10 MG TABLET	5	90.00	1.14	0.02	10%-25% Below	No	No
68645061190	LISINOPRIL 20 MG TABLET	4	90.00	1.66	0.02	10%-25% Below	No	No
68645061190	LISINOPRIL 20 MG TABLET	5	90.00	1.66	0.02	10%-25% Below	No	No
68645061190	LISINOPRIL 20 MG TABLET	6	90.00	1.66	0.03	26%-50% Below	No	No
68645061190	LISINOPRIL 20 MG TABLET	7	90.00	1.66	0.02	10%-25% Below	No	No
68645061290	LISINOPRIL 30 MG TABLET	8	45.00	1.94	0.05	10%-25% Below	No	No
68645061390	LISINOPRIL 40 MG TABLET	4	30.00	1.02	0.04	10%-25% Below	No	No
68645061390	LISINOPRIL 40 MG TABLET	5	30.00	1.02	0.04	10%-25% Below	No	No
68645061390	LISINOPRIL 40 MG TABLET	6	30.00	1.02	0.05	26%-50% Below	No	No
68645061390	LISINOPRIL 40 MG TABLET	6	90.00	3.06	0.05	26%-50% Below	No	No
68645061390	LISINOPRIL 40 MG TABLET	8	30.00	1.02	0.05	10%-25% Below	No	No
68682000910	DILTIAZEM 120 MG TABLET	4	180.00	41.44	0.18	26%-50% Above	No	No
68682010510	NIFEDIPINE ER 30 MG TABLET	4	60.00	12.10	0.09	101%-200% Above	No	No
68682010530	NIFEDIPINE ER 30 MG TABLET	7	90.00	18.15	0.08	101%-200% Above	No	No
68682010610	NIFEDIPINE ER 60 MG TABLET	4	30.00	8.88	0.12	101%-200% Above	No	No
68682010610	NIFEDIPINE ER 60 MG TABLET	5	30.00	8.88	0.11	101%-200% Above	No	No
68682010610	NIFEDIPINE ER 60 MG TABLET	6	30.00	8.88	0.13	101%-200% Above	No	No
68682010610	NIFEDIPINE ER 60 MG TABLET	6	90.00	26.64	0.13	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68682010610	NIFEDIPINE ER 60 MG TABLET	7	30.00	8.88	0.11	101%-200% Above	No	No
68682010610	NIFEDIPINE ER 60 MG TABLET	7	90.00	26.64	0.11	101%-200% Above	No	No
68682011001	PIMECROLIMUS 1% CREAM	4	30.00	29.99	2.78	51%-75% Below	No	No
68682011001	PIMECROLIMUS 1% CREAM	5	30.00	55.80	2.82	26%-50% Below	No	No
68682011102	PIMECROLIMUS 1% CREAM	5	60.00	97.39	2.92	26%-50% Below	No	No
68682029905	LOTEPREDNOL ETABONATE 0.5% DRP	4	5.00	82.73	20.28	10%-25% Below	No	No
68682029905	LOTEPREDNOL ETABONATE 0.5% DRP	4	5.00	82.73	20.28	10%-25% Below	Yes	No
68682029905	LOTEPREDNOL ETABONATE 0.5% DRP	8	10.00	165.46	24.36	26%-50% Below	Yes	No
68682029910	LOTEPREDNOL ETABONATE 0.5% DRP	5	10.00	168.37	24.36	26%-50% Below	Yes	No
68682037190	DILTIAZEM 24HR ER 360 MG CAP	4	90.00	66.43	0.52	26%-50% Above	No	No
68682065220	DIAZEPAM 10 MG RECTAL GEL SYST	6	1.00	207.51	262.36	10%-25% Below	Yes	No
68791010204	DERMA-SMOOTH-FS SCALP OIL	5	118.28	21.29	0.28	26%-50% Below	No	No
69097007112	BUPROPION HCL XL 150 MG TABLET	4	90.00	20.43	0.10	101%-200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	5	30.00	6.81	0.10	101%-200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	5	90.00	20.43	0.10	101%-200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	6	30.00	6.81	0.11	76%-100% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	6	90.00	20.43	0.11	76%-100% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	7	30.00	6.81	0.10	101%-200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	7	90.00	20.43	0.10	101%-200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	8	30.00	6.81	0.11	101%-200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	8	90.00	20.43	0.11	101%-200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	4	30.00	8.51	0.15	76%-100% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	4	90.00	25.52	0.15	76%-100% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	5	30.00	8.51	0.14	101%-200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	5	90.00	25.52	0.14	101%-200% Above	Yes	No

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69097007212	BUPROPION HCL XL 300 MG TABLET	6	30.00	8.51	0.17	51%-75% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	6	90.00	25.52	0.17	51%-75% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	7	30.00	8.51	0.13	101%-200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	7	90.00	25.52	0.13	101%-200% Above	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	4	30.00	1.67	0.03	101%-200% Above	No	No
69097012203	TOPIRAMATE 25 MG TABLET	4	90.00	5.00	0.03	101%-200% Above	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	5	90.00	5.00	0.03	101%-200% Above	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	7	90.00	5.00	0.02	101%-200% Above	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	8	90.00	5.00	0.03	76%-100% Above	Yes	No
69097012212	TOPIRAMATE 25 MG TABLET	5	30.00	1.67	0.03	101%-200% Above	No	No
69097012212	TOPIRAMATE 25 MG TABLET	6	30.00	1.67	0.03	76%-100% Above	No	No
69097012212	TOPIRAMATE 25 MG TABLET	7	30.00	1.67	0.02	101%-200% Above	No	No
69097012212	TOPIRAMATE 25 MG TABLET	8	30.00	1.67	0.03	76%-100% Above	No	No
69097012215	TOPIRAMATE 25 MG TABLET	5	60.00	3.33	0.03	101%-200% Above	No	No
69097012215	TOPIRAMATE 25 MG TABLET	6	60.00	3.33	0.03	76%-100% Above	No	No
69097012303	TOPIRAMATE 50 MG TABLET	2	60.00	3.51	0.04	26%-50% Above	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	7	60.00	3.58	0.03	76%-100% Above	No	No
69097012303	TOPIRAMATE 50 MG TABLET	7	180.00	10.75	0.03	76%-100% Above	No	No
69097012303	TOPIRAMATE 50 MG TABLET	8	60.00	3.51	0.04	26%-50% Above	No	No
69097012303	TOPIRAMATE 50 MG TABLET	8	60.00	3.58	0.04	26%-50% Above	No	No
69097012303	TOPIRAMATE 50 MG TABLET	8	90.00	5.37	0.04	26%-50% Above	No	No
69097012312	TOPIRAMATE 50 MG TABLET	6	60.00	3.51	0.04	26%-50% Above	No	No
69097012315	TOPIRAMATE 50 MG TABLET	7	90.00	5.27	0.03	76%-100% Above	No	No
69097012403	TOPIRAMATE 100 MG TABLET	4	60.00	4.46	0.06	26%-50% Above	Yes	No
69097012403	TOPIRAMATE 100 MG TABLET	4	60.00	5.38	0.06	51%-75% Above	Yes	No

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69097012403	TOPIRAMATE 100 MG TABLET	5	60.00	5.38	0.06	51%-75% Above	Yes	No
69097012403	TOPIRAMATE 100 MG TABLET	6	60.00	5.38	0.06	26%-50% Above	Yes	No
69097012403	TOPIRAMATE 100 MG TABLET	6	180.00	13.37	0.06	10%-25% Above	Yes	No
69097012403	TOPIRAMATE 100 MG TABLET	7	60.00	4.46	0.05	51%-75% Above	Yes	No
69097012403	TOPIRAMATE 100 MG TABLET	8	60.00	5.38	0.06	26%-50% Above	Yes	No
69097012605	AMLODIPINE BESYLATE 2.5 MG TAB	4	30.00	1.34	0.01	200% Above	No	No
69097012605	AMLODIPINE BESYLATE 2.5 MG TAB	5	90.00	4.01	0.01	200% Above	No	No
69097012605	AMLODIPINE BESYLATE 2.5 MG TAB	8	90.00	4.01	0.01	200% Above	No	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	5	30.00	0.36	0.01	10%-25% Above	No	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	5	90.00	1.09	0.01	10%-25% Above	Yes	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	7	30.00	0.36	0.01	26%-50% Above	No	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	7	90.00	1.09	0.01	26%-50% Above	Yes	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	7	90.00	1.85	0.01	101%-200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	8	30.00	0.85	0.01	101%-200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	8	90.00	1.09	0.01	10%-25% Above	No	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	1.50	0.02	10%-25% Above	Yes	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	7	30.00	0.50	0.01	10%-25% Above	No	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	7	90.00	1.50	0.01	10%-25% Above	Yes	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	1.50	0.02	10%-25% Above	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	4	6.70	11.85	2.76	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	4	6.70	11.85	2.76	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	4	13.40	23.71	2.76	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	5	6.70	10.08	2.88	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	5	6.70	11.85	2.88	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	5	6.70	11.85	2.88	26%-50% Below	Yes	No

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69097014260	ALBUTEROL HFA 90 MCG INHALER	5	13.40	23.71	2.88	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	6	6.70	10.08	2.76	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	6	6.70	11.85	2.76	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	6	6.70	11.85	2.76	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	6	13.40	23.71	2.76	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	7	6.70	10.08	2.63	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	7	6.70	11.85	2.63	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	7	6.70	11.85	2.63	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	7	13.40	23.71	2.63	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	7	20.10	18.49	2.63	51%-75% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	6.70	0.99	2.82	76%-100% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	6.70	10.08	2.82	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	6.70	11.85	2.82	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	6.70	11.85	2.82	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	13.40	23.71	2.82	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	11	7.00	17.54	3.42	26%-50% Below	No	No
69097015807	MELOXICAM 7.5 MG TABLET	4	60.00	3.36	0.02	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	5	60.00	3.36	0.01	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	6	30.00	1.68	0.02	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	6	60.00	3.36	0.02	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	7	30.00	1.68	0.01	200% Above	No	No
69097015807	MELOXICAM 7.5 MG TABLET	7	30.00	1.68	0.01	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	7	60.00	3.36	0.01	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	8	30.00	1.68	0.02	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	8	60.00	3.36	0.02	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097015815	MELOXICAM 7.5 MG TABLET	5	30.00	0.99	0.01	101%-200% Above	No	No
69097015815	MELOXICAM 7.5 MG TABLET	6	30.00	0.99	0.02	76%-100% Above	No	No
69097015907	MELOXICAM 15 MG TABLET	4	30.00	0.76	0.02	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	4	90.00	2.28	0.02	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	5	30.00	0.76	0.02	26%-50% Above	No	No
69097015907	MELOXICAM 15 MG TABLET	5	30.00	0.76	0.02	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	5	45.00	1.14	0.02	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	5	52.00	1.32	0.02	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	5	90.00	2.28	0.02	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	6	10.00	0.25	0.02	10%-25% Above	No	No
69097015907	MELOXICAM 15 MG TABLET	6	14.00	0.35	0.02	10%-25% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	6	30.00	0.76	0.02	10%-25% Above	No	No
69097015907	MELOXICAM 15 MG TABLET	6	30.00	0.76	0.02	10%-25% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	6	90.00	2.28	0.02	10%-25% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	7	20.00	0.51	0.02	26%-50% Above	No	No
69097015907	MELOXICAM 15 MG TABLET	7	30.00	0.76	0.02	26%-50% Above	No	No
69097015907	MELOXICAM 15 MG TABLET	7	30.00	0.76	0.02	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	7	60.00	1.52	0.02	26%-50% Above	No	No
69097015907	MELOXICAM 15 MG TABLET	7	90.00	2.28	0.02	26%-50% Above	No	No
69097015907	MELOXICAM 15 MG TABLET	7	90.00	2.28	0.02	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	8	30.00	0.76	0.02	10%-25% Above	No	No
69097015907	MELOXICAM 15 MG TABLET	8	30.00	0.76	0.02	10%-25% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	8	90.00	2.28	0.02	10%-25% Above	Yes	No
69097015912	MELOXICAM 15 MG TABLET	6	30.00	0.76	0.02	10%-25% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	5	30.00	0.76	0.02	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097015915	MELOXICAM 15 MG TABLET	6	30.00	0.76	0.02	10%-25% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	7	30.00	0.76	0.02	26%-50% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	7	90.00	2.28	0.02	26%-50% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	5	4.00	3.08	0.25	200% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	5	12.00	9.24	0.25	200% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	7	4.00	3.08	0.24	200% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	8	4.00	3.08	0.26	101%-200% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	8	12.00	9.24	0.26	101%-200% Above	No	No
69097031987	BUDESONIDE 0.5 MG/2 ML SUSP	4	60.00	23.51	0.57	26%-50% Below	Yes	No
69097031987	BUDESONIDE 0.5 MG/2 ML SUSP	4	120.00	47.02	0.57	26%-50% Below	Yes	No
69097031987	BUDESONIDE 0.5 MG/2 ML SUSP	5	60.00	23.51	0.56	26%-50% Below	No	No
69097031987	BUDESONIDE 0.5 MG/2 ML SUSP	5	120.00	47.02	0.56	26%-50% Below	Yes	No
69097031987	BUDESONIDE 0.5 MG/2 ML SUSP	7	60.00	23.51	0.57	26%-50% Below	Yes	No
69097040715	METOPROLOL SUCC ER 50 MG TAB	5	30.00	3.86	0.06	101%-200% Above	No	No
69097040815	METOPROLOL SUCC ER 100 MG TAB	6	90.00	19.87	0.11	101%-200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	4	60.00	25.31	0.09	200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	5	180.00	75.94	0.09	200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	6	60.00	25.31	0.10	200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	6	90.00	37.97	0.10	200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	7	20.00	8.44	0.09	200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	8	180.00	75.94	0.11	200% Above	No	No
69097042207	CELECOXIB 100 MG CAPSULE	6	60.00	17.20	0.08	200% Above	No	No
69097042207	CELECOXIB 100 MG CAPSULE	7	60.00	17.20	0.07	200% Above	No	No
69097045805	FENOFIBRATE 145 MG TABLET	4	30.00	9.12	0.12	101%-200% Above	No	No
69097045805	FENOFIBRATE 145 MG TABLET	5	30.00	9.12	0.11	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097045805	FENOFIBRATE 145 MG TABLET	6	30.00	9.12	0.13	101%-200% Above	No	No
69097045805	FENOFIBRATE 145 MG TABLET	8	30.00	9.12	0.14	101%-200% Above	No	No
69097052444	DICLOFENAC SODIUM 1% GEL	5	100.00	2.11	0.11	76%-100% Below	Yes	No
69097052444	DICLOFENAC SODIUM 1% GEL	6	100.00	2.11	0.12	76%-100% Below	No	No
69097052444	DICLOFENAC SODIUM 1% GEL	8	100.00	2.11	0.11	76%-100% Below	No	No
69097052444	DICLOFENAC SODIUM 1% GEL	8	200.00	4.22	0.11	76%-100% Below	No	No
69097052734	ESOMEPRAZOLE DR 10 MG PACKET	8	30.00	166.82	6.39	10%-25% Below	No	No
69097068105	PREGABALIN 100 MG CAPSULE	5	120.00	3.22	0.05	26%-50% Below	No	No
69097068505	PREGABALIN 300 MG CAPSULE	4	60.00	3.00	0.08	26%-50% Below	No	No
69097080232	TESTOSTERONE CYP 200 MG/ML	6	3.00	23.11	13.60	26%-50% Below	Yes	No
69097080232	TESTOSTERONE CYP 200 MG/ML	6	12.00	92.42	13.60	26%-50% Below	Yes	No
69097080237	TESTOSTERONE CYP 2,000 MG/10 ML	6	10.00	34.84	3.99	10%-25% Below	No	No
69097081307	GABAPENTIN 100 MG CAPSULE	4	90.00	1.22	0.02	26%-50% Below	No	No
69097081312	GABAPENTIN 100 MG CAPSULE	4	30.00	0.26	0.02	51%-75% Below	Yes	No
69097081312	GABAPENTIN 100 MG CAPSULE	4	60.00	0.51	0.02	51%-75% Below	No	No
69097081312	GABAPENTIN 100 MG CAPSULE	4	90.00	0.77	0.02	51%-75% Below	Yes	No
69097081312	GABAPENTIN 100 MG CAPSULE	6	30.00	0.26	0.02	51%-75% Below	No	No
69097081312	GABAPENTIN 100 MG CAPSULE	6	90.00	0.77	0.02	51%-75% Below	No	No
69097081312	GABAPENTIN 100 MG CAPSULE	6	180.00	1.53	0.02	51%-75% Below	No	No
69097081312	GABAPENTIN 100 MG CAPSULE	7	60.00	0.51	0.02	51%-75% Below	No	No
69097082103	GEMFIBROZIL 600 MG TABLET	7	60.00	4.13	0.09	10%-25% Below	No	No
69097082112	GEMFIBROZIL 600 MG TABLET	4	60.00	4.13	0.09	10%-25% Below	No	No
69097082112	GEMFIBROZIL 600 MG TABLET	5	60.00	4.13	0.10	26%-50% Below	No	No
69097082312	CITALOPRAM HBR 20 MG TABLET	4	30.00	0.63	0.03	10%-25% Below	No	No
69097082312	CITALOPRAM HBR 20 MG TABLET	5	30.00	0.63	0.03	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097082312	CITALOPRAM HBR 20 MG TABLET	6	30.00	0.63	0.03	26%-50% Below	No	No
69097082312	CITALOPRAM HBR 20 MG TABLET	7	30.00	0.63	0.03	10%-25% Below	No	No
69097082412	CITALOPRAM HBR 40 MG TABLET	4	30.00	1.65	0.04	26%-50% Above	No	No
69097082412	CITALOPRAM HBR 40 MG TABLET	5	30.00	1.65	0.04	26%-50% Above	No	No
69097082412	CITALOPRAM HBR 40 MG TABLET	6	30.00	1.65	0.04	10%-25% Above	No	No
69097082412	CITALOPRAM HBR 40 MG TABLET	7	30.00	1.65	0.04	26%-50% Above	No	No
69097082412	CITALOPRAM HBR 40 MG TABLET	8	30.00	1.65	0.05	10%-25% Above	No	No
69097083305	SERTRALINE HCL 25 MG TABLET	4	15.00	0.88	0.03	76%-100% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	4	30.00	1.77	0.03	76%-100% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	4	90.00	5.30	0.03	76%-100% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	6	7.00	0.41	0.03	51%-75% Above	No	No
69097083305	SERTRALINE HCL 25 MG TABLET	6	30.00	1.77	0.03	51%-75% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	6	45.00	2.65	0.03	51%-75% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	6	90.00	5.30	0.03	51%-75% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	7	90.00	5.30	0.03	76%-100% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	7	135.00	7.95	0.03	76%-100% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	8	30.00	1.77	0.04	26%-50% Above	Yes	No
69097083312	SERTRALINE HCL 25 MG TABLET	4	30.00	1.77	0.03	76%-100% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	5	30.00	1.77	0.03	101%-200% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	6	30.00	1.77	0.03	51%-75% Above	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	4	30.00	0.92	0.04	10%-25% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	4	30.00	1.94	0.04	76%-100% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	4	90.00	2.77	0.04	10%-25% Below	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	4	90.00	2.77	0.04	10%-25% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	5	30.00	1.94	0.03	76%-100% Above	Yes	No

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69097083412	SERTRALINE HCL 50 MG TABLET	6	30.00	0.92	0.04	10%-25% Below	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	6	30.00	1.94	0.04	51%-75% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	6	45.00	1.39	0.04	10%-25% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	6	90.00	2.77	0.04	10%-25% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	7	30.00	1.94	0.03	76%-100% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	8	30.00	0.92	0.04	10%-25% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	8	30.00	1.94	0.04	51%-75% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	8	45.00	1.39	0.04	10%-25% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	8	90.00	2.77	0.04	10%-25% Below	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	7	30.00	1.60	0.05	10%-25% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	7	30.00	2.88	0.05	101%-200% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	7	90.00	4.80	0.05	10%-25% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	7	90.00	4.80	0.05	10%-25% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	7	135.00	7.20	0.05	10%-25% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	7	180.00	9.59	0.05	10%-25% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	8	45.00	4.06	0.06	51%-75% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	8	90.00	6.81	0.06	26%-50% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	5	30.00	0.42	0.02	10%-25% Below	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	6	21.00	0.29	0.02	26%-50% Below	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	6	30.00	0.42	0.02	26%-50% Below	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	7	30.00	0.42	0.02	10%-25% Below	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	7	60.00	0.83	0.02	10%-25% Below	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	8	30.00	0.42	0.02	26%-50% Below	Yes	No
69097084615	CYCLOBENZAPRINE 10 MG TABLET	5	30.00	0.15	0.02	51%-75% Below	Yes	No
69097084805	ESCITALOPRAM 10 MG TABLET	4	90.00	6.47	0.04	51%-75% Above	No	No

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69097084805	ESCITALOPRAM 10 MG TABLET	4	90.00	10.09	0.04	101%-200% Above	No	No
69097084805	ESCITALOPRAM 10 MG TABLET	7	90.00	6.47	0.04	51%-75% Above	No	No
69097084805	ESCITALOPRAM 10 MG TABLET	7	90.00	10.09	0.04	101%-200% Above	No	No
69097084905	ESCITALOPRAM 20 MG TABLET	4	30.00	0.99	0.07	26%-50% Below	No	No
69097085902	TERBINAFINE HCL 250 MG TABLET	5	30.00	2.85	0.13	10%-25% Below	Yes	No
69097085902	TERBINAFINE HCL 250 MG TABLET	7	90.00	8.54	0.13	10%-25% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	4	30.00	0.52	0.04	51%-75% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	4	360.00	4.79	0.04	51%-75% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	5	30.00	0.52	0.04	51%-75% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	8	270.00	4.70	0.04	51%-75% Below	Yes	No
69097096512	NABUMETONE 500 MG TABLET	7	60.00	4.14	0.08	10%-25% Below	No	No
69097097112	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	4	30.00	0.68	0.04	26%-50% Below	No	No
69230030001	ALLERGY RELIEF 180 MG TABLET	6	90.00	13.68	0.28	26%-50% Below	No	No
69230030001	ALLERGY RELIEF 180 MG TABLET	8	90.00	13.68	0.28	26%-50% Below	No	No
69230030005	ALLERGY RELIEF 180 MG TABLET	4	60.00	9.12	0.23	26%-50% Below	No	No
69230030005	ALLERGY RELIEF 180 MG TABLET	6	180.00	27.36	0.28	26%-50% Below	No	No
69238101703	ISOTRETINOIN 30 MG CAPSULE	4	30.00	60.35	2.47	10%-25% Below	Yes	No
69238106901	POTASSIUM CL ER 20 MEQ TABLET	4	120.00	13.45	0.12	10%-25% Below	No	No
69238106901	POTASSIUM CL ER 20 MEQ TABLET	6	90.00	24.43	0.15	76%-100% Above	No	No
69238106901	POTASSIUM CL ER 20 MEQ TABLET	6	120.00	13.45	0.15	10%-25% Below	No	No
69238110002	DOXYCYCLINE HYCLATE 100 MG CAP	4	20.00	24.71	0.11	200% Above	No	No
69238110005	DOXYCYCLINE HYCLATE 100 MG CAP	4	20.00	24.71	0.11	200% Above	No	No
69238110005	DOXYCYCLINE HYCLATE 100 MG CAP	4	60.00	74.12	0.11	200% Above	No	No
69238110005	DOXYCYCLINE HYCLATE 100 MG CAP	5	20.00	24.71	0.11	200% Above	No	No
69238110005	DOXYCYCLINE HYCLATE 100 MG CAP	5	28.00	34.59	0.11	200% Above	No	No

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69238110005	DOXYCYCLINE HYCLATE 100 MG CAP	5	60.00	74.12	0.11	200% Above	No	No
69238110005	DOXYCYCLINE HYCLATE 100 MG CAP	6	20.00	24.71	0.14	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	5	30.00	39.18	0.07	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	6	30.00	39.18	0.09	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	6	90.00	117.53	0.09	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	7	30.00	39.18	0.08	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	7	90.00	117.53	0.08	200% Above	No	No
69238115409	EZETIMIBE 10 MG TABLET	4	30.00	29.90	0.08	200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	5	30.00	29.90	0.07	200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	5	90.00	117.53	0.07	200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	6	30.00	29.90	0.09	200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	6	30.00	39.18	0.09	200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	6	90.00	117.53	0.09	200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	7	30.00	39.18	0.08	200% Above	Yes	No
69238131109	PREGABALIN 50 MG CAPSULE	4	60.00	1.28	0.04	51%-75% Below	No	No
69238131109	PREGABALIN 50 MG CAPSULE	5	60.00	1.28	0.04	26%-50% Below	No	No
69238131109	PREGABALIN 50 MG CAPSULE	7	60.00	1.28	0.04	26%-50% Below	No	No
69238131109	PREGABALIN 50 MG CAPSULE	7	180.00	3.85	0.04	26%-50% Below	Yes	No
69238131209	PREGABALIN 75 MG CAPSULE	5	180.00	6.97	0.05	10%-25% Below	No	No
69238131209	PREGABALIN 75 MG CAPSULE	6	90.00	3.48	0.06	26%-50% Below	No	No
69238131209	PREGABALIN 75 MG CAPSULE	7	180.00	6.97	0.05	10%-25% Below	No	No
69238131309	PREGABALIN 100 MG CAPSULE	5	90.00	2.41	0.05	26%-50% Below	No	No
69238131309	PREGABALIN 100 MG CAPSULE	6	90.00	2.41	0.06	51%-75% Below	No	No
69238131309	PREGABALIN 100 MG CAPSULE	7	90.00	2.41	0.04	26%-50% Below	No	No
69238131409	PREGABALIN 150 MG CAPSULE	4	60.00	2.60	0.06	10%-25% Below	No	No

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69238131409	PREGABALIN 150 MG CAPSULE	5	60.00	2.60	0.06	10%-25% Below	No	No
69238131409	PREGABALIN 150 MG CAPSULE	7	60.00	2.60	0.05	10%-25% Below	No	No
69238131409	PREGABALIN 150 MG CAPSULE	8	60.00	2.60	0.07	26%-50% Below	No	No
69238154401	HYDROXYCHLOROQUINE 200 MG TAB	4	135.00	99.45	0.16	200% Above	No	No
69238161503	OFLOXACIN 0.3% EAR DROPS	4	5.00	52.51	1.28	200% Above	No	No
69238161503	OFLOXACIN 0.3% EAR DROPS	4	10.00	105.03	1.28	200% Above	No	No
69238161503	OFLOXACIN 0.3% EAR DROPS	7	5.00	52.51	1.30	200% Above	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	4	90.00	3.70	0.05	10%-25% Below	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	6	30.00	1.23	0.06	26%-50% Below	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	6	90.00	3.70	0.06	26%-50% Below	No	No
69238183207	LEVOTHYROXINE 75 MCG TABLET	6	30.00	1.28	0.06	26%-50% Below	No	No
69238183207	LEVOTHYROXINE 75 MCG TABLET	8	90.00	3.84	0.06	26%-50% Below	No	No
69238183207	LEVOTHYROXINE 75 MCG TABLET	8	90.00	11.84	0.06	101%-200% Above	No	No
69238183301	LEVOTHYROXINE 88 MCG TABLET	6	90.00	3.91	0.07	26%-50% Below	No	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	5	30.00	1.34	0.04	10%-25% Above	No	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	6	30.00	1.34	0.06	26%-50% Below	No	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	8	90.00	4.03	0.06	26%-50% Below	No	No
69238183607	LEVOTHYROXINE 125 MCG TABLET	8	90.00	4.88	0.08	26%-50% Below	No	No
69238183701	LEVOTHYROXINE 137 MCG TABLET	6	90.00	5.69	0.09	26%-50% Below	No	No
69238183707	LEVOTHYROXINE 137 MCG TABLET	7	90.00	5.69	0.06	10%-25% Above	No	No
69238183807	LEVOTHYROXINE 150 MCG TABLET	6	90.00	4.21	0.08	26%-50% Below	No	No
69238183901	LEVOTHYROXINE 175 MCG TABLET	4	90.00	5.74	0.08	10%-25% Below	No	No
69238183901	LEVOTHYROXINE 175 MCG TABLET	7	90.00	5.74	0.07	10%-25% Below	No	No
69238184001	LEVOTHYROXINE 200 MCG TABLET	4	90.00	6.19	0.08	10%-25% Below	No	No
69238207701	PROPRANOLOL 10 MG TABLET	4	60.00	8.72	0.08	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69238207701	PROPRANOLOL 10 MG TABLET	5	30.00	0.99	0.10	51%-75% Below	No	No
69238207701	PROPRANOLOL 10 MG TABLET	5	60.00	8.72	0.10	26%-50% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	6	30.00	0.99	0.05	26%-50% Below	No	No
69238207701	PROPRANOLOL 10 MG TABLET	6	60.00	8.72	0.05	101%-200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	7	30.00	1.31	0.08	26%-50% Below	No	No
69238207701	PROPRANOLOL 10 MG TABLET	7	60.00	8.72	0.08	76%-100% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	8	60.00	8.72	0.06	101%-200% Above	No	No
69238207707	PROPRANOLOL 10 MG TABLET	4	40.00	5.81	0.08	51%-75% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	4	180.00	26.15	0.08	51%-75% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	5	60.00	8.72	0.10	26%-50% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	6	60.00	8.72	0.05	101%-200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	6	120.00	17.44	0.05	101%-200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	7	60.00	8.72	0.08	76%-100% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	7	180.00	26.15	0.08	76%-100% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	8	30.00	4.36	0.06	101%-200% Above	Yes	No
69238207801	PROPRANOLOL 20 MG TABLET	6	60.00	10.90	0.06	200% Above	No	No
69238207801	PROPRANOLOL 20 MG TABLET	7	60.00	10.90	0.05	200% Above	No	No
69238207801	PROPRANOLOL 20 MG TABLET	8	60.00	10.90	0.06	200% Above	No	No
69238207807	PROPRANOLOL 20 MG TABLET	5	60.00	10.90	0.08	101%-200% Above	Yes	No
69238207807	PROPRANOLOL 20 MG TABLET	6	60.00	10.90	0.06	200% Above	Yes	No
69238207807	PROPRANOLOL 20 MG TABLET	6	180.00	32.69	0.06	200% Above	Yes	No
69238207807	PROPRANOLOL 20 MG TABLET	7	180.00	32.69	0.05	200% Above	Yes	No
69238212209	PREDNISOLONE 15 MG/5 ML SOLN	4	25.00	2.25	0.11	10%-25% Below	No	No
69238212209	PREDNISOLONE 15 MG/5 ML SOLN	4	50.00	4.50	0.11	10%-25% Below	No	No
69238212209	PREDNISOLONE 15 MG/5 ML SOLN	5	15.00	1.35	0.12	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69238212209	PREDNISOLONE 15 MG/5 ML SOLN	5	25.00	2.25	0.12	10%-25% Below	No	No
69238212209	PREDNISOLONE 15 MG/5 ML SOLN	5	30.00	2.70	0.12	10%-25% Below	No	No
69238212209	PREDNISOLONE 15 MG/5 ML SOLN	5	38.00	3.42	0.12	10%-25% Below	No	No
69238212209	PREDNISOLONE 15 MG/5 ML SOLN	6	15.00	1.35	0.13	26%-50% Below	No	No
69238212209	PREDNISOLONE 15 MG/5 ML SOLN	6	25.00	2.25	0.13	26%-50% Below	No	No
69238212209	PREDNISOLONE 15 MG/5 ML SOLN	7	50.00	4.50	0.11	10%-25% Below	No	No
69238212209	PREDNISOLONE 15 MG/5 ML SOLN	8	30.00	2.70	0.13	26%-50% Below	No	No
69292053410	PROPRANOLOL 40 MG TABLET	4	60.00	15.31	0.13	101%-200% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	4	56.00	1.02	0.03	26%-50% Below	No	No
69315011610	FUROSEMIDE 20 MG TABLET	4	60.00	1.10	0.03	26%-50% Below	No	No
69315011610	FUROSEMIDE 20 MG TABLET	5	15.00	0.27	0.02	10%-25% Below	No	No
69315011610	FUROSEMIDE 20 MG TABLET	5	30.00	0.55	0.02	10%-25% Below	No	No
69315011610	FUROSEMIDE 20 MG TABLET	6	30.00	0.55	0.03	26%-50% Below	No	No
69315011610	FUROSEMIDE 20 MG TABLET	6	60.00	1.10	0.03	26%-50% Below	No	No
69315011610	FUROSEMIDE 20 MG TABLET	6	90.00	1.65	0.03	26%-50% Below	No	No
69315011610	FUROSEMIDE 20 MG TABLET	7	30.00	0.55	0.02	10%-25% Below	No	No
69315011610	FUROSEMIDE 20 MG TABLET	8	30.00	0.55	0.03	26%-50% Below	No	No
69315011710	FUROSEMIDE 40 MG TABLET	5	30.00	0.72	0.03	10%-25% Below	No	No
69315011710	FUROSEMIDE 40 MG TABLET	6	30.00	0.72	0.03	26%-50% Below	No	No
69315011710	FUROSEMIDE 40 MG TABLET	6	60.00	1.44	0.03	26%-50% Below	No	No
69315011710	FUROSEMIDE 40 MG TABLET	7	60.00	1.44	0.03	10%-25% Below	No	No
69315011710	FUROSEMIDE 40 MG TABLET	8	30.00	0.72	0.03	26%-50% Below	No	No
69315011710	FUROSEMIDE 40 MG TABLET	8	60.00	1.44	0.03	26%-50% Below	No	No
69315012701	FOLIC ACID 1 MG TABLET	7	90.00	1.09	0.02	26%-50% Below	No	No
69315012710	FOLIC ACID 1 MG TABLET	4	30.00	0.36	0.02	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69315012710	FOLIC ACID 1 MG TABLET	4	30.00	0.36	0.02	26%-50% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	4	90.00	1.09	0.02	26%-50% Below	No	No
69315012710	FOLIC ACID 1 MG TABLET	5	30.00	0.36	0.02	26%-50% Below	No	No
69315012710	FOLIC ACID 1 MG TABLET	5	90.00	0.57	0.02	51%-75% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	5	90.00	1.09	0.02	26%-50% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	6	30.00	0.36	0.03	51%-75% Below	No	No
69315012710	FOLIC ACID 1 MG TABLET	6	90.00	1.09	0.03	51%-75% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	7	30.00	0.36	0.02	26%-50% Below	No	No
69315012710	FOLIC ACID 1 MG TABLET	7	30.00	0.36	0.02	26%-50% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	7	90.00	1.09	0.02	26%-50% Below	No	No
69315012710	FOLIC ACID 1 MG TABLET	7	90.00	1.19	0.02	26%-50% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	8	30.00	0.36	0.02	26%-50% Below	No	No
69315012710	FOLIC ACID 1 MG TABLET	8	30.00	0.36	0.02	26%-50% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	8	90.00	1.09	0.02	26%-50% Below	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	30.00	2.87	0.04	101%-200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	30.00	3.07	0.04	101%-200% Above	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	90.00	8.62	0.04	101%-200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	14.00	1.34	0.05	101%-200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	30.00	2.87	0.05	76%-100% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	90.00	8.62	0.05	101%-200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	30.00	2.87	0.04	101%-200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	90.00	8.62	0.04	101%-200% Above	Yes	No
69315015510	HYDROCHLOROTHIAZIDE 12.5 MG TB	4	30.00	2.87	0.04	101%-200% Above	No	No
69315021201	NIFEDIPINE 20 MG CAPSULE	4	60.00	28.80	0.63	10%-25% Below	No	No
69315021201	NIFEDIPINE 20 MG CAPSULE	5	60.00	28.80	0.67	26%-50% Below	No	No

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69315021201	NIFEDIPINE 20 MG CAPSULE	6	60.00	28.80	0.69	26%-50% Below	No	No
69315021201	NIFEDIPINE 20 MG CAPSULE	7	60.00	28.80	0.63	10%-25% Below	No	No
69315028209	FENOFIBRIC ACID DR 135 MG CAP	6	90.00	51.30	0.40	26%-50% Above	No	No
69315030805	CIPROFLOXACIN 0.3% EYE DROP	5	5.00	5.96	1.35	10%-25% Below	Yes	No
69315030805	CIPROFLOXACIN 0.3% EYE DROP	5	10.00	11.93	1.35	10%-25% Below	Yes	No
69315031228	PROCTO-MED HC 2.5% CREAM	5	28.00	4.49	0.25	26%-50% Below	No	No
69315032005	OFLOXACIN 0.3% EAR DROPS	7	5.00	10.26	1.30	51%-75% Above	No	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	4	40.00	1.18	0.04	26%-50% Below	No	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	4	112.00	3.30	0.04	26%-50% Below	No	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	4	140.00	4.13	0.04	26%-50% Below	Yes	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	4	200.00	5.90	0.04	26%-50% Below	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	5	60.00	1.38	0.04	26%-50% Below	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	6	20.00	0.46	0.05	26%-50% Below	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	6	30.00	0.69	0.05	26%-50% Below	Yes	No
69315090405	LORAZEPAM 0.5 MG TABLET	6	60.00	1.38	0.05	26%-50% Below	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	7	60.00	1.38	0.04	26%-50% Below	No	No
69315090505	LORAZEPAM 1 MG TABLET	5	30.00	0.77	0.05	26%-50% Below	No	No
69315090505	LORAZEPAM 1 MG TABLET	5	48.00	1.23	0.05	26%-50% Below	No	No
69315090505	LORAZEPAM 1 MG TABLET	6	1.00	0.03	0.05	26%-50% Below	Yes	No
69315090505	LORAZEPAM 1 MG TABLET	7	48.00	1.23	0.04	26%-50% Below	No	No
69315090505	LORAZEPAM 1 MG TABLET	8	60.00	1.54	0.05	51%-75% Below	No	No
69315090605	LORAZEPAM 2 MG TABLET	5	2.00	0.08	0.07	26%-50% Below	No	No
69315090610	LORAZEPAM 2 MG TABLET	7	20.00	1.20	0.07	10%-25% Below	Yes	No
69315091001	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	4	40.00	7.90	0.18	10%-25% Above	No	No
69315091001	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	7	180.00	35.55	0.14	26%-50% Above	No	No

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69339017402	NITROGLYCERIN 0.4 MG TABLET SL	7	25.00	2.93	0.24	51%-75% Below	No	No
69367013406	GABAPENTIN 600 MG TABLET	5	135.00	4.75	0.08	51%-75% Below	No	No
69367016304	PHENAZOPYRIDINE 200 MG TAB	5	9.00	18.86	0.20	200% Above	No	No
69367016604	FERROUS SULF TAB 325MG EC	4	30.00	9.80	.		No	No
69367016604	FERROUS SULF TAB 325MG EC	5	30.00	9.80	.		No	No
69367020301	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	6	14.00	1.21	0.15	26%-50% Below	No	No
69367020301	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	6	30.00	2.59	0.15	26%-50% Below	No	No
69367020305	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	5	20.00	1.73	0.12	26%-50% Below	No	No
69367023510	FLUOXETINE HCL 10 MG CAPSULE	5	30.00	1.54	0.03	51%-75% Above	No	No
69367023809	LEVOCETIRIZINE 5 MG TABLET	4	30.00	3.68	0.06	76%-100% Above	No	No
69367023809	LEVOCETIRIZINE 5 MG TABLET	5	30.00	3.68	0.06	76%-100% Above	No	No
69367025001	WES-PHOS 250 TAB NEUTRAL	6	5.00	1.45	.		No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	7	21.00	9.71	0.41	10%-25% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	7	180.00	83.27	0.41	10%-25% Above	No	No
69367027102	MAG OXIDE TAB 400MG	5	60.00	5.97	.		No	No
69367030105	CELECOXIB 100 MG CAPSULE	5	60.00	17.20	0.07	200% Above	No	No
69367030105	CELECOXIB 100 MG CAPSULE	6	60.00	17.20	0.08	200% Above	No	No
69367030105	CELECOXIB 100 MG CAPSULE	7	60.00	17.20	0.07	200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	7	30.00	12.66	0.09	200% Above	No	No
69367031101	SODIUM FLUORIDE 5000 PPM PASTE	5	100.00	9.01	0.07	26%-50% Above	No	No
69367031101	SODIUM FLUORIDE 5000 PPM PASTE	6	100.00	9.01	0.11	10%-25% Below	No	No
69367061101	PHENAZOPYRIDINE 100 MG TAB	6	6.00	9.23	0.18	200% Above	No	No
69367061201	PHENAZOPYRIDINE 200 MG TAB	5	6.00	13.68	0.20	200% Above	No	No
69367061201	PHENAZOPYRIDINE 200 MG TAB	5	9.00	20.52	0.20	200% Above	No	No
69401000002	VIVOTIF CAP EC	6	4.00	108.80	.		No	No

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69452014330	BENZONATATE 100 MG CAPSULE	5	20.00	2.90	0.07	101%-200% Above	No	No
69452014330	BENZONATATE 100 MG CAPSULE	6	20.00	2.90	0.08	76%-100% Above	No	No
69452014330	BENZONATATE 100 MG CAPSULE	7	30.00	4.36	0.06	101%-200% Above	No	No
69452014330	BENZONATATE 100 MG CAPSULE	7	60.00	8.71	0.06	101%-200% Above	No	No
69452014330	BENZONATATE 100 MG CAPSULE	8	30.00	4.36	0.08	76%-100% Above	No	No
69452014330	BENZONATATE 100 MG CAPSULE	8	45.00	6.53	0.08	76%-100% Above	No	No
69452014420	BENZONATATE 200 MG CAPSULE	5	30.00	2.00	0.10	26%-50% Below	No	No
69452014430	BENZONATATE 200 MG CAPSULE	4	20.00	1.33	0.10	26%-50% Below	No	No
69452014430	BENZONATATE 200 MG CAPSULE	4	30.00	2.00	0.10	26%-50% Below	No	No
69452014430	BENZONATATE 200 MG CAPSULE	5	30.00	2.00	0.10	26%-50% Below	No	No
69452014430	BENZONATATE 200 MG CAPSULE	7	15.00	1.00	0.10	26%-50% Below	No	No
69452014430	BENZONATATE 200 MG CAPSULE	8	30.00	2.00	0.12	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	1.00	0.07	0.11	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	2.00	0.14	0.11	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	0.29	0.11	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	0.29	0.11	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	12.00	0.86	0.11	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	12.00	0.86	0.11	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	24.00	1.73	0.11	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	1.00	0.07	0.11	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	2.00	0.14	0.11	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.00	0.29	0.11	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.00	0.29	0.11	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.00	0.50	0.11	51%-75% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.00	0.86	0.11	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.00	0.86	0.11	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	1.00	0.07	0.12	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.00	0.29	0.12	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.00	0.29	0.12	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	5.00	0.36	0.12	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.00	0.50	0.12	51%-75% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.00	0.86	0.12	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.00	0.86	0.12	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	13.00	0.94	0.12	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	24.00	1.73	0.12	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	1.00	0.07	0.10	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	2.00	0.14	0.10	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	3.00	0.22	0.10	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.00	0.29	0.10	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.00	0.29	0.10	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	6.00	0.43	0.10	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	8.00	0.58	0.10	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.00	0.86	0.10	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.00	0.86	0.10	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	13.00	0.94	0.10	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	1.00	0.07	0.13	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.00	0.29	0.13	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.00	1.57	0.13	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.00	0.50	0.13	51%-75% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.00	0.86	0.13	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.00	0.86	0.13	26%-50% Below	Yes	No
69452015773	RIZATRIPTAN 10 MG ODT	5	18.00	26.99	0.56	101%-200% Above	No	No
69452015773	RIZATRIPTAN 10 MG ODT	6	9.00	7.86	0.67	26%-50% Above	Yes	No
69452015773	RIZATRIPTAN 10 MG ODT	7	9.00	7.86	0.49	76%-100% Above	Yes	No
69452015773	RIZATRIPTAN 10 MG ODT	8	9.00	7.86	0.63	26%-50% Above	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	5	6.00	1.23	0.39	26%-50% Below	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	7	6.00	1.23	0.40	26%-50% Below	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	8	6.00	1.23	0.35	26%-50% Below	No	No
69452020713	CALCITRIOL 0.25 MCG CAPSULE	4	28.00	11.62	0.15	101%-200% Above	No	No
69452020720	CALCITRIOL 0.25 MCG CAPSULE	5	90.00	37.34	0.14	101%-200% Above	No	No
69452020720	CALCITRIOL 0.25 MCG CAPSULE	6	17.00	7.05	0.17	101%-200% Above	Yes	No
69452023420	PROGESTERONE 200 MG CAPSULE	5	30.00	27.25	0.31	101%-200% Above	No	No
69452023420	PROGESTERONE 200 MG CAPSULE	5	90.00	81.75	0.31	101%-200% Above	No	No
69452023420	PROGESTERONE 200 MG CAPSULE	6	30.00	27.25	0.48	76%-100% Above	No	No
69452023420	PROGESTERONE 200 MG CAPSULE	6	90.00	81.75	0.48	76%-100% Above	No	No
69452023420	PROGESTERONE 200 MG CAPSULE	7	90.00	81.75	0.31	101%-200% Above	No	No
69452023420	PROGESTERONE 200 MG CAPSULE	8	90.00	81.75	0.43	101%-200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	5	12.00	3.55	0.39	10%-25% Below	No	No
69452027520	KETOROLAC 10 MG TABLET	5	15.00	4.44	0.39	10%-25% Below	No	No
69452027520	KETOROLAC 10 MG TABLET	5	20.00	5.92	0.39	10%-25% Below	No	No
69452027520	KETOROLAC 10 MG TABLET	6	15.00	4.44	0.42	26%-50% Below	No	No
69452027520	KETOROLAC 10 MG TABLET	7	12.00	11.53	0.34	101%-200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	7	20.00	5.92	0.34	10%-25% Below	No	No
69452029120	ACYCLOVIR 800 MG TABLET	4	30.00	4.36	0.16	10%-25% Below	No	No
69452031020	PROCHLORPERAZINE 10 MG TAB	7	30.00	7.40	0.21	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69452031120	DICYCLOMINE 20 MG TABLET	7	30.00	3.45	0.08	26%-50% Above	No	No
69452034313	MODAFINIL 200 MG TABLET	6	90.00	172.63	0.37	200% Above	No	No
69452034472	SUMATRIPTAN SUCC 25 MG TABLET	6	9.00	4.26	0.34	26%-50% Above	No	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	4	12.00	4.36	0.31	10%-25% Above	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	5	12.00	4.36	0.33	10%-25% Above	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	5	30.00	10.89	0.33	10%-25% Above	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	6	12.00	4.36	0.41	10%-25% Below	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	7	12.00	4.36	0.31	10%-25% Above	Yes	No
69452034820	ESZOPICLONE 2 MG TABLET	5	90.00	35.53	0.10	200% Above	No	No
69452034820	ESZOPICLONE 2 MG TABLET	7	30.00	11.84	0.10	200% Above	No	No
69452035620	ROPINIROLE HCL 0.25 MG TABLET	7	270.00	7.53	0.04	26%-50% Below	No	No
69452035720	ROPINIROLE HCL 0.5 MG TABLET	5	90.00	2.53	0.04	26%-50% Below	No	No
69452035720	ROPINIROLE HCL 0.5 MG TABLET	8	90.00	2.53	0.05	26%-50% Below	No	No
69452035920	ROPINIROLE HCL 2 MG TABLET	6	30.00	1.07	0.06	26%-50% Below	No	No
69452035920	ROPINIROLE HCL 2 MG TABLET	6	270.00	9.67	0.06	26%-50% Below	No	No
69452035920	ROPINIROLE HCL 2 MG TABLET	7	30.00	1.07	0.06	26%-50% Below	No	No
69489041130	QBREXZA PAD 2.4%	4	30.00	617.63	.		No	No
69489041130	QBREXZA PAD 2.4%	7	60.00	1220.53	.		Yes	No
69489041130	QBREXZA PAD 2.4%	7	90.00	1790.11	.		No	No
69543010710	DESLORATADINE 5 MG TABLET	5	30.00	9.26	0.27	10%-25% Above	No	No
69584002390	AMLODIPINE BESYLATE 10 MG TAB	5	30.00	0.50	0.02	10%-25% Above	No	No
69584002390	AMLODIPINE BESYLATE 10 MG TAB	5	90.00	1.50	0.02	10%-25% Above	No	No
69584009150	BUSPIRONE HCL 5 MG TABLET	4	30.00	2.22	0.02	200% Above	Yes	No
69584009150	BUSPIRONE HCL 5 MG TABLET	4	60.00	3.75	0.02	200% Above	Yes	No
69584009150	BUSPIRONE HCL 5 MG TABLET	5	18.00	1.53	0.02	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69584009350	BUSPIRONE HCL 15 MG TABLET	4	90.00	5.31	0.04	26%-50% Above	Yes	No
69584009350	BUSPIRONE HCL 15 MG TABLET	5	90.00	5.31	0.04	26%-50% Above	Yes	No
69584011110	CARISOPRODOL 350 MG TABLET	7	60.00	2.48	0.05	10%-25% Below	No	No
69584011150	CARISOPRODOL 350 MG TABLET	5	90.00	3.72	0.05	10%-25% Below	No	No
69584011150	CARISOPRODOL 350 MG TABLET	7	90.00	3.72	0.05	10%-25% Below	No	No
69584011190	CARISOPRODOL 350 MG TABLET	4	180.00	7.43	0.06	26%-50% Below	No	No
69584011190	CARISOPRODOL 350 MG TABLET	5	180.00	7.43	0.05	10%-25% Below	No	No
69584011190	CARISOPRODOL 350 MG TABLET	6	180.00	7.43	0.07	26%-50% Below	No	No
69584011190	CARISOPRODOL 350 MG TABLET	7	180.00	7.43	0.05	10%-25% Below	No	No
69584011190	CARISOPRODOL 350 MG TABLET	8	180.00	7.43	0.07	26%-50% Below	No	No
69584061150	METHOCARBAMOL 500 MG TABLET	3	30.00	2.18	0.04	51%-75% Above	No	No
69584061150	METHOCARBAMOL 500 MG TABLET	8	20.00	1.45	0.04	76%-100% Above	No	No
69584061210	METHOCARBAMOL 750 MG TABLET	4	180.00	5.20	0.04	26%-50% Below	No	No
69584068410	PRIMIDONE 50 MG TABLET	5	60.00	9.10	0.12	26%-50% Above	No	No
69584068410	PRIMIDONE 50 MG TABLET	7	60.00	9.10	0.12	26%-50% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	5	15.00	0.45	0.05	26%-50% Below	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	5	30.00	0.90	0.05	26%-50% Below	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	5	90.00	2.71	0.05	26%-50% Below	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	5	180.00	5.42	0.05	26%-50% Below	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	6	90.00	2.71	0.05	26%-50% Below	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	7	15.00	0.45	0.05	26%-50% Below	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	7	30.00	0.90	0.05	26%-50% Below	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	7	180.00	5.42	0.05	26%-50% Below	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	8	30.00	0.90	0.05	26%-50% Below	No	No
69584085290	SPIRONOLACTONE 25 MG TABLET	6	90.00	2.71	0.05	26%-50% Below	No	No

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69584085290	SPIRONOLACTONE 25 MG TABLET	7	90.00	2.71	0.05	26%-50% Below	No	No
69584085290	SPIRONOLACTONE 25 MG TABLET	8	90.00	2.71	0.05	26%-50% Below	No	No
69584085310	SPIRONOLACTONE 50 MG TABLET	4	90.00	9.50	0.09	10%-25% Above	No	No
69584085310	SPIRONOLACTONE 50 MG TABLET	5	30.00	3.17	0.09	10%-25% Above	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	4	1.00	1.49	1.78	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	4	1.00	1.49	1.78	10%-25% Below	Yes	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	4	2.00	2.98	1.78	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	4	3.00	4.46	1.78	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	5	1.00	1.49	1.74	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	5	2.00	2.98	1.74	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	5	2.00	2.98	1.74	10%-25% Below	Yes	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	5	3.00	4.46	1.74	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	5	4.00	5.95	1.74	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	6	1.00	1.49	2.10	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	6	2.00	2.98	2.10	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	6	4.00	5.95	2.10	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	8	1.00	1.49	2.17	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	8	1.00	1.84	2.17	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	8	2.00	2.98	2.17	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	8	2.00	3.68	2.17	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	8	3.00	4.46	2.17	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	8	3.00	5.53	2.17	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	8	4.00	5.95	2.17	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	8	6.00	8.93	2.17	26%-50% Below	No	No
69680011399	CYANOCOBALAMIN 10,000 MCG/10 ML	4	2.00	1.02	1.04	26%-50% Below	No	No

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69680011399	CYANOCOBALAMIN 10,000 MCG/10 ML	5	2.00	1.02	0.89	26%-50% Below	No	No
69680013393	POTASSIUM CL ER 10 MEQ TABLET	5	30.00	1.87	0.10	26%-50% Below	No	No
69680013500	CELECOXIB CAP 200MG	6	30.00	5.64	.		No	No
69842041562	CVS ALLERGY TAB 5-120MG	5	48.00	16.69	.		Yes	No
69842096801	CVS ACETAMIN TAB 325MG	7	100.00	1.43	.		Yes	No
69918030130	TRANEXAMIC ACID 650 MG TABLET	5	12.00	23.84	1.11	76%-100% Above	No	No
69918030130	TRANEXAMIC ACID 650 MG TABLET	6	12.00	23.84	1.31	51%-75% Above	No	No
69918030130	TRANEXAMIC ACID 650 MG TABLET	7	30.00	59.61	1.00	76%-100% Above	No	No
70000021306	ALLERGY RELIEF 10 MG TABLET	7	90.00	2.78	0.05	26%-50% Below	No	No
70010000201	COLCHICINE 0.6 MG TABLET	4	90.00	209.01	0.24	200% Above	No	No
70010000201	COLCHICINE 0.6 MG TABLET	5	20.00	46.45	0.22	200% Above	No	No
70010000201	COLCHICINE 0.6 MG TABLET	7	6.00	13.93	0.16	200% Above	No	No
70010000601	DEXMETHYLPHENIDATE ER 15 MG CP	8	90.00	225.07	1.61	51%-75% Above	No	No
70010000701	DEXMETHYLPHENIDATE ER 20 MG CP	7	30.00	77.06	0.84	200% Above	No	No
70010000901	DEXMETHYLPHENIDATE ER 30 MG CP	5	30.00	84.60	0.75	200% Above	No	No
70010001301	METHYLPHENIDATE LA 20 MG CAP	8	30.00	66.91	2.94	10%-25% Below	No	No
70010001603	METHYLPHENIDATE LA 60 MG CAP	5	30.00	193.76	7.28	10%-25% Below	No	No
70010003001	DEXTROAMP-AMPHET ER 10 MG CAP	8	30.00	123.12	0.61	200% Above	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	5	30.00	123.12	0.42	200% Above	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	7	30.00	110.16	0.50	200% Above	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	7	30.00	123.12	0.50	200% Above	No	No
70010003301	DEXTROAMP-AMPHET ER 25 MG CAP	6	30.00	123.12	0.51	200% Above	No	No
70010003301	DEXTROAMP-AMPHET ER 25 MG CAP	7	30.00	123.12	0.47	200% Above	No	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	5	30.00	32.99	0.34	200% Above	No	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	5	30.00	123.12	0.34	200% Above	No	No

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70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	6	30.00	32.99	0.54	101%-200% Above	No	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	7	60.00	246.24	0.40	200% Above	No	No
70010004301	METHYLPHENIDATE ER 20 MG TAB	4	30.00	81.48	0.32	200% Above	Yes	No
70010004301	METHYLPHENIDATE ER 20 MG TAB	6	30.00	81.48	0.53	200% Above	Yes	No
70010004301	METHYLPHENIDATE ER 20 MG TAB	7	30.00	81.48	0.45	200% Above	Yes	No
70010006301	METFORMIN HCL 500 MG TABLET	6	60.00	0.63	0.02	26%-50% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	4	30.00	0.32	0.01	10%-25% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	4	180.00	1.89	0.01	10%-25% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	5	30.00	0.32	0.01	10%-25% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	5	180.00	1.89	0.01	10%-25% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	6	30.00	0.32	0.02	26%-50% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	7	28.00	0.29	0.01	10%-25% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	7	30.00	0.32	0.01	10%-25% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	7	152.00	1.60	0.01	10%-25% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	7	180.00	1.89	0.01	10%-25% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	8	30.00	0.32	0.01	26%-50% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	8	60.00	0.63	0.01	26%-50% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	4	30.00	0.32	0.01	10%-25% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	4	60.00	0.63	0.01	10%-25% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	5	30.00	0.32	0.01	10%-25% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	5	60.00	0.63	0.01	10%-25% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	6	60.00	0.63	0.02	26%-50% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	7	30.00	0.32	0.01	10%-25% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	7	60.00	0.63	0.01	10%-25% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	8	60.00	0.63	0.01	26%-50% Below	No	No

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70010006401	METFORMIN HCL 850 MG TABLET	6	180.00	5.11	0.02	10%-25% Above	No	No
70010006501	METFORMIN HCL 1,000 MG TABLET	6	180.00	3.46	0.02	10%-25% Below	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	4	60.00	0.99	0.02	10%-25% Below	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	4	60.00	1.74	0.02	26%-50% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	4	90.00	2.61	0.02	26%-50% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	5	180.00	5.22	0.02	51%-75% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	6	60.00	1.15	0.02	10%-25% Below	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	6	60.00	1.74	0.02	10%-25% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	6	180.00	3.46	0.02	10%-25% Below	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	7	60.00	7.91	0.02	200% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	7	90.00	2.61	0.02	51%-75% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	7	180.00	5.22	0.02	51%-75% Above	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	6	60.00	1.15	0.02	10%-25% Below	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	8	60.00	1.15	0.02	10%-25% Below	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	8	180.00	3.46	0.02	10%-25% Below	No	No
70010006599	METFORMIN TAB 1000MG	4	60.00	1.15	.		No	No
70010006599	METFORMIN TAB 1000MG	5	60.00	1.15	.		No	No
70010006599	METFORMIN TAB 1000MG	5	180.00	3.46	.		No	No
70010006599	METFORMIN TAB 1000MG	6	60.00	1.15	.		No	No
70010006599	METFORMIN TAB 1000MG	6	180.00	3.46	.		No	No
70010011701	DEXTROAMP-AMPHETAMIN 30 MG TAB	7	60.00	12.82	0.24	10%-25% Below	Yes	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	4	28.00	3.14	0.12	10%-25% Below	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	4	30.00	3.36	0.12	10%-25% Below	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	6	30.00	3.36	0.15	10%-25% Below	No	No
70010013510	POTASSIUM CL ER 20 MEQ TABLET	4	30.00	3.36	0.12	10%-25% Below	No	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010013510	POTASSIUM CL ER 20 MEQ TABLET	8	30.00	3.36	0.14	10%-25% Below	No	No
70010013901	NAPROXEN 500 MG TABLET	7	180.00	1.82	0.05	76%-100% Below	Yes	No
70010013901	NAPROXEN 500 MG TABLET	8	180.00	4.21	0.06	51%-75% Below	No	No
70010013905	NAPROXEN 500 MG TABLET	4	10.00	0.23	0.05	51%-75% Below	No	No
70010013905	NAPROXEN 500 MG TABLET	7	60.00	2.26	0.05	26%-50% Below	No	No
70010014805	POTASSIUM CL ER 10 MEQ CAPSULE	5	90.00	31.59	0.11	200% Above	No	No
70010014805	POTASSIUM CL ER 10 MEQ CAPSULE	6	30.00	10.53	0.14	101%-200% Above	No	No
70010014805	POTASSIUM CL ER 10 MEQ CAPSULE	7	30.00	10.53	0.10	200% Above	No	No
70010014805	POTASSIUM CL ER 10 MEQ CAPSULE	8	90.00	31.59	0.12	101%-200% Above	No	No
70010014805	POTASSIUM CL ER 10 MEQ CAPSULE	8	180.00	61.97	0.12	101%-200% Above	Yes	No
70010014901	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	6	20.00	1.73	0.15	26%-50% Below	No	No
70010014901	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	6	20.00	2.55	0.15	10%-25% Below	No	No
70010014901	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	8	20.00	1.73	0.16	26%-50% Below	No	No
70010014901	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	8	60.00	5.18	0.16	26%-50% Below	No	No
70010014905	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	5	30.00	2.59	0.12	26%-50% Below	No	No
70010014905	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	8	10.00	0.86	0.16	26%-50% Below	No	No
70010014905	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	8	15.00	1.29	0.16	26%-50% Below	No	No
70010016234	LORATADINE 10 MG TABLET	5	90.00	2.78	0.05	26%-50% Below	No	No
70010016234	LORATADINE 10 MG TABLET	7	30.00	0.93	0.05	26%-50% Below	No	No
70010016234	LORATADINE 10 MG TABLET	8	20.00	0.62	0.06	26%-50% Below	No	No
70010016234	LORATADINE 10 MG TABLET	8	30.00	0.93	0.06	26%-50% Below	No	No
70010016305	CETIRIZINE HCL 10 MG TABLET	5	90.00	1.80	0.06	51%-75% Below	Yes	No
70010016305	CETIRIZINE HCL 10 MG TABLET	6	90.00	1.80	0.07	51%-75% Below	Yes	No
70010016305	CETIRIZINE HCL 10 MG TABLET	7	90.00	1.80	0.05	51%-75% Below	Yes	No
70010020405	SERTRALINE HCL 50 MG TABLET	4	30.00	0.92	0.04	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010020405	SERTRALINE HCL 50 MG TABLET	5	30.00	0.92	0.03	10%-25% Below	No	No
70010020405	SERTRALINE HCL 50 MG TABLET	6	30.00	0.92	0.04	10%-25% Below	No	No
70010022705	GABAPENTIN 600 MG TABLET	4	90.00	3.17	0.09	51%-75% Below	Yes	No
70010022705	GABAPENTIN 600 MG TABLET	6	90.00	3.17	0.09	51%-75% Below	Yes	No
70010049105	METFORMIN HCL ER 500 MG TABLET	4	60.00	1.44	0.03	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	4	120.00	2.88	0.03	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	5	30.00	0.72	0.03	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	5	60.00	1.44	0.03	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	5	90.00	2.16	0.03	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	5	90.00	3.06	0.03	10%-25% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	5	120.00	2.88	0.03	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	5	180.00	4.32	0.03	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	5	360.00	8.64	0.03	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	6	60.00	1.44	0.03	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	6	90.00	2.16	0.03	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	6	120.00	2.88	0.03	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	6	360.00	8.64	0.03	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	7	120.00	2.88	0.03	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	7	180.00	4.32	0.03	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	8	60.00	1.44	0.03	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	8	120.00	2.88	0.03	10%-25% Below	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	4	30.00	0.72	0.03	10%-25% Below	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	4	90.00	2.16	0.03	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	4	120.00	2.88	0.03	10%-25% Below	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	4	180.00	4.32	0.03	10%-25% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010049110	METFORMIN HCL ER 500 MG TABLET	4	360.00	8.64	0.03	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	5	30.00	0.72	0.03	10%-25% Below	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	5	30.00	0.72	0.03	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	5	90.00	2.16	0.03	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	5	120.00	2.88	0.03	10%-25% Below	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	5	180.00	4.32	0.03	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	5	360.00	8.64	0.03	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	6	30.00	0.72	0.03	10%-25% Below	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	6	90.00	2.16	0.03	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	6	180.00	4.32	0.03	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	6	360.00	8.64	0.03	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	7	30.00	0.72	0.03	10%-25% Below	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	7	30.00	1.27	0.03	51%-75% Above	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	7	60.00	1.44	0.03	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	7	90.00	2.16	0.03	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	7	120.00	2.88	0.03	10%-25% Below	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	7	180.00	4.32	0.03	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	8	30.00	0.72	0.03	10%-25% Below	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	8	30.00	1.27	0.03	26%-50% Above	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	8	60.00	1.44	0.03	10%-25% Below	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	8	60.00	1.44	0.03	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	8	90.00	2.16	0.03	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	8	180.00	4.32	0.03	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	8	270.00	6.48	0.03	10%-25% Below	Yes	No
70010075401	METHOCARBAMOL 500 MG TABLET	5	40.00	2.91	0.03	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010075401	METHOCARBAMOL 500 MG TABLET	6	8.00	0.58	0.04	51%-75% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	6	90.00	6.54	0.04	51%-75% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	8	21.00	1.53	0.04	76%-100% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	8	90.00	6.54	0.04	76%-100% Above	No	No
70010075405	METHOCARBAMOL 500 MG TABLET	6	30.00	2.18	0.04	51%-75% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	4	28.00	0.81	0.04	26%-50% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	4	56.00	1.62	0.04	26%-50% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	5	30.00	0.87	0.04	26%-50% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	5	90.00	2.27	0.04	26%-50% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	6	30.00	0.87	0.05	26%-50% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	6	90.00	2.60	0.05	26%-50% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	7	15.00	0.43	0.03	10%-25% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	7	180.00	5.20	0.03	10%-25% Below	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	5	42.00	1.21	0.04	26%-50% Below	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	6	180.00	5.20	0.05	26%-50% Below	No	No
70010078001	METOPROLOL SUCC ER 25 MG TAB	8	90.00	11.57	0.06	76%-100% Above	No	No
70010078005	METOPROLOL SUCC ER 25 MG TAB	6	30.00	3.86	0.07	76%-100% Above	No	No
70010078005	METOPROLOL SUCC ER 25 MG TAB	8	30.00	3.86	0.06	76%-100% Above	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	8	2.00	2.98	2.17	26%-50% Below	No	No
70069009101	AZELASTINE HCL 0.05% DROPS	6	18.00	53.89	0.92	200% Above	No	No
70069013101	TOBRAMYCIN 0.3% EYE DROP	4	5.00	3.56	0.85	10%-25% Below	No	No
70069013101	TOBRAMYCIN 0.3% EYE DROP	5	5.00	3.56	0.79	10%-25% Below	No	No
70069013101	TOBRAMYCIN 0.3% EYE DROP	6	5.00	3.56	1.29	26%-50% Below	No	No
70069017210	CYANOCOBALAMIN 10,000 MCG/10 ML	7	10.00	5.09	0.98	26%-50% Below	No	No
70069042101	LATANOPROST 0.005% EYE DROPS	6	2.50	3.45	1.65	10%-25% Below	No	No

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70121146702	MEDROXYPROGESTERONE 150 MG/ML	5	1.00	10.46	16.38	26%-50% Below	No	No
70121146702	MEDROXYPROGESTERONE 150 MG/ML	6	1.00	15.15	24.46	26%-50% Below	No	No
70377000114	SIMVASTATIN 5 MG TABLET	5	90.00	5.59	0.03	76%-100% Above	Yes	No
70377000215	SIMVASTATIN 10 MG TABLET	6	90.00	5.85	0.03	76%-100% Above	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	4	30.00	0.60	0.03	26%-50% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	5	90.00	1.80	0.03	26%-50% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	7	90.00	1.80	0.03	26%-50% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	8	30.00	0.60	0.04	26%-50% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	8	90.00	1.80	0.04	26%-50% Below	Yes	No
70377000414	SIMVASTATIN 40 MG TABLET	8	90.00	2.85	0.07	51%-75% Below	No	No
70377000415	SIMVASTATIN 40 MG TABLET	6	90.00	2.85	0.07	51%-75% Below	Yes	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	5	30.00	50.63	0.04	200% Above	No	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	5	90.00	151.89	0.04	200% Above	No	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	5	90.00	151.89	0.04	200% Above	Yes	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	6	90.00	151.89	0.04	200% Above	No	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	6	90.00	151.89	0.04	200% Above	Yes	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	7	90.00	151.89	0.04	200% Above	Yes	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	8	90.00	151.89	0.04	200% Above	No	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	4	90.00	151.89	0.04	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	5	30.00	50.63	0.04	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	6	30.00	50.63	0.04	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	6	90.00	151.89	0.04	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	7	30.00	0.83	0.04	10%-25% Below	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	7	30.00	50.63	0.04	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	7	90.00	151.89	0.04	200% Above	Yes	No

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70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	4	30.00	50.49	0.04	200% Above	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	4	90.00	151.46	0.04	200% Above	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.00	50.49	0.04	200% Above	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.00	151.46	0.04	200% Above	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.00	151.46	0.04	200% Above	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.00	50.49	0.05	200% Above	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.00	151.46	0.05	200% Above	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	7	30.00	50.49	0.04	200% Above	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	7	90.00	151.46	0.04	200% Above	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	7	90.00	151.46	0.04	200% Above	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.00	151.46	0.05	200% Above	No	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	4	11.00	18.51	0.04	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	4	30.00	50.49	0.04	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	4	90.00	151.46	0.04	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.00	0.87	0.04	26%-50% Below	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.00	50.49	0.04	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.00	151.46	0.04	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.00	0.87	0.05	26%-50% Below	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.00	50.49	0.05	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.00	151.46	0.05	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	7	30.00	50.49	0.04	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	7	90.00	151.46	0.04	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.00	0.87	0.05	26%-50% Below	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.00	50.49	0.05	200% Above	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	4	30.00	38.99	0.06	200% Above	No	No

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70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.00	36.26	0.06	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.00	38.99	0.06	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	5	90.00	108.78	0.06	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	5	90.00	151.09	0.06	200% Above	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.00	36.26	0.06	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.00	38.99	0.06	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.00	38.99	0.05	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.00	108.78	0.05	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.00	151.09	0.05	200% Above	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.00	38.99	0.07	200% Above	No	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	4	90.00	151.09	0.06	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	5	90.00	151.09	0.06	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	6	90.00	151.09	0.06	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.00	151.09	0.05	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.00	50.36	0.07	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	8	90.00	151.09	0.07	200% Above	Yes	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	5	90.00	120.66	0.08	200% Above	No	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	6	90.00	120.66	0.10	200% Above	No	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	6	90.00	126.69	0.10	200% Above	No	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	6	90.00	151.03	0.10	200% Above	Yes	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	7	30.00	42.23	0.08	200% Above	No	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	4	30.00	29.90	0.09	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	5	30.00	29.90	0.08	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	5	90.00	151.03	0.08	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	6	30.00	29.90	0.10	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	6	90.00	151.03	0.10	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	7	90.00	151.03	0.08	200% Above	Yes	No
70377003012	ATORVASTATIN 80 MG TABLET	4	30.00	3.36	0.08	26%-50% Above	No	No
70377003012	ATORVASTATIN 80 MG TABLET	4	90.00	10.09	0.08	26%-50% Above	No	No
70377003012	ATORVASTATIN 80 MG TABLET	5	30.00	3.36	0.07	51%-75% Above	No	No
70377004612	PRAVASTATIN SODIUM 20 MG TAB	7	90.00	9.58	0.05	101%-200% Above	No	No
70377004812	PRAVASTATIN SODIUM 80 MG TAB	4	90.00	16.49	0.14	26%-50% Above	Yes	No
70377004812	PRAVASTATIN SODIUM 80 MG TAB	7	90.00	16.49	0.15	10%-25% Above	Yes	No
70377004813	PRAVASTATIN SODIUM 80 MG TAB	4	30.00	5.50	0.14	26%-50% Above	No	No
70377005612	ESOMEPRAZOLE MAG DR 40 MG CAP	6	90.00	126.39	0.16	200% Above	No	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	5	90.00	126.39	0.14	200% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	6	30.00	42.13	0.16	200% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	6	90.00	126.39	0.16	200% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	7	30.00	29.90	0.14	200% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	7	30.00	42.13	0.14	200% Above	No	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	7	90.00	126.39	0.14	200% Above	No	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	7	90.00	126.39	0.14	200% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	8	30.00	29.90	0.16	200% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	8	90.00	126.39	0.16	200% Above	Yes	No
70377006711	PRAZOSIN 2 MG CAPSULE	5	120.00	34.44	0.11	101%-200% Above	No	No
70377006711	PRAZOSIN 2 MG CAPSULE	6	120.00	34.44	0.14	101%-200% Above	No	No
70377006711	PRAZOSIN 2 MG CAPSULE	7	120.00	34.44	0.11	101%-200% Above	No	No
70377006711	PRAZOSIN 2 MG CAPSULE	8	340.00	97.58	0.13	101%-200% Above	No	No
70377007713	ATORVASTATIN 10 MG TABLET	4	90.00	7.07	0.03	200% Above	Yes	No
70377007713	ATORVASTATIN 10 MG TABLET	5	30.00	2.36	0.03	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70377007713	ATORVASTATIN 10 MG TABLET	5	90.00	7.07	0.03	101%-200% Above	No	No
70377007713	ATORVASTATIN 10 MG TABLET	5	90.00	7.07	0.03	101%-200% Above	Yes	No
70377007713	ATORVASTATIN 10 MG TABLET	6	30.00	2.36	0.03	101%-200% Above	Yes	No
70377007713	ATORVASTATIN 10 MG TABLET	6	90.00	7.07	0.03	101%-200% Above	Yes	No
70377007713	ATORVASTATIN 10 MG TABLET	7	30.00	2.36	0.02	200% Above	Yes	No
70377007713	ATORVASTATIN 10 MG TABLET	7	90.00	7.07	0.02	200% Above	Yes	No
70377007713	ATORVASTATIN 10 MG TABLET	8	90.00	7.07	0.03	101%-200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	4	30.00	2.91	0.03	101%-200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	4	90.00	8.72	0.03	101%-200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	5	30.00	2.91	0.03	101%-200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	5	90.00	8.72	0.03	101%-200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	6	30.00	2.91	0.04	101%-200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	6	90.00	8.72	0.04	101%-200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	7	30.00	2.91	0.03	200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	7	90.00	8.72	0.03	200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	8	30.00	2.91	0.04	101%-200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	8	90.00	8.72	0.04	101%-200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	4	90.00	8.75	0.05	76%-100% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	5	30.00	2.92	0.05	101%-200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	5	90.00	8.75	0.05	101%-200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	6	90.00	8.75	0.06	51%-75% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	7	30.00	2.92	0.04	101%-200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	7	90.00	8.75	0.04	101%-200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	8	90.00	8.75	0.06	76%-100% Above	Yes	No
70377008013	ATORVASTATIN 80 MG TABLET	4	90.00	10.09	0.08	26%-50% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70377008013	ATORVASTATIN 80 MG TABLET	5	90.00	10.09	0.07	51%-75% Above	Yes	No
70377008013	ATORVASTATIN 80 MG TABLET	6	90.00	10.09	0.09	26%-50% Above	No	No
70377008013	ATORVASTATIN 80 MG TABLET	6	90.00	10.09	0.09	26%-50% Above	Yes	No
70377008013	ATORVASTATIN 80 MG TABLET	7	90.00	10.09	0.06	76%-100% Above	Yes	No
70377008013	ATORVASTATIN 80 MG TABLET	8	90.00	10.09	0.08	26%-50% Above	Yes	No
70436003604	DESVENLAFAXINE SUCCNT ER 25 MG	5	30.00	50.30	0.43	200% Above	Yes	No
70436003604	DESVENLAFAXINE SUCCNT ER 25 MG	6	15.00	25.15	0.51	200% Above	Yes	No
70436005902	BUPROPION HCL SR 150 MG TABLET	4	60.00	5.07	0.07	10%-25% Above	No	No
70436005902	BUPROPION HCL SR 150 MG TABLET	5	60.00	5.07	0.07	10%-25% Above	No	No
70436005902	BUPROPION HCL SR 150 MG TABLET	7	60.00	5.07	0.07	10%-25% Above	No	No
70436015301	POTASSIUM CL ER 20 MEQ TABLET	5	90.00	15.77	0.23	10%-25% Below	Yes	No
70436015301	POTASSIUM CL ER 20 MEQ TABLET	8	20.00	3.50	0.26	26%-50% Below	No	No
70436015541	PROMETHAZINE-DM 6.25-15 MG/5 ML	4	118.00	3.69	0.04	10%-25% Below	No	No
70436015541	PROMETHAZINE-DM 6.25-15 MG/5 ML	5	120.00	3.76	0.04	10%-25% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	4	100.00	3.13	0.04	10%-25% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	4	100.00	3.13	0.04	10%-25% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	4	118.00	3.69	0.04	10%-25% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	4	120.00	3.76	0.04	10%-25% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	4	180.00	5.63	0.04	10%-25% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	5	100.00	3.13	0.04	10%-25% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	5	120.00	3.76	0.04	10%-25% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	5	120.00	3.76	0.04	10%-25% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	5	150.00	4.70	0.04	10%-25% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	5	180.00	5.63	0.04	10%-25% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	5	200.00	6.26	0.04	10%-25% Below	No	No

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70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	6	100.00	3.13	0.04	10%-25% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	6	120.00	3.76	0.04	10%-25% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	6	180.00	5.63	0.04	10%-25% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	7	118.00	3.69	0.04	10%-25% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	7	120.00	3.76	0.04	10%-25% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	7	240.00	7.51	0.04	10%-25% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	8	60.00	1.88	0.04	10%-25% Below	Yes	No
70436020201	METOPROLOL SUCC ER 25 MG TAB	5	30.00	3.86	0.06	101%-200% Above	No	No
70436020201	METOPROLOL SUCC ER 25 MG TAB	5	90.00	11.57	0.06	101%-200% Above	No	No
70436020201	METOPROLOL SUCC ER 25 MG TAB	6	30.00	3.86	0.07	76%-100% Above	No	No
70436020201	METOPROLOL SUCC ER 25 MG TAB	7	30.00	3.86	0.05	101%-200% Above	No	No
70505010010	DOXYLAMINE-PYRIDOXINE 10-10 MG	4	60.00	226.46	1.55	101%-200% Above	No	No
70505010010	DOXYLAMINE-PYRIDOXINE 10-10 MG	5	60.00	226.46	1.05	200% Above	No	No
70505010010	DOXYLAMINE-PYRIDOXINE 10-10 MG	6	60.00	226.46	1.77	101%-200% Above	No	No
70505010010	DOXYLAMINE-PYRIDOXINE 10-10 MG	7	60.00	226.46	0.97	200% Above	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	4	1.00	2.34	1.78	26%-50% Above	Yes	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	5	1.00	1.49	1.74	10%-25% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	6	3.00	4.46	2.10	26%-50% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	8	3.00	4.46	2.17	26%-50% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	8	4.00	5.95	2.17	26%-50% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	8	12.00	17.86	2.17	26%-50% Below	No	No
70700010916	CLOBETASOL 0.05% CREAM	6	30.00	83.12	0.17	200% Above	Yes	No
70700010917	CLOBETASOL 0.05% CREAM	4	60.00	148.76	0.13	200% Above	Yes	No
70700010917	CLOBETASOL 0.05% CREAM	5	60.00	148.76	0.13	200% Above	Yes	No
70700010917	CLOBETASOL 0.05% CREAM	7	60.00	148.76	0.12	200% Above	Yes	No

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70700011221	TESTOSTERONE 1.62% GEL PUMP	4	150.00	195.95	0.39	200% Above	No	No
70700011221	TESTOSTERONE 1.62% GEL PUMP	5	75.00	97.97	0.40	200% Above	No	No
70700011221	TESTOSTERONE 1.62% GEL PUMP	5	150.00	195.95	0.40	200% Above	No	No
70700011221	TESTOSTERONE 1.62% GEL PUMP	7	75.00	97.97	0.39	200% Above	No	No
70700011221	TESTOSTERONE 1.62% GEL PUMP	7	150.00	195.95	0.39	200% Above	No	No
70700011221	TESTOSTERONE 1.62% GEL PUMP	8	150.00	195.95	0.50	101%-200% Above	No	No
70700011385	ISIBLOOM 28 DAY TABLET	4	28.00	8.98	0.12	101%-200% Above	No	No
70700011385	ISIBLOOM 28 DAY TABLET	5	28.00	8.98	0.11	101%-200% Above	No	No
70700011385	ISIBLOOM 28 DAY TABLET	6	28.00	8.98	0.14	101%-200% Above	No	No
70700011385	ISIBLOOM 28 DAY TABLET	7	28.00	8.98	0.17	76%-100% Above	No	No
70700011385	ISIBLOOM 28 DAY TABLET	8	28.00	8.98	0.16	101%-200% Above	No	No
70700011485	LORYNA 3 MG-0.02 MG TABLET	5	84.00	77.57	0.17	200% Above	No	No
70700011585	SYEDA 28 TABLET	4	28.00	25.56	0.15	200% Above	Yes	No
70700011585	SYEDA 28 TABLET	5	28.00	25.56	0.15	200% Above	Yes	No
70700011585	SYEDA 28 TABLET	5	84.00	76.68	0.15	200% Above	Yes	No
70700011585	SYEDA 28 TABLET	6	28.00	25.56	0.20	200% Above	Yes	No
70700011585	SYEDA 28 TABLET	7	28.00	25.56	0.16	200% Above	No	No
70700011585	SYEDA 28 TABLET	7	28.00	25.56	0.16	200% Above	Yes	No
70700011685	ALTAVERA-28 TABLET	6	84.00	36.31	0.13	200% Above	No	No
70700011685	ALTAVERA-28 TABLET	7	84.00	36.31	0.08	200% Above	No	No
70700011884	VIENVA-28 TABLET	4	84.00	17.70	0.15	26%-50% Above	No	No
70700011884	VIENVA-28 TABLET	7	84.00	17.70	0.12	51%-75% Above	No	No
70700011885	VIENVA-28 TABLET	4	84.00	17.70	0.15	26%-50% Above	No	No
70700011885	VIENVA-28 TABLET	7	84.00	17.70	0.12	51%-75% Above	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	4	28.00	5.67	0.12	51%-75% Above	No	No

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70700011985	ESTARYLLA 0.25-0.035 MG TABLET	5	28.00	5.67	0.12	51%-75% Above	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	6	28.00	5.67	0.13	51%-75% Above	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	6	84.00	17.02	0.13	51%-75% Above	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	7	28.00	5.67	0.11	76%-100% Above	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	7	84.00	17.02	0.11	76%-100% Above	No	No
70700012085	TRI-LO-ESTARYLLA TABLET	4	28.00	15.11	0.10	200% Above	No	No
70700012085	TRI-LO-ESTARYLLA TABLET	5	28.00	15.11	0.10	200% Above	No	No
70700012085	TRI-LO-ESTARYLLA TABLET	6	28.00	15.11	0.12	200% Above	No	No
70700012085	TRI-LO-ESTARYLLA TABLET	7	28.00	15.11	0.10	200% Above	No	No
70700012085	TRI-LO-ESTARYLLA TABLET	8	28.00	15.11	0.12	200% Above	No	No
70700012185	TRI-ESTARYLLA TABLET	4	84.00	16.54	0.11	51%-75% Above	Yes	No
70700012185	TRI-ESTARYLLA TABLET	5	28.00	5.51	0.12	51%-75% Above	No	No
70700012185	TRI-ESTARYLLA TABLET	5	28.00	5.51	0.12	51%-75% Above	Yes	No
70700012185	TRI-ESTARYLLA TABLET	5	84.00	16.54	0.12	51%-75% Above	Yes	No
70700012185	TRI-ESTARYLLA TABLET	6	28.00	5.51	0.13	26%-50% Above	No	No
70700012185	TRI-ESTARYLLA TABLET	6	28.00	5.51	0.13	26%-50% Above	Yes	No
70700012185	TRI-ESTARYLLA TABLET	7	28.00	5.51	0.11	76%-100% Above	Yes	No
70700012285	VOLNEA 0.15-0.02-0.01 MG TAB	6	84.00	44.35	0.16	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	4	90.00	3.35	0.03	10%-25% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	5	30.00	1.12	0.03	10%-25% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	5	90.00	3.35	0.03	10%-25% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	7	90.00	3.35	0.03	10%-25% Above	No	No
70700015691	ENILLORING VAGINAL RING	7	3.00	187.34	49.23	26%-50% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	4	30.00	18.14	0.20	200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	5	30.00	18.14	0.19	200% Above	No	No

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70700016201	PROGESTERONE 100 MG CAPSULE	5	30.00	18.14	0.19	200% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	5	36.00	21.77	0.19	200% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	5	90.00	54.41	0.19	200% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	6	30.00	18.14	0.30	101%-200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	6	30.00	18.14	0.30	101%-200% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	6	75.00	45.35	0.30	101%-200% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	6	90.00	54.41	0.30	101%-200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	6	90.00	54.41	0.30	101%-200% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	7	30.00	18.14	0.20	200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	7	36.00	21.77	0.20	200% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	7	90.00	54.41	0.20	200% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	8	90.00	54.41	0.25	101%-200% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	4	5.00	4.54	0.35	101%-200% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	5	90.00	81.75	0.31	101%-200% Above	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	6	30.00	27.25	0.48	76%-100% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	7	30.00	27.25	0.31	101%-200% Above	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	8	30.00	27.25	0.43	101%-200% Above	No	No
70700026330	LANSOPRAZOLE DR 30 MG CAPSULE	4	90.00	12.41	0.10	26%-50% Above	Yes	No
70700026330	LANSOPRAZOLE DR 30 MG CAPSULE	7	90.00	12.41	0.09	51%-75% Above	Yes	No
70700027322	ESTRADIOL VALERATE 50 MG/5 ML	5	5.00	112.00	16.26	26%-50% Above	No	No
70700028922	TESTOSTERONE CYP 200 MG/ML	7	6.00	46.21	10.60	26%-50% Below	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	4	10.00	18.95	1.11	51%-75% Above	No	No
70710104703	ERYTHROMYCIN 250 MG TABLET	5	60.00	267.81	1.33	200% Above	No	No
70710104703	ERYTHROMYCIN 250 MG TABLET	6	60.00	267.81	1.69	101%-200% Above	No	No
70710104703	ERYTHROMYCIN 250 MG TABLET	7	60.00	267.81	1.59	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70710104703	ERYTHROMYCIN 250 MG TABLET	8	60.00	267.81	1.70	101%-200% Above	No	No
70710107003	VARDENAFIL HCL 10 MG TABLET	7	8.00	153.14	3.91	200% Above	No	No
70710111001	CYPROHEPTADINE 4 MG TABLET	5	60.00	2.94	0.07	26%-50% Below	Yes	No
70710111001	CYPROHEPTADINE 4 MG TABLET	7	90.00	3.66	0.08	26%-50% Below	No	No
70710111108	TIZANIDINE HCL 2 MG CAPSULE	6	60.00	49.00	0.08	200% Above	No	No
70710111208	TIZANIDINE HCL 4 MG CAPSULE	5	30.00	30.58	0.08	200% Above	No	No
70710111208	TIZANIDINE HCL 4 MG CAPSULE	7	90.00	91.74	0.11	200% Above	No	No
70710112307	DOXYCYCLINE MONO 100 MG TABLET	7	60.00	24.92	0.22	76%-100% Above	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	5	5.00	0.89	0.22	10%-25% Below	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	5	15.00	2.66	0.22	10%-25% Below	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	6	5.00	0.89	0.28	26%-50% Below	Yes	No
70710113803	FLUCONAZOLE 100 MG TABLET	6	11.00	15.04	0.28	200% Above	Yes	No
70710113803	FLUCONAZOLE 100 MG TABLET	7	2.00	0.36	0.21	10%-25% Below	Yes	No
70710113803	FLUCONAZOLE 100 MG TABLET	7	3.00	0.53	0.21	10%-25% Below	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	7	3.00	0.53	0.21	10%-25% Below	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	4	2.00	1.75	0.58	26%-50% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	4	2.00	4.81	0.58	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	4	3.00	2.62	0.58	26%-50% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	1.00	0.87	0.59	26%-50% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	2.00	1.75	0.59	26%-50% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	2.00	4.81	0.59	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	3.00	2.62	0.59	26%-50% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	5.00	4.37	0.59	26%-50% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	6	2.00	1.75	0.70	10%-25% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	6	3.00	2.62	0.70	10%-25% Above	Yes	No

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70710113908	FLUCONAZOLE 150 MG TABLET	7	1.00	0.87	0.53	51%-75% Above	No	No
70710113908	FLUCONAZOLE 150 MG TABLET	7	1.00	0.87	0.53	51%-75% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	7	2.00	1.75	0.53	51%-75% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	7	3.00	2.62	0.53	51%-75% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	8	1.00	0.87	0.61	26%-50% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	8	2.00	1.75	0.61	26%-50% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	8	3.00	2.62	0.61	26%-50% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	8	4.00	3.50	0.61	26%-50% Above	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	4	1.00	0.31	0.38	10%-25% Below	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	5	2.00	0.62	0.40	10%-25% Below	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	5	8.00	2.48	0.40	10%-25% Below	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	6	90.00	27.95	0.46	26%-50% Below	No	No
70710114003	FLUCONAZOLE 200 MG TABLET	7	4.00	1.24	0.44	26%-50% Below	Yes	No
70710115803	LEFLUNOMIDE 20 MG TABLET	7	30.00	92.71	0.34	200% Above	No	No
70710116003	MIRABEGRON ER 50 MG TABLET	6	30.00	283.36	11.94	10%-25% Below	Yes	No
70710116003	MIRABEGRON ER 50 MG TABLET	6	90.00	850.08	11.94	10%-25% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	4	3.00	63.77	24.40	10%-25% Below	No	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	5	3.00	63.77	24.64	10%-25% Below	No	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	6	3.00	63.77	37.25	26%-50% Below	No	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	7	3.00	63.77	24.08	10%-25% Below	No	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	8	3.00	63.77	29.26	26%-50% Below	No	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	8	9.00	192.41	29.26	26%-50% Below	Yes	No
70710119308	ESTRADIOL 0.05 MG PATCH (2/WK)	8	8.00	40.64	7.01	26%-50% Below	No	No
70710122501	AMITRIPTYLINE HCL 10 MG TAB	4	180.00	15.35	0.03	101%-200% Above	Yes	No
70710122501	AMITRIPTYLINE HCL 10 MG TAB	6	90.00	7.68	0.04	101%-200% Above	Yes	No

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70710122501	AMITRIPTYLINE HCL 10 MG TAB	7	90.00	7.68	0.03	101%-200% Above	Yes	No
70710122501	AMITRIPTYLINE HCL 10 MG TAB	7	180.00	15.35	0.03	101%-200% Above	Yes	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	5	90.00	14.61	0.05	200% Above	Yes	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	6	60.00	9.74	0.06	101%-200% Above	Yes	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	7	90.00	14.61	0.06	101%-200% Above	Yes	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	7	180.00	29.21	0.06	101%-200% Above	Yes	No
70710122701	AMITRIPTYLINE HCL 50 MG TAB	5	30.00	9.73	0.08	200% Above	Yes	No
70710122701	AMITRIPTYLINE HCL 50 MG TAB	6	30.00	9.73	0.09	200% Above	Yes	No
70710122701	AMITRIPTYLINE HCL 50 MG TAB	7	30.00	9.73	0.07	200% Above	Yes	No
70710122701	AMITRIPTYLINE HCL 50 MG TAB	8	30.00	9.73	0.10	200% Above	Yes	No
70710122901	AMITRIPTYLINE HCL 100 MG TAB	6	90.00	57.24	0.17	200% Above	Yes	No
70710123001	AMITRIPTYLINE HCL 150 MG TAB	7	90.00	87.17	0.22	200% Above	Yes	No
70710128500	BACLOFEN 10 MG TABLET	4	30.00	0.56	0.04	26%-50% Below	No	No
70710128505	BACLOFEN 10 MG TABLET	8	60.00	1.12	0.04	51%-75% Below	No	No
70710128601	BACLOFEN 20 MG TABLET	4	60.00	1.94	0.06	26%-50% Below	No	No
70710128601	BACLOFEN 20 MG TABLET	5	60.00	1.94	0.06	26%-50% Below	No	No
70710128601	BACLOFEN 20 MG TABLET	7	60.00	1.94	0.05	26%-50% Below	No	No
70710128601	BACLOFEN 20 MG TABLET	8	60.00	1.94	0.07	51%-75% Below	No	No
70710128605	BACLOFEN 20 MG TABLET	4	120.00	3.89	0.06	26%-50% Below	No	No
70710128605	BACLOFEN 20 MG TABLET	5	120.00	3.89	0.06	26%-50% Below	No	No
70710128605	BACLOFEN 20 MG TABLET	6	120.00	3.89	0.06	26%-50% Below	No	No
70710128605	BACLOFEN 20 MG TABLET	7	120.00	3.89	0.05	26%-50% Below	No	No
70710128901	TRIAZOLAM 0.25 MG TABLET	5	2.00	0.71	0.52	26%-50% Below	No	No
70710128901	TRIAZOLAM 0.25 MG TABLET	6	1.00	0.36	0.50	26%-50% Below	No	No
70710128901	TRIAZOLAM 0.25 MG TABLET	6	1.00	0.37	0.50	26%-50% Below	No	No

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70710128901	TRIAZOLAM 0.25 MG TABLET	6	2.00	0.71	0.50	26%-50% Below	No	No
70710128901	TRIAZOLAM 0.25 MG TABLET	7	1.00	0.36	0.29	10%-25% Above	No	No
70710145701	AZITHROMYCIN 100 MG/5 ML SUSP	5	15.00	17.79	0.37	200% Above	No	No
70710145701	AZITHROMYCIN 100 MG/5 ML SUSP	7	30.00	23.62	0.30	101%-200% Above	No	No
70710145902	AZITHROMYCIN 200 MG/5 ML SUSP	8	22.50	11.99	0.28	76%-100% Above	No	No
70710146002	AZITHROMYCIN 200 MG/5 ML SUSP	4	60.00	31.97	0.21	101%-200% Above	No	No
70710146002	AZITHROMYCIN 200 MG/5 ML SUSP	5	30.00	15.98	0.23	101%-200% Above	No	No
70710146707	COLESTIPOL HCL 1 GM TABLET	5	120.00	49.82	0.69	26%-50% Below	No	No
70710146707	COLESTIPOL HCL 1 GM TABLET	6	180.00	74.74	0.80	26%-50% Below	No	No
70710164206	LUBIPROSTONE 24 MCG CAPSULE	7	60.00	103.10	0.69	101%-200% Above	No	No
70710166801	PROCHLORPERAZINE 10 MG TAB	5	30.00	7.40	0.21	10%-25% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	4	60.00	5.39	0.05	76%-100% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	5	60.00	5.39	0.05	76%-100% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	5	180.00	16.16	0.05	76%-100% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	6	60.00	5.39	0.06	51%-75% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	7	90.00	8.08	0.05	76%-100% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	8	60.00	5.39	0.06	51%-75% Above	No	No
70710169909	VENLAFAXINE HCL ER 75 MG CAP	6	30.00	2.60	0.10	10%-25% Below	Yes	No
70710169909	VENLAFAXINE HCL ER 75 MG CAP	8	30.00	2.60	0.10	10%-25% Below	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	5	30.00	2.48	0.12	26%-50% Below	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	7	90.00	7.24	0.11	26%-50% Below	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	7	90.00	7.45	0.11	10%-25% Below	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	8	30.00	2.48	0.14	26%-50% Below	Yes	No
70710171001	KETOROLAC 10 MG TABLET	4	15.00	4.44	0.35	10%-25% Below	No	No
70710171001	KETOROLAC 10 MG TABLET	5	9.00	2.66	0.39	10%-25% Below	Yes	No

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70710171001	KETOROLAC 10 MG TABLET	5	10.00	2.96	0.39	10%-25% Below	Yes	No
70710171001	KETOROLAC 10 MG TABLET	5	15.00	13.68	0.39	101%-200% Above	No	No
70710171001	KETOROLAC 10 MG TABLET	5	20.00	5.92	0.39	10%-25% Below	Yes	No
70710171001	KETOROLAC 10 MG TABLET	5	30.00	8.87	0.39	10%-25% Below	No	No
70710171001	KETOROLAC 10 MG TABLET	6	1.00	0.30	0.42	26%-50% Below	Yes	No
70710171001	KETOROLAC 10 MG TABLET	6	10.00	2.96	0.42	26%-50% Below	Yes	No
70710171001	KETOROLAC 10 MG TABLET	6	15.00	14.18	0.42	101%-200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	6	20.00	5.92	0.42	26%-50% Below	Yes	No
70710171001	KETOROLAC 10 MG TABLET	6	30.00	8.87	0.42	26%-50% Below	No	No
70710171001	KETOROLAC 10 MG TABLET	7	1.00	0.30	0.34	10%-25% Below	Yes	No
70710171001	KETOROLAC 10 MG TABLET	7	20.00	5.92	0.34	10%-25% Below	No	No
70710171001	KETOROLAC 10 MG TABLET	8	4.00	3.65	0.40	101%-200% Above	No	No
70710171001	KETOROLAC 10 MG TABLET	8	15.00	4.44	0.40	10%-25% Below	No	No
70710171001	KETOROLAC 10 MG TABLET	8	20.00	5.92	0.40	10%-25% Below	Yes	No
70710171001	KETOROLAC 10 MG TABLET	8	30.00	8.87	0.40	10%-25% Below	No	No
70710175706	ENOXAPARIN 30 MG/0.3 ML SYR	4	9.00	58.69	12.61	26%-50% Below	Yes	No
70710175706	ENOXAPARIN 30 MG/0.3 ML SYR	5	9.00	58.69	11.55	26%-50% Below	Yes	No
70710175706	ENOXAPARIN 30 MG/0.3 ML SYR	7	1.80	11.74	11.45	26%-50% Below	Yes	No
70710183201	DICLOFENAC POT 50 MG TABLET	6	21.00	2.39	0.19	26%-50% Below	No	No
70752010112	CYPROHEPTADINE 2 MG/5 ML SOLN	5	473.00	14.10	0.04	10%-25% Below	Yes	No
70752010710	CYPROHEPTADINE 4 MG TABLET	7	90.00	4.10	0.08	26%-50% Below	No	No
70752015304	CLOBETASOL 0.05% SOLUTION	5	50.00	52.53	0.20	200% Above	No	No
70752015920	FLUOCINOLONE OIL 0.01% EAR DRP	8	20.00	82.72	1.14	200% Above	Yes	No
70752020411	FOLIC ACID 1 MG TABLET	4	90.00	1.09	0.02	26%-50% Below	No	No
70752020411	FOLIC ACID 1 MG TABLET	7	30.00	0.36	0.02	26%-50% Below	No	No

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70752020411	FOLIC ACID 1 MG TABLET	7	90.00	1.09	0.02	26%-50% Below	No	No
70756001402	NITROGLYCERIN 0.4 MG TABLET SL	6	25.00	2.67	0.21	26%-50% Below	No	No
70756001912	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	2.18	0.05	51%-75% Above	No	No
70756001912	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.00	2.18	0.05	51%-75% Above	No	No
70756020211	AMITRIPTYLINE HCL 25 MG TAB	4	30.00	6.92	0.06	200% Above	No	No
70756020211	AMITRIPTYLINE HCL 25 MG TAB	5	30.00	6.92	0.05	200% Above	No	No
70756020211	AMITRIPTYLINE HCL 25 MG TAB	5	60.00	9.74	0.05	200% Above	No	No
70756020211	AMITRIPTYLINE HCL 25 MG TAB	5	90.00	14.61	0.05	200% Above	No	No
70756020211	AMITRIPTYLINE HCL 25 MG TAB	5	90.00	20.75	0.05	200% Above	No	No
70756020211	AMITRIPTYLINE HCL 25 MG TAB	6	30.00	6.92	0.06	200% Above	No	No
70756020211	AMITRIPTYLINE HCL 25 MG TAB	7	90.00	20.75	0.06	200% Above	No	No
70756020211	AMITRIPTYLINE HCL 25 MG TAB	8	30.00	6.92	0.06	200% Above	No	No
70756020211	AMITRIPTYLINE HCL 25 MG TAB	8	90.00	14.61	0.06	101%-200% Above	No	No
70756020212	AMITRIPTYLINE HCL 25 MG TAB	4	30.00	4.87	0.06	101%-200% Above	No	No
70756020212	AMITRIPTYLINE HCL 25 MG TAB	5	30.00	4.87	0.05	200% Above	No	No
70756020212	AMITRIPTYLINE HCL 25 MG TAB	6	180.00	29.21	0.06	101%-200% Above	Yes	No
70756020311	AMITRIPTYLINE HCL 50 MG TAB	5	30.00	9.73	0.08	200% Above	No	No
70756020311	AMITRIPTYLINE HCL 50 MG TAB	5	30.00	12.80	0.08	200% Above	No	No
70756020311	AMITRIPTYLINE HCL 50 MG TAB	5	90.00	38.40	0.08	200% Above	No	No
70756020311	AMITRIPTYLINE HCL 50 MG TAB	7	30.00	9.73	0.07	200% Above	No	No
70756020312	AMITRIPTYLINE HCL 50 MG TAB	5	90.00	29.19	0.08	200% Above	Yes	No
70756020312	AMITRIPTYLINE HCL 50 MG TAB	7	90.00	29.19	0.07	200% Above	Yes	No
70756021451	FENOFIBRATE 54 MG TABLET	4	30.00	7.93	0.07	200% Above	No	No
70756021451	FENOFIBRATE 54 MG TABLET	5	30.00	7.93	0.07	200% Above	No	No
70756021551	FENOFIBRATE 160 MG TABLET	5	90.00	40.68	0.09	200% Above	No	No

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70756021551	FENOFIBRATE 160 MG TABLET	8	90.00	40.68	0.11	200% Above	No	No
70756021590	FENOFIBRATE 160 MG TABLET	6	30.00	13.56	0.13	200% Above	No	No
70756021590	FENOFIBRATE 160 MG TABLET	7	30.00	13.56	0.11	200% Above	No	No
70756024912	ATORVASTATIN 40 MG TABLET	8	30.00	2.92	0.06	76%-100% Above	No	No
70756028912	BACLOFEN 20 MG TABLET	5	120.00	4.41	0.06	26%-50% Below	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	4	10.00	6.43	0.40	51%-75% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	5	14.00	9.01	0.41	51%-75% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	6	10.00	6.43	0.52	10%-25% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	6	14.00	9.01	0.52	10%-25% Above	No	No
70756041211	NITROFURANTOIN MCR 100 MG CAP	5	14.00	12.72	0.36	101%-200% Above	No	No
70756041211	NITROFURANTOIN MCR 100 MG CAP	5	30.00	27.25	0.36	101%-200% Above	No	No
70756041211	NITROFURANTOIN MCR 100 MG CAP	6	30.00	27.25	0.37	101%-200% Above	No	No
70756041211	NITROFURANTOIN MCR 100 MG CAP	7	14.00	12.72	0.24	200% Above	Yes	No
70756060730	OFLOXACIN 0.3% EYE DROPS	5	5.00	11.03	1.78	10%-25% Above	No	No
70756060915	OFLOXACIN 0.3% EAR DROPS	4	5.00	52.51	1.28	200% Above	Yes	No
70756060915	OFLOXACIN 0.3% EAR DROPS	4	10.00	105.03	1.28	200% Above	No	No
70756060915	OFLOXACIN 0.3% EAR DROPS	6	5.00	29.90	1.81	200% Above	Yes	No
70756060915	OFLOXACIN 0.3% EAR DROPS	6	5.00	52.51	1.81	200% Above	No	No
70756060915	OFLOXACIN 0.3% EAR DROPS	6	5.00	52.51	1.81	200% Above	Yes	No
70756060915	OFLOXACIN 0.3% EAR DROPS	7	5.00	52.51	1.30	200% Above	No	No
70756060915	OFLOXACIN 0.3% EAR DROPS	7	5.00	52.51	1.30	200% Above	Yes	No
70756060915	OFLOXACIN 0.3% EAR DROPS	7	10.00	105.03	1.30	200% Above	No	No
70756061030	OFLOXACIN 0.3% EAR DROPS	5	10.00	96.06	1.17	200% Above	No	No
70756061030	OFLOXACIN 0.3% EAR DROPS	5	10.00	96.06	1.17	200% Above	Yes	No
70756061030	OFLOXACIN 0.3% EAR DROPS	7	10.00	96.06	1.02	200% Above	No	No

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70756061030	OFLOXACIN 0.3% EAR DROPS	7	10.00	96.06	1.02	200% Above	Yes	No
70954000520	OXYBUTYNIN 5 MG TABLET	5	30.00	7.43	0.05	200% Above	No	No
70954000520	OXYBUTYNIN 5 MG TABLET	6	30.00	7.43	0.05	200% Above	No	No
70954000520	OXYBUTYNIN 5 MG TABLET	6	270.00	66.83	0.05	200% Above	No	No
70954002010	PRAZOSIN 2 MG CAPSULE	5	30.00	8.61	0.11	101%-200% Above	No	No
70954002010	PRAZOSIN 2 MG CAPSULE	6	30.00	8.61	0.14	101%-200% Above	No	No
70954002010	PRAZOSIN 2 MG CAPSULE	7	30.00	8.61	0.11	101%-200% Above	No	No
70954005820	PREDNISONE 5 MG TABLET	4	90.00	9.13	0.04	101%-200% Above	No	No
70954005820	PREDNISONE 5 MG TABLET	6	21.00	2.13	0.06	76%-100% Above	No	No
70954005820	PREDNISONE 5 MG TABLET	7	18.00	1.83	0.04	101%-200% Above	No	No
70954005820	PREDNISONE 5 MG TABLET	7	90.00	9.13	0.04	101%-200% Above	No	No
70954005820	PREDNISONE 5 MG TABLET	8	14.00	1.42	0.05	76%-100% Above	Yes	No
70954005830	PREDNISONE 5 MG TAB DOSE PACK	4	21.00	5.71	0.36	10%-25% Below	No	No
70954005920	PREDNISONE 10 MG TABLET	5	20.00	2.17	0.05	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	5	21.00	2.28	0.05	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	6	5.00	0.54	0.06	76%-100% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	7	15.00	1.63	0.05	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	7	18.00	1.96	0.05	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	7	20.00	2.17	0.05	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	7	30.00	3.26	0.05	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	7	70.00	7.61	0.05	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	8	29.00	3.15	0.06	76%-100% Above	Yes	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	4	21.00	9.85	0.56	10%-25% Below	No	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	5	21.00	9.85	0.56	10%-25% Below	No	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	6	21.00	9.85	0.58	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70954006010	PREDNISONONE 20 MG TABLET	5	10.00	1.16	0.07	51%-75% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	4	9.00	1.04	0.07	51%-75% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	4	10.00	1.16	0.07	51%-75% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	4	10.00	1.16	0.07	51%-75% Above	Yes	No
70954006020	PREDNISONONE 20 MG TABLET	4	10.00	1.90	0.07	101%-200% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	5	5.00	0.58	0.07	51%-75% Above	Yes	No
70954006020	PREDNISONONE 20 MG TABLET	5	6.00	0.70	0.07	51%-75% Above	Yes	No
70954006020	PREDNISONONE 20 MG TABLET	5	7.00	0.81	0.07	51%-75% Above	Yes	No
70954006020	PREDNISONONE 20 MG TABLET	5	10.00	1.16	0.07	51%-75% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	5	10.00	1.16	0.07	51%-75% Above	Yes	No
70954006020	PREDNISONONE 20 MG TABLET	5	14.00	1.63	0.07	51%-75% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	5	15.00	1.74	0.07	51%-75% Above	Yes	No
70954006020	PREDNISONONE 20 MG TABLET	6	5.00	0.58	0.10	10%-25% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	6	5.00	0.58	0.10	10%-25% Above	Yes	No
70954006020	PREDNISONONE 20 MG TABLET	6	6.00	0.70	0.10	10%-25% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	6	9.00	1.04	0.10	10%-25% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	6	10.00	1.16	0.10	10%-25% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	6	10.00	1.16	0.10	10%-25% Above	Yes	No
70954006020	PREDNISONONE 20 MG TABLET	6	12.00	1.39	0.10	10%-25% Above	Yes	No
70954006020	PREDNISONONE 20 MG TABLET	6	13.00	1.51	0.10	10%-25% Above	Yes	No
70954006020	PREDNISONONE 20 MG TABLET	6	15.00	1.74	0.10	10%-25% Above	Yes	No
70954006020	PREDNISONONE 20 MG TABLET	6	18.00	2.09	0.10	10%-25% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	7	3.00	0.35	0.07	51%-75% Above	Yes	No
70954006020	PREDNISONONE 20 MG TABLET	7	5.00	0.58	0.07	51%-75% Above	Yes	No
70954006020	PREDNISONONE 20 MG TABLET	7	10.00	1.16	0.07	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70954006020	PREDNISONE 20 MG TABLET	7	10.00	1.16	0.07	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	7	13.00	1.51	0.07	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	8	5.00	0.58	0.09	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	8	10.00	1.16	0.09	26%-50% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	8	10.00	1.16	0.09	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	8	10.00	1.90	0.09	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	8	13.00	1.51	0.09	26%-50% Above	Yes	No
70954025220	FLUDROCORTISONE 0.1 MG TABLET	5	45.00	10.85	0.35	26%-50% Below	No	No
70954025220	FLUDROCORTISONE 0.1 MG TABLET	7	60.00	14.47	0.34	26%-50% Below	No	No
70954025810	SULFAMETHOXAZOLE-TMP SUSP	4	50.00	1.94	0.05	10%-25% Below	No	No
70954025810	SULFAMETHOXAZOLE-TMP SUSP	5	50.00	1.94	0.05	10%-25% Below	No	No
70954025810	SULFAMETHOXAZOLE-TMP SUSP	6	50.00	1.94	0.06	26%-50% Below	No	No
70954025810	SULFAMETHOXAZOLE-TMP SUSP	7	50.00	1.94	0.05	10%-25% Below	No	No
70954025810	SULFAMETHOXAZOLE-TMP SUSP	8	50.00	1.94	0.06	26%-50% Below	No	No
70954039110	ATENOLOL-CHLORTHALIDONE 100-25	5	30.00	12.81	0.34	26%-50% Above	No	No
70954039110	ATENOLOL-CHLORTHALIDONE 100-25	7	30.00	12.81	0.39	10%-25% Above	No	No
70954040110	DEXAMETHASONE 1.5 MG TABLET	5	12.00	1.64	0.24	26%-50% Below	Yes	No
70954040210	DEXAMETHASONE 2 MG TABLET	6	10.00	2.16	0.37	26%-50% Below	Yes	No
70954040310	DEXAMETHASONE 4 MG TABLET	4	5.00	1.09	0.29	10%-25% Below	Yes	No
70954040310	DEXAMETHASONE 4 MG TABLET	4	6.00	1.31	0.29	10%-25% Below	Yes	No
70954040310	DEXAMETHASONE 4 MG TABLET	4	12.00	2.62	0.29	10%-25% Below	Yes	No
70954040310	DEXAMETHASONE 4 MG TABLET	5	5.00	1.09	0.30	26%-50% Below	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	5	6.00	1.31	0.30	26%-50% Below	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	5	8.00	1.75	0.30	26%-50% Below	Yes	No
70954040310	DEXAMETHASONE 4 MG TABLET	5	12.00	2.62	0.30	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70954040310	DEXAMETHASONE 4 MG TABLET	6	8.00	1.75	0.35	26%-50% Below	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	6	15.00	3.28	0.35	26%-50% Below	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	6	18.00	3.93	0.35	26%-50% Below	Yes	No
70954040310	DEXAMETHASONE 4 MG TABLET	7	5.00	1.09	0.27	10%-25% Below	Yes	No
70954040310	DEXAMETHASONE 4 MG TABLET	7	6.00	1.11	0.27	26%-50% Below	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	7	8.00	1.75	0.27	10%-25% Below	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	7	40.00	8.73	0.27	10%-25% Below	Yes	No
70954040310	DEXAMETHASONE 4 MG TABLET	8	7.00	1.53	0.33	26%-50% Below	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	8	10.00	2.18	0.33	26%-50% Below	No	No
70954040410	DEXAMETHASONE 6 MG TABLET	5	1.00	0.66	0.57	10%-25% Above	Yes	No
70954041230	BISOPROLOL-HYDROCHLOROTHIAZIDE 2.5-6.25 MG TB	4	90.00	21.75	0.22	10%-25% Above	Yes	No
70954041230	BISOPROLOL-HYDROCHLOROTHIAZIDE 2.5-6.25 MG TB	7	90.00	21.75	0.19	26%-50% Above	Yes	No
70954041410	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	6	90.00	16.42	0.27	26%-50% Below	Yes	No
70954044410	MISOPROSTOL 200 MCG TABLET	5	12.00	9.76	0.61	26%-50% Above	No	No
70954044410	MISOPROSTOL 200 MCG TABLET	8	1.00	0.81	0.70	10%-25% Above	No	No
70954044410	MISOPROSTOL 200 MCG TABLET	8	3.00	2.44	0.70	10%-25% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	4	30.00	3.22	0.07	51%-75% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	5	30.00	3.22	0.06	51%-75% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	6	30.00	3.22	0.07	26%-50% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	7	30.00	3.22	0.06	51%-75% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	8	90.00	9.67	0.07	26%-50% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	4	30.00	3.22	0.07	51%-75% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	5	30.00	3.22	0.06	51%-75% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	6	30.00	3.22	0.07	26%-50% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	6	90.00	9.67	0.07	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70954056520	ESTRADIOL 1 MG TABLET	7	30.00	3.22	0.06	51%-75% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	8	30.00	3.22	0.07	26%-50% Above	No	No
70954056610	ESTRADIOL 2 MG TABLET	4	90.00	13.09	0.08	76%-100% Above	No	No
70954056610	ESTRADIOL 2 MG TABLET	4	270.00	39.26	0.08	76%-100% Above	No	No
70954056610	ESTRADIOL 2 MG TABLET	5	30.00	4.36	0.08	76%-100% Above	No	No
70954056610	ESTRADIOL 2 MG TABLET	6	30.00	4.36	0.10	51%-75% Above	No	No
70954056610	ESTRADIOL 2 MG TABLET	7	30.00	4.36	0.08	76%-100% Above	No	No
70954056610	ESTRADIOL 2 MG TABLET	7	90.00	13.09	0.08	76%-100% Above	No	No
70954056610	ESTRADIOL 2 MG TABLET	8	30.00	4.36	0.10	26%-50% Above	No	No
70954068810	PROCHLORPERAZINE 5 MG TABLET	4	30.00	4.84	0.20	10%-25% Below	Yes	No
71093011906	TRAMADOL HCL 50 MG TABLET	5	7.00	0.11	0.02	26%-50% Below	No	No
71093011906	TRAMADOL HCL 50 MG TABLET	6	2.00	0.03	0.03	26%-50% Below	No	No
71093011906	TRAMADOL HCL 50 MG TABLET	6	20.00	0.33	0.03	26%-50% Below	No	No
71093012105	GABAPENTIN 300 MG CAPSULE	5	150.00	2.61	0.04	51%-75% Below	No	No
71093012105	GABAPENTIN 300 MG CAPSULE	8	150.00	2.61	0.04	51%-75% Below	No	No
71093014105	METHOCARBAMOL 750 MG TABLET	4	90.00	2.27	0.04	26%-50% Below	No	No
71093014105	METHOCARBAMOL 750 MG TABLET	5	90.00	2.27	0.04	26%-50% Below	No	No
71093014105	METHOCARBAMOL 750 MG TABLET	6	90.00	2.27	0.05	26%-50% Below	No	No
71093014105	METHOCARBAMOL 750 MG TABLET	7	60.00	1.51	0.03	26%-50% Below	No	No
71093014105	METHOCARBAMOL 750 MG TABLET	7	90.00	2.27	0.03	26%-50% Below	No	No
71093014105	METHOCARBAMOL 750 MG TABLET	8	45.00	1.13	0.05	26%-50% Below	No	No
71093015606	ZOLPIDEM TARTRATE 10 MG TABLET	4	30.00	0.84	0.03	10%-25% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	4	3.00	3.65	1.78	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	4	4.00	4.87	1.78	26%-50% Below	Yes	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	4	12.00	14.61	1.78	26%-50% Below	Yes	No

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71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	5	1.00	1.22	1.74	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	5	2.00	2.43	1.74	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	5	3.00	3.38	1.74	26%-50% Below	Yes	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	5	3.00	3.65	1.74	26%-50% Below	Yes	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	5	3.00	4.17	1.74	10%-25% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	5	4.00	4.87	1.74	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	5	12.00	13.51	1.74	26%-50% Below	Yes	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	6	1.00	1.22	2.10	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	6	1.00	1.59	2.10	10%-25% Below	Yes	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	6	2.00	2.43	2.10	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	6	4.00	4.87	2.10	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	6	6.00	7.31	2.10	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	6	12.00	13.51	2.10	26%-50% Below	Yes	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	7	1.00	1.22	1.56	10%-25% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	7	2.00	2.43	1.56	10%-25% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	7	3.00	3.65	1.56	10%-25% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	7	4.00	4.87	1.56	10%-25% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	7	10.00	12.18	1.56	10%-25% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	7	12.00	13.51	1.56	26%-50% Below	Yes	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	8	1.00	1.22	2.17	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	8	1.00	1.59	2.17	26%-50% Below	Yes	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	8	3.00	3.38	2.17	26%-50% Below	Yes	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	8	3.00	3.65	2.17	26%-50% Below	Yes	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	8	4.00	4.87	2.17	26%-50% Below	Yes	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	8	12.00	14.61	2.17	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
71399862701	ASPIRIN LOW TAB 81MG	5	90.00	0.70	.		No	No
71610006760	CARVEDILOL TAB 25MG	3	90.00	3.11	.		No	No
71610006760	CARVEDILOL TAB 25MG	5	90.00	3.11	.		No	No
71610055460	METFORMIN TAB 500MG ER	2	90.00	2.16	.		No	No
71610064260	METOPROL SUC TAB 50MG ER	4	90.00	11.57	.		No	No
71610068260	CHLORTHALID TAB 25MG	2	90.00	25.89	.		No	No
71610068260	CHLORTHALID TAB 25MG	5	90.00	25.89	.		No	No
71610068360	FLUOXETINE CAP 10MG	4	90.00	4.63	.		No	No
71610068360	FLUOXETINE CAP 10MG	7	90.00	4.63	.		No	No
71610068860	OMEPRAZOLE CAP 40MG	3	90.00	5.92	.		No	No
71610068860	OMEPRAZOLE CAP 40MG	6	90.00	5.92	.		No	No
71656004230	TRIAMCINOLONE 0.1% CREAM	6	30.00	3.34	0.10	10%-25% Above	No	No
71858011305	TIROSINT-SOL SOL 44MCG/ML	7	30.00	136.60	.		No	No
71921018250	IBUPROFEN 800 MG TABLET	5	21.00	0.78	0.06	26%-50% Below	No	No
71921018250	IBUPROFEN 800 MG TABLET	6	30.00	1.12	0.06	26%-50% Below	No	No
71921022610	DORZOLAMIDE-TIMOLOL EYE DROPS	8	10.00	14.80	1.04	26%-50% Above	No	No
71921024250	ALLOPURINOL 300 MG TABLET	7	90.00	15.38	0.06	101%-200% Above	No	No
71930002643	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	4	120.00	12.32	0.09	10%-25% Above	Yes	No
71930002643	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	75.00	7.70	0.09	10%-25% Above	Yes	No
71930002643	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	180.00	18.48	0.09	10%-25% Above	Yes	No
71930002643	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	6	240.00	10.85	0.09	51%-75% Below	Yes	No
71930002643	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	7	180.00	18.48	0.08	26%-50% Above	Yes	No
71930002643	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	7	240.00	24.64	0.08	26%-50% Above	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	7	18.00	2.00	0.22	26%-50% Below	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	7	24.00	2.66	0.22	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.00	50.49	0.04	200% Above	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.00	50.49	0.05	200% Above	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.00	151.46	0.05	200% Above	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	7	30.00	50.49	0.04	200% Above	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	7	90.00	151.46	0.04	200% Above	No	No
72205000590	ROSUVASTATIN CALCIUM 40 MG TAB	7	90.00	151.03	0.08	200% Above	No	No
72205000590	ROSUVASTATIN CALCIUM 40 MG TAB	8	90.00	151.03	0.10	200% Above	No	No
72205000599	ROSUVASTATIN CALCIUM 40 MG TAB	7	60.00	100.69	0.08	200% Above	No	No
72205001290	PREGABALIN 50 MG CAPSULE	7	30.00	0.64	0.04	26%-50% Below	No	No
72205001390	PREGABALIN 75 MG CAPSULE	4	60.00	2.32	0.05	10%-25% Below	No	No
72205001390	PREGABALIN 75 MG CAPSULE	5	30.00	1.16	0.05	10%-25% Below	No	No
72205001390	PREGABALIN 75 MG CAPSULE	5	60.00	2.32	0.05	10%-25% Below	No	No
72205001390	PREGABALIN 75 MG CAPSULE	6	30.00	1.16	0.06	26%-50% Below	No	No
72205001390	PREGABALIN 75 MG CAPSULE	6	60.00	2.32	0.06	26%-50% Below	No	No
72205001390	PREGABALIN 75 MG CAPSULE	6	120.00	4.64	0.06	26%-50% Below	No	No
72205001390	PREGABALIN 75 MG CAPSULE	6	270.00	9.18	0.06	26%-50% Below	No	No
72205001390	PREGABALIN 75 MG CAPSULE	7	30.00	1.16	0.05	10%-25% Below	No	No
72205001390	PREGABALIN 75 MG CAPSULE	7	60.00	2.32	0.05	10%-25% Below	No	No
72205001390	PREGABALIN 75 MG CAPSULE	8	30.00	1.16	0.06	26%-50% Below	No	No
72205001490	PREGABALIN 100 MG CAPSULE	4	30.00	0.80	0.05	26%-50% Below	No	No
72205001490	PREGABALIN 100 MG CAPSULE	7	60.00	1.61	0.04	26%-50% Below	No	No
72205001590	PREGABALIN 150 MG CAPSULE	7	60.00	2.60	0.05	10%-25% Below	No	No
72205001690	PREGABALIN 200 MG CAPSULE	4	90.00	4.20	0.06	10%-25% Below	No	No
72205001690	PREGABALIN 200 MG CAPSULE	5	90.00	4.20	0.06	10%-25% Below	No	No
72205001690	PREGABALIN 200 MG CAPSULE	6	90.00	4.20	0.07	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72205001690	PREGABALIN 200 MG CAPSULE	7	90.00	4.20	0.06	10%-25% Below	No	No
72205002290	ATORVASTATIN 10 MG TABLET	7	90.00	7.07	0.02	200% Above	No	No
72205002299	ATORVASTATIN 10 MG TABLET	5	90.00	7.07	0.03	101%-200% Above	No	No
72205002299	ATORVASTATIN 10 MG TABLET	8	90.00	7.07	0.03	101%-200% Above	No	No
72205002399	ATORVASTATIN 20 MG TABLET	5	30.00	2.91	0.03	101%-200% Above	No	No
72205002399	ATORVASTATIN 20 MG TABLET	5	90.00	8.72	0.03	101%-200% Above	No	No
72205002399	ATORVASTATIN 20 MG TABLET	6	90.00	8.72	0.04	101%-200% Above	No	No
72205002399	ATORVASTATIN 20 MG TABLET	7	30.00	2.91	0.03	200% Above	No	No
72205002405	ATORVASTATIN 40 MG TABLET	5	90.00	8.75	0.05	101%-200% Above	No	No
72205002405	ATORVASTATIN 40 MG TABLET	7	30.00	2.92	0.04	101%-200% Above	No	No
72205002490	ATORVASTATIN 40 MG TABLET	5	90.00	8.75	0.05	101%-200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	4	30.00	2.92	0.05	76%-100% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	5	30.00	2.92	0.05	101%-200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	5	30.00	5.05	0.05	200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	5	90.00	8.75	0.05	101%-200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	6	30.00	2.92	0.06	76%-100% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	6	90.00	8.75	0.06	51%-75% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	7	30.00	2.92	0.04	101%-200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	7	90.00	8.75	0.04	101%-200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	8	30.00	2.92	0.06	76%-100% Above	No	No
72205002505	ATORVASTATIN 80 MG TABLET	5	90.00	10.09	0.07	51%-75% Above	No	No
72205002599	ATORVASTATIN 80 MG TABLET	5	90.00	10.09	0.07	51%-75% Above	No	No
72205002599	ATORVASTATIN 80 MG TABLET	6	30.00	3.36	0.09	26%-50% Above	No	No
72205002599	ATORVASTATIN 80 MG TABLET	8	30.00	3.36	0.08	26%-50% Above	No	No
72205002830	FEBUXOSTAT 40 MG TABLET	5	30.00	108.44	0.36	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72205002830	FEBUXOSTAT 40 MG TABLET	6	30.00	108.44	0.42	200% Above	No	No
72205002830	FEBUXOSTAT 40 MG TABLET	8	30.00	108.44	0.36	200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	5	30.00	2.58	0.03	200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	5	60.00	5.16	0.03	200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	6	60.00	5.16	0.03	101%-200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	7	60.00	5.16	0.03	200% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	4	90.00	5.23	0.04	51%-75% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	5	90.00	5.23	0.04	51%-75% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	6	90.00	5.23	0.04	26%-50% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	7	90.00	5.23	0.04	51%-75% Above	No	No
72205014399	LOSARTAN POTASSIUM 100 MG TAB	7	30.00	0.99	0.05	26%-50% Below	No	No
72205014399	LOSARTAN POTASSIUM 100 MG TAB	7	30.00	3.95	0.05	101%-200% Above	No	No
72205026030	VILAZODONE HCL 10 MG TABLET	4	60.00	194.88	1.12	101%-200% Above	No	No
72205026030	VILAZODONE HCL 10 MG TABLET	5	60.00	194.88	1.00	200% Above	No	No
72205026130	VILAZODONE HCL 20 MG TABLET	5	90.00	472.56	0.91	200% Above	No	No
72266011925	KETOROLAC 60 MG/2 ML VIAL	4	2.00	1.37	0.83	10%-25% Below	No	No
72305005030	EUTHYROX 50 MCG TABLET	7	90.00	3.70	0.14	51%-75% Below	No	No
72485061310	OFLOXACIN 0.3% EYE DROPS	7	10.00	20.62	1.63	26%-50% Above	No	No
72485065305	LOTEPREDNOL ETABONATE 0.2% DRP	6	5.00	193.19	32.68	10%-25% Above	Yes	No
72511076002	REPATHA 140 MG/ML SURECLICK	5	2.00	343.63	271.24	26%-50% Below	No	No
72511076002	REPATHA 140 MG/ML SURECLICK	6	2.00	343.63	271.34	26%-50% Below	No	No
72511076002	REPATHA 140 MG/ML SURECLICK	7	2.00	343.63	271.34	26%-50% Below	No	No
72516003010	METOPROLOL SUCC ER 25 MG TAB	4	90.00	11.57	0.06	101%-200% Above	No	No
72516003010	METOPROLOL SUCC ER 25 MG TAB	5	30.00	3.86	0.06	101%-200% Above	No	No
72516003010	METOPROLOL SUCC ER 25 MG TAB	7	30.00	3.86	0.05	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72516003010	METOPROLOL SUCC ER 25 MG TAB	8	30.00	3.86	0.06	76%-100% Above	No	No
72516003050	METOPROLOL SUCC ER 25 MG TAB	6	30.00	3.86	0.07	76%-100% Above	No	No
72516003110	METOPROLOL SUCC ER 50 MG TAB	4	30.00	3.86	0.06	101%-200% Above	No	No
72516003110	METOPROLOL SUCC ER 50 MG TAB	5	30.00	3.86	0.06	101%-200% Above	No	No
72516003110	METOPROLOL SUCC ER 50 MG TAB	6	30.00	3.86	0.07	76%-100% Above	No	No
72516003110	METOPROLOL SUCC ER 50 MG TAB	7	30.00	3.86	0.05	101%-200% Above	No	No
72516003110	METOPROLOL SUCC ER 50 MG TAB	8	30.00	3.86	0.07	76%-100% Above	No	No
72516003150	METOPROLOL SUCC ER 50 MG TAB	4	90.00	22.30	0.06	200% Above	No	No
72516003150	METOPROLOL SUCC ER 50 MG TAB	5	90.00	22.30	0.06	200% Above	No	No
72516003150	METOPROLOL SUCC ER 50 MG TAB	6	90.00	22.30	0.07	200% Above	No	No
72516003150	METOPROLOL SUCC ER 50 MG TAB	8	90.00	22.30	0.07	200% Above	No	No
72516003210	METOPROLOL SUCC ER 100 MG TAB	4	15.00	3.31	0.10	101%-200% Above	No	No
72516003210	METOPROLOL SUCC ER 100 MG TAB	5	15.00	3.31	0.09	101%-200% Above	No	No
72516003210	METOPROLOL SUCC ER 100 MG TAB	6	15.00	3.31	0.11	101%-200% Above	No	No
72516003210	METOPROLOL SUCC ER 100 MG TAB	6	30.00	6.62	0.11	101%-200% Above	No	No
72516003210	METOPROLOL SUCC ER 100 MG TAB	7	15.00	3.31	0.10	101%-200% Above	No	No
72516003210	METOPROLOL SUCC ER 100 MG TAB	7	30.00	6.62	0.10	101%-200% Above	No	No
72516003250	METOPROLOL SUCC ER 100 MG TAB	4	30.00	6.62	0.10	101%-200% Above	No	No
72516003250	METOPROLOL SUCC ER 100 MG TAB	5	30.00	6.62	0.09	101%-200% Above	No	No
72578000201	ACYCLOVIR 200 MG CAPSULE	6	28.00	2.27	0.10	10%-25% Below	No	No
72578000201	ACYCLOVIR 200 MG CAPSULE	6	90.00	7.28	0.10	10%-25% Below	No	No
72578000305	MEMANTINE HCL 5 MG TABLET	7	30.00	28.13	0.07	200% Above	No	No
72578000314	MEMANTINE HCL 5 MG TABLET	5	30.00	28.13	0.07	200% Above	No	No
72578000805	METRONIDAZOLE 500 MG TABLET	3	56.00	12.96	0.15	26%-50% Above	No	No
72578000805	METRONIDAZOLE 500 MG TABLET	8	14.00	5.15	0.11	200% Above	No	No

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72578005418	DOXYCYCLINE HYCLATE 50 MG CAP	6	30.00	21.51	0.17	200% Above	No	No
72578005505	DOXYCYCLINE HYCLATE 100 MG CAP	7	56.00	69.18	0.10	200% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	5	20.00	16.32	0.11	200% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	6	20.00	16.32	0.14	200% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	6	20.00	24.71	0.14	200% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	8	60.00	74.12	0.13	200% Above	No	No
72578008201	ACYCLOVIR 5% OINTMENT	5	15.00	36.86	0.64	200% Above	No	No
72578008904	NYSTATIN 100,000 UNIT/GM OINT	4	30.00	12.35	0.22	76%-100% Above	No	No
72578009010	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	8	90.00	13.24	0.12	10%-25% Above	Yes	No
72578009621	TIZANIDINE HCL 2 MG TABLET	7	60.00	1.56	0.03	10%-25% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	4	30.00	0.75	0.03	10%-25% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	4	60.00	1.49	0.03	10%-25% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	4	180.00	4.48	0.03	10%-25% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	5	30.00	0.75	0.03	10%-25% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	5	42.00	1.05	0.03	10%-25% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	5	60.00	1.49	0.03	10%-25% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	5	90.00	2.24	0.03	10%-25% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	5	180.00	4.48	0.03	10%-25% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	6	30.00	0.75	0.04	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	6	270.00	3.81	0.04	51%-75% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	6	270.00	6.72	0.04	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	7	30.00	0.75	0.03	10%-25% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	7	90.00	2.24	0.03	10%-25% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	7	180.00	4.48	0.03	10%-25% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	7	270.00	6.72	0.03	10%-25% Below	Yes	No

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72578009721	TIZANIDINE HCL 4 MG TABLET	8	30.00	0.75	0.04	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	8	60.00	1.49	0.04	26%-50% Below	Yes	No
72578009918	LEVOFLOXACIN 500 MG TABLET	5	7.00	0.74	0.13	10%-25% Below	No	No
72578009918	LEVOFLOXACIN 500 MG TABLET	5	7.00	1.16	0.13	26%-50% Above	No	No
72578009918	LEVOFLOXACIN 500 MG TABLET	6	9.00	0.95	0.15	26%-50% Below	No	No
72578011101	BISOPROLOL FUMARATE 5 MG TAB	7	90.00	33.65	0.21	76%-100% Above	Yes	No
72578011106	BISOPROLOL FUMARATE 5 MG TAB	6	15.00	4.50	0.26	10%-25% Above	No	No
72578011106	BISOPROLOL FUMARATE 5 MG TAB	7	15.00	4.50	0.21	26%-50% Above	No	No
72578011106	BISOPROLOL FUMARATE 5 MG TAB	8	15.00	4.50	0.23	26%-50% Above	No	No
72578011206	BISOPROLOL FUMARATE 10 MG TAB	7	90.00	32.16	0.25	26%-50% Above	No	No
72578012908	METRONIDAZOLE 0.75% CREAM	4	45.00	49.74	0.36	200% Above	No	No
72578012908	METRONIDAZOLE 0.75% CREAM	5	45.00	49.74	0.34	200% Above	No	No
72578013606	FEBUXOSTAT 40 MG TABLET	4	30.00	108.44	0.36	200% Above	No	No
72578013606	FEBUXOSTAT 40 MG TABLET	6	30.00	108.44	0.42	200% Above	No	No
72578013606	FEBUXOSTAT 40 MG TABLET	7	30.00	108.44	0.32	200% Above	No	No
72578013606	FEBUXOSTAT 40 MG TABLET	8	30.00	108.44	0.36	200% Above	No	No
72578013801	LOPERAMIDE 2 MG CAPSULE	7	24.00	4.33	0.14	26%-50% Above	Yes	No
72603011501	TAMSULOSIN HCL 0.4 MG CAPSULE	4	90.00	37.68	0.05	200% Above	No	No
72603011501	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.00	12.56	0.05	200% Above	No	No
72603011501	TAMSULOSIN HCL 0.4 MG CAPSULE	7	90.00	37.68	0.05	200% Above	No	No
72603011502	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.00	3.66	0.05	101%-200% Above	No	No
72603011502	TAMSULOSIN HCL 0.4 MG CAPSULE	7	14.00	1.71	0.05	101%-200% Above	No	No
72603011502	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.00	3.66	0.05	101%-200% Above	No	No
72603013402	SPIRONOLACTONE 25 MG TABLET	4	30.00	0.90	0.05	26%-50% Below	No	No
72603013402	SPIRONOLACTONE 25 MG TABLET	5	30.00	0.90	0.05	26%-50% Below	No	No

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72603013402	SPIRONOLACTONE 25 MG TABLET	6	30.00	0.90	0.05	26%-50% Below	No	No
72603013501	SPIRONOLACTONE 50 MG TABLET	5	30.00	3.17	0.09	10%-25% Above	No	No
72603013501	SPIRONOLACTONE 50 MG TABLET	5	30.00	5.60	0.09	101%-200% Above	No	No
72603013501	SPIRONOLACTONE 50 MG TABLET	6	30.00	5.60	0.11	51%-75% Above	No	No
72603013501	SPIRONOLACTONE 50 MG TABLET	7	30.00	3.17	0.09	10%-25% Above	No	No
72603013502	SPIRONOLACTONE 50 MG TABLET	7	30.00	3.17	0.09	10%-25% Above	No	No
72603014201	METOPROLOL SUCC ER 25 MG TAB	4	30.00	3.86	0.06	101%-200% Above	No	No
72603014202	METOPROLOL SUCC ER 25 MG TAB	4	180.00	48.29	0.06	200% Above	No	No
72603014202	METOPROLOL SUCC ER 25 MG TAB	5	90.00	24.15	0.06	200% Above	No	No
72603014202	METOPROLOL SUCC ER 25 MG TAB	6	90.00	24.15	0.07	200% Above	No	No
72603014202	METOPROLOL SUCC ER 25 MG TAB	7	30.00	3.86	0.05	101%-200% Above	No	No
72603014202	METOPROLOL SUCC ER 25 MG TAB	7	90.00	24.15	0.05	200% Above	No	No
72603014203	METOPROLOL SUCC ER 25 MG TAB	4	30.00	3.86	0.06	101%-200% Above	No	No
72603014203	METOPROLOL SUCC ER 25 MG TAB	5	30.00	3.86	0.06	101%-200% Above	No	No
72603014203	METOPROLOL SUCC ER 25 MG TAB	5	90.00	11.57	0.06	101%-200% Above	No	No
72603014203	METOPROLOL SUCC ER 25 MG TAB	6	30.00	3.86	0.07	76%-100% Above	No	No
72603014203	METOPROLOL SUCC ER 25 MG TAB	7	30.00	3.86	0.05	101%-200% Above	No	No
72603014303	METOPROLOL SUC TAB 50MG ER	6	30.00	3.86	.		No	No
72603014303	METOPROLOL SUCC ER 50 MG TAB	7	30.00	3.86	0.05	101%-200% Above	No	No
72603014303	METOPROLOL SUCC ER 50 MG TAB	8	30.00	3.86	0.07	76%-100% Above	No	No
72603014402	METOPROLOL SUCC ER 100 MG TAB	7	30.00	6.62	0.10	101%-200% Above	No	No
72603014403	METOPROLOL SUCC ER 100 MG TAB	7	90.00	19.87	0.10	101%-200% Above	No	No
72603014501	METOPROLOL SUCC ER 200 MG TAB	7	30.00	19.39	0.18	200% Above	No	No
72603018602	OFLOXACIN 0.3% EAR DROPS	5	10.00	96.06	1.17	200% Above	No	No
72603018901	DEXAMETHASONE 4 MG TABLET	7	60.00	13.09	0.27	10%-25% Below	No	No

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72603019601	NITROFURANTOIN MONO-MCR 100 MG	6	14.00	9.01	0.52	10%-25% Above	No	No
72603019601	NITROFURANTOIN MONO-MCR 100 MG	8	60.00	38.60	0.50	26%-50% Above	No	No
72618300002	NURTEC ODT 75 MG TABLET	4	15.00	1146.37	119.63	26%-50% Below	No	No
72618300002	NURTEC ODT 75 MG TABLET	5	15.00	1146.37	119.84	26%-50% Below	No	No
72618300002	NURTEC ODT 75 MG TABLET	6	15.00	1146.37	119.79	26%-50% Below	No	No
72618300002	NURTEC ODT 75 MG TABLET	7	15.00	1146.37	119.83	26%-50% Below	No	No
72789026195	AMLODIPINE TAB 5MG	6	90.00	1.09	.		No	No
72789026295	AMLODIPINE TAB 10MG	6	90.00	1.50	.		No	No
72789026295	AMLODIPINE TAB 10MG	8	90.00	2.73	.		No	No
72865013710	MELOXICAM TAB 7.5MG	3	60.00	2.52	.		No	No
72865013710	MELOXICAM TAB 7.5MG	4	60.00	2.52	.		No	No
72865013710	MELOXICAM TAB 7.5MG	5	60.00	2.52	.		No	No
72865013710	MELOXICAM TAB 7.5MG	6	60.00	2.52	.		No	No
72865013710	MELOXICAM TAB 7.5MG	7	60.00	2.52	.		No	No
72865013710	MELOXICAM TAB 7.5MG	8	60.00	2.52	.		No	No
72865014210	LOSARTAN POT TAB 50MG	5	180.00	10.46	.		No	No
72865014210	LOSARTAN POT TAB 50MG	8	180.00	10.46	.		No	No
72865014290	LOSARTAN POT TAB 50MG	3	180.00	10.46	.		No	No
72865014310	LOSARTAN POT TAB 100MG	6	90.00	8.24	.		No	No
72865014390	LOSARTAN POT TAB 100MG	3	90.00	8.24	.		No	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	4	90.00	3.11	0.02	101%-200% Above	Yes	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	4	180.00	6.21	0.02	101%-200% Above	Yes	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	5	60.00	2.07	0.02	101%-200% Above	No	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	5	180.00	6.21	0.02	101%-200% Above	Yes	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	6	60.00	2.07	0.02	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888000400	METOPROLOL TARTRATE 25 MG TAB	6	60.00	2.07	0.02	76%-100% Above	Yes	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	6	90.00	3.11	0.02	76%-100% Above	No	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	6	180.00	6.21	0.02	76%-100% Above	Yes	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	7	60.00	2.07	0.01	101%-200% Above	No	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	7	180.00	6.21	0.01	101%-200% Above	No	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	7	180.00	6.21	0.01	101%-200% Above	Yes	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	8	180.00	6.21	0.02	101%-200% Above	Yes	No
72888000405	METOPROLOL TARTRATE 25 MG TAB	8	180.00	6.21	0.02	101%-200% Above	No	No
72888000500	METOPROLOL TARTRATE 50 MG TAB	4	30.00	0.89	0.02	51%-75% Above	No	No
72888000500	METOPROLOL TARTRATE 50 MG TAB	5	90.00	2.67	0.02	51%-75% Above	Yes	No
72888000500	METOPROLOL TARTRATE 50 MG TAB	5	180.00	5.35	0.02	51%-75% Above	Yes	No
72888001000	BACLOFEN 10 MG TABLET	4	90.00	1.67	0.04	26%-50% Below	No	No
72888001001	BACLOFEN 10 MG TABLET	7	10.00	0.19	0.03	26%-50% Below	No	No
72888001005	BACLOFEN 10 MG TABLET	6	90.00	1.67	0.04	51%-75% Below	No	No
72888001005	BACLOFEN 10 MG TABLET	7	30.00	0.56	0.03	26%-50% Below	No	No
72888001005	BACLOFEN 10 MG TABLET	7	60.00	1.12	0.03	26%-50% Below	No	No
72888001201	CYCLOBENZAPRINE 5 MG TABLET	5	30.00	0.42	0.02	10%-25% Below	No	No
72888001201	CYCLOBENZAPRINE 5 MG TABLET	7	30.00	0.42	0.02	10%-25% Below	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	4	20.00	0.19	0.02	26%-50% Below	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	4	30.00	0.28	0.02	26%-50% Below	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	5	30.00	0.28	0.02	26%-50% Below	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	7	20.00	0.19	0.02	26%-50% Below	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	7	30.00	0.28	0.02	26%-50% Below	No	No
72888003405	CARVEDILOL 3.125 MG TABLET	4	180.00	6.43	0.02	101%-200% Above	No	No
72888003405	CARVEDILOL 3.125 MG TABLET	4	180.00	6.43	0.02	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888003405	CARVEDILOL 3.125 MG TABLET	5	6.00	0.21	0.02	101%-200% Above	Yes	No
72888003405	CARVEDILOL 3.125 MG TABLET	5	180.00	6.43	0.02	101%-200% Above	Yes	No
72888003505	CARVEDILOL 6.25 MG TABLET	5	180.00	5.49	0.02	76%-100% Above	Yes	No
72888003505	CARVEDILOL 6.25 MG TABLET	7	180.00	5.49	0.02	51%-75% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	4	60.00	2.14	0.02	76%-100% Above	No	No
72888003605	CARVEDILOL 12.5 MG TABLET	4	60.00	2.14	0.02	76%-100% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	5	60.00	2.14	0.02	76%-100% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	5	180.00	6.43	0.02	76%-100% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	6	20.00	0.71	0.02	51%-75% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	6	60.00	2.14	0.02	51%-75% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	6	180.00	6.43	0.02	51%-75% Above	No	No
72888003605	CARVEDILOL 12.5 MG TABLET	7	60.00	2.14	0.02	76%-100% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	7	180.00	6.43	0.02	76%-100% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	8	180.00	6.43	0.02	51%-75% Above	Yes	No
72888003700	CARVEDILOL 25 MG TABLET	4	60.00	2.07	0.03	10%-25% Above	No	No
72888003700	CARVEDILOL 25 MG TABLET	5	60.00	2.07	0.03	10%-25% Above	No	No
72888003705	CARVEDILOL 25 MG TABLET	5	60.00	2.07	0.03	10%-25% Above	No	No
72888003705	CARVEDILOL 25 MG TABLET	5	270.00	9.32	0.03	10%-25% Above	Yes	No
72888003705	CARVEDILOL 25 MG TABLET	6	180.00	6.21	0.03	10%-25% Above	No	No
72888003705	CARVEDILOL 25 MG TABLET	6	180.00	6.21	0.03	10%-25% Above	Yes	No
72888003705	CARVEDILOL 25 MG TABLET	7	180.00	6.21	0.03	26%-50% Above	Yes	No
72888005990	RABEPRAZOLE SOD DR 20 MG TAB	4	30.00	10.17	0.25	26%-50% Above	No	No
72888007301	DICLOFENAC POT 50 MG TABLET	7	60.00	6.84	0.14	10%-25% Below	No	No
72888007501	POTASSIUM CL ER 10 MEQ TABLET	6	30.00	1.87	0.11	26%-50% Below	Yes	No
72888007601	POTASSIUM CL ER 20 MEQ TABLET	4	90.00	15.77	0.24	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888007601	POTASSIUM CL ER 20 MEQ TABLET	6	30.00	5.26	0.21	10%-25% Below	Yes	No
72888007601	POTASSIUM CL ER 20 MEQ TABLET	8	360.00	63.07	0.26	26%-50% Below	No	No
72888008000	TRAMADOL HCL 50 MG TABLET	5	7.00	0.11	0.02	26%-50% Below	No	No
72888008001	TRAMADOL HCL 50 MG TABLET	7	120.00	1.96	0.02	26%-50% Below	No	No
72888008001	TRAMADOL HCL 50 MG TABLET	8	21.00	0.34	0.03	26%-50% Below	No	No
72888008005	TRAMADOL HCL 50 MG TABLET	6	240.00	3.34	0.03	51%-75% Below	No	No
72888008005	TRAMADOL HCL 50 MG TABLET	7	180.00	2.50	0.02	26%-50% Below	No	No
72888008005	TRAMADOL HCL 50 MG TABLET	7	240.00	3.34	0.02	26%-50% Below	No	No
72888008201	ISOSORBIDE DINITRATE 10 MG TAB	5	60.00	23.88	0.25	51%-75% Above	No	No
72888008201	ISOSORBIDE DINITRATE 10 MG TAB	6	60.00	23.88	0.27	26%-50% Above	No	No
72888008201	ISOSORBIDE DINITRATE 10 MG TAB	7	30.00	11.94	0.26	51%-75% Above	No	No
72888009405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	5	30.00	4.16	0.08	51%-75% Above	No	No
72888009405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	6	30.00	4.16	0.10	26%-50% Above	No	No
72888009405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	7	30.00	4.16	0.08	51%-75% Above	No	No
72888009405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	8	30.00	4.16	0.10	26%-50% Above	No	No
72888011105	DICLOFENAC SOD DR 75 MG TAB	6	60.00	3.41	0.10	26%-50% Below	No	No
72888011105	DICLOFENAC SOD DR 75 MG TAB	8	20.00	1.14	0.10	26%-50% Below	No	No
72888011901	DICYCLOMINE 20 MG TABLET	5	90.00	10.36	0.08	26%-50% Above	No	No
72888011901	DICYCLOMINE 20 MG TABLET	7	90.00	10.36	0.08	26%-50% Above	No	No
72888012101	LABETALOL HCL 200 MG TABLET	5	60.00	14.69	0.14	51%-75% Above	No	No
72888012526	LIDOCAINE 2% VISCOUS SOLN	4	100.00	5.34	0.09	26%-50% Below	No	No
72888012526	LIDOCAINE 2% VISCOUS SOLN	5	100.00	6.73	0.08	10%-25% Below	No	No
72888012526	LIDOCAINE 2% VISCOUS SOLN	8	30.00	1.60	0.09	26%-50% Below	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	6	15.00	0.21	0.03	26%-50% Below	No	No
72888015201	CLONAZEPAM 0.5 MG TABLET	5	30.00	0.42	0.02	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888015205	CLONAZEPAM 0.5 MG TABLET	4	10.00	0.14	0.02	26%-50% Below	No	No
72888015300	CLONAZEPAM 1 MG TABLET	4	30.00	0.54	0.03	26%-50% Below	No	No
72888015300	CLONAZEPAM 1 MG TABLET	4	90.00	1.63	0.03	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	5	120.00	2.17	0.03	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	6	30.00	0.54	0.03	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	6	120.00	2.17	0.03	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	7	30.00	0.54	0.03	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	7	120.00	2.17	0.03	26%-50% Below	No	No
74312019939	D3 CAP 50MCG	4	90.00	9.75	.		Yes	No
75826011410	PHENAZOPYRIDINE 100 MG TAB	7	10.00	1.85	0.13	26%-50% Above	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	4	6.00	1.52	0.17	51%-75% Above	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	5	6.00	1.52	0.20	26%-50% Above	No	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	5	6.00	1.52	0.20	26%-50% Above	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	5	9.00	2.28	0.20	26%-50% Above	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	5	15.00	3.80	0.20	26%-50% Above	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	6	15.00	3.80	0.20	10%-25% Above	No	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	6	15.00	3.80	0.20	10%-25% Above	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	6	21.00	5.31	0.20	10%-25% Above	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	7	15.00	3.80	0.15	51%-75% Above	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	7	20.00	5.06	0.15	51%-75% Above	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	8	30.00	7.59	0.22	10%-25% Above	Yes	No
75834014712	HYDROCORT AC SUP 25MG	7	12.00	154.90	.		No	No
75834015801	VERAPAMIL ER 180 MG TABLET	4	90.00	9.26	0.17	26%-50% Below	No	No
75834015801	VERAPAMIL ER 180 MG TABLET	4	90.00	10.87	0.17	26%-50% Below	No	No
75834015801	VERAPAMIL ER 180 MG TABLET	7	90.00	9.26	0.16	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
75834015801	VERAPAMIL ER 180 MG TABLET	7	90.00	10.87	0.16	26%-50% Below	No	No
75834015905	VERAPAMIL ER 240 MG TABLET	4	90.00	24.80	0.16	51%-75% Above	Yes	No
75834022100	CARBAMAZEPINE 200 MG TABLET	4	180.00	55.01	0.10	101%-200% Above	No	No
75834022100	CARBAMAZEPINE 200 MG TABLET	7	180.00	55.01	0.10	200% Above	No	No
75834023805	CELECOXIB 200 MG CAPSULE	8	20.00	8.44	0.11	200% Above	No	No
75834025601	ATORVASTATIN 20 MG TABLET	4	30.00	2.91	0.03	101%-200% Above	No	No
75834025701	ATORVASTATIN 40 MG TABLET	6	90.00	8.75	0.06	51%-75% Above	No	No
75834025801	ATORVASTATIN 80 MG TABLET	4	30.00	3.36	0.08	26%-50% Above	No	No
75834025801	ATORVASTATIN 80 MG TABLET	5	30.00	3.36	0.07	51%-75% Above	No	No
75834025801	ATORVASTATIN 80 MG TABLET	5	30.00	5.75	0.07	101%-200% Above	No	No
75834025801	ATORVASTATIN 80 MG TABLET	6	30.00	3.36	0.09	26%-50% Above	No	No
75834025801	ATORVASTATIN 80 MG TABLET	6	30.00	5.75	0.09	101%-200% Above	No	No
75834025801	ATORVASTATIN 80 MG TABLET	7	30.00	3.36	0.06	76%-100% Above	No	No
75834025801	ATORVASTATIN 80 MG TABLET	8	90.00	10.09	0.08	26%-50% Above	No	No
75834029205	METOPROLOL SUCC ER 100 MG TAB	4	30.00	6.62	0.10	101%-200% Above	No	No
75834029205	METOPROLOL SUCC ER 100 MG TAB	5	30.00	6.62	0.09	101%-200% Above	No	No
75834029205	METOPROLOL SUCC ER 100 MG TAB	6	30.00	6.62	0.11	101%-200% Above	No	No
75834029205	METOPROLOL SUCC ER 100 MG TAB	8	30.00	6.62	0.11	76%-100% Above	No	No
75907002348	CLONIDINE 0.1 MG/DAY PATCH	8	12.00	202.92	6.93	101%-200% Above	No	No
76204002260	SOD CHLORIDE NEB 3%4MLX60	5	80.00	9.58	.		Yes	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	4	150.00	4.79	0.05	26%-50% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	5	375.00	11.96	0.06	26%-50% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	75.00	2.39	0.07	51%-75% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	7	75.00	2.39	0.06	26%-50% Below	No	No
76204020030	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	90.00	2.87	0.07	51%-75% Below	No	No

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76204020060	ALBUTEROL SUL 2.5 MG/3 ML SOLN	5	180.00	5.74	0.06	26%-50% Below	No	No
76204020060	ALBUTEROL SUL 2.5 MG/3 ML SOLN	5	360.00	11.48	0.06	26%-50% Below	No	No
76204020060	ALBUTEROL SUL 2.5 MG/3 ML SOLN	7	180.00	5.74	0.06	26%-50% Below	No	No
76204020060	ALBUTEROL SUL 2.5 MG/3 ML SOLN	7	360.00	11.48	0.06	26%-50% Below	No	No
76204020060	ALBUTEROL SUL 2.5 MG/3 ML SOLN	8	180.00	5.74	0.06	26%-50% Below	No	No
76204030003	SOD CHLORIDE NEB 0.9% 3ML	6	150.00	9.83	.		No	No
76204060030	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	5	270.00	14.47	0.09	26%-50% Below	No	No
76204060030	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	7	270.00	14.47	0.09	26%-50% Below	No	No
76204060060	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	5	180.00	9.65	0.08	26%-50% Below	No	No
76282021301	SERTRALINE HCL 50 MG TABLET	4	30.00	0.92	0.04	10%-25% Below	No	No
76282021301	SERTRALINE HCL 50 MG TABLET	6	30.00	0.92	0.04	10%-25% Below	No	No
76282021318	SERTRALINE HCL 50 MG TABLET	4	45.00	0.72	0.04	51%-75% Below	No	No
76282021318	SERTRALINE HCL 50 MG TABLET	5	30.00	0.48	0.03	51%-75% Below	No	No
76282021318	SERTRALINE HCL 50 MG TABLET	5	45.00	0.72	0.03	51%-75% Below	No	No
76282021318	SERTRALINE HCL 50 MG TABLET	6	45.00	0.72	0.04	51%-75% Below	No	No
76282021318	SERTRALINE HCL 50 MG TABLET	7	30.00	0.48	0.03	26%-50% Below	No	No
76282021318	SERTRALINE HCL 50 MG TABLET	7	45.00	0.72	0.03	26%-50% Below	No	No
76282021318	SERTRALINE HCL 50 MG TABLET	7	90.00	1.45	0.03	26%-50% Below	No	No
76282021418	SERTRALINE HCL 100 MG TABLET	5	90.00	1.61	0.05	51%-75% Below	No	No
76282021418	SERTRALINE HCL 100 MG TABLET	6	90.00	1.61	0.05	51%-75% Below	No	No
76282023890	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	0.55	0.01	76%-100% Above	No	No
76282023890	AMLODIPINE BESYLATE 5 MG TAB	5	90.00	1.66	0.01	76%-100% Above	No	No
76282023890	AMLODIPINE BESYLATE 5 MG TAB	6	90.00	1.66	0.01	51%-75% Above	No	No
76282023890	AMLODIPINE BESYLATE 5 MG TAB	7	90.00	1.66	0.01	76%-100% Above	No	No
76282023890	AMLODIPINE BESYLATE 5 MG TAB	8	90.00	1.66	0.01	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
76282057290	PREGABALIN 150 MG CAPSULE	7	60.00	2.24	0.05	26%-50% Below	No	No
76282067942	ALBUTEROL HFA 90 MCG INHALER	7	6.70	6.16	2.63	51%-75% Below	No	No
76282073010	LISINOPRIL 10 MG TABLET	7	30.00	0.23	0.02	26%-50% Below	No	No
76282073010	LISINOPRIL 10 MG TABLET	8	30.00	0.23	0.02	51%-75% Below	No	No
76282073390	LISINOPRIL 40 MG TABLET	5	90.00	1.85	0.04	26%-50% Below	No	No
76385011350	CARVEDILOL 25 MG TABLET	5	180.00	6.21	0.03	10%-25% Above	No	No
76385012350	METHOCARBAMOL 500 MG TABLET	4	60.00	4.36	0.03	101%-200% Above	Yes	No
76385012350	METHOCARBAMOL 500 MG TABLET	5	30.00	2.18	0.03	101%-200% Above	Yes	No
76385012350	METHOCARBAMOL 500 MG TABLET	6	40.00	2.91	0.04	51%-75% Above	Yes	No
76385012350	METHOCARBAMOL 500 MG TABLET	6	60.00	4.36	0.04	51%-75% Above	Yes	No
76385012350	METHOCARBAMOL 500 MG TABLET	6	90.00	6.54	0.04	51%-75% Above	Yes	No
76385012350	METHOCARBAMOL 500 MG TABLET	7	30.00	2.18	0.03	101%-200% Above	Yes	No
76385012350	METHOCARBAMOL 500 MG TABLET	7	90.00	6.54	0.03	101%-200% Above	Yes	No
76385012350	METHOCARBAMOL 500 MG TABLET	8	90.00	6.54	0.04	76%-100% Above	Yes	No
76385012401	METHOCARBAMOL 750 MG TABLET	5	42.00	1.21	0.04	26%-50% Below	No	No
76385012450	METHOCARBAMOL 750 MG TABLET	4	14.00	0.40	0.04	26%-50% Below	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	4	30.00	0.87	0.04	26%-50% Below	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	5	20.00	0.58	0.04	26%-50% Below	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	5	30.00	0.87	0.04	26%-50% Below	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	5	56.00	1.62	0.04	26%-50% Below	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	6	30.00	0.87	0.05	26%-50% Below	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	7	30.00	0.87	0.03	10%-25% Below	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	7	35.00	1.01	0.03	10%-25% Below	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	8	30.00	0.87	0.05	26%-50% Below	Yes	No
76385013701	METOLAZONE 5 MG TABLET	7	14.00	9.92	0.37	76%-100% Above	No	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
77771011505	FLUOXETINE CAP 40MG	8	90.00	7.99	.		No	No
77771043605	NAPROXEN TAB 500MG	8	180.00	4.21	.		No	No
77771045205	ATORVASTATIN TAB 20MG	6	90.00	8.72	.		No	No
77771045205	ATORVASTATIN TAB 20MG	7	90.00	8.72	.		No	No
77771045290	ATORVASTATIN TAB 20MG	2	90.00	8.72	.		No	No
77771045310	ATORVASTATIN TAB 40MG	6	90.00	8.75	.		No	No
77771045390	ATORVASTATIN TAB 40MG	3	90.00	8.75	.		No	No
78112001104	CHLORASEPTIC SPR 1.4%	5	177.00	5.92	.		Yes	No
78206014603	NUVARING VAGINAL RING	6	1.00	99.53	156.03	26%-50% Below	No	No
78742026442	RELION ULTRA MIS THIN 30G	5	100.00	1.84	.		No	No
80070010012	ALAVERT D-12 TAB 5-120MG	7	24.00	9.79	.		No	No
80681017400	VITAMIN D3 CAP 50000UNT	7	12.00	4.00	.		No	No
81964020351	AMOX-CLAV 600-42.9 MG/5 ML SUS	7	150.00	7.86	0.07	26%-50% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	5	20.00	4.54	0.27	10%-25% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	6	14.00	3.18	0.31	26%-50% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	6	20.00	4.54	0.31	26%-50% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	7	14.00	3.18	0.27	10%-25% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	7	20.00	4.54	0.27	10%-25% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	8	20.00	4.54	0.29	10%-25% Below	No	No
82182045510	BRIMONIDINE-TIMOLOL 0.2%-0.5%	5	10.00	113.21	15.44	26%-50% Below	No	No
82182045510	BRIMONIDINE-TIMOLOL 0.2%-0.5%	6	10.00	113.21	9.21	10%-25% Above	No	No
82260036105	LOTEPREDNOL SUS 0.2%	4	5.00	183.89	.		Yes	No
82347040505	DICLOFENAC EPOLAMINE 1.3% PTCH	4	30.00	88.43	4.93	26%-50% Below	No	No
82619010301	METHYLTES/EE TAB 1.25.625	7	30.00	35.28	.		No	No
83490030760	SOD CHLORIDE NEB 7%4MLX60	4	240.00	10.26	.		No	No

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
90166011103	GLOBAL PREP PAD PADS	5	100.00	19.64	.		No	No
98302000143	HOLD CHAMBER MIS SMALL	6	1.00	104.25	.		No	No