

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
62332003731	LAMOTRIGINE 25 MG TABLET	2024-11-20	30.000	CVS PHARMACY	1407950181	0.03100	10.49
13668001005	CITALOPRAM HBR 20 MG TABLET	2024-11-20	60.000	CVS PHARMACY	1407950181	0.03050	10.49
47781035703	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	2024-11-20	28.000	CVS PHARMACY	1407950181	2.18071	10.49
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	2024-12-22	90.000	CVS PHARMACY	1407950181	0.04189	10.49
00378181710	LEVOTHYROXINE 175 MCG TABLET	2024-12-23	90.000	CVS PHARMACY	1407950181	0.09133	10.49
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	2024-12-20	21.000	LAMBERT DRUG STORE	1295166569	0.43048	10.49
69584085250	SPIRONOLACTONE 25 MG TABLET	2024-12-19	15.000	LAMBERT DRUG STORE	1295166569	0.04533	10.49
65862001501	AMOXICILLIN 875 MG TABLET	2024-12-22	14.000	CVS PHARMACY	1164858148	0.15500	10.49
70010049110	METFORMIN HCL ER 500 MG TABLET	2024-12-20	360.000	CVS PHARMACY	1780787440	0.02708	10.49
16714029402	AMOX-CLAV 600-42.9 MG/5 ML SUS	2024-11-20	125.000	POTOMAC HIGHLANDS PHARMACY	1104510924	0.07328	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
4.57	0.02421	2024-11-20	0.00	0.28	Yes	No
4.93	0.02445	2024-11-20	0.00	0.25	Yes	No
10.00	1.61125	2024-11-20	0.00	0.35	Yes	No
14.26	0.03452	2024-12-11	0.00	0.21	Yes	No
18.71	0.07319	2024-12-11	0.00	0.25	Yes	No
19.53	0.37188	2024-12-11	0.00	0.16	No	No
11.17	0.04096	2024-12-11	0.00	0.11	No	No
12.66	0.12982	2024-12-11	0.00	0.19	Yes	No
0.00	0.0238	2024-12-11	0.00	0.14	Yes	No
19.65	0.05213	2024-11-20	0.00	0.41	No	No

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64380078706	BUSPIRONE HCL 7.5 MG TABLET	2024-11-20	60.000	POTOMAC HIGHLANDS PHARMACY	1104510924	0.13783	10.49
16714017402	ATORVASTATIN 20 MG TABLET	2024-11-20	90.000	POTOMAC HIGHLANDS PHARMACY	1104510924	0.03567	10.49
55111078401	FEXOFENADINE HCL 180 MG TABLET	2024-12-02	90.000	TRI COUNTY PHARMACY	1861577090	0.18022	10.49
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2024-12-19	4.000	TRI COUNTY PHARMACY	1861577090	0.10500	10.49
31722070110	LOSARTAN POTASSIUM 50 MG TAB	2024-12-23	90.000	TRI COUNTY PHARMACY	1861577090	0.03611	10.49
00406802003	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	2024-12-20	28.000	VICTORY PHARMACY	1285358333	0.73357	10.49
72205000530	ROSUVASTATIN CALCIUM 40 MG TAB	2024-12-21	90.000	WALMART PHARMACY	1548287675	0.09089	10.49
33342033511	METHIMAZOLE 5 MG TABLET	2024-11-27	45.000	CVS PHARMACY	1962505628	0.02911	10.49
00555904958	CRYSSELLE-28 TABLET	2024-11-12	84.000	WALGREENS	1538685987	0.30345	0.00
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2024-11-05	90.000	WALGREENS	1598281404	0.00000	7.98

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
18.76	0.07973	2024-11-20	0.00	0.73	No	No
0.00	0.02772	2024-11-20	0.00	0.29	No	No
26.71	0.20794	2024-11-27	-0.13	0.00	No	No
10.00	0.09043	2024-12-11	0.00	0.16	No	No
13.74	0.03125	2024-12-11	0.00	0.16	No	No
10.00	0.64498	2024-12-11	0.00	0.14	No	No
18.67	0.0774	2024-12-11	0.00	0.17	No	No
11.80	0.06614	2024-11-27	-0.56	0.00	Yes	No
0.00	0.37622	2024-11-06	-0.19	0.00	No	No
7.98	0.01232	2024-10-30	-1.00	0.00	No	No

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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
31722070290	LOSARTAN POTASSIUM 100 MG TAB	2024-10-06	30.000	WALMART PHARMACY	1275550303	0.30000	0.00
31722070290	LOSARTAN POTASSIUM 100 MG TAB	2024-10-31	30.000	WALMART PHARMACY	1275550303	0.30000	0.00
31722070290	LOSARTAN POTASSIUM 100 MG TAB	2024-12-08	30.000	WALMART PHARMACY	1275550303	0.30000	0.00
00143988980	AMOXICILLIN 250 MG/5 ML SUSP	2024-10-03	80.000	WALMART PHARMACY	1992723688	0.13513	0.00
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	2024-10-03	3.000	WALMART PHARMACY	1992723688	1.33333	0.00
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2024-10-23	12.000	PILL BOX PHARMACY	1477646693	0.00000	9.64
75834025701	ATORVASTATIN 40 MG TABLET	2024-10-23	90.000	PILL BOX PHARMACY	1477646693	0.03344	10.49
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2024-11-04	30.000	PILL BOX PHARMACY	1477646693	0.00000	8.55
62332002991	LOSARTAN POTASSIUM 100 MG TAB	2024-11-14	90.000	PILL BOX PHARMACY	1477646693	0.04844	10.49
69238134803	TADALAFIL 10 MG TABLET	2024-10-04	9.000	PRESTON TAYLOR PHARMACY	1962876110	0.86333	2.50

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9.00	0.05475	2024-10-02	0.00	4.48	No	No
9.00	0.05587	2024-10-30	0.00	4.37	No	No
9.00	0.04224	2024-12-04	0.00	6.10	No	No
10.81	0.028	2024-10-02	0.00	3.83	No	No
4.00	0.66252	2024-10-02	0.00	1.01	No	No
9.64	0.12547	2024-10-23	-1.00	0.00	No	No
13.50	0.05228	2024-10-23	-0.36	0.00	No	No
8.55	0.01748	2024-10-30	-1.00	0.00	No	No
14.85	0.05587	2024-11-13	-0.13	0.00	No	No
15.27	0.2833	2024-10-02	0.00	2.05	No	No

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68462022690	EZETIMIBE 10 MG TABLET	2024-10-10	90.000	PRESTON TAYLOR PHARMACY	1962876110	0.06344	10.49
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	2024-10-10	90.000	REED'S DRUG STORE	1043221690	0.04778	10.49
61314062810	POLYMYXIN B-TMP EYE DROPS	2024-11-06	10.000	WALGREENS	1245756683	0.31200	6.84
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	2024-10-07	1.000	WALGREENS	1376067090	0.00000	4.16
50111078751	AZITHROMYCIN 250 MG TABLET	2024-12-22	6.000	WALMART PHARMACY	1669490355	0.32500	9.50
68180012202	CEPHALEXIN 500 MG CAPSULE	2024-11-18	14.000	E A HAWSE PHARMACY	1386975746	0.00000	10.36
64380074108	BUSPIRONE HCL 5 MG TABLET	2024-12-19	60.000	JUDYS DRUG STORE	1295739654	0.01983	10.49
31722072610	MONTELUKAST SOD 10 MG TABLET	2024-12-24	30.000	WALGREENS	1538685987	0.05000	10.49
69097014260	ALBUTEROL HFA 90 MCG INHALER	2024-12-02	6.700	WALMART PHARMACY	1669490355	3.58209	0.00
00093342505	LORAZEPAM 0.5 MG TABLET	2024-11-01	14.000	CVS PHARMACY	1053414714	0.00000	7.58

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16.20	0.08895	2024-10-09	-0.29	0.00	No	No
14.79	0.06488	2024-10-09	-0.26	0.00	No	No
9.96	0.53452	2024-11-06	-0.42	0.00	No	No
4.16	0.03696	2024-10-02	-1.00	0.00	No	No
10.00	0.25633	2024-12-11	0.00	0.27	No	No
10.36	0.12863	2024-11-13	-1.00	0.00	No	No
11.68	0.01735	2024-12-11	0.00	0.14	No	No
0.00	0.04225	2024-12-11	0.00	0.18	No	No
24.00	2.04805	2024-11-27	0.00	0.75	No	No
7.58	0.04305	2024-10-30	-1.00	0.00	Yes	No

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72205014390	LOSARTAN POTASSIUM 100 MG TAB	2024-12-21	90.000	CVS PHARMACY	1053414714	0.04833	10.49
00093342610	LORAZEPAM 1 MG TABLET	2024-10-18	12.000	CVS PHARMACY	1144323809	0.00000	7.68
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	2024-11-20	90.000	CVS PHARMACY	1144323809	0.05467	10.49
29978012716	CAPRON DM LIQUID	2024-12-08	150.000	CVS PHARMACY	1144323809	0.00000	10.85
13668013610	ESCITALOPRAM 10 MG TABLET	2024-12-19	30.000	CVS PHARMACY	1144323809	0.04067	10.49
62332004060	LAMOTRIGINE 200 MG TABLET	2024-12-22	90.000	CVS PHARMACY	1144323809	0.07222	10.49
00093310905	AMOXICILLIN 500 MG CAPSULE	2024-11-07	21.000	CVS PHARMACY	1205231495	0.04000	8.15
24208031510	POLYMYXIN B-TMP EYE DROPS	2024-12-23	10.000	CVS PHARMACY	1235232992	0.44800	10.49
67877019810	AMLODIPINE BESYLATE 5 MG TAB	2024-12-23	90.000	CVS PHARMACY	1528161288	0.01044	10.49
68382002210	ATENOLOL 25 MG TABLET	2024-12-23	90.000	CVS PHARMACY	1528161288	0.02056	10.49

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5.00	0.04224	2024-12-11	0.00	0.14	Yes	No
7.68	0.05249	2024-10-16	-1.00	0.00	Yes	No
15.41	0.04298	2024-11-20	0.00	0.27	Yes	No
15.06	0.06542	2024-11-13	-1.00	0.00	Yes	No
5.00	0.03451	2024-12-11	0.00	0.18	Yes	No
5.00	0.06357	2024-12-11	0.00	0.14	Yes	No
8.99	0.09989	2024-11-06	-0.60	0.00	Yes	No
10.00	0.40443	2024-12-11	0.00	0.11	Yes	No
5.00	0.00946	2024-12-11	0.00	0.10	Yes	No
5.00	0.01865	2024-12-11	0.00	0.10	Yes	No

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00121087416	CETIRIZINE HCL 1 MG/ML SOLN	2024-10-12	150.000	CVS PHARMACY	1972606630	0.09327	0.00
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	2024-11-07	150.000	CVS PHARMACY	1972606630	0.09327	0.00
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	2024-12-02	150.000	CVS PHARMACY	1972606630	0.09327	0.00
65862039010	ONDANSETRON ODT 4 MG TABLET	2024-12-19	10.000	CVS PHARMACY	1972606630	0.15600	10.49
00143980350	DOXYCYCLINE HYCLATE 100 MG CAP	2024-12-03	20.000	FRUTH PHARMACY	1538611520	0.00000	9.67
51672131200	MUPIROCIN 2% OINTMENT	2024-12-03	22.000	FRUTH PHARMACY	1538611520	0.00000	9.27
65862001705	AMOXICILLIN 500 MG CAPSULE	2024-11-20	30.000	KROGER PHARMACY	1215961099	0.10000	10.49
11534016001	PHENTERMINE 37.5 MG TABLET	2024-11-19	14.000	MARSHALL PHARMACY	1275948184	0.14500	4.00
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2024-12-10	120.000	WALGREENS	1285964569	0.00000	9.12
45802086803	POLYETHYLENE GLYCOL 3350 POWD	2024-10-29	510.000	WALGREENS	1457876112	0.00975	2.50

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10.00	0.11421	2024-10-09	-0.18	0.00	Yes	No
10.00	0.11679	2024-11-06	-0.20	0.00	Yes	No
10.00	0.13172	2024-11-27	-0.29	0.00	Yes	No
10.00	0.12428	2024-12-11	0.00	0.26	Yes	No
9.67	0.08932	2024-11-27	-1.00	0.00	No	No
9.27	0.14566	2024-11-27	-1.00	0.00	No	No
10.00	0.07085	2024-11-20	0.00	0.41	No	No
7.53	0.07624	2024-11-13	0.00	0.90	No	No
9.12	0.02931	2024-12-04	-1.00	0.00	No	No
7.47	0.02042	2024-10-23	-0.52	0.00	No	No

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16571040250	CETIRIZINE HCL 10 MG TABLET	2024-10-29	90.000	WALMART PHARMACY	1447277579	0.04444	0.00
68382009505	CARVEDILOL 25 MG TABLET	2024-12-19	720.000	WALMART PHARMACY	1447277579	0.02817	10.49
16714052601	IPRATROPIUM 0.03% SPRAY	2024-12-19	30.000	WALMART PHARMACY	1497954978	0.50900	10.49
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	2024-12-19	7.500	WALMART PHARMACY	1497954978	11.27467	0.00
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	2024-12-23	14.000	WALMART PHARMACY	1649297789	0.10643	9.93
59651048901	PREDNISONE 50 MG TABLET	2024-12-23	7.000	WALMART PHARMACY	1649297789	0.17714	10.49
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2024-12-23	21.000	BRIDGEPORT FAMILY PHARMACY	1396176756	0.11762	10.49
69452017173	AZITHROMYCIN 250 MG TABLET	2024-12-23	6.000	BRIDGEPORT FAMILY PHARMACY	1396176756	0.32500	10.49
23155060351	CLINDAMYCIN (PEDI) 75 MG/5 ML	2024-12-24	300.000	COMMUNITY PHCY OF BRIDGEPORT	1851717557	0.15800	10.49
69097042112	CELECOXIB 200 MG CAPSULE	2024-10-22	1.000	COMMUNITY PHCY OF BRIDGEPORT	1851717557	3.40000	0.00

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0.00	0.06288	2024-10-23	-0.29	0.00	No	No
0.00	0.02553	2024-12-11	0.00	0.10	No	No
25.76	0.44745	2024-12-11	0.00	0.14	No	No
10.00	10.01002	2024-12-11	0.00	0.13	No	No
10.00	0.08932	2024-12-11	0.00	0.19	No	No
10.00	0.14844	2024-12-11	0.00	0.19	No	No
0.00	0.09618	2024-12-11	0.00	0.22	No	No
0.00	0.25633	2024-12-11	0.00	0.27	No	No
0.00	0.13144	2024-12-11	0.00	0.20	No	No
3.40	0.10706	2024-10-16	0.00	30.76	No	No

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67877032005	IBUPROFEN 600 MG TABLET	2024-10-22	28.000	COMMUNITY PHCY OF BRIDGEPORT	1851717557	0.33714	0.00
51672131200	MUPIROCIN 2% OINTMENT	2024-10-22	22.000	COMMUNITY PHCY OF BRIDGEPORT	1851717557	0.59091	0.00
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2024-10-22	21.000	COMMUNITY PHCY OF BRIDGEPORT	1851717557	0.54714	0.00
67877022305	GABAPENTIN 300 MG CAPSULE	2024-10-22	1.000	COMMUNITY PHCY OF BRIDGEPORT	1851717557	3.00000	0.00
00781286810	OMEPRAZOLE DR 20 MG CAPSULE	2024-10-22	2.000	COMMUNITY PHCY OF BRIDGEPORT	1851717557	1.25000	0.00
47781019605	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2024-10-22	4.000	COMMUNITY PHCY OF BRIDGEPORT	1851717557	1.84500	0.00
00781808926	AZITHROMYCIN 250 MG TABLET	2024-10-22	5.000	COMMUNITY PHCY OF BRIDGEPORT	1851717557	1.20000	0.00
00172392670	DIAZEPAM 5 MG TABLET	2024-10-22	20.000	COMMUNITY PHCY OF BRIDGEPORT	1851717557	0.32550	0.00
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	2024-10-22	10.000	COMMUNITY PHCY OF BRIDGEPORT	1851717557	1.06600	0.00
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	2024-10-31	30.000	COMMUNITY PHCY OF BRIDGEPORT	1851717557	0.38900	0.00

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9.44	0.05173	2024-10-16	0.00	5.52	No	No
13.00	0.16996	2024-10-16	0.00	2.48	No	No
11.49	0.15189	2024-10-16	0.00	2.60	No	No
3.00	0.03917	2024-10-16	0.00	75.59	No	No
2.50	0.03431	2024-10-16	0.00	35.43	No	No
7.38	0.12321	2024-10-16	0.00	13.97	No	No
6.00	0.39593	2024-10-16	0.00	2.03	No	No
6.51	0.02811	2024-10-16	0.00	10.58	No	No
10.66	0.1441	2024-10-16	0.00	6.40	No	No
11.67	0.12791	2024-10-30	0.00	2.04	No	No

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23155060601	GLYCOPYRROLATE 1 MG TABLET	2024-10-31	30.000	COMMUNITY PHCY OF BRIDGEPORT	1851717557	0.37300	0.00
00781808926	AZITHROMYCIN 250 MG TABLET	2024-12-12	6.000	COMMUNITY PHCY OF BRIDGEPORT	1851717557	1.81667	0.00
59651048701	PREDNISONE 10 MG TABLET	2024-12-12	18.000	COMMUNITY PHCY OF BRIDGEPORT	1851717557	0.49944	0.00
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2024-12-05	120.000	CVS PHARMACY	1427151182	0.00000	8.97
70954040310	DEXAMETHASONE 4 MG TABLET	2024-12-19	2.000	CVS PHARMACY	1427151182	0.28000	4.32
60758011905	PREDNISOLONE AC 1% EYE DROP	2024-12-19	5.000	CVS PHARMACY	1427151182	6.59800	0.00
00093330105	TRAMADOL HCL 50 MG TABLET	2024-11-20	7.000	CVS PHARMACY	1598868259	0.03143	8.08
70710177500	ATORVASTATIN 20 MG TABLET	2024-12-22	90.000	CVS PHARMACY	1659393353	0.03167	10.49
64380094906	PREDNISONE 50 MG TABLET	2024-12-24	5.000	CVS PHARMACY	1962505628	0.17600	3.66
59651000823	AZITHROMYCIN 200 MG/5 ML SUSP	2024-12-24	22.500	CVS PHARMACY	1962505628	0.22044	10.49

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11.19	0.10554	2024-10-30	0.00	2.53	No	No
10.90	0.25633	2024-12-11	0.00	6.09	No	No
8.99	0.04042	2024-12-11	0.00	11.36	No	No
8.97	0.02931	2024-12-04	-1.00	0.00	Yes	No
4.88	0.24359	2024-12-11	0.00	0.15	Yes	No
32.99	4.08468	2024-12-11	0.00	0.62	Yes	No
0.00	0.02194	2024-11-20	0.00	0.43	Yes	No
0.00	0.02772	2024-12-11	0.00	0.14	Yes	No
0.00	0.14844	2024-12-11	0.00	0.19	Yes	No
0.00	0.19878	2024-12-11	0.00	0.11	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
11534018901	DEXTROAMPHETAMINE 10 MG TAB	2024-12-20	30.000	GENOA HEALTHCARE LLC	1114642014	0.38200	10.49
16714020030	ONDANSETRON ODT 4 MG TABLET	2024-12-20	15.000	GENOA HEALTHCARE LLC	1114642014	0.15667	10.49
00781615752	AMOXICILLIN 400 MG/5 ML SUSP	2024-10-02	50.000	GIANT EAGLE PHARMACY	1689689515	0.21160	0.00
69452034172	NARATRIPTAN HCL 2.5 MG TABLET	2024-12-22	9.000	GIANT EAGLE PHARMACY	1689689515	0.96778	10.49
69292053210	PROPRANOLOL 20 MG TABLET	2024-11-20	60.000	KROGER PHARMACY	1306870183	0.06333	10.49
31722073190	IRBESARTAN 300 MG TABLET	2024-11-20	30.000	KROGER PHARMACY	1306870183	0.20367	10.49
69367033630	PAROXETINE ER 25 MG TABLET	2024-11-20	60.000	KROGER PHARMACY	1306870183	0.41517	10.49
69367033630	PAROXETINE ER 25 MG TABLET	2024-12-20	180.000	KROGER PHARMACY	1306870183	0.40433	10.49
31722073190	IRBESARTAN 300 MG TABLET	2024-12-22	30.000	KROGER PHARMACY	1306870183	0.17433	10.49
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	2024-12-22	200.000	KROGER PHARMACY	1306870183	0.03450	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
0.00	0.31812	2024-12-11	0.00	0.20	No	No
0.00	0.12428	2024-12-11	0.00	0.26	No	No
10.58	0.04769	2024-10-02	0.00	3.44	No	No
19.20	0.87971	2024-12-11	0.00	0.10	No	No
0.00	0.05737	2024-11-20	0.00	0.10	No	No
0.00	0.15478	2024-11-20	0.00	0.32	No	No
0.00	0.35837	2024-11-20	0.00	0.16	No	No
0.00	0.35837	2024-12-11	0.00	0.13	No	No
0.00	0.15478	2024-12-11	0.00	0.13	No	No
0.00	0.02931	2024-12-11	0.00	0.18	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
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2024-12-22	21.000	KROGER PHARMACY	1306870183	0.11762	10.49
65862001501	AMOXICILLIN 875 MG TABLET	2024-12-22	20.000	KROGER PHARMACY	1306870183	0.15450	10.49
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	2024-12-23	30.000	PIERPONT LANDING PHARMACY	1225265341	0.03967	10.49
68180096301	ALBUTEROL HFA 90 MCG INHALER	2024-11-05	8.500	WALGREENS	1386160943	3.44588	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2024-11-19	8.500	WALGREENS	1386160943	3.44588	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2024-12-24	8.500	WALGREENS	1386160943	3.44588	0.00
31722001701	FAMOTIDINE 20 MG TABLET	2024-12-19	14.000	WALGREENS	1417473000	0.02857	10.49
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	2024-10-14	10.000	WALGREENS	1518483361	0.00000	4.23
65862090901	CELECOXIB 200 MG CAPSULE	2024-11-21	2.000	WALGREENS	1609179860	0.00000	6.17
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2024-11-21	21.000	WALGREENS	1609179860	0.57095	0.00

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
0.00	0.09618	2024-12-11	0.00	0.22	No	No
0.00	0.12982	2024-12-11	0.00	0.19	No	No
0.00	0.03593	2024-12-11	0.00	0.10	No	No
29.29	2.5356	2024-10-30	0.00	0.36	No	No
29.29	2.5356	2024-11-13	0.00	0.36	No	No
29.29	2.02335	2024-12-11	0.00	0.70	No	No
0.00	0.02541	2024-12-11	0.00	0.12	No	No
4.23	0.10599	2024-10-09	-1.00	0.00	No	No
6.17	0.07576	2024-11-20	-1.00	0.00	No	No
11.99	0.09618	2024-11-20	0.00	4.94	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
57237007710	ONDANSETRON ODT 4 MG TABLET	2024-12-21	10.000	WALGREENS	1609179860	0.15600	10.49
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2024-12-22	200.000	WALGREENS	1609179860	0.03450	10.19
65862059601	CLINDAMYCIN (PEDI) 75 MG/5 ML	2024-12-24	100.000	WALGREENS	1609179860	0.15800	10.49
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	2024-12-24	21.000	WALGREENS	1922524909	0.11762	9.52
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	2024-11-24	14.000	WALMART PHARMACY	1457378580	0.81571	0.00
67877021905	CEPHALEXIN 500 MG CAPSULE	2024-11-08	20.000	WALMART PHARMACY	1497954978	0.40850	0.00
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	2024-12-16	14.000	WALMART PHARMACY	1497954978	0.56500	0.00
13811070610	METHYLPHENIDATE ER 18 MG TAB	2024-11-20	30.000	WALMART PHARMACY	1538186663	0.68200	10.49
50111078710	AZITHROMYCIN 250 MG TABLET	2024-10-07	6.000	WALMART PHARMACY	1992722029	1.90833	0.00
68180071160	CEFDINIR 300 MG CAPSULE	2024-10-11	20.000	WALMART PHARMACY	1992722029	0.96450	0.00

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
0.00	0.12428	2024-12-11	0.00	0.26	No	No
0.00	0.02931	2024-12-11	0.00	0.18	No	No
0.00	0.13144	2024-12-11	0.00	0.20	No	No
0.00	0.09618	2024-12-11	0.00	0.22	No	No
11.42	0.08932	2024-11-20	0.00	8.13	No	No
8.17	0.12863	2024-11-06	0.00	2.18	No	No
7.91	0.04587	2024-12-11	0.00	11.32	No	No
30.95	0.60931	2024-11-20	0.00	0.12	No	No
11.45	0.39593	2024-10-02	0.00	3.82	No	No
19.29	0.48292	2024-10-09	0.00	1.00	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
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2024-10-26	16.000	WALMART PHARMACY	1992722029	0.99188	0.00
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2024-12-11	16.000	WALMART PHARMACY	1992722029	0.99188	0.00
68180096301	ALBUTEROL HFA 90 MCG INHALER	2024-12-14	8.500	WALMART PHARMACY	1992722029	2.54941	0.00
68645057559	GLIPIZIDE 10 MG TABLET	2024-12-21	180.000	WALMART PHARMACY	1992722029	0.04167	2.50
68180072304	CEFDINIR 250 MG/5 ML SUSP	2024-12-21	60.000	WALMART PHARMACY	1992722029	0.13267	10.49
00713063737	METRONIDAZOLE TOPICAL 0.75% GL	2024-11-04	45.000	WHITE HALL PHARMACY	1962647719	0.33911	10.49
70954006020	PREDNISONE 20 MG TABLET	2024-10-07	10.000	CVS PHARMACY	1609979368	0.06000	4.20
70710113908	FLUCONAZOLE 150 MG TABLET	2024-11-18	1.000	CVS PHARMACY	1609979368	0.00000	8.84
72578009010	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	2024-11-30	90.000	CVS PHARMACY	1609979368	0.05000	10.49
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	2024-12-20	21.000	CVS PHARMACY	1609979368	0.11762	10.49

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15.87	0.42809	2024-10-23	0.00	1.32	No	No
15.87	0.40191	2024-12-11	0.00	1.47	No	No
21.67	2.02335	2024-12-11	0.00	0.26	No	No
0.00	0.03561	2024-12-11	0.00	0.17	No	No
0.00	0.11481	2024-12-11	0.00	0.16	No	No
25.75	0.48225	2024-10-30	-0.30	0.00	No	No
4.80	0.08552	2024-10-02	-0.30	0.00	Yes	No
8.84	0.58816	2024-11-13	-1.00	0.00	Yes	No
14.99	0.09042	2024-11-27	-0.45	0.00	Yes	No
10.00	0.09618	2024-12-11	0.00	0.22	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
64380071307	BENZONATATE 200 MG CAPSULE	2024-12-20	20.000	CVS PHARMACY	1609979368	0.09850	10.49
13668013710	ESCITALOPRAM 20 MG TABLET	2024-12-21	90.000	CVS PHARMACY	1609979368	0.06467	10.49
65862039010	ONDANSETRON ODT 4 MG TABLET	2024-12-23	18.000	CVS PHARMACY	1609979368	0.15667	10.49
27241015704	OXYBUTYNIN CL ER 15 MG TABLET	2024-10-17	90.000	MED RX PHARMACY	1033281837	0.10211	10.49
52817033200	CYCLOBENZAPRINE 10 MG TABLET	2024-10-31	30.000	MED RX PHARMACY	1033281837	0.00000	8.86
52817033200	CYCLOBENZAPRINE 10 MG TABLET	2024-11-14	30.000	MED RX PHARMACY	1033281837	0.00000	8.86
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	2024-11-20	21.000	MED RX PHARMACY	1033281837	0.14048	10.49
31722071030	SILDENAFIL 50 MG TABLET	2024-11-29	40.000	MED RX PHARMACY	1033281837	0.93450	2.50
29300041901	AMITRIPTYLINE HCL 10 MG TAB	2024-12-19	90.000	MED RX PHARMACY	1033281837	0.03289	10.49
55111029336	SUMATRIPTAN SUCC 100 MG TABLET	2024-12-19	9.000	MED RX PHARMACY	1033281837	0.41333	10.49

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10.00	0.08295	2024-12-11	0.00	0.19	Yes	No
16.31	0.05483	2024-12-11	0.00	0.18	Yes	No
10.00	0.12428	2024-12-11	0.00	0.26	Yes	No
19.68	0.14321	2024-10-16	-0.29	0.00	No	No
8.86	0.01924	2024-10-30	-1.00	0.00	No	No
8.86	0.01924	2024-11-13	-1.00	0.00	No	No
10.00	0.09618	2024-11-20	0.00	0.46	No	No
44.88	0.08516	2024-11-27	0.00	9.97	No	No
10.00	0.02853	2024-12-11	0.00	0.15	No	No
10.00	0.37205	2024-12-11	0.00	0.11	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
68001059100	ESCITALOPRAM 5 MG TABLET	2024-12-19	30.000	MED RX PHARMACY	1033281837	0.03733	10.49
52817033200	CYCLOBENZAPRINE 10 MG TABLET	2024-12-19	30.000	MED RX PHARMACY	1033281837	0.01633	10.49
70700016201	PROGESTERONE 100 MG CAPSULE	2024-12-19	30.000	MED RX PHARMACY	1033281837	0.21067	10.49
23155085703	ANASTROZOLE 1 MG TABLET	2024-10-10	6.000	WALGREENS	1164947941	0.00000	8.71
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	2024-11-14	2.000	WALGREENS	1164947941	0.00000	5.86
00781808926	AZITHROMYCIN 250 MG TABLET	2024-11-20	6.000	WALGREENS	1164947941	0.39833	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
10.00	0.03275	2024-12-11	0.00	0.14	No	No
10.00	0.01441	2024-12-11	0.00	0.13	No	No
10.00	0.17972	2024-12-11	0.00	0.17	No	No
8.71	0.16529	2024-10-09	-1.00	0.00	No	No
5.86	0.12791	2024-11-13	-1.00	0.00	No	No
10.00	0.25633	2024-11-20	0.00	0.55	No	No