

NADAC Summary Report

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	2024-09-23	30.000	CVS PHARMACY	1326142266	0.43367
00054327099	FLUTICASONE PROP 50 MCG SPRAY	2024-09-23	16.000	CVS PHARMACY	1326142266	0.21813
55111073490	VALSARTAN 320 MG TABLET	2024-07-15	30.000	CVS PHARMACY	1972606648	0.28533
65862085901	FAMOTIDINE 20 MG TABLET	2024-07-16	30.000	CVS PHARMACY	1972606648	0.02300
55111073490	VALSARTAN 320 MG TABLET	2024-08-20	30.000	CVS PHARMACY	1972606648	0.29100
65862085901	FAMOTIDINE 20 MG TABLET	2024-08-20	30.000	CVS PHARMACY	1972606648	0.02367
55111073490	VALSARTAN 320 MG TABLET	2024-09-24	30.000	CVS PHARMACY	1972606648	0.29100
65862085901	FAMOTIDINE 20 MG TABLET	2024-09-24	30.000	CVS PHARMACY	1972606648	0.02367
65862001501	AMOXICILLIN 875 MG TABLET	2024-09-16	14.000	LONGS DRUG STORE	1609819911	0.10143
00378040305	SPIRONOLACTONE-HYDROCHLOROTHIAZIDE 25-25 TAB	2024-08-02	45.000	CAREMARK PRESCRIPTION SRVC WBP	1326029232	0.56844

Amount of Dispensing Fee	Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.05	0.00	0.27562	2024-09-18	0.00	0.57	Yes	No
0.05	0.00	0.41661	2024-09-18	-0.48	0.00	Yes	No
0.05	8.61	0.23442	2024-07-10	0.00	0.22	Yes	No
0.05	0.74	0.03524	2024-07-10	-0.35	0.00	Yes	No
0.05	8.78	0.19553	2024-08-14	0.00	0.49	Yes	No
0.05	0.76	0.03011	2024-08-14	-0.21	0.00	Yes	No
0.05	8.78	0.23003	2024-09-18	0.00	0.27	Yes	No
0.05	0.76	0.03493	2024-09-18	-0.32	0.00	Yes	No
0.35	1.77	0.17832	2024-09-11	-0.43	0.00	Yes	No
0.00	25.58	0.47568	2024-07-31	0.00	0.20	Yes	No

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31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	2024-08-12	90.000	CAREMARK PRESCRIPTION SRVC WBP	1326029232	0.07256	0.00
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2024-08-19	78.000	CAREMARK PRESCRIPTION SRVC WBP	1326029232	0.04115	0.00
00074706990	SYNTHROID 150 MCG TABLET	2024-08-19	168.000	CAREMARK PRESCRIPTION SRVC WBP	1326029232	0.03101	0.00
55111046705	METOPROLOL SUCC ER 50 MG TAB	2024-08-19	90.000	CAREMARK PRESCRIPTION SRVC WBP	1326029232	0.12611	0.00
64980043810	ATENOLOL 50 MG TABLET	2024-09-01	90.000	CAREMARK PRESCRIPTION SRVC WBP	1326029232	0.02956	0.00
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2024-08-12	12.000	CVS PHARMACY	1508944620	0.07167	0.05
69097083412	SERTRALINE HCL 50 MG TABLET	2024-09-20	90.000	CVS PHARMACY	1508944620	0.03144	0.05
65862005299	SIMVASTATIN 20 MG TABLET	2024-07-17	90.000	CVS PHARMACY	1780787440	0.03556	10.49
13811071910	NITROFURANTOIN MONO-MCR 100 MG	2024-07-17	14.000	CVS PHARMACY	1780787440	0.52357	10.49
68001035603	METOPROLOL SUCC ER 25 MG TAB	2024-07-17	30.000	LAMBERT DRUG STORE	1295166569	0.06733	10.49

Amount of Member Cost Share	Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
6.53	0.04521	2024-08-07	0.00	0.60	Yes	No
3.21	0.10352	2024-08-14	-0.60	0.00	Yes	No
5.21	1.51321	2024-08-14	-0.98	0.00	Yes	No
11.35	0.05453	2024-08-14	0.00	1.31	Yes	No
2.66	0.02625	2024-08-28	0.00	0.13	Yes	No
0.91	0.10352	2024-08-07	-0.31	0.00	Yes	No
2.88	0.03856	2024-09-18	-0.18	0.00	Yes	No
0.00	0.03028	2024-07-17	0.00	0.17	Yes	No
17.82	0.41838	2024-07-17	0.00	0.25	Yes	No
12.51	0.05487	2024-07-17	0.00	0.23	No	No

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55111034101	AMLODIPINE-BENAZEPRIL 10-20 MG	2024-07-05	90.000	CAREMARK PRESCRIPTION SRVC WBP	1326029232	0.31689	0.00
43547040211	FUROSEMIDE 40 MG TABLET	2024-07-05	90.000	CAREMARK PRESCRIPTION SRVC WBP	1326029232	0.02400	0.00
68382005101	MELOXICAM 15 MG TABLET	2024-07-05	90.000	CAREMARK PRESCRIPTION SRVC WBP	1326029232	0.02533	0.00
00245531790	KLOR-CON M10 TABLET	2024-07-30	90.000	CAREMARK PRESCRIPTION SRVC WBP	1326029232	0.14756	0.00
68382050001	OMEPRAZOLE DR 40 MG CAPSULE	2024-08-14	90.000	CAREMARK PRESCRIPTION SRVC WBP	1326029232	0.06578	0.00
31722000490	VENLAFAXINE HCL ER 150 MG CAP	2024-08-20	180.000	CAREMARK PRESCRIPTION SRVC WBP	1326029232	0.07889	0.00
70377004612	PRAVASTATIN SODIUM 20 MG TAB	2024-09-07	90.000	CAREMARK PRESCRIPTION SRVC WBP	1326029232	0.10444	0.00
65862006401	METOPROLOL TARTRATE 100 MG TAB	2024-09-07	180.000	CAREMARK PRESCRIPTION SRVC WBP	1326029232	0.04628	0.00
65862021960	CEFDINIR 250 MG/5 ML SUSP	2024-09-04	60.000	CVS PHARMACY	1134222953	0.67233	0.05
61269016550	SODIUM FLUORIDE 0.5 MG/ML DROP	2024-08-22	50.000	CVS PHARMACY	1508944620	0.10960	0.05

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0.00	0.1371	2024-07-03	0.00	1.31	Yes	No
0.00	0.03296	2024-07-03	-0.27	0.00	Yes	No
0.00	0.0203	2024-07-03	0.00	0.25	Yes	No
0.00	0.18382	2024-07-24	-0.20	0.00	Yes	No
0.00	0.04526	2024-08-14	0.00	0.45	Yes	No
0.00	0.11136	2024-08-14	-0.29	0.00	Yes	No
0.00	0.06047	2024-09-04	0.00	0.73	Yes	No
0.00	0.02814	2024-09-04	0.00	0.64	Yes	No
40.39	0.17359	2024-09-04	0.00	2.87	Yes	No
0.00	0.19063	2024-08-21	-0.43	0.00	Yes	No

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24208029525	TOBRAMYCIN-DEXAMETH OPHTH SUSP	2024-09-01	2.500	CVS PHARMACY	1508944620	9.83200	0.05
70954006020	PREDNISONE 20 MG TABLET	2024-07-09	10.000	CVS PHARMACY	1619270501	0.11600	0.05
00378728590	LEVONO-E ESTRAD 0.15-0.03-0.01	2024-07-10	91.000	CVS PHARMACY	1962500447	1.08516	0.05
68001059308	ESCITALOPRAM 20 MG TABLET	2024-08-21	30.000	LAMBERT DRUG STORE	1295166569	0.06967	10.49
59746017310	PREDNISONE 10 MG TABLET	2024-09-06	30.000	MARTINS PHARMACY	1467484469	0.11067	0.10
57237009960	CEFDINIR 300 MG CAPSULE	2024-08-21	20.000	COMMUNITY CARE PHARMACY OF BUC	1033650098	0.41750	10.49
43547036111	LOSARTAN POTASSIUM 50 MG TAB	2024-08-21	90.000	COMMUNITY CARE PHARMACY OF BUC	1033650098	0.02344	10.49
42806060305	VENLAFAXINE HCL ER 150 MG CAP	2024-08-21	90.000	TRI COUNTY PHARMACY	1861577090	0.10344	10.49
59651042601	SPIRONOLACTONE 25 MG TABLET	2024-08-21	90.000	TRI COUNTY PHARMACY	1861577090	0.03856	10.49
69315011610	FUROSEMIDE 20 MG TABLET	2024-08-10	30.000	CAMC PHARMACY	1205978509	0.00000	8.93

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0.00	6.02506	2024-08-28	0.00	0.63	Yes	No
0.00	0.0951	2024-07-03	0.00	0.22	Yes	No
0.00	0.16899	2024-07-10	0.00	5.42	Yes	No
0.00	0.07837	2024-08-21	-0.11	0.00	No	No
3.42	0.05575	2024-09-04	0.00	0.99	No	No
10.00	0.50505	2024-08-21	-0.17	0.00	No	No
12.60	0.04351	2024-08-21	-0.46	0.00	No	No
19.80	0.13538	2024-08-21	-0.24	0.00	No	No
13.96	0.05267	2024-08-21	-0.27	0.00	No	No
8.93	0.02363	2024-08-07	-1.00	0.00	No	No

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68180098003	LISINOPRIL 10 MG TABLET	2024-08-10	30.000	CAMC PHARMACY	1205978509	0.00000	9.23
00378456105	POTASSIUM CL ER 10 MEQ TABLET	2024-08-10	60.000	CAMC PHARMACY	1205978509	0.07783	10.49
68180051201	LISINOPRIL 2.5 MG TABLET	2024-09-20	30.000	CVS PHARMACY	1124121645	0.00467	10.49
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2024-07-05	25.000	CVS PHARMACY	1659393353	0.03840	10.49
68180086111	AZITHROMYCIN 250 MG TABLET	2024-07-22	6.000	CVS PHARMACY	1659393353	0.02833	10.49
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2024-08-19	25.000	CVS PHARMACY	1659393353	0.04360	10.49
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	2024-09-18	3.500	CVS PHARMACY	1659393353	0.14857	10.49
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	2024-09-30	21.000	CVS PHARMACY	1659393353	0.11905	10.49
23155007001	METHIMAZOLE 5 MG TABLET	2024-07-17	45.000	CVS PHARMACY	1962505628	0.02911	10.49
33342033511	METHIMAZOLE 5 MG TABLET	2024-08-31	45.000	CVS PHARMACY	1962505628	0.02911	10.49

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9.23	0.0156	2024-08-07	-1.00	0.00	No	No
15.16	0.09255	2024-08-07	-0.16	0.00	No	No
10.63	0.01458	2024-09-18	-0.68	0.00	Yes	No
11.45	0.16837	2024-07-03	-0.77	0.00	Yes	No
10.66	0.39854	2024-07-17	-0.93	0.00	Yes	No
11.58	0.14169	2024-08-14	-0.69	0.00	Yes	No
11.01	2.91068	2024-09-18	-0.95	0.00	Yes	No
12.99	0.15189	2024-09-25	-0.22	0.00	Yes	No
11.80	0.0689	2024-07-17	-0.58	0.00	Yes	No
11.80	0.07962	2024-08-28	-0.63	0.00	Yes	No

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00555904958	CRYSSELLE-28 TABLET	2024-08-21	84.000	WALGREENS	1538685987	0.30345	0.00	0.00
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2024-08-06	90.000	WALGREENS	1598281404	0.00000	7.98	7.98
31722070230	LOSARTAN POTASSIUM 100 MG TAB	2024-07-13	30.000	WALMART PHARMACY	1275550303	0.30000	0.00	9.00
29300046801	CLONIDINE HCL 0.1 MG TABLET	2024-07-15	60.000	WALMART PHARMACY	1275550303	0.06667	0.00	4.00
29300046801	CLONIDINE HCL 0.1 MG TABLET	2024-08-25	60.000	WALMART PHARMACY	1275550303	0.06667	0.00	4.00
31722070290	LOSARTAN POTASSIUM 100 MG TAB	2024-08-25	30.000	WALMART PHARMACY	1275550303	0.30000	0.00	9.00
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	2024-08-27	90.000	WALMART PHARMACY	1457378580	0.11111	0.00	10.00
51672131201	MUPIROCIN 2% OINTMENT	2024-07-21	30.000	CAREMARK PRESCRIPTION SRVC WBP	1326029232	0.38767	0.00	11.63
65862098799	POTASSIUM CL ER 10 MEQ TABLET	2024-08-17	90.000	CAREMARK PRESCRIPTION SRVC WBP	1326029232	0.03178	0.00	2.86

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0.40347	2024-08-21	-0.25	0.00	No	No
0.01061	2024-07-31	-1.00	0.00	No	No
0.05586	2024-07-10	0.00	4.37	No	No
0.02575	2024-07-10	0.00	1.59	No	No
0.02712	2024-08-21	0.00	1.46	No	No
0.05455	2024-08-21	0.00	4.50	No	No
0.04898	2024-08-21	0.00	1.27	No	No
0.27491	2024-07-17	0.00	0.41	Yes	No
0.09255	2024-08-14	-0.66	0.00	Yes	No

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43547040111	FUROSEMIDE 20 MG TABLET	2024-08-17	90.000	CAREMARK PRESCRIPTION SRVC WBP	1326029232	0.01789	0.00	1.61
68180097903	LISINOPRIL 40 MG TABLET	2024-08-17	90.000	CAREMARK PRESCRIPTION SRVC WBP	1326029232	0.03333	0.00	3.00
68462016301	CARVEDILOL 6.25 MG TABLET	2024-08-17	180.000	CAREMARK PRESCRIPTION SRVC WBP	1326029232	0.02989	0.00	5.38
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	2024-09-25	20.000	GIANT PHARMACY	1043245095	1.25900	0.10	10.00
69315031228	PROCTO-MED HC 2.5% CREAM	2024-08-29	28.000	WALMART PHARMACY	1003833385	0.13107	0.05	3.72
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	2024-08-29	14.000	WALMART PHARMACY	1003833385	0.02857	0.05	0.45
65162046935	ELURYNG VAGINAL RING	2024-07-17	1.000	WALMART PHARMACY	1710904842	63.09000	3.35	0.00
62332018030	TADALAFIL 20 MG TABLET	2024-09-24	30.000	CVS PHARMACY	1053414714	17.07700	2.85	523.61

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0.02363	2024-08-14	-0.24	0.00	Yes	No
0.04074	2024-08-14	-0.18	0.00	Yes	No
0.01762	2024-08-14	0.00	0.70	Yes	No
0.13173	2024-09-25	0.00	8.56	No	No
0.26647	2024-08-28	-0.51	0.00	No	No
0.06019	2024-08-28	-0.53	0.00	No	No
49.22801	2024-07-17	0.00	0.28	No	No
0.2413	2024-09-18	0.00	69.77	Yes	No

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00172392670	DIAZEPAM 5 MG TABLET	2024-07-30	1.000	CVS PHARMACY	1144323809	0.02000	2.68	2.70
64380084206	PIROXICAM 10 MG CAPSULE	2024-09-18	60.000	CVS PHARMACY	1144323809	0.14933	10.49	10.00
13668004960	LAMOTRIGINE 200 MG TABLET	2024-09-09	30.000	CVS PHARMACY	1538262217	0.05667	0.05	1.75
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	2024-09-12	60.000	CVS PHARMACY	1538262217	0.20967	0.05	10.00
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	2024-07-24	150.000	CVS PHARMACY	1972606630	0.09327	0.00	10.00
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	2024-08-20	150.000	CVS PHARMACY	1972606630	0.09327	0.00	10.00
67877025130	TRIAMCINOLONE 0.1% CREAM	2024-09-04	30.000	CVS PHARMACY	1972606630	0.00000	8.95	8.95
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	2024-09-17	150.000	CVS PHARMACY	1972606630	0.09327	0.00	10.00
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	2024-07-26	14.000	FRUTH PHARMACY	1538611520	0.00000	7.24	7.24
23155002305	BUSPIRONE HCL 5 MG TABLET	2024-08-25	90.000	FRUTH PHARMACY	1538611520	0.00000	9.83	9.83

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0.02267	2024-07-24	-0.12	0.00	Yes	No
0.19658	2024-09-18	-0.24	0.00	Yes	No
0.09146	2024-09-04	-0.38	0.00	Yes	No
0.5405	2024-09-11	-0.61	0.00	Yes	No
0.11291	2024-07-24	-0.17	0.00	Yes	No
0.11291	2024-08-14	-0.17	0.00	Yes	No
0.10377	2024-09-04	-1.00	0.00	Yes	No
0.11421	2024-09-11	-0.18	0.00	Yes	No
0.04618	2024-07-24	-1.00	0.00	No	No
0.025	2024-08-21	-1.00	0.00	No	No

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65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	2024-07-12	90.000	MARSHALL PHARMACY	1275948184	0.03122	10.49	13.30
68001039803	FAMOTIDINE 40 MG TABLET	2024-07-12	90.000	MARSHALL PHARMACY	1275948184	0.03344	10.49	13.50
76204020030	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2024-07-17	180.000	MARSHALL PHARMACY	1275948184	0.06978	10.49	10.00
59746017506	PREDNISONE 20 MG TABLET	2024-08-27	5.000	VALLEY HEALTH FORT GAY PHCY	1104569144	0.00000	5.52	5.52
29300024501	BUSPIRONE HCL 10 MG TABLET	2024-08-28	270.000	VALLEY HEALTH PEA RIDGE PHCY	1295444982	0.02844	10.49	18.17
55111015330	ONDANSETRON HCL 4 MG TABLET	2024-08-19	12.000	VALLEY HEALTH PHARMACY	1104279066	0.00000	9.36	9.36
45802086803	POLYETHYLENE GLYCOL 3350 POWD	2024-09-10	510.000	WALGREENS	1982120705	0.00975	2.50	7.47
68382000106	PAROXETINE HCL 40 MG TABLET	2024-07-23	90.000	WALMART PHARMACY	1033318522	0.08344	0.05	0.00
50111078751	AZITHROMYCIN 250 MG TABLET	2024-07-28	6.000	WALMART PHARMACY	1033318522	0.20500	0.05	0.00
31722066530	ESOMEPRAZOLE MAG DR 40 MG CAP	2024-07-30	30.000	WALMART PHARMACY	1033318522	1.40433	0.05	0.00

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0.0555	2024-07-10	-0.44	0.00	No	No
0.05742	2024-07-10	-0.42	0.00	No	No
0.05238	2024-07-17	0.00	0.33	No	No
0.08765	2024-08-21	-1.00	0.00	No	No
0.03458	2024-08-28	-0.18	0.00	No	No
0.05548	2024-08-14	-1.00	0.00	No	No
0.02051	2024-09-04	-0.52	0.00	No	No
0.0993	2024-07-17	-0.16	0.00	No	No
0.39854	2024-07-24	-0.49	0.00	No	No
0.13837	2024-07-24	0.00	9.15	No	No

NADAC Summary Report

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Dispensing Fee	Amount of Member Cost Share
50111078751	AZITHROMYCIN 250 MG TABLET	2024-07-30	6.000	WALMART PHARMACY	1033318522	0.20500	0.05	1.28
64380078507	PREDNISONONE 20 MG TABLET	2024-07-30	10.000	WALMART PHARMACY	1033318522	0.11600	0.05	1.21
31722066530	ESOMEPRAZOLE MAG DR 40 MG CAP	2024-08-31	30.000	WALMART PHARMACY	1033318522	1.43133	0.05	0.00
31722066530	ESOMEPRAZOLE MAG DR 40 MG CAP	2024-09-27	30.000	WALMART PHARMACY	1033318522	1.43133	0.05	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2024-08-22	21.000	WALMART PHARMACY	1154348332	0.30381	0.05	0.00
00517042001	ESTRADIOL VALERATE 100 MG/5 ML	2024-07-11	5.000	AMAZON PHARMACY	1912499500	10.88400	0.00	0.00
00517042001	ESTRADIOL VALERATE 100 MG/5 ML	2024-08-07	5.000	AMAZON PHARMACY	1912499500	10.88400	0.00	0.00
00517042001	ESTRADIOL VALERATE 100 MG/5 ML	2024-09-10	5.000	AMAZON PHARMACY	1912499500	9.82200	0.00	0.00
60505392801	GUANFACINE HCL ER 2 MG TABLET	2024-09-23	90.000	CAREMARK PRESCRIPTION SRVC WBP	1326029232	0.34944	0.00	0.00

Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.39854	2024-07-24	-0.49	0.00	No	No
0.06967	2024-07-24	0.00	0.66	No	No
0.15754	2024-08-28	0.00	8.09	No	No
0.16104	2024-09-25	0.00	7.89	No	No
0.13227	2024-08-21	0.00	1.30	No	No
19.04774	2024-07-10	-0.43	0.00	No	No
13.56783	2024-08-07	-0.20	0.00	No	No
22.37991	2024-09-04	-0.56	0.00	No	No
0.21719	2024-09-18	0.00	0.61	Yes	No

NADAC Summary Report

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Dispensing Fee	Amount of Member Cost Share
00781261305	AMOXICILLIN 500 MG CAPSULE	2024-09-03	30.000	CARL WALKERS DRUG STORE	1700874278	0.01900	10.49	11.06
10702010801	DEXMETHYLPHENIDATE 10 MG TAB	2024-08-27	60.000	COMMUNITY CARE PHARMACY	1679247050	0.26933	10.49	26.65
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	2024-07-22	30.000	COMMUNITY PHCY OF BRIDGEPORT	1851717557	0.50767	0.00	15.23
23155002405	BUSPIRONE HCL 10 MG TABLET	2024-09-18	60.000	COMMUNITY PHCY OF BRIDGEPORT	1851717557	0.17450	0.00	10.47
21922003601	CLINDAMYCIN PHOSP 1% LOTION	2024-09-30	60.000	COMMUNITY PHCY OF BRIDGEPORT	1851717557	0.48150	0.00	28.89
23155060601	GLYCOPYRROLATE 1 MG TABLET	2024-09-30	30.000	COMMUNITY PHCY OF BRIDGEPORT	1851717557	0.37267	0.00	11.18
67877025180	TRIAMCINOLONE 0.1% CREAM	2024-09-30	80.000	COMMUNITY PHCY OF BRIDGEPORT	1851717557	0.15088	0.00	12.07
43975027810	DEXTROAMP-AMPHET ER 10 MG CAP	2024-09-18	30.000	CVS PHARMACY	1366545725	0.60633	10.49	0.00
00378180910	LEVOTHYROXINE 100 MCG TABLET	2024-09-09	30.000	CVS PHARMACY	1417050121	0.02600	0.05	0.00

Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.09837	2024-08-28	-0.81	0.00	No	No
0.36427	2024-08-21	-0.26	0.00	No	No
0.17071	2024-07-17	0.00	1.97	No	No
0.03491	2024-09-18	0.00	4.00	No	No
0.35376	2024-09-25	0.00	0.36	No	No
0.10911	2024-09-25	0.00	2.42	No	No
0.05491	2024-09-25	0.00	1.75	No	No
0.50232	2024-09-18	0.00	0.21	Yes	No
0.06293	2024-09-04	-0.59	0.00	Yes	No

NADAC Summary Report

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Dispensing Fee	Amount of Member Cost Share
00115169549	EPINEPHRINE 0.15 MG AUTO-INJCT	2024-07-29	2.000	CVS PHARMACY	1427151182	54.99500	0.00	109.99
13668013610	ESCITALOPRAM 10 MG TABLET	2024-08-13	30.000	CVS PHARMACY	1558655951	0.07200	0.05	0.00
42806041405	BUPROPION HCL XL 150 MG TABLET	2024-08-13	30.000	CVS PHARMACY	1558655951	0.22700	0.05	0.00
13668013610	ESCITALOPRAM 10 MG TABLET	2024-09-07	30.000	CVS PHARMACY	1558655951	0.07333	0.05	0.00
42806041405	BUPROPION HCL XL 150 MG TABLET	2024-09-07	30.000	CVS PHARMACY	1558655951	0.23133	0.05	0.00
00143965901	TESTOSTERONE CYP 200 MG/ML	2024-09-09	2.000	CVS PHARMACY	1942384474	7.85000	0.05	0.00
65862067705	ALPRAZOLAM 0.5 MG TABLET	2024-07-17	60.000	KROGER PHARMACY	1306870183	0.02500	10.49	0.00
65862067705	ALPRAZOLAM 0.5 MG TABLET	2024-08-21	20.000	KROGER PHARMACY	1306870183	0.01950	10.49	0.00
69238183401	LEVOTHYROXINE 100 MCG TABLET	2024-08-08	6.000	MEDICAL CENTER PHARMACY	1639163538	0.70333	0.00	4.22
00781261305	AMOXICILLIN 500 MG CAPSULE	2024-09-23	12.000	WALGREENS	1518483361	0.02667	5.38	5.70

Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
105.54117	2024-07-24	-0.48	0.00	Yes	No
0.04109	2024-08-07	0.00	0.75	Yes	No
0.09775	2024-08-07	0.00	1.32	Yes	No
0.04767	2024-09-04	0.00	0.54	Yes	No
0.10757	2024-09-04	0.00	1.15	Yes	No
14.12238	2024-09-04	-0.44	0.00	Yes	No
0.01929	2024-07-17	0.00	0.30	No	No
0.02338	2024-08-21	-0.17	0.00	No	No
0.04191	2024-08-07	0.00	15.78	No	No
0.09954	2024-09-18	-0.73	0.00	No	No

NADAC Summary Report

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Dispensing Fee	Amount of Member Cost Share
64380080807	IBUPROFEN 600 MG TABLET	2024-09-23	12.000	WALGREENS	1518483361	0.00000	4.90	4.90
65862001705	AMOXICILLIN 500 MG CAPSULE	2024-08-14	42.000	WALMART PHARMACY	1457378580	0.29905	0.00	12.56
55111015330	ONDANSETRON HCL 4 MG TABLET	2024-08-21	18.000	WALMART PHARMACY	1457378580	0.05556	10.49	11.49
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2024-07-06	300.000	WALMART PHARMACY	1992722029	0.06390	0.00	19.17
42799095301	DICLOFENAC SOD ER 100 MG TAB	2024-08-14	10.000	WALMART PHARMACY	1992722029	1.63600	0.00	16.36
00054327099	FLUTICASONE PROP 50 MCG SPRAY	2024-08-22	16.000	WALMART PHARMACY	1992722029	1.02938	0.00	16.47
68462015713	ONDANSETRON ODT 4 MG TABLET	2024-09-23	2.000	WALMART PHARMACY	1992722029	4.11000	0.00	8.22
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2024-09-27	16.000	WALMART PHARMACY	1992722029	1.02938	0.00	16.47
68645060990	LISINOPRIL 5 MG TABLET	2024-07-10	30.000	WALMART PHARMACY	1669820866	0.01000	0.05	0.35
43547028111	ESCITALOPRAM 10 MG TABLET	2024-07-16	30.000	WALMART PHARMACY	1669820866	0.07200	0.05	2.21

Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.05173	2024-09-18	-1.00	0.00	No	No
0.07995	2024-08-14	0.00	2.74	No	No
0.07058	2024-08-21	-0.21	0.00	No	No
0.03202	2024-07-03	0.00	1.00	No	No
0.59788	2024-08-14	0.00	1.74	No	No
0.43027	2024-08-21	0.00	1.39	No	No
0.20107	2024-09-18	0.00	19.44	No	No
0.41661	2024-09-25	0.00	1.47	No	No
0.01564	2024-07-10	-0.36	0.00	No	No
0.04838	2024-07-10	0.00	0.49	No	No

NADAC Summary Report

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Dispensing Fee	Amount of Member Cost Share
65162019011	NAPROXEN 500 MG TABLET	2024-07-22	60.000	WALMART PHARMACY	1669820866	0.02333	0.05	1.45
68645060990	LISINAPRIL 5 MG TABLET	2024-08-11	30.000	WALMART PHARMACY	1669820866	0.01000	0.05	0.35
43547028111	ESCITALOPRAM 10 MG TABLET	2024-08-14	30.000	WALMART PHARMACY	1669820866	0.07200	0.05	2.21
68645060990	LISINAPRIL 5 MG TABLET	2024-09-11	30.000	WALMART PHARMACY	1669820866	0.01033	0.05	0.36
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	2024-07-15	30.000	CVS PHARMACY	1063515716	0.06567	0.05	2.02
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	2024-08-05	90.000	CVS PHARMACY	1063515716	1.68289	0.00	0.00
62332002991	LOSARTAN POTASSIUM 100 MG TAB	2024-08-08	30.000	CVS PHARMACY	1063515716	0.09167	0.05	0.00
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	2024-08-12	14.000	CVS PHARMACY	1063515716	0.06571	0.05	0.97
62332002991	LOSARTAN POTASSIUM 100 MG TAB	2024-09-03	90.000	CVS PHARMACY	1063515716	0.08967	0.00	0.00
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	2024-09-24	10.000	CVS PHARMACY	1063515716	0.06700	0.05	0.72

Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.05143	2024-07-17	-0.55	0.00	No	No
0.01316	2024-08-07	-0.24	0.00	No	No
0.04109	2024-08-14	0.00	0.75	No	No
0.01501	2024-09-11	-0.31	0.00	No	No
0.05178	2024-07-10	0.00	0.27	Yes	No
0.03846	2024-07-31	0.00	42.76	Yes	No
0.0511	2024-08-07	0.00	0.79	Yes	No
0.04526	2024-08-07	0.00	0.45	Yes	No
0.05455	2024-08-28	0.00	0.64	Yes	No
0.05326	2024-09-18	0.00	0.26	Yes	No

NADAC Summary Report

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Dispensing Fee	Amount of Member Cost Share
00093221001	SUCRALFATE 1 GM TABLET	2024-09-24	60.000	CVS PHARMACY	1063515716	0.08350	0.05	5.06
70954006020	PREDNISONE 20 MG TABLET	2024-09-16	10.000	CVS PHARMACY	1609979368	0.06200	4.18	4.80
00378180510	LEVOTHYROXINE 75 MCG TABLET	2024-09-19	14.000	CVS PHARMACY	1609979368	0.00000	6.98	6.98
00378181377	LEVOTHYROXINE 125 MCG TABLET	2024-09-21	90.000	CVS PHARMACY	1609979368	0.08311	10.49	17.97
60219170805	PREDNISONE 20 MG TABLET	2024-09-05	10.000	MED RX PHARMACY	1033281837	0.00000	8.99	8.99
31722071030	SILDENAFIL 50 MG TABLET	2024-09-16	40.000	MED RX PHARMACY	1033281837	0.93450	2.50	44.88
52817033200	CYCLOBENZAPRINE 10 MG TABLET	2024-09-16	30.000	MED RX PHARMACY	1033281837	0.00000	8.85	8.85
45802011222	MUPIROCIN 2% OINTMENT	2024-09-25	22.000	RIESBECKS PHARMACY	1598764086	0.13182	0.10	3.00
31722072610	MONTELUKAST SOD 10 MG TABLET	2024-09-30	15.000	RIESBECKS PHARMACY	1598764086	0.07867	0.10	1.28
43598081115	CETIRIZINE HCL 10 MG TABLET	2024-09-30	90.000	RIESBECKS PHARMACY	1598764086	0.01511	0.10	1.46

Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.18517	2024-09-18	-0.55	0.00	Yes	No
0.08765	2024-09-11	-0.29	0.00	Yes	No
0.06556	2024-09-18	-1.00	0.00	Yes	No
0.09546	2024-09-18	-0.13	0.00	Yes	No
0.08765	2024-09-04	-1.00	0.00	No	No
0.12857	2024-09-11	0.00	6.27	No	No
0.0198	2024-09-11	-1.00	0.00	No	No
0.16996	2024-09-25	-0.22	0.00	No	No
0.05752	2024-09-25	0.00	0.37	No	No
0.06437	2024-09-25	-0.77	0.00	No	No

NADAC Summary Report

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Dispensing Fee	Amount of Member Cost Share
23155085703	ANASTROZOLE 1 MG TABLET	2024-09-16	6.000	WALGREENS	1164947941	0.00000	8.71	8.71
67877015905	METFORMIN HCL ER 500 MG TABLET	2024-09-04	360.000	WALMART PHARMACY	1609965292	0.02778	0.00	10.00
59651000205	OMEPRAZOLE DR 20 MG CAPSULE	2024-07-27	90.000	CAREMARK PRESCRIPTION SRVC WBP	1326029232	0.03722	0.00	0.00
00245531990	KLOR-CON M20 TABLET	2024-08-14	360.000	CAREMARK PRESCRIPTION SRVC WBP	1326029232	0.11211	0.00	0.00
67877069610	CHLORTHALIDONE 25 MG TABLET	2024-08-16	45.000	CAREMARK PRESCRIPTION SRVC WBP	1326029232	0.40778	0.00	0.00
00074929690	SYNTHROID 112 MCG TABLET	2024-08-16	90.000	CAREMARK PRESCRIPTION SRVC WBP	1326029232	0.03411	0.00	0.00
00172572860	FAMOTIDINE 20 MG TABLET	2024-08-16	180.000	CAREMARK PRESCRIPTION SRVC WBP	1326029232	0.02311	0.00	0.00

Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.17083	2024-09-11	-1.00	0.00	No	No
0.03174	2024-09-04	-0.12	0.00	No	No
0.03068	2024-07-24	0.00	0.21	Yes	No
0.13085	2024-08-14	-0.14	0.00	Yes	No
0.07025	2024-08-14	0.00	4.80	Yes	No
1.51258	2024-08-14	-0.98	0.00	Yes	No
0.03011	2024-08-14	-0.23	0.00	Yes	No

NADAC Summary Report

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Dispensing Fee	Amount of Member Cost Share
50742025290	DILTIAZEM 24H ER(CD) 360 MG CP	2024-08-16	90.000	CAREMARK PRESCRIPTION SRVC WBP	1326029232	3.52656	0.00	0.00
69097084905	ESCITALOPRAM 20 MG TABLET	2024-08-16	90.000	CAREMARK PRESCRIPTION SRVC WBP	1326029232	0.08156	0.00	0.00
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	2024-08-16	90.000	CAREMARK PRESCRIPTION SRVC WBP	1326029232	0.04933	0.00	0.00
43547036209	LOSARTAN POTASSIUM 100 MG TAB	2024-08-16	90.000	CAREMARK PRESCRIPTION SRVC WBP	1326029232	0.09156	0.00	0.00
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	2024-09-09	90.000	CAREMARK PRESCRIPTION SRVC WBP	1326029232	1.65533	0.00	0.00
00245531990	KLOR-CON M20 TABLET	2024-09-09	180.000	CAREMARK PRESCRIPTION SRVC WBP	1326029232	0.11000	0.00	0.00
31722051901	HYDRALAZINE 10 MG TABLET	2024-09-09	270.000	CAREMARK PRESCRIPTION SRVC WBP	1326029232	0.06041	0.00	0.00

Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.18985	2024-08-14	0.00	17.58	Yes	No
0.06977	2024-08-14	0.00	0.17	Yes	No
0.02634	2024-08-14	0.00	0.87	Yes	No
0.0511	2024-08-14	0.00	0.79	Yes	No
0.04264	2024-09-04	0.00	37.82	Yes	No
0.13107	2024-09-04	-0.16	0.00	Yes	No
0.0332	2024-09-04	0.00	0.82	Yes	No

NADAC Summary Report

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Dispensing Fee	Amount of Member Cost Share
60219175406	ABIRATERONE ACETATE 500 MG TAB	2024-07-19	60.000	CVS SPECIALTY	1043382302	39.30217	0.00	0.00
60219175406	ABIRATERONE ACETATE 500 MG TAB	2024-08-12	60.000	CVS SPECIALTY	1043382302	39.30217	0.00	0.00
60219175406	ABIRATERONE ACETATE 500 MG TAB	2024-09-10	60.000	CVS SPECIALTY	1043382302	39.30217	0.00	0.00
50228046501	NABUMETONE 500 MG TABLET	2024-07-03	14.000	WALMART PHARMACY	1114944493	0.06929	0.05	0.00
65162068210	PHENAZOPYRIDINE 200 MG TAB	2024-07-07	6.000	WALMART PHARMACY	1114944493	2.04333	0.00	0.00
67877021660	CEFUROXIME AXETIL 500 MG TAB	2024-07-07	14.000	WALMART PHARMACY	1114944493	1.08000	0.05	0.00
70954044410	MISOPROSTOL 200 MCG TABLET	2024-08-06	2.000	WALMART PHARMACY	1114944493	0.81500	0.05	0.00
00093101042	MUPIROCIN 2% OINTMENT	2024-08-20	22.000	WALMART PHARMACY	1114944493	0.13182	0.05	0.00
68382055901	NITROFURANTOIN MCR 50 MG CAP	2024-08-21	30.000	WALMART PHARMACY	1114944493	0.10567	0.05	0.00

Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
12.10948	2024-07-17	0.00	2.25	Yes	No
12.10948	2024-08-07	0.00	2.25	Yes	No
11.3126	2024-09-04	0.00	2.47	Yes	No
0.12031	2024-07-03	-0.42	0.00	No	No
0.20389	2024-07-03	0.00	9.02	No	No
0.47829	2024-07-03	0.00	1.26	No	No
0.57839	2024-07-31	0.00	0.41	No	No
0.15104	2024-08-14	-0.13	0.00	No	No
0.20995	2024-08-21	-0.50	0.00	No	No

NADAC Summary Report

Product NDC Number	Product Name	Fill Date	Quantity of the Drug Dispensed	Pharmacy Name	Pharmacy Provider ID	Amount the Pharmacy was Reimbursed	Amount of Dispensing Fee	Amount of Member Cost Share
21922001707	CLOBETASOL 0.05% OINTMENT	2024-08-26	60.000	WALMART PHARMACY	1114944493	2.86050	0.05	0.00
45802009735	ESTRADIOL 0.01% CREAM	2024-09-05	42.500	WALMART PHARMACY	1114944493	1.60941	0.05	0.00
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2024-09-08	118.000	WALMART PHARMACY	1114944493	0.03186	0.05	0.00
68382055901	NITROFURANTOIN MCR 50 MG CAP	2024-09-17	30.000	WALMART PHARMACY	1114944493	0.10567	0.05	0.00
70710113908	FLUCONAZOLE 150 MG TABLET	2024-07-18	1.000	CVS PHARMACY	1134223811	0.00000	8.84	8.84
31722042510	ATORVASTATIN 20 MG TABLET	2024-08-19	30.000	TRIVILLIAN'S PHARMACY	1477938181	0.00000	9.03	9.03

Average NADAC	Average NADAC Report Date	10% and Below Actual Percentage of NADAC Reimbursement	10% and Above Actual Percentage of NADAC Reimbursement	Affiliate Pharmacy	Dispensed Pursuant State or Local Government Health Plan
0.15864	2024-08-21	0.00	17.03	No	No
0.53656	2024-09-04	0.00	2.00	No	No
0.04149	2024-09-04	-0.23	0.00	No	No
0.20995	2024-09-11	-0.50	0.00	No	No
0.52817	2024-07-17	-1.00	0.00	Yes	No
0.03009	2024-08-14	-1.00	0.00	No	No