

# NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00002143380	TRULICITY 0.75 MG/0.5 ML PEN	7	6.000	1709.10	448.17735	26%-50% Below	No	No
00002145780	MOUNJARO 15 MG/0.5 ML PEN	5	2.000	626.10	490.99808	26%-50% Below	No	No
00002146080	MOUNJARO 12.5 MG/0.5 ML PEN	6	2.000	626.10	492.4663	26%-50% Below	No	No
00002147180	MOUNJARO 10 MG/0.5 ML PEN	7	2.000	626.10	492.15177	26%-50% Below	No	No
00002147180	MOUNJARO 10 MG/0.5 ML PEN	8	2.000	626.10	492.15177	26%-50% Below	No	No
00002771559	BASAGLAR 100 UNIT/ML KWIKPEN	5	12.000	159.78	20.90137	26%-50% Below	No	No
00002771559	BASAGLAR 100 UNIT/ML KWIKPEN	6	12.000	159.78	20.90137	26%-50% Below	No	No
00002771559	BASAGLAR 100 UNIT/ML KWIKPEN	7	12.000	159.78	20.90137	26%-50% Below	No	No
00002771559	BASAGLAR 100 UNIT/ML KWIKPEN	8	12.000	159.78	20.90137	26%-50% Below	No	No
00006027731	JANUVIA 100 MG TABLET	6	30.000	334.89	17.50707	26%-50% Below	No	No
00006027731	JANUVIA 100 MG TABLET	7	90.000	1004.66	17.50707	26%-50% Below	No	No
00006027731	JANUVIA 100 MG TABLET	8	30.000	334.89	17.50707	26%-50% Below	No	No
00009041701	DEPO-TESTOSTERONE 200 MG/ML	5	2.000	12.27	14.94945	51%-75% Below	No	No
00009041701	DEPO-TESTOSTERONE 200 MG/ML	6	2.000	12.27	16.6	51%-75% Below	No	No
00009041701	DEPO-TESTOSTERONE 200 MG/ML	7	2.000	12.27	16.6	51%-75% Below	No	No
00009041701	DEPO-TESTOSTERONE 200 MG/ML	8	2.000	12.27	11.01125	26%-50% Below	No	No
00054001125	FLECAINIDE ACETATE 100 MG TAB	5	60.000	14.90	0.20555	10%-25% Above	Yes	No
00054001825	PREDNISONE 20 MG TABLET	8	10.000	1.82	0.09098	76%-100% Above	No	No
00054001829	PREDNISONE 20 MG TABLET	8	5.000	0.25	0.09098	26%-50% Below	No	No
00054001925	PREDNISONE 50 MG TABLET	7	3.000	1.15	0.24473	51%-75% Above	No	No
00054001925	PREDNISONE 50 MG TABLET	8	5.000	1.54	0.24945	10%-25% Above	No	No
00054004544	IPRATROPIUM 0.03% SPRAY	5	30.000	0.00	0.75516	76%-100% Below	No	No
00054004544	IPRATROPIUM 0.03% SPRAY	5	30.000	19.90	0.75516	10%-25% Below	No	No
00054004641	IPRATROPIUM 0.06% SPRAY	6	30.000	24.34	1.65857	51%-75% Below	No	No
00054004641	IPRATROPIUM 0.06% SPRAY	6	30.000	25.28	1.65857	26%-50% Below	No	No

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00054004641	IPRATROPIUM 0.06% SPRAY	8	15.000	12.72	1.36833	26%-50% Below	No	No
00054040013	DESVENLAFAXINE SUCCNT ER 50 MG	7	90.000	59.90	0.47545	26%-50% Above	No	No
00054040022	DESVENLAFAXINE SUCCNT ER 50 MG	5	30.000	4.99	0.47551	51%-75% Below	No	No
00054040022	DESVENLAFAXINE SUCCNT ER 50 MG	5	30.000	8.36	0.47551	26%-50% Below	No	No
00054040022	DESVENLAFAXINE SUCCNT ER 50 MG	6	30.000	8.56	0.47154	26%-50% Below	No	No
00054040022	DESVENLAFAXINE SUCCNT ER 50 MG	7	30.000	8.49	0.47545	26%-50% Below	No	No
00054040022	DESVENLAFAXINE SUCCNT ER 50 MG	8	30.000	8.56	0.46145	26%-50% Below	No	No
00054071025	METHADONE HCL 10 MG TABLET	5	60.000	4.99	0.10506	10%-25% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	6	6.700	11.85	3.21751	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	6	6.700	14.90	3.21751	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	8	6.700	9.90	2.82432	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	8	6.700	11.85	2.82432	26%-50% Below	No	No
00054074825	DICYCLOMINE 10 MG CAPSULE	8	270.000	24.06	0.1114	10%-25% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	5	16.000	2.56	0.31079	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	5	16.000	2.72	0.31079	26%-50% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	5	16.000	2.76	0.31079	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	5	16.000	3.29	0.31079	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	5	16.000	6.90	0.31079	26%-50% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	5	16.000	6.90	0.31079	26%-50% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	5	16.000	9.90	0.31079	76%-100% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	5	16.000	9.90	0.31079	76%-100% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	5	16.000	9.99	0.31079	76%-100% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	5	16.000	10.87	0.31079	101%-200% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	5	16.000	11.72	0.31079	101%-200% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	5	16.000	12.14	0.31079	101%-200% Above	Yes	No

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00054327099	FLUTICASONONE PROP 50 MCG SPRAY	5	16.000	12.23	0.31079	101%-200% Above	No	No
00054327099	FLUTICASONONE PROP 50 MCG SPRAY	5	48.000	34.17	0.31079	101%-200% Above	Yes	No
00054327099	FLUTICASONONE PROP 50 MCG SPRAY	6	16.000	2.56	0.32637	26%-50% Below	Yes	No
00054327099	FLUTICASONONE PROP 50 MCG SPRAY	6	16.000	2.76	0.32637	26%-50% Below	Yes	No
00054327099	FLUTICASONONE PROP 50 MCG SPRAY	6	16.000	6.90	0.32637	26%-50% Above	Yes	No
00054327099	FLUTICASONONE PROP 50 MCG SPRAY	6	16.000	9.90	0.32637	76%-100% Above	No	No
00054327099	FLUTICASONONE PROP 50 MCG SPRAY	6	16.000	9.90	0.32637	76%-100% Above	Yes	No
00054327099	FLUTICASONONE PROP 50 MCG SPRAY	6	16.000	9.99	0.32637	76%-100% Above	No	No
00054327099	FLUTICASONONE PROP 50 MCG SPRAY	7	16.000	2.76	0.32876	26%-50% Below	Yes	No
00054327099	FLUTICASONONE PROP 50 MCG SPRAY	7	16.000	6.90	0.32876	26%-50% Above	Yes	No
00054327099	FLUTICASONONE PROP 50 MCG SPRAY	7	16.000	9.90	0.32876	76%-100% Above	Yes	No
00054327099	FLUTICASONONE PROP 50 MCG SPRAY	7	16.000	9.99	0.32876	76%-100% Above	No	No
00054327099	FLUTICASONONE PROP 50 MCG SPRAY	7	16.000	12.14	0.32876	101%-200% Above	No	No
00054327099	FLUTICASONONE PROP 50 MCG SPRAY	7	16.000	12.82	0.32876	101%-200% Above	No	No
00054327099	FLUTICASONONE PROP 50 MCG SPRAY	7	48.000	7.68	0.32876	51%-75% Below	Yes	No
00054327099	FLUTICASONONE PROP 50 MCG SPRAY	7	48.000	12.40	0.32876	10%-25% Below	No	No
00054327099	FLUTICASONONE PROP 50 MCG SPRAY	7	48.000	12.40	0.32876	10%-25% Below	Yes	No
00054327099	FLUTICASONONE PROP 50 MCG SPRAY	8	16.000	2.56	0.3326	51%-75% Below	Yes	No
00054327099	FLUTICASONONE PROP 50 MCG SPRAY	8	16.000	2.72	0.3326	26%-50% Below	No	No
00054327099	FLUTICASONONE PROP 50 MCG SPRAY	8	16.000	2.76	0.3326	26%-50% Below	Yes	No
00054327099	FLUTICASONONE PROP 50 MCG SPRAY	8	16.000	6.90	0.3326	26%-50% Above	No	No
00054327099	FLUTICASONONE PROP 50 MCG SPRAY	8	16.000	6.90	0.3326	26%-50% Above	Yes	No
00054327099	FLUTICASONONE PROP 50 MCG SPRAY	8	16.000	9.90	0.3326	76%-100% Above	No	No
00054327099	FLUTICASONONE PROP 50 MCG SPRAY	8	16.000	9.90	0.3326	76%-100% Above	Yes	No
00054327099	FLUTICASONONE PROP 50 MCG SPRAY	8	16.000	10.74	0.3326	101%-200% Above	No	No

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00054327099	FLUTICASONE PROP 50 MCG SPRAY	8	16.000	12.14	0.3326	101%-200% Above	No	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	5	100.000	4.76	0.07777	26%-50% Below	Yes	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	6	100.000	7.38	0.08383	10%-25% Below	No	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	8	100.000	7.29	0.09265	10%-25% Below	No	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	8	100.000	7.29	0.09265	10%-25% Below	Yes	No
00054414622	CLOTRIMAZOLE 10 MG TROCHE	5	70.000	14.90	0.39719	26%-50% Below	No	No
00054418125	DEXAMETHASONE 1 MG TABLET	5	4.000	1.55	0.23801	51%-75% Above	No	No
00054418125	DEXAMETHASONE 1 MG TABLET	7	1.000	0.65	0.23659	101%-200% Above	No	No
00054418125	DEXAMETHASONE 1 MG TABLET	8	1.000	0.65	0.23807	101%-200% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	5	5.000	1.56	0.28187	10%-25% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	6	5.000	1.56	0.35594	10%-25% Below	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	6	10.000	2.62	0.35594	26%-50% Below	Yes	No
00054418425	DEXAMETHASONE 4 MG TABLET	8	4.000	1.23	0.39048	10%-25% Below	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	8	5.000	1.33	0.39048	26%-50% Below	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	8	6.000	1.50	0.39048	26%-50% Below	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	8	15.000	3.00	0.39048	26%-50% Below	No	No
00054418625	DEXAMETHASONE 6 MG TABLET	8	6.000	4.59	1.04047	26%-50% Below	Yes	No
00054429731	FUROSEMIDE 20 MG TABLET	5	30.000	1.18	0.02933	26%-50% Above	No	No
00054429731	FUROSEMIDE 20 MG TABLET	5	180.000	4.19	0.02933	10%-25% Below	No	No
00054429731	FUROSEMIDE 20 MG TABLET	6	30.000	1.18	0.02906	26%-50% Above	No	No
00054429731	FUROSEMIDE 20 MG TABLET	6	30.000	1.20	0.02906	26%-50% Above	No	No
00054429731	FUROSEMIDE 20 MG TABLET	6	90.000	2.10	0.02906	10%-25% Below	No	No
00054429731	FUROSEMIDE 20 MG TABLET	7	30.000	1.20	0.02829	26%-50% Above	No	No
00054429731	FUROSEMIDE 20 MG TABLET	8	30.000	1.20	0.0282	26%-50% Above	No	No
00054429931	FUROSEMIDE 40 MG TABLET	6	30.000	1.43	0.03132	51%-75% Above	No	No

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00054429931	FUROSEMIDE 40 MG TABLET	7	30.000	1.43	0.03131	51%-75% Above	No	No
00054429931	FUROSEMIDE 40 MG TABLET	8	30.000	1.49	0.03032	51%-75% Above	No	No
00054458111	MERCAPTOPYRINE 50 MG TABLET	6	23.000	11.30	0.90291	26%-50% Below	Yes	No
00054458111	MERCAPTOPYRINE 50 MG TABLET	7	23.000	11.30	0.92163	26%-50% Below	Yes	No
00054458111	MERCAPTOPYRINE 50 MG TABLET	8	21.000	10.31	0.92412	26%-50% Below	Yes	No
00054485925	TRIAZOLAM 0.25 MG TABLET	7	1.000	0.43	0.96098	51%-75% Below	No	No
00054981725	PREDNISON 10 MG TABLET	7	21.000	2.30	0.05845	76%-100% Above	No	No
00054981725	PREDNISON 10 MG TABLET	8	3.000	0.33	0.05823	76%-100% Above	No	No
00054981725	PREDNISON 10 MG TABLET	8	8.000	0.88	0.05823	76%-100% Above	No	No
00054982825	PREDNISON 5 MG TABLET	6	21.000	2.57	0.05075	101%-200% Above	No	No
00054982825	PREDNISON 5 MG TABLET	8	21.000	2.57	0.05261	101%-200% Above	No	No
00074003828	ORILISSA 150 MG TABLET	8	28.000	672.58	37.96014	26%-50% Below	No	No
00074372790	SYNTHROID 137 MCG TABLET	5	90.000	82.75	1.44139	26%-50% Below	No	No
00074372790	SYNTHROID 137 MCG TABLET	8	90.000	82.75	1.44139	26%-50% Below	No	No
00074455219	SYNTHROID 50 MCG TABLET	5	30.000	17.23	1.44127	51%-75% Below	No	No
00074455219	SYNTHROID 50 MCG TABLET	6	30.000	17.23	1.44127	51%-75% Below	No	No
00074455219	SYNTHROID 50 MCG TABLET	7	30.000	17.23	1.44127	51%-75% Below	No	No
00074455219	SYNTHROID 50 MCG TABLET	8	30.000	17.23	1.44127	51%-75% Below	No	No
00074518290	SYNTHROID 75 MCG TABLET	6	90.000	15.77	1.44338	76%-100% Below	Yes	No
00074659490	SYNTHROID 88 MCG TABLET	6	30.000	8.09	1.44157	76%-100% Below	No	No
00074707090	SYNTHROID 175 MCG TABLET	6	90.000	26.18	1.44144	76%-100% Below	Yes	No
00074714890	SYNTHROID 200 MCG TABLET	6	90.000	25.47	1.44123	76%-100% Below	Yes	No
00074714890	SYNTHROID 200 MCG TABLET	8	90.000	4.63	1.44123	76%-100% Below	Yes	No
00093005301	BUSPIRONE HCL 5 MG TABLET	5	60.000	3.82	0.02648	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	5	60.000	4.00	0.02648	101%-200% Above	No	No

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00093005301	BUSPIRONE HCL 5 MG TABLET	5	90.000	6.00	0.02648	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	6	60.000	3.91	0.02766	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	6	60.000	4.00	0.02766	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	6	90.000	5.67	0.02766	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	6	120.000	7.48	0.02766	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	7	60.000	4.00	0.02589	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	7	90.000	6.00	0.02589	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	7	120.000	7.48	0.02589	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	8	30.000	2.22	0.02396	200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	8	60.000	3.91	0.02396	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	8	60.000	4.00	0.02396	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	8	120.000	7.48	0.02396	101%-200% Above	No	No
00093005305	BUSPIRONE HCL 5 MG TABLET	8	90.000	5.17	0.02396	101%-200% Above	No	No
00093005401	BUSPIRONE HCL 10 MG TABLET	8	30.000	2.41	0.03287	101%-200% Above	No	No
00093005401	BUSPIRONE HCL 10 MG TABLET	8	30.000	2.48	0.03287	101%-200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	6	90.000	5.67	0.03741	51%-75% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	7	30.000	0.63	0.03744	26%-50% Below	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	7	60.000	4.00	0.03744	76%-100% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	7	120.000	7.56	0.03744	51%-75% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	7	180.000	10.00	0.03744	26%-50% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	8	60.000	4.00	0.03287	101%-200% Above	No	No
00093005801	TRAMADOL HCL 50 MG TABLET	8	42.000	0.82	0.02674	26%-50% Below	No	No
00093005805	TRAMADOL HCL 50 MG TABLET	5	12.000	0.20	0.02707	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	5	14.000	0.77	0.02707	101%-200% Above	No	No
00093005805	TRAMADOL HCL 50 MG TABLET	5	21.000	0.91	0.02707	51%-75% Above	Yes	No

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00093005805	TRAMADOL HCL 50 MG TABLET	5	28.000	0.42	0.02707	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	5	28.000	1.03	0.02707	26%-50% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	5	30.000	0.49	0.02707	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	6	14.000	0.76	0.02748	76%-100% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	6	28.000	0.42	0.02748	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	6	30.000	0.45	0.02748	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	6	42.000	0.63	0.02748	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	7	10.000	0.15	0.02838	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	7	18.000	0.27	0.02838	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	7	20.000	0.30	0.02838	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	7	30.000	0.45	0.02838	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	7	120.000	11.92	0.02838	200% Above	No	No
00093005805	TRAMADOL HCL 50 MG TABLET	8	10.000	0.70	0.02674	101%-200% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	8	12.000	0.18	0.02674	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	8	20.000	0.89	0.02674	51%-75% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	8	30.000	0.45	0.02674	26%-50% Below	Yes	No
00093007301	ZOLPIDEM TARTRATE 5 MG TABLET	6	30.000	1.24	0.0355	10%-25% Above	No	No
00093007401	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	1.44	0.0361	26%-50% Above	No	No
00093031401	KETOROLAC 10 MG TABLET	5	10.000	4.90	0.58445	10%-25% Below	No	No
00093031401	KETOROLAC 10 MG TABLET	5	15.000	6.07	0.58445	26%-50% Below	Yes	No
00093031401	KETOROLAC 10 MG TABLET	5	15.000	14.18	0.58445	51%-75% Above	Yes	No
00093031401	KETOROLAC 10 MG TABLET	5	20.000	18.74	0.58445	51%-75% Above	Yes	No
00093031401	KETOROLAC 10 MG TABLET	6	15.000	13.70	0.53038	51%-75% Above	Yes	No
00093031401	KETOROLAC 10 MG TABLET	7	20.000	6.94	0.60012	26%-50% Below	Yes	No
00093031401	KETOROLAC 10 MG TABLET	8	10.000	6.90	0.50607	26%-50% Above	No	No

## NADAC Summary Report

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00093031401	KETOROLAC 10 MG TABLET	8	10.000	9.84	0.50607	76%-100% Above	No	No
00093031401	KETOROLAC 10 MG TABLET	8	16.000	6.90	0.50607	10%-25% Below	Yes	No
00093031401	KETOROLAC 10 MG TABLET	8	20.000	6.94	0.50607	26%-50% Below	Yes	No
00093075210	ATENOLOL 50 MG TABLET	6	90.000	7.49	0.02642	200% Above	No	No
00093077110	PRAVASTATIN SODIUM 10 MG TAB	7	30.000	0.94	0.06313	26%-50% Below	No	No
00093077110	PRAVASTATIN SODIUM 10 MG TAB	8	30.000	1.01	0.06574	26%-50% Below	No	No
00093077198	PRAVASTATIN SODIUM 10 MG TAB	5	30.000	0.00	0.05921	76%-100% Below	No	No
00093077198	PRAVASTATIN SODIUM 10 MG TAB	5	30.000	0.85	0.05921	51%-75% Below	No	No
00093077198	PRAVASTATIN SODIUM 10 MG TAB	6	30.000	0.00	0.06663	76%-100% Below	No	No
00093077198	PRAVASTATIN SODIUM 10 MG TAB	6	30.000	0.84	0.06663	51%-75% Below	No	No
00093077198	PRAVASTATIN SODIUM 10 MG TAB	6	90.000	4.90	0.06663	10%-25% Below	No	No
00093078710	ATENOLOL 25 MG TABLET	6	30.000	0.81	0.02404	10%-25% Above	No	No
00093078710	ATENOLOL 25 MG TABLET	8	90.000	5.86	0.02134	200% Above	No	No
00093081101	NORTRIPTYLINE HCL 25 MG CAP	5	30.000	4.31	0.08623	51%-75% Above	Yes	No
00093081101	NORTRIPTYLINE HCL 25 MG CAP	6	90.000	11.92	0.08926	26%-50% Above	Yes	No
00093081101	NORTRIPTYLINE HCL 25 MG CAP	8	90.000	11.92	0.08884	26%-50% Above	Yes	No
00093081201	NORTRIPTYLINE HCL 50 MG CAP	6	90.000	12.16	0.1124	10%-25% Above	Yes	No
00093081201	NORTRIPTYLINE HCL 50 MG CAP	6	180.000	23.81	0.1124	10%-25% Above	Yes	No
00093083201	CLONAZEPAM 0.5 MG TABLET	5	30.000	1.00	0.02861	10%-25% Above	No	No
00093083201	CLONAZEPAM 0.5 MG TABLET	5	60.000	1.50	0.02861	10%-25% Below	No	No
00093083201	CLONAZEPAM 0.5 MG TABLET	7	30.000	1.00	0.02702	10%-25% Above	No	No
00093083201	CLONAZEPAM 0.5 MG TABLET	7	60.000	1.21	0.02702	10%-25% Below	No	No
00093083201	CLONAZEPAM 0.5 MG TABLET	7	75.000	1.39	0.02702	26%-50% Below	No	No
00093083201	CLONAZEPAM 0.5 MG TABLET	8	7.000	0.58	0.02731	200% Above	No	No
00093083201	CLONAZEPAM 0.5 MG TABLET	8	14.000	0.66	0.02731	51%-75% Above	No	No



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00093083205	CLONAZEPAM 0.5 MG TABLET	5	30.000	0.42	0.02861	51%-75% Below	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	5	30.000	0.98	0.02861	10%-25% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	5	30.000	1.00	0.02861	10%-25% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	5	30.000	1.00	0.02861	10%-25% Above	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	5	45.000	0.61	0.02861	51%-75% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	5	60.000	1.50	0.02861	10%-25% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	5	60.000	1.50	0.02861	10%-25% Below	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	5	60.000	2.07	0.02861	10%-25% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	5	90.000	1.95	0.02861	10%-25% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	6	30.000	0.39	0.03018	51%-75% Below	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	6	30.000	1.00	0.03018	10%-25% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	6	60.000	0.01	0.03018	76%-100% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	6	60.000	1.50	0.03018	10%-25% Below	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	6	60.000	2.07	0.03018	10%-25% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	6	75.000	1.75	0.03018	10%-25% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	7	30.000	0.39	0.02702	51%-75% Below	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	7	30.000	1.00	0.02702	10%-25% Above	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	7	60.000	1.21	0.02702	10%-25% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	8	45.000	0.63	0.02731	26%-50% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	8	60.000	0.71	0.02731	51%-75% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	8	60.000	1.21	0.02731	26%-50% Below	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	8	75.000	1.39	0.02731	26%-50% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	8	90.000	1.53	0.02731	26%-50% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	8	90.000	1.63	0.02731	26%-50% Below	No	No
00093092810	LOVASTATIN 40 MG TABLET	5	180.000	0.02	0.06011	76%-100% Below	No	No

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00093092810	LOVASTATIN 40 MG TABLET	8	180.000	0.02	0.05418	76%-100% Below	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	5	60.000	9.73	0.05142	200% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	5	90.000	14.60	0.05142	200% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	5	225.000	17.58	0.05142	51%-75% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	5	270.000	9.90	0.05142	26%-50% Below	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	5	270.000	20.99	0.05142	51%-75% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	6	60.000	9.73	0.05122	200% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	6	90.000	14.60	0.05122	200% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	7	60.000	4.90	0.05065	51%-75% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	7	60.000	9.73	0.05065	200% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	7	90.000	14.60	0.05065	200% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	8	60.000	4.90	0.04811	51%-75% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	8	60.000	9.73	0.04811	200% Above	No	No
00093100305	BUSPIRONE HCL 15 MG TABLET	5	60.000	1.66	0.05142	26%-50% Below	No	No
00093100305	BUSPIRONE HCL 15 MG TABLET	6	60.000	1.66	0.05122	26%-50% Below	No	No
00093100305	BUSPIRONE HCL 15 MG TABLET	7	60.000	1.71	0.05065	26%-50% Below	No	No
00093100305	BUSPIRONE HCL 15 MG TABLET	8	60.000	1.66	0.04811	26%-50% Below	No	No
00093101042	MUPIROCIN 2% OINTMENT	5	22.000	2.14	0.18515	26%-50% Below	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	5	22.000	6.83	0.18515	51%-75% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	5	22.000	7.06	0.18515	51%-75% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	6	22.000	2.14	0.17533	26%-50% Below	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	6	22.000	7.06	0.17533	76%-100% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	6	44.000	4.27	0.17533	26%-50% Below	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	6	66.000	6.41	0.17533	26%-50% Below	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	7	22.000	2.14	0.19773	26%-50% Below	Yes	No

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00093101042	MUPIROCIN 2% OINTMENT	7	22.000	6.83	0.19773	51%-75% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	7	22.000	7.06	0.19773	51%-75% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	7	22.000	7.06	0.19773	51%-75% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	8	22.000	6.83	0.17864	51%-75% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	8	22.000	7.06	0.17864	76%-100% Above	No	No
00093106001	SOTALOL 120 MG TABLET	5	60.000	8.56	0.09409	51%-75% Above	No	No
00093106001	SOTALOL 120 MG TABLET	6	60.000	8.56	0.09279	51%-75% Above	No	No
00093106001	SOTALOL 120 MG TABLET	7	60.000	9.34	0.09742	51%-75% Above	No	No
00093106001	SOTALOL 120 MG TABLET	8	60.000	9.34	0.09807	51%-75% Above	No	No
00093117210	PENICILLIN VK 250 MG TABLET	7	21.000	2.80	0.06736	76%-100% Above	Yes	No
00093117410	PENICILLIN VK 500 MG TABLET	6	30.000	5.29	0.1042	51%-75% Above	Yes	No
00093117410	PENICILLIN VK 500 MG TABLET	7	28.000	5.13	0.10831	51%-75% Above	Yes	No
00093171301	WARFARIN SODIUM 2 MG TABLET	7	30.000	6.30	0.09081	101%-200% Above	Yes	No
00093171301	WARFARIN SODIUM 2 MG TABLET	8	30.000	6.30	0.0937	101%-200% Above	Yes	No
00093171501	WARFARIN SODIUM 3 MG TABLET	6	16.000	3.79	0.0987	101%-200% Above	Yes	No
00093171501	WARFARIN SODIUM 3 MG TABLET	7	8.000	2.15	0.07899	200% Above	Yes	No
00093171501	WARFARIN SODIUM 3 MG TABLET	8	16.000	3.79	0.10175	101%-200% Above	Yes	No
00093172101	WARFARIN SODIUM 5 MG TABLET	8	12.000	3.02	0.0986	101%-200% Above	Yes	No
00093202723	AZITHROMYCIN 100 MG/5 ML SUSP	8	15.000	9.90	0.47946	26%-50% Above	No	No
00093206406	CILOSTAZOL 100 MG TABLET	5	180.000	20.82	0.14004	10%-25% Below	No	No
00093206406	CILOSTAZOL 100 MG TABLET	7	180.000	20.32	0.14664	10%-25% Below	No	No
00093206801	DOXAZOSIN MESYLATE 4 MG TAB	8	90.000	49.18	0.10762	200% Above	Yes	No
00093206901	DOXAZOSIN MESYLATE 2 MG TAB	5	90.000	42.60	0.08224	200% Above	Yes	No
00093206901	DOXAZOSIN MESYLATE 2 MG TAB	8	90.000	46.86	0.07088	200% Above	Yes	No
00093214062	TRI-LO-SPRINTEC TABLET	5	28.000	2.33	0.14828	26%-50% Below	No	No

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00093214062	TRI-LO-SPRINTEC TABLET	5	28.000	2.63	0.14828	26%-50% Below	No	No
00093214062	TRI-LO-SPRINTEC TABLET	6	28.000	2.33	0.15382	26%-50% Below	No	No
00093214062	TRI-LO-SPRINTEC TABLET	6	84.000	7.00	0.15382	26%-50% Below	No	No
00093214062	TRI-LO-SPRINTEC TABLET	7	28.000	2.33	0.13911	26%-50% Below	No	No
00093214062	TRI-LO-SPRINTEC TABLET	8	28.000	2.58	0.13841	26%-50% Below	No	No
00093214062	TRI-LO-SPRINTEC TABLET	8	84.000	7.75	0.13841	26%-50% Below	No	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	5	28.000	0.71	0.04834	26%-50% Below	Yes	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	6	20.000	0.42	0.04934	51%-75% Below	No	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	6	20.000	1.35	0.04934	26%-50% Above	No	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	7	20.000	1.35	0.04805	26%-50% Above	No	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	7	90.000	1.90	0.04805	51%-75% Below	No	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	8	20.000	1.35	0.05081	26%-50% Above	No	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	8	90.000	1.90	0.05081	51%-75% Below	No	No
00093220310	METOCLOPRAMIDE 10 MG TABLET	5	90.000	1.90	0.04834	51%-75% Below	No	No
00093220310	METOCLOPRAMIDE 10 MG TABLET	6	90.000	1.90	0.04934	51%-75% Below	No	No
00093221001	SUCRALFATE 1 GM TABLET	6	60.000	6.62	0.21704	26%-50% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	6	90.000	9.94	0.21704	26%-50% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	6	180.000	16.76	0.21704	51%-75% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	7	90.000	9.94	0.21977	26%-50% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	7	120.000	13.25	0.21977	26%-50% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	7	120.000	14.90	0.21977	26%-50% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	8	90.000	9.94	0.21158	26%-50% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	8	120.000	13.25	0.21158	26%-50% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	8	120.000	14.90	0.21158	26%-50% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	8	180.000	16.76	0.21158	51%-75% Below	Yes	No

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00093221005	SUCRALFATE 1 GM TABLET	5	90.000	14.90	0.21385	10%-25% Below	No	No
00093221005	SUCRALFATE 1 GM TABLET	7	120.000	14.90	0.21977	26%-50% Below	No	No
00093224001	CEPHALEXIN 500 MG TABLET	8	10.000	9.90	1.99818	26%-50% Below	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	5	20.000	0.83	0.12446	51%-75% Below	Yes	No
00093227534	AMOX-CLAV 875-125 MG TABLET	7	14.000	6.96	0.34409	26%-50% Above	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	7	20.000	9.72	0.34409	26%-50% Above	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	8	20.000	3.21	0.30859	26%-50% Below	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	8	20.000	9.72	0.30859	51%-75% Above	No	No
00093310705	AMOXICILLIN 250 MG CAPSULE	5	30.000	0.85	0.05789	51%-75% Below	Yes	No
00093310705	AMOXICILLIN 250 MG CAPSULE	6	30.000	0.85	0.06305	51%-75% Below	Yes	No
00093310705	AMOXICILLIN 250 MG CAPSULE	7	30.000	0.85	0.06551	51%-75% Below	Yes	No
00093310705	AMOXICILLIN 250 MG CAPSULE	8	30.000	0.85	0.07438	51%-75% Below	Yes	No
00093310705	AMOXICILLIN 250 MG CAPSULE	8	60.000	3.75	0.07438	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	5	4.000	0.75	0.07974	101%-200% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	5	14.000	1.37	0.07974	10%-25% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	5	28.000	1.02	0.07974	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	5	30.000	1.10	0.07974	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	6	20.000	0.73	0.09089	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	6	30.000	1.10	0.09089	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	6	30.000	2.43	0.09089	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	7	14.000	2.60	0.0976	76%-100% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	7	30.000	2.43	0.0976	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	7	42.000	3.20	0.0976	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	8	21.000	0.77	0.08664	51%-75% Below	Yes	No
00093310953	AMOXICILLIN 500 MG CAPSULE	5	8.000	1.11	0.07974	51%-75% Above	No	No

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00093314701	CEPHALEXIN 500 MG CAPSULE	5	20.000	1.99	0.12733	10%-25% Below	No	No
00093314701	CEPHALEXIN 500 MG CAPSULE	5	30.000	2.65	0.12733	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	5	14.000	0.99	0.12733	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	5	15.000	1.06	0.12733	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	5	20.000	1.99	0.12733	10%-25% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	5	28.000	2.51	0.12733	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	5	40.000	3.47	0.12733	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	6	15.000	1.06	0.12775	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	6	30.000	2.74	0.12775	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	8	30.000	2.82	0.12271	10%-25% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	8	40.000	3.37	0.12271	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	8	40.000	3.46	0.12271	26%-50% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	5	8.500	9.99	2.84938	51%-75% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	5	8.500	15.90	2.84938	26%-50% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	5	8.500	15.90	2.84938	26%-50% Below	Yes	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	5	8.500	19.45	2.84938	10%-25% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	5	8.500	19.87	2.84938	10%-25% Below	Yes	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	5	8.500	19.90	2.84938	10%-25% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	5	8.500	29.82	2.84938	10%-25% Above	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	5	17.000	29.99	2.84938	26%-50% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	6	8.500	9.99	3.00835	51%-75% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	6	8.500	15.90	3.00835	26%-50% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	6	8.500	15.90	3.00835	26%-50% Below	Yes	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	6	8.500	19.45	3.00835	10%-25% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	6	8.500	29.82	3.00835	10%-25% Above	No	No

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00093317431	ALBUTEROL HFA 90 MCG INHALER	7	8.500	15.90	2.87117	26%-50% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	7	8.500	15.90	2.87117	26%-50% Below	Yes	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	7	8.500	19.90	2.87117	10%-25% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	7	8.500	29.82	2.87117	10%-25% Above	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	7	8.500	29.99	2.87117	10%-25% Above	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	7	8.500	30.32	2.87117	10%-25% Above	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	7	25.500	47.71	2.87117	26%-50% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	8	8.500	9.99	2.84932	51%-75% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	8	8.500	10.34	2.84932	51%-75% Below	Yes	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	8	8.500	15.90	2.84932	26%-50% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	8	8.500	15.90	2.84932	26%-50% Below	Yes	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	8	25.500	47.71	2.84932	26%-50% Below	Yes	No
00093321201	CLONAZEPAM 1 MG TABLET	5	30.000	1.21	0.03294	10%-25% Above	No	No
00093321201	CLONAZEPAM 1 MG TABLET	6	30.000	1.21	0.03307	10%-25% Above	No	No
00093321201	CLONAZEPAM 1 MG TABLET	7	30.000	1.21	0.03214	10%-25% Above	No	No
00093321205	CLONAZEPAM 1 MG TABLET	5	30.000	0.00	0.03294	76%-100% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	5	30.000	1.21	0.03294	10%-25% Above	No	No
00093321205	CLONAZEPAM 1 MG TABLET	5	30.000	1.21	0.03294	10%-25% Above	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	5	90.000	1.60	0.03294	26%-50% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	5	90.000	2.62	0.03294	10%-25% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	6	14.000	0.91	0.03307	76%-100% Above	No	No
00093321205	CLONAZEPAM 1 MG TABLET	6	30.000	0.00	0.03307	76%-100% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	6	30.000	1.21	0.03307	10%-25% Above	No	No
00093321205	CLONAZEPAM 1 MG TABLET	6	30.000	1.21	0.03307	10%-25% Above	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	6	60.000	1.07	0.03307	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093321205	CLONAZEPAM 1 MG TABLET	6	90.000	1.59	0.03307	26%-50% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	6	90.000	2.62	0.03307	10%-25% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	7	30.000	0.00	0.03214	76%-100% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	7	60.000	1.43	0.03214	10%-25% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	7	60.000	1.43	0.03214	10%-25% Below	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	7	90.000	1.64	0.03214	26%-50% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	7	90.000	1.90	0.03214	26%-50% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	8	30.000	0.00	0.03424	76%-100% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	8	60.000	1.07	0.03424	26%-50% Below	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	8	60.000	1.48	0.03424	26%-50% Below	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	8	90.000	1.64	0.03424	26%-50% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	8	90.000	1.90	0.03424	26%-50% Below	No	No
00093321301	CLONAZEPAM 2 MG TABLET	5	10.000	0.88	0.03734	101%-200% Above	No	No
00093321301	CLONAZEPAM 2 MG TABLET	5	80.000	3.57	0.03734	10%-25% Above	No	No
00093321301	CLONAZEPAM 2 MG TABLET	5	90.000	3.96	0.03734	10%-25% Above	No	No
00093321305	CLONAZEPAM 2 MG TABLET	6	90.000	3.96	0.0361	10%-25% Above	No	No
00093321915	KETOCONAZOLE 2% CREAM	5	15.000	5.75	0.28132	26%-50% Above	Yes	No
00093321930	KETOCONAZOLE 2% CREAM	7	30.000	9.90	0.25171	26%-50% Above	Yes	No
00093321992	KETOCONAZOLE 2% CREAM	5	60.000	17.37	0.20634	26%-50% Above	Yes	No
00093321992	KETOCONAZOLE 2% CREAM	8	60.000	9.90	0.20706	10%-25% Below	Yes	No
00093342201	CYCLOBENZAPRINE 10 MG TABLET	6	56.000	1.69	0.02453	10%-25% Above	No	No
00093342201	CYCLOBENZAPRINE 10 MG TABLET	8	56.000	1.69	0.02303	26%-50% Above	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	5	20.000	0.19	0.02117	51%-75% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	5	30.000	1.16	0.02117	76%-100% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	5	30.000	1.23	0.02117	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	5	60.000	0.83	0.02117	26%-50% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	5	60.000	1.77	0.02117	26%-50% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	5	90.000	2.47	0.02117	26%-50% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	6	10.000	0.72	0.02453	101%-200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	6	30.000	0.29	0.02453	51%-75% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	6	30.000	1.16	0.02453	51%-75% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	6	60.000	0.57	0.02453	51%-75% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	7	15.000	0.83	0.02198	101%-200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	7	30.000	1.16	0.02198	51%-75% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	8	30.000	1.14	0.02303	51%-75% Above	Yes	No
00093342501	LORAZEPAM 0.5 MG TABLET	6	15.000	0.88	0.04055	26%-50% Above	No	No
00093342510	LORAZEPAM 0.5 MG TABLET	8	3.000	0.55	0.03925	200% Above	No	No
00093342601	LORAZEPAM 1 MG TABLET	5	34.000	1.73	0.04181	10%-25% Above	No	No
00093342601	LORAZEPAM 1 MG TABLET	7	30.000	1.59	0.03964	26%-50% Above	No	No
00093342601	LORAZEPAM 1 MG TABLET	7	32.000	1.66	0.03964	26%-50% Above	No	No
00093342601	LORAZEPAM 1 MG TABLET	8	30.000	1.59	0.04006	26%-50% Above	No	No
00093342701	LORAZEPAM 2 MG TABLET	5	30.000	1.66	0.06751	10%-25% Below	No	No
00093372755	DICLOFENAC EPOLAMINE 1.3% PTCH	8	30.000	0.00	5.61217	76%-100% Below	No	No
00093413764	CEFDINIR 250 MG/5 ML SUSP	5	60.000	6.90	0.1969	26%-50% Below	No	No
00093415573	AMOXICILLIN 250 MG/5 ML SUSP	8	200.000	7.11	0.02371	26%-50% Above	Yes	No
00093415573	AMOXICILLIN 250 MG/5 ML SUSP	8	300.000	2.10	0.02371	51%-75% Below	No	No
00093416073	AMOXICILLIN 200 MG/5 ML SUSP	6	100.000	5.30	0.03331	51%-75% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	5	100.000	5.69	0.02749	101%-200% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	5	200.000	11.38	0.02749	101%-200% Above	No	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	5	200.000	11.38	0.02749	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	6	100.000	5.69	0.02928	76%-100% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	8	200.000	11.38	0.02944	76%-100% Above	No	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	5	150.000	8.50	0.03134	76%-100% Above	No	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	5	150.000	9.90	0.03134	101%-200% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	6	150.000	8.50	0.02819	101%-200% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	7	150.000	8.50	0.03113	76%-100% Above	Yes	No
00093417773	CEPHALEXIN 250 MG/5 ML SUSP	6	100.000	18.16	0.11059	51%-75% Above	No	No
00093417774	CEPHALEXIN 250 MG/5 ML SUSP	5	200.000	4.99	0.09189	51%-75% Below	No	No
00093417774	CEPHALEXIN 250 MG/5 ML SUSP	5	200.000	9.99	0.09189	26%-50% Below	No	No
00093500456	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-5-25 MG	8	90.000	65.83	1.90034	51%-75% Below	No	No
00093505698	ATORVASTATIN 10 MG TABLET	5	30.000	0.59	0.03116	26%-50% Below	No	No
00093505698	ATORVASTATIN 10 MG TABLET	6	90.000	1.77	0.03	26%-50% Below	No	No
00093505798	ATORVASTATIN 80 MG TABLET	5	90.000	16.24	0.0903	76%-100% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	8	90.000	16.24	0.0885	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	5	30.000	4.89	0.06076	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	5	90.000	13.66	0.06076	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	5	90.000	14.14	0.06076	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	5	90.000	55.74	0.06076	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	6	30.000	4.89	0.05884	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	6	90.000	12.40	0.05884	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	6	90.000	13.66	0.05884	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	6	90.000	14.14	0.05884	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	7	30.000	4.89	0.05733	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	7	90.000	14.14	0.05733	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	8	90.000	13.66	0.05653	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093505898	ATORVASTATIN 40 MG TABLET	8	90.000	14.14	0.05653	101%-200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	5	30.000	4.87	0.04094	200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	6	30.000	4.87	0.04166	200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	7	30.000	0.74	0.04069	26%-50% Below	No	No
00093505998	ATORVASTATIN 20 MG TABLET	7	90.000	2.23	0.04069	26%-50% Below	No	No
00093505998	ATORVASTATIN 20 MG TABLET	8	90.000	2.23	0.03977	26%-50% Below	No	No
00093506001	HYDROXYZINE HCL 10 MG TABLET	8	60.000	0.01	0.03617	76%-100% Below	No	No
00093506005	HYDROXYZINE HCL 10 MG TABLET	5	180.000	9.99	0.03666	51%-75% Above	No	No
00093506101	HYDROXYZINE HCL 25 MG TABLET	7	30.000	2.82	0.04793	76%-100% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	5	30.000	2.91	0.05166	76%-100% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	5	120.000	9.90	0.05166	51%-75% Above	No	No
00093506205	HYDROXYZINE HCL 50 MG TABLET	8	45.000	6.74	0.07186	101%-200% Above	No	No
00093520006	BUSPIRONE HCL 30 MG TABLET	6	60.000	9.99	0.13954	10%-25% Above	No	No
00093520006	BUSPIRONE HCL 30 MG TABLET	7	60.000	9.99	0.14361	10%-25% Above	No	No
00093520006	BUSPIRONE HCL 30 MG TABLET	8	60.000	9.99	0.14276	10%-25% Above	No	No
00093532862	JUNEL FE 24 TABLET	8	84.000	0.01	0.36294	76%-100% Below	No	No
00093534356	SILDENAFIL 100 MG TABLET	5	6.000	9.90	0.23982	200% Above	Yes	No
00093542088	CABERGOLINE 0.5 MG TABLET	5	8.000	29.90	2.05871	76%-100% Above	No	No
00093542088	CABERGOLINE 0.5 MG TABLET	7	8.000	29.90	2.01536	76%-100% Above	No	No
00093553801	ESZOPICLONE 2 MG TABLET	8	30.000	5.00	0.11539	26%-50% Above	No	No
00093555201	DEXMETHYLPHENIDATE ER 15 MG CP	8	30.000	20.12	1.0563	26%-50% Below	No	No
00093557156	ERYTHROMYCIN 250 MG TABLET	7	60.000	0.01	4.91293	76%-100% Below	No	No
00093590786	MESALAMINE DR 400 MG CAPSULE	5	30.000	34.37	2.04137	26%-50% Below	No	No
00093590786	MESALAMINE DR 400 MG CAPSULE	6	30.000	33.98	2.01315	26%-50% Below	No	No
00093590786	MESALAMINE DR 400 MG CAPSULE	7	30.000	35.00	2.10578	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093590786	MESALAMINE DR 400 MG CAPSULE	8	30.000	35.00	1.91398	26%-50% Below	No	No
00093598527	EPINEPHRINE 0.15 MG AUTO-INJECT	7	2.000	155.14	131.20567	26%-50% Below	Yes	No
00093598627	EPINEPHRINE 0.3 MG AUTO-INJECT	5	2.000	105.00	135.69857	51%-75% Below	No	No
00093598627	EPINEPHRINE 0.3 MG AUTO-INJECT	5	2.000	152.16	135.69857	26%-50% Below	Yes	No
00093598627	EPINEPHRINE 0.3 MG AUTO-INJECT	5	2.000	165.51	135.69857	26%-50% Below	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	5	30.000	6.13	0.07243	101%-200% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	6	30.000	6.13	0.07076	101%-200% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	7	30.000	6.68	0.07438	101%-200% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	8	30.000	6.68	0.07213	200% Above	No	No
00093720110	PRAVASTATIN SODIUM 20 MG TAB	5	30.000	0.91	0.06739	51%-75% Below	No	No
00093720110	PRAVASTATIN SODIUM 20 MG TAB	6	30.000	0.91	0.06911	51%-75% Below	No	No
00093720110	PRAVASTATIN SODIUM 20 MG TAB	7	30.000	0.91	0.06167	26%-50% Below	No	No
00093720110	PRAVASTATIN SODIUM 20 MG TAB	8	30.000	0.91	0.06383	51%-75% Below	No	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	5	30.000	1.03	0.06739	26%-50% Below	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	6	30.000	0.90	0.06911	51%-75% Below	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	7	30.000	0.90	0.06167	51%-75% Below	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	7	90.000	0.01	0.06167	76%-100% Below	No	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	8	30.000	0.00	0.06383	76%-100% Below	No	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	8	30.000	0.90	0.06383	51%-75% Below	Yes	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	5	30.000	1.45	0.08534	26%-50% Below	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	5	180.000	8.71	0.08534	26%-50% Below	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	6	90.000	37.87	0.08572	200% Above	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	7	90.000	37.87	0.08978	200% Above	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	8	30.000	1.51	0.08593	26%-50% Below	No	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	7	90.000	3.64	0.08978	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093727010	PRAVASTATIN SODIUM 80 MG TAB	5	30.000	2.89	0.18261	26%-50% Below	No	No
00093727156	PIOGLITAZONE HCL 15 MG TABLET	6	90.000	63.84	0.08041	200% Above	No	No
00093727156	PIOGLITAZONE HCL 15 MG TABLET	8	90.000	63.84	0.0808	200% Above	No	No
00093735201	CALCITRIOL 0.25 MCG CAPSULE	5	90.000	40.89	0.1981	101%-200% Above	No	No
00093735201	CALCITRIOL 0.25 MCG CAPSULE	8	90.000	40.89	0.17702	101%-200% Above	No	No
00093736810	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	30.000	14.90	0.12446	200% Above	No	No
00093736810	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	30.000	14.90	0.12645	200% Above	No	No
00093736810	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	30.000	14.90	0.1247	200% Above	No	No
00093736810	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	8	30.000	14.90	0.12801	200% Above	No	No
00093736898	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	90.000	57.46	0.12446	200% Above	No	No
00093736898	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	90.000	57.46	0.12645	200% Above	No	No
00093736898	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	90.000	57.46	0.1247	200% Above	No	No
00093736910	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	5	90.000	44.90	0.12351	200% Above	No	No
00093762056	LETROZOLE 2.5 MG TABLET	7	90.000	10.93	0.10673	10%-25% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	5	30.000	4.90	0.07325	101%-200% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	5	30.000	6.90	0.07325	200% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	5	30.000	8.45	0.07325	200% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	5	30.000	8.65	0.07325	200% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	6	30.000	6.90	0.07453	200% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	6	30.000	8.45	0.07453	200% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	6	30.000	8.65	0.07453	200% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	6	90.000	25.34	0.07453	200% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	7	30.000	4.90	0.07645	101%-200% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	7	30.000	6.90	0.07645	200% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	7	90.000	25.34	0.07645	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00093770198	LEVOCETIRIZINE 5 MG TABLET	8	30.000	1.38	0.07745	26%-50% Below	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	8	30.000	6.90	0.07745	101%-200% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	8	30.000	8.65	0.07745	200% Above	No	No
00093770456	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 200-300 MG TAB	5	90.000	62.30	0.6267	10%-25% Above	Yes	No
00093770456	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 200-300 MG TAB	7	90.000	30.04	0.58967	26%-50% Below	Yes	No
00093867575	AMOX-CLAV 600-42.9 MG/5 ML SUS	5	125.000	11.08	0.06921	26%-50% Above	No	No
00093867575	AMOX-CLAV 600-42.9 MG/5 ML SUS	5	250.000	19.90	0.06921	10%-25% Above	No	No
00093922206	DIFLUNISAL 500 MG TABLET	8	10.000	7.00	0.96553	26%-50% Below	No	No
00115148701	DEXTROAMP-AMPHET ER 10 MG CAP	5	30.000	122.66	0.67317	200% Above	No	No
00115148901	DEXTROAMP-AMPHET ER 20 MG CAP	5	30.000	122.66	0.62478	200% Above	Yes	No
00115149001	DEXTROAMP-AMPHET ER 25 MG CAP	6	30.000	122.66	0.59436	200% Above	Yes	No
00115168974	BUDESONIDE 0.5 MG/2 ML SUSP	5	180.000	314.66	0.56366	200% Above	Yes	No
00115168974	BUDESONIDE 0.5 MG/2 ML SUSP	8	180.000	35.10	0.82926	76%-100% Below	Yes	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	5	2.000	109.99	112.30418	51%-75% Below	Yes	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	7	2.000	165.51	113.93823	26%-50% Below	No	No
00115175701	CYPROHEPTADINE 4 MG TABLET	5	60.000	9.99	0.09549	51%-75% Above	No	No
00115175701	CYPROHEPTADINE 4 MG TABLET	6	60.000	9.99	0.09726	51%-75% Above	No	No
00115175701	CYPROHEPTADINE 4 MG TABLET	7	60.000	9.99	0.08558	76%-100% Above	No	No
00115175701	CYPROHEPTADINE 4 MG TABLET	8	60.000	9.99	0.08705	76%-100% Above	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	6	30.000	2.50	0.07416	10%-25% Above	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	6	120.000	6.90	0.07416	10%-25% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	7	45.000	2.05	0.07216	26%-50% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	7	120.000	4.86	0.07216	26%-50% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	7	120.000	6.90	0.07216	10%-25% Below	Yes	No
00115180401	HYDROXYZINE PAM 50 MG CAP	6	90.000	6.13	0.1088	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00115180401	HYDROXYZINE PAM 50 MG CAP	7	60.000	4.12	0.09995	26%-50% Below	Yes	No
00115521116	COLESTIPOL HCL 1 GM TABLET	5	120.000	50.44	0.79666	26%-50% Below	No	No
00115521116	COLESTIPOL HCL 1 GM TABLET	6	360.000	54.97	0.87167	76%-100% Below	Yes	No
00115521116	COLESTIPOL HCL 1 GM TABLET	8	60.000	14.90	0.83039	51%-75% Below	Yes	No
00115552210	FENOFIBRATE 160 MG TABLET	5	90.000	44.90	0.12062	200% Above	No	No
00115992001	DEXMETHYLPHENIDATE ER 15 MG CP	6	30.000	17.50	0.96431	26%-50% Below	No	No
00115992101	DEXMETHYLPHENIDATE ER 20 MG CP	5	30.000	32.60	1.93828	26%-50% Below	Yes	No
00115993178	LEVALBUTEROL 0.63 MG/3 ML SOL	6	75.000	14.90	0.29051	26%-50% Below	No	No
00115993278	LEVALBUTEROL 1.25 MG/3 ML SOL	8	75.000	14.90	0.25757	10%-25% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	5	473.000	3.01	0.00531	10%-25% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	5	473.000	3.10	0.00531	10%-25% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	5	473.000	4.20	0.00531	51%-75% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	6	473.000	3.01	0.00517	10%-25% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	6	473.000	3.05	0.00517	10%-25% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	6	473.000	3.05	0.00517	10%-25% Above	Yes	No
00116200116	CHLORHEXIDINE 0.12% RINSE	7	473.000	0.05	0.00539	76%-100% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	7	473.000	1.65	0.00539	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	7	473.000	3.01	0.00539	10%-25% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	7	473.000	3.10	0.00539	10%-25% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	7	473.000	3.14	0.00539	10%-25% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	7	473.000	3.86	0.00539	51%-75% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	8	473.000	0.05	0.00567	76%-100% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	8	473.000	1.42	0.00567	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	8	473.000	3.01	0.00567	10%-25% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	8	473.000	3.05	0.00567	10%-25% Above	No	No

## NADAC Summary Report

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00116200116	CHLORHEXIDINE 0.12% RINSE	8	473.000	3.11	0.00567	10%-25% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	8	473.000	3.77	0.00567	26%-50% Above	No	No
00121050416	ACETAMINOPHEN-CODEINE 120 MG-12 MG/5 ML SOLUTION	5	300.000	5.69	0.01344	26%-50% Above	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	5	8.000	0.39	0.13195	51%-75% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	5	25.000	2.75	0.13195	10%-25% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	5	30.000	0.00	0.13195	76%-100% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	5	48.000	4.67	0.13195	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	5	50.000	5.00	0.13195	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	5	50.000	5.00	0.13195	10%-25% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	6	70.000	6.80	0.12629	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	7	40.000	4.10	0.12741	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	7	50.000	5.27	0.12741	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	7	60.000	2.89	0.12741	51%-75% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	8	7.000	1.13	0.13648	10%-25% Above	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	8	30.000	3.20	0.13648	10%-25% Below	No	No
00121077504	GUAIFEN-CODEINE 100-10 MG/5 ML	5	120.000	4.99	0.05963	26%-50% Below	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	5	240.000	12.83	0.02956	76%-100% Above	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	5	300.000	10.53	0.02956	10%-25% Above	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	6	118.000	6.56	0.02863	76%-100% Above	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	6	120.000	7.00	0.02863	101%-200% Above	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	6	150.000	8.21	0.02863	76%-100% Above	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	6	180.000	9.90	0.02863	76%-100% Above	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	6	240.000	12.83	0.02863	76%-100% Above	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	7	240.000	12.83	0.03153	51%-75% Above	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	8	210.000	7.37	0.03045	10%-25% Above	No	No



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00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	8	240.000	12.83	0.03045	51%-75% Above	No	No
00121086816	NYSTATIN 100,000 UNIT/ML SUSP	8	120.000	3.26	0.03946	26%-50% Below	No	No
00121087316	LACTULOSE 10 GM/15 ML SOLUTION	6	946.000	9.90	0.01338	10%-25% Below	Yes	No
00121087316	LACTULOSE 10 GM/15 ML SOLUTION	7	946.000	9.90	0.01252	10%-25% Below	Yes	No
00121087316	LACTULOSE 10 GM/15 ML SOLUTION	8	946.000	9.90	0.01316	10%-25% Below	Yes	No
00121087332	LACTULOSE 10 GM/15 ML SOLUTION	5	150.000	2.39	0.0118	26%-50% Above	No	No
00121087332	LACTULOSE 10 GM/15 ML SOLUTION	7	150.000	2.39	0.01156	26%-50% Above	No	No
00121087332	LACTULOSE 10 GM/15 ML SOLUTION	8	150.000	2.39	0.01135	26%-50% Above	No	No
00121093316	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	8	140.000	14.90	0.0779	26%-50% Above	No	No
00143122701	DICYCLOMINE 20 MG TABLET	5	20.000	1.91	0.15557	26%-50% Below	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	5	20.000	3.80	0.15557	10%-25% Above	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	5	20.000	3.92	0.15557	10%-25% Above	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	5	28.000	2.67	0.15557	26%-50% Below	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	5	360.000	47.09	0.15557	10%-25% Below	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	6	90.000	8.49	0.14225	26%-50% Below	No	No
00143122701	DICYCLOMINE 20 MG TABLET	7	15.000	3.07	0.14368	26%-50% Above	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	7	20.000	3.92	0.14368	26%-50% Above	Yes	No
00143177101	ISOSORBIDE DINITRATE 10 MG TAB	5	60.000	6.90	0.32536	51%-75% Below	No	No
00143211205	DOXYCYCLINE HYCLATE 100 MG TAB	5	14.000	14.90	0.12954	200% Above	No	No
00143211205	DOXYCYCLINE HYCLATE 100 MG TAB	6	28.000	14.90	0.13322	200% Above	No	No
00143211205	DOXYCYCLINE HYCLATE 100 MG TAB	8	14.000	14.90	0.13608	200% Above	No	No
00143211250	DOXYCYCLINE HYCLATE 100 MG TAB	5	14.000	4.90	0.12954	101%-200% Above	No	No
00143211250	DOXYCYCLINE HYCLATE 100 MG TAB	6	14.000	4.90	0.13322	101%-200% Above	No	No
00143312601	DICYCLOMINE 10 MG CAPSULE	5	270.000	21.87	0.12432	26%-50% Below	Yes	No
00143924920	AMOX-CLAV 875-125 MG TABLET	5	20.000	13.03	0.33593	76%-100% Above	No	No

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00143924920	AMOX-CLAV 875-125 MG TABLET	6	14.000	9.12	0.35915	76%-100% Above	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	6	20.000	13.03	0.35915	76%-100% Above	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	7	20.000	13.03	0.34409	76%-100% Above	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	8	10.000	6.52	0.30859	101%-200% Above	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	8	14.000	9.12	0.30859	101%-200% Above	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	8	20.000	13.03	0.30859	101%-200% Above	No	No
00143928501	AMOXICILLIN 875 MG TABLET	5	14.000	2.38	0.15268	10%-25% Above	No	No
00143928501	AMOXICILLIN 875 MG TABLET	5	14.000	2.45	0.15268	10%-25% Above	No	No
00143928501	AMOXICILLIN 875 MG TABLET	6	14.000	1.18	0.16553	26%-50% Below	No	No
00143928501	AMOXICILLIN 875 MG TABLET	7	14.000	8.15	0.15983	200% Above	No	No
00143928501	AMOXICILLIN 875 MG TABLET	8	16.000	2.86	0.1595	10%-25% Above	No	No
00143928501	AMOXICILLIN 875 MG TABLET	8	28.000	2.30	0.1595	26%-50% Below	No	No
00143962001	CYANOCOBALAMIN 10,000 MCG/10 ML	5	10.000	9.26	3.68427	51%-75% Below	No	No
00143962001	CYANOCOBALAMIN 10,000 MCG/10 ML	6	10.000	9.26	3.20738	51%-75% Below	No	No
00143962001	CYANOCOBALAMIN 10,000 MCG/10 ML	7	10.000	9.26	3.06871	51%-75% Below	No	No
00143962010	CYANOCOBALAMIN 10,000 MCG/10 ML	8	10.000	4.90	1.11425	51%-75% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	6	4.000	8.66	2.49097	10%-25% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	7	1.000	2.34	2.69558	10%-25% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	7	6.000	12.99	2.69558	10%-25% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	5	2.000	12.27	13.80777	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	5	2.000	16.55	13.80777	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	5	3.000	18.41	13.80777	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	5	3.000	24.83	13.80777	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	5	4.000	24.55	13.80777	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	6	2.000	12.27	14.07441	51%-75% Below	Yes	No

## NADAC Summary Report

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00143965901	TESTOSTERONE CYP 200 MG/ML	6	2.000	14.90	14.07441	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	6	3.000	18.41	14.07441	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	7	1.000	6.14	14.2914	51%-75% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	7	2.000	12.27	14.2914	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	7	2.000	14.90	14.2914	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	7	3.000	18.41	14.2914	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	7	4.000	24.55	14.2914	51%-75% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	7	4.000	24.55	14.2914	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	7	12.000	115.53	14.2914	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	8	1.000	6.14	13.93014	51%-75% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	8	2.000	12.27	13.93014	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	8	4.000	24.55	13.93014	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	8	6.000	36.82	13.93014	51%-75% Below	Yes	No
00143972601	TESTOSTERON CYP 2,000 MG/10 ML	6	10.000	20.23	4.13609	51%-75% Below	No	No
00143972601	TESTOSTERON CYP 2,000 MG/10 ML	7	10.000	20.23	4.13428	51%-75% Below	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	5	20.000	14.90	0.13947	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	5	40.000	14.90	0.13947	101%-200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	5	60.000	6.90	0.13947	10%-25% Below	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	6	7.000	14.90	0.13725	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	6	10.000	6.90	0.13725	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	6	40.000	14.90	0.13725	101%-200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	6	60.000	4.33	0.13725	26%-50% Below	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	7	10.000	9.90	0.14174	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	7	14.000	4.90	0.14174	101%-200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	7	20.000	1.44	0.14174	26%-50% Below	Yes	No

## NADAC Summary Report

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00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	7	60.000	4.33	0.14174	26%-50% Below	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	7	60.000	4.33	0.14174	26%-50% Below	Yes	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	7	60.000	4.90	0.14174	26%-50% Below	Yes	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	8	20.000	4.90	0.14361	51%-75% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	8	20.000	6.90	0.14361	101%-200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	8	20.000	14.90	0.14361	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	8	40.000	14.90	0.14361	101%-200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	8	60.000	4.33	0.14361	26%-50% Below	No	No
00143980350	DOXYCYCLINE HYCLATE 100 MG CAP	8	20.000	4.90	0.14361	51%-75% Above	No	No
00143983601	PENICILLIN VK 500 MG TABLET	8	28.000	1.53	0.09748	26%-50% Below	Yes	No
00143985316	AMOX-CLAV 600-42.9 MG/5 ML SUS	5	125.000	6.90	0.06921	10%-25% Below	Yes	No
00143985316	AMOX-CLAV 600-42.9 MG/5 ML SUS	7	125.000	9.90	0.06382	10%-25% Above	Yes	No
00143985375	AMOX-CLAV 600-42.9 MG/5 ML SUS	5	75.000	6.90	0.08169	10%-25% Above	Yes	No
00143988601	AMOXICILLIN 200 MG/5 ML SUSP	6	100.000	7.88	0.03331	101%-200% Above	No	No
00143988601	AMOXICILLIN 200 MG/5 ML SUSP	7	200.000	10.60	0.03204	51%-75% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	5	100.000	3.92	0.02749	26%-50% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	5	200.000	2.24	0.02749	51%-75% Below	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	5	300.000	17.07	0.02749	101%-200% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	5	400.000	7.50	0.02749	26%-50% Below	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	6	100.000	1.12	0.02928	51%-75% Below	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	6	200.000	9.99	0.02928	51%-75% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	7	200.000	2.24	0.02876	51%-75% Below	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	7	200.000	11.38	0.02876	76%-100% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	7	300.000	17.07	0.02876	76%-100% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	8	100.000	1.12	0.02944	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	8	100.000	3.92	0.02944	26%-50% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	8	100.000	5.69	0.02944	76%-100% Above	Yes	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	8	200.000	2.24	0.02944	51%-75% Below	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	8	200.000	11.38	0.02944	76%-100% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	8	200.000	11.38	0.02944	76%-100% Above	Yes	No
00143988750	AMOXICILLIN 400 MG/5 ML SUSP	5	150.000	8.53	0.03928	26%-50% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	5	75.000	0.92	0.03134	51%-75% Below	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	5	150.000	9.90	0.03134	101%-200% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	5	150.000	12.34	0.03134	101%-200% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	8	150.000	9.90	0.03195	101%-200% Above	No	No
00143988815	AMOXICILLIN 125 MG/5 ML SUSP	7	150.000	2.60	0.01371	26%-50% Above	Yes	No
00143988901	AMOXICILLIN 250 MG/5 ML SUSP	7	200.000	7.06	0.02448	26%-50% Above	No	No
00143988901	AMOXICILLIN 250 MG/5 ML SUSP	8	200.000	9.90	0.02371	101%-200% Above	No	No
00143988980	AMOXICILLIN 250 MG/5 ML SUSP	7	210.000	8.09	0.03144	10%-25% Above	No	No
00143992701	CIPROFLOXACIN HCL 250 MG TAB	5	10.000	2.22	0.09524	101%-200% Above	No	No
00143992701	CIPROFLOXACIN HCL 250 MG TAB	6	20.000	3.85	0.09687	76%-100% Above	No	No
00143992701	CIPROFLOXACIN HCL 250 MG TAB	7	28.000	5.33	0.09926	76%-100% Above	No	No
00143992701	CIPROFLOXACIN HCL 250 MG TAB	8	14.000	2.87	0.09365	101%-200% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	5	10.000	1.86	0.14876	10%-25% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	5	14.000	2.47	0.14876	10%-25% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	5	14.000	4.18	0.14876	76%-100% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	6	14.000	2.40	0.15292	10%-25% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	7	10.000	1.91	0.14772	26%-50% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	7	20.000	3.48	0.14772	10%-25% Above	No	No
00143998201	AMOX-CLAV 400-57 MG/5 ML SUSP	7	100.000	9.90	0.06325	51%-75% Above	Yes	No

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00143998275	AMOX-CLAV 400-57 MG/5 ML SUSP	8	75.000	9.90	0.07522	51%-75% Above	Yes	No
00168000415	TRIAMCINOLONE 0.1% CREAM	5	30.000	1.09	0.17078	76%-100% Below	Yes	No
00168000615	TRIAMCINOLONE 0.1% OINTMENT	8	30.000	1.35	0.13112	51%-75% Below	Yes	No
00168008031	HYDROCORTISONE 2.5% CREAM	5	30.000	3.85	0.08351	51%-75% Above	No	No
00168008031	HYDROCORTISONE 2.5% CREAM	8	28.000	3.61	0.07812	51%-75% Above	No	No
00168009930	KETOCONAZOLE 2% CREAM	8	30.000	14.90	0.27224	76%-100% Above	No	No
00168009960	KETOCONAZOLE 2% CREAM	6	60.000	14.90	0.2028	10%-25% Above	No	No
00168020360	CLINDAMYCIN PHOSP 1% LOTION	8	60.000	14.92	0.39038	26%-50% Below	No	No
00168025846	CLOTRIMAZOLE-BETAMETHASONE CRM	5	45.000	9.90	0.19134	10%-25% Above	No	No
00168025846	CLOTRIMAZOLE-BETAMETHASONE CRM	6	45.000	22.22	0.22684	101%-200% Above	No	No
00168025846	CLOTRIMAZOLE-BETAMETHASONE CRM	8	45.000	6.90	0.193	10%-25% Below	No	No
00168025846	CLOTRIMAZOLE-BETAMETHASONE CRM	8	45.000	14.90	0.193	51%-75% Above	No	No
00168026950	CLOBETASOL 0.05% SOLUTION	8	50.000	8.65	0.29442	26%-50% Below	Yes	No
00168027740	CLINDAMYCIN 2% VAGINAL CREAM	6	40.000	36.91	1.78691	26%-50% Below	No	No
00168027740	CLINDAMYCIN 2% VAGINAL CREAM	6	40.000	40.27	1.78691	26%-50% Below	No	No
00168027740	CLINDAMYCIN 2% VAGINAL CREAM	7	40.000	40.27	1.70202	26%-50% Below	No	No
00168027740	CLINDAMYCIN 2% VAGINAL CREAM	7	40.000	42.88	1.70202	26%-50% Below	No	No
00168034720	TERCONAZOLE 0.8% CREAM	6	20.000	16.92	1.19264	26%-50% Below	Yes	No
00168042446	ADAPALENE 0.1% CREAM	5	45.000	9.99	2.78647	76%-100% Below	No	No
00168042446	ADAPALENE 0.1% CREAM	8	45.000	9.99	3.31332	76%-100% Below	No	No
00169320415	FIASP 100 UNIT/ML FLEXTOUCH	5	15.000	342.01	35.72844	26%-50% Below	No	No
00169320415	FIASP 100 UNIT/ML FLEXTOUCH	6	15.000	342.01	35.72844	26%-50% Below	No	No
00169320415	FIASP 100 UNIT/ML FLEXTOUCH	7	15.000	342.01	35.72844	26%-50% Below	No	No
00169320415	FIASP 100 UNIT/ML FLEXTOUCH	8	15.000	342.01	35.70964	26%-50% Below	No	No
00169413013	OZEMPIC 1 MG/DOSE (4 MG/3 ML) PEN	5	3.000	572.69	301.07319	26%-50% Below	No	No

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00169413013	OZEMPIC 1 MG/DOSE (4 MG/3 ML) PEN	6	3.000	572.69	301.07319	26%-50% Below	No	No
00169413013	OZEMPIC 1 MG/DOSE (4 MG/3 ML) PEN	7	3.000	572.69	301.07319	26%-50% Below	No	No
00169413013	OZEMPIC 1 MG/DOSE (4 MG/3 ML) PEN	8	3.000	572.69	301.07319	26%-50% Below	No	No
00169418113	OZEMPIC 0.25-0.5 MG/DOSE (2 MG/3 ML) PEN	5	3.000	572.69	300.05586	26%-50% Below	No	No
00169418113	OZEMPIC 0.25-0.5 MG/DOSE (2 MG/3 ML) PEN	7	3.000	572.69	300.33926	26%-50% Below	No	No
00169418113	OZEMPIC 0.25-0.5 MG/DOSE (2 MG/3 ML) PEN	8	3.000	572.69	300.33926	26%-50% Below	No	No
00169431430	RYBELSUS 14 MG TABLET	5	30.000	572.69	29.98013	26%-50% Below	No	No
00169431430	RYBELSUS 14 MG TABLET	6	30.000	572.69	30.03302	26%-50% Below	No	No
00169431430	RYBELSUS 14 MG TABLET	8	30.000	572.69	30.03302	26%-50% Below	No	No
00169477212	OZEMPIC 2 MG/DOSE (8 MG/3 ML) PEN	5	3.000	572.69	299.85322	26%-50% Below	No	No
00169477212	OZEMPIC 2 MG/DOSE (8 MG/3 ML) PEN	6	3.000	572.69	300.58653	26%-50% Below	No	No
00169477212	OZEMPIC 2 MG/DOSE (8 MG/3 ML) PEN	7	3.000	572.69	300.58653	26%-50% Below	No	No
00169477212	OZEMPIC 2 MG/DOSE (8 MG/3 ML) PEN	8	3.000	572.69	300.58653	26%-50% Below	No	No
00169633910	NOVOLOG 100 UNIT/ML FLEXPEN	5	15.000	342.01	35.79382	26%-50% Below	No	No
00169633910	NOVOLOG 100 UNIT/ML FLEXPEN	6	15.000	342.01	35.79382	26%-50% Below	No	No
00169633910	NOVOLOG 100 UNIT/ML FLEXPEN	6	45.000	99.91	35.79382	76%-100% Below	No	No
00169633910	NOVOLOG 100 UNIT/ML FLEXPEN	7	15.000	342.01	35.79382	26%-50% Below	No	No
00169633910	NOVOLOG 100 UNIT/ML FLEXPEN	7	45.000	101.59	35.79382	76%-100% Below	No	No
00169633910	NOVOLOG 100 UNIT/ML FLEXPEN	8	15.000	342.01	35.79382	26%-50% Below	No	No
00169633910	NOVOLOG 100 UNIT/ML FLEXPEN	8	45.000	101.59	35.79382	76%-100% Below	No	No
00169643210	LEVEMIR FLEXPEN 100 UNIT/ML	5	27.000	509.17	29.58848	26%-50% Below	No	No
00169643210	LEVEMIR FLEXPEN 100 UNIT/ML	6	27.000	509.17	29.58848	26%-50% Below	No	No
00169643210	LEVEMIR FLEXPEN 100 UNIT/ML	8	12.000	226.30	29.58848	26%-50% Below	No	No
00169643210	LEVEMIR FLEXPEN 100 UNIT/ML	8	27.000	509.17	29.58848	26%-50% Below	No	No
00169750111	NOVOLOG 100 UNIT/ML VIAL	5	30.000	531.26	27.79486	26%-50% Below	No	No

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00172208360	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.000	2.22	0.01312	76%-100% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.000	0.20	0.01315	26%-50% Below	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.000	0.59	0.01315	26%-50% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.000	0.78	0.01315	26%-50% Below	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.000	1.78	0.01315	26%-50% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.000	2.22	0.01315	76%-100% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.000	0.18	0.01323	51%-75% Below	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.000	0.20	0.01323	26%-50% Below	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.000	0.59	0.01323	26%-50% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.000	1.16	0.01323	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	6	58.000	1.65	0.01323	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.000	0.88	0.01323	26%-50% Below	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.000	2.22	0.01323	76%-100% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.000	2.28	0.01323	76%-100% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.000	0.20	0.01312	26%-50% Below	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.000	0.59	0.01312	26%-50% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.000	1.13	0.01312	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.000	1.78	0.01312	26%-50% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.000	2.28	0.01312	76%-100% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.000	0.20	0.01241	26%-50% Below	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.000	1.07	0.01241	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.000	1.13	0.01241	200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.000	1.78	0.01241	51%-75% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.000	2.22	0.01241	76%-100% Above	No	No
00172392660	DIAZEPAM 5 MG TABLET	5	2.000	0.53	0.0315	200% Above	No	No



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00172392670	DIAZEPAM 5 MG TABLET	5	1.000	0.52	0.0315	200% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	5	2.000	0.03	0.0315	51%-75% Below	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	5	3.000	0.04	0.0315	51%-75% Below	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	7	30.000	0.45	0.03018	26%-50% Below	No	No
00172392670	DIAZEPAM 5 MG TABLET	8	2.000	0.53	0.03222	200% Above	Yes	No
00172392680	DIAZEPAM 5 MG TABLET	7	40.000	0.60	0.03018	26%-50% Below	No	No
00172392760	DIAZEPAM 10 MG TABLET	8	1.000	0.02	0.0352	26%-50% Below	No	No
00172392770	DIAZEPAM 10 MG TABLET	8	1.000	0.01	0.0352	51%-75% Below	Yes	No
00172409680	BACLOFEN 10 MG TABLET	5	45.000	6.35	0.0487	101%-200% Above	No	No
00172409680	BACLOFEN 10 MG TABLET	6	45.000	6.35	0.04674	200% Above	No	No
00172409680	BACLOFEN 10 MG TABLET	8	135.000	2.51	0.05022	51%-75% Below	No	No
00172572860	FAMOTIDINE 20 MG TABLET	5	14.000	1.06	0.03112	101%-200% Above	No	No
00172572860	FAMOTIDINE 20 MG TABLET	5	60.000	2.61	0.03112	26%-50% Above	No	No
00172572860	FAMOTIDINE 20 MG TABLET	6	60.000	2.61	0.03006	26%-50% Above	No	No
00172572860	FAMOTIDINE 20 MG TABLET	7	60.000	1.09	0.0312	26%-50% Below	No	No
00172572860	FAMOTIDINE 20 MG TABLET	7	60.000	1.12	0.0312	26%-50% Below	No	No
00172572860	FAMOTIDINE 20 MG TABLET	7	60.000	2.61	0.0312	26%-50% Above	No	No
00172572860	FAMOTIDINE 20 MG TABLET	7	180.000	6.82	0.0312	10%-25% Above	No	No
00172572860	FAMOTIDINE 20 MG TABLET	8	60.000	2.61	0.03182	26%-50% Above	No	No
00172572860	FAMOTIDINE 20 MG TABLET	8	90.000	3.16	0.03182	10%-25% Above	No	No
00172572860	FAMOTIDINE 20 MG TABLET	8	180.000	6.82	0.03182	10%-25% Above	No	No
00172572880	FAMOTIDINE 20 MG TABLET	5	60.000	2.61	0.03112	26%-50% Above	No	No
00172572880	FAMOTIDINE 20 MG TABLET	6	30.000	0.56	0.03006	26%-50% Below	No	No
00172572880	FAMOTIDINE 20 MG TABLET	6	60.000	1.12	0.03006	26%-50% Below	No	No
00172572880	FAMOTIDINE 20 MG TABLET	7	14.000	0.99	0.0312	101%-200% Above	No	No

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00172572880	FAMOTIDINE 20 MG TABLET	7	60.000	2.61	0.0312	26%-50% Above	No	No
00172572880	FAMOTIDINE 20 MG TABLET	8	60.000	1.09	0.03182	26%-50% Below	No	No
00172572960	FAMOTIDINE 40 MG TABLET	5	60.000	8.50	0.06101	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	6	60.000	8.50	0.05778	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	7	90.000	12.01	0.06183	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	7	90.000	12.08	0.06183	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	7	90.000	12.17	0.06183	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	7	180.000	9.90	0.06183	10%-25% Below	No	No
00172572960	FAMOTIDINE 40 MG TABLET	8	30.000	4.50	0.0607	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	8	90.000	12.60	0.0607	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	8	180.000	6.25	0.0607	26%-50% Below	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	5	14.000	9.99	0.43561	51%-75% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	6	10.000	9.99	0.40135	101%-200% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	6	14.000	9.99	0.40135	76%-100% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	7	10.000	9.99	0.40133	101%-200% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	7	14.000	9.99	0.40133	76%-100% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	8	10.000	9.99	0.42745	101%-200% Above	No	No
00185012905	BUMETANIDE 1 MG TABLET	5	90.000	13.50	0.19738	10%-25% Below	No	No
00185012905	BUMETANIDE 1 MG TABLET	5	120.000	13.58	0.19738	26%-50% Below	No	No
00185012905	BUMETANIDE 1 MG TABLET	6	180.000	20.38	0.19273	26%-50% Below	No	No
00185012905	BUMETANIDE 1 MG TABLET	7	180.000	20.52	0.20706	26%-50% Below	No	No
00185012905	BUMETANIDE 1 MG TABLET	8	180.000	20.88	0.18876	26%-50% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	7	30.000	1.22	0.07216	26%-50% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	7	60.000	2.49	0.07216	26%-50% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	7	120.000	4.90	0.07216	26%-50% Below	No	No

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00185067405	HYDROXYZINE PAM 25 MG CAP	8	30.000	1.22	0.07468	26%-50% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	8	90.000	3.80	0.07468	26%-50% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	8	120.000	4.90	0.07468	26%-50% Below	No	No
00185067601	HYDROXYZINE PAM 50 MG CAP	6	120.000	7.75	0.1088	26%-50% Below	No	No
00185067601	HYDROXYZINE PAM 50 MG CAP	7	120.000	7.75	0.09995	26%-50% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	60.000	59.65	0.33166	101%-200% Above	Yes	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	90.000	89.47	0.2537	200% Above	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	30.000	14.90	0.29089	51%-75% Above	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	90.000	10.85	0.29089	51%-75% Below	No	No
00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	45.000	44.74	0.31735	200% Above	No	No
00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	90.000	18.32	0.33931	26%-50% Below	No	No
00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.000	9.90	0.36208	51%-75% Below	No	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	5	60.000	59.65	0.34567	101%-200% Above	No	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	7	60.000	0.74	0.02466	26%-50% Below	No	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	7	48.000	1.50	0.02466	26%-50% Above	Yes	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	8	30.000	0.86	0.02587	10%-25% Above	No	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	8	30.000	0.86	0.02587	10%-25% Above	Yes	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	5	30.000	1.12	0.02579	26%-50% Above	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	5	30.000	1.14	0.02579	26%-50% Above	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	6	30.000	1.12	0.02296	51%-75% Above	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	6	30.000	1.14	0.02296	51%-75% Above	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	6	90.000	2.35	0.02296	10%-25% Above	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	5	30.000	0.38	0.02579	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	5	30.000	1.12	0.02579	26%-50% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	5	30.000	1.23	0.02579	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00228202950	ALPRAZOLAM 0.5 MG TABLET	5	60.000	1.28	0.02579	10%-25% Below	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	5	60.000	1.78	0.02579	10%-25% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	6	30.000	0.38	0.02296	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	6	30.000	1.12	0.02296	51%-75% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	6	30.000	1.24	0.02296	76%-100% Above	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	7	30.000	1.12	0.02652	26%-50% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	7	45.000	1.46	0.02652	10%-25% Above	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	8	30.000	1.12	0.02466	51%-75% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	8	30.000	1.24	0.02466	51%-75% Above	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	5	10.000	0.13	0.02579	26%-50% Below	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	5	56.000	1.65	0.02579	10%-25% Above	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	6	56.000	1.65	0.02296	26%-50% Above	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	6	60.000	1.78	0.02296	26%-50% Above	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	7	30.000	1.14	0.02652	26%-50% Above	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	7	60.000	1.78	0.02652	10%-25% Above	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	8	30.000	1.14	0.02466	51%-75% Above	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	8	60.000	1.78	0.02466	10%-25% Above	No	No
00228203110	ALPRAZOLAM 1 MG TABLET	7	60.000	1.84	0.02444	10%-25% Above	No	No
00228203110	ALPRAZOLAM 1 MG TABLET	8	60.000	1.25	0.02768	10%-25% Below	No	No
00228203150	ALPRAZOLAM 1 MG TABLET	5	45.000	0.63	0.02672	26%-50% Below	No	No
00228203150	ALPRAZOLAM 1 MG TABLET	5	60.000	0.88	0.02672	26%-50% Below	No	No
00228203150	ALPRAZOLAM 1 MG TABLET	6	45.000	0.66	0.02484	26%-50% Below	No	No
00228203150	ALPRAZOLAM 1 MG TABLET	6	60.000	0.85	0.02484	26%-50% Below	No	No
00228203150	ALPRAZOLAM 1 MG TABLET	6	60.000	1.84	0.02484	10%-25% Above	Yes	No
00228203150	ALPRAZOLAM 1 MG TABLET	7	45.000	0.66	0.02444	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00228203150	ALPRAZOLAM 1 MG TABLET	7	60.000	0.86	0.02444	26%-50% Below	No	No
00228203150	ALPRAZOLAM 1 MG TABLET	7	60.000	0.88	0.02444	26%-50% Below	No	No
00228203150	ALPRAZOLAM 1 MG TABLET	7	60.000	1.84	0.02444	10%-25% Above	Yes	No
00228203150	ALPRAZOLAM 1 MG TABLET	7	90.000	1.27	0.02444	26%-50% Below	Yes	No
00228203150	ALPRAZOLAM 1 MG TABLET	8	60.000	0.88	0.02768	26%-50% Below	No	No
00228203150	ALPRAZOLAM 1 MG TABLET	8	90.000	1.27	0.02768	26%-50% Below	Yes	No
00228203196	ALPRAZOLAM 1 MG TABLET	5	30.000	1.17	0.02672	26%-50% Above	No	No
00228203196	ALPRAZOLAM 1 MG TABLET	5	60.000	1.84	0.02672	10%-25% Above	No	No
00228203196	ALPRAZOLAM 1 MG TABLET	6	30.000	1.17	0.02484	51%-75% Above	No	No
00228203196	ALPRAZOLAM 1 MG TABLET	6	60.000	1.84	0.02484	10%-25% Above	No	No
00228203196	ALPRAZOLAM 1 MG TABLET	7	30.000	1.17	0.02444	51%-75% Above	No	No
00228203196	ALPRAZOLAM 1 MG TABLET	7	60.000	1.25	0.02444	10%-25% Below	No	No
00228203196	ALPRAZOLAM 1 MG TABLET	8	60.000	1.25	0.02768	10%-25% Below	No	No
00228207710	TEMAZEPAM 30 MG CAPSULE	7	30.000	0.00	0.09281	76%-100% Below	No	No
00228212710	CLONIDINE HCL 0.1 MG TABLET	5	180.000	7.49	0.0269	51%-75% Above	Yes	No
00228212710	CLONIDINE HCL 0.1 MG TABLET	8	180.000	1.26	0.02618	51%-75% Below	Yes	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	5	60.000	1.45	0.0269	10%-25% Below	No	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	6	30.000	1.23	0.02797	26%-50% Above	Yes	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	6	60.000	1.95	0.02797	10%-25% Above	Yes	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	7	30.000	1.23	0.02793	26%-50% Above	Yes	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	7	60.000	1.95	0.02793	10%-25% Above	Yes	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	8	30.000	1.23	0.02618	51%-75% Above	Yes	No
00228212810	CLONIDINE HCL 0.2 MG TABLET	5	90.000	4.46	0.03659	26%-50% Above	No	No
00228212810	CLONIDINE HCL 0.2 MG TABLET	7	90.000	1.63	0.03338	26%-50% Below	No	No
00228212810	CLONIDINE HCL 0.2 MG TABLET	8	270.000	5.64	0.03378	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00228212910	CLONIDINE HCL 0.3 MG TABLET	7	90.000	4.79	0.03642	26%-50% Above	No	No
00228259711	INDAPAMIDE 1.25 MG TABLET	5	30.000	7.12	0.12232	76%-100% Above	No	No
00228259711	INDAPAMIDE 1.25 MG TABLET	6	30.000	7.12	0.11904	76%-100% Above	No	No
00228259711	INDAPAMIDE 1.25 MG TABLET	7	90.000	13.50	0.11728	26%-50% Above	No	No
00228278011	PROPRANOLOL ER 120 MG CAPSULE	5	30.000	9.99	0.24608	26%-50% Above	No	No
00228278011	PROPRANOLOL ER 120 MG CAPSULE	6	30.000	9.99	0.2547	26%-50% Above	No	No
00228278011	PROPRANOLOL ER 120 MG CAPSULE	7	30.000	9.99	0.22721	26%-50% Above	No	No
00228278011	PROPRANOLOL ER 120 MG CAPSULE	8	90.000	29.99	0.23109	26%-50% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	90.000	21.21	0.05672	200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	90.000	21.06	0.04922	200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	30.000	3.90	0.0509	101%-200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	90.000	21.21	0.0509	200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	30.000	3.90	0.04732	101%-200% Above	No	No
00228285111	GUANFACINE HCL ER 2 MG TABLET	7	30.000	9.90	0.21423	51%-75% Above	No	No
00228285311	GUANFACINE HCL ER 3 MG TABLET	6	30.000	14.90	0.22615	101%-200% Above	No	No
00228299611	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.000	13.06	0.05971	200% Above	No	No
00228299611	TAMSULOSIN HCL 0.4 MG CAPSULE	6	90.000	38.18	0.06333	200% Above	No	No
00228299611	TAMSULOSIN HCL 0.4 MG CAPSULE	8	90.000	38.18	0.05919	200% Above	No	No
00228305911	DEXTROAMP-AMPHET ER 10 MG CAP	5	30.000	122.66	0.67317	200% Above	Yes	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	5	30.000	122.66	0.62478	200% Above	Yes	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	6	30.000	122.66	0.6667	200% Above	Yes	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	7	30.000	122.66	0.6623	200% Above	Yes	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	8	30.000	122.66	0.65297	200% Above	Yes	No
00228306111	DEXTROAMP-AMPHET ER 30 MG CAP	5	30.000	122.66	0.6436	200% Above	Yes	No
00228306111	DEXTROAMP-AMPHET ER 30 MG CAP	7	20.000	81.78	0.72441	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00228306111	DEXTROAMP-AMPHET ER 30 MG CAP	7	30.000	122.66	0.72441	200% Above	Yes	No
00228306311	DEXTROAMP-AMPHET ER 15 MG CAP	8	30.000	122.66	0.67019	200% Above	Yes	No
00228306411	DEXTROAMP-AMPHET ER 25 MG CAP	5	30.000	122.66	0.69481	200% Above	Yes	No
00228306411	DEXTROAMP-AMPHET ER 25 MG CAP	7	30.000	122.66	0.56326	200% Above	Yes	No
00228306411	DEXTROAMP-AMPHET ER 25 MG CAP	8	30.000	122.66	0.60622	200% Above	Yes	No
00245003623	PREVALITE POWDER	7	231.000	32.32	0.17153	10%-25% Below	No	No
00245003623	PREVALITE POWDER	8	231.000	32.32	0.16867	10%-25% Below	No	No
00245021211	MIDODRINE HCL 5 MG TABLET	6	30.000	4.90	0.22969	26%-50% Below	No	No
00245021211	MIDODRINE HCL 5 MG TABLET	7	30.000	4.90	0.19155	10%-25% Below	No	No
00310621030	FARXIGA 10 MG TABLET	5	30.000	345.96	18.08793	26%-50% Below	No	No
00310621030	FARXIGA 10 MG TABLET	6	30.000	345.96	18.08793	26%-50% Below	No	No
00310621030	FARXIGA 10 MG TABLET	7	30.000	345.96	18.08793	26%-50% Below	No	No
00310621030	FARXIGA 10 MG TABLET	8	30.000	345.96	18.08793	26%-50% Below	No	No
00378001401	METHOTREXATE 2.5 MG TABLET	6	22.000	2.84	0.27424	51%-75% Below	Yes	No
00378001401	METHOTREXATE 2.5 MG TABLET	7	22.000	2.84	0.25799	26%-50% Below	Yes	No
00378001401	METHOTREXATE 2.5 MG TABLET	8	22.000	2.84	0.27147	51%-75% Below	Yes	No
00378001801	METOPROLOL TARTRATE 25 MG TAB	6	30.000	1.23	0.01702	101%-200% Above	No	No
00378001801	METOPROLOL TARTRATE 25 MG TAB	7	30.000	1.23	0.01698	101%-200% Above	No	No
00378001801	METOPROLOL TARTRATE 25 MG TAB	8	30.000	1.23	0.01834	101%-200% Above	No	No
00378001805	METOPROLOL TARTRATE 25 MG TAB	5	180.000	4.80	0.01666	51%-75% Above	No	No
00378001805	METOPROLOL TARTRATE 25 MG TAB	8	180.000	4.80	0.01834	26%-50% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	5	30.000	6.90	0.05012	200% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	6	30.000	0.86	0.05051	26%-50% Below	No	No
00378013710	ALLOPURINOL 100 MG TABLET	6	30.000	6.90	0.05051	200% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	7	30.000	0.86	0.05183	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00378013710	ALLOPURINOL 100 MG TABLET	7	30.000	6.90	0.05183	200% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	7	90.000	22.65	0.05183	200% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	8	30.000	0.86	0.05145	26%-50% Below	No	No
00378013710	ALLOPURINOL 100 MG TABLET	8	30.000	6.90	0.05145	200% Above	No	No
00378018105	ALLOPURINOL 300 MG TABLET	5	14.000	6.33	0.08114	200% Above	No	No
00378018105	ALLOPURINOL 300 MG TABLET	5	30.000	6.90	0.08114	101%-200% Above	No	No
00378018105	ALLOPURINOL 300 MG TABLET	6	30.000	6.90	0.07531	200% Above	No	No
00378018105	ALLOPURINOL 300 MG TABLET	7	14.000	6.90	0.07962	200% Above	No	No
00378018105	ALLOPURINOL 300 MG TABLET	7	30.000	6.90	0.07962	101%-200% Above	No	No
00378018105	ALLOPURINOL 300 MG TABLET	8	14.000	6.90	0.08027	200% Above	No	No
00378018105	ALLOPURINOL 300 MG TABLET	8	30.000	6.90	0.08027	101%-200% Above	No	No
00378022201	CHLORTHALIDONE 25 MG TABLET	5	90.000	5.32	0.09842	26%-50% Below	No	No
00378022201	CHLORTHALIDONE 25 MG TABLET	8	90.000	4.90	0.10038	26%-50% Below	No	No
00378034505	DIAZEPAM 5 MG TABLET	5	30.000	1.08	0.0315	10%-25% Above	No	No
00378034505	DIAZEPAM 5 MG TABLET	5	90.000	1.91	0.0315	26%-50% Below	No	No
00378034505	DIAZEPAM 5 MG TABLET	6	90.000	1.91	0.03136	26%-50% Below	No	No
00378034505	DIAZEPAM 5 MG TABLET	7	2.000	0.53	0.03018	200% Above	No	No
00378034505	DIAZEPAM 5 MG TABLET	7	90.000	1.91	0.03018	26%-50% Below	No	No
00378034505	DIAZEPAM 5 MG TABLET	8	90.000	1.63	0.03222	26%-50% Below	No	No
00378040301	SPIRONOLACTONE-HYDROCHLOROTHIAZIDE 25-25 TAB	6	11.000	6.90	0.56175	10%-25% Above	No	No
00378040301	SPIRONOLACTONE-HYDROCHLOROTHIAZIDE 25-25 TAB	7	30.000	7.82	0.58087	51%-75% Below	No	No
00378040301	SPIRONOLACTONE-HYDROCHLOROTHIAZIDE 25-25 TAB	8	30.000	7.82	0.57643	51%-75% Below	No	No
00378047701	DIAZEPAM 10 MG TABLET	5	1.000	0.52	0.03046	200% Above	No	No
00378064110	PREDNISONE 10 MG TABLET	5	10.000	0.51	0.05819	10%-25% Below	Yes	No
00378064110	PREDNISONE 10 MG TABLET	5	11.000	1.66	0.05819	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00378064110	PREDNISONE 10 MG TABLET	5	14.000	1.98	0.05819	101%-200% Above	Yes	No
00378064110	PREDNISONE 10 MG TABLET	5	18.000	2.34	0.05819	101%-200% Above	Yes	No
00378064110	PREDNISONE 10 MG TABLET	5	20.000	1.02	0.05819	10%-25% Below	Yes	No
00378064110	PREDNISONE 10 MG TABLET	5	21.000	1.07	0.05819	10%-25% Below	Yes	No
00378064110	PREDNISONE 10 MG TABLET	5	26.000	5.19	0.05819	200% Above	Yes	No
00378064110	PREDNISONE 10 MG TABLET	5	27.000	3.36	0.05819	101%-200% Above	Yes	No
00378064110	PREDNISONE 10 MG TABLET	6	2.000	0.07	0.05514	26%-50% Below	Yes	No
00378064110	PREDNISONE 10 MG TABLET	6	15.000	0.53	0.05514	26%-50% Below	Yes	No
00378064110	PREDNISONE 10 MG TABLET	6	18.000	0.63	0.05514	26%-50% Below	Yes	No
00378064110	PREDNISONE 10 MG TABLET	7	24.000	3.04	0.05845	101%-200% Above	Yes	No
00378064110	PREDNISONE 10 MG TABLET	7	40.000	1.40	0.05845	26%-50% Below	Yes	No
00378064110	PREDNISONE 10 MG TABLET	8	5.000	0.18	0.05823	26%-50% Below	Yes	No
00378064110	PREDNISONE 10 MG TABLET	8	9.000	1.45	0.05823	101%-200% Above	Yes	No
00378064110	PREDNISONE 10 MG TABLET	8	10.000	1.56	0.05823	101%-200% Above	Yes	No
00378064110	PREDNISONE 10 MG TABLET	8	15.000	0.53	0.05823	26%-50% Below	Yes	No
00378064205	PREDNISONE 20 MG TABLET	5	5.000	1.07	0.10081	101%-200% Above	Yes	No
00378064205	PREDNISONE 20 MG TABLET	5	10.000	1.63	0.10081	51%-75% Above	Yes	No
00378064205	PREDNISONE 20 MG TABLET	5	10.000	1.97	0.10081	76%-100% Above	Yes	No
00378064205	PREDNISONE 20 MG TABLET	5	14.000	2.08	0.10081	26%-50% Above	Yes	No
00378064205	PREDNISONE 20 MG TABLET	5	15.000	2.19	0.10081	26%-50% Above	Yes	No
00378064205	PREDNISONE 20 MG TABLET	5	18.000	0.91	0.10081	26%-50% Below	Yes	No
00378064205	PREDNISONE 20 MG TABLET	5	18.000	1.14	0.10081	26%-50% Below	Yes	No
00378064205	PREDNISONE 20 MG TABLET	6	5.000	1.07	0.09429	101%-200% Above	Yes	No
00378064205	PREDNISONE 20 MG TABLET	6	7.000	0.35	0.09429	26%-50% Below	Yes	No
00378064205	PREDNISONE 20 MG TABLET	6	12.000	2.26	0.09429	76%-100% 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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00378064205	PREDNISONE 20 MG TABLET	6	20.000	2.76	0.09429	26%-50% Above	Yes	No
00378064205	PREDNISONE 20 MG TABLET	6	30.000	1.52	0.09429	26%-50% Below	Yes	No
00378064205	PREDNISONE 20 MG TABLET	7	3.000	1.20	0.10046	200% Above	Yes	No
00378064205	PREDNISONE 20 MG TABLET	7	5.000	0.25	0.10046	26%-50% Below	Yes	No
00378064205	PREDNISONE 20 MG TABLET	7	5.000	1.07	0.10046	101%-200% Above	Yes	No
00378064205	PREDNISONE 20 MG TABLET	7	5.000	1.23	0.10046	101%-200% Above	Yes	No
00378064205	PREDNISONE 20 MG TABLET	7	10.000	1.97	0.10046	76%-100% Above	Yes	No
00378064205	PREDNISONE 20 MG TABLET	7	12.000	0.61	0.10046	26%-50% Below	Yes	No
00378064205	PREDNISONE 20 MG TABLET	7	15.000	2.19	0.10046	26%-50% Above	Yes	No
00378064205	PREDNISONE 20 MG TABLET	7	24.000	1.22	0.10046	26%-50% Below	Yes	No
00378064205	PREDNISONE 20 MG TABLET	8	5.000	0.25	0.09098	26%-50% Below	Yes	No
00378064205	PREDNISONE 20 MG TABLET	8	5.000	1.07	0.09098	101%-200% Above	Yes	No
00378064205	PREDNISONE 20 MG TABLET	8	10.000	0.51	0.09098	26%-50% Below	Yes	No
00378113401	KETOROLAC 10 MG TABLET	5	15.000	6.90	0.58445	10%-25% Below	No	No
00378113401	KETOROLAC 10 MG TABLET	5	30.000	14.90	0.58445	10%-25% Below	No	No
00378113401	KETOROLAC 10 MG TABLET	7	10.000	6.90	0.60012	10%-25% Above	No	No
00378113401	KETOROLAC 10 MG TABLET	7	12.000	11.44	0.60012	51%-75% Above	No	No
00378113401	KETOROLAC 10 MG TABLET	7	15.000	13.70	0.60012	51%-75% Above	No	No
00378113401	KETOROLAC 10 MG TABLET	8	3.000	3.33	0.50607	101%-200% Above	No	No
00378137578	MESALAMINE ER 0.375 GRAM CAP	8	180.000	85.66	1.05133	51%-75% Below	No	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	5	28.000	14.90	0.70993	10%-25% Below	No	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	5	90.000	32.32	0.70993	26%-50% Below	No	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	6	28.000	14.90	0.71124	10%-25% Below	No	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	7	28.000	14.90	0.72344	26%-50% Below	No	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	8	28.000	14.90	0.69823	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	8	90.000	32.99	0.69823	26%-50% Below	No	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	6	90.000	18.18	0.08946	101%-200% Above	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	7	30.000	6.61	0.07887	101%-200% Above	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	8	30.000	1.73	0.06914	10%-25% Below	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	5	30.000	8.09	0.07773	200% Above	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	5	90.000	12.76	0.07773	76%-100% Above	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	6	90.000	21.62	0.09764	101%-200% Above	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	6	90.000	23.49	0.09764	101%-200% Above	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	7	30.000	8.09	0.0937	101%-200% Above	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	8	30.000	1.55	0.08326	26%-50% Below	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	8	90.000	2.41	0.08326	51%-75% Below	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	8	90.000	3.71	0.08326	26%-50% Below	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	8	90.000	14.04	0.08326	76%-100% Above	Yes	No
00378180377	LEVOTHYROXINE 50 MCG TABLET	7	30.000	7.00	0.0937	101%-200% Above	No	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	5	90.000	15.77	0.09434	76%-100% Above	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	6	90.000	15.77	0.10375	51%-75% Above	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	6	90.000	21.64	0.10375	101%-200% Above	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	7	90.000	15.77	0.09379	76%-100% Above	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	8	90.000	2.57	0.07524	51%-75% Below	Yes	No
00378180710	LEVOTHYROXINE 88 MCG TABLET	6	25.000	6.83	0.10786	101%-200% Above	Yes	No
00378180710	LEVOTHYROXINE 88 MCG TABLET	7	30.000	8.09	0.09812	101%-200% Above	Yes	No
00378180710	LEVOTHYROXINE 88 MCG TABLET	7	90.000	18.33	0.09812	101%-200% Above	Yes	No
00378180710	LEVOTHYROXINE 88 MCG TABLET	8	30.000	2.01	0.07532	10%-25% Below	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	5	90.000	16.34	0.09535	76%-100% Above	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	5	90.000	26.29	0.09535	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00378180910	LEVOTHYROXINE 100 MCG TABLET	7	90.000	17.98	0.09862	101%-200% Above	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	8	90.000	2.85	0.08953	51%-75% Below	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	8	90.000	4.39	0.08953	26%-50% Below	Yes	No
00378181110	LEVOTHYROXINE 112 MCG TABLET	7	90.000	30.32	0.10878	200% Above	Yes	No
00378181510	LEVOTHYROXINE 150 MCG TABLET	6	30.000	1.85	0.14205	51%-75% Below	Yes	No
00378181510	LEVOTHYROXINE 150 MCG TABLET	7	45.000	7.99	0.12818	26%-50% Above	Yes	No
00378181510	LEVOTHYROXINE 150 MCG TABLET	7	90.000	17.58	0.12818	51%-75% Above	Yes	No
00378181710	LEVOTHYROXINE 175 MCG TABLET	5	90.000	34.74	0.1467	101%-200% Above	Yes	No
00378181710	LEVOTHYROXINE 175 MCG TABLET	6	90.000	33.53	0.13945	101%-200% Above	Yes	No
00378181710	LEVOTHYROXINE 175 MCG TABLET	8	90.000	28.80	0.13285	101%-200% Above	Yes	No
00378181977	LEVOTHYROXINE 200 MCG TABLET	5	90.000	16.29	0.1399	26%-50% Above	Yes	No
00378181977	LEVOTHYROXINE 200 MCG TABLET	7	90.000	28.01	0.13033	101%-200% Above	Yes	No
00378181977	LEVOTHYROXINE 200 MCG TABLET	8	90.000	7.33	0.13851	26%-50% Below	Yes	No
00378292277	TELMISARTAN 80 MG TABLET	7	30.000	14.90	0.2426	101%-200% Above	No	No
00378292277	TELMISARTAN 80 MG TABLET	8	30.000	14.90	0.2497	76%-100% Above	No	No
00378306605	FENOFIBRATE 145 MG TABLET	5	30.000	6.90	0.15452	26%-50% Above	No	No
00378306605	FENOFIBRATE 145 MG TABLET	6	30.000	6.90	0.15775	26%-50% Above	No	No
00378306605	FENOFIBRATE 145 MG TABLET	7	30.000	6.90	0.1548	26%-50% Above	No	No
00378306605	FENOFIBRATE 145 MG TABLET	7	30.000	14.90	0.1548	200% Above	No	No
00378306605	FENOFIBRATE 145 MG TABLET	8	30.000	6.90	0.14194	51%-75% Above	No	No
00378306677	FENOFIBRATE 145 MG TABLET	7	30.000	78.23	0.1548	200% Above	No	No
00378306677	FENOFIBRATE 145 MG TABLET	8	90.000	234.70	0.14194	200% Above	No	No
00378334053	XULANE 150-35 MCG/DAY PATCH	5	3.000	65.12	38.58917	26%-50% Below	Yes	No
00378334053	XULANE 150-35 MCG/DAY PATCH	6	3.000	64.14	39.545	26%-50% Below	Yes	No
00378334053	XULANE 150-35 MCG/DAY PATCH	7	3.000	64.14	37.33909	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00378334053	XULANE 150-35 MCG/DAY PATCH	8	3.000	64.14	36.318	26%-50% Below	Yes	No
00378363101	CARVEDILOL 3.125 MG TABLET	8	180.000	5.79	0.01912	51%-75% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	5	90.000	0.01	0.03116	76%-100% Below	No	No
00378395005	ATORVASTATIN 10 MG TABLET	8	90.000	0.01	0.0332	76%-100% Below	No	No
00378395077	ATORVASTATIN 10 MG TABLET	5	30.000	2.68	0.03116	101%-200% Above	Yes	No
00378395077	ATORVASTATIN 10 MG TABLET	6	30.000	2.68	0.03	101%-200% Above	Yes	No
00378395077	ATORVASTATIN 10 MG TABLET	6	90.000	8.04	0.03	101%-200% Above	Yes	No
00378395077	ATORVASTATIN 10 MG TABLET	7	30.000	2.95	0.03081	200% Above	Yes	No
00378395077	ATORVASTATIN 10 MG TABLET	7	90.000	8.04	0.03081	101%-200% Above	Yes	No
00378395077	ATORVASTATIN 10 MG TABLET	8	30.000	2.95	0.0332	101%-200% Above	Yes	No
00378395077	ATORVASTATIN 10 MG TABLET	8	90.000	8.84	0.0332	101%-200% Above	Yes	No
00378395105	ATORVASTATIN 20 MG TABLET	5	66.000	0.01	0.04094	76%-100% Below	No	No
00378395105	ATORVASTATIN 20 MG TABLET	6	90.000	0.01	0.04166	76%-100% Below	No	No
00378395177	ATORVASTATIN 20 MG TABLET	5	90.000	9.91	0.04094	101%-200% Above	Yes	No
00378395177	ATORVASTATIN 20 MG TABLET	6	90.000	9.91	0.04166	101%-200% Above	Yes	No
00378395177	ATORVASTATIN 20 MG TABLET	8	90.000	10.90	0.03977	200% Above	Yes	No
00378395205	ATORVASTATIN 40 MG TABLET	5	30.000	5.14	0.06076	101%-200% Above	No	No
00378395277	ATORVASTATIN 40 MG TABLET	6	90.000	9.94	0.05884	76%-100% Above	Yes	No
00378395277	ATORVASTATIN 40 MG TABLET	6	90.000	10.00	0.05884	76%-100% Above	Yes	No
00378395277	ATORVASTATIN 40 MG TABLET	8	90.000	10.94	0.05653	101%-200% Above	Yes	No
00378395305	ATORVASTATIN 80 MG TABLET	5	90.000	16.24	0.0903	76%-100% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	8	90.000	0.01	0.0885	76%-100% Below	No	No
00378427577	VALACYCLOVIR HCL 500 MG TABLET	5	30.000	9.90	0.27829	10%-25% Above	No	No
00378427577	VALACYCLOVIR HCL 500 MG TABLET	6	30.000	9.90	0.27871	10%-25% Above	No	No
00378427677	VALACYCLOVIR HCL 1 GRAM TABLET	5	4.000	4.77	0.51143	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00378427677	VALACYCLOVIR HCL 1 GRAM TABLET	6	4.000	0.00	0.50543	76%-100% Below	No	No
00378427677	VALACYCLOVIR HCL 1 GRAM TABLET	6	90.000	29.99	0.50543	26%-50% Below	No	No
00378428885	ELETRIPTAN HBR 40 MG TABLET	5	6.000	6.99	3.7864	51%-75% Below	No	No
00378428885	ELETRIPTAN HBR 40 MG TABLET	8	6.000	6.99	2.54635	51%-75% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	5	8.000	9.99	6.4752	76%-100% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	6	8.000	9.99	6.63127	76%-100% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	7	8.000	9.99	6.53854	76%-100% Below	No	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	8	8.000	31.23	6.695	26%-50% Below	No	No
00378483060	DAPSONE 7.5% GEL PUMP	8	60.000	81.35	2.75812	26%-50% Below	No	No
00378563059	SUMATRIPTAN SUCC 25 MG TABLET	6	6.000	1.03	0.29968	26%-50% Below	No	No
00378623105	CITALOPRAM HBR 10 MG TABLET	7	30.000	1.86	0.0255	101%-200% Above	No	No
00378623201	CITALOPRAM HBR 20 MG TABLET	5	30.000	1.45	0.03033	51%-75% Above	No	No
00378623201	CITALOPRAM HBR 20 MG TABLET	6	30.000	1.45	0.03115	51%-75% Above	No	No
00378623201	CITALOPRAM HBR 20 MG TABLET	7	30.000	1.45	0.03214	26%-50% Above	No	No
00378623201	CITALOPRAM HBR 20 MG TABLET	8	30.000	1.45	0.03211	26%-50% Above	No	No
00378623205	CITALOPRAM HBR 20 MG TABLET	5	30.000	1.54	0.03033	51%-75% Above	No	No
00378623205	CITALOPRAM HBR 20 MG TABLET	5	90.000	3.35	0.03033	10%-25% Above	No	No
00378623205	CITALOPRAM HBR 20 MG TABLET	6	30.000	0.00	0.03115	76%-100% Below	No	No
00378623205	CITALOPRAM HBR 20 MG TABLET	6	30.000	1.54	0.03115	51%-75% Above	No	No
00378623205	CITALOPRAM HBR 20 MG TABLET	7	30.000	1.54	0.03214	51%-75% Above	No	No
00378632277	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	5	90.000	20.63	0.19615	10%-25% Above	Yes	No
00378632277	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	5	90.000	26.97	0.19615	51%-75% Above	No	No
00378632277	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	7	90.000	9.90	0.19838	26%-50% Below	No	No
00378632277	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	8	90.000	26.97	0.1885	51%-75% Above	No	No
00378632377	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	8	45.000	13.50	0.21858	26%-50% Above	No	No

## NADAC Summary Report

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00378632577	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	8	30.000	2.90	0.29986	51%-75% Below	No	No
00378632577	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	8	90.000	77.07	0.29986	101%-200% Above	No	No
00378647099	SCOPOLAMINE 1 MG/3 DAY PATCH	6	4.000	17.02	7.89451	26%-50% Below	No	No
00378647099	SCOPOLAMINE 1 MG/3 DAY PATCH	8	4.000	17.05	7.61578	26%-50% Below	No	No
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	5	30.000	3.55	0.05506	101%-200% Above	Yes	No
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	7	90.000	9.15	0.05042	101%-200% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	5	23.000	3.10	0.05468	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	3.90	0.05468	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.000	7.43	0.05468	26%-50% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.000	10.33	0.05468	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.000	10.69	0.05468	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	0.90	0.05449	26%-50% Below	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	3.90	0.05449	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	7.43	0.05449	51%-75% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	10.69	0.05449	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	0.90	0.0553	26%-50% Below	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	3.90	0.0553	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.000	7.43	0.0553	26%-50% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.000	8.16	0.0553	51%-75% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.000	10.33	0.0553	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.000	10.69	0.0553	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	0.90	0.06185	51%-75% Below	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	3.78	0.06185	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	3.90	0.06185	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.000	2.70	0.06185	51%-75% Below	Yes	No

## NADAC Summary Report

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00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.000	8.16	0.06185	26%-50% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.000	10.33	0.06185	76%-100% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.000	10.69	0.06185	76%-100% Above	Yes	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	3.90	0.05468	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	3.99	0.05468	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	0.00	0.05449	76%-100% Below	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	3.90	0.05449	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	10.42	0.05449	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	10.69	0.05449	101%-200% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	6	180.000	0.02	0.01557	76%-100% Below	No	No
00378718505	METFORMIN HCL 500 MG TABLET	7	180.000	3.34	0.01608	10%-25% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	8	180.000	0.02	0.01657	76%-100% Below	No	No
00378718705	METFORMIN HCL 1,000 MG TABLET	5	180.000	5.63	0.02527	10%-25% Above	No	No
00378718705	METFORMIN HCL 1,000 MG TABLET	7	180.000	5.81	0.02653	10%-25% Above	No	No
00378727253	NORETHINDRONE 0.35 MG TABLET	5	28.000	0.00	0.11504	76%-100% Below	No	No
00378727253	NORETHINDRONE 0.35 MG TABLET	5	84.000	24.77	0.11504	101%-200% Above	No	No
00378727253	NORETHINDRONE 0.35 MG TABLET	6	84.000	5.80	0.13001	26%-50% Below	No	No
00378727253	NORETHINDRONE 0.35 MG TABLET	7	28.000	2.06	0.13308	26%-50% Below	No	No
00378727253	NORETHINDRONE 0.35 MG TABLET	8	28.000	2.08	0.12427	26%-50% Below	No	No
00378727253	NORETHINDRONE 0.35 MG TABLET	8	84.000	24.77	0.12427	101%-200% Above	No	No
00378728353	NORETH-EE-FE 1-0.02(21)-75 TAB	6	28.000	2.04	0.1573	51%-75% Below	No	No
00378728353	NORETH-EE-FE 1-0.02(21)-75 TAB	7	28.000	2.04	0.1504	51%-75% Below	No	No
00378728353	NORETH-EE-FE 1-0.02(21)-75 TAB	8	28.000	2.04	0.15591	51%-75% Below	No	No
00378728385	NORETH-EE-FE 1-0.02(21)-75 TAB	7	28.000	2.04	0.1504	51%-75% Below	No	No
00378728385	NORETH-EE-FE 1-0.02(21)-75 TAB	8	28.000	2.04	0.15591	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00378729553	ESTRADIOL-NORETH 1-0.5 MG TAB	5	28.000	14.90	0.87669	26%-50% Below	No	No
00378729553	ESTRADIOL-NORETH 1-0.5 MG TAB	6	28.000	14.90	0.95412	26%-50% Below	No	No
00378729553	ESTRADIOL-NORETH 1-0.5 MG TAB	7	28.000	14.90	0.97255	26%-50% Below	No	No
00378729553	ESTRADIOL-NORETH 1-0.5 MG TAB	8	28.000	14.90	0.90947	26%-50% Below	No	No
00378797052	IPRATROPIUM BR 0.02% SOLN	6	187.500	6.28	0.08361	51%-75% Below	Yes	No
00378803093	LANSOPRAZOLE DR 30 MG CAPSULE	5	30.000	14.90	0.11408	200% Above	No	No
00378826193	METHYLPHENIDATE 15 MG/9 HR PATCH	7	30.000	64.88	11.0158	76%-100% Below	Yes	No
00378826293	METHYLPHENIDATE 20 MG/9 HR PATCH	8	30.000	64.88	11.51059	76%-100% Below	Yes	No
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	5	75.000	3.28	0.06417	26%-50% Below	No	No
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	5	75.000	3.28	0.06417	26%-50% Below	Yes	No
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	5	90.000	3.92	0.06417	26%-50% Below	No	No
00378827093	ALBUTEROL SUL 2.5 MG/3 ML SOLN	8	90.000	3.33	0.06146	26%-50% Below	No	No
00378969252	LEVALBUTEROL 1.25 MG/3 ML SOL	6	75.000	14.90	0.28046	26%-50% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	2.000	0.89	0.10906	200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	4.000	1.27	0.10906	101%-200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	12.000	2.82	0.10906	101%-200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	12.000	2.91	0.10906	101%-200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	14.000	3.20	0.10906	101%-200% Above	Yes	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	18.000	3.97	0.10906	101%-200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	6.000	1.70	0.11279	101%-200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	15.000	3.40	0.11279	76%-100% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	20.000	4.36	0.11279	76%-100% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	20.000	4.50	0.11279	76%-100% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	25.000	5.50	0.11279	76%-100% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	10.000	2.50	0.13074	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	12.000	3.04	0.13074	76%-100% Above	Yes	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	14.000	3.20	0.13074	51%-75% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	8.000	0.44	0.11674	51%-75% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	12.000	3.04	0.11674	101%-200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	14.000	3.47	0.11674	101%-200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	15.000	3.50	0.11674	76%-100% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	20.000	4.50	0.11674	76%-100% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	6.000	2.13	0.10906	200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	8.000	2.10	0.10906	101%-200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	15.000	3.50	0.10906	101%-200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	20.000	4.36	0.10906	76%-100% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	25.000	5.33	0.10906	76%-100% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	6.000	1.79	0.11279	101%-200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	12.000	2.91	0.11279	101%-200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	20.000	4.45	0.11279	76%-100% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	21.000	4.55	0.11279	76%-100% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	6.000	0.33	0.13074	51%-75% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	7.000	1.85	0.13074	101%-200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	10.000	2.50	0.13074	76%-100% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	12.000	2.90	0.13074	76%-100% Above	Yes	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	12.000	2.91	0.13074	76%-100% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	16.000	3.68	0.13074	51%-75% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	28.000	5.99	0.11674	76%-100% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	20.000	4.50	0.10906	101%-200% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	12.000	2.90	0.11279	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	90.000	6.90	0.11279	26%-50% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	10.000	2.50	0.13074	76%-100% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	14.000	3.30	0.13074	76%-100% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	90.000	6.90	0.13074	26%-50% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	8.000	2.04	0.11674	101%-200% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	12.000	2.82	0.11674	101%-200% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	20.000	4.74	0.11674	101%-200% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	25.000	5.50	0.11674	76%-100% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	30.000	1.64	0.11674	51%-75% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	30.000	2.68	0.13711	26%-50% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	12.000	1.37	0.13119	10%-25% Below	Yes	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	30.000	2.60	0.13119	26%-50% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	28.000	2.53	0.14264	26%-50% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	20.000	1.95	0.13711	26%-50% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	60.000	3.60	0.13711	51%-75% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	12.000	1.37	0.13119	10%-25% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	12.000	1.37	0.13119	10%-25% Below	Yes	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	12.000	1.76	0.13119	10%-25% Above	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	60.000	3.45	0.13119	51%-75% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	60.000	4.79	0.13119	26%-50% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	12.000	1.37	0.14264	10%-25% Below	Yes	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	16.000	1.71	0.14264	10%-25% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	60.000	3.50	0.14264	51%-75% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	180.000	0.02	0.14264	76%-100% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	12.000	1.46	0.13711	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	20.000	1.95	0.13711	26%-50% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	40.000	0.00	0.13711	76%-100% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	60.000	3.60	0.13711	51%-75% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	180.000	0.02	0.13711	76%-100% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	16.000	1.62	0.13711	26%-50% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	20.000	1.95	0.13711	26%-50% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	24.000	2.18	0.13711	26%-50% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	25.000	0.00	0.13711	76%-100% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	60.000	3.47	0.13711	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	120.000	7.20	0.13711	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	180.000	0.02	0.13711	76%-100% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	60.000	3.45	0.13119	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	120.000	6.94	0.13119	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	6	180.000	0.02	0.13119	76%-100% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	60.000	3.60	0.14264	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	120.000	7.01	0.14264	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	30.000	1.80	0.13711	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	60.000	3.60	0.13711	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	120.000	7.20	0.13711	51%-75% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	20.000	2.10	0.12777	10%-25% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	30.000	2.86	0.12777	10%-25% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	84.000	6.85	0.12777	26%-50% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	112.000	8.97	0.12579	26%-50% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	112.000	10.77	0.13253	26%-50% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	5.000	0.88	0.13817	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	6.000	0.95	0.13817	10%-25% Above	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	112.000	10.77	0.13817	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	30.000	2.85	0.12777	10%-25% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	90.000	6.90	0.12777	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	120.000	7.20	0.12777	51%-75% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	16.000	1.75	0.12579	10%-25% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	30.000	2.85	0.12579	10%-25% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	90.000	6.90	0.12579	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	120.000	7.20	0.12579	51%-75% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	30.000	2.89	0.13253	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	90.000	6.90	0.13253	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	120.000	11.54	0.13253	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	30.000	2.89	0.13817	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	40.000	0.00	0.13817	76%-100% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	90.000	8.66	0.13817	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	120.000	11.54	0.13817	26%-50% Below	No	No
00406012701	METHYLPHENIDATE ER 27 MG TAB	7	30.000	110.43	0.70132	200% Above	No	No
00406015401	METHYLPHENIDATE ER 54 MG TAB	8	30.000	109.52	0.87785	200% Above	No	No
00406037601	HYDROCODONE-ACETAMINOPHEN 5-300 MG TABLET	7	14.000	9.90	0.16816	200% Above	No	No
00406048301	ACETAMINOPHEN-COD #2 TABLET	7	18.000	2.88	0.25871	26%-50% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	5	30.000	5.59	0.21057	10%-25% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	5	30.000	4.90	0.21057	10%-25% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	5	120.000	11.66	0.21057	51%-75% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	6	8.000	0.78	0.19941	51%-75% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	6	16.000	1.68	0.19941	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00406048410	ACETAMINOPHEN-COD #3 TABLET	7	120.000	13.27	0.20983	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	8	12.000	1.63	0.22262	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	8	16.000	1.77	0.22262	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	8	24.000	2.85	0.22262	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	8	30.000	3.32	0.22262	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	8	120.000	13.27	0.22262	26%-50% Below	No	No
00406048501	ACETAMINOPHEN-COD #4 TABLET	7	10.000	2.09	0.38026	26%-50% Below	No	No
00406048501	ACETAMINOPHEN-COD #4 TABLET	7	30.000	5.22	0.38026	51%-75% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	30.000	5.49	0.10671	51%-75% Above	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	6	20.000	0.83	0.10612	51%-75% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	6	90.000	3.74	0.10612	51%-75% Below	Yes	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	7	12.000	2.50	0.10336	101%-200% Above	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	8	20.000	1.08	0.10964	26%-50% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	8	20.000	1.39	0.10964	26%-50% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	8.000	2.68	0.10671	200% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	20.000	3.71	0.10671	51%-75% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	20.000	3.80	0.10671	76%-100% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	7	8.000	0.00	0.10336	76%-100% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	7	42.000	1.72	0.10336	51%-75% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	8	60.000	2.48	0.10964	51%-75% Below	No	No
00406052201	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	20.000	2.82	0.16495	10%-25% Below	No	No
00406052201	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	43.000	2.22	0.16495	51%-75% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	6	90.000	16.13	0.22886	10%-25% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	6	120.000	13.50	0.22886	26%-50% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	5	75.000	9.90	0.22457	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	5	120.000	13.32	0.22457	26%-50% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	6	120.000	7.68	0.22886	51%-75% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	6	120.000	7.70	0.22886	51%-75% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	7	75.000	9.90	0.20611	26%-50% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	7	120.000	7.72	0.20611	51%-75% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	8	75.000	4.63	0.19736	51%-75% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	8	84.000	0.01	0.19736	76%-100% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	8	120.000	12.80	0.19736	26%-50% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	6	20.000	4.28	0.08395	101%-200% Above	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	7	5.000	0.20	0.08591	51%-75% Below	Yes	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	8	10.000	0.45	0.08657	26%-50% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	8	60.000	2.44	0.08657	51%-75% Below	No	No
00406114601	METHYLPHENIDATE 20 MG TABLET	5	30.000	9.90	0.20981	51%-75% Above	No	No
00406117001	NALTREXONE 50 MG TABLET	5	30.000	12.47	0.71067	26%-50% Below	No	No
00406117003	NALTREXONE 50 MG TABLET	5	30.000	11.63	0.71067	26%-50% Below	No	No
00406117003	NALTREXONE 50 MG TABLET	6	15.000	9.99	0.76134	10%-25% Below	No	No
00406123601	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	5	30.000	9.99	0.18072	76%-100% Above	No	No
00406802003	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	6	28.000	16.98	0.98859	26%-50% Below	No	No
00406802003	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	6	60.000	36.40	0.98859	26%-50% Below	No	No
00406802003	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	7	45.000	9.99	1.03775	76%-100% Below	No	No
00406833001	MORPHINE SULF ER 30 MG TABLET	7	60.000	12.06	0.34455	26%-50% Below	No	No
00406833001	MORPHINE SULF ER 30 MG TABLET	8	60.000	12.06	0.36537	26%-50% Below	No	No
00406851501	OXYCODONE HCL (IR) 15 MG TAB	5	120.000	0.01	0.14831	76%-100% Below	No	No
00406851501	OXYCODONE HCL (IR) 15 MG TAB	6	120.000	0.01	0.14324	76%-100% Below	No	No
00406851501	OXYCODONE HCL (IR) 15 MG TAB	8	120.000	0.01	0.17215	76%-100% 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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00406889201	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	60.000	59.65	0.33166	101%-200% Above	No	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	90.000	18.32	0.33931	26%-50% Below	No	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.000	9.90	0.36208	51%-75% Below	No	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	90.000	10.91	0.36208	51%-75% Below	No	No
00406889401	DEXTROAMP-AMPHETAMIN 30 MG TAB	6	60.000	59.65	0.32461	200% Above	No	No
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	8	30.000	106.69	0.67019	200% Above	No	No
00406895501	DEXTROAMP-AMPHET ER 25 MG CAP	5	30.000	106.69	0.69481	200% Above	No	No
00406895501	DEXTROAMP-AMPHET ER 25 MG CAP	6	30.000	106.69	0.59436	200% Above	No	No
00406895501	DEXTROAMP-AMPHET ER 25 MG CAP	7	30.000	106.69	0.56326	200% Above	No	No
00406895501	DEXTROAMP-AMPHET ER 25 MG CAP	7	60.000	213.38	0.56326	200% Above	No	No
00406895501	DEXTROAMP-AMPHET ER 25 MG CAP	8	30.000	106.69	0.60622	200% Above	No	No
00406996101	TEMAZEPAM 15 MG CAPSULE	6	30.000	1.75	0.07342	10%-25% Below	No	No
00406996201	TEMAZEPAM 30 MG CAPSULE	5	30.000	2.17	0.09365	10%-25% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	5	2.000	12.27	13.80777	51%-75% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	5	2.000	18.12	13.80777	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	6	2.000	12.27	14.07441	51%-75% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	6	2.000	18.12	14.07441	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	7	1.000	12.38	14.2914	10%-25% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	7	2.000	18.12	14.2914	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	7	2.000	23.76	14.2914	10%-25% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	7	4.000	24.55	14.2914	51%-75% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	7	6.000	54.37	14.2914	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	8	2.000	12.27	13.93014	51%-75% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	8	2.000	18.12	13.93014	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	8	2.000	23.76	13.93014	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00409656201	TESTOSTERONE CYP 200 MG/ML	8	4.000	24.55	13.93014	51%-75% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	8	6.000	54.37	13.93014	26%-50% Below	No	No
00409656220	TESTOSTERONE CYP 2,000 MG/10 ML	8	2.000	12.56	4.3016	26%-50% Above	No	No
00409656220	TESTOSTERONE CYP 2,000 MG/10 ML	8	3.000	18.59	4.3016	26%-50% Above	No	No
00456202001	LEXAPRO 20 MG TABLET	5	90.000	13.01	13.97623	76%-100% Below	No	No
00472011745	TRETINOIN 0.025% CREAM	7	45.000	19.90	1.02919	51%-75% Below	No	No
00472016615	NYSTATIN 100,000 UNIT/GM OINT	6	15.000	9.90	0.24955	101%-200% Above	Yes	No
00472016615	NYSTATIN 100,000 UNIT/GM OINT	6	75.000	11.06	0.24955	26%-50% Below	Yes	No
00472016615	NYSTATIN 100,000 UNIT/GM OINT	7	15.000	2.21	0.28813	26%-50% Below	Yes	No
00472016630	NYSTATIN 100,000 UNIT/GM OINT	7	30.000	9.90	0.24569	26%-50% Above	Yes	No
00472016630	NYSTATIN 100,000 UNIT/GM OINT	8	30.000	4.58	0.26712	26%-50% Below	Yes	No
00472032126	HYDROCORTISONE 1% CREAM	6	56.800	8.12	0.12814	10%-25% Above	No	No
00480727010	PRAVASTATIN SODIUM 80 MG TAB	6	30.000	2.89	0.18901	26%-50% Below	No	No
00480727010	PRAVASTATIN SODIUM 80 MG TAB	7	30.000	2.93	0.1855	26%-50% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	75.000	2.40	0.06041	26%-50% Below	No	No
00487950160	ALBUTEROL SUL 2.5 MG/3 ML SOLN	5	360.000	13.82	0.05845	26%-50% Below	No	No
00487950160	ALBUTEROL SUL 2.5 MG/3 ML SOLN	8	180.000	7.56	0.05293	10%-25% Below	No	No
00517003125	CYANOCOBALAMIN 1,000 MCG/ML VL	5	1.000	2.34	2.63567	10%-25% Below	No	No
00517003125	CYANOCOBALAMIN 1,000 MCG/ML VL	6	2.000	4.33	2.49097	10%-25% Below	No	No
00517042001	ESTRADIOL VALERATE 100 MG/5 ML	5	5.000	56.01	19.88092	26%-50% Below	No	No
00517042001	ESTRADIOL VALERATE 100 MG/5 ML	8	5.000	54.64	21.59671	26%-50% Below	No	No
00527058610	DICYCLOMINE 10 MG CAPSULE	6	60.000	4.90	0.11695	26%-50% Below	No	No
00527058610	DICYCLOMINE 10 MG CAPSULE	7	60.000	4.90	0.12819	26%-50% Below	No	No
00527076637	DEXTROAMP-AMPHETAMIN 30 MG TAB	7	30.000	13.50	0.35871	10%-25% Above	No	No
00527076637	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	30.000	13.50	0.35779	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00527128201	DICYCLOMINE 20 MG TABLET	5	12.000	1.02	0.15557	26%-50% Below	No	No
00527128201	DICYCLOMINE 20 MG TABLET	5	15.000	2.98	0.15557	26%-50% Above	No	No
00527128201	DICYCLOMINE 20 MG TABLET	7	120.000	9.99	0.14368	26%-50% Below	No	No
00527128201	DICYCLOMINE 20 MG TABLET	8	15.000	0.00	0.13889	76%-100% Below	No	No
00527128201	DICYCLOMINE 20 MG TABLET	8	25.000	4.87	0.13889	26%-50% Above	No	No
00527128201	DICYCLOMINE 20 MG TABLET	8	30.000	4.90	0.13889	10%-25% Above	No	No
00527128210	DICYCLOMINE 20 MG TABLET	5	90.000	9.90	0.15557	26%-50% Below	No	No
00527128210	DICYCLOMINE 20 MG TABLET	6	40.000	7.10	0.14225	10%-25% Above	No	No
00527128210	DICYCLOMINE 20 MG TABLET	7	90.000	7.86	0.14368	26%-50% Below	No	No
00527128210	DICYCLOMINE 20 MG TABLET	8	120.000	14.90	0.13889	10%-25% Below	No	No
00527130101	PRIMIDONE 50 MG TABLET	6	30.000	1.97	0.14313	51%-75% Below	No	No
00527130101	PRIMIDONE 50 MG TABLET	7	30.000	2.18	0.14024	26%-50% Below	No	No
00527143501	METAXALONE 800 MG TABLET	6	60.000	16.20	0.53611	26%-50% Below	No	No
00527143501	METAXALONE 800 MG TABLET	7	30.000	9.90	0.61894	26%-50% Below	No	No
00527150237	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	60.000	52.45	0.2537	200% Above	No	No
00527150237	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	60.000	59.65	0.2537	200% Above	Yes	No
00527150437	DEXTROAMP-AMPHETAMIN 15 MG TAB	5	60.000	41.14	0.33661	101%-200% Above	No	No
00527150437	DEXTROAMP-AMPHETAMIN 15 MG TAB	6	60.000	41.14	0.33661	101%-200% Above	No	No
00527150437	DEXTROAMP-AMPHETAMIN 15 MG TAB	7	60.000	0.01	0.29124	76%-100% Below	No	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	30.000	29.82	0.31735	200% Above	No	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	30.000	29.82	0.31735	200% Above	Yes	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.000	59.65	0.31735	200% Above	No	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.000	59.65	0.31735	200% Above	Yes	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	30.000	29.82	0.33923	101%-200% Above	No	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	30.000	29.82	0.33923	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	30.000	38.57	0.33923	200% Above	No	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.000	59.65	0.33923	101%-200% Above	No	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.000	59.65	0.33923	101%-200% Above	Yes	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	90.000	89.47	0.33923	101%-200% Above	Yes	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.000	12.21	0.33931	26%-50% Below	No	No
00527150537	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.000	7.27	0.36208	51%-75% Below	No	No
00527150637	DEXTROAMP-AMPHETAMIN 30 MG TAB	5	30.000	38.57	0.34567	200% Above	No	No
00527150637	DEXTROAMP-AMPHETAMIN 30 MG TAB	5	60.000	52.45	0.34567	101%-200% Above	No	No
00527150637	DEXTROAMP-AMPHETAMIN 30 MG TAB	6	30.000	38.57	0.32461	200% Above	No	No
00527150637	DEXTROAMP-AMPHETAMIN 30 MG TAB	6	60.000	59.65	0.32461	200% Above	No	No
00527150637	DEXTROAMP-AMPHETAMIN 30 MG TAB	7	30.000	38.57	0.35871	200% Above	No	No
00527155201	BUTALBITAL-ASPIRIN-CAFFEINE 50-325-40 MG CAPSULE	7	48.000	26.76	0.74132	10%-25% Below	No	No
00527155201	BUTALBITAL-ASPIRIN-CAFFEINE 50-325-40 MG CAPSULE	8	48.000	17.28	0.7668	51%-75% Below	No	No
00527163201	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	7	90.000	9.90	0.14356	10%-25% Below	No	No
00527169505	BUTALB-ACETAMINOPHEN-CAFF 50-325-40 TAB	8	72.000	9.35	0.16145	10%-25% Below	Yes	No
00527241546	BUPROPION HCL XL 150 MG TABLET	5	30.000	6.90	0.09913	101%-200% Above	No	No
00527241546	BUPROPION HCL XL 150 MG TABLET	6	30.000	6.90	0.10393	101%-200% Above	No	No
00527241546	BUPROPION HCL XL 150 MG TABLET	7	30.000	6.90	0.10105	101%-200% Above	No	No
00527293243	PREDNISONE 5 MG TABLET	7	18.000	2.27	0.04945	101%-200% Above	No	No
00527328043	LEVOTHYROXINE 25 MCG TABLET	5	30.000	4.90	0.07517	101%-200% Above	No	No
00527328043	LEVOTHYROXINE 25 MCG TABLET	5	30.000	6.61	0.07517	101%-200% Above	No	No
00527328043	LEVOTHYROXINE 25 MCG TABLET	5	90.000	18.82	0.07517	101%-200% Above	No	No
00527328043	LEVOTHYROXINE 25 MCG TABLET	6	30.000	1.45	0.08946	26%-50% Below	No	No
00527328043	LEVOTHYROXINE 25 MCG TABLET	6	30.000	4.90	0.08946	76%-100% Above	No	No
00527328043	LEVOTHYROXINE 25 MCG TABLET	6	30.000	6.61	0.08946	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00527328043	LEVOTHYROXINE 25 MCG TABLET	7	30.000	1.35	0.07887	26%-50% Below	No	No
00527328043	LEVOTHYROXINE 25 MCG TABLET	7	30.000	4.90	0.07887	101%-200% Above	No	No
00527328043	LEVOTHYROXINE 25 MCG TABLET	8	30.000	1.45	0.06914	26%-50% Below	No	No
00527328143	LEVOTHYROXINE 50 MCG TABLET	5	30.000	6.90	0.07773	101%-200% Above	No	No
00527328143	LEVOTHYROXINE 50 MCG TABLET	5	30.000	8.16	0.07773	200% Above	No	No
00527328143	LEVOTHYROXINE 50 MCG TABLET	6	30.000	8.16	0.09764	101%-200% Above	No	No
00527328143	LEVOTHYROXINE 50 MCG TABLET	7	30.000	6.90	0.0937	101%-200% Above	No	No
00527328143	LEVOTHYROXINE 50 MCG TABLET	7	30.000	8.16	0.0937	101%-200% Above	No	No
00527328243	LEVOTHYROXINE 75 MCG TABLET	5	30.000	6.90	0.09434	101%-200% Above	No	No
00527328243	LEVOTHYROXINE 75 MCG TABLET	6	30.000	6.90	0.10375	101%-200% Above	No	No
00527328243	LEVOTHYROXINE 75 MCG TABLET	7	90.000	22.42	0.09379	101%-200% Above	No	No
00527328443	LEVOTHYROXINE 100 MCG TABLET	5	30.000	6.90	0.09535	101%-200% Above	No	No
00527328443	LEVOTHYROXINE 100 MCG TABLET	6	30.000	6.90	0.10427	101%-200% Above	No	No
00527328543	LEVOTHYROXINE 112 MCG TABLET	5	30.000	10.90	0.10293	200% Above	No	No
00527328543	LEVOTHYROXINE 112 MCG TABLET	5	90.000	29.90	0.10293	200% Above	No	No
00527328543	LEVOTHYROXINE 112 MCG TABLET	6	30.000	10.90	0.11633	200% Above	No	No
00527328543	LEVOTHYROXINE 112 MCG TABLET	7	30.000	10.90	0.10878	200% Above	No	No
00527328543	LEVOTHYROXINE 112 MCG TABLET	8	30.000	2.17	0.10273	26%-50% Below	No	No
00527328846	LEVOTHYROXINE 150 MCG TABLET	7	90.000	36.47	0.12818	200% Above	No	No
00527329043	LEVOTHYROXINE 200 MCG TABLET	8	30.000	2.44	0.13851	26%-50% Below	No	No
00527329043	LEVOTHYROXINE 200 MCG TABLET	8	90.000	7.04	0.13851	26%-50% Below	No	No
00527329046	LEVOTHYROXINE 200 MCG TABLET	5	30.000	2.44	0.1399	26%-50% Below	No	No
00527329046	LEVOTHYROXINE 200 MCG TABLET	6	30.000	2.44	0.2025	51%-75% Below	No	No
00527329046	LEVOTHYROXINE 200 MCG TABLET	7	30.000	2.37	0.13033	26%-50% Below	No	No
00527411637	PROPRANOLOL ER 60 MG CAPSULE	5	30.000	9.90	0.19006	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00527411637	PROPRANOLOL ER 60 MG CAPSULE	6	30.000	9.90	0.1952	51%-75% Above	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	7	30.000	9.90	0.20246	51%-75% Above	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	8	30.000	9.90	0.22087	26%-50% Above	No	No
00527411837	PROPRANOLOL ER 120 MG CAPSULE	5	30.000	14.90	0.24608	101%-200% Above	No	No
00527411837	PROPRANOLOL ER 120 MG CAPSULE	6	30.000	14.90	0.2547	76%-100% Above	No	No
00527411837	PROPRANOLOL ER 120 MG CAPSULE	7	30.000	14.90	0.22721	101%-200% Above	No	No
00527411837	PROPRANOLOL ER 120 MG CAPSULE	8	30.000	14.90	0.23109	101%-200% Above	No	No
00527551237	DEXTROAMP-AMPHET ER 15 MG CAP	5	90.000	220.74	0.70412	200% Above	No	No
00527551337	DEXTROAMP-AMPHET ER 20 MG CAP	5	30.000	106.69	0.62478	200% Above	No	No
00527810637	DEXMETHYLPHENIDATE ER 5 MG CAP	6	80.000	50.40	1.11302	26%-50% Below	No	No
00527810837	DEXMETHYLPHENIDATE ER 15 MG CP	7	30.000	13.34	1.11796	51%-75% Below	No	No
00527810837	DEXMETHYLPHENIDATE ER 15 MG CP	8	30.000	0.00	1.0563	76%-100% Below	No	No
00527810937	DEXMETHYLPHENIDATE ER 20 MG CP	5	30.000	9.99	1.93828	76%-100% Below	No	No
00527810937	DEXMETHYLPHENIDATE ER 20 MG CP	6	30.000	9.99	1.60753	76%-100% Below	No	No
00536137223	NICOTINE 4 MG CHEWING GUM	6	220.000	33.15	0.28749	26%-50% Below	No	No
00548540000	MEDROXYPROGESTERONE 150 MG/ML	5	1.000	14.05	27.70602	26%-50% Below	No	No
00548540000	MEDROXYPROGESTERONE 150 MG/ML	7	1.000	16.27	27.86884	26%-50% Below	No	No
00548540000	MEDROXYPROGESTERONE 150 MG/ML	8	1.000	14.05	28.47971	26%-50% Below	No	No
00548570100	MEDROXYPROGESTERONE 150 MG/ML	5	1.000	20.46	42.99384	51%-75% Below	No	No
00548570100	MEDROXYPROGESTERONE 150 MG/ML	7	1.000	20.46	43.06226	51%-75% Below	No	No
00548585000	GLUCAGON 1 MG EMERGENCY KIT	7	1.000	134.40	221.1015	26%-50% Below	No	No
00555060602	MEGESTROL 20 MG TABLET	7	30.000	5.28	0.15886	10%-25% Above	No	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	5	30.000	29.82	0.33661	101%-200% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	6	10.000	0.77	0.13916	26%-50% Below	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	6	10.000	2.03	0.13916	26%-50% 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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	6	14.000	2.64	0.13916	26%-50% Above	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	6	20.000	3.56	0.13916	26%-50% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	6	21.000	3.72	0.13916	26%-50% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	7	20.000	3.56	0.13438	26%-50% Above	Yes	No
00555087202	MEDROXYPROGESTERONE 2.5 MG TAB	6	30.000	0.00	0.10537	76%-100% Below	No	No
00555087202	MEDROXYPROGESTERONE 2.5 MG TAB	6	30.000	3.77	0.10537	10%-25% Above	No	No
00555087202	MEDROXYPROGESTERONE 2.5 MG TAB	7	30.000	3.77	0.09761	26%-50% Above	No	No
00555087202	MEDROXYPROGESTERONE 2.5 MG TAB	8	30.000	0.00	0.10428	76%-100% Below	No	No
00555088602	ESTRADIOL 1 MG TABLET	5	30.000	3.71	0.08391	26%-50% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	5	30.000	3.83	0.08391	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	5	30.000	3.83	0.08391	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	5	30.000	3.92	0.08391	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	6	28.000	3.61	0.08218	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	6	30.000	3.71	0.08218	26%-50% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	6	30.000	3.83	0.08218	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	6	30.000	3.83	0.08218	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	6	30.000	3.92	0.08218	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	6	39.000	4.76	0.08218	26%-50% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	6	90.000	9.99	0.08218	26%-50% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	6	90.000	10.49	0.08218	26%-50% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	6	90.000	10.99	0.08218	26%-50% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	7	30.000	3.83	0.08143	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	7	30.000	3.83	0.08143	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	8	30.000	3.71	0.08004	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	8	30.000	3.83	0.08004	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00555088602	ESTRADIOL 1 MG TABLET	8	30.000	3.83	0.08004	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	8	30.000	3.92	0.08004	51%-75% Above	No	No
00555088604	ESTRADIOL 1 MG TABLET	6	21.000	2.83	0.08218	51%-75% Above	No	No
00555088604	ESTRADIOL 1 MG TABLET	7	21.000	2.83	0.08143	51%-75% Above	No	No
00555088604	ESTRADIOL 1 MG TABLET	7	30.000	3.83	0.08143	51%-75% Above	No	No
00555088604	ESTRADIOL 1 MG TABLET	7	90.000	11.08	0.08143	51%-75% Above	No	No
00555088604	ESTRADIOL 1 MG TABLET	8	21.000	2.83	0.08004	51%-75% Above	No	No
00555088604	ESTRADIOL 1 MG TABLET	8	30.000	1.51	0.08004	26%-50% Below	No	No
00555088604	ESTRADIOL 1 MG TABLET	8	30.000	3.83	0.08004	51%-75% Above	No	No
00555088604	ESTRADIOL 1 MG TABLET	8	90.000	11.08	0.08004	51%-75% Above	No	No
00555088702	ESTRADIOL 2 MG TABLET	5	30.000	4.88	0.11012	26%-50% Above	No	No
00555088702	ESTRADIOL 2 MG TABLET	5	90.000	13.37	0.11012	26%-50% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	5	90.000	14.88	0.11012	26%-50% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	6	30.000	0.00	0.10916	76%-100% Below	No	No
00555088702	ESTRADIOL 2 MG TABLET	6	90.000	13.00	0.10916	26%-50% Above	No	No
00555088702	ESTRADIOL 2 MG TABLET	6	90.000	13.37	0.10916	26%-50% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	7	30.000	4.79	0.11494	26%-50% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	7	90.000	13.00	0.11494	10%-25% Above	No	No
00555088702	ESTRADIOL 2 MG TABLET	8	30.000	0.00	0.12036	76%-100% Below	No	No
00555088702	ESTRADIOL 2 MG TABLET	8	30.000	4.79	0.12036	26%-50% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	8	90.000	13.37	0.12036	10%-25% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	8	90.000	16.36	0.12036	51%-75% Above	Yes	No
00555088704	ESTRADIOL 2 MG TABLET	5	30.000	4.79	0.11012	26%-50% Above	No	No
00555088704	ESTRADIOL 2 MG TABLET	6	30.000	4.79	0.10916	26%-50% Above	No	No
00555088704	ESTRADIOL 2 MG TABLET	7	30.000	4.79	0.11494	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00555088704	ESTRADIOL 2 MG TABLET	7	90.000	12.40	0.11494	10%-25% Above	No	No
00555088704	ESTRADIOL 2 MG TABLET	8	30.000	4.79	0.12036	26%-50% Above	No	No
00555088704	ESTRADIOL 2 MG TABLET	8	120.000	9.90	0.12036	26%-50% Below	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	5	30.000	3.19	0.074	26%-50% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	5	30.000	3.29	0.074	26%-50% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	5	39.000	4.05	0.074	26%-50% Above	Yes	No
00555089902	ESTRADIOL 0.5 MG TABLET	6	30.000	3.19	0.0766	26%-50% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	6	30.000	3.29	0.0766	26%-50% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	8	30.000	1.29	0.07794	26%-50% Below	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	8	30.000	3.19	0.07794	26%-50% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	8	30.000	3.29	0.07794	26%-50% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	8	39.000	4.46	0.07794	26%-50% Above	Yes	No
00555097102	DEXTROAMP-AMPHETAMINE 5 MG TAB	7	30.000	13.50	0.29946	26%-50% Above	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	60.000	59.65	0.33166	101%-200% Above	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	60.000	77.13	0.33166	200% Above	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	90.000	89.47	0.33166	101%-200% Above	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	60.000	59.65	0.2537	200% Above	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	90.000	12.30	0.27764	26%-50% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	60.000	9.90	0.29089	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	30.000	29.82	0.31735	200% Above	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.000	11.74	0.31735	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.000	59.65	0.31735	200% Above	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	90.000	89.47	0.31735	200% Above	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.000	59.65	0.33923	101%-200% Above	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	90.000	89.47	0.33923	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.000	9.99	0.33931	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.000	12.21	0.33931	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.000	59.65	0.33931	101%-200% Above	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	90.000	89.47	0.33931	101%-200% Above	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.000	7.27	0.36208	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.000	9.99	0.36208	51%-75% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	5	28.000	27.83	0.34567	101%-200% Above	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	5	60.000	52.45	0.34567	101%-200% Above	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	5	60.000	59.65	0.34567	101%-200% Above	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	6	14.000	13.92	0.32461	200% Above	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	6	60.000	59.65	0.32461	200% Above	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	7	60.000	11.69	0.35871	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	60.000	11.69	0.35779	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	60.000	52.45	0.35779	101%-200% Above	No	No
00555099702	FLUDROCORTISONE 0.1 MG TABLET	5	120.000	19.90	0.42121	51%-75% Below	No	No
00555900867	NORTREL 0.5-35-28 TABLET	5	28.000	9.50	0.59685	26%-50% Below	No	No
00555900867	NORTREL 0.5-35-28 TABLET	6	28.000	9.64	0.5538	26%-50% Below	No	No
00555900867	NORTREL 0.5-35-28 TABLET	7	28.000	9.64	0.57986	26%-50% Below	No	No
00555900867	NORTREL 0.5-35-28 TABLET	8	28.000	9.74	0.47412	26%-50% Below	No	No
00555901058	NORTREL 1-35 28 TABLET	5	84.000	0.01	0.28047	76%-100% Below	No	No
00555901058	NORTREL 1-35 28 TABLET	8	84.000	0.01	0.28063	76%-100% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	5	28.000	0.00	0.13185	76%-100% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	5	28.000	0.99	0.13185	51%-75% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	5	28.000	9.05	0.13185	101%-200% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	5	84.000	0.01	0.13185	76%-100% 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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00555901658	SPRINTEC 28 DAY TABLET	6	28.000	0.00	0.14901	76%-100% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	6	28.000	0.99	0.14901	76%-100% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	6	28.000	2.17	0.14901	26%-50% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	6	28.000	9.05	0.14901	101%-200% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	6	84.000	0.01	0.14901	76%-100% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	7	28.000	0.99	0.13358	51%-75% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	7	28.000	2.24	0.13358	26%-50% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	7	28.000	9.05	0.13358	101%-200% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	8	28.000	0.99	0.15521	76%-100% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	8	28.000	8.31	0.15521	76%-100% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	8	28.000	9.05	0.15521	101%-200% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	8	84.000	0.01	0.15521	76%-100% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	8	84.000	2.97	0.15521	76%-100% Below	No	No
00555901858	TRI-SPRINTEC TABLET	5	28.000	2.43	0.15062	26%-50% Below	No	No
00555901858	TRI-SPRINTEC TABLET	5	84.000	3.37	0.15062	51%-75% Below	No	No
00555901858	TRI-SPRINTEC TABLET	6	28.000	2.46	0.13463	26%-50% Below	No	No
00555901858	TRI-SPRINTEC TABLET	7	28.000	2.26	0.14024	26%-50% Below	No	No
00555901858	TRI-SPRINTEC TABLET	8	28.000	2.35	0.13915	26%-50% Below	No	No
00555901858	TRI-SPRINTEC TABLET	8	84.000	0.01	0.13915	76%-100% Below	No	No
00555901858	TRI-SPRINTEC TABLET	8	84.000	3.37	0.13915	51%-75% Below	No	No
00555902542	JUNEL 1 MG-20 MCG TABLET	5	84.000	8.49	0.27595	51%-75% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	5	84.000	6.08	0.15598	51%-75% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	5	84.000	39.84	0.15598	200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	6	28.000	2.03	0.1573	51%-75% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	6	28.000	14.57	0.1573	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	6	84.000	6.08	0.1573	51%-75% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	6	84.000	39.84	0.1573	200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	7	28.000	14.57	0.1504	200% Above	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	7	84.000	6.08	0.1504	51%-75% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	8	28.000	2.03	0.15591	51%-75% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	8	28.000	14.57	0.15591	200% Above	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	8	56.000	4.05	0.15591	51%-75% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	8	84.000	39.84	0.15591	200% Above	Yes	No
00555902742	JUNEL 1.5 MG-30 MCG TABLET	5	21.000	6.18	0.50942	26%-50% Below	No	No
00555902742	JUNEL 1.5 MG-30 MCG TABLET	5	21.000	6.18	0.50942	26%-50% Below	Yes	No
00555902742	JUNEL 1.5 MG-30 MCG TABLET	5	21.000	6.37	0.50942	26%-50% Below	No	No
00555902742	JUNEL 1.5 MG-30 MCG TABLET	5	21.000	6.75	0.50942	26%-50% Below	Yes	No
00555902742	JUNEL 1.5 MG-30 MCG TABLET	6	21.000	6.18	0.50986	26%-50% Below	Yes	No
00555902742	JUNEL 1.5 MG-30 MCG TABLET	6	21.000	6.42	0.50986	26%-50% Below	No	No
00555902742	JUNEL 1.5 MG-30 MCG TABLET	7	21.000	6.18	0.46842	26%-50% Below	Yes	No
00555902742	JUNEL 1.5 MG-30 MCG TABLET	7	21.000	6.42	0.46842	26%-50% Below	No	No
00555902742	JUNEL 1.5 MG-30 MCG TABLET	8	21.000	6.18	0.49332	26%-50% Below	Yes	No
00555902742	JUNEL 1.5 MG-30 MCG TABLET	8	21.000	6.42	0.49332	26%-50% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	5	28.000	0.00	0.17169	76%-100% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	5	28.000	2.36	0.17169	26%-50% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	6	28.000	0.00	0.17111	76%-100% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	6	28.000	2.22	0.17111	51%-75% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	7	28.000	0.00	0.16634	76%-100% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	7	28.000	2.26	0.16634	51%-75% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	7	84.000	0.01	0.16634	76%-100% 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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	8	28.000	0.00	0.16207	76%-100% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	8	28.000	2.26	0.16207	26%-50% Below	No	No
00555904358	APRI 28 DAY TABLET	5	84.000	5.10	0.14398	51%-75% Below	No	No
00555904358	APRI 28 DAY TABLET	8	84.000	5.07	0.14161	51%-75% Below	No	No
00555904558	AVIANE-28 TABLET	7	28.000	1.58	0.18389	51%-75% Below	No	No
00555904558	AVIANE-28 TABLET	8	28.000	1.58	0.17401	51%-75% Below	No	No
00555904958	CRYSELLE-28 TABLET	5	28.000	6.54	0.38406	26%-50% Below	No	No
00555904958	CRYSELLE-28 TABLET	5	84.000	19.61	0.38406	26%-50% Below	No	No
00555904958	CRYSELLE-28 TABLET	6	28.000	6.69	0.40542	26%-50% Below	No	No
00555904958	CRYSELLE-28 TABLET	6	84.000	20.07	0.40542	26%-50% Below	No	No
00555904958	CRYSELLE-28 TABLET	7	28.000	6.69	0.40651	26%-50% Below	No	No
00555904958	CRYSELLE-28 TABLET	7	84.000	20.07	0.40651	26%-50% Below	No	No
00555904958	CRYSELLE-28 TABLET	8	28.000	4.06	0.36929	51%-75% Below	No	No
00555904958	CRYSELLE-28 TABLET	8	28.000	6.60	0.36929	26%-50% Below	No	No
00555905058	KARIVA 28 DAY TABLET	5	84.000	29.90	0.19698	76%-100% Above	Yes	No
00555905058	KARIVA 28 DAY TABLET	8	84.000	29.90	0.18	76%-100% Above	Yes	No
00574022701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	7	90.000	44.90	0.26901	76%-100% Above	Yes	No
00574029201	AMILORIDE HCL 5 MG TABLET	8	30.000	4.59	0.20241	10%-25% Below	No	No
00574082001	TESTOSTERONE CYP 200 MG/ML	5	6.000	36.82	13.80777	51%-75% Below	No	No
00574082001	TESTOSTERONE CYP 200 MG/ML	8	6.000	29.90	13.93014	51%-75% Below	No	No
00574082010	TESTOSTERONE CYP 200 MG/ML	5	4.000	9.90	4.17991	26%-50% Below	No	No
00574082010	TESTOSTERONE CYP 200 MG/ML	6	10.000	16.12	4.13609	51%-75% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	6	6.000	44.90	14.07441	26%-50% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	7	2.000	9.90	14.2914	51%-75% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	53.000	8.13	0.07872	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	180.000	9.90	0.07872	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	7	120.000	14.18	0.07823	51%-75% Above	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	8	300.000	14.16	0.0779	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	8	400.000	9.99	0.0779	51%-75% Below	No	No
00574200802	NYSTOP 100,000 UNIT/GM POWDER	7	60.000	9.99	0.21763	10%-25% Below	No	No
00574220520	TRETINOIN 0.05% CREAM	6	20.000	20.74	1.98329	26%-50% Below	Yes	No
00574220520	TRETINOIN 0.05% CREAM	8	20.000	20.74	1.87993	26%-50% Below	Yes	No
00574220520	TRETINOIN 0.05% CREAM	8	40.000	41.48	1.87993	26%-50% Below	Yes	No
00574220545	TRETINOIN 0.05% CREAM	6	45.000	46.40	2.1035	26%-50% Below	Yes	No
00574220545	TRETINOIN 0.05% CREAM	7	45.000	28.75	1.74296	51%-75% Below	Yes	No
00574222520	TRETINOIN 0.025% CREAM	7	20.000	14.90	1.27319	26%-50% Below	No	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	5	5.000	17.94	4.88849	26%-50% Below	No	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	5	10.000	9.99	4.88849	76%-100% Below	No	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	6	5.000	17.94	5.67077	26%-50% Below	No	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	6	5.000	17.94	5.67077	26%-50% Below	Yes	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	7	5.000	17.94	5.56918	26%-50% Below	No	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	8	5.000	9.90	6.98817	51%-75% Below	No	No
00574403125	TOBRAMYCIN-DEXAMETH OPHTH SUSP	7	2.500	26.40	8.07472	26%-50% Above	No	No
00591034501	VERAPAMIL 120 MG TABLET	7	180.000	10.17	0.07419	10%-25% Below	Yes	No
00591040905	LISINOPRIL 40 MG TABLET	6	90.000	5.27	0.04775	10%-25% Above	No	No
00591044401	GUANFACINE 1 MG TABLET	5	30.000	9.90	0.39954	10%-25% Below	No	No
00591044401	GUANFACINE 1 MG TABLET	7	30.000	9.90	0.4228	10%-25% Below	No	No
00591046010	GLIPIZIDE 5 MG TABLET	5	180.000	5.40	0.03585	10%-25% Below	Yes	No
00591046010	GLIPIZIDE 5 MG TABLET	7	90.000	2.70	0.03482	10%-25% Below	Yes	No
00591046010	GLIPIZIDE 5 MG TABLET	8	180.000	5.40	0.03486	10%-25% 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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00591046105	GLIPIZIDE 10 MG TABLET	7	90.000	3.36	0.05261	26%-50% Below	No	No
00591060505	LABETALOL HCL 100 MG TABLET	8	60.000	4.90	0.11931	26%-50% Below	No	No
00591079401	DICYCLOMINE 10 MG CAPSULE	5	120.000	9.90	0.12432	26%-50% Below	No	No
00591079501	DICYCLOMINE 20 MG TABLET	5	120.000	9.99	0.15557	26%-50% Below	No	No
00591079605	SULFASALAZINE 500 MG TABLET	6	90.000	8.54	0.15717	26%-50% Below	No	No
00591079605	SULFASALAZINE 500 MG TABLET	7	90.000	8.49	0.16486	26%-50% Below	No	No
00591079605	SULFASALAZINE 500 MG TABLET	8	90.000	8.49	0.16105	26%-50% Below	No	No
00591084510	GLIPIZIDE ER 10 MG TABLET	5	60.000	6.90	0.16535	26%-50% Below	No	No
00591084510	GLIPIZIDE ER 10 MG TABLET	6	60.000	6.90	0.1685	26%-50% Below	No	No
00591084510	GLIPIZIDE ER 10 MG TABLET	7	60.000	5.82	0.19338	26%-50% Below	No	No
00591246501	DESMOPRESSIN ACETATE 0.2 MG TB	5	30.000	14.90	0.41484	10%-25% Above	No	No
00591246501	DESMOPRESSIN ACETATE 0.2 MG TB	6	60.000	14.90	0.42031	26%-50% Below	No	No
00591246501	DESMOPRESSIN ACETATE 0.2 MG TB	6	90.000	21.74	0.42031	26%-50% Below	No	No
00591246501	DESMOPRESSIN ACETATE 0.2 MG TB	7	90.000	22.16	0.45723	26%-50% Below	No	No
00591247330	TAMOXIFEN 20 MG TABLET	5	30.000	7.40	0.29369	10%-25% Below	Yes	No
00591247330	TAMOXIFEN 20 MG TABLET	6	90.000	37.95	0.3443	10%-25% Above	Yes	No
00591256201	COLCHICINE 0.6 MG TABLET	6	4.000	6.90	0.32205	200% Above	No	No
00591256201	COLCHICINE 0.6 MG TABLET	6	15.000	14.90	0.32205	200% Above	No	No
00591256201	COLCHICINE 0.6 MG TABLET	6	33.000	6.90	0.32205	26%-50% Below	No	No
00591256201	COLCHICINE 0.6 MG TABLET	7	20.000	14.90	0.28193	101%-200% Above	No	No
00591256201	COLCHICINE 0.6 MG TABLET	8	3.000	6.90	0.33755	200% Above	No	No
00591256230	COLCHICINE 0.6 MG TABLET	8	20.000	9.90	0.33755	26%-50% Above	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	5	15.000	31.51	3.69025	26%-50% Below	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	5	15.000	31.51	3.69025	26%-50% Below	Yes	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	6	15.000	31.51	3.61532	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	6	15.000	31.51	3.61532	26%-50% Below	Yes	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	7	15.000	31.51	3.64608	26%-50% Below	Yes	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	8	15.000	29.48	3.49576	26%-50% Below	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	8	15.000	31.51	3.49576	26%-50% Below	Yes	No
00591350804	CLONIDINE 0.1 MG/DAY PATCH	5	4.000	21.70	7.05963	10%-25% Below	Yes	No
00591350804	CLONIDINE 0.1 MG/DAY PATCH	6	4.000	15.78	7.12717	26%-50% Below	Yes	No
00591350804	CLONIDINE 0.1 MG/DAY PATCH	7	4.000	15.78	6.72151	26%-50% Below	Yes	No
00591350804	CLONIDINE 0.1 MG/DAY PATCH	8	4.000	15.78	8.02265	26%-50% Below	Yes	No
00591354160	BUPROPION HCL SR 150 MG TABLET	6	171.000	20.90	0.08775	26%-50% Above	No	No
00591530710	PROMETHAZINE 25 MG TABLET	6	20.000	0.57	0.05026	26%-50% Below	No	No
00591530710	PROMETHAZINE 25 MG TABLET	6	30.000	3.43	0.05026	101%-200% Above	No	No
00591532501	PROBENECID-COLCHICINE TABLET	7	180.000	101.06	1.14687	51%-75% Below	No	No
00591544205	PREDNISONE 10 MG TABLET	8	10.000	2.76	0.05823	200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	5	33.000	7.09	0.05819	200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	6	9.000	1.58	0.05514	200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	8	4.000	1.03	0.05823	200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	8	15.000	2.24	0.05823	101%-200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	8	18.000	0.00	0.05823	76%-100% Below	No	No
00591555401	PROPRANOLOL 10 MG TABLET	6	90.000	6.90	0.06681	10%-25% Above	No	No
00591578201	ATENOLOL-CHLORTHALIDONE 50-25	8	90.000	37.17	0.3248	26%-50% Above	Yes	No
00597015330	JARDIANCE 25 MG TABLET	5	30.000	363.10	18.96493	26%-50% Below	No	No
00597015330	JARDIANCE 25 MG TABLET	7	30.000	363.10	18.96493	26%-50% Below	No	No
00597015330	JARDIANCE 25 MG TABLET	8	30.000	363.10	18.96493	26%-50% Below	No	No
00597015390	JARDIANCE 25 MG TABLET	7	90.000	175.92	18.96493	76%-100% Below	No	No
00603188016	LIDOCAINE 5% PATCH	5	30.000	36.76	1.77489	26%-50% Below	Yes	No

## NADAC Summary Report

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00603211532	ALLOPURINOL 100 MG TABLET	7	180.000	5.15	0.05183	26%-50% Below	Yes	No
00603211621	ALLOPURINOL 300 MG TABLET	5	90.000	17.48	0.08114	101%-200% Above	Yes	No
00603211621	ALLOPURINOL 300 MG TABLET	6	90.000	17.48	0.07531	101%-200% Above	Yes	No
00603211621	ALLOPURINOL 300 MG TABLET	7	180.000	38.45	0.07962	101%-200% Above	Yes	No
00603211621	ALLOPURINOL 300 MG TABLET	8	90.000	19.22	0.08027	101%-200% Above	Yes	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	14.90	0.1441	200% Above	No	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	14.90	0.15076	200% Above	No	No
00603497521	OXYBUTYNIN 5 MG TABLET	7	90.000	14.90	0.06025	101%-200% Above	No	No
00603533715	PREDNISONE 5 MG TAB DOSE PACK	7	21.000	9.11	0.36164	10%-25% Above	Yes	No
00603533715	PREDNISONE 5 MG TAB DOSE PACK	7	21.000	9.50	0.36164	10%-25% Above	No	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	5	21.000	6.93	0.60279	26%-50% Below	No	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	5	21.000	6.93	0.60279	26%-50% Below	Yes	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	5	21.000	9.90	0.60279	10%-25% Below	No	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	6	21.000	9.90	0.54913	10%-25% Below	No	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	6	21.000	13.50	0.54913	10%-25% Above	No	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	6	21.000	14.90	0.54913	26%-50% Above	No	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	7	21.000	7.23	0.58603	26%-50% Below	No	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	8	21.000	6.93	0.54866	26%-50% Below	Yes	No
00603548221	PROPRANOLOL 10 MG TABLET	6	90.000	14.90	0.06681	101%-200% Above	No	No
00603548221	PROPRANOLOL 10 MG TABLET	7	90.000	6.90	0.06268	10%-25% Above	No	No
00603548232	PROPRANOLOL 10 MG TABLET	5	30.000	0.00	0.06245	76%-100% Below	No	No
00603548232	PROPRANOLOL 10 MG TABLET	5	30.000	6.83	0.06245	200% Above	No	No
00603548232	PROPRANOLOL 10 MG TABLET	6	30.000	6.83	0.06681	200% Above	No	No
00603548232	PROPRANOLOL 10 MG TABLET	7	90.000	19.30	0.06268	200% Above	No	No
00603548321	PROPRANOLOL 20 MG TABLET	5	30.000	8.56	0.07145	200% Above	No	No



## NADAC Summary Report

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00603548321	PROPRANOLOL 20 MG TABLET	5	60.000	13.50	0.07145	200% Above	No	No
00603548321	PROPRANOLOL 20 MG TABLET	6	30.000	8.56	0.07149	200% Above	No	No
00603548321	PROPRANOLOL 20 MG TABLET	7	30.000	8.56	0.07572	200% Above	No	No
00603548321	PROPRANOLOL 20 MG TABLET	7	60.000	13.50	0.07572	101%-200% Above	No	No
00603548321	PROPRANOLOL 20 MG TABLET	8	60.000	13.50	0.07109	200% Above	No	No
00603548421	PROPRANOLOL 40 MG TABLET	5	30.000	9.55	0.09604	200% Above	No	No
00603548421	PROPRANOLOL 40 MG TABLET	6	30.000	9.55	0.09938	200% Above	No	No
00603548421	PROPRANOLOL 40 MG TABLET	8	60.000	9.90	0.10722	51%-75% Above	No	No
00641037625	DIPHENHYDRAMINE 50 MG/ML VIAL	5	1.000	1.69	0.93872	76%-100% Above	Yes	No
00713022515	TRIAMCINOLONE 0.1% CREAM	6	15.000	3.71	0.17595	26%-50% Above	No	No
00713022815	TRIAMCINOLONE 0.1% OINTMENT	5	15.000	3.65	0.14287	51%-75% Above	No	No
00713022815	TRIAMCINOLONE 0.1% OINTMENT	6	15.000	3.65	0.15324	51%-75% Above	No	No
00713033915	HALOBETASOL PROP 0.05% OINTMNT	8	60.000	202.93	1.33472	101%-200% Above	No	No
00713052612	PROMETHEGAN 25 MG SUPPOSITORY	5	48.000	82.04	3.71783	51%-75% Below	Yes	No
00713057460	METRONIDAZOLE TOPICAL 1% GEL	6	60.000	141.40	0.99772	101%-200% Above	No	No
00713063437	MOMETASONE FUROATE 0.1% CREAM	8	45.000	6.53	0.31459	51%-75% Below	No	No
00713063737	METRONIDAZOLE TOPICAL 0.75% GL	5	45.000	0.00	0.37536	76%-100% Below	No	No
00713063737	METRONIDAZOLE TOPICAL 0.75% GL	7	45.000	0.00	0.38741	76%-100% Below	No	No
00713065540	TRIAMCINOLONE 0.1% PASTE	5	5.000	14.90	3.52082	10%-25% Below	No	No
00713068615	NYSTATIN 100,000 UNIT/GM OINT	7	30.000	0.00	0.28813	76%-100% Below	No	No
00713093681	COLESEVELAM 625 MG TABLET	6	180.000	33.50	0.26934	26%-50% Below	No	No
00713093681	COLESEVELAM 625 MG TABLET	8	180.000	28.75	0.31572	26%-50% Below	No	No
00713093681	COLESEVELAM 625 MG TABLET	8	180.000	29.09	0.31572	26%-50% Below	No	No
00777310502	PROZAC 20 MG PULVULE	5	30.000	1.22	17.04915	76%-100% Below	No	No
00781106101	ALPRAZOLAM 0.25 MG TABLET	8	60.000	1.24	0.02587	10%-25% Below	No	No

## NADAC Summary Report

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00781106105	ALPRAZOLAM 0.25 MG TABLET	5	45.000	1.44	0.02275	26%-50% Above	No	No
00781106105	ALPRAZOLAM 0.25 MG TABLET	6	30.000	1.10	0.02691	26%-50% Above	Yes	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	6	30.000	1.19	0.02691	26%-50% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	7	30.000	0.95	0.02466	26%-50% Above	No	No
00781107705	ALPRAZOLAM 0.5 MG TABLET	8	20.000	0.93	0.02466	76%-100% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	5	60.000	0.01	0.02579	76%-100% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	6	90.000	2.51	0.02296	10%-25% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	7	60.000	1.83	0.02652	10%-25% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	8	90.000	2.51	0.02466	10%-25% Above	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	5	60.000	1.84	0.02672	10%-25% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	5	90.000	1.65	0.02672	26%-50% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	6	90.000	1.27	0.02484	26%-50% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	8	60.000	1.25	0.02768	10%-25% Below	Yes	No
00781108901	ALPRAZOLAM 2 MG TABLET	7	60.000	2.23	0.05321	26%-50% Below	No	No
00781183010	PROMETHAZINE 25 MG TABLET	7	15.000	1.96	0.04935	101%-200% Above	No	No
00781185201	AMOX-CLAV 875-125 MG TABLET	5	20.000	9.40	0.33593	26%-50% Above	No	No
00781185220	AMOX-CLAV 875-125 MG TABLET	8	20.000	9.40	0.30859	51%-75% Above	No	No
00781194339	AMOX-CLAV ER 1,000-62.5 MG TAB	7	56.000	143.49	5.48389	51%-75% Below	No	No
00781196260	CLARITHROMYCIN 500 MG TABLET	6	28.000	7.49	0.48929	26%-50% Below	No	No
00781214501	AMPICILLIN 500 MG CAPSULE	8	21.000	5.37	0.48561	26%-50% Below	No	No
00781214501	AMPICILLIN 500 MG CAPSULE	8	28.000	7.17	0.48561	26%-50% Below	No	No
00781223410	OMEPRAZOLE DR 40 MG CAPSULE	5	30.000	4.90	0.05737	101%-200% Above	No	No
00781223410	OMEPRAZOLE DR 40 MG CAPSULE	5	30.000	5.11	0.05737	101%-200% Above	No	No
00781223410	OMEPRAZOLE DR 40 MG CAPSULE	5	90.000	12.40	0.05737	101%-200% Above	No	No
00781223410	OMEPRAZOLE DR 40 MG CAPSULE	5	90.000	14.32	0.05737	101%-200% Above	No	No

## NADAC Summary Report

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00781223410	OMEPRAZOLE DR 40 MG CAPSULE	5	90.000	29.90	0.05737	200% Above	No	No
00781223410	OMEPRAZOLE DR 40 MG CAPSULE	6	30.000	5.11	0.06001	101%-200% Above	No	No
00781223410	OMEPRAZOLE DR 40 MG CAPSULE	6	90.000	14.32	0.06001	101%-200% Above	No	No
00781223410	OMEPRAZOLE DR 40 MG CAPSULE	7	90.000	29.90	0.05277	200% Above	No	No
00781223410	OMEPRAZOLE DR 40 MG CAPSULE	8	28.000	4.90	0.05425	200% Above	No	No
00781223410	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	5.11	0.05425	200% Above	No	No
00781223410	OMEPRAZOLE DR 40 MG CAPSULE	8	90.000	12.40	0.05425	101%-200% Above	No	No
00781223410	OMEPRAZOLE DR 40 MG CAPSULE	8	90.000	14.32	0.05425	101%-200% Above	No	No
00781233501	DEXTROAMP-AMPHET ER 10 MG CAP	8	30.000	21.01	0.5429	26%-50% Above	No	No
00781235201	DEXTROAMP-AMPHET ER 20 MG CAP	5	30.000	21.01	0.62478	10%-25% Above	No	No
00781235201	DEXTROAMP-AMPHET ER 20 MG CAP	5	30.000	106.69	0.62478	200% Above	No	No
00781235201	DEXTROAMP-AMPHET ER 20 MG CAP	6	30.000	106.69	0.6667	200% Above	No	No
00781235201	DEXTROAMP-AMPHET ER 20 MG CAP	7	30.000	106.69	0.6623	200% Above	No	No
00781236401	METHYLPHENIDATE ER(LA) 40 MG CP	6	24.000	25.80	2.29374	51%-75% Below	No	No
00781237101	DEXTROAMP-AMPHET ER 30 MG CAP	8	30.000	106.69	0.75306	200% Above	Yes	No
00781261301	AMOXICILLIN 500 MG CAPSULE	7	60.000	4.36	0.0976	10%-25% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	5	10.000	1.21	0.07974	51%-75% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	5	14.000	1.46	0.07974	26%-50% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	5	15.000	1.43	0.07974	10%-25% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	5	20.000	1.79	0.07974	10%-25% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	5	20.000	1.88	0.07974	10%-25% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	5	21.000	1.85	0.07974	10%-25% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	5	21.000	1.89	0.07974	10%-25% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	5	54.000	3.85	0.07974	10%-25% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	6	14.000	1.46	0.09089	10%-25% Above	No	No

## NADAC Summary Report

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00781261305	AMOXICILLIN 500 MG CAPSULE	6	15.000	1.56	0.09089	10%-25% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	6	30.000	4.92	0.09089	76%-100% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	7	4.000	0.16	0.0976	51%-75% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	7	21.000	1.80	0.0976	10%-25% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	7	32.000	5.19	0.0976	51%-75% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	7	40.000	3.07	0.0976	10%-25% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	8	14.000	1.49	0.08664	10%-25% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	8	40.000	3.07	0.08664	10%-25% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	8	40.000	3.08	0.08664	10%-25% Below	No	No
00781285931	OMEPRAZOLE DR 10 MG CAPSULE	7	30.000	9.37	0.08567	200% Above	Yes	No
00781531701	ZOLPIDEM TARTRATE 5 MG TABLET	5	30.000	1.24	0.03253	26%-50% Above	No	No
00781531701	ZOLPIDEM TARTRATE 5 MG TABLET	6	6.000	0.65	0.0355	200% Above	No	No
00781531710	ZOLPIDEM TARTRATE 5 MG TABLET	5	30.000	0.49	0.03253	26%-50% Below	No	No
00781531710	ZOLPIDEM TARTRATE 5 MG TABLET	6	30.000	0.49	0.0355	51%-75% Below	No	No
00781531710	ZOLPIDEM TARTRATE 5 MG TABLET	8	30.000	0.36	0.03813	51%-75% Below	No	No
00781551501	GRISEOFULVIN MICRO 500 MG TAB	8	30.000	116.91	7.51971	26%-50% Below	Yes	No
00781569031	EZETIMIBE 10 MG TABLET	5	90.000	29.99	0.08903	200% Above	No	No
00781569031	EZETIMIBE 10 MG TABLET	6	30.000	0.00	0.08833	76%-100% Below	No	No
00781604155	AMOXICILLIN 250 MG/5 ML SUSP	5	300.000	8.19	0.01907	26%-50% Above	No	No
00781613948	AMOX-CLAV 600-42.9 MG/5 ML SUS	8	200.000	9.90	0.0691	26%-50% Below	No	No
00781613948	AMOX-CLAV 600-42.9 MG/5 ML SUS	8	200.000	9.99	0.0691	26%-50% Below	No	No
00781613954	AMOX-CLAV 600-42.9 MG/5 ML SUS	6	250.000	14.99	0.068	10%-25% Below	No	No
00781615746	AMOXICILLIN 400 MG/5 ML SUSP	5	100.000	5.69	0.02749	101%-200% Above	No	No
00781615746	AMOXICILLIN 400 MG/5 ML SUSP	5	100.000	8.42	0.02749	200% Above	No	No
00781615757	AMOXICILLIN 400 MG/5 ML SUSP	5	150.000	9.90	0.03134	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00781615757	AMOXICILLIN 400 MG/5 ML SUSP	6	225.000	12.75	0.02819	101%-200% Above	Yes	No
00781618667	CIPROFLOX-DEXAMETH OTIC SUSP	5	7.500	33.78	18.77925	76%-100% Below	Yes	No
00781618667	CIPROFLOX-DEXAMETH OTIC SUSP	7	7.500	33.78	18.63846	51%-75% Below	Yes	No
00781618667	CIPROFLOX-DEXAMETH OTIC SUSP	8	7.500	33.78	18.39316	51%-75% Below	Yes	No
00781716783	ESTRADIOL 0.1 MG PATCH (2/WK)	5	24.000	172.20	6.40557	10%-25% Above	Yes	No
00781717250	AZELAIC ACID 15% GEL	6	50.000	25.67	0.91234	26%-50% Below	Yes	No
00781717250	AZELAIC ACID 15% GEL	7	50.000	25.67	0.85015	26%-50% Below	Yes	No
00781717250	AZELAIC ACID 15% GEL	8	50.000	25.67	0.87365	26%-50% Below	Yes	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	5	6.700	11.85	3.17742	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	5	6.700	14.90	3.17742	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	6	6.700	11.85	3.21751	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	6	6.700	14.90	3.21751	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	7	6.700	11.85	3.11054	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	7	6.700	14.90	3.11054	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	8	6.700	11.85	2.82432	26%-50% Below	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	5	6.000	0.00	0.33784	76%-100% Below	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	5	6.000	3.55	0.33784	51%-75% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	5	6.000	3.57	0.33784	76%-100% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	5	6.000	3.66	0.33784	76%-100% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	6	6.000	0.00	0.34207	76%-100% Below	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	6	6.000	3.55	0.34207	51%-75% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	6	6.000	3.57	0.34207	51%-75% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	7	6.000	0.00	0.34162	76%-100% Below	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	7	6.000	3.57	0.34162	51%-75% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	7	18.000	4.90	0.34162	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00781808926	AZITHROMYCIN 250 MG TABLET	8	6.000	0.00	0.38013	76%-100% Below	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	8	6.000	3.46	0.38013	51%-75% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	8	6.000	3.55	0.38013	51%-75% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	8	6.000	3.57	0.38013	51%-75% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	8	6.000	3.66	0.38013	51%-75% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	8	6.000	6.06	0.38013	101%-200% Above	No	No
00832046560	NYAMYC 100,000 UNIT/GM POWDER	7	60.000	6.64	0.21763	26%-50% Below	No	No
00832054111	BUMETANIDE 1 MG TABLET	6	180.000	44.90	0.19273	26%-50% Above	Yes	No
00832054111	BUMETANIDE 1 MG TABLET	7	30.000	14.90	0.20706	101%-200% Above	No	No
00832054111	BUMETANIDE 1 MG TABLET	8	180.000	44.90	0.18876	26%-50% Above	Yes	No
00832105410	BACLOFEN 10 MG TABLET	5	30.000	4.40	0.0487	200% Above	No	No
00832105410	BACLOFEN 10 MG TABLET	6	60.000	1.60	0.04674	26%-50% Below	Yes	No
00832141003	MOXIFLOXACIN 0.5% EYE DROPS	6	3.000	6.90	3.15167	26%-50% Below	No	No
00832141003	MOXIFLOXACIN 0.5% EYE DROPS	7	3.000	14.90	2.8223	51%-75% Above	No	No
00832141003	MOXIFLOXACIN 0.5% EYE DROPS	8	3.000	2.18	2.96598	51%-75% Below	No	No
00832152011	HALOPERIDOL 1 MG TABLET	8	60.000	8.62	0.25418	26%-50% Below	Yes	No
00832532311	POTASSIUM CL ER 10 MEQ TABLET	6	180.000	11.21	0.14507	51%-75% Below	No	No
00832532311	POTASSIUM CL ER 10 MEQ TABLET	7	720.000	44.86	0.12674	26%-50% Below	No	No
00832532411	POTASSIUM CL ER 10 MEQ TABLET	6	90.000	6.46	0.17073	51%-75% Below	No	No
00832532510	POTASSIUM CL ER 20 MEQ TABLET	5	120.000	9.49	0.16653	51%-75% Below	No	No
00832532510	POTASSIUM CL ER 20 MEQ TABLET	6	120.000	9.49	0.17005	51%-75% Below	No	No
00832532510	POTASSIUM CL ER 20 MEQ TABLET	7	120.000	9.49	0.17599	51%-75% Below	No	No
00832532510	POTASSIUM CL ER 20 MEQ TABLET	8	120.000	9.49	0.17571	51%-75% Below	No	No
00832532511	POTASSIUM CL ER 20 MEQ TABLET	5	30.000	2.46	0.16653	26%-50% Below	No	No
00832532511	POTASSIUM CL ER 20 MEQ TABLET	6	30.000	2.46	0.17005	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00904404073	ASPIRIN 81 MG CHEWABLE TABLET	5	90.000	1.72	0.02577	10%-25% Below	Yes	No
00904404073	ASPIRIN 81 MG CHEWABLE TABLET	8	90.000	1.72	0.0257	10%-25% Below	Yes	No
00904671740	CETIRIZINE HCL 10 MG TABLET	8	90.000	2.63	0.06805	51%-75% Below	No	No
00904671746	CETIRIZINE HCL 10 MG TABLET	7	30.000	1.80	0.06808	10%-25% Below	No	No
00904671746	CETIRIZINE HCL 10 MG TABLET	8	30.000	1.80	0.06805	10%-25% Below	No	No
00904671772	CETIRIZINE HCL 10 MG TABLET	6	90.000	3.75	0.06647	26%-50% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	5	30.000	0.16	0.01478	51%-75% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	6	30.000	0.16	0.01642	51%-75% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	6	90.000	0.01	0.01642	76%-100% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	7	30.000	0.16	0.01574	51%-75% Below	No	No
00904676520	CHILD CETIRIZINE HCL 1 MG/ML	6	75.000	3.48	0.03453	26%-50% Above	No	No
00904676520	CHILD CETIRIZINE HCL 1 MG/ML	6	90.000	2.76	0.03453	10%-25% Below	No	No
00904676520	CHILD CETIRIZINE HCL 1 MG/ML	7	150.000	4.27	0.03382	10%-25% Below	No	No
00904678370	ASPIRIN EC 81 MG TABLET	6	30.000	0.18	0.01642	51%-75% Below	No	No
00904678370	ASPIRIN EC 81 MG TABLET	7	30.000	0.18	0.01574	51%-75% Below	No	No
00904678370	ASPIRIN EC 81 MG TABLET	8	30.000	0.18	0.01569	51%-75% Below	No	No
00904679480	ASPIRIN 81 MG CHEWABLE TABLET	5	90.000	0.01	0.02577	76%-100% Below	No	No
00904679489	ASPIRIN 81 MG CHEWABLE TABLET	5	30.000	0.34	0.02577	51%-75% Below	No	No
00904679489	ASPIRIN 81 MG CHEWABLE TABLET	6	30.000	0.34	0.02841	51%-75% Below	No	No
00904679489	ASPIRIN 81 MG CHEWABLE TABLET	7	30.000	0.34	0.02566	51%-75% Below	No	No
00904679489	ASPIRIN 81 MG CHEWABLE TABLET	8	30.000	0.34	0.0257	51%-75% Below	No	No
00904685260	LORATADINE 10 MG TABLET	8	30.000	1.03	0.06009	26%-50% Below	No	No
00904685272	LORATADINE 10 MG TABLET	7	30.000	1.17	0.06074	26%-50% Below	No	No
00904685272	LORATADINE 10 MG TABLET	8	30.000	1.17	0.06009	26%-50% Below	No	No
00904705060	FEXOFENADINE HCL 180 MG TABLET	5	30.000	3.01	0.28717	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
00904705060	FEXOFENADINE HCL 180 MG TABLET	5	30.000	4.48	0.28717	26%-50% Below	No	No
00904705060	FEXOFENADINE HCL 180 MG TABLET	6	30.000	3.01	0.2703	51%-75% Below	No	No
00904705060	FEXOFENADINE HCL 180 MG TABLET	6	90.000	8.58	0.2703	51%-75% Below	No	No
00904705060	FEXOFENADINE HCL 180 MG TABLET	7	30.000	3.01	0.27895	51%-75% Below	No	No
00904705060	FEXOFENADINE HCL 180 MG TABLET	8	30.000	3.01	0.25614	51%-75% Below	No	No
00904707761	VENLAFAXINE HCL ER 75 MG CAP	5	30.000	4.61	0.10847	26%-50% Above	No	No
00955104690	IRBESARTAN-HYDROCHLOROTHIAZIDE 300-12.5 MG TB	5	90.000	33.77	0.2212	51%-75% Above	No	No
10147068701	METHYLPHENIDATE ER 54 MG TAB	5	30.000	13.57	0.88799	26%-50% Below	No	No
10147068701	METHYLPHENIDATE ER 54 MG TAB	6	30.000	15.65	0.71352	26%-50% Below	No	No
10147068701	METHYLPHENIDATE ER 54 MG TAB	7	30.000	15.65	0.95057	26%-50% Below	No	No
10370036611	TOPIRAMATE ER 50 MG CAPSULE	8	30.000	137.28	9.50207	51%-75% Below	No	No
10572001201	SOD SUL-POTASS SUL-MAG SUL SOL	7	354.000	0.04	0.22664	76%-100% Below	No	No
10572001201	SOD SUL-POTASS SUL-MAG SUL SOL	7	354.000	47.83	0.22664	26%-50% Below	No	No
10572030201	PEG 3350-ELECTROLYTE SOLUTION	5	4000.000	15.20	0.01078	51%-75% Below	No	No
10702000310	PROMETHAZINE 25 MG TABLET	6	30.000	0.86	0.05026	26%-50% Below	No	No
10702000310	PROMETHAZINE 25 MG TABLET	7	2.000	0.70	0.04935	200% Above	No	No
10702000310	PROMETHAZINE 25 MG TABLET	7	20.000	2.52	0.04935	101%-200% Above	No	No
10702000310	PROMETHAZINE 25 MG TABLET	8	30.000	3.53	0.05048	101%-200% Above	No	No
10702000350	PROMETHAZINE 25 MG TABLET	5	10.000	1.57	0.05532	101%-200% Above	No	No
10702000350	PROMETHAZINE 25 MG TABLET	5	30.000	3.62	0.05532	101%-200% Above	No	No
10702000350	PROMETHAZINE 25 MG TABLET	8	12.000	1.76	0.05048	101%-200% Above	No	No
10702000601	CYCLOBENZAPRINE 5 MG TABLET	5	30.000	0.99	0.02363	26%-50% Above	Yes	No
10702000601	CYCLOBENZAPRINE 5 MG TABLET	6	30.000	0.99	0.02323	26%-50% Above	Yes	No
10702000601	CYCLOBENZAPRINE 5 MG TABLET	7	30.000	0.99	0.02245	26%-50% Above	Yes	No
10702000601	CYCLOBENZAPRINE 5 MG TABLET	8	30.000	0.99	0.02428	26%-50% 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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
10702001150	HYDROXYZINE HCL 25 MG TABLET	7	120.000	9.90	0.04793	51%-75% Above	No	No
10702001150	HYDROXYZINE HCL 25 MG TABLET	8	120.000	9.90	0.04831	51%-75% Above	No	No
10702001601	INDOMETHACIN ER 75 MG CAPSULE	6	10.000	9.51	0.17561	200% Above	No	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	7	15.000	0.61	0.08591	51%-75% Below	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	7	15.000	3.34	0.08591	101%-200% Above	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	8	5.000	0.20	0.08657	51%-75% Below	Yes	No
10702005601	OXYCODONE HCL (IR) 10 MG TAB	8	40.000	2.67	0.12135	26%-50% Below	Yes	No
10702005701	OXYCODONE HCL (IR) 20 MG TAB	5	112.000	14.90	0.23238	26%-50% Below	No	No
10702005750	OXYCODONE HCL (IR) 20 MG TAB	5	112.000	14.90	0.23238	26%-50% Below	No	No
10702005750	OXYCODONE HCL (IR) 20 MG TAB	6	112.000	14.90	0.21421	26%-50% Below	No	No
10702005750	OXYCODONE HCL (IR) 20 MG TAB	7	112.000	14.90	0.22628	26%-50% Below	No	No
10702005750	OXYCODONE HCL (IR) 20 MG TAB	8	112.000	14.90	0.21765	26%-50% Below	No	No
10702010101	METHYLPHENIDATE 10 MG TABLET	5	30.000	4.90	0.13168	10%-25% Above	No	No
10702010101	METHYLPHENIDATE 10 MG TABLET	5	30.000	16.23	0.13168	200% Above	No	No
10702010101	METHYLPHENIDATE 10 MG TABLET	7	30.000	4.90	0.14512	10%-25% Above	Yes	No
10702010801	DEXMETHYLPHENIDATE 10 MG TAB	5	30.000	9.99	0.28068	10%-25% Above	No	No
10702010801	DEXMETHYLPHENIDATE 10 MG TAB	6	30.000	9.99	0.29059	10%-25% Above	No	No
10702010801	DEXMETHYLPHENIDATE 10 MG TAB	7	30.000	9.90	0.23961	26%-50% Above	No	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	5	72.000	9.35	0.15378	10%-25% Below	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	7	72.000	9.35	0.15381	10%-25% Below	Yes	No
11534016503	FOLIC ACID 1 MG TABLET	5	30.000	1.08	0.02916	10%-25% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	5	30.000	1.10	0.02916	10%-25% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	6	30.000	0.36	0.03028	51%-75% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	6	30.000	1.08	0.03028	10%-25% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	6	30.000	1.10	0.03028	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
11534016503	FOLIC ACID 1 MG TABLET	7	30.000	1.10	0.0274	26%-50% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	8	30.000	1.10	0.02804	26%-50% Above	No	No
13107002005	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	30.000	2.68	0.13711	26%-50% Below	No	No
13107003134	MIRTAZAPINE 15 MG TABLET	5	30.000	3.34	0.07438	26%-50% Above	No	No
13107003134	MIRTAZAPINE 15 MG TABLET	6	30.000	3.34	0.0724	51%-75% Above	No	No
13107003134	MIRTAZAPINE 15 MG TABLET	7	30.000	1.08	0.06851	26%-50% Below	No	No
13107007901	TRAZODONE 50 MG TABLET	5	15.000	1.46	0.03469	101%-200% Above	No	No
13107008305	LORAZEPAM 0.5 MG TABLET	5	3.000	0.05	0.03761	51%-75% Below	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	5	10.000	0.15	0.03761	51%-75% Below	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	6	1.000	0.01	0.04055	51%-75% Below	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	6	60.000	1.95	0.04055	10%-25% Below	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	7	30.000	0.44	0.04105	51%-75% Below	Yes	No
13107008405	LORAZEPAM 1 MG TABLET	5	7.000	0.75	0.04181	101%-200% Above	Yes	No
13107008405	LORAZEPAM 1 MG TABLET	5	30.000	1.59	0.04181	26%-50% Above	Yes	No
13107008405	LORAZEPAM 1 MG TABLET	5	60.000	2.77	0.04181	10%-25% Above	No	No
13107008405	LORAZEPAM 1 MG TABLET	7	45.000	2.22	0.03964	10%-25% Above	No	No
13107015430	PAROXETINE HCL 10 MG TABLET	5	90.000	7.83	0.07069	10%-25% Above	No	No
13107015430	PAROXETINE HCL 10 MG TABLET	8	90.000	7.83	0.0735	10%-25% Above	No	No
13107015490	PAROXETINE HCL 10 MG TABLET	5	30.000	2.94	0.07069	26%-50% Above	Yes	No
13107015490	PAROXETINE HCL 10 MG TABLET	5	90.000	7.57	0.07069	10%-25% Above	Yes	No
13107015490	PAROXETINE HCL 10 MG TABLET	6	30.000	2.94	0.07396	26%-50% Above	Yes	No
13107015490	PAROXETINE HCL 10 MG TABLET	7	30.000	2.94	0.07348	26%-50% Above	Yes	No
13107015490	PAROXETINE HCL 10 MG TABLET	7	90.000	8.25	0.07348	10%-25% Above	Yes	No
13107015490	PAROXETINE HCL 10 MG TABLET	8	30.000	2.94	0.0735	26%-50% Above	Yes	No
13107015590	PAROXETINE HCL 20 MG TABLET	5	30.000	3.01	0.08491	10%-25% 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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13107015590	PAROXETINE HCL 20 MG TABLET	5	90.000	13.75	0.08491	76%-100% Above	Yes	No
13107015590	PAROXETINE HCL 20 MG TABLET	6	30.000	3.01	0.08366	10%-25% Above	Yes	No
13107015590	PAROXETINE HCL 20 MG TABLET	7	30.000	3.01	0.07043	26%-50% Above	Yes	No
13107015590	PAROXETINE HCL 20 MG TABLET	7	90.000	15.12	0.07043	101%-200% Above	Yes	No
13107015590	PAROXETINE HCL 20 MG TABLET	8	30.000	3.01	0.08017	10%-25% Above	Yes	No
13107015599	PAROXETINE HCL 20 MG TABLET	6	30.000	2.93	0.08366	10%-25% Above	No	No
13107015630	PAROXETINE HCL 30 MG TABLET	8	30.000	3.79	0.099	26%-50% Above	No	No
13107015730	PAROXETINE HCL 40 MG TABLET	5	90.000	9.90	0.13972	10%-25% Below	No	No
13107015730	PAROXETINE HCL 40 MG TABLET	7	60.000	8.31	0.10734	26%-50% Above	No	No
13107015730	PAROXETINE HCL 40 MG TABLET	8	60.000	8.31	0.12554	10%-25% Above	No	No
13107015730	PAROXETINE HCL 40 MG TABLET	8	90.000	9.90	0.12554	10%-25% Below	No	No
13668000701	ZOLPIDEM TARTRATE 5 MG TABLET	5	30.000	1.24	0.03253	26%-50% Above	No	No
13668000701	ZOLPIDEM TARTRATE 5 MG TABLET	6	30.000	1.24	0.0355	10%-25% Above	No	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	5	30.000	0.36	0.03253	51%-75% Below	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	6	30.000	0.36	0.0355	51%-75% Below	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	7	30.000	0.36	0.03502	51%-75% Below	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	8	30.000	0.36	0.03813	51%-75% Below	Yes	No
13668000710	ZOLPIDEM TARTRATE 5 MG TABLET	5	30.000	0.50	0.03253	26%-50% Below	No	No
13668000710	ZOLPIDEM TARTRATE 5 MG TABLET	6	30.000	0.49	0.0355	51%-75% Below	No	No
13668000710	ZOLPIDEM TARTRATE 5 MG TABLET	7	30.000	0.36	0.03502	51%-75% Below	No	No
13668000710	ZOLPIDEM TARTRATE 5 MG TABLET	8	30.000	0.36	0.03813	51%-75% Below	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	1.44	0.0361	26%-50% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	1.40	0.0382	10%-25% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	1.44	0.0382	10%-25% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	1.44	0.0386	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	1.54	0.0386	26%-50% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	1.44	0.03671	26%-50% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	1.54	0.03671	26%-50% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	0.41	0.0361	51%-75% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	1.44	0.0361	26%-50% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	0.41	0.0382	51%-75% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	1.44	0.0382	10%-25% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	1.44	0.0382	10%-25% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	0.37	0.0386	51%-75% Below	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	0.41	0.0386	51%-75% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	1.44	0.0386	10%-25% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	1.44	0.0386	10%-25% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	0.41	0.03671	51%-75% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	1.44	0.03671	26%-50% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	1.44	0.03671	26%-50% Above	Yes	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	0.49	0.0361	51%-75% Below	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	1.40	0.0361	26%-50% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	1.44	0.0361	26%-50% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	0.50	0.0382	51%-75% Below	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	1.40	0.0382	10%-25% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	1.44	0.0382	10%-25% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	0.50	0.0386	51%-75% Below	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	1.44	0.0386	10%-25% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	1.49	0.0386	26%-50% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	0.50	0.03671	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	1.44	0.03671	26%-50% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	1.49	0.03671	26%-50% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	7	30.000	1.73	0.0255	101%-200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	7	90.000	3.82	0.0255	51%-75% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	7	90.000	4.18	0.0255	76%-100% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	8	30.000	1.73	0.0266	101%-200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	5	90.000	7.85	0.02742	200% Above	Yes	No
13668000905	CITALOPRAM HBR 10 MG TABLET	6	30.000	1.77	0.02848	101%-200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	6	30.000	1.86	0.02848	101%-200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	7	30.000	1.77	0.0255	101%-200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	8	11.000	0.17	0.0266	26%-50% Below	Yes	No
13668000905	CITALOPRAM HBR 10 MG TABLET	8	30.000	1.77	0.0266	101%-200% Above	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	5	30.000	4.00	0.03033	200% Above	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	5	90.000	10.00	0.03033	200% Above	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	6	30.000	4.00	0.03115	200% Above	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	7	90.000	10.00	0.03214	200% Above	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	8	30.000	4.00	0.03211	200% Above	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	8	90.000	10.00	0.03211	200% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	5	30.000	1.45	0.03033	51%-75% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	5	30.000	1.45	0.03033	51%-75% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	5	90.000	3.26	0.03033	10%-25% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	5	90.000	3.35	0.03033	10%-25% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	6	30.000	0.55	0.03115	26%-50% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	6	30.000	1.45	0.03115	51%-75% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	6	90.000	2.15	0.03115	10%-25% 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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13668001005	CITALOPRAM HBR 20 MG TABLET	6	90.000	3.35	0.03115	10%-25% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	6	90.000	3.36	0.03115	10%-25% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	7	30.000	1.45	0.03214	26%-50% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	7	90.000	3.53	0.03214	10%-25% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	8	30.000	0.55	0.03211	26%-50% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	8	90.000	3.26	0.03211	10%-25% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	8	90.000	3.35	0.03211	10%-25% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	5	30.000	4.00	0.04176	200% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	6	30.000	4.00	0.04106	200% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	6	90.000	10.00	0.04106	101%-200% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	7	30.000	4.00	0.04199	200% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	8	30.000	4.00	0.04605	101%-200% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	5	30.000	1.65	0.04176	26%-50% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	5	90.000	5.63	0.04176	26%-50% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	5	135.000	8.45	0.04176	26%-50% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	6	90.000	2.55	0.04106	26%-50% Below	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	6	90.000	5.63	0.04106	51%-75% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	7	30.000	0.71	0.04199	26%-50% Below	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	8	30.000	0.71	0.04605	26%-50% Below	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	8	30.000	1.65	0.04605	10%-25% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	8	135.000	9.29	0.04605	26%-50% Above	Yes	No
13668001990	VENLAFAXINE HCL ER 75 MG CAP	5	30.000	15.00	0.10847	200% Above	No	No
13668004501	LAMOTRIGINE 25 MG TABLET	5	45.000	5.24	0.03033	200% Above	Yes	No
13668004501	LAMOTRIGINE 25 MG TABLET	6	60.000	6.78	0.02946	200% Above	Yes	No
13668004501	LAMOTRIGINE 25 MG TABLET	7	60.000	7.39	0.03078	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13668004701	LAMOTRIGINE 100 MG TABLET	7	30.000	5.43	0.05143	200% Above	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	8	90.000	15.00	0.05094	200% Above	Yes	No
13668007990	MONTELUKAST SOD 4 MG TAB CHEW	5	30.000	11.11	0.08227	200% Above	No	No
13668007990	MONTELUKAST SOD 4 MG TAB CHEW	7	30.000	11.11	0.08113	200% Above	No	No
13668008030	MONTELUKAST SOD 5 MG TAB CHEW	5	30.000	8.99	0.07869	200% Above	No	No
13668008030	MONTELUKAST SOD 5 MG TAB CHEW	6	30.000	8.99	0.07987	200% Above	No	No
13668008105	MONTELUKAST SOD 10 MG TABLET	5	30.000	6.90	0.06243	200% Above	No	No
13668008105	MONTELUKAST SOD 10 MG TABLET	5	30.000	7.09	0.06243	200% Above	No	No
13668008105	MONTELUKAST SOD 10 MG TABLET	6	30.000	6.90	0.06961	200% Above	No	No
13668008105	MONTELUKAST SOD 10 MG TABLET	6	30.000	7.09	0.06961	200% Above	No	No
13668008105	MONTELUKAST SOD 10 MG TABLET	7	30.000	6.90	0.06569	200% Above	No	No
13668008105	MONTELUKAST SOD 10 MG TABLET	7	30.000	7.09	0.06569	200% Above	No	No
13668008105	MONTELUKAST SOD 10 MG TABLET	7	90.000	29.90	0.06569	200% Above	No	No
13668008105	MONTELUKAST SOD 10 MG TABLET	8	30.000	6.90	0.06191	200% Above	No	No
13668008105	MONTELUKAST SOD 10 MG TABLET	8	30.000	7.09	0.06191	200% Above	No	No
13668008190	MONTELUKAST SOD 10 MG TABLET	5	90.000	7.90	0.06243	26%-50% Above	Yes	No
13668008190	MONTELUKAST SOD 10 MG TABLET	5	90.000	10.00	0.06243	76%-100% Above	Yes	No
13668008190	MONTELUKAST SOD 10 MG TABLET	6	90.000	7.90	0.06961	26%-50% Above	Yes	No
13668008190	MONTELUKAST SOD 10 MG TABLET	7	90.000	10.00	0.06569	51%-75% Above	Yes	No
13668009190	PRAMIPEXOLE 0.125 MG TABLET	5	30.000	3.26	0.05169	101%-200% Above	No	No
13668009190	PRAMIPEXOLE 0.125 MG TABLET	6	30.000	3.26	0.05464	76%-100% Above	No	No
13668009190	PRAMIPEXOLE 0.125 MG TABLET	7	30.000	3.26	0.04837	101%-200% Above	No	No
13668009290	PRAMIPEXOLE 0.25 MG TABLET	7	180.000	0.02	0.04773	76%-100% Below	No	No
13668009490	PRAMIPEXOLE 1 MG TABLET	5	90.000	8.38	0.07657	10%-25% Above	No	No
13668009490	PRAMIPEXOLE 1 MG TABLET	5	90.000	14.69	0.07657	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13668009490	PRAMIPEXOLE 1 MG TABLET	7	90.000	16.16	0.07474	101%-200% Above	Yes	No
13668009490	PRAMIPEXOLE 1 MG TABLET	8	90.000	8.38	0.07451	10%-25% Above	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	5	30.000	1.55	0.08751	26%-50% Below	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	5	60.000	8.00	0.08751	51%-75% Above	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	7	60.000	8.00	0.08001	51%-75% Above	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	8	60.000	8.00	0.08325	51%-75% Above	No	No
13668010410	ISOSORBIDE MONONIT ER 30 MG TB	5	30.000	6.29	0.08751	101%-200% Above	Yes	No
13668010410	ISOSORBIDE MONONIT ER 30 MG TB	6	30.000	6.29	0.07957	101%-200% Above	Yes	No
13668010410	ISOSORBIDE MONONIT ER 30 MG TB	7	30.000	1.55	0.08001	26%-50% Below	Yes	No
13668010410	ISOSORBIDE MONONIT ER 30 MG TB	7	90.000	24.22	0.08001	200% Above	Yes	No
13668010410	ISOSORBIDE MONONIT ER 30 MG TB	8	90.000	24.22	0.08325	200% Above	Yes	No
13668010501	ISOSORBIDE MONONIT ER 60 MG TB	6	30.000	1.94	0.11151	26%-50% Below	No	No
13668010501	ISOSORBIDE MONONIT ER 60 MG TB	7	30.000	2.05	0.10991	26%-50% Below	No	No
13668010501	ISOSORBIDE MONONIT ER 60 MG TB	8	30.000	1.98	0.10959	26%-50% Below	No	No
13668011310	LOSARTAN POTASSIUM 25 MG TAB	7	14.000	1.48	0.03978	101%-200% Above	No	No
13668011510	LOSARTAN POTASSIUM 100 MG TAB	5	90.000	12.73	0.06744	101%-200% Above	No	No
13668013501	ESCITALOPRAM 5 MG TABLET	5	30.000	3.74	0.04775	101%-200% Above	Yes	No
13668013501	ESCITALOPRAM 5 MG TABLET	6	30.000	0.74	0.04833	26%-50% Below	Yes	No
13668013501	ESCITALOPRAM 5 MG TABLET	7	30.000	3.74	0.04819	101%-200% Above	Yes	No
13668013501	ESCITALOPRAM 5 MG TABLET	7	90.000	18.53	0.04819	200% Above	Yes	No
13668013501	ESCITALOPRAM 5 MG TABLET	8	90.000	10.22	0.04994	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	5	30.000	0.84	0.04905	26%-50% Below	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	5	30.000	3.75	0.04905	101%-200% Above	No	No
13668013601	ESCITALOPRAM 10 MG TABLET	5	90.000	7.34	0.04905	51%-75% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	6	30.000	0.84	0.05159	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13668013601	ESCITALOPRAM 10 MG TABLET	6	30.000	3.75	0.05159	101%-200% Above	No	No
13668013601	ESCITALOPRAM 10 MG TABLET	6	30.000	3.86	0.05159	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	7	30.000	0.84	0.04996	26%-50% Below	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	7	30.000	3.86	0.04996	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	7	30.000	4.06	0.04996	101%-200% Above	No	No
13668013601	ESCITALOPRAM 10 MG TABLET	7	90.000	7.34	0.04996	51%-75% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	7	90.000	8.08	0.04996	76%-100% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	8	30.000	3.86	0.05091	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	8	30.000	4.06	0.05091	101%-200% Above	No	No
13668013605	ESCITALOPRAM 10 MG TABLET	5	60.000	7.23	0.04905	101%-200% Above	No	No
13668013605	ESCITALOPRAM 10 MG TABLET	6	60.000	7.23	0.05159	101%-200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	5	30.000	3.95	0.04905	101%-200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	5	90.000	10.33	0.04905	101%-200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	6	30.000	3.84	0.05159	101%-200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	7	30.000	3.84	0.04996	101%-200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	7	90.000	10.33	0.04996	101%-200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	8	90.000	10.33	0.05091	101%-200% Above	No	No
13668013701	ESCITALOPRAM 20 MG TABLET	5	30.000	4.67	0.08297	76%-100% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	5	90.000	8.35	0.08297	10%-25% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	5	90.000	12.57	0.08297	51%-75% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	6	30.000	4.67	0.08852	51%-75% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	6	90.000	12.57	0.08852	51%-75% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	7	30.000	4.67	0.08361	76%-100% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	7	90.000	9.19	0.08361	10%-25% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	8	90.000	12.57	0.07924	76%-100% 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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13668013701	ESCITALOPRAM 20 MG TABLET	8	90.000	13.75	0.07924	76%-100% Above	Yes	No
13668013705	ESCITALOPRAM 20 MG TABLET	5	30.000	4.67	0.08297	76%-100% Above	No	No
13668013705	ESCITALOPRAM 20 MG TABLET	6	30.000	4.67	0.08852	51%-75% Above	No	No
13668019030	TOLTERODINE TART ER 4 MG CAP	6	90.000	220.46	0.49299	200% Above	Yes	No
13668021630	ARIPIPRAZOLE 2 MG TABLET	5	30.000	131.64	0.13294	200% Above	No	No
13668021630	ARIPIPRAZOLE 2 MG TABLET	7	90.000	394.91	0.1316	200% Above	No	No
13668021730	ARIPIPRAZOLE 5 MG TABLET	5	30.000	44.87	0.16726	200% Above	No	No
13668021730	ARIPIPRAZOLE 5 MG TABLET	7	90.000	134.61	0.13722	200% Above	No	No
13668027101	CARBAMAZEPINE 100 MG TAB CHEW	6	60.000	9.14	0.2656	26%-50% Below	No	No
13668033005	TRAZODONE 50 MG TABLET	6	60.000	0.01	0.03533	76%-100% Below	No	No
13668033005	TRAZODONE 50 MG TABLET	8	30.000	0.00	0.03628	76%-100% Below	No	No
13668033205	TRAZODONE 150 MG TABLET	5	60.000	14.90	0.13664	76%-100% Above	No	No
13668033205	TRAZODONE 150 MG TABLET	6	60.000	14.90	0.12152	101%-200% Above	No	No
13668033205	TRAZODONE 150 MG TABLET	7	30.000	8.62	0.12869	101%-200% Above	No	No
13668033205	TRAZODONE 150 MG TABLET	8	30.000	8.62	0.13497	101%-200% Above	No	No
13668035330	NEBIVOLOL 2.5 MG TABLET	7	90.000	77.30	0.16783	200% Above	Yes	No
13668035430	NEBIVOLOL 5 MG TABLET	5	90.000	44.90	0.24043	101%-200% Above	Yes	No
13668035430	NEBIVOLOL 5 MG TABLET	8	90.000	44.90	0.18856	101%-200% Above	Yes	No
13668040910	LOSARTAN POTASSIUM 50 MG TAB	5	30.000	3.09	0.04335	101%-200% Above	No	No
13668040910	LOSARTAN POTASSIUM 50 MG TAB	7	30.000	3.09	0.04532	101%-200% Above	No	No
13668040910	LOSARTAN POTASSIUM 50 MG TAB	8	30.000	3.09	0.04928	101%-200% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.000	10.69	0.05468	101%-200% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.000	10.69	0.06185	76%-100% Above	No	No
13668043901	FENOFIBRATE 134 MG CAPSULE	5	30.000	6.90	0.15153	51%-75% Above	No	No
13668043901	FENOFIBRATE 134 MG CAPSULE	6	30.000	6.90	0.12983	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13668043901	FENOFIBRATE 134 MG CAPSULE	7	30.000	6.90	0.14258	51%-75% Above	No	No
13668043901	FENOFIBRATE 134 MG CAPSULE	8	30.000	6.90	0.13788	51%-75% Above	No	No
13668044201	CELECOXIB 200 MG CAPSULE	6	30.000	9.99	0.10361	200% Above	No	No
13668044205	CELECOXIB 200 MG CAPSULE	5	90.000	12.40	0.11043	10%-25% Above	No	No
13668046430	LURASIDONE HCL 20 MG TABLET	6	30.000	9.90	0.24825	26%-50% Above	No	No
13668048450	MINOCYCLINE 100 MG CAPSULE	6	20.000	9.90	0.36698	26%-50% Above	No	No
13668048750	MINOCYCLINE HCL 100 MG TABLET	8	60.000	30.40	0.78244	26%-50% Below	Yes	No
13668050930	LURASIDONE HCL 60 MG TABLET	5	30.000	9.90	0.46135	26%-50% Below	No	No
13668059501	NYSTATIN 100,000 UNIT/GM CREAM	8	15.000	9.99	0.2267	101%-200% Above	No	No
13668059502	NYSTATIN 100,000 UNIT/GM CREAM	6	30.000	9.90	0.14869	101%-200% Above	No	No
13668059502	NYSTATIN 100,000 UNIT/GM CREAM	6	60.000	14.90	0.14869	51%-75% Above	No	No
13811009332	ESTRADIOL 0.1% (1 MG) GEL PKT	5	60.000	119.49	3.46181	26%-50% Below	No	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	7	30.000	20.81	0.97823	26%-50% Below	No	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	8	30.000	20.81	0.97823	26%-50% Below	No	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	5	30.000	9.99	1.1554	51%-75% Below	No	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	5	30.000	14.57	1.1554	51%-75% Below	No	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	6	30.000	9.99	1.1554	51%-75% Below	No	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	6	30.000	14.57	1.1554	51%-75% Below	No	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	7	30.000	14.57	0.70132	26%-50% Below	No	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	8	30.000	9.99	0.80844	51%-75% Below	No	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	8	30.000	20.80	0.80844	10%-25% Below	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	5	30.000	19.79	1.09968	26%-50% Below	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	6	30.000	19.90	1.09968	26%-50% Below	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	7	30.000	19.90	1.03953	26%-50% Below	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	8	30.000	19.90	0.83838	10%-25% 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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
13811070910	METHYLPHENIDATE ER 54 MG TAB	5	30.000	13.57	0.88799	26%-50% Below	Yes	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	5	30.000	18.47	0.88799	26%-50% Below	Yes	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	6	30.000	13.57	0.71352	26%-50% Below	Yes	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	7	30.000	13.57	0.95057	51%-75% Below	Yes	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	8	30.000	13.57	0.87785	26%-50% Below	Yes	No
13811071530	VENLAFAXINE HCL ER 225 MG TAB	6	90.000	746.41	0.77928	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	6	14.000	9.99	0.40135	76%-100% Above	No	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	6	14.000	14.90	0.40135	101%-200% Above	No	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	7	14.000	19.90	0.40133	200% Above	No	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	8	14.000	4.90	0.42745	10%-25% Below	No	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	8	14.000	14.90	0.42745	101%-200% Above	No	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	8	14.000	19.90	0.42745	200% Above	No	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	8	20.000	14.90	0.42745	51%-75% Above	No	No
13925016604	PREDNISOLONE 5 MG/5 ML SOLN	5	25.000	7.54	0.55404	26%-50% Below	No	No
14539067405	HYDROXYZINE PAM 25 MG CAP	5	30.000	1.22	0.07201	26%-50% Below	No	No
14539067405	HYDROXYZINE PAM 25 MG CAP	5	30.000	2.50	0.07201	10%-25% Above	No	No
14539067405	HYDROXYZINE PAM 25 MG CAP	6	30.000	1.20	0.07416	26%-50% Below	No	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	5	30.000	1.67	0.09522	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	5	60.000	3.13	0.09522	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	5	60.000	3.34	0.09522	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	5	60.000	6.90	0.09522	10%-25% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	5	60.000	9.38	0.09522	51%-75% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	5	60.000	9.90	0.09522	51%-75% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	5	60.000	10.45	0.09522	76%-100% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	5	180.000	12.82	0.09522	10%-25% 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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16571020106	DICLOFENAC SOD EC 75 MG TAB	6	30.000	1.56	0.09679	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	6	60.000	3.13	0.09679	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	6	60.000	6.90	0.09679	10%-25% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	6	60.000	9.90	0.09679	51%-75% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	6	60.000	10.45	0.09679	76%-100% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	6	180.000	29.28	0.09679	51%-75% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	7	30.000	1.56	0.09713	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	7	30.000	5.47	0.09713	76%-100% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	7	60.000	4.90	0.09713	10%-25% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	7	60.000	6.90	0.09713	10%-25% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	7	60.000	9.90	0.09713	51%-75% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	7	60.000	10.45	0.09713	76%-100% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	7	180.000	12.82	0.09713	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	8	30.000	1.56	0.08878	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	8	30.000	5.47	0.08878	101%-200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	8	60.000	3.13	0.08878	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	8	60.000	6.90	0.08878	26%-50% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	8	60.000	9.90	0.08878	76%-100% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	8	60.000	10.45	0.08878	76%-100% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	8	180.000	12.82	0.08878	10%-25% Below	Yes	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	5	28.000	5.07	0.09522	76%-100% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	5	40.000	6.99	0.09522	76%-100% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	6	90.000	15.51	0.09679	76%-100% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	7	60.000	9.99	0.09713	51%-75% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	8	30.000	5.39	0.08878	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16571020210	DICLOFENAC SOD EC 50 MG TAB	5	60.000	6.90	0.09966	10%-25% Above	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	5	180.000	43.83	0.09966	101%-200% Above	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	6	30.000	5.57	0.10377	76%-100% Above	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	7	180.000	20.29	0.10006	10%-25% Above	Yes	No
16571040110	CETIRIZINE HCL 5 MG TABLET	8	90.000	5.58	0.05036	10%-25% Above	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	5	30.000	1.13	0.0688	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	5	30.000	1.75	0.0688	10%-25% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	5	30.000	1.80	0.0688	10%-25% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	5	30.000	1.80	0.0688	10%-25% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	5	90.000	4.25	0.0688	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	5	90.000	4.34	0.0688	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	5	90.000	4.39	0.0688	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	5	90.000	8.47	0.0688	26%-50% Above	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	6	30.000	1.13	0.06647	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	6	90.000	8.47	0.06647	26%-50% Above	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	6	180.000	16.94	0.06647	26%-50% Above	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	7	30.000	1.13	0.06808	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	7	30.000	1.80	0.06808	10%-25% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	7	90.000	2.25	0.06808	51%-75% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	7	90.000	4.34	0.06808	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	8	30.000	1.13	0.06805	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	8	30.000	1.80	0.06805	10%-25% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	8	90.000	4.39	0.06805	26%-50% Below	Yes	No
16571041110	CIPROFLOXACIN HCL 250 MG TAB	7	6.000	1.57	0.09926	101%-200% Above	No	No
16571041110	CIPROFLOXACIN HCL 250 MG TAB	7	14.000	0.73	0.09926	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16571041110	CIPROFLOXACIN HCL 250 MG TAB	8	14.000	0.73	0.09365	26%-50% Below	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	5	3.000	0.21	0.14876	51%-75% Below	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	5	10.000	0.70	0.14876	51%-75% Below	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	5	14.000	0.99	0.14876	51%-75% Below	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	5	14.000	2.47	0.14876	10%-25% Above	No	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	5	14.000	2.47	0.14876	10%-25% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	5	56.000	4.90	0.14876	26%-50% Below	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	5	60.000	4.22	0.14876	51%-75% Below	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	6	10.000	0.70	0.15292	51%-75% Below	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	6	10.000	1.86	0.15292	10%-25% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	6	14.000	2.40	0.15292	10%-25% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	6	14.000	2.47	0.15292	10%-25% Above	No	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	6	14.000	2.47	0.15292	10%-25% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	6	20.000	1.41	0.15292	51%-75% Below	Yes	No
16571066001	MECLIZINE 12.5 MG TABLET	5	30.000	1.75	0.07089	10%-25% Below	Yes	No
16571066001	MECLIZINE 12.5 MG TABLET	6	21.000	2.12	0.06948	26%-50% Above	Yes	No
16571066101	MECLIZINE 25 MG TABLET	6	60.000	12.99	0.10834	76%-100% Above	Yes	No
16571066101	MECLIZINE 25 MG TABLET	7	60.000	3.94	0.10253	26%-50% Below	Yes	No
16571066110	MECLIZINE 25 MG TABLET	6	30.000	6.64	0.10834	101%-200% Above	No	No
16571066401	METRONIDAZOLE 500 MG TABLET	5	14.000	5.70	0.13275	200% Above	No	No
16571066401	METRONIDAZOLE 500 MG TABLET	8	20.000	6.90	0.1256	101%-200% Above	No	No
16571066450	METRONIDAZOLE 500 MG TABLET	7	14.000	4.04	0.13298	101%-200% Above	No	No
16571066450	METRONIDAZOLE 500 MG TABLET	7	20.000	6.15	0.13298	101%-200% Above	No	No
16571066450	METRONIDAZOLE 500 MG TABLET	7	28.000	6.90	0.13298	76%-100% Above	No	No
16571066450	METRONIDAZOLE 500 MG TABLET	8	14.000	4.04	0.1256	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16571066450	METRONIDAZOLE 500 MG TABLET	8	14.000	5.44	0.1256	200% Above	No	No
16571068701	HYDROXYCHLOROQUINE 200 MG TAB	5	60.000	9.40	0.21679	26%-50% Below	No	No
16571069803	LANSOPRAZOLE DR 30 MG CAPSULE	5	30.000	4.90	0.11408	26%-50% Above	No	No
16571077401	GLIMEPIRIDE 2 MG TABLET	5	90.000	11.91	0.04068	200% Above	No	No
16571077450	GLIMEPIRIDE 2 MG TABLET	8	90.000	11.91	0.03705	200% Above	No	No
16571077550	GLIMEPIRIDE 4 MG TABLET	6	28.000	6.24	0.04784	200% Above	No	No
16571077550	GLIMEPIRIDE 4 MG TABLET	6	180.000	29.90	0.04784	200% Above	No	No
16571077550	GLIMEPIRIDE 4 MG TABLET	7	28.000	6.80	0.0495	200% Above	No	No
16571077550	GLIMEPIRIDE 4 MG TABLET	7	30.000	7.25	0.0495	200% Above	No	No
16571077550	GLIMEPIRIDE 4 MG TABLET	8	28.000	6.80	0.04959	200% Above	No	No
16571077550	GLIMEPIRIDE 4 MG TABLET	8	30.000	7.25	0.04959	200% Above	No	No
16571077610	MELOXICAM 7.5 MG TABLET	6	10.000	0.11	0.02224	26%-50% Below	No	No
16571077809	DONEPEZIL HCL 5 MG TABLET	8	15.000	1.06	0.04691	26%-50% Above	No	No
16571078101	CARISOPRODOL 350 MG TABLET	5	90.000	6.12	0.05304	26%-50% Above	Yes	No
16571078101	CARISOPRODOL 350 MG TABLET	6	90.000	6.12	0.04893	26%-50% Above	Yes	No
16571078350	CYCLOBENZAPRINE 10 MG TABLET	6	60.000	0.57	0.02453	51%-75% Below	No	No
16571082201	LORATADINE 10 MG TABLET	8	30.000	0.91	0.06009	26%-50% Below	No	No
16571082230	LORATADINE 10 MG TABLET	5	30.000	0.93	0.06063	26%-50% Below	No	No
16571082230	LORATADINE 10 MG TABLET	6	30.000	0.93	0.06015	26%-50% Below	No	No
16571082230	LORATADINE 10 MG TABLET	7	30.000	0.93	0.06074	26%-50% Below	No	No
16571082230	LORATADINE 10 MG TABLET	8	30.000	0.93	0.06009	26%-50% Below	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	8	30.000	15.00	0.10134	200% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	8	30.000	20.67	0.17381	200% Above	No	No
16571086750	GABAPENTIN 100 MG CAPSULE	6	60.000	1.67	0.02523	10%-25% Above	Yes	No
16571086750	GABAPENTIN 100 MG CAPSULE	7	60.000	1.67	0.02517	10%-25% 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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16571086850	GABAPENTIN 300 MG CAPSULE	5	90.000	4.74	0.04254	10%-25% Above	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	5	120.000	6.12	0.04254	10%-25% Above	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	5	270.000	13.04	0.04254	10%-25% Above	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	6	90.000	4.74	0.04082	26%-50% Above	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	6	120.000	6.12	0.04082	10%-25% Above	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	7	30.000	1.97	0.04113	51%-75% Above	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	7	120.000	6.12	0.04113	10%-25% Above	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	7	270.000	13.04	0.04113	10%-25% Above	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	8	60.000	0.01	0.04573	76%-100% Below	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	8	120.000	6.12	0.04573	10%-25% Above	No	No
16571086950	GABAPENTIN 400 MG CAPSULE	6	180.000	13.48	0.05467	26%-50% Above	No	No
16571086950	GABAPENTIN 400 MG CAPSULE	7	180.000	13.48	0.05565	26%-50% Above	No	No
16571088110	FOLIC ACID 1 MG TABLET	5	30.000	1.19	0.02916	26%-50% Above	No	No
16571088110	FOLIC ACID 1 MG TABLET	8	30.000	1.20	0.02804	26%-50% Above	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	6	20.000	3.23	0.35915	51%-75% Below	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	6	20.000	9.40	0.35915	26%-50% Above	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	7	14.000	6.73	0.34409	26%-50% Above	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	7	20.000	8.32	0.34409	10%-25% Above	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	8	14.000	6.73	0.30859	51%-75% Above	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	8	20.000	8.32	0.30859	26%-50% Above	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	8	20.000	9.40	0.30859	51%-75% Above	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	8	28.000	12.01	0.30859	26%-50% Above	No	No
16714001930	BUDESONIDE 0.5 MG/2 ML SUSP	7	60.000	18.00	0.63365	51%-75% Below	No	No
16714003501	LEVETIRACETAM 500 MG TABLET	6	180.000	9.90	0.09364	26%-50% Below	No	No
16714003501	LEVETIRACETAM 500 MG TABLET	7	180.000	9.90	0.0927	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714003501	LEVETIRACETAM 500 MG TABLET	8	180.000	9.90	0.09134	26%-50% Below	No	No
16714004211	ALLOPURINOL 300 MG TABLET	5	30.000	4.90	0.08114	101%-200% Above	No	No
16714004211	ALLOPURINOL 300 MG TABLET	6	30.000	4.90	0.07531	101%-200% Above	No	No
16714004211	ALLOPURINOL 300 MG TABLET	7	30.000	4.90	0.07962	101%-200% Above	No	No
16714004211	ALLOPURINOL 300 MG TABLET	8	30.000	4.90	0.08027	101%-200% Above	No	No
16714005203	CLOPIDOGREL 75 MG TABLET	8	90.000	9.36	0.06298	51%-75% Above	No	No
16714005901	FEBUXOSTAT 40 MG TABLET	8	30.000	11.23	0.55478	26%-50% Below	No	No
16714007204	BACLOFEN 20 MG TABLET	6	90.000	4.90	0.0916	26%-50% Below	No	No
16714007204	BACLOFEN 20 MG TABLET	7	90.000	3.46	0.08076	51%-75% Below	No	No
16714007204	BACLOFEN 20 MG TABLET	8	90.000	3.46	0.09082	51%-75% Below	No	No
16714008110	HYDROXYZINE HCL 10 MG TABLET	5	90.000	4.90	0.03666	26%-50% Above	No	No
16714008110	HYDROXYZINE HCL 10 MG TABLET	6	120.000	9.06	0.03395	101%-200% Above	No	No
16714008110	HYDROXYZINE HCL 10 MG TABLET	7	30.000	2.72	0.03497	101%-200% Above	No	No
16714008210	HYDROXYZINE HCL 25 MG TABLET	5	30.000	2.91	0.05166	76%-100% Above	No	No
16714008210	HYDROXYZINE HCL 25 MG TABLET	6	30.000	2.91	0.04595	101%-200% Above	No	No
16714008210	HYDROXYZINE HCL 25 MG TABLET	7	42.000	3.87	0.04793	76%-100% Above	No	No
16714008210	HYDROXYZINE HCL 25 MG TABLET	7	60.000	5.31	0.04793	76%-100% Above	No	No
16714008210	HYDROXYZINE HCL 25 MG TABLET	8	15.000	1.70	0.04831	101%-200% Above	No	No
16714008210	HYDROXYZINE HCL 25 MG TABLET	8	60.000	5.31	0.04831	76%-100% Above	No	No
16714008211	HYDROXYZINE HCL 25 MG TABLET	8	30.000	2.41	0.04831	51%-75% Above	No	No
16714008212	HYDROXYZINE HCL 25 MG TABLET	5	60.000	1.72	0.05166	26%-50% Below	No	No
16714008212	HYDROXYZINE HCL 25 MG TABLET	6	60.000	4.90	0.04595	76%-100% Above	No	No
16714008212	HYDROXYZINE HCL 25 MG TABLET	8	30.000	2.91	0.04831	76%-100% Above	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	5	60.000	8.53	0.09161	51%-75% Above	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	6	60.000	8.53	0.0668	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714008310	HYDROXYZINE HCL 50 MG TABLET	7	60.000	8.53	0.07095	76%-100% Above	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	8	2.000	0.77	0.07186	200% Above	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	8	60.000	2.40	0.07186	26%-50% Below	No	No
16714008311	HYDROXYZINE HCL 50 MG TABLET	8	60.000	4.90	0.07186	10%-25% Above	No	No
16714008502	SPIRONOLACTONE 50 MG TABLET	6	30.000	4.90	0.11739	26%-50% Above	No	No
16714008502	SPIRONOLACTONE 50 MG TABLET	7	30.000	4.90	0.11657	26%-50% Above	No	No
16714010102	GEMFIBROZIL 600 MG TABLET	5	120.000	11.02	0.10274	10%-25% Below	No	No
16714010102	GEMFIBROZIL 600 MG TABLET	6	120.000	11.02	0.10659	10%-25% Below	No	No
16714010102	GEMFIBROZIL 600 MG TABLET	7	120.000	11.02	0.10455	10%-25% Below	No	No
16714010102	GEMFIBROZIL 600 MG TABLET	8	120.000	11.02	0.10362	10%-25% Below	No	No
16714011001	HYDROXYCHLOROQUINE 200 MG TAB	5	60.000	9.90	0.21679	10%-25% Below	No	No
16714011001	HYDROXYCHLOROQUINE 200 MG TAB	6	60.000	7.01	0.20877	26%-50% Below	No	No
16714011001	HYDROXYCHLOROQUINE 200 MG TAB	7	60.000	7.01	0.20276	26%-50% Below	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	7	90.000	14.33	0.05277	200% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	0.79	0.05425	51%-75% Below	No	No
16714012303	OMEPRAZOLE DR 40 MG CAPSULE	5	30.000	3.88	0.05737	101%-200% Above	No	No
16714012303	OMEPRAZOLE DR 40 MG CAPSULE	6	30.000	4.90	0.06001	101%-200% Above	No	No
16714012303	OMEPRAZOLE DR 40 MG CAPSULE	7	15.000	1.49	0.05277	76%-100% Above	No	No
16714012303	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	3.88	0.05277	101%-200% Above	No	No
16714012303	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	4.90	0.05277	200% Above	No	No
16714012303	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	3.88	0.05425	101%-200% Above	No	No
16714013301	DOXEPIN 25 MG CAPSULE	8	30.000	4.90	0.19317	10%-25% Below	No	No
16714015503	NORETH-EE-FE 1-0.02(24)-75 CAP	6	84.000	54.72	1.23226	26%-50% Below	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	5	6.000	2.67	0.06647	200% Above	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	5	18.000	5.62	0.06647	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714015901	ONDANSETRON HCL 4 MG TABLET	6	18.000	4.95	0.07229	200% Above	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	6	18.000	5.62	0.07229	200% Above	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	6	18.000	7.02	0.07229	200% Above	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	7	15.000	0.57	0.07009	26%-50% Below	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	7	18.000	0.68	0.07009	26%-50% Below	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	8	18.000	0.58	0.06597	51%-75% Below	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	8	18.000	0.68	0.06597	26%-50% Below	No	No
16714016001	ONDANSETRON HCL 8 MG TABLET	5	18.000	96.14	0.09842	200% Above	No	No
16714016001	ONDANSETRON HCL 8 MG TABLET	6	10.000	53.41	0.09833	200% Above	No	No
16714016001	ONDANSETRON HCL 8 MG TABLET	6	15.000	7.42	0.09833	200% Above	No	No
16714016001	ONDANSETRON HCL 8 MG TABLET	7	15.000	1.69	0.10114	10%-25% Above	No	No
16714016001	ONDANSETRON HCL 8 MG TABLET	7	18.000	1.05	0.10114	26%-50% Below	No	No
16714016525	CYANOCOBALAMIN 1,000 MCG/ML VL	5	3.000	5.53	2.63567	26%-50% Below	No	No
16714016525	CYANOCOBALAMIN 1,000 MCG/ML VL	6	1.000	1.84	2.49097	26%-50% Below	No	No
16714016525	CYANOCOBALAMIN 1,000 MCG/ML VL	6	3.000	5.53	2.49097	10%-25% Below	No	No
16714016525	CYANOCOBALAMIN 1,000 MCG/ML VL	7	1.000	1.84	2.69558	26%-50% Below	No	No
16714016525	CYANOCOBALAMIN 1,000 MCG/ML VL	8	1.000	1.84	2.55187	26%-50% Below	No	No
16714016525	CYANOCOBALAMIN 1,000 MCG/ML VL	8	3.000	5.53	2.55187	26%-50% Below	No	No
16714016601	LIOTHYRONINE SOD 5 MCG TAB	5	90.000	16.10	0.31686	26%-50% Below	No	No
16714017101	TIZANIDINE HCL 2 MG TABLET	6	30.000	4.61	0.0471	200% Above	No	No
16714017202	TIZANIDINE HCL 4 MG TABLET	5	30.000	6.52	0.04711	200% Above	No	No
16714017202	TIZANIDINE HCL 4 MG TABLET	5	90.000	9.90	0.04711	101%-200% Above	No	No
16714017202	TIZANIDINE HCL 4 MG TABLET	5	90.000	11.68	0.04711	101%-200% Above	No	No
16714017202	TIZANIDINE HCL 4 MG TABLET	6	90.000	9.90	0.04832	101%-200% Above	No	No
16714017202	TIZANIDINE HCL 4 MG TABLET	6	90.000	11.57	0.04832	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714017202	TIZANIDINE HCL 4 MG TABLET	7	30.000	1.18	0.04501	10%-25% Below	No	No
16714017202	TIZANIDINE HCL 4 MG TABLET	7	90.000	2.53	0.04501	26%-50% Below	No	No
16714017301	ATORVASTATIN 10 MG TABLET	5	30.000	0.59	0.03116	26%-50% Below	No	No
16714017301	ATORVASTATIN 10 MG TABLET	6	90.000	1.05	0.03	51%-75% Below	No	No
16714017301	ATORVASTATIN 10 MG TABLET	6	90.000	1.77	0.03	26%-50% Below	No	No
16714017301	ATORVASTATIN 10 MG TABLET	8	90.000	11.03	0.0332	200% Above	No	No
16714017303	ATORVASTATIN 10 MG TABLET	5	30.000	0.59	0.03116	26%-50% Below	No	No
16714017303	ATORVASTATIN 10 MG TABLET	6	30.000	0.35	0.03	51%-75% Below	No	No
16714017303	ATORVASTATIN 10 MG TABLET	6	90.000	1.05	0.03	51%-75% Below	No	No
16714017303	ATORVASTATIN 10 MG TABLET	7	30.000	0.35	0.03081	51%-75% Below	No	No
16714017303	ATORVASTATIN 10 MG TABLET	7	90.000	1.05	0.03081	51%-75% Below	No	No
16714017303	ATORVASTATIN 10 MG TABLET	8	30.000	0.35	0.0332	51%-75% Below	No	No
16714017401	ATORVASTATIN 20 MG TABLET	5	90.000	13.60	0.04094	200% Above	No	No
16714017401	ATORVASTATIN 20 MG TABLET	6	90.000	13.60	0.04166	200% Above	No	No
16714017403	ATORVASTATIN 20 MG TABLET	5	30.000	0.82	0.04094	26%-50% Below	No	No
16714017403	ATORVASTATIN 20 MG TABLET	6	30.000	0.82	0.04166	26%-50% Below	No	No
16714017403	ATORVASTATIN 20 MG TABLET	6	90.000	2.45	0.04166	26%-50% Below	No	No
16714017403	ATORVASTATIN 20 MG TABLET	7	30.000	0.58	0.04069	51%-75% Below	No	No
16714017403	ATORVASTATIN 20 MG TABLET	7	90.000	1.75	0.04069	51%-75% Below	No	No
16714017403	ATORVASTATIN 20 MG TABLET	8	30.000	0.58	0.03977	51%-75% Below	No	No
16714017403	ATORVASTATIN 20 MG TABLET	8	90.000	1.75	0.03977	51%-75% Below	No	No
16714017501	ATORVASTATIN 40 MG TABLET	6	90.000	13.64	0.05884	101%-200% Above	No	No
16714017501	ATORVASTATIN 40 MG TABLET	7	30.000	4.89	0.05733	101%-200% Above	No	No
16714017503	ATORVASTATIN 40 MG TABLET	5	30.000	1.01	0.06076	26%-50% Below	No	No
16714017503	ATORVASTATIN 40 MG TABLET	6	30.000	1.01	0.05884	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714017503	ATORVASTATIN 40 MG TABLET	6	90.000	13.64	0.05884	101%-200% Above	No	No
16714017503	ATORVASTATIN 40 MG TABLET	7	30.000	0.83	0.05733	51%-75% Below	No	No
16714017503	ATORVASTATIN 40 MG TABLET	8	30.000	0.83	0.05653	51%-75% Below	No	No
16714017503	ATORVASTATIN 40 MG TABLET	8	90.000	12.40	0.05653	101%-200% Above	No	No
16714017601	ATORVASTATIN 80 MG TABLET	8	90.000	15.74	0.0885	76%-100% Above	No	No
16714017602	ATORVASTATIN 80 MG TABLET	7	15.000	1.72	0.08744	26%-50% Above	No	No
16714017602	ATORVASTATIN 80 MG TABLET	7	30.000	1.17	0.08744	51%-75% Below	No	No
16714017602	ATORVASTATIN 80 MG TABLET	8	30.000	1.17	0.0885	51%-75% Below	No	No
16714017602	ATORVASTATIN 80 MG TABLET	8	90.000	3.50	0.0885	51%-75% Below	No	No
16714017603	ATORVASTATIN 80 MG TABLET	5	30.000	5.23	0.0903	76%-100% Above	No	No
16714017603	ATORVASTATIN 80 MG TABLET	6	30.000	5.23	0.08059	101%-200% Above	No	No
16714018102	PAROXETINE HCL 10 MG TABLET	6	90.000	7.33	0.07396	10%-25% Above	No	No
16714018102	PAROXETINE HCL 10 MG TABLET	7	30.000	2.44	0.07348	10%-25% Above	No	No
16714018204	PAROXETINE HCL 20 MG TABLET	7	90.000	7.78	0.07043	10%-25% Above	No	No
16714019401	LAMOTRIGINE 25 MG TABLET	5	90.000	4.77	0.03033	51%-75% Above	No	No
16714019401	LAMOTRIGINE 25 MG TABLET	6	90.000	4.77	0.02946	76%-100% Above	No	No
16714019401	LAMOTRIGINE 25 MG TABLET	7	90.000	4.77	0.03078	51%-75% Above	No	No
16714019401	LAMOTRIGINE 25 MG TABLET	8	90.000	4.77	0.03046	51%-75% Above	No	No
16714019501	LAMOTRIGINE 100 MG TABLET	5	90.000	6.23	0.05221	26%-50% Above	No	No
16714019501	LAMOTRIGINE 100 MG TABLET	8	180.000	11.97	0.05094	26%-50% Above	No	No
16714019601	LAMOTRIGINE 150 MG TABLET	8	90.000	7.25	0.07205	10%-25% Above	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	5	18.000	1.97	0.19359	26%-50% Below	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	6	8.000	2.18	0.18349	26%-50% Above	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	6	10.000	1.14	0.18349	26%-50% Below	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	6	18.000	2.06	0.18349	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714020130	ONDANSETRON ODT 8 MG TABLET	5	18.000	5.59	0.21942	26%-50% Above	No	No
16714020130	ONDANSETRON ODT 8 MG TABLET	6	10.000	3.50	0.19657	76%-100% Above	No	No
16714020130	ONDANSETRON ODT 8 MG TABLET	7	18.000	4.69	0.20152	26%-50% Above	No	No
16714020130	ONDANSETRON ODT 8 MG TABLET	8	18.000	5.59	0.20861	26%-50% Above	No	No
16714025701	AMITRIPTYLINE HCL 10 MG TAB	7	30.000	3.83	0.04125	200% Above	No	No
16714025701	AMITRIPTYLINE HCL 10 MG TAB	8	30.000	3.83	0.04575	101%-200% Above	No	No
16714029303	AMOX-CLAV 400-57 MG/5 ML SUSP	7	100.000	4.90	0.06325	10%-25% Below	No	No
16714029401	AMOX-CLAV 600-42.9 MG/5 ML SUS	7	150.000	6.90	0.0831	26%-50% Below	No	No
16714029903	AMOXICILLIN 500 MG CAPSULE	7	4.000	0.17	0.0976	51%-75% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	5	20.000	1.79	0.07974	10%-25% Above	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	5	21.000	1.85	0.07974	10%-25% Above	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	6	15.000	0.56	0.09089	51%-75% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	6	30.000	1.12	0.09089	51%-75% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	7	12.000	0.51	0.0976	51%-75% Below	No	No
16714033002	GABAPENTIN 600 MG TABLET	6	30.000	3.92	0.10139	26%-50% Above	No	No
16714034604	DASETTA 7/7/7-28 TABLET	5	28.000	4.32	0.22699	26%-50% Below	No	No
16714034604	DASETTA 7/7/7-28 TABLET	6	28.000	3.81	0.30058	51%-75% Below	No	No
16714034604	DASETTA 7/7/7-28 TABLET	7	28.000	3.81	0.358	51%-75% Below	No	No
16714034604	DASETTA 7/7/7-28 TABLET	8	28.000	3.81	0.26794	26%-50% Below	No	No
16714034804	DASETTA 1-35-28 TABLET	7	28.000	3.80	0.27226	26%-50% Below	No	No
16714034804	DASETTA 1-35-28 TABLET	8	28.000	3.90	0.28063	26%-50% Below	No	No
16714035903	FALMINA-28 TABLET	6	28.000	2.97	0.18842	26%-50% Below	No	No
16714036301	TRI-LINYAH TABLET	5	28.000	2.43	0.15062	26%-50% Below	No	No
16714036301	TRI-LINYAH TABLET	6	28.000	2.46	0.13463	26%-50% Below	No	No
16714036301	TRI-LINYAH TABLET	7	28.000	2.26	0.14024	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714036301	TRI-LINYAH TABLET	8	28.000	2.35	0.13915	26%-50% Below	No	No
16714036504	ELINEST-28 TABLET	5	28.000	4.06	0.38406	51%-75% Below	No	No
16714036504	ELINEST-28 TABLET	5	84.000	12.19	0.38406	51%-75% Below	No	No
16714036504	ELINEST-28 TABLET	6	28.000	4.06	0.40542	51%-75% Below	No	No
16714036504	ELINEST-28 TABLET	7	28.000	4.06	0.40651	51%-75% Below	No	No
16714036504	ELINEST-28 TABLET	8	84.000	12.19	0.36929	51%-75% Below	No	No
16714039102	CEFDINIR 300 MG CAPSULE	5	42.000	11.21	0.45807	26%-50% Below	No	No
16714039702	CEFPROZIL 250 MG/5 ML SUSP	6	75.000	13.50	0.22525	10%-25% Below	No	No
16714040101	CEFUROXIME AXETIL 500 MG TAB	5	10.000	9.90	0.48791	101%-200% Above	No	No
16714040604	LARIN FE 1-20 TABLET	5	28.000	1.58	0.15598	51%-75% Below	No	No
16714040604	LARIN FE 1-20 TABLET	5	28.000	2.02	0.15598	51%-75% Below	No	No
16714040604	LARIN FE 1-20 TABLET	5	28.000	2.03	0.15598	51%-75% Below	No	No
16714040604	LARIN FE 1-20 TABLET	5	28.000	2.04	0.15598	51%-75% Below	No	No
16714040604	LARIN FE 1-20 TABLET	6	28.000	1.58	0.1573	51%-75% Below	No	No
16714040604	LARIN FE 1-20 TABLET	6	28.000	2.04	0.1573	51%-75% Below	No	No
16714040604	LARIN FE 1-20 TABLET	7	28.000	1.58	0.1504	51%-75% Below	No	No
16714040604	LARIN FE 1-20 TABLET	7	28.000	2.04	0.1504	51%-75% Below	No	No
16714040604	LARIN FE 1-20 TABLET	7	84.000	4.73	0.1504	51%-75% Below	No	No
16714040604	LARIN FE 1-20 TABLET	7	84.000	6.13	0.1504	51%-75% Below	No	No
16714040604	LARIN FE 1-20 TABLET	8	28.000	1.58	0.15591	51%-75% Below	No	No
16714040604	LARIN FE 1-20 TABLET	8	28.000	2.04	0.15591	51%-75% Below	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	5	14.000	3.53	0.43561	26%-50% Below	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	5	14.000	4.90	0.43561	10%-25% Below	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	5	14.000	21.96	0.43561	200% Above	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	6	14.000	4.90	0.40135	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	6	14.000	9.90	0.40135	76%-100% Above	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	6	60.000	15.68	0.40135	26%-50% Below	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	7	10.000	4.90	0.40133	10%-25% Above	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	7	10.000	13.50	0.40133	200% Above	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	7	14.000	4.90	0.40133	10%-25% Below	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	7	14.000	9.90	0.40133	76%-100% Above	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	7	14.000	13.50	0.40133	101%-200% Above	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	7	60.000	15.68	0.40133	26%-50% Below	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	8	14.000	3.37	0.42745	26%-50% Below	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	8	14.000	21.96	0.42745	200% Above	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	8	60.000	14.45	0.42745	26%-50% Below	No	No
16714046404	JULEBER 28 DAY TABLET	5	28.000	2.10	0.14398	26%-50% Below	No	No
16714046404	JULEBER 28 DAY TABLET	6	28.000	2.10	0.16392	51%-75% Below	No	No
16714046404	JULEBER 28 DAY TABLET	7	112.000	8.40	0.14356	26%-50% Below	No	No
16714047701	AMOX-CLAV 500-125 MG TABLET	7	14.000	2.40	0.31501	26%-50% Below	No	No
16714047701	AMOX-CLAV 500-125 MG TABLET	8	14.000	2.39	0.29901	26%-50% Below	No	No
16714048502	DIVALPROEX SOD ER 500 MG TAB	7	30.000	13.50	0.18713	101%-200% Above	No	No
16714055901	PRAVASTATIN SODIUM 20 MG TAB	6	30.000	0.90	0.06911	51%-75% Below	No	No
16714055901	PRAVASTATIN SODIUM 20 MG TAB	6	30.000	4.90	0.06911	101%-200% Above	No	No
16714055901	PRAVASTATIN SODIUM 20 MG TAB	7	30.000	4.90	0.06167	101%-200% Above	No	No
16714055901	PRAVASTATIN SODIUM 20 MG TAB	8	90.000	3.21	0.06383	26%-50% Below	No	No
16714056701	DEXMETHYLPHENIDATE ER 30 MG CP	8	30.000	27.08	1.64391	26%-50% Below	No	No
16714057601	ALLOPURINOL 100 MG TABLET	5	30.000	6.80	0.05012	200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	7	30.000	6.80	0.05183	200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	8	30.000	6.80	0.05145	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714057601	ALLOPURINOL 100 MG TABLET	8	90.000	12.40	0.05145	101%-200% Above	No	No
16714057604	ALLOPURINOL 100 MG TABLET	5	30.000	0.86	0.05012	26%-50% Below	No	No
16714057604	ALLOPURINOL 100 MG TABLET	6	30.000	0.86	0.05051	26%-50% Below	No	No
16714057604	ALLOPURINOL 100 MG TABLET	6	30.000	6.90	0.05051	200% Above	No	No
16714057604	ALLOPURINOL 100 MG TABLET	6	30.000	7.35	0.05051	200% Above	No	No
16714057604	ALLOPURINOL 100 MG TABLET	7	30.000	0.86	0.05183	26%-50% Below	No	No
16714057604	ALLOPURINOL 100 MG TABLET	7	30.000	6.90	0.05183	200% Above	No	No
16714057604	ALLOPURINOL 100 MG TABLET	8	30.000	0.86	0.05145	26%-50% Below	No	No
16714057604	ALLOPURINOL 100 MG TABLET	8	30.000	6.90	0.05145	200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	5	30.000	6.90	0.08114	101%-200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	6	30.000	6.90	0.07531	200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	7	30.000	6.90	0.07962	101%-200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	8	30.000	5.71	0.08027	101%-200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	8	30.000	6.90	0.08027	101%-200% Above	No	No
16714061105	SERTRALINE HCL 25 MG TABLET	5	30.000	0.36	0.04081	51%-75% Below	No	No
16714061106	SERTRALINE HCL 25 MG TABLET	6	30.000	0.36	0.04174	51%-75% Below	No	No
16714061204	SERTRALINE HCL 50 MG TABLET	8	90.000	4.68	0.04261	10%-25% Above	No	No
16714061205	SERTRALINE HCL 50 MG TABLET	5	30.000	1.89	0.0445	26%-50% Above	No	No
16714061205	SERTRALINE HCL 50 MG TABLET	5	90.000	4.68	0.0445	10%-25% Above	No	No
16714061205	SERTRALINE HCL 50 MG TABLET	6	30.000	1.89	0.04419	26%-50% Above	No	No
16714061205	SERTRALINE HCL 50 MG TABLET	7	90.000	4.68	0.04589	10%-25% Above	No	No
16714061206	SERTRALINE HCL 50 MG TABLET	6	90.000	3.03	0.04419	10%-25% Below	No	No
16714061206	SERTRALINE HCL 50 MG TABLET	6	90.000	4.68	0.04419	10%-25% Above	No	No
16714061206	SERTRALINE HCL 50 MG TABLET	8	90.000	4.68	0.04261	10%-25% Above	No	No
16714061304	SERTRALINE HCL 100 MG TABLET	6	180.000	14.25	0.05676	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714061304	SERTRALINE HCL 100 MG TABLET	8	90.000	7.38	0.05541	26%-50% Above	No	No
16714061305	SERTRALINE HCL 100 MG TABLET	6	180.000	12.40	0.05676	10%-25% Above	No	No
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	1.40	0.0361	26%-50% Above	No	No
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	1.44	0.0361	26%-50% Above	No	No
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	1.40	0.0382	10%-25% Above	No	No
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	1.40	0.0386	10%-25% Above	No	No
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	1.40	0.03671	26%-50% Above	No	No
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	1.44	0.03671	26%-50% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	0.94	0.0361	10%-25% Below	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	1.44	0.0361	26%-50% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	0.94	0.0382	10%-25% Below	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	6	30.000	1.44	0.0382	10%-25% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	0.94	0.0386	10%-25% Below	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	7	30.000	1.44	0.0386	10%-25% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	0.94	0.03671	10%-25% Below	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	8	30.000	1.44	0.03671	26%-50% Above	No	No
16714063403	OMEPRAZOLE DR 20 MG CAPSULE	7	30.000	2.48	0.03197	101%-200% Above	No	No
16714063403	OMEPRAZOLE DR 20 MG CAPSULE	8	30.000	2.48	0.03445	101%-200% Above	No	No
16714063403	OMEPRAZOLE DR 20 MG CAPSULE	8	90.000	6.22	0.03445	76%-100% Above	No	No
16714064301	MOXIFLOXACIN 0.5% EYE DROPS	6	3.000	5.90	3.15167	26%-50% Below	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	5	30.000	0.46	0.02584	26%-50% Below	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	5	60.000	2.23	0.02584	26%-50% Above	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	5	90.000	3.10	0.02584	26%-50% Above	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	6	60.000	0.91	0.02523	26%-50% Below	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	7	60.000	0.91	0.02517	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714066102	GABAPENTIN 100 MG CAPSULE	7	60.000	2.23	0.02517	26%-50% Above	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	7	90.000	3.10	0.02517	26%-50% Above	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	8	60.000	0.90	0.02724	26%-50% Below	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	8	60.000	2.23	0.02724	26%-50% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	5	90.000	4.80	0.04254	10%-25% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	5	120.000	6.03	0.04254	10%-25% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	6	30.000	0.77	0.04082	26%-50% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	6	30.000	1.93	0.04082	51%-75% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	6	90.000	4.80	0.04082	26%-50% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	6	120.000	6.03	0.04082	10%-25% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	7	30.000	0.71	0.04113	26%-50% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	7	30.000	1.93	0.04113	51%-75% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	7	90.000	4.80	0.04113	26%-50% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	7	120.000	6.03	0.04113	10%-25% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	8	30.000	0.71	0.04573	26%-50% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	8	30.000	1.93	0.04573	26%-50% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	8	90.000	4.65	0.04573	10%-25% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	8	90.000	4.80	0.04573	10%-25% Above	No	No
16714068203	SIMVASTATIN 10 MG TABLET	5	90.000	24.00	0.03051	200% Above	No	No
16714068203	SIMVASTATIN 10 MG TABLET	6	30.000	0.33	0.03245	51%-75% Below	No	No
16714068203	SIMVASTATIN 10 MG TABLET	8	30.000	0.52	0.03106	26%-50% Below	No	No
16714068303	SIMVASTATIN 20 MG TABLET	5	30.000	0.48	0.03064	26%-50% Below	No	No
16714068303	SIMVASTATIN 20 MG TABLET	5	90.000	1.45	0.03064	26%-50% Below	No	No
16714068303	SIMVASTATIN 20 MG TABLET	6	30.000	0.49	0.03213	26%-50% Below	No	No
16714068303	SIMVASTATIN 20 MG TABLET	8	90.000	1.55	0.0335	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714068403	SIMVASTATIN 40 MG TABLET	5	30.000	9.00	0.05113	200% Above	No	No
16714068403	SIMVASTATIN 40 MG TABLET	5	90.000	24.00	0.05113	200% Above	No	No
16714068403	SIMVASTATIN 40 MG TABLET	6	30.000	9.00	0.05233	200% Above	No	No
16714068403	SIMVASTATIN 40 MG TABLET	6	90.000	24.00	0.05233	200% Above	No	No
16714068403	SIMVASTATIN 40 MG TABLET	7	30.000	9.00	0.05425	200% Above	No	No
16714068403	SIMVASTATIN 40 MG TABLET	7	90.000	2.36	0.05425	51%-75% Below	No	No
16714068403	SIMVASTATIN 40 MG TABLET	8	30.000	9.00	0.05736	200% Above	No	No
16714068403	SIMVASTATIN 40 MG TABLET	8	90.000	24.00	0.05736	200% Above	No	No
16714069210	FLUCONAZOLE 150 MG TABLET	7	5.000	4.90	0.66696	26%-50% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	5	6.000	10.08	0.68571	101%-200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	8	2.000	3.41	0.63597	101%-200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	8	2.000	4.31	0.63597	200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	8	3.000	6.73	0.63597	200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	8	3.000	6.90	0.63597	200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	8	4.000	4.90	0.63597	76%-100% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	8	5.000	6.90	0.63597	101%-200% Above	No	No
16714069301	FLUCONAZOLE 200 MG TABLET	5	4.000	4.90	0.40217	200% Above	No	No
16714069301	FLUCONAZOLE 200 MG TABLET	7	5.000	6.90	0.40143	200% Above	No	No
16714069301	FLUCONAZOLE 200 MG TABLET	8	1.000	0.74	0.44001	51%-75% Above	No	No
16714069301	FLUCONAZOLE 200 MG TABLET	8	5.000	1.71	0.44001	10%-25% Below	No	No
16714069301	FLUCONAZOLE 200 MG TABLET	8	7.000	2.20	0.44001	26%-50% Below	No	No
16714069803	VALACYCLOVIR HCL 500 MG TABLET	5	28.000	6.90	0.27829	10%-25% Below	No	No
16714071301	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.000	12.56	0.06333	200% Above	No	No
16714071301	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.000	12.56	0.05816	200% Above	No	No
16714072003	FLUOXETINE HCL 10 MG CAPSULE	5	30.000	6.34	0.03457	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714072003	FLUOXETINE HCL 10 MG CAPSULE	6	90.000	19.02	0.03433	200% Above	No	No
16714072102	FLUOXETINE HCL 20 MG CAPSULE	6	30.000	1.20	0.03295	10%-25% Above	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	5	15.000	0.86	0.03066	76%-100% Above	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	6	15.000	0.86	0.03295	51%-75% Above	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	6	30.000	1.22	0.03295	10%-25% Above	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	6	90.000	2.60	0.03295	10%-25% Below	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	7	15.000	0.86	0.03107	76%-100% Above	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	8	15.000	0.86	0.02966	76%-100% Above	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	8	30.000	1.22	0.02966	26%-50% Above	No	No
16714072203	FLUOXETINE HCL 40 MG CAPSULE	6	30.000	6.04	0.07076	101%-200% Above	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	5	30.000	1.22	0.07243	26%-50% Below	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	5	30.000	4.85	0.07243	101%-200% Above	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	6	30.000	1.22	0.07076	26%-50% Below	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	6	30.000	4.85	0.07076	101%-200% Above	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	7	30.000	4.85	0.07438	101%-200% Above	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	8	30.000	4.85	0.07213	101%-200% Above	No	No
16714072901	DESONIDE 0.05% CREAM	6	45.000	13.40	0.52667	26%-50% Below	No	No
16714073201	CELECOXIB 100 MG CAPSULE	7	180.000	243.70	0.09291	200% Above	No	No
16714073201	CELECOXIB 100 MG CAPSULE	8	30.000	40.62	0.09655	200% Above	No	No
16714073301	CELECOXIB 200 MG CAPSULE	5	30.000	9.90	0.11043	101%-200% Above	No	No
16714073301	CELECOXIB 200 MG CAPSULE	7	180.000	399.69	0.10699	200% Above	No	No
16714073301	CELECOXIB 200 MG CAPSULE	8	30.000	9.90	0.12272	101%-200% Above	No	No
16714073302	CELECOXIB 200 MG CAPSULE	7	30.000	4.90	0.10699	51%-75% Above	No	No
16714073302	CELECOXIB 200 MG CAPSULE	8	30.000	6.90	0.12272	76%-100% Above	No	No
16714077901	EZETIMIBE-SIMVASTATIN 10-20 MG	5	30.000	9.08	0.389	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714077901	EZETIMIBE-SIMVASTATIN 10-20 MG	6	30.000	7.16	0.44882	26%-50% Below	No	No
16714077901	EZETIMIBE-SIMVASTATIN 10-20 MG	7	30.000	7.00	0.44653	26%-50% Below	No	No
16714077901	EZETIMIBE-SIMVASTATIN 10-20 MG	8	30.000	8.08	0.36351	10%-25% Below	No	No
16714079701	SUMATRIPTAN SUCC 50 MG TABLET	6	18.000	15.64	0.41525	101%-200% Above	No	No
16714079801	SUMATRIPTAN SUCC 100 MG TABLET	5	9.000	6.90	0.47073	51%-75% Above	No	No
16714079801	SUMATRIPTAN SUCC 100 MG TABLET	5	9.000	7.62	0.47073	76%-100% Above	No	No
16714079801	SUMATRIPTAN SUCC 100 MG TABLET	6	9.000	6.90	0.47236	51%-75% Above	No	No
16714079801	SUMATRIPTAN SUCC 100 MG TABLET	7	9.000	6.90	0.47405	51%-75% Above	No	No
16714079801	SUMATRIPTAN SUCC 100 MG TABLET	7	9.000	7.62	0.47405	76%-100% Above	No	No
16714079801	SUMATRIPTAN SUCC 100 MG TABLET	8	9.000	6.90	0.48199	51%-75% Above	No	No
16714079801	SUMATRIPTAN SUCC 100 MG TABLET	8	27.000	22.56	0.48199	51%-75% Above	No	No
16714079902	CETIRIZINE HCL 10 MG TABLET	5	30.000	1.30	0.0688	26%-50% Below	No	No
16714079902	CETIRIZINE HCL 10 MG TABLET	7	30.000	1.30	0.06808	26%-50% Below	No	No
16714079902	CETIRIZINE HCL 10 MG TABLET	7	90.000	3.89	0.06808	26%-50% Below	No	No
16714079902	CETIRIZINE HCL 10 MG TABLET	8	30.000	1.30	0.06805	26%-50% Below	No	No
16714079902	CETIRIZINE HCL 10 MG TABLET	8	90.000	3.89	0.06805	26%-50% Below	No	No
16714079902	CETIRIZINE HCL 10 MG TABLET	8	90.000	4.39	0.06805	26%-50% Below	No	No
16714079903	CETIRIZINE HCL 10 MG TABLET	7	30.000	1.75	0.06808	10%-25% Below	No	No
16714079903	CETIRIZINE HCL 10 MG TABLET	8	30.000	1.75	0.06805	10%-25% Below	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	5	30.000	1.16	0.0688	26%-50% Below	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	5	30.000	5.35	0.0688	101%-200% Above	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	6	30.000	1.16	0.06647	26%-50% Below	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	6	30.000	5.35	0.06647	101%-200% Above	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	7	10.000	0.93	0.06808	26%-50% Above	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	7	30.000	1.16	0.06808	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714079904	CETIRIZINE HCL 10 MG TABLET	7	30.000	1.80	0.06808	10%-25% Below	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	8	30.000	1.16	0.06805	26%-50% Below	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	8	30.000	1.80	0.06805	10%-25% Below	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	60.000	11.69	0.35779	26%-50% Below	No	No
16714081301	EZETIMIBE 10 MG TABLET	8	30.000	4.90	0.08931	76%-100% Above	No	No
16714081302	EZETIMIBE 10 MG TABLET	6	30.000	52.52	0.08833	200% Above	No	No
16714081302	EZETIMIBE 10 MG TABLET	7	30.000	52.52	0.08044	200% Above	No	No
16714081302	EZETIMIBE 10 MG TABLET	7	90.000	157.55	0.08044	200% Above	No	No
16714081303	EZETIMIBE 10 MG TABLET	5	30.000	4.90	0.08903	76%-100% Above	No	No
16714081303	EZETIMIBE 10 MG TABLET	5	30.000	6.90	0.08903	101%-200% Above	No	No
16714081303	EZETIMIBE 10 MG TABLET	6	30.000	4.90	0.08833	76%-100% Above	No	No
16714081303	EZETIMIBE 10 MG TABLET	6	30.000	6.90	0.08833	101%-200% Above	No	No
16714081303	EZETIMIBE 10 MG TABLET	6	90.000	12.40	0.08833	51%-75% Above	No	No
16714081303	EZETIMIBE 10 MG TABLET	7	30.000	4.90	0.08044	101%-200% Above	No	No
16714081303	EZETIMIBE 10 MG TABLET	7	30.000	6.90	0.08044	101%-200% Above	No	No
16714081303	EZETIMIBE 10 MG TABLET	7	30.000	9.90	0.08044	200% Above	No	No
16714081303	EZETIMIBE 10 MG TABLET	8	30.000	6.90	0.08931	101%-200% Above	No	No
16714085201	METOPROLOL SUCC ER 25 MG TAB	5	30.000	8.05	0.07863	200% Above	No	No
16714085201	METOPROLOL SUCC ER 25 MG TAB	6	30.000	8.05	0.07518	200% Above	No	No
16714085201	METOPROLOL SUCC ER 25 MG TAB	7	30.000	8.05	0.07791	200% Above	No	No
16714085201	METOPROLOL SUCC ER 25 MG TAB	8	30.000	8.05	0.075	200% Above	No	No
16714085202	METOPROLOL SUCC ER 25 MG TAB	5	45.000	11.17	0.07863	200% Above	No	No
16714085202	METOPROLOL SUCC ER 25 MG TAB	5	90.000	13.50	0.07863	76%-100% Above	No	No
16714085202	METOPROLOL SUCC ER 25 MG TAB	6	30.000	8.26	0.07518	200% Above	No	No
16714085202	METOPROLOL SUCC ER 25 MG TAB	6	45.000	9.85	0.07518	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714085202	METOPROLOL SUCC ER 25 MG TAB	8	30.000	9.02	0.075	200% Above	No	No
16714085203	METOPROLOL SUCC ER 25 MG TAB	5	30.000	6.90	0.07863	101%-200% Above	No	No
16714085203	METOPROLOL SUCC ER 25 MG TAB	6	30.000	8.26	0.07518	200% Above	No	No
16714085203	METOPROLOL SUCC ER 25 MG TAB	7	90.000	23.79	0.07791	200% Above	No	No
16714085302	METOPROLOL SUCC ER 50 MG TAB	5	90.000	12.40	0.07702	76%-100% Above	No	No
16714085302	METOPROLOL SUCC ER 50 MG TAB	7	30.000	1.01	0.07983	51%-75% Below	No	No
16714085302	METOPROLOL SUCC ER 50 MG TAB	7	30.000	7.43	0.07983	200% Above	No	No
16714085302	METOPROLOL SUCC ER 50 MG TAB	7	90.000	22.30	0.07983	200% Above	No	No
16714085302	METOPROLOL SUCC ER 50 MG TAB	8	90.000	22.30	0.07761	200% Above	No	No
16714085303	METOPROLOL SUCC ER 50 MG TAB	5	30.000	1.01	0.07702	51%-75% Below	No	No
16714085303	METOPROLOL SUCC ER 50 MG TAB	6	30.000	1.01	0.0799	51%-75% Below	No	No
16714085303	METOPROLOL SUCC ER 50 MG TAB	7	30.000	1.01	0.07983	51%-75% Below	No	No
16714085303	METOPROLOL SUCC ER 50 MG TAB	7	90.000	22.01	0.07983	200% Above	No	No
16714085303	METOPROLOL SUCC ER 50 MG TAB	8	30.000	1.13	0.07761	51%-75% Below	No	No
16714085402	METOPROLOL SUCC ER 100 MG TAB	6	30.000	4.90	0.12854	26%-50% Above	No	No
16714085402	METOPROLOL SUCC ER 100 MG TAB	7	90.000	40.99	0.14098	200% Above	No	No
16714085402	METOPROLOL SUCC ER 100 MG TAB	8	28.000	4.90	0.11844	26%-50% Above	No	No
16714085403	METOPROLOL SUCC ER 100 MG TAB	6	7.000	3.58	0.12854	200% Above	No	No
16714085403	METOPROLOL SUCC ER 100 MG TAB	6	90.000	13.50	0.12854	10%-25% Above	No	No
16714087801	LIDOCAINE 5% OINTMENT	7	35.440	5.48	0.18347	10%-25% Below	No	No
16714089803	LORATADINE 10 MG TABLET	5	90.000	4.51	0.06063	10%-25% Below	No	No
16714089803	LORATADINE 10 MG TABLET	6	20.000	0.62	0.06015	26%-50% Below	No	No
16714089902	FEXOFENADINE HCL 180 MG TABLET	5	30.000	4.56	0.28717	26%-50% Below	No	No
16714089902	FEXOFENADINE HCL 180 MG TABLET	6	30.000	4.56	0.2703	26%-50% Below	No	No
16714089902	FEXOFENADINE HCL 180 MG TABLET	6	90.000	29.23	0.2703	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16714089902	FEXOFENADINE HCL 180 MG TABLET	7	30.000	4.56	0.27895	26%-50% Below	No	No
16714089902	FEXOFENADINE HCL 180 MG TABLET	7	30.000	9.90	0.27895	10%-25% Above	No	No
16714089902	FEXOFENADINE HCL 180 MG TABLET	8	30.000	4.56	0.25614	26%-50% Below	No	No
16714093601	ATENOLOL-CHLORTHALIDONE 50-25	5	90.000	34.63	0.33891	10%-25% Above	No	No
16714095001	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	60.000	59.17	0.2537	200% Above	No	No
16714095001	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	60.000	52.03	0.27764	200% Above	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.000	12.21	0.33931	26%-50% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.000	9.90	0.36208	51%-75% Below	No	No
16714095502	KETOCONAZOLE 2% CREAM	7	30.000	4.90	0.25171	26%-50% Below	No	No
16714095502	KETOCONAZOLE 2% CREAM	8	30.000	4.90	0.27224	26%-50% Below	No	No
16714097901	ESOMEPRAZOLE MAG DR 20 MG CAP	7	30.000	6.90	0.20561	10%-25% Above	No	No
16714098002	ESOMEPRAZOLE MAG DR 40 MG CAP	7	90.000	407.04	0.17056	200% Above	No	No
16714098003	ESOMEPRAZOLE MAG DR 40 MG CAP	8	90.000	13.50	0.18184	10%-25% Below	No	No
16714098701	TRIAMCINOLONE 0.5% CREAM	7	15.000	5.39	0.23578	51%-75% Above	No	No
16714098801	ROSUVASTATIN CALCIUM 5 MG TAB	5	30.000	0.83	0.04408	26%-50% Below	No	No
16714098801	ROSUVASTATIN CALCIUM 5 MG TAB	7	30.000	0.79	0.04908	26%-50% Below	No	No
16714098801	ROSUVASTATIN CALCIUM 5 MG TAB	8	30.000	0.88	0.05143	26%-50% Below	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.000	21.21	0.05219	200% Above	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.000	0.87	0.05349	26%-50% Below	No	No
16714099001	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.000	70.14	0.07178	200% Above	No	No
16714099001	ROSUVASTATIN CALCIUM 20 MG TAB	6	90.000	12.40	0.07178	76%-100% Above	No	No
16714099001	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.000	6.90	0.07284	200% Above	No	No
16729000116	GLIMEPIRIDE 1 MG TABLET	6	90.000	6.91	0.03385	101%-200% Above	No	No
16729000301	GLIMEPIRIDE 4 MG TABLET	5	30.000	0.79	0.04596	26%-50% Below	No	No
16729000301	GLIMEPIRIDE 4 MG TABLET	6	30.000	0.79	0.04784	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729000301	GLIMEPIRIDE 4 MG TABLET	7	30.000	0.64	0.0495	51%-75% Below	No	No
16729000316	GLIMEPIRIDE 4 MG TABLET	8	30.000	7.25	0.04959	200% Above	No	No
16729000316	GLIMEPIRIDE 4 MG TABLET	8	90.000	20.75	0.04959	200% Above	No	No
16729000415	SIMVASTATIN 10 MG TABLET	5	90.000	2.33	0.03051	10%-25% Below	No	No
16729000415	SIMVASTATIN 10 MG TABLET	8	90.000	2.33	0.03106	10%-25% Below	No	No
16729000515	SIMVASTATIN 20 MG TABLET	7	60.000	1.37	0.03076	10%-25% Below	No	No
16729001017	PRAVASTATIN SODIUM 40 MG TAB	7	180.000	9.05	0.08978	26%-50% Below	No	No
16729003415	LETROZOLE 2.5 MG TABLET	5	10.000	1.62	0.11124	26%-50% Above	Yes	No
16729003415	LETROZOLE 2.5 MG TABLET	7	10.000	1.62	0.10673	51%-75% Above	Yes	No
16729003515	ANASTROZOLE 1 MG TABLET	6	30.000	4.90	0.12236	26%-50% Above	No	No
16729003515	ANASTROZOLE 1 MG TABLET	7	90.000	17.32	0.1515	26%-50% Above	No	No
16729003516	ANASTROZOLE 1 MG TABLET	5	30.000	0.00	0.1229	76%-100% Below	No	No
16729004517	ATORVASTATIN 20 MG TABLET	6	90.000	2.45	0.04166	26%-50% Below	No	No
16729008101	NALTREXONE 50 MG TABLET	8	15.000	6.90	0.79379	26%-50% Below	No	No
16729008110	NALTREXONE 50 MG TABLET	7	30.000	12.47	0.75092	26%-50% Below	Yes	No
16729011915	MONTELUKAST SOD 10 MG TABLET	5	90.000	19.58	0.06243	200% Above	No	No
16729011915	MONTELUKAST SOD 10 MG TABLET	8	90.000	21.44	0.06191	200% Above	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	5	21.000	0.62	0.06243	51%-75% Below	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	5	30.000	7.09	0.06243	200% Above	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	6	30.000	0.89	0.06961	51%-75% Below	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	7	30.000	0.89	0.06569	51%-75% Below	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	8	60.000	1.78	0.06191	51%-75% Below	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	7	10.000	0.61	0.02702	101%-200% Above	No	No
16729014701	QUETIAPINE FUMARATE 100 MG TAB	7	14.000	2.56	0.05599	200% Above	No	No
16729016901	ESCITALOPRAM 10 MG TABLET	6	90.000	10.24	0.05159	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729016901	ESCITALOPRAM 10 MG TABLET	7	30.000	3.86	0.04996	101%-200% Above	No	No
16729017017	ESCITALOPRAM 20 MG TABLET	5	30.000	3.27	0.08297	26%-50% Above	No	No
16729017017	ESCITALOPRAM 20 MG TABLET	6	30.000	3.27	0.08852	10%-25% Above	No	No
16729017017	ESCITALOPRAM 20 MG TABLET	6	30.000	4.67	0.08852	51%-75% Above	No	No
16729017101	AMITRIPTYLINE HCL 10 MG TAB	6	30.000	3.95	0.04214	200% Above	No	No
16729017201	AMITRIPTYLINE HCL 25 MG TAB	6	30.000	6.92	0.06557	200% Above	No	No
16729017217	AMITRIPTYLINE HCL 25 MG TAB	5	30.000	7.42	0.06125	200% Above	No	No
16729017301	AMITRIPTYLINE HCL 50 MG TAB	5	30.000	6.90	0.10423	101%-200% Above	No	No
16729017301	AMITRIPTYLINE HCL 50 MG TAB	6	30.000	6.90	0.09564	101%-200% Above	No	No
16729017301	AMITRIPTYLINE HCL 50 MG TAB	7	30.000	6.90	0.0909	101%-200% Above	No	No
16729017301	AMITRIPTYLINE HCL 50 MG TAB	8	30.000	1.71	0.0922	26%-50% Below	No	No
16729018201	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	90.000	11.98	0.05672	101%-200% Above	No	No
16729018217	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	30.000	6.67	0.05672	200% Above	No	No
16729018217	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	90.000	12.40	0.05672	101%-200% Above	No	No
16729018217	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	30.000	6.67	0.04922	200% Above	No	No
16729018217	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	30.000	5.27	0.0509	200% Above	No	No
16729018217	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	90.000	13.50	0.0509	101%-200% Above	No	No
16729018217	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	30.000	4.90	0.04732	200% Above	No	No
16729018217	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	30.000	6.67	0.04732	200% Above	No	No
16729018301	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.000	1.09	0.01241	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.000	1.09	0.01315	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.000	2.28	0.01315	76%-100% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.000	1.09	0.01312	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.000	2.39	0.01312	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.000	1.09	0.01241	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.000	2.28	0.01241	101%-200% Above	No	No
16729020301	BUSPIRONE HCL 15 MG TABLET	5	60.000	4.90	0.05142	51%-75% Above	No	No
16729021816	CLOPIDOGREL 75 MG TABLET	6	90.000	3.20	0.06301	26%-50% Below	No	No
16729027730	METHOTREXATE 50 MG/2 ML VIAL	5	10.000	13.79	1.93158	26%-50% Below	No	No
16729027730	METHOTREXATE 50 MG/2 ML VIAL	8	8.000	9.90	1.93158	26%-50% Below	No	No
16729028515	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.000	2.89	0.05293	26%-50% Below	No	No
16729032010	OLMESARTAN MEDOXOMIL 5 MG TAB	6	30.000	6.90	0.0617	200% Above	No	No
16729032010	OLMESARTAN MEDOXOMIL 5 MG TAB	7	30.000	6.90	0.06536	200% Above	No	No
16729032010	OLMESARTAN MEDOXOMIL 5 MG TAB	8	30.000	6.90	0.06239	200% Above	No	No
16729032115	OLMESARTAN MEDOXOMIL 20 MG TAB	5	90.000	44.90	0.08706	200% Above	No	No
16729032115	OLMESARTAN MEDOXOMIL 20 MG TAB	8	90.000	44.90	0.08521	200% Above	No	No
16729032215	OLMESARTAN MEDOXOMIL 40 MG TAB	6	90.000	44.90	0.12821	200% Above	No	No
16729032215	OLMESARTAN MEDOXOMIL 40 MG TAB	7	30.000	2.24	0.13161	26%-50% Below	No	No
16729032215	OLMESARTAN MEDOXOMIL 40 MG TAB	7	90.000	44.90	0.13161	200% Above	No	No
16729032217	OLMESARTAN MEDOXOMIL 40 MG TAB	5	30.000	6.90	0.13643	51%-75% Above	No	No
16729032217	OLMESARTAN MEDOXOMIL 40 MG TAB	6	30.000	2.27	0.12821	26%-50% Below	No	No
16729032217	OLMESARTAN MEDOXOMIL 40 MG TAB	7	30.000	2.32	0.13161	26%-50% Below	No	No
16729032217	OLMESARTAN MEDOXOMIL 40 MG TAB	8	30.000	4.90	0.13638	10%-25% Above	No	No
16729043315	EZETIMIBE 10 MG TABLET	5	30.000	4.90	0.08903	76%-100% Above	No	No
16729044310	BUPROPION HCL XL 150 MG TABLET	5	30.000	15.00	0.09913	200% Above	No	No
16729044310	BUPROPION HCL XL 150 MG TABLET	5	30.000	23.41	0.09913	200% Above	No	No
16729044310	BUPROPION HCL XL 150 MG TABLET	6	30.000	15.00	0.10393	200% Above	No	No
16729044310	BUPROPION HCL XL 150 MG TABLET	7	30.000	9.90	0.10105	200% Above	No	No
16729044310	BUPROPION HCL XL 150 MG TABLET	7	30.000	15.00	0.10105	200% Above	No	No
16729044310	BUPROPION HCL XL 150 MG TABLET	8	30.000	9.90	0.10134	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729044315	BUPROPION HCL XL 150 MG TABLET	6	90.000	70.24	0.10393	200% Above	No	No
16729044315	BUPROPION HCL XL 150 MG TABLET	7	30.000	4.90	0.10105	51%-75% Above	No	No
16729044315	BUPROPION HCL XL 150 MG TABLET	8	30.000	4.90	0.10134	51%-75% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	5	30.000	15.00	0.09913	200% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	5	90.000	29.90	0.09913	200% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	6	30.000	13.50	0.10393	200% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	6	90.000	14.90	0.10393	51%-75% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	6	90.000	44.90	0.10393	200% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	7	30.000	15.00	0.10105	200% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	8	30.000	9.90	0.10134	200% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	8	90.000	29.90	0.10134	200% Above	No	No
16729044416	BUPROPION HCL XL 300 MG TABLET	5	30.000	9.90	0.16592	76%-100% Above	No	No
16729044416	BUPROPION HCL XL 300 MG TABLET	5	30.000	20.67	0.16592	200% Above	No	No
16729044416	BUPROPION HCL XL 300 MG TABLET	6	30.000	9.90	0.17291	76%-100% Above	No	No
16729044416	BUPROPION HCL XL 300 MG TABLET	6	30.000	14.90	0.17291	101%-200% Above	No	No
16729044416	BUPROPION HCL XL 300 MG TABLET	6	30.000	20.67	0.17291	200% Above	No	No
16729044416	BUPROPION HCL XL 300 MG TABLET	7	30.000	9.90	0.17804	76%-100% Above	No	No
16729044416	BUPROPION HCL XL 300 MG TABLET	7	30.000	14.90	0.17804	101%-200% Above	No	No
16729044416	BUPROPION HCL XL 300 MG TABLET	7	30.000	20.67	0.17804	200% Above	No	No
16729044416	BUPROPION HCL XL 300 MG TABLET	8	30.000	14.90	0.17381	101%-200% Above	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	5	30.000	4.90	0.07517	101%-200% Above	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	5	30.000	5.99	0.07517	101%-200% Above	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	6	30.000	4.90	0.08946	76%-100% Above	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	6	62.000	11.74	0.08946	101%-200% Above	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	6	90.000	18.18	0.08946	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729044717	LEVOTHYROXINE 25 MCG TABLET	7	30.000	4.90	0.07887	101%-200% Above	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	7	30.000	6.61	0.07887	101%-200% Above	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	8	30.000	1.73	0.06914	10%-25% Below	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	8	30.000	4.90	0.06914	101%-200% Above	No	No
16729044815	LEVOTHYROXINE 50 MCG TABLET	5	30.000	6.99	0.07773	101%-200% Above	No	No
16729044815	LEVOTHYROXINE 50 MCG TABLET	6	30.000	7.00	0.09764	101%-200% Above	No	No
16729044815	LEVOTHYROXINE 50 MCG TABLET	6	90.000	23.49	0.09764	101%-200% Above	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	5	30.000	6.90	0.07773	101%-200% Above	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	6	30.000	4.90	0.09764	51%-75% Above	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	6	30.000	6.90	0.09764	101%-200% Above	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	6	30.000	8.16	0.09764	101%-200% Above	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	6	30.000	8.44	0.09764	101%-200% Above	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	7	30.000	6.90	0.0937	101%-200% Above	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	7	30.000	8.16	0.0937	101%-200% Above	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	7	90.000	12.40	0.0937	26%-50% Above	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	8	30.000	1.24	0.08326	26%-50% Below	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	8	30.000	1.51	0.08326	26%-50% Below	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	8	30.000	1.55	0.08326	26%-50% Below	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	8	30.000	4.90	0.08326	76%-100% Above	No	No
16729044915	LEVOTHYROXINE 75 MCG TABLET	6	90.000	21.64	0.10375	101%-200% Above	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	5	30.000	4.90	0.09434	51%-75% Above	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	5	90.000	21.64	0.09434	101%-200% Above	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	7	30.000	4.90	0.09379	51%-75% Above	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	7	30.000	6.90	0.09379	101%-200% Above	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	7	90.000	13.50	0.09379	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729044917	LEVOTHYROXINE 75 MCG TABLET	8	90.000	21.64	0.07524	200% Above	No	No
16729045017	LEVOTHYROXINE 88 MCG TABLET	5	26.000	6.85	0.09846	101%-200% Above	No	No
16729045017	LEVOTHYROXINE 88 MCG TABLET	6	30.000	7.82	0.10786	101%-200% Above	No	No
16729045017	LEVOTHYROXINE 88 MCG TABLET	7	30.000	8.54	0.09812	101%-200% Above	No	No
16729045017	LEVOTHYROXINE 88 MCG TABLET	8	30.000	8.54	0.07532	200% Above	No	No
16729045115	LEVOTHYROXINE 100 MCG TABLET	5	30.000	8.70	0.09535	200% Above	No	No
16729045115	LEVOTHYROXINE 100 MCG TABLET	6	30.000	8.70	0.10427	101%-200% Above	No	No
16729045115	LEVOTHYROXINE 100 MCG TABLET	8	30.000	1.25	0.08953	51%-75% Below	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	5	30.000	1.46	0.09535	26%-50% Below	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	6	30.000	1.46	0.10427	51%-75% Below	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	7	30.000	1.46	0.09862	26%-50% Below	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	7	30.000	6.90	0.09862	101%-200% Above	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	8	30.000	1.46	0.08953	26%-50% Below	No	No
16729045217	LEVOTHYROXINE 112 MCG TABLET	8	90.000	5.90	0.10273	26%-50% Below	No	No
16729045317	LEVOTHYROXINE 125 MCG TABLET	5	105.000	6.76	0.11902	26%-50% Below	No	No
16729045317	LEVOTHYROXINE 125 MCG TABLET	8	105.000	6.92	0.10848	26%-50% Below	No	No
16729045417	LEVOTHYROXINE 137 MCG TABLET	5	30.000	4.90	0.12212	26%-50% Above	No	No
16729045417	LEVOTHYROXINE 137 MCG TABLET	6	30.000	4.90	0.14385	10%-25% Above	No	No
16729045417	LEVOTHYROXINE 137 MCG TABLET	6	90.000	24.18	0.14385	76%-100% Above	No	No
16729045417	LEVOTHYROXINE 137 MCG TABLET	7	30.000	4.90	0.12816	26%-50% Above	No	No
16729045417	LEVOTHYROXINE 137 MCG TABLET	8	30.000	2.44	0.09832	10%-25% Below	No	No
16729045517	LEVOTHYROXINE 150 MCG TABLET	7	90.000	13.50	0.12818	10%-25% Above	No	No
16729045715	LEVOTHYROXINE 200 MCG TABLET	7	90.000	13.50	0.13033	10%-25% Above	No	No
16729045717	LEVOTHYROXINE 200 MCG TABLET	5	90.000	14.90	0.1399	10%-25% Above	No	No
16729045717	LEVOTHYROXINE 200 MCG TABLET	6	30.000	9.90	0.2025	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
16729045717	LEVOTHYROXINE 200 MCG TABLET	7	30.000	9.90	0.13033	101%-200% Above	No	No
16729054235	FLUOROURACIL 5% CREAM	7	30.000	12.78	0.72867	26%-50% Below	No	No
16729054235	FLUOROURACIL 5% CREAM	7	40.000	17.04	0.72867	26%-50% Below	No	No
21922000101	FLUOCINONIDE 0.05% SOLUTION	6	60.000	14.90	0.19757	10%-25% Above	No	No
21922000201	CLINDAMYCIN PH 1% SOLUTION	5	60.000	14.90	0.19888	10%-25% Above	No	No
21922000909	DICLOFENAC SODIUM 1% GEL	5	100.000	2.11	0.08036	51%-75% Below	No	No
21922000909	DICLOFENAC SODIUM 1% GEL	5	100.000	4.90	0.08036	26%-50% Below	No	No
21922000909	DICLOFENAC SODIUM 1% GEL	5	100.000	6.90	0.08036	10%-25% Below	No	No
21922000909	DICLOFENAC SODIUM 1% GEL	6	100.000	2.11	0.08564	51%-75% Below	No	No
21922000909	DICLOFENAC SODIUM 1% GEL	6	100.000	12.85	0.08564	26%-50% Above	No	No
21922000909	DICLOFENAC SODIUM 1% GEL	7	100.000	2.11	0.08064	51%-75% Below	No	No
21922001604	CLOBETASOL 0.05% CREAM	5	60.000	19.90	0.25233	26%-50% Above	No	No
21922001605	CLOBETASOL 0.05% CREAM	8	60.000	9.90	0.207	10%-25% Below	No	No
21922001607	CLOBETASOL 0.05% CREAM	6	60.000	9.90	0.20588	10%-25% Below	No	No
21922001705	CLOBETASOL 0.05% OINTMENT	6	30.000	2.78	0.20323	51%-75% Below	Yes	No
21922001707	CLOBETASOL 0.05% OINTMENT	5	60.000	0.01	0.16746	76%-100% Below	No	No
21922001707	CLOBETASOL 0.05% OINTMENT	5	60.000	8.98	0.16746	10%-25% Below	Yes	No
21922002107	PERMETHRIN 5% CREAM	7	60.000	10.38	0.29434	26%-50% Below	Yes	No
21922002505	KETOCONAZOLE 2% CREAM	5	30.000	14.90	0.28812	51%-75% Above	No	No
21922002505	KETOCONAZOLE 2% CREAM	6	30.000	14.90	0.24949	76%-100% Above	No	No
23155000201	HYDRALAZINE 25 MG TABLET	7	60.000	4.90	0.03996	101%-200% Above	No	No
23155000301	HYDRALAZINE 50 MG TABLET	7	180.000	9.90	0.04697	10%-25% Above	No	No
23155000401	HYDRALAZINE 100 MG TABLET	6	270.000	9.90	0.08212	51%-75% Below	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.000	1.09	0.01315	101%-200% Above	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.000	1.09	0.01323	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.000	2.28	0.01323	76%-100% Above	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	7	20.000	0.90	0.01312	200% Above	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.000	1.09	0.01312	101%-200% Above	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.000	1.09	0.01241	101%-200% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.000	0.86	0.01315	101%-200% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.000	0.86	0.01315	101%-200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.000	1.07	0.01315	101%-200% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.000	1.50	0.01315	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.000	1.59	0.01315	26%-50% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.000	1.59	0.01315	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.000	1.61	0.01315	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.000	2.22	0.01315	76%-100% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.000	0.86	0.01323	101%-200% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.000	1.07	0.01323	101%-200% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.000	1.50	0.01323	10%-25% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.000	1.59	0.01323	26%-50% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.000	1.59	0.01323	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.000	1.61	0.01323	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.000	0.86	0.01312	101%-200% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.000	0.86	0.01312	101%-200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.000	1.50	0.01312	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.000	1.61	0.01312	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.000	2.22	0.01312	76%-100% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.000	2.23	0.01312	76%-100% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.000	0.86	0.01241	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.000	0.86	0.01241	101%-200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.000	0.55	0.01241	26%-50% Below	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.000	1.50	0.01241	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.000	1.59	0.01241	26%-50% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.000	1.59	0.01241	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.000	1.61	0.01241	26%-50% Above	Yes	No
23155002401	BUSPIRONE HCL 10 MG TABLET	5	540.000	11.29	0.0375	26%-50% Below	No	No
23155002505	BUSPIRONE HCL 15 MG TABLET	6	60.000	5.05	0.05122	51%-75% Above	No	No
23155002505	BUSPIRONE HCL 15 MG TABLET	7	60.000	5.05	0.05065	51%-75% Above	No	No
23155002505	BUSPIRONE HCL 15 MG TABLET	8	60.000	5.50	0.04811	76%-100% Above	No	No
23155002506	BUSPIRONE HCL 15 MG TABLET	6	60.000	5.05	0.05122	51%-75% Above	No	No
23155002506	BUSPIRONE HCL 15 MG TABLET	6	180.000	14.16	0.05122	51%-75% Above	No	No
23155002506	BUSPIRONE HCL 15 MG TABLET	7	60.000	5.05	0.05065	51%-75% Above	No	No
23155002506	BUSPIRONE HCL 15 MG TABLET	8	60.000	5.05	0.04811	51%-75% Above	No	No
23155007001	METHIMAZOLE 5 MG TABLET	5	30.000	1.11	0.08617	51%-75% Below	Yes	No
23155007001	METHIMAZOLE 5 MG TABLET	6	30.000	0.00	0.08361	76%-100% Below	No	No
23155007001	METHIMAZOLE 5 MG TABLET	6	30.000	1.11	0.08361	51%-75% Below	Yes	No
23155007001	METHIMAZOLE 5 MG TABLET	7	30.000	1.11	0.08958	51%-75% Below	Yes	No
23155010210	METFORMIN HCL 500 MG TABLET	5	180.000	3.25	0.01587	10%-25% Above	No	No
23155010210	METFORMIN HCL 500 MG TABLET	6	180.000	3.25	0.01557	10%-25% Above	No	No
23155010410	METFORMIN HCL 1,000 MG TABLET	5	60.000	2.18	0.02527	26%-50% Above	No	No
23155013525	DOXYCYCLINE MONO 100 MG TABLET	7	14.000	8.67	0.33637	76%-100% Above	No	No
23155013525	DOXYCYCLINE MONO 100 MG TABLET	7	14.000	9.73	0.33637	101%-200% Above	Yes	No
23155013525	DOXYCYCLINE MONO 100 MG TABLET	7	20.000	9.90	0.33637	26%-50% Above	Yes	No
23155017801	ISOSORBIDE MONONIT ER 60 MG TB	6	90.000	12.50	0.11151	10%-25% Above	No	No

## NADAC Summary Report

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23155017801	ISOSORBIDE MONONIT ER 60 MG TB	8	90.000	12.50	0.10959	26%-50% Above	No	No
23155019101	BUPROPION HCL 75 MG TABLET	8	30.000	9.90	0.11792	101%-200% Above	Yes	No
23155024901	VENLAFAXINE HCL 75 MG TABLET	5	30.000	8.78	0.08078	200% Above	No	No
23155024901	VENLAFAXINE HCL 75 MG TABLET	8	180.000	8.86	0.08779	26%-50% Below	No	No
23155050101	HYDROXYZINE HCL 25 MG TABLET	5	60.000	5.14	0.05166	51%-75% Above	No	No
23155050101	HYDROXYZINE HCL 25 MG TABLET	8	60.000	5.14	0.04831	76%-100% Above	No	No
23155050105	HYDROXYZINE HCL 25 MG TABLET	5	42.000	3.96	0.05166	76%-100% Above	No	No
23155050105	HYDROXYZINE HCL 25 MG TABLET	7	30.000	2.91	0.04793	101%-200% Above	No	No
23155050110	HYDROXYZINE HCL 25 MG TABLET	5	60.000	5.40	0.05166	51%-75% Above	No	No
23155050110	HYDROXYZINE HCL 25 MG TABLET	6	20.000	2.10	0.04595	101%-200% Above	No	No
23155050110	HYDROXYZINE HCL 25 MG TABLET	6	120.000	10.12	0.04595	76%-100% Above	No	No
23155050110	HYDROXYZINE HCL 25 MG TABLET	8	120.000	10.12	0.04831	51%-75% Above	No	No
23155051901	ISOSORBIDE MONONIT ER 30 MG TB	5	30.000	4.99	0.08751	76%-100% Above	No	No
23155051901	ISOSORBIDE MONONIT ER 30 MG TB	6	30.000	5.00	0.07957	101%-200% Above	No	No
23155051901	ISOSORBIDE MONONIT ER 30 MG TB	8	90.000	12.50	0.08325	51%-75% Above	No	No
23155065205	METRONIDAZOLE 500 MG TABLET	6	14.000	5.54	0.13984	101%-200% Above	No	No
23155066201	CALCITRIOL 0.25 MCG CAPSULE	5	30.000	9.99	0.1981	51%-75% Above	No	No
23155069310	ALLOPURINOL 100 MG TABLET	6	30.000	6.90	0.05051	200% Above	No	No
23155069405	ALLOPURINOL 300 MG TABLET	6	14.000	6.33	0.07531	200% Above	No	No
23155072501	LABELALOL HCL 300 MG TABLET	7	90.000	11.06	0.21182	26%-50% Below	No	No
23155077301	ENALAPRIL MALEATE 20 MG TAB	5	30.000	4.90	0.13481	10%-25% Above	No	No
23155077301	ENALAPRIL MALEATE 20 MG TAB	6	30.000	4.90	0.11533	26%-50% Above	No	No
23155077301	ENALAPRIL MALEATE 20 MG TAB	7	30.000	4.90	0.12334	26%-50% Above	No	No
23155077301	ENALAPRIL MALEATE 20 MG TAB	8	30.000	4.90	0.13348	10%-25% Above	No	No
23155080901	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.000	1.57	0.13137	101%-200% Above	No	No

## NADAC Summary Report

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24208029005	TOBRAMYCIN 0.3% EYE DROP	6	5.000	9.99	1.46427	26%-50% Above	No	No
24208029005	TOBRAMYCIN 0.3% EYE DROP	7	5.000	10.90	1.75258	10%-25% Above	No	No
24208029005	TOBRAMYCIN 0.3% EYE DROP	8	5.000	9.90	1.25	51%-75% Above	No	No
24208029505	TOBRAMYCIN-DEXAMETH OPHTH SUSP	5	5.000	17.94	4.88849	26%-50% Below	No	No
24208029505	TOBRAMYCIN-DEXAMETH OPHTH SUSP	5	5.000	19.90	4.88849	10%-25% Below	No	No
24208031510	POLYMYXIN B-TMP EYE DROPS	5	10.000	2.69	0.50901	26%-50% Below	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	6	10.000	2.62	0.54168	51%-75% Below	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	6	10.000	9.90	0.54168	76%-100% Above	Yes	No
24208039915	IPRATROPIUM 0.06% SPRAY	5	15.000	11.61	1.61367	51%-75% Below	No	No
24208039915	IPRATROPIUM 0.06% SPRAY	5	15.000	12.17	1.61367	26%-50% Below	Yes	No
24208039915	IPRATROPIUM 0.06% SPRAY	5	30.000	0.00	1.61367	76%-100% Below	No	No
24208039915	IPRATROPIUM 0.06% SPRAY	7	15.000	0.00	1.53078	76%-100% Below	No	No
24208039915	IPRATROPIUM 0.06% SPRAY	7	15.000	12.17	1.53078	26%-50% Below	Yes	No
24208039915	IPRATROPIUM 0.06% SPRAY	8	15.000	12.86	1.36833	26%-50% Below	No	No
24208041005	OFLOXACIN 0.3% EAR DROPS	5	5.000	14.89	1.9252	51%-75% Above	No	No
24208041005	OFLOXACIN 0.3% EAR DROPS	6	5.000	14.89	1.63016	76%-100% Above	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	5	2.500	8.29	1.88042	76%-100% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	6	2.500	8.11	1.77534	76%-100% Above	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	6	7.500	23.05	1.77534	51%-75% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	7	2.500	8.75	1.83793	76%-100% Above	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	8	2.500	8.02	1.82997	51%-75% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	8	7.500	23.05	1.82997	51%-75% Above	Yes	No
24208058060	GENTAMICIN 0.3% EYE DROP	5	5.000	12.76	1.49785	51%-75% Above	No	No
24208058060	GENTAMICIN 0.3% EYE DROP	7	5.000	11.36	1.22182	76%-100% Above	No	No
24208063005	BEPOTASTINE 1.5% EYE DROP	6	10.000	117.33	18.96056	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
24208063110	NEOMYCIN-POLYMYXIN-HC EAR SOLN	7	10.000	27.82	4.60974	26%-50% Below	Yes	No
24208063110	NEOMYCIN-POLYMYXIN-HC EAR SOLN	8	10.000	27.82	4.28995	26%-50% Below	Yes	No
24208063562	NEOMYCIN-POLYMYXIN-HC EAR SUSP	6	10.000	31.44	5.70013	26%-50% Below	No	No
24208063562	NEOMYCIN-POLYMYXIN-HC EAR SUSP	6	10.000	31.44	5.70013	26%-50% Below	Yes	No
24208063562	NEOMYCIN-POLYMYXIN-HC EAR SUSP	8	10.000	31.44	5.22628	26%-50% Below	No	No
24208067004	SULFACETAMIDE 10% EYE DROPS	6	15.000	22.30	2.47797	26%-50% Below	No	No
24208067004	SULFACETAMIDE 10% EYE DROPS	8	15.000	22.22	2.33367	26%-50% Below	No	No
24208071510	PREDNISOLONE SOD 1% EYE DROP	6	10.000	50.13	4.54157	10%-25% Above	Yes	No
24208072002	DEXAMETHASONE 0.1% EYE DROP	5	5.000	22.14	7.54032	26%-50% Below	No	No
24208072002	DEXAMETHASONE 0.1% EYE DROP	8	5.000	14.90	9.12327	51%-75% Below	No	No
24208072002	DEXAMETHASONE 0.1% EYE DROP	8	5.000	21.60	9.12327	51%-75% Below	No	No
24208079535	NEOMYC-POLYM-DEXAMET EYE OINTM	6	3.500	5.00	3.13774	51%-75% Below	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	5	5.000	9.90	2.38697	10%-25% Below	Yes	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	5	5.000	10.63	2.38697	10%-25% Below	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	6	5.000	9.90	2.32366	10%-25% Below	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	6	5.000	9.90	2.32366	10%-25% Below	Yes	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	6	5.000	9.99	2.32366	10%-25% Below	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	6	10.000	9.99	2.32366	51%-75% Below	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	7	5.000	7.26	2.31154	26%-50% Below	Yes	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	7	5.000	9.90	2.31154	10%-25% Below	Yes	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	8	5.000	9.90	2.20347	10%-25% Below	Yes	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	6	3.500	5.21	2.59739	26%-50% Below	Yes	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	7	3.500	6.90	2.57006	10%-25% Below	Yes	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	8	3.500	6.90	2.7417	26%-50% Below	Yes	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	8	3.500	8.53	2.7417	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	5	20.000	1.44	0.12954	26%-50% Below	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	5	20.000	9.90	0.12954	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	6	14.000	9.90	0.13322	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	8	20.000	0.74	0.13608	51%-75% Below	Yes	No
24979000206	DEXLANSOPRAZOLE DR 60 MG CAP	5	30.000	127.67	7.09397	26%-50% Below	No	No
24979000206	DEXLANSOPRAZOLE DR 60 MG CAP	6	30.000	127.67	7.32153	26%-50% Below	No	No
24979000206	DEXLANSOPRAZOLE DR 60 MG CAP	8	30.000	123.72	6.7657	26%-50% Below	No	No
24979002702	DILTIAZEM 24H ER(CD) 180 MG CP	5	90.000	13.50	0.185	10%-25% Below	No	No
24979002702	DILTIAZEM 24H ER(CD) 180 MG CP	8	90.000	13.50	0.2093	26%-50% Below	No	No
24979002802	DILTIAZEM 24H ER(CD) 240 MG CP	5	30.000	11.77	0.23489	51%-75% Above	No	No
24979002802	DILTIAZEM 24H ER(CD) 240 MG CP	6	30.000	11.77	0.23324	51%-75% Above	No	No
24979002802	DILTIAZEM 24H ER(CD) 240 MG CP	6	90.000	29.02	0.23324	26%-50% Above	No	No
24979002802	DILTIAZEM 24H ER(CD) 240 MG CP	7	30.000	11.77	0.2367	51%-75% Above	No	No
24979002802	DILTIAZEM 24H ER(CD) 240 MG CP	8	30.000	11.77	0.22104	76%-100% Above	No	No
24979003703	METOPROLOL SUCC ER 25 MG TAB	6	30.000	6.07	0.07518	101%-200% Above	No	No
24979003802	METOPROLOL SUCC ER 50 MG TAB	8	90.000	13.70	0.07761	76%-100% Above	No	No
24979003903	METOPROLOL SUCC ER 100 MG TAB	5	30.000	8.07	0.13816	76%-100% Above	No	No
24979003903	METOPROLOL SUCC ER 100 MG TAB	6	30.000	8.07	0.12854	101%-200% Above	No	No
24979003903	METOPROLOL SUCC ER 100 MG TAB	7	30.000	8.06	0.14098	76%-100% Above	No	No
24979010207	BUPROPION HCL XL 300 MG TABLET	7	90.000	44.90	0.17804	101%-200% Above	No	No
24979020101	DICYCLOMINE 10 MG CAPSULE	8	120.000	9.90	0.1114	10%-25% Below	No	No
24979023101	POTASSIUM CL ER 10 MEQ TABLET	7	90.000	28.46	0.12674	101%-200% Above	No	No
24979023103	POTASSIUM CL ER 10 MEQ TABLET	7	180.000	12.40	0.12674	26%-50% Below	No	No
24979023103	POTASSIUM CL ER 10 MEQ TABLET	8	60.000	3.74	0.119	26%-50% Below	No	No
27241000150	RISPERIDONE 1 MG TABLET	5	60.000	5.82	0.04292	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
27241000150	RISPERIDONE 1 MG TABLET	6	45.000	4.49	0.04546	101%-200% Above	No	No
27241000150	RISPERIDONE 1 MG TABLET	8	30.000	3.16	0.04976	101%-200% Above	No	No
27241002238	ZOLMITRIPTAN 5 MG TABLET	5	10.000	10.49	1.37783	10%-25% Below	Yes	No
27241005303	ARIPRAZOLE 10 MG TABLET	6	90.000	44.99	0.19323	101%-200% Above	No	No
27241006803	SILDENAFIL 50 MG TABLET	5	10.000	9.99	0.21976	200% Above	No	No
27241009706	DULOXETINE HCL DR 20 MG CAP	6	90.000	44.90	0.10485	200% Above	No	No
27241009706	DULOXETINE HCL DR 20 MG CAP	7	90.000	29.90	0.09961	200% Above	Yes	No
27241009810	DULOXETINE HCL DR 30 MG CAP	8	30.000	1.79	0.09478	26%-50% Below	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	5	30.000	9.90	0.11411	101%-200% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	5	90.000	19.00	0.11411	76%-100% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	5	120.000	19.90	0.11411	26%-50% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	5	180.000	38.00	0.11411	76%-100% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	6	30.000	9.90	0.11181	101%-200% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	6	180.000	29.90	0.11181	26%-50% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	6	180.000	76.00	0.11181	200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	7	30.000	9.90	0.11157	101%-200% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	8	30.000	9.99	0.11101	101%-200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	8	90.000	20.91	0.11101	101%-200% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	8	180.000	41.81	0.11101	101%-200% Above	Yes	No
27241009990	DULOXETINE HCL DR 60 MG CAP	5	30.000	1.95	0.11411	26%-50% Below	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	5	30.000	6.90	0.11411	101%-200% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	5	30.000	9.90	0.11411	101%-200% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	6	30.000	1.99	0.11181	26%-50% Below	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	7	30.000	2.02	0.11157	26%-50% Below	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	7	90.000	12.40	0.11157	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
27241010806	CLONIDINE HCL ER 0.1 MG TABLET	8	14.000	13.50	0.31247	200% Above	No	No
27241011603	FENOFIBRATE 54 MG TABLET	5	21.000	1.38	0.11156	26%-50% Below	No	No
27241011603	FENOFIBRATE 54 MG TABLET	6	30.000	1.97	0.10477	26%-50% Below	No	No
27241011603	FENOFIBRATE 54 MG TABLET	7	30.000	1.89	0.09604	26%-50% Below	No	No
27241011603	FENOFIBRATE 54 MG TABLET	7	30.000	1.97	0.09604	26%-50% Below	No	No
27241011603	FENOFIBRATE 54 MG TABLET	8	60.000	3.46	0.09756	26%-50% Below	No	No
27241011703	FENOFIBRATE 160 MG TABLET	5	30.000	6.90	0.12062	76%-100% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	5	30.000	14.90	0.12062	200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	6	30.000	14.90	0.13306	200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	6	90.000	44.99	0.13306	200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	8	30.000	14.90	0.15939	200% Above	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	5	60.000	5.61	0.21522	51%-75% Below	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	5	60.000	7.67	0.21522	26%-50% Below	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	6	60.000	7.75	0.21352	26%-50% Below	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	7	60.000	7.75	0.21455	26%-50% Below	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	8	60.000	7.73	0.22881	26%-50% Below	No	No
27241012602	RANOLAZINE ER 1,000 MG TABLET	5	60.000	8.71	0.32539	51%-75% Below	No	No
27241012602	RANOLAZINE ER 1,000 MG TABLET	6	60.000	8.71	0.31949	51%-75% Below	No	No
27241013451	CHOLESTYRAMINE POWDER	5	378.000	33.64	0.12437	26%-50% Below	Yes	No
27241013451	CHOLESTYRAMINE POWDER	5	756.000	120.43	0.12437	26%-50% Above	Yes	No
27241013451	CHOLESTYRAMINE POWDER	8	756.000	120.43	0.11222	26%-50% Above	Yes	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	5	60.000	95.14	0.33894	200% Above	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	5	120.000	190.27	0.33894	200% Above	No	No
27241015504	OXYBUTYNIN CL ER 5 MG TABLET	8	90.000	14.99	0.1157	26%-50% Above	No	No
27241016901	DOXEPIN 50 MG CAPSULE	5	30.000	14.90	0.29946	51%-75% Above	No	No

## NADAC Summary Report

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27241019230	TOLTERODINE TART ER 4 MG CAP	5	30.000	10.95	0.48938	10%-25% Below	No	No
27241019230	TOLTERODINE TART ER 4 MG CAP	6	30.000	7.02	0.49299	51%-75% Below	No	No
27241019230	TOLTERODINE TART ER 4 MG CAP	7	30.000	8.81	0.47178	26%-50% Below	No	No
27241019230	TOLTERODINE TART ER 4 MG CAP	8	30.000	14.90	0.58193	10%-25% Below	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	21.000	4.55	0.13074	51%-75% Above	No	No
27808003701	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	30.000	2.95	0.13817	26%-50% Below	No	No
27808003703	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	90.000	5.40	0.12777	51%-75% Below	No	No
27808003703	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	90.000	5.40	0.12579	51%-75% Below	No	No
27808003703	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	90.000	8.66	0.13253	26%-50% Below	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	5	80.000	4.36	0.04347	10%-25% Above	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	7	120.000	6.16	0.04426	10%-25% Above	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	8	200.000	9.90	0.04257	10%-25% Above	No	No
27808008601	HYDROCODONE-CHLORPHEN ER SUSP	7	70.000	16.90	0.45639	26%-50% Below	No	No
27808008602	HYDROCODONE-CHLORPHEN ER SUSP	5	180.000	34.76	0.40049	51%-75% Below	Yes	No
27808015503	ROSUVASTATIN CALCIUM 5 MG TAB	5	30.000	0.83	0.04408	26%-50% Below	No	No
27808015503	ROSUVASTATIN CALCIUM 5 MG TAB	6	30.000	0.57	0.04421	51%-75% Below	No	No
27808015503	ROSUVASTATIN CALCIUM 5 MG TAB	7	30.000	0.79	0.04908	26%-50% Below	No	No
27808015503	ROSUVASTATIN CALCIUM 5 MG TAB	8	30.000	0.88	0.05143	26%-50% Below	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.000	0.96	0.05219	26%-50% Below	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.000	0.87	0.05349	26%-50% Below	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	7	30.000	0.96	0.05262	26%-50% Below	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.000	0.96	0.05293	26%-50% Below	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.000	0.01	0.05293	76%-100% Below	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.000	0.87	0.05219	26%-50% Below	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.000	0.96	0.05219	26%-50% Below	No	No

## NADAC Summary Report

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27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.000	2.61	0.05219	26%-50% Below	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.000	0.87	0.05349	26%-50% Below	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.000	0.96	0.05349	26%-50% Below	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	7	30.000	0.96	0.05262	26%-50% Below	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.000	0.96	0.05293	26%-50% Below	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.000	4.90	0.07032	101%-200% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.000	6.90	0.07032	200% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	6	26.000	6.90	0.07178	200% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.000	4.90	0.07178	101%-200% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.000	9.90	0.07178	200% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	7	3.000	7.27	0.07284	200% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.000	4.90	0.07284	101%-200% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.000	1.21	0.06911	26%-50% Below	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.000	4.90	0.06911	101%-200% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.000	6.90	0.06911	200% Above	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.000	1.21	0.07032	26%-50% Below	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.000	4.90	0.07032	101%-200% Above	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.000	6.90	0.07032	200% Above	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.000	1.21	0.07178	26%-50% Below	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.000	6.90	0.07178	200% Above	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.000	1.21	0.07284	26%-50% Below	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.000	6.90	0.07284	200% Above	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.000	1.21	0.06911	26%-50% Below	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	6	30.000	4.90	0.12096	26%-50% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	7	30.000	4.90	0.11378	26%-50% Above	No	No

## NADAC Summary Report

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27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	8	30.000	4.90	0.12182	26%-50% Above	No	No
27808023301	DOXYCYCLINE HYCLATE 100 MG CAP	8	20.000	5.00	0.14361	51%-75% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	5	20.000	9.99	0.13947	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	5	30.000	9.99	0.13947	101%-200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	5	60.000	9.99	0.13947	10%-25% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	6	60.000	9.99	0.13725	10%-25% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	7	60.000	9.99	0.14174	10%-25% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	8	20.000	14.90	0.14361	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	8	20.000	14.99	0.14361	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	8	60.000	9.99	0.14361	10%-25% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	5	30.000	9.00	0.03033	200% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	6	30.000	9.00	0.02946	200% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	6	60.000	9.00	0.02946	200% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	7	30.000	9.00	0.03078	200% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	7	60.000	9.00	0.03078	200% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	8	30.000	4.50	0.03046	200% Above	No	No
29300011105	LAMOTRIGINE 25 MG TABLET	7	180.000	11.44	0.03078	101%-200% Above	No	No
29300011201	LAMOTRIGINE 100 MG TABLET	5	120.000	3.65	0.05221	26%-50% Below	No	No
29300011201	LAMOTRIGINE 100 MG TABLET	6	120.000	3.65	0.05497	26%-50% Below	No	No
29300011201	LAMOTRIGINE 100 MG TABLET	7	120.000	3.64	0.05143	26%-50% Below	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	5	30.000	2.41	0.05221	51%-75% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	5	120.000	3.62	0.05221	26%-50% Below	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	6	30.000	2.41	0.05497	26%-50% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	7	90.000	6.45	0.05143	26%-50% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	8	30.000	2.41	0.05094	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
29300011210	LAMOTRIGINE 100 MG TABLET	8	30.000	0.91	0.05094	26%-50% Below	No	No
29300011316	LAMOTRIGINE 150 MG TABLET	7	90.000	7.49	0.07268	10%-25% Above	No	No
29300011505	TOPIRAMATE 25 MG TABLET	8	180.000	4.72	0.03024	10%-25% Below	No	No
29300012410	MELOXICAM 7.5 MG TABLET	6	30.000	1.29	0.02224	76%-100% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	6	90.000	1.28	0.02224	26%-50% Below	No	No
29300012410	MELOXICAM 7.5 MG TABLET	7	30.000	1.29	0.01948	101%-200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	8	26.000	0.28	0.01921	26%-50% Below	No	No
29300012510	MELOXICAM 15 MG TABLET	5	30.000	0.40	0.02296	26%-50% Below	No	No
29300012510	MELOXICAM 15 MG TABLET	5	30.000	1.18	0.02296	51%-75% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	6	30.000	1.18	0.02386	51%-75% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	6	90.000	2.54	0.02386	10%-25% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	7	30.000	1.18	0.02217	76%-100% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	7	30.000	5.26	0.02217	200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	7	90.000	1.21	0.02217	26%-50% Below	No	No
29300012510	MELOXICAM 15 MG TABLET	8	30.000	1.18	0.02173	76%-100% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	8	30.000	1.22	0.02173	76%-100% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.000	1.07	0.01315	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.000	1.09	0.01315	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.000	2.28	0.01315	76%-100% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	5	180.000	3.94	0.01315	51%-75% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.000	0.00	0.01323	76%-100% Below	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.000	1.07	0.01323	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.000	1.09	0.01323	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.000	1.16	0.01323	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.000	2.22	0.01323	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.000	2.28	0.01323	76%-100% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.000	1.07	0.01312	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.000	1.09	0.01312	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.000	1.13	0.01312	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.000	2.28	0.01312	76%-100% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.000	1.07	0.01241	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.000	1.09	0.01241	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.000	1.13	0.01241	200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.000	0.59	0.01241	26%-50% Below	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	90.000	2.28	0.01241	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	8	180.000	3.94	0.01241	76%-100% Above	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	90.000	5.33	0.03186	76%-100% Above	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	90.000	5.16	0.03071	76%-100% Above	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	90.000	5.33	0.03343	76%-100% Above	No	No
29300013010	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	180.000	9.82	0.03186	51%-75% Above	No	No
29300014701	QUETIAPINE FUMARATE 25 MG TAB	6	90.000	9.05	0.03208	200% Above	Yes	No
29300014801	QUETIAPINE FUMARATE 50 MG TAB	8	90.000	2.37	0.04328	26%-50% Below	Yes	No
29300014810	QUETIAPINE FUMARATE 50 MG TAB	6	90.000	11.49	0.03995	200% Above	No	No
29300014810	QUETIAPINE FUMARATE 50 MG TAB	6	120.000	13.50	0.03995	101%-200% Above	No	No
29300014810	QUETIAPINE FUMARATE 50 MG TAB	7	15.000	1.17	0.03957	76%-100% Above	No	No
29300014810	QUETIAPINE FUMARATE 50 MG TAB	7	30.000	4.87	0.03957	200% Above	No	No
29300014810	QUETIAPINE FUMARATE 50 MG TAB	8	30.000	4.87	0.04328	200% Above	No	No
29300014810	QUETIAPINE FUMARATE 50 MG TAB	8	120.000	13.50	0.04328	101%-200% Above	No	No
29300014901	QUETIAPINE FUMARATE 100 MG TAB	6	45.000	6.87	0.05449	101%-200% Above	No	No
29300014901	QUETIAPINE FUMARATE 100 MG TAB	7	45.000	6.87	0.05599	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
29300014901	QUETIAPINE FUMARATE 100 MG TAB	8	45.000	6.87	0.05573	101%-200% Above	No	No
29300015001	QUETIAPINE FUMARATE 200 MG TAB	5	30.000	5.12	0.09939	51%-75% Above	No	No
29300015001	QUETIAPINE FUMARATE 200 MG TAB	5	30.000	5.29	0.09939	76%-100% Above	Yes	No
29300015001	QUETIAPINE FUMARATE 200 MG TAB	7	30.000	5.29	0.10055	51%-75% Above	Yes	No
29300015001	QUETIAPINE FUMARATE 200 MG TAB	8	30.000	5.29	0.11474	51%-75% Above	Yes	No
29300015101	QUETIAPINE FUMARATE 300 MG TAB	5	30.000	9.90	0.13758	101%-200% Above	No	No
29300015101	QUETIAPINE FUMARATE 300 MG TAB	6	30.000	9.90	0.13038	101%-200% Above	No	No
29300015101	QUETIAPINE FUMARATE 300 MG TAB	7	30.000	9.90	0.12902	101%-200% Above	No	No
29300015101	QUETIAPINE FUMARATE 300 MG TAB	8	30.000	9.90	0.14082	101%-200% Above	No	No
29300016910	TIZANIDINE HCL 4 MG TABLET	5	30.000	6.52	0.04711	200% Above	No	No
29300016910	TIZANIDINE HCL 4 MG TABLET	6	30.000	6.52	0.04832	200% Above	No	No
29300018901	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	5	180.000	44.90	0.2859	10%-25% Below	No	No
29300018901	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	6	30.000	2.89	0.26214	51%-75% Below	No	No
29300018901	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	7	30.000	2.89	0.26684	51%-75% Below	No	No
29300018901	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	8	30.000	2.89	0.24598	51%-75% Below	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	5	30.000	0.89	0.06243	51%-75% Below	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	6	30.000	0.89	0.06961	51%-75% Below	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	7	30.000	0.89	0.06569	51%-75% Below	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	7	30.000	4.90	0.06569	101%-200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	8	30.000	0.89	0.06191	51%-75% Below	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	5	30.000	15.83	0.06243	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	5	90.000	47.49	0.06243	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	6	30.000	15.83	0.06961	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	6	90.000	47.49	0.06961	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	7	30.000	15.83	0.06569	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
29300022019	MONTELUKAST SOD 10 MG TABLET	8	30.000	15.83	0.06191	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	8	90.000	47.49	0.06191	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	5	14.000	5.44	0.13275	101%-200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	6	14.000	5.44	0.13984	101%-200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	6	40.000	9.90	0.13984	76%-100% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	5	90.000	0.01	0.02648	76%-100% Below	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	7	90.000	5.58	0.02589	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	8	90.000	0.01	0.02396	76%-100% Below	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	5	90.000	5.67	0.02648	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	6	60.000	3.94	0.02766	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	6	90.000	5.67	0.02766	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	7	60.000	4.15	0.02589	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	7	90.000	5.67	0.02589	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	5	60.000	4.15	0.0375	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	5	90.000	6.17	0.0375	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	5	120.000	6.90	0.0375	51%-75% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	6	60.000	4.15	0.03741	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	6	90.000	6.17	0.03741	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	6	120.000	6.90	0.03741	51%-75% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	6	180.000	11.44	0.03741	51%-75% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	7	30.000	2.50	0.03744	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	7	60.000	4.15	0.03744	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	7	90.000	6.17	0.03744	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	8	60.000	4.15	0.03287	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	8	90.000	6.17	0.03287	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
29300024505	BUSPIRONE HCL 10 MG TABLET	8	180.000	11.44	0.03287	76%-100% Above	No	No
29300024601	BUSPIRONE HCL 15 MG TABLET	5	60.000	5.05	0.05142	51%-75% Above	No	No
29300024601	BUSPIRONE HCL 15 MG TABLET	6	60.000	4.90	0.05122	51%-75% Above	No	No
29300024601	BUSPIRONE HCL 15 MG TABLET	6	180.000	7.40	0.05122	10%-25% Below	No	No
29300024601	BUSPIRONE HCL 15 MG TABLET	7	90.000	7.57	0.05065	51%-75% Above	No	No
29300024605	BUSPIRONE HCL 15 MG TABLET	7	120.000	6.90	0.05065	10%-25% Above	No	No
29300024605	BUSPIRONE HCL 15 MG TABLET	8	60.000	1.66	0.04811	26%-50% Below	No	No
29300024605	BUSPIRONE HCL 15 MG TABLET	8	270.000	21.72	0.04811	51%-75% Above	No	No
29300032813	SOLIFENACIN 5 MG TABLET	5	30.000	4.90	0.22977	26%-50% Below	No	No
29300032813	SOLIFENACIN 5 MG TABLET	6	30.000	4.90	0.20735	10%-25% Below	No	No
29300032813	SOLIFENACIN 5 MG TABLET	7	30.000	4.90	0.20996	10%-25% Below	No	No
29300033401	CHLORTHALIDONE 50 MG TABLET	8	90.000	4.90	0.12624	51%-75% Below	No	No
29300034901	ALLOPURINOL 100 MG TABLET	5	30.000	6.90	0.05012	200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	5	30.000	7.88	0.05012	200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	6	30.000	6.90	0.05051	200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	6	30.000	7.88	0.05051	200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	7	30.000	6.90	0.05183	200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	7	30.000	7.88	0.05183	200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	8	30.000	6.90	0.05145	200% Above	Yes	No
29300034905	ALLOPURINOL 100 MG TABLET	6	90.000	7.40	0.05051	51%-75% Above	No	No
29300034905	ALLOPURINOL 100 MG TABLET	6	90.000	22.74	0.05051	200% Above	No	No
29300034905	ALLOPURINOL 100 MG TABLET	8	90.000	12.40	0.05145	101%-200% Above	No	No
29300035005	ALLOPURINOL 300 MG TABLET	5	30.000	6.90	0.08114	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	5	90.000	17.48	0.08114	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	6	30.000	6.90	0.07531	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
29300035005	ALLOPURINOL 300 MG TABLET	6	90.000	17.48	0.07531	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	6	90.000	24.98	0.07531	200% Above	No	No
29300035005	ALLOPURINOL 300 MG TABLET	7	30.000	6.90	0.07962	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	7	90.000	19.22	0.07962	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	7	90.000	21.39	0.07962	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	7	90.000	25.98	0.07962	200% Above	No	No
29300035005	ALLOPURINOL 300 MG TABLET	8	90.000	19.22	0.08027	101%-200% Above	Yes	No
29300035501	TRAMADOL HCL 50 MG TABLET	7	14.000	1.39	0.02838	200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	8	7.000	0.70	0.02674	200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	8	14.000	1.39	0.02674	200% Above	No	No
29300035505	TRAMADOL HCL 50 MG TABLET	5	5.000	1.25	0.02707	200% Above	No	No
29300035505	TRAMADOL HCL 50 MG TABLET	6	14.000	1.39	0.02748	200% Above	No	No
29300035505	TRAMADOL HCL 50 MG TABLET	6	30.000	2.98	0.02748	200% Above	No	No
29300035505	TRAMADOL HCL 50 MG TABLET	6	40.000	1.35	0.02748	10%-25% Above	No	No
29300035505	TRAMADOL HCL 50 MG TABLET	6	120.000	11.92	0.02748	200% Above	No	No
29300035505	TRAMADOL HCL 50 MG TABLET	7	30.000	1.16	0.02838	26%-50% Above	No	No
29300035505	TRAMADOL HCL 50 MG TABLET	8	20.000	0.97	0.02674	76%-100% Above	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	8	16.000	0.26	0.02674	26%-50% Below	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	8	60.000	0.97	0.02674	26%-50% Below	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	1.05	0.01146	200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	7	30.000	0.17	0.00981	26%-50% Below	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	7	90.000	2.09	0.00981	101%-200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	1.05	0.01149	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	1.05	0.01146	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	1.05	0.00973	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	1.15	0.00973	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	2.18	0.00973	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	2.26	0.00973	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	7	30.000	1.05	0.00981	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	7	30.000	1.15	0.00981	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	7	90.000	2.26	0.00981	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	7	180.000	3.90	0.00981	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	1.05	0.01149	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	1.15	0.01149	200% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	1.23	0.01447	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	0.00	0.01749	76%-100% Below	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	1.26	0.01749	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	6	30.000	1.26	0.01645	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	6	90.000	2.79	0.01645	76%-100% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	1.26	0.01389	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	7	90.000	2.79	0.01389	101%-200% Above	No	No
29300041101	ATENOLOL 50 MG TABLET	5	90.000	7.16	0.02643	200% Above	No	No
29300041319	CYCLOBENZAPRINE 5 MG TABLET	6	12.000	0.21	0.02323	10%-25% Below	No	No
29300041319	CYCLOBENZAPRINE 5 MG TABLET	8	20.000	1.22	0.02428	101%-200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	5	30.000	1.14	0.02117	76%-100% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	5	270.000	6.41	0.02117	10%-25% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	6	30.000	1.14	0.02453	51%-75% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	7	30.000	1.14	0.02198	51%-75% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	8	15.000	0.83	0.02303	101%-200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	8	30.000	1.14	0.02303	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	8	60.000	7.39	0.04575	101%-200% Above	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	5	60.000	7.39	0.04484	101%-200% Above	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	6	60.000	7.39	0.04214	101%-200% Above	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	7	60.000	7.39	0.04125	101%-200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	5	180.000	29.90	0.06125	101%-200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	7	90.000	20.52	0.06608	200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	8	30.000	7.17	0.06156	200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	8	180.000	29.90	0.06156	101%-200% Above	No	No
29300042301	AMITRIPTYLINE HCL 100 MG TAB	8	14.000	9.90	0.18913	200% Above	No	No
29300042301	AMITRIPTYLINE HCL 100 MG TAB	8	28.000	9.90	0.18913	76%-100% Above	No	No
29300046801	CLONIDINE HCL 0.1 MG TABLET	7	30.000	1.20	0.02793	26%-50% Above	No	No
29300046801	CLONIDINE HCL 0.1 MG TABLET	8	30.000	1.20	0.02618	51%-75% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	5	30.000	1.32	0.0269	51%-75% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	6	30.000	1.32	0.02797	51%-75% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	8	30.000	1.23	0.02618	51%-75% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	8	30.000	1.32	0.02618	51%-75% Above	No	No
31722000290	VENLAFAXINE HCL ER 37.5 MG CAP	5	30.000	15.00	0.1025	200% Above	No	No
31722000290	VENLAFAXINE HCL ER 37.5 MG CAP	6	30.000	15.00	0.096	200% Above	No	No
31722000290	VENLAFAXINE HCL ER 37.5 MG CAP	7	90.000	38.00	0.10789	200% Above	No	No
31722000390	VENLAFAXINE HCL ER 75 MG CAP	5	30.000	18.34	0.10847	200% Above	No	No
31722000390	VENLAFAXINE HCL ER 75 MG CAP	6	30.000	15.00	0.10923	200% Above	No	No
31722000390	VENLAFAXINE HCL ER 75 MG CAP	7	30.000	15.00	0.1104	200% Above	No	No
31722000390	VENLAFAXINE HCL ER 75 MG CAP	7	90.000	38.00	0.1104	200% Above	No	No
31722000390	VENLAFAXINE HCL ER 75 MG CAP	8	30.000	15.00	0.10511	200% Above	No	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	5	60.000	30.00	0.15177	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	6	60.000	30.00	0.15579	200% Above	No	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	7	60.000	30.00	0.15388	200% Above	No	No
31722001701	FAMOTIDINE 20 MG TABLET	6	90.000	3.75	0.03006	26%-50% Above	No	No
31722001701	FAMOTIDINE 20 MG TABLET	6	120.000	4.80	0.03006	26%-50% Above	No	No
31722001710	FAMOTIDINE 20 MG TABLET	5	60.000	2.62	0.03112	26%-50% Above	No	No
31722001710	FAMOTIDINE 20 MG TABLET	5	60.000	2.70	0.03112	26%-50% Above	No	No
31722001710	FAMOTIDINE 20 MG TABLET	8	60.000	2.62	0.03182	26%-50% Above	No	No
31722001801	FAMOTIDINE 40 MG TABLET	8	30.000	3.10	0.0607	51%-75% Above	No	No
31722002301	OXCARBAZEPINE 150 MG TABLET	7	60.000	0.01	0.13798	76%-100% Below	No	No
31722002301	OXCARBAZEPINE 150 MG TABLET	8	60.000	0.01	0.13919	76%-100% Below	No	No
31722002401	OXCARBAZEPINE 300 MG TABLET	8	60.000	6.29	0.19234	26%-50% Below	No	No
31722012805	GEMFIBROZIL 600 MG TABLET	6	180.000	15.48	0.10659	10%-25% Below	Yes	No
31722012805	GEMFIBROZIL 600 MG TABLET	6	180.000	24.00	0.10659	10%-25% Above	No	No
31722012805	GEMFIBROZIL 600 MG TABLET	7	60.000	3.49	0.10455	26%-50% Below	Yes	No
31722012805	GEMFIBROZIL 600 MG TABLET	8	60.000	3.49	0.10362	26%-50% Below	Yes	No
31722013801	BACLOFEN 5 MG TABLET	6	30.000	6.90	0.17674	26%-50% Above	No	No
31722015290	VALSARTAN 80 MG TABLET	6	90.000	44.71	0.1504	200% Above	No	No
31722015390	VALSARTAN 160 MG TABLET	5	30.000	14.90	0.20645	101%-200% Above	No	No
31722015390	VALSARTAN 160 MG TABLET	6	30.000	14.90	0.19328	101%-200% Above	No	No
31722015490	VALSARTAN 320 MG TABLET	5	30.000	20.77	0.24914	101%-200% Above	No	No
31722015490	VALSARTAN 320 MG TABLET	6	90.000	15.24	0.23755	26%-50% Below	No	No
31722015490	VALSARTAN 320 MG TABLET	7	30.000	14.90	0.24995	76%-100% Above	No	No
31722015490	VALSARTAN 320 MG TABLET	8	30.000	14.90	0.24069	101%-200% Above	No	No
31722016601	GABAPENTIN 600 MG TABLET	7	30.000	4.02	0.09613	26%-50% Above	No	No
31722016601	GABAPENTIN 600 MG TABLET	8	30.000	4.02	0.09997	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722023101	DEXMETHYLPHENIDATE ER 15 MG CP	8	30.000	0.00	1.0563	76%-100% Below	No	No
31722052010	HYDRALAZINE 25 MG TABLET	5	21.000	2.36	0.03947	101%-200% Above	No	No
31722052010	HYDRALAZINE 25 MG TABLET	6	90.000	6.90	0.04087	76%-100% Above	No	No
31722052010	HYDRALAZINE 25 MG TABLET	7	90.000	6.90	0.03996	76%-100% Above	No	No
31722052101	HYDRALAZINE 50 MG TABLET	5	180.000	37.44	0.04614	200% Above	Yes	No
31722052101	HYDRALAZINE 50 MG TABLET	8	180.000	37.44	0.04648	200% Above	Yes	No
31722052530	FINASTERIDE 5 MG TABLET	5	90.000	12.97	0.08473	51%-75% Above	No	No
31722052530	FINASTERIDE 5 MG TABLET	8	90.000	12.97	0.07995	76%-100% Above	No	No
31722053101	TORSEMIDE 20 MG TABLET	5	90.000	16.87	0.07915	101%-200% Above	Yes	No
31722053101	TORSEMIDE 20 MG TABLET	8	90.000	18.55	0.07721	101%-200% Above	Yes	No
31722053301	METHOCARBAMOL 500 MG TABLET	7	30.000	2.54	0.04408	76%-100% Above	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	5	90.000	8.73	0.04924	76%-100% Above	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	6	30.000	3.24	0.05085	101%-200% Above	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	6	90.000	8.73	0.05085	76%-100% Above	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	7	30.000	1.01	0.0484	26%-50% Below	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	7	30.000	1.26	0.0484	10%-25% Below	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	7	90.000	8.73	0.0484	76%-100% Above	No	No
31722053712	LEVETIRACETAM 500 MG TABLET	7	60.000	4.90	0.0927	10%-25% Below	No	No
31722054301	INDOMETHACIN 50 MG CAPSULE	6	20.000	3.16	0.09528	51%-75% Above	No	No
31722054301	INDOMETHACIN 50 MG CAPSULE	8	21.000	3.29	0.10432	26%-50% Above	No	No
31722054301	INDOMETHACIN 50 MG CAPSULE	8	30.000	4.63	0.10432	26%-50% Above	Yes	No
31722054301	INDOMETHACIN 50 MG CAPSULE	8	60.000	8.76	0.10432	26%-50% Above	No	No
31722054301	INDOMETHACIN 50 MG CAPSULE	8	60.000	9.24	0.10432	26%-50% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	5	30.000	4.90	0.07325	101%-200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	5	30.000	6.90	0.07325	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722055190	LEVOCETIRIZINE 5 MG TABLET	5	30.000	6.99	0.07325	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	5	30.000	8.95	0.07325	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	5	90.000	25.84	0.07325	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	6	30.000	4.90	0.07453	101%-200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	6	30.000	6.90	0.07453	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	6	30.000	7.00	0.07453	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	6	30.000	8.95	0.07453	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	7	30.000	4.90	0.07645	101%-200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	7	30.000	6.90	0.07645	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	7	30.000	8.95	0.07645	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	7	90.000	9.90	0.07645	26%-50% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	7	90.000	25.34	0.07645	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	8	30.000	4.90	0.07745	101%-200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	8	30.000	6.90	0.07745	101%-200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	8	30.000	8.95	0.07745	200% Above	No	No
31722056501	INDOMETHACIN ER 75 MG CAPSULE	8	30.000	4.90	0.21624	10%-25% Below	No	No
31722057310	ESOMEPRAZOLE MAG DR 40 MG CAP	7	90.000	44.90	0.17056	101%-200% Above	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	5	600.000	9.99	0.03377	26%-50% Below	No	No
31722058910	METOPROLOL SUCC ER 25 MG TAB	5	30.000	6.86	0.07863	101%-200% Above	No	No
31722059105	METOPROLOL SUCC ER 100 MG TAB	8	30.000	1.39	0.11844	51%-75% Below	No	No
31722059690	FENOFIBRATE 145 MG TABLET	6	90.000	24.00	0.15775	51%-75% Above	No	No
31722059690	FENOFIBRATE 145 MG TABLET	7	90.000	24.00	0.1548	51%-75% Above	No	No
31722061205	PREGABALIN 75 MG CAPSULE	7	60.000	9.99	0.07346	101%-200% Above	No	No
31722061205	PREGABALIN 75 MG CAPSULE	8	60.000	9.99	0.07024	101%-200% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	6	10.000	18.95	1.39711	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	7	10.000	18.95	1.37087	26%-50% Above	No	No
31722066430	ESOMEPRAZOLE MAG DR 20 MG CAP	6	30.000	9.90	0.17971	76%-100% Above	Yes	No
31722066510	ESOMEPRAZOLE MAG DR 40 MG CAP	7	30.000	9.90	0.17056	76%-100% Above	No	No
31722066510	ESOMEPRAZOLE MAG DR 40 MG CAP	8	30.000	9.90	0.18184	76%-100% Above	No	No
31722066530	ESOMEPRAZOLE MAG DR 40 MG CAP	5	30.000	6.99	0.17178	26%-50% Above	No	No
31722066530	ESOMEPRAZOLE MAG DR 40 MG CAP	6	30.000	7.00	0.16083	26%-50% Above	No	No
31722066530	ESOMEPRAZOLE MAG DR 40 MG CAP	6	90.000	66.34	0.16083	200% Above	No	No
31722066530	ESOMEPRAZOLE MAG DR 40 MG CAP	7	90.000	12.50	0.17056	10%-25% Below	No	No
31722066530	ESOMEPRAZOLE MAG DR 40 MG CAP	8	30.000	7.00	0.18184	26%-50% Above	No	No
31722066530	ESOMEPRAZOLE MAG DR 40 MG CAP	8	90.000	59.90	0.18184	200% Above	No	No
31722066590	ESOMEPRAZOLE MAG DR 40 MG CAP	5	90.000	143.62	0.17178	200% Above	Yes	No
31722066590	ESOMEPRAZOLE MAG DR 40 MG CAP	7	90.000	157.98	0.17056	200% Above	Yes	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	5	30.000	2.59	0.03806	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	5	90.000	6.55	0.03806	76%-100% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	5	90.000	6.77	0.03806	76%-100% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	6	30.000	0.30	0.03812	51%-75% Below	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	6	30.000	2.59	0.03812	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	6	90.000	4.74	0.03812	26%-50% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	7	15.000	0.15	0.03978	51%-75% Below	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	7	30.000	0.30	0.03978	51%-75% Below	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	7	30.000	2.59	0.03978	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	8	30.000	0.30	0.03622	51%-75% Below	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	8	30.000	2.59	0.03622	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	8	90.000	5.37	0.03622	51%-75% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	8	90.000	6.55	0.03622	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	8	90.000	6.77	0.03622	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	5	30.000	0.30	0.03806	51%-75% Below	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	5	30.000	5.56	0.03806	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	6	30.000	0.30	0.03812	51%-75% Below	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	6	30.000	5.56	0.03812	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	6	90.000	6.27	0.03812	76%-100% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	7	30.000	0.30	0.03978	51%-75% Below	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	7	30.000	2.59	0.03978	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	7	30.000	5.56	0.03978	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	7	90.000	16.67	0.03978	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	8	30.000	0.30	0.03622	51%-75% Below	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	8	90.000	6.27	0.03622	76%-100% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	5	30.000	3.00	0.04335	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	5	30.000	3.09	0.04335	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	5	60.000	5.68	0.04335	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	5	90.000	8.27	0.04335	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	6	30.000	3.00	0.04338	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	6	30.000	3.09	0.04338	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	6	90.000	8.27	0.04338	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	7	30.000	3.09	0.04532	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	7	30.000	3.24	0.04532	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	7	90.000	7.99	0.04532	76%-100% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	8	30.000	0.41	0.04928	51%-75% Below	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	8	30.000	3.09	0.04928	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	8	30.000	3.24	0.04928	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	8	90.000	8.27	0.04928	76%-100% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	5	30.000	6.14	0.04335	200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	5	90.000	7.77	0.04335	76%-100% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	6	30.000	6.14	0.04338	200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	6	90.000	18.41	0.04338	200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	7	30.000	6.14	0.04532	200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	7	90.000	7.77	0.04532	76%-100% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	7	90.000	18.41	0.04532	200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	8	30.000	6.14	0.04928	200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	5	30.000	4.43	0.06744	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	5	30.000	4.58	0.06744	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	5	90.000	9.99	0.06744	51%-75% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	5	90.000	12.30	0.06744	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	6	30.000	4.43	0.0693	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	6	30.000	4.58	0.0693	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	7	30.000	4.58	0.06651	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	7	30.000	4.82	0.06651	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	8	90.000	11.33	0.07073	76%-100% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	8	90.000	12.30	0.07073	76%-100% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	5	30.000	4.58	0.06744	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	5	30.000	9.00	0.06744	200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	5	90.000	24.00	0.06744	200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	6	30.000	4.58	0.0693	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	6	30.000	9.00	0.0693	200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	6	90.000	9.90	0.0693	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	6	90.000	24.00	0.0693	200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	7	30.000	0.92	0.06651	51%-75% Below	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	8	30.000	4.58	0.07073	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	8	30.000	9.00	0.07073	200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	8	90.000	12.50	0.07073	76%-100% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	8	90.000	24.00	0.07073	200% Above	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	5	30.000	4.90	0.27829	26%-50% Below	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	5	30.000	9.90	0.27829	10%-25% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	5	30.000	13.50	0.27829	51%-75% Above	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	6	30.000	6.90	0.27871	10%-25% Below	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	6	30.000	9.90	0.27871	10%-25% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	6	30.000	13.50	0.27871	51%-75% Above	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	6	90.000	13.55	0.27871	26%-50% Below	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	7	6.000	3.72	0.28575	101%-200% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	7	30.000	6.90	0.28575	10%-25% Below	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	7	30.000	9.90	0.28575	10%-25% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	7	30.000	13.50	0.28575	51%-75% Above	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	8	30.000	9.90	0.25185	26%-50% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	8	30.000	13.50	0.25185	76%-100% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	5	10.000	5.76	0.27829	101%-200% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	5	90.000	29.99	0.27829	10%-25% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	6	30.000	9.90	0.27871	10%-25% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	5	4.000	4.33	0.51143	101%-200% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	5	10.000	10.82	0.51143	101%-200% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	5	10.000	10.94	0.51143	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	5	30.000	9.41	0.51143	26%-50% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	5	60.000	64.94	0.51143	101%-200% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	5	90.000	25.94	0.51143	26%-50% Below	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	5	90.000	59.90	0.51143	26%-50% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	6	2.000	2.16	0.50543	101%-200% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	6	30.000	8.48	0.50543	26%-50% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	6	90.000	25.40	0.50543	26%-50% Below	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	7	2.000	2.16	0.5083	101%-200% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	7	2.000	2.66	0.5083	101%-200% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	7	4.000	4.68	0.5083	101%-200% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	7	12.000	12.99	0.5083	101%-200% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	7	21.000	6.90	0.5083	26%-50% Below	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	7	30.000	8.48	0.5083	26%-50% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	7	90.000	25.45	0.5083	26%-50% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	8	2.000	2.16	0.4911	101%-200% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	8	21.000	5.94	0.4911	26%-50% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	8	30.000	8.48	0.4911	26%-50% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	8	90.000	59.90	0.4911	26%-50% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	5	4.000	4.83	0.51143	101%-200% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	5	10.000	9.90	0.51143	76%-100% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	5	21.000	14.90	0.51143	26%-50% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	6	10.000	9.90	0.50543	76%-100% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	7	10.000	9.90	0.5083	76%-100% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	8	21.000	14.90	0.4911	26%-50% Above	No	No
31722071030	SILDENAFIL 50 MG TABLET	5	6.000	9.90	0.21976	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722071030	SILDENAFIL 50 MG TABLET	6	6.000	9.90	0.20562	200% Above	No	No
31722071101	SILDENAFIL 100 MG TABLET	7	6.000	28.21	0.22076	200% Above	No	No
31722071101	SILDENAFIL 100 MG TABLET	8	6.000	28.21	0.24547	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.000	10.42	0.05468	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	10.42	0.05449	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.000	10.42	0.06185	76%-100% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	3.40	0.05468	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	16.70	0.05468	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.000	7.43	0.05468	26%-50% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.000	10.19	0.05468	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	16.70	0.05449	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	7.43	0.05449	51%-75% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	10.19	0.05449	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	50.11	0.05449	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	16.70	0.0553	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	7	60.000	6.79	0.0553	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.000	8.16	0.0553	51%-75% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.000	50.11	0.0553	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	16.70	0.06185	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.000	8.16	0.06185	26%-50% Above	Yes	No
31722071730	ATOMOXETINE HCL 40 MG CAPSULE	5	30.000	9.90	0.82479	51%-75% Below	No	No
31722071730	ATOMOXETINE HCL 40 MG CAPSULE	6	30.000	9.90	0.69802	51%-75% Below	No	No
31722071730	ATOMOXETINE HCL 40 MG CAPSULE	7	30.000	9.90	0.74263	51%-75% Below	No	No
31722071730	ATOMOXETINE HCL 40 MG CAPSULE	8	30.000	9.90	0.76985	51%-75% Below	No	No
31722071930	ATOMOXETINE HCL 80 MG CAPSULE	5	30.000	20.39	1.1271	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722071930	ATOMOXETINE HCL 80 MG CAPSULE	6	30.000	20.39	0.83697	10%-25% Below	No	No
31722071930	ATOMOXETINE HCL 80 MG CAPSULE	7	30.000	19.10	0.98006	26%-50% Below	No	No
31722071930	ATOMOXETINE HCL 80 MG CAPSULE	8	30.000	17.14	0.81743	26%-50% Below	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	7	10.000	1.44	0.17731	10%-25% Below	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	8	10.000	0.94	0.17445	26%-50% Below	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	5	10.000	2.70	0.06243	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	5	30.000	4.90	0.06243	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	5	30.000	5.69	0.06243	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	5	30.000	6.86	0.06243	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	5	30.000	7.09	0.06243	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	5	90.000	20.27	0.06243	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	6	30.000	0.89	0.06961	51%-75% Below	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	6	30.000	4.90	0.06961	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	6	30.000	5.69	0.06961	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	6	30.000	6.86	0.06961	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	6	30.000	7.09	0.06961	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	6	90.000	12.40	0.06961	76%-100% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	7	30.000	4.90	0.06569	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	7	30.000	5.00	0.06569	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	7	30.000	6.86	0.06569	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	7	30.000	7.00	0.06569	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	7	30.000	7.09	0.06569	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	7	90.000	12.40	0.06569	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	7	90.000	13.50	0.06569	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	8	10.000	2.80	0.06191	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722072610	MONTELUKAST SOD 10 MG TABLET	8	30.000	4.90	0.06191	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	8	30.000	5.00	0.06191	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	8	30.000	7.00	0.06191	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	8	30.000	7.09	0.06191	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	8	90.000	19.67	0.06191	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	8	90.000	20.27	0.06191	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	5	30.000	0.00	0.06243	76%-100% Below	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	5	30.000	6.99	0.06243	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	6	30.000	6.99	0.06961	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	7	30.000	6.99	0.06569	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	8	30.000	6.99	0.06191	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	8	90.000	6.99	0.06191	10%-25% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	8	90.000	19.67	0.06191	200% Above	No	No
31722072790	MONTELUKAST SOD 4 MG TAB CHEW	8	30.000	11.11	0.07909	200% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	5	30.000	4.90	0.07869	101%-200% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	5	30.000	6.90	0.07869	101%-200% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	6	30.000	4.90	0.07987	101%-200% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	7	30.000	4.90	0.07483	101%-200% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	7	30.000	6.90	0.07483	200% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	8	30.000	4.90	0.078	101%-200% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	8	30.000	6.90	0.078	101%-200% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	8	30.000	8.99	0.078	200% Above	No	No
31722073190	IRBESARTAN 300 MG TABLET	5	90.000	44.90	0.23794	101%-200% Above	No	No
31722073190	IRBESARTAN 300 MG TABLET	8	90.000	44.90	0.2448	101%-200% Above	No	No
31722077801	ACYCLOVIR 800 MG TABLET	7	35.000	8.52	0.19283	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
31722088290	ROSUVASTATIN CALCIUM 5 MG TAB	6	90.000	0.01	0.04421	76%-100% Below	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.000	29.99	0.05219	200% Above	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.000	0.01	0.05349	76%-100% Below	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.000	0.01	0.05293	76%-100% Below	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.000	29.99	0.05293	200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.000	6.99	0.07032	200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.000	9.99	0.07032	200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.000	6.99	0.07178	200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.000	6.99	0.07284	200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.000	9.99	0.07284	200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.000	9.99	0.06911	200% Above	No	No
31722093502	ALBENDAZOLE 200 MG TABLET	5	2.000	9.90	8.59906	26%-50% Below	No	No
31722095401	METHYLPHENIDATE ER 36 MG TAB	5	30.000	19.90	1.09968	26%-50% Below	No	No
31722095501	METHYLPHENIDATE ER 54 MG TAB	7	30.000	15.65	0.95057	26%-50% Below	No	No
31722095501	METHYLPHENIDATE ER 54 MG TAB	8	30.000	15.65	0.87785	26%-50% Below	No	No
31722095801	BENZONATATE 200 MG CAPSULE	5	20.000	7.00	0.11176	200% Above	No	No
31722095801	BENZONATATE 200 MG CAPSULE	5	30.000	4.99	0.11176	26%-50% Above	No	No
31722099910	BACLOFEN 20 MG TABLET	6	28.000	6.20	0.0916	101%-200% Above	No	No
33342002332	LEVOFLOXACIN 750 MG TABLET	8	14.000	5.87	0.29717	26%-50% Above	Yes	No
33342002607	FAMCICLOVIR 500 MG TABLET	7	3.000	4.78	0.84284	76%-100% Above	No	No
33342004710	IRBESARTAN 75 MG TABLET	5	30.000	6.90	0.16129	26%-50% Above	Yes	No
33342004710	IRBESARTAN 75 MG TABLET	6	30.000	6.90	0.1368	51%-75% Above	Yes	No
33342004710	IRBESARTAN 75 MG TABLET	7	30.000	6.90	0.14427	51%-75% Above	Yes	No
33342004710	IRBESARTAN 75 MG TABLET	8	30.000	6.90	0.1556	26%-50% Above	Yes	No
33342004810	IRBESARTAN 150 MG TABLET	6	90.000	29.90	0.14213	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
33342006207	VALSARTAN 40 MG TABLET	8	60.000	4.92	0.12813	26%-50% Below	No	No
33342007410	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	6	90.000	51.53	0.20671	101%-200% Above	No	No
33342007410	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	7	30.000	14.90	0.19204	101%-200% Above	No	No
33342008841	RIZATRIPTAN 10 MG TABLET	5	15.000	6.90	0.41029	10%-25% Above	No	No
33342009441	RIZATRIPTAN 10 MG ODT	6	10.000	14.90	0.63623	101%-200% Above	No	No
33342009441	RIZATRIPTAN 10 MG ODT	6	30.000	13.80	0.63623	26%-50% Below	No	No
33342010215	MONTELUKAST SOD 10 MG TABLET	8	30.000	6.86	0.06191	200% Above	No	No
33342011107	MONTELUKAST SOD 5 MG TAB CHEW	6	30.000	8.99	0.07987	200% Above	No	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	5	30.000	2.27	0.13643	26%-50% Below	No	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	6	30.000	2.32	0.12821	26%-50% Below	No	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	6	30.000	13.50	0.12821	200% Above	No	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	6	90.000	154.53	0.12821	200% Above	No	No
33342020010	LEVOCETIRIZINE 5 MG TABLET	6	90.000	9.90	0.07453	26%-50% Above	No	No
33342025866	OSELTAMIVIR PHOS 75 MG CAPSULE	6	10.000	19.90	1.39711	26%-50% Above	No	No
33342029907	ESZOPICLONE 1 MG TABLET	5	30.000	14.90	0.178	101%-200% Above	No	No
33342029907	ESZOPICLONE 1 MG TABLET	6	30.000	14.90	0.17044	101%-200% Above	No	No
33342029907	ESZOPICLONE 1 MG TABLET	8	30.000	14.90	0.17798	101%-200% Above	No	No
33342030011	ESZOPICLONE 2 MG TABLET	6	30.000	5.00	0.11552	26%-50% Above	No	No
33342030011	ESZOPICLONE 2 MG TABLET	7	30.000	19.90	0.10772	200% Above	Yes	No
33342030111	ESZOPICLONE 3 MG TABLET	5	30.000	14.90	0.12353	200% Above	No	No
33342032186	CLOBETASOL 0.05% SOLUTION	6	50.000	8.65	0.27711	26%-50% Below	No	No
33342032186	CLOBETASOL 0.05% SOLUTION	7	50.000	8.23	0.29168	26%-50% Below	No	No
33342032780	TRIAMCINOLONE 0.025% CREAM	6	80.000	8.66	0.06842	51%-75% Above	No	No
33342032815	TRIAMCINOLONE 0.5% CREAM	6	75.000	27.42	0.22218	51%-75% Above	Yes	No
33342032915	TRIAMCINOLONE 0.1% CREAM	7	15.000	4.32	0.14968	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
33342032980	TRIAMCINOLONE 0.1% CREAM	6	80.000	2.34	0.05671	26%-50% Below	Yes	No
33342032980	TRIAMCINOLONE 0.1% CREAM	8	80.000	2.34	0.0589	26%-50% Below	Yes	No
33342033215	TRIAMCINOLONE 0.5% OINTMENT	6	15.000	5.65	0.31763	10%-25% Above	No	No
33342048315	NYSTATIN-TRIAMCINOLONE OINTMENT	5	15.000	14.90	0.30055	200% Above	No	No
33342048315	NYSTATIN-TRIAMCINOLONE OINTMENT	5	15.000	19.90	0.30055	200% Above	No	No
35573045002	KETOROLAC 10 MG TABLET	5	10.000	9.30	0.58445	51%-75% Above	No	No
42192013612	SOD SULFACET-SULFUR 10-5% CLSR	8	340.200	20.31	0.09402	26%-50% Below	Yes	No
42192032801	NP THYROID 120 MG TABLET	7	90.000	143.69	1.22639	26%-50% Above	Yes	No
42192032901	NP THYROID 30 MG TABLET	5	30.000	26.96	0.62643	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	5	90.000	70.55	0.62643	10%-25% Above	No	No
42192032901	NP THYROID 30 MG TABLET	6	30.000	26.96	0.64016	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	7	30.000	26.96	0.61056	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	8	30.000	26.96	0.626	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	8	90.000	65.85	0.626	10%-25% Above	No	No
42192032901	NP THYROID 30 MG TABLET	8	90.000	70.55	0.626	10%-25% Above	Yes	No
42192033001	NP THYROID 60 MG TABLET	5	30.000	25.09	0.68885	10%-25% Above	Yes	No
42192033001	NP THYROID 60 MG TABLET	5	30.000	28.72	0.68885	26%-50% Above	No	No
42192033001	NP THYROID 60 MG TABLET	5	30.000	29.95	0.68885	26%-50% Above	No	No
42192033001	NP THYROID 60 MG TABLET	6	30.000	28.72	0.71131	26%-50% Above	No	No
42192033001	NP THYROID 60 MG TABLET	6	30.000	29.95	0.71131	26%-50% Above	No	No
42192033001	NP THYROID 60 MG TABLET	7	30.000	29.95	0.68738	26%-50% Above	No	No
42192033001	NP THYROID 60 MG TABLET	7	90.000	53.30	0.68738	10%-25% Below	No	No
42192033001	NP THYROID 60 MG TABLET	7	90.000	84.97	0.68738	26%-50% Above	No	No
42192033001	NP THYROID 60 MG TABLET	8	30.000	29.95	0.69401	26%-50% Above	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	7	60.000	9.99	0.13811	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
42192034001	HYOSCYAMINE SULF 0.125 MG TAB	8	30.000	9.90	0.13207	101%-200% Above	No	No
42192050105	DOXYCYCLINE HYCLATE 100 MG TAB	8	10.000	5.00	0.13608	200% Above	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	240.000	13.50	0.07872	26%-50% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	6	180.000	9.90	0.06908	10%-25% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	8	120.000	6.90	0.0779	26%-50% Below	Yes	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	8	200.000	9.90	0.0779	26%-50% Below	Yes	No
42192060816	GABAPENTIN 250 MG/5 ML SOLN	5	720.000	9.99	0.1263	76%-100% Below	No	No
42192080201	PHENAZOPYRIDINE 200 MG TAB	7	6.000	9.90	0.26222	200% Above	No	No
42385094711	METFORMIN HCL 500 MG TABLET	6	60.000	1.45	0.01557	51%-75% Above	No	No
42385094905	METFORMIN HCL 1,000 MG TABLET	5	180.000	5.04	0.02527	10%-25% Above	Yes	No
42385094911	METFORMIN HCL 1,000 MG TABLET	7	60.000	2.34	0.02653	26%-50% Above	No	No
42385094911	METFORMIN HCL 1,000 MG TABLET	8	60.000	2.34	0.02643	26%-50% Above	No	No
42543014101	HYDROCORTISONE 10 MG TABLET	8	180.000	26.23	0.2507	26%-50% Below	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	5	30.000	1.19	0.07325	26%-50% Below	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	5	30.000	6.90	0.07325	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	5	30.000	6.90	0.07325	200% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	5	30.000	8.65	0.07325	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	5	30.000	8.95	0.07325	200% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	5	90.000	12.53	0.07325	76%-100% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	6	30.000	0.61	0.07453	51%-75% Below	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	6	30.000	4.90	0.07453	101%-200% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	6	30.000	6.90	0.07453	200% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	6	30.000	8.65	0.07453	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	6	90.000	12.40	0.07453	76%-100% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	7	10.000	3.32	0.07645	200% Above	Yes	No

## NADAC Summary Report

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42571012290	LEVOCETIRIZINE 5 MG TABLET	7	15.000	4.72	0.07645	200% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	7	30.000	0.61	0.07645	51%-75% Below	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	7	30.000	6.90	0.07645	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	7	30.000	8.65	0.07645	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	7	30.000	8.65	0.07645	200% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	7	30.000	9.45	0.07645	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	7	90.000	12.53	0.07645	76%-100% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	7	90.000	13.78	0.07645	76%-100% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	8	30.000	6.90	0.07745	101%-200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	8	30.000	6.90	0.07745	101%-200% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	8	30.000	8.95	0.07745	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	8	30.000	9.45	0.07745	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	8	45.000	12.40	0.07745	200% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	8	90.000	12.40	0.07745	76%-100% Above	No	No
42571013021	TRAVOPROST 0.004% EYE DROP	6	10.000	88.94	18.4516	51%-75% Below	No	No
42571013725	KETOROLAC 0.5% OPHTH SOLUTION	7	5.000	8.96	1.38787	26%-50% Above	Yes	No
42571014126	DORZOLAMIDE HCL 2% EYE DROPS	6	10.000	15.33	1.28838	10%-25% Above	No	No
42571014301	CELECOXIB 100 MG CAPSULE	5	60.000	6.99	0.09223	26%-50% Above	No	No
42571014301	CELECOXIB 100 MG CAPSULE	7	30.000	0.70	0.09291	51%-75% Below	No	No
42571014401	CELECOXIB 200 MG CAPSULE	5	30.000	6.90	0.11043	101%-200% Above	No	No
42571014401	CELECOXIB 200 MG CAPSULE	5	30.000	6.99	0.11043	101%-200% Above	No	No
42571014401	CELECOXIB 200 MG CAPSULE	5	60.000	4.99	0.11043	10%-25% Below	No	No
42571014401	CELECOXIB 200 MG CAPSULE	6	30.000	6.90	0.10361	101%-200% Above	No	No
42571014401	CELECOXIB 200 MG CAPSULE	6	30.000	7.00	0.10361	101%-200% Above	No	No
42571014401	CELECOXIB 200 MG CAPSULE	7	30.000	6.90	0.10699	101%-200% Above	No	No

## NADAC Summary Report

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42571014401	CELECOXIB 200 MG CAPSULE	8	30.000	6.90	0.12272	76%-100% Above	No	No
42571014726	DORZOLAMIDE-TIMOLOL EYE DROPS	5	10.000	3.15	1.10807	51%-75% Below	No	No
42571014726	DORZOLAMIDE-TIMOLOL EYE DROPS	6	10.000	15.30	1.07877	26%-50% Above	No	No
42571014726	DORZOLAMIDE-TIMOLOL EYE DROPS	8	10.000	3.15	1.14163	51%-75% Below	No	No
42571014726	DORZOLAMIDE-TIMOLOL EYE DROPS	8	10.000	14.90	1.14163	26%-50% Above	No	No
42571016101	AMOX-CLAV 500-125 MG TABLET	5	15.000	8.42	0.32673	51%-75% Above	No	No
42571016101	AMOX-CLAV 500-125 MG TABLET	6	21.000	11.59	0.32498	51%-75% Above	No	No
42571016101	AMOX-CLAV 500-125 MG TABLET	6	30.000	14.90	0.32498	51%-75% Above	No	No
42571016101	AMOX-CLAV 500-125 MG TABLET	8	14.000	7.90	0.29901	76%-100% Above	No	No
42571016142	AMOX-CLAV 500-125 MG TABLET	6	14.000	8.17	0.32498	76%-100% Above	No	No
42571016142	AMOX-CLAV 500-125 MG TABLET	7	20.000	9.90	0.31501	51%-75% Above	No	No
42571016142	AMOX-CLAV 500-125 MG TABLET	8	14.000	8.62	0.29901	101%-200% Above	No	No
42571016142	AMOX-CLAV 500-125 MG TABLET	8	20.000	9.99	0.29901	51%-75% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	6	20.000	9.40	0.35915	26%-50% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	6	20.000	9.72	0.35915	26%-50% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	6	42.000	9.90	0.35915	26%-50% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	8	14.000	6.90	0.30859	51%-75% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	8	14.000	7.34	0.30859	51%-75% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	8	20.000	9.72	0.30859	51%-75% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	5	10.000	4.95	0.33593	26%-50% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	5	16.000	7.62	0.33593	26%-50% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	6	20.000	9.49	0.35915	26%-50% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	6	20.000	9.72	0.35915	26%-50% Above	No	No
42571022830	TELMISARTAN 80 MG TABLET	5	90.000	44.90	0.26849	76%-100% Above	Yes	No
42571022830	TELMISARTAN 80 MG TABLET	8	90.000	44.90	0.2497	76%-100% 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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
42571023590	AMLODIPINE-OLMESARTAN 5-20 MG	8	30.000	14.90	0.41487	10%-25% Above	No	No
42571025001	CLINDAMYCIN HCL 75 MG CAPSULE	7	30.000	5.93	0.32922	26%-50% Below	Yes	No
42571025101	CLINDAMYCIN HCL 150 MG CAPSULE	8	15.000	1.86	0.11209	10%-25% Above	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	5	30.000	10.15	0.26042	26%-50% Above	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	6	20.000	6.71	0.26449	26%-50% Above	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	6	30.000	10.15	0.26449	26%-50% Above	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	7	8.000	0.00	0.2529	76%-100% Below	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	7	30.000	10.15	0.2529	26%-50% Above	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	8	21.000	7.26	0.25148	26%-50% Above	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	8	30.000	10.81	0.25148	26%-50% Above	No	No
42571025830	MEFENAMIC ACID 250 MG CAPSULE	8	30.000	19.94	1.80392	51%-75% Below	No	No
42571033201	METHENAMINE HIPP 1 GM TABLET	8	90.000	88.99	0.46103	101%-200% Above	Yes	No
42571036299	CLOBETASOL 0.05% SOLUTION	5	50.000	19.90	0.32528	10%-25% Above	No	No
42571036299	CLOBETASOL 0.05% SOLUTION	6	50.000	19.90	0.27711	26%-50% Above	No	No
42571036299	CLOBETASOL 0.05% SOLUTION	7	50.000	19.90	0.29168	26%-50% Above	No	No
42571038425	ERYTHROMYCIN 2% SOLUTION	5	60.000	11.37	0.38159	26%-50% Below	No	No
42571038425	ERYTHROMYCIN 2% SOLUTION	8	60.000	11.41	0.30752	26%-50% Below	No	No
42794001208	GRISEOFULVIN MICRO 500 MG TAB	7	30.000	178.50	7.59103	10%-25% Below	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	7	270.000	47.12	0.30356	26%-50% Below	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	8	30.000	5.31	0.28215	26%-50% Below	No	No
42799020801	TINIDAZOLE 500 MG TABLET	8	8.000	9.99	2.71371	51%-75% Below	No	No
42799092002	BISOPROLOL-HYDROCHLOROTHIAZIDE 2.5-6.25 MG TAB	7	90.000	13.50	0.30037	26%-50% Below	No	No
42799092102	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	5	30.000	6.90	0.27829	10%-25% Below	No	No
42799092102	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	6	30.000	6.90	0.25721	10%-25% Below	No	No
42799092102	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	7	30.000	6.90	0.26187	10%-25% Below	No	No

## NADAC Summary Report

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42806008701	ESTRADIOL 0.5 MG TABLET	6	30.000	3.29	0.0766	26%-50% Above	No	No
42806008701	ESTRADIOL 0.5 MG TABLET	7	30.000	3.29	0.07249	51%-75% Above	No	No
42806008701	ESTRADIOL 0.5 MG TABLET	8	30.000	1.29	0.07794	26%-50% Below	No	No
42806008801	ESTRADIOL 1 MG TABLET	5	30.000	3.83	0.08391	51%-75% Above	No	No
42806008805	ESTRADIOL 1 MG TABLET	5	21.000	2.83	0.08391	51%-75% Above	No	No
42806008805	ESTRADIOL 1 MG TABLET	5	30.000	3.83	0.08391	51%-75% Above	No	No
42806008805	ESTRADIOL 1 MG TABLET	5	90.000	10.14	0.08391	26%-50% Above	No	No
42806008805	ESTRADIOL 1 MG TABLET	6	30.000	1.39	0.08218	26%-50% Below	No	No
42806008805	ESTRADIOL 1 MG TABLET	7	30.000	1.51	0.08143	26%-50% Below	No	No
42806008901	ESTRADIOL 2 MG TABLET	5	30.000	1.92	0.11012	26%-50% Below	No	No
42806008901	ESTRADIOL 2 MG TABLET	5	30.000	2.05	0.11012	26%-50% Below	No	No
42806008901	ESTRADIOL 2 MG TABLET	6	30.000	1.98	0.10916	26%-50% Below	No	No
42806008901	ESTRADIOL 2 MG TABLET	7	30.000	1.97	0.11494	26%-50% Below	No	No
42806008905	ESTRADIOL 2 MG TABLET	5	30.000	4.79	0.11012	26%-50% Above	No	No
42806008905	ESTRADIOL 2 MG TABLET	5	120.000	9.90	0.11012	10%-25% Below	No	No
42806008905	ESTRADIOL 2 MG TABLET	6	30.000	4.79	0.10916	26%-50% Above	No	No
42806008905	ESTRADIOL 2 MG TABLET	7	30.000	4.79	0.11494	26%-50% Above	No	No
42806008905	ESTRADIOL 2 MG TABLET	8	30.000	4.79	0.12036	26%-50% Above	No	No
42806008905	ESTRADIOL 2 MG TABLET	8	90.000	6.09	0.12036	26%-50% Below	No	No
42806014932	AZITHROMYCIN 200 MG/5 ML SUSP	6	15.000	9.90	0.43329	51%-75% Above	No	No
42806014932	AZITHROMYCIN 200 MG/5 ML SUSP	7	15.000	4.90	0.43019	10%-25% Below	No	No
42806014932	AZITHROMYCIN 200 MG/5 ML SUSP	7	15.000	9.90	0.43019	51%-75% Above	No	No
42806014932	AZITHROMYCIN 200 MG/5 ML SUSP	8	15.000	14.63	0.42034	101%-200% Above	No	No
42806014932	AZITHROMYCIN 200 MG/5 ML SUSP	8	30.000	9.90	0.42034	10%-25% Below	No	No
42806015033	AZITHROMYCIN 200 MG/5 ML SUSP	6	22.500	14.90	0.3088	101%-200% Above	No	No

## NADAC Summary Report

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42806015134	AZITHROMYCIN 200 MG/5 ML SUSP	8	30.000	3.85	0.24781	26%-50% Below	No	No
42806015134	AZITHROMYCIN 200 MG/5 ML SUSP	8	30.000	9.90	0.24781	26%-50% Above	No	No
42806015905	HYDROXYZINE HCL 10 MG TABLET	6	90.000	6.92	0.03395	101%-200% Above	Yes	No
42806015905	HYDROXYZINE HCL 10 MG TABLET	8	90.000	6.92	0.03617	101%-200% Above	Yes	No
42806016005	HYDROXYZINE HCL 25 MG TABLET	5	360.000	29.37	0.05166	51%-75% Above	Yes	No
42806016005	HYDROXYZINE HCL 25 MG TABLET	8	30.000	2.82	0.04831	76%-100% Above	Yes	No
42806016010	HYDROXYZINE HCL 25 MG TABLET	7	90.000	8.15	0.04793	76%-100% Above	No	No
42806016105	HYDROXYZINE HCL 50 MG TABLET	5	90.000	12.40	0.09161	26%-50% Above	Yes	No
42806016105	HYDROXYZINE HCL 50 MG TABLET	6	180.000	62.10	0.0668	200% Above	Yes	No
42806016105	HYDROXYZINE HCL 50 MG TABLET	7	30.000	4.66	0.07095	101%-200% Above	Yes	No
42806016105	HYDROXYZINE HCL 50 MG TABLET	8	30.000	4.66	0.07186	101%-200% Above	Yes	No
42806016105	HYDROXYZINE HCL 50 MG TABLET	8	90.000	12.40	0.07186	76%-100% Above	Yes	No
42806026695	CHOLESTYRAMINE PACKET	6	30.000	15.91	0.97638	26%-50% Below	No	No
42806026695	CHOLESTYRAMINE PACKET	7	30.000	15.91	0.90179	26%-50% Below	No	No
42806026695	CHOLESTYRAMINE PACKET	8	30.000	15.91	0.78685	26%-50% Below	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	5	14.000	14.90	0.12954	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	5	20.000	9.90	0.12954	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	5	20.000	30.71	0.12954	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	5	28.000	43.00	0.12954	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	6	20.000	30.71	0.13322	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	7	14.000	9.99	0.13826	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	8	20.000	30.71	0.13608	200% Above	No	No
42806033901	DEXTROAMP-AMPHETAMINE 5 MG TAB	8	30.000	13.50	0.32594	26%-50% Above	No	No
42806033901	DEXTROAMP-AMPHETAMINE 5 MG TAB	8	60.000	9.90	0.32594	26%-50% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	5	21.000	17.28	0.33166	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	15.000	12.34	0.2537	200% Above	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	30.000	31.48	0.27764	200% Above	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	60.000	9.90	0.27764	26%-50% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	30.000	31.48	0.29089	200% Above	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	60.000	9.90	0.29089	26%-50% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	60.000	62.95	0.29089	200% Above	No	No
42806034301	DEXTROAMP-AMPHETAMIN 15 MG TAB	5	30.000	29.83	0.33661	101%-200% Above	No	No
42806034301	DEXTROAMP-AMPHETAMIN 15 MG TAB	6	30.000	29.83	0.33661	101%-200% Above	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	30.000	35.80	0.31735	200% Above	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	60.000	71.60	0.31735	200% Above	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	30.000	24.69	0.33923	101%-200% Above	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.000	71.60	0.33923	200% Above	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.000	14.90	0.33931	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	30.000	6.90	0.36208	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.000	14.90	0.36208	26%-50% Below	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	8	30.000	13.50	0.35779	10%-25% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	1.07	0.15013	51%-75% Below	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	1.71	0.15013	26%-50% Below	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	4.90	0.15013	51%-75% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	4.99	0.15013	51%-75% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	6.90	0.15013	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	9.90	0.15013	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	14.99	0.15013	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	15.91	0.15013	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	1.07	0.1441	51%-75% Below	No	No

## NADAC Summary Report

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42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	1.89	0.1441	26%-50% Below	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	6.90	0.1441	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	9.90	0.1441	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	13.50	0.1441	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	14.90	0.1441	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	1.07	0.15076	51%-75% Below	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	4.90	0.15076	51%-75% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	6.99	0.15076	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	9.90	0.15076	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	9.99	0.15076	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	14.90	0.15076	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	15.91	0.15076	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	0.00	0.15101	76%-100% Below	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	4.99	0.15101	51%-75% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	9.90	0.15101	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	9.99	0.15101	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	14.90	0.15101	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	15.91	0.15101	200% Above	No	No
42806041001	BUPROPION HCL SR 100 MG TABLET	5	30.000	0.00	0.10481	76%-100% Below	No	No
42806041001	BUPROPION HCL SR 100 MG TABLET	6	30.000	0.00	0.10403	76%-100% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.000	1.57	0.13434	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.000	0.00	0.13137	76%-100% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.000	1.57	0.13137	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.000	0.00	0.1328	76%-100% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.000	1.57	0.1328	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.000	3.68	0.1328	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.000	0.00	0.13492	76%-100% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.000	0.32	0.13492	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.000	1.53	0.13492	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.000	1.57	0.13492	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	5.000	1.83	0.13492	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.000	3.68	0.13492	101%-200% Above	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	8	120.000	9.90	0.16541	26%-50% Below	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	8	120.000	11.26	0.16541	26%-50% Below	No	No
42806060309	VENLAFAXINE HCL ER 150 MG CAP	6	30.000	6.87	0.15579	26%-50% Above	No	No
42806060309	VENLAFAXINE HCL ER 150 MG CAP	8	30.000	6.87	0.14186	51%-75% Above	No	No
42806066401	BUSPIRONE HCL 15 MG TABLET	5	270.000	21.72	0.05142	51%-75% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	5	21.000	7.00	0.08317	200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	7	9.000	1.82	0.08104	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	7	90.000	18.20	0.08104	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	8	15.000	5.00	0.07899	200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	8	20.000	6.66	0.07899	200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	8	30.000	6.07	0.07899	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	5	15.000	3.43	0.08317	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	6	15.000	3.52	0.0816	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	6	40.000	8.39	0.0816	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	7	30.000	6.57	0.08104	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	7	60.000	9.90	0.08104	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	8	21.000	4.60	0.07899	101%-200% Above	Yes	No
42806071501	BENZONATATE 200 MG CAPSULE	5	30.000	6.90	0.11176	101%-200% Above	No	No

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42806071501	BENZONATATE 200 MG CAPSULE	7	30.000	0.00	0.11297	76%-100% Below	No	No
42806071501	BENZONATATE 200 MG CAPSULE	8	30.000	9.90	0.10755	200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	8	30.000	9.97	0.10755	200% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	5	20.000	6.91	0.11176	200% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	5	45.000	13.50	0.11176	101%-200% Above	No	No
42858000101	OXYCODONE HCL (IR) 5 MG TABLET	5	20.000	0.81	0.07471	26%-50% Below	No	No
42858000201	OXYCODONE HCL (IR) 10 MG TAB	7	84.000	0.01	0.12275	76%-100% Below	No	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	20.000	1.86	0.10671	10%-25% Below	No	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	20.000	1.86	0.10612	10%-25% Below	No	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	30.000	1.25	0.10612	51%-75% Below	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	90.000	4.38	0.10612	51%-75% Below	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	12.000	0.50	0.10336	51%-75% Below	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	60.000	2.49	0.10336	51%-75% Below	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	60.000	4.59	0.10336	10%-25% Below	No	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	90.000	4.38	0.10336	51%-75% Below	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	30.000	1.30	0.10964	51%-75% Below	No	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	90.000	4.38	0.10964	51%-75% Below	Yes	No
42858010250	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	30.000	5.49	0.10671	51%-75% Above	No	No
42858010301	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	8	60.000	3.04	0.16461	51%-75% Below	Yes	No
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	7	90.000	5.79	0.20611	51%-75% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	5	84.000	0.01	0.22457	76%-100% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	5	120.000	13.32	0.22457	26%-50% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	5	120.000	13.50	0.22457	26%-50% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	6	75.000	9.90	0.22886	26%-50% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	6	84.000	0.01	0.22886	76%-100% Below	No	No

## NADAC Summary Report

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42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	6	120.000	7.70	0.22886	51%-75% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	7	120.000	7.68	0.20611	51%-75% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	8	20.000	2.31	0.19736	26%-50% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	8	120.000	7.72	0.19736	51%-75% Below	No	No
42858072601	DEXTROAMP-AMPHETAMIN 20 MG TAB	5	30.000	3.99	0.31735	51%-75% Below	No	No
42858093001	DEXTROAMP-AMPHET ER 30 MG CAP	5	30.000	69.49	0.6436	200% Above	No	No
42858093001	DEXTROAMP-AMPHET ER 30 MG CAP	8	30.000	15.56	0.75306	26%-50% Below	No	No
43386006019	GAVILYTE-C SOLUTION	8	4000.000	6.40	0.00356	51%-75% Below	No	No
43386009019	GAVILYTE-G SOLUTION	5	4000.000	10.80	0.00429	26%-50% Below	No	No
43386009019	GAVILYTE-G SOLUTION	6	4000.000	7.20	0.00443	51%-75% Below	Yes	No
43386009019	GAVILYTE-G SOLUTION	6	4000.000	9.90	0.00443	26%-50% Below	Yes	No
43386009019	GAVILYTE-G SOLUTION	7	4000.000	7.20	0.00436	51%-75% Below	Yes	No
43386009019	GAVILYTE-G SOLUTION	7	4000.000	10.40	0.00436	26%-50% Below	No	No
43386009019	GAVILYTE-G SOLUTION	8	4000.000	6.99	0.00432	51%-75% Below	No	No
43386009019	GAVILYTE-G SOLUTION	8	4000.000	7.20	0.00432	51%-75% Below	Yes	No
43386070083	SOD SUL-POTASS SUL-MAG SUL SOL	6	354.000	46.23	0.22515	26%-50% Below	No	No
43386070083	SOD SUL-POTASS SUL-MAG SUL SOL	8	354.000	48.14	0.22349	26%-50% Below	No	No
43547004903	TADALAFIL 5 MG TABLET	6	20.000	19.90	0.14184	200% Above	Yes	No
43547004903	TADALAFIL 5 MG TABLET	7	90.000	203.68	0.15638	200% Above	Yes	No
43547004903	TADALAFIL 5 MG TABLET	8	20.000	19.90	0.14798	200% Above	Yes	No
43547004903	TADALAFIL 5 MG TABLET	8	90.000	203.68	0.14798	200% Above	Yes	No
43547022115	LEVETIRACETAM 250 MG TABLET	5	45.000	8.51	0.06549	101%-200% Above	Yes	No
43547022215	LEVETIRACETAM 500 MG TABLET	5	270.000	40.82	0.09158	51%-75% Above	Yes	No
43547022215	LEVETIRACETAM 500 MG TABLET	6	30.000	4.66	0.09364	51%-75% Above	Yes	No
43547026850	ROPINIROLE HCL 0.25 MG TABLET	7	14.000	2.13	0.04901	200% Above	No	No

## NADAC Summary Report

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43547026910	ROPINIROLE HCL 0.5 MG TABLET	5	90.000	10.98	0.05117	101%-200% Above	Yes	No
43547026910	ROPINIROLE HCL 0.5 MG TABLET	6	90.000	24.00	0.04686	200% Above	No	No
43547026910	ROPINIROLE HCL 0.5 MG TABLET	6	360.000	9.94	0.04686	26%-50% Below	No	No
43547026910	ROPINIROLE HCL 0.5 MG TABLET	8	90.000	10.98	0.0479	101%-200% Above	Yes	No
43547026910	ROPINIROLE HCL 0.5 MG TABLET	8	360.000	42.40	0.0479	101%-200% Above	No	No
43547027010	ROPINIROLE HCL 1 MG TABLET	8	30.000	0.96	0.05247	26%-50% Below	No	No
43547027210	ROPINIROLE HCL 3 MG TABLET	5	90.000	10.97	0.09298	26%-50% Above	Yes	No
43547027210	ROPINIROLE HCL 3 MG TABLET	8	90.000	10.97	0.08202	26%-50% Above	Yes	No
43547027509	DONEPEZIL HCL 5 MG TABLET	6	90.000	6.72	0.04284	51%-75% Above	No	No
43547027509	DONEPEZIL HCL 5 MG TABLET	7	30.000	2.54	0.04188	101%-200% Above	No	No
43547027509	DONEPEZIL HCL 5 MG TABLET	8	30.000	2.54	0.04691	76%-100% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	6	90.000	9.97	0.04833	101%-200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	7	30.000	3.74	0.04819	101%-200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	8	90.000	10.22	0.04994	101%-200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	5	30.000	3.86	0.04905	101%-200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	6	30.000	3.86	0.05159	101%-200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	8	30.000	3.86	0.05091	101%-200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	8	90.000	10.33	0.05091	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	5	30.000	3.75	0.04905	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	5	90.000	10.24	0.04905	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	5	90.000	10.59	0.04905	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	6	30.000	3.86	0.05159	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	6	90.000	10.24	0.05159	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	7	30.000	3.86	0.04996	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	7	60.000	7.23	0.04996	101%-200% Above	No	No

## NADAC Summary Report

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43547028111	ESCITALOPRAM 10 MG TABLET	8	30.000	3.86	0.05091	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	8	60.000	7.23	0.05091	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	8	90.000	10.59	0.05091	101%-200% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	5	30.000	4.61	0.08297	76%-100% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	5	90.000	11.61	0.08297	51%-75% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	6	30.000	4.67	0.08852	51%-75% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	6	90.000	12.57	0.08852	51%-75% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	7	30.000	4.61	0.08361	76%-100% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	7	30.000	4.67	0.08361	76%-100% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	7	90.000	12.49	0.08361	51%-75% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	7	90.000	12.57	0.08361	51%-75% Above	Yes	No
43547028210	ESCITALOPRAM 20 MG TABLET	8	30.000	4.61	0.07924	76%-100% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	8	30.000	4.67	0.07924	76%-100% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	8	90.000	9.90	0.07924	26%-50% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	8	90.000	12.57	0.07924	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	5	30.000	4.52	0.08297	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	5	30.000	4.67	0.08297	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	5	45.000	6.53	0.08297	51%-75% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	6	30.000	4.52	0.08852	51%-75% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	6	30.000	4.67	0.08852	51%-75% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	6	45.000	6.53	0.08852	51%-75% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	6	45.000	6.76	0.08852	51%-75% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	6	90.000	12.57	0.08852	51%-75% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	7	30.000	4.52	0.08361	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	7	30.000	4.67	0.08361	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43547028211	ESCITALOPRAM 20 MG TABLET	7	30.000	4.92	0.08361	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	7	45.000	6.53	0.08361	51%-75% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	7	45.000	6.76	0.08361	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	7	90.000	12.40	0.08361	51%-75% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	7	90.000	13.75	0.08361	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	8	30.000	3.27	0.07924	26%-50% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	8	30.000	4.52	0.07924	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	8	30.000	4.67	0.07924	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	8	30.000	4.92	0.07924	101%-200% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	8	45.000	6.53	0.07924	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	8	45.000	6.76	0.07924	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	8	90.000	11.61	0.07924	51%-75% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	8	90.000	12.40	0.07924	51%-75% Above	No	No
43547028503	TELMISARTAN 80 MG TABLET	5	30.000	6.99	0.26849	10%-25% Below	No	No
43547028503	TELMISARTAN 80 MG TABLET	6	90.000	13.29	0.24483	26%-50% Below	No	No
43547028810	BUPROPION HCL SR 100 MG TABLET	6	90.000	19.44	0.10403	101%-200% Above	No	No
43547028950	BUPROPION HCL SR 150 MG TABLET	5	30.000	4.82	0.09079	76%-100% Above	No	No
43547028950	BUPROPION HCL SR 150 MG TABLET	5	60.000	15.00	0.09079	101%-200% Above	No	No
43547028950	BUPROPION HCL SR 150 MG TABLET	6	30.000	4.82	0.08775	76%-100% Above	No	No
43547028950	BUPROPION HCL SR 150 MG TABLET	6	30.000	7.50	0.08775	101%-200% Above	No	No
43547028950	BUPROPION HCL SR 150 MG TABLET	7	30.000	7.50	0.08594	101%-200% Above	No	No
43547028950	BUPROPION HCL SR 150 MG TABLET	7	60.000	15.00	0.08594	101%-200% Above	No	No
43547028950	BUPROPION HCL SR 150 MG TABLET	8	60.000	15.00	0.09585	101%-200% Above	No	No
43547029010	BUPROPION HCL SR 200 MG TABLET	7	30.000	9.90	0.14076	101%-200% Above	No	No
43547029010	BUPROPION HCL SR 200 MG TABLET	8	30.000	9.90	0.18678	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43547030203	ARIPIRAZOLE 2 MG TABLET	6	180.000	785.99	0.14007	200% Above	Yes	No
43547030203	ARIPIRAZOLE 2 MG TABLET	8	180.000	864.58	0.14631	200% Above	Yes	No
43547030303	ARIPIRAZOLE 5 MG TABLET	7	90.000	44.90	0.13722	200% Above	Yes	No
43547030303	ARIPIRAZOLE 5 MG TABLET	8	30.000	1.30	0.15087	51%-75% Below	Yes	No
43547031109	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	8	90.000	18.43	0.18263	10%-25% Above	Yes	No
43547031309	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	7	90.000	28.99	0.21828	26%-50% Above	Yes	No
43547031409	VALSARTAN-HYDROCHLOROTHIAZIDE 320-12.5 MG TAB	6	90.000	29.90	0.28148	10%-25% Above	Yes	No
43547031509	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	7	90.000	29.71	0.27541	10%-25% Above	Yes	No
43547033650	BENZAEPRIHCL 10 MG TABLET	6	90.000	3.49	0.07502	26%-50% Below	No	No
43547033750	BENZAEPRIHCL 20 MG TABLET	5	90.000	4.40	0.08251	26%-50% Below	No	No
43547033750	BENZAEPRIHCL 20 MG TABLET	8	90.000	4.40	0.0778	26%-50% Below	No	No
43547033803	BENZAEPRIHCL 40 MG TABLET	7	90.000	10.00	0.09909	10%-25% Above	No	No
43547033810	BENZAEPRIHCL 40 MG TABLET	8	90.000	6.35	0.09956	26%-50% Below	No	No
43547033850	BENZAEPRIHCL 40 MG TABLET	5	30.000	2.39	0.09793	10%-25% Below	No	No
43547033850	BENZAEPRIHCL 40 MG TABLET	5	30.000	2.52	0.09793	10%-25% Below	No	No
43547033850	BENZAEPRIHCL 40 MG TABLET	5	90.000	4.56	0.09793	26%-50% Below	No	No
43547033850	BENZAEPRIHCL 40 MG TABLET	5	90.000	6.35	0.09793	26%-50% Below	No	No
43547033850	BENZAEPRIHCL 40 MG TABLET	6	30.000	2.39	0.10364	10%-25% Below	No	No
43547033850	BENZAEPRIHCL 40 MG TABLET	6	30.000	2.52	0.10364	10%-25% Below	No	No
43547033850	BENZAEPRIHCL 40 MG TABLET	7	30.000	2.52	0.09909	10%-25% Below	No	No
43547033850	BENZAEPRIHCL 40 MG TABLET	8	30.000	2.52	0.09956	10%-25% Below	No	No
43547034006	RISPERIDONE 0.5 MG TABLET	5	90.000	6.90	0.04125	76%-100% Above	No	No
43547034006	RISPERIDONE 0.5 MG TABLET	7	90.000	6.90	0.03977	76%-100% Above	No	No
43547034006	RISPERIDONE 0.5 MG TABLET	8	90.000	6.90	0.04482	51%-75% Above	No	No
43547034206	RISPERIDONE 2 MG TABLET	6	3.000	0.79	0.06857	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43547034306	RISPERIDONE 3 MG TABLET	6	30.000	3.66	0.07081	51%-75% Above	Yes	No
43547034306	RISPERIDONE 3 MG TABLET	7	30.000	3.66	0.06506	76%-100% Above	Yes	No
43547034306	RISPERIDONE 3 MG TABLET	8	30.000	3.66	0.06931	76%-100% Above	Yes	No
43547034703	PAROXETINE HCL 10 MG TABLET	8	30.000	3.04	0.0735	26%-50% Above	No	No
43547035150	LISINOPRIL 2.5 MG TABLET	6	90.000	0.57	0.0145	51%-75% Below	No	No
43547035211	LISINOPRIL 5 MG TABLET	5	30.000	0.94	0.01564	76%-100% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	5	90.000	1.92	0.01564	26%-50% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	6	30.000	0.94	0.01522	101%-200% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	6	30.000	0.96	0.01522	101%-200% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	7	30.000	0.94	0.01409	101%-200% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	7	30.000	0.96	0.01409	101%-200% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	7	90.000	2.06	0.01409	51%-75% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	8	30.000	0.94	0.01556	101%-200% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	8	30.000	0.96	0.01556	101%-200% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	8	90.000	1.89	0.01556	26%-50% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	5	30.000	1.05	0.01823	76%-100% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	5	30.000	1.07	0.01823	76%-100% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	5	45.000	1.36	0.01823	51%-75% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	5	90.000	0.81	0.01823	26%-50% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	5	180.000	3.79	0.01823	10%-25% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	6	30.000	1.05	0.01861	76%-100% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	6	30.000	1.07	0.01861	76%-100% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	7	30.000	1.05	0.01906	76%-100% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	7	45.000	1.36	0.01906	51%-75% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	7	60.000	1.64	0.01906	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43547035311	LISINOPRIL 10 MG TABLET	7	90.000	0.81	0.01906	51%-75% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	7	90.000	2.21	0.01906	26%-50% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	8	30.000	1.05	0.01999	51%-75% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	8	30.000	1.07	0.01999	76%-100% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	8	45.000	1.36	0.01999	51%-75% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	8	60.000	1.64	0.01999	26%-50% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	8	90.000	2.31	0.01999	26%-50% Above	No	No
43547035410	LISINOPRIL 20 MG TABLET	8	90.000	2.87	0.02592	10%-25% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	5	30.000	0.28	0.02605	51%-75% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	5	30.000	1.32	0.02605	51%-75% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	6	30.000	0.28	0.0263	51%-75% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	6	30.000	1.32	0.0263	51%-75% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	7	30.000	0.28	0.02591	51%-75% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	7	30.000	1.32	0.02591	51%-75% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	8	30.000	0.37	0.02592	51%-75% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	8	30.000	1.32	0.02592	51%-75% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	5	90.000	4.77	0.04474	10%-25% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	8	90.000	4.77	0.0478	10%-25% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	8	90.000	16.79	0.0478	200% Above	No	No
43547036009	LOSARTAN POTASSIUM 25 MG TAB	6	45.000	4.40	0.03812	101%-200% Above	Yes	No
43547036009	LOSARTAN POTASSIUM 25 MG TAB	8	45.000	4.84	0.03622	101%-200% Above	Yes	No
43547036009	LOSARTAN POTASSIUM 25 MG TAB	8	90.000	6.87	0.03622	101%-200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	6	30.000	2.59	0.03812	101%-200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	7	30.000	2.59	0.03978	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	5	30.000	3.00	0.04335	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	5	30.000	3.09	0.04335	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	5	90.000	8.08	0.04335	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	5	180.000	15.48	0.04335	76%-100% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	6	30.000	3.09	0.04338	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	6	90.000	7.99	0.04338	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	7	30.000	3.09	0.04532	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	7	30.000	9.34	0.04532	200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	7	90.000	8.08	0.04532	76%-100% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	8	30.000	3.09	0.04928	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	8	90.000	8.08	0.04928	76%-100% Above	No	No
43547036203	LOSARTAN POTASSIUM 100 MG TAB	7	30.000	4.58	0.06651	101%-200% Above	No	No
43547036209	LOSARTAN POTASSIUM 100 MG TAB	5	90.000	9.35	0.06744	51%-75% Above	Yes	No
43547036209	LOSARTAN POTASSIUM 100 MG TAB	5	90.000	10.00	0.06744	51%-75% Above	Yes	No
43547036209	LOSARTAN POTASSIUM 100 MG TAB	6	90.000	9.35	0.0693	26%-50% Above	Yes	No
43547036209	LOSARTAN POTASSIUM 100 MG TAB	7	90.000	10.29	0.06651	51%-75% Above	Yes	No
43547036209	LOSARTAN POTASSIUM 100 MG TAB	8	90.000	10.29	0.07073	51%-75% Above	Yes	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	5	30.000	4.43	0.06744	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	5	30.000	4.58	0.06744	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	5	90.000	12.30	0.06744	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	5	90.000	12.39	0.06744	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	5	90.000	12.73	0.06744	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	6	30.000	4.43	0.0693	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	6	90.000	12.30	0.0693	76%-100% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	7	30.000	4.43	0.06651	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	7	30.000	4.58	0.06651	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	8	30.000	4.43	0.07073	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	8	30.000	4.58	0.07073	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	8	30.000	4.82	0.07073	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	8	90.000	12.30	0.07073	76%-100% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	8	90.000	12.39	0.07073	76%-100% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	8	90.000	12.73	0.07073	76%-100% Above	No	No
43547036809	VALSARTAN 80 MG TABLET	7	30.000	9.99	0.16081	101%-200% Above	No	No
43547036809	VALSARTAN 80 MG TABLET	8	30.000	9.99	0.16554	101%-200% Above	No	No
43547037009	VALSARTAN 320 MG TABLET	7	90.000	11.14	0.24995	26%-50% Below	No	No
43547039209	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	6	90.000	29.90	0.28093	10%-25% Above	Yes	No
43547040011	CYCLOBENZAPRINE 10 MG TABLET	6	30.000	1.26	0.02453	51%-75% Above	No	No
43547040111	FUROSEMIDE 20 MG TABLET	5	30.000	1.20	0.02933	26%-50% Above	No	No
43547040111	FUROSEMIDE 20 MG TABLET	5	30.000	1.20	0.02933	26%-50% Above	Yes	No
43547040111	FUROSEMIDE 20 MG TABLET	6	30.000	1.20	0.02906	26%-50% Above	No	No
43547040210	FUROSEMIDE 40 MG TABLET	8	30.000	1.53	0.03032	51%-75% Above	No	No
43547040211	FUROSEMIDE 40 MG TABLET	5	30.000	0.63	0.03059	26%-50% Below	No	No
43547040211	FUROSEMIDE 40 MG TABLET	5	30.000	1.43	0.03059	51%-75% Above	No	No
43547040211	FUROSEMIDE 40 MG TABLET	5	60.000	2.25	0.03059	10%-25% Above	Yes	No
43547040211	FUROSEMIDE 40 MG TABLET	6	30.000	1.43	0.03132	51%-75% Above	Yes	No
43547040211	FUROSEMIDE 40 MG TABLET	6	60.000	2.25	0.03132	10%-25% Above	Yes	No
43547040211	FUROSEMIDE 40 MG TABLET	7	30.000	1.43	0.03131	51%-75% Above	Yes	No
43547040211	FUROSEMIDE 40 MG TABLET	8	30.000	1.43	0.03032	51%-75% Above	No	No
43547040211	FUROSEMIDE 40 MG TABLET	8	90.000	3.30	0.03032	10%-25% Above	No	No
43547040611	CLONAZEPAM 0.5 MG TABLET	5	30.000	1.00	0.02861	10%-25% Above	No	No
43547040650	CLONAZEPAM 0.5 MG TABLET	6	30.000	0.39	0.03018	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43547040711	CLONAZEPAM 1 MG TABLET	5	30.000	1.21	0.03294	10%-25% Above	No	No
43547040711	CLONAZEPAM 1 MG TABLET	6	30.000	1.21	0.03307	10%-25% Above	No	No
43547041611	LISINOPRIL 10 MG TABLET	7	90.000	2.15	0.01906	10%-25% Above	No	No
43547041711	LISINOPRIL 20 MG TABLET	6	90.000	2.87	0.0263	10%-25% Above	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	7	90.000	1.42	0.03284	51%-75% Below	No	No
43547042110	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	90.000	2.85	0.04862	26%-50% Below	No	No
43547042110	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	30.000	1.45	0.04145	10%-25% Above	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	30.000	0.52	0.04507	51%-75% Below	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	30.000	0.51	0.04862	51%-75% Below	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	30.000	0.51	0.04741	51%-75% Below	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	90.000	1.95	0.04145	26%-50% Below	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	5	30.000	0.00	0.10637	76%-100% Below	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	6	90.000	36.86	0.09901	200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	7	90.000	40.55	0.10238	200% Above	Yes	No
43547042311	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	5	30.000	14.56	0.10637	200% Above	No	No
43547042311	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	6	30.000	14.56	0.09901	200% Above	No	No
43547042311	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	8	30.000	14.56	0.0899	200% Above	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	90.000	50.22	0.12645	200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	90.000	55.23	0.1247	200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	5	90.000	50.21	0.12351	200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	6	90.000	44.90	0.12544	200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	6	90.000	50.21	0.12544	200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	7	90.000	55.23	0.12586	200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	8	30.000	14.90	0.12273	200% Above	No	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	8	90.000	55.23	0.12273	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
43547044203	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TB	6	90.000	35.19	0.69585	26%-50% Below	No	No
43547048710	METHYLPHENIDATE 10 MG TABLET	6	30.000	4.90	0.13587	10%-25% Above	Yes	No
43547052403	NEBIVOLOL 2.5 MG TABLET	7	90.000	85.02	0.16783	200% Above	Yes	No
43547052603	NEBIVOLOL 10 MG TABLET	5	90.000	59.90	0.22402	101%-200% Above	No	No
43547052603	NEBIVOLOL 10 MG TABLET	6	30.000	19.26	0.2429	101%-200% Above	No	No
43547052603	NEBIVOLOL 10 MG TABLET	7	30.000	19.26	0.22673	101%-200% Above	No	No
43547052603	NEBIVOLOL 10 MG TABLET	7	90.000	12.50	0.22673	26%-50% Below	No	No
43547052603	NEBIVOLOL 10 MG TABLET	8	90.000	59.90	0.21041	200% Above	No	No
43547054610	ENALAPRIL MALEATE 5 MG TABLET	7	180.000	44.90	0.08383	101%-200% Above	No	No
43547054610	ENALAPRIL MALEATE 5 MG TABLET	8	60.000	4.90	0.11306	26%-50% Below	No	No
43547054711	ENALAPRIL MALEATE 10 MG TAB	5	30.000	4.90	0.10923	26%-50% Above	No	No
43547054711	ENALAPRIL MALEATE 10 MG TAB	5	90.000	33.10	0.10923	200% Above	Yes	No
43547054711	ENALAPRIL MALEATE 10 MG TAB	6	30.000	4.90	0.10222	51%-75% Above	No	No
43547054711	ENALAPRIL MALEATE 10 MG TAB	7	30.000	4.90	0.10741	51%-75% Above	No	No
43547054711	ENALAPRIL MALEATE 10 MG TAB	8	30.000	4.90	0.1092	26%-50% Above	No	No
43547054711	ENALAPRIL MALEATE 10 MG TAB	8	90.000	36.28	0.1092	200% Above	Yes	No
43547054811	ENALAPRIL MALEATE 20 MG TAB	6	180.000	44.90	0.11533	101%-200% Above	Yes	No
43598013901	KETOROLAC 10 MG TABLET	5	20.000	14.99	0.58445	26%-50% Above	No	No
43598013901	KETOROLAC 10 MG TABLET	5	30.000	14.99	0.58445	10%-25% Below	No	No
43598013901	KETOROLAC 10 MG TABLET	6	60.000	20.83	0.53038	26%-50% Below	No	No
43598013901	KETOROLAC 10 MG TABLET	7	9.000	8.71	0.60012	51%-75% Above	No	No
43598013901	KETOROLAC 10 MG TABLET	7	20.000	14.90	0.60012	10%-25% Above	No	No
43598016605	OLANZAPINE 10 MG TABLET	5	30.000	7.32	0.11374	101%-200% Above	No	No
43598016605	OLANZAPINE 10 MG TABLET	6	30.000	7.32	0.11317	101%-200% Above	No	No
43598016605	OLANZAPINE 10 MG TABLET	8	30.000	2.33	0.11137	26%-50% Below	No	No

## NADAC Summary Report

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43598017001	CHLORTHALIDONE 25 MG TABLET	5	45.000	27.70	0.09842	200% Above	No	No
43598017001	CHLORTHALIDONE 25 MG TABLET	5	90.000	12.40	0.09842	26%-50% Above	No	No
43598017001	CHLORTHALIDONE 25 MG TABLET	8	15.000	9.23	0.10038	200% Above	No	No
43598021055	SSD 1% CREAM	7	50.000	3.90	0.13724	26%-50% Below	No	No
43598023018	COLESEVELAM 625 MG TABLET	7	60.000	98.49	0.26621	200% Above	Yes	No
43598029390	PREGABALIN 75 MG CAPSULE	5	60.000	9.90	0.07708	101%-200% Above	Yes	No
43598029390	PREGABALIN 75 MG CAPSULE	5	120.000	14.90	0.07708	51%-75% Above	Yes	No
43598029390	PREGABALIN 75 MG CAPSULE	6	120.000	14.90	0.07511	51%-75% Above	Yes	No
43598029390	PREGABALIN 75 MG CAPSULE	6	270.000	29.90	0.07511	26%-50% Above	Yes	No
43598029390	PREGABALIN 75 MG CAPSULE	8	60.000	1.42	0.07024	51%-75% Below	Yes	No
43598029390	PREGABALIN 75 MG CAPSULE	8	120.000	14.90	0.07024	76%-100% Above	Yes	No
43598029490	PREGABALIN 100 MG CAPSULE	5	60.000	2.96	0.06494	10%-25% Below	Yes	No
43598029490	PREGABALIN 100 MG CAPSULE	6	60.000	1.61	0.07251	51%-75% Below	Yes	No
43598029490	PREGABALIN 100 MG CAPSULE	6	120.000	3.22	0.07251	51%-75% Below	Yes	No
43598029490	PREGABALIN 100 MG CAPSULE	7	60.000	1.61	0.07507	51%-75% Below	Yes	No
43598029590	PREGABALIN 150 MG CAPSULE	6	180.000	29.90	0.07859	101%-200% Above	Yes	No
43598029890	PREGABALIN 300 MG CAPSULE	7	180.000	44.90	0.09529	101%-200% Above	Yes	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	7	7.500	78.95	18.63846	26%-50% Below	No	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	8	7.500	48.28	18.39316	51%-75% Below	No	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	8	7.500	69.26	18.39316	26%-50% Below	No	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	8	7.500	98.77	18.39316	26%-50% Below	No	No
43598034901	PROGESTERONE 100 MG CAPSULE	5	26.000	9.90	0.26129	26%-50% Above	No	No
43598034901	PROGESTERONE 100 MG CAPSULE	7	30.000	9.90	0.22974	26%-50% Above	No	No
43598037201	COLCHICINE 0.6 MG TABLET	6	12.000	14.90	0.32205	200% Above	No	No
43598037201	COLCHICINE 0.6 MG TABLET	6	90.000	16.76	0.32205	26%-50% Below	No	No



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43598037201	COLCHICINE 0.6 MG TABLET	7	30.000	14.90	0.28193	76%-100% Above	No	No
43598037201	COLCHICINE 0.6 MG TABLET	8	90.000	15.94	0.33755	26%-50% Below	No	No
43598043601	NITROGLYCERIN 0.4 MG TABLET SL	8	100.000	8.96	0.14628	26%-50% Below	No	No
43598043611	NITROGLYCERIN 0.4 MG TABLET SL	7	25.000	4.90	0.2299	10%-25% Below	Yes	No
43598043611	NITROGLYCERIN 0.4 MG TABLET SL	8	25.000	3.52	0.21247	26%-50% Below	No	No
43598049501	NAPROXEN SODIUM 550 MG TAB	8	90.000	14.86	0.30549	26%-50% Below	No	No
43598050930	ESOMEPRAZOLE MAG DR 20 MG CAP	5	30.000	6.99	0.20174	10%-25% Above	No	No
43598051030	ESOMEPRAZOLE MAG DR 40 MG CAP	6	90.000	9.90	0.16083	26%-50% Below	No	No
43598051090	ESOMEPRAZOLE MAG DR 40 MG CAP	8	30.000	6.99	0.18184	26%-50% Above	No	No
43598051090	ESOMEPRAZOLE MAG DR 40 MG CAP	8	90.000	44.90	0.18184	101%-200% Above	No	No
43598056601	FLUOXETINE HCL 20 MG TABLET	5	30.000	2.32	0.17954	51%-75% Below	Yes	No
43598056601	FLUOXETINE HCL 20 MG TABLET	5	30.000	9.90	0.17954	76%-100% Above	Yes	No
43598056601	FLUOXETINE HCL 20 MG TABLET	7	30.000	9.90	0.14307	101%-200% Above	Yes	No
43598056601	FLUOXETINE HCL 20 MG TABLET	7	180.000	324.27	0.14307	200% Above	Yes	No
43598057530	TADALAFIL 5 MG TABLET	5	30.000	14.99	0.14668	200% Above	No	No
43598057530	TADALAFIL 5 MG TABLET	6	30.000	14.99	0.14184	200% Above	No	No
43598057530	TADALAFIL 5 MG TABLET	8	60.000	14.99	0.14798	51%-75% Above	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	6	35.000	14.99	3.20453	76%-100% Below	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	8	35.000	14.99	3.07356	76%-100% Below	No	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	5	60.000	14.90	0.21679	10%-25% Above	Yes	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	5	180.000	150.70	0.21679	200% Above	Yes	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	6	30.000	6.90	0.20877	10%-25% Above	Yes	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	6	90.000	75.35	0.20877	200% Above	Yes	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	7	30.000	6.90	0.20276	10%-25% Above	Yes	No
43598075260	BUPROPION HCL SR 150 MG TABLET	5	180.000	29.90	0.09079	76%-100% Above	No	No

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43598075260	BUPROPION HCL SR 150 MG TABLET	8	180.000	29.90	0.09585	51%-75% Above	No	No
43598081112	CETIRIZINE HCL 10 MG TABLET	8	30.000	1.69	0.06805	10%-25% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	5	90.000	1.80	0.0688	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	6	180.000	4.43	0.06647	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	7	30.000	1.14	0.06808	26%-50% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	8	30.000	1.14	0.06805	26%-50% Below	No	No
43598083005	ATORVASTATIN 10 MG TABLET	5	90.000	11.62	0.03116	200% Above	No	No
43598083105	ATORVASTATIN 20 MG TABLET	5	90.000	29.99	0.04094	200% Above	No	No
43598083105	ATORVASTATIN 20 MG TABLET	6	90.000	0.01	0.04166	76%-100% Below	No	No
43598083105	ATORVASTATIN 20 MG TABLET	7	90.000	0.01	0.04069	76%-100% Below	No	No
43598083105	ATORVASTATIN 20 MG TABLET	7	90.000	13.60	0.04069	200% Above	No	No
43598083105	ATORVASTATIN 20 MG TABLET	8	90.000	13.60	0.03977	200% Above	No	No
43598083105	ATORVASTATIN 20 MG TABLET	8	90.000	29.99	0.03977	200% Above	No	No
43598083205	ATORVASTATIN 40 MG TABLET	6	90.000	14.23	0.05884	101%-200% Above	No	No
43598083305	ATORVASTATIN 80 MG TABLET	6	90.000	0.01	0.08059	76%-100% Below	No	No
43975027910	DEXTROAMP-AMPHET ER 15 MG CAP	8	30.000	29.02	0.67019	26%-50% Above	Yes	No
43975032209	TOLTERODINE TART ER 2 MG CAP	5	90.000	22.88	0.69239	51%-75% Below	No	No
43975032209	TOLTERODINE TART ER 2 MG CAP	7	90.000	22.88	0.40026	26%-50% Below	No	No
43975032303	TOLTERODINE TART ER 4 MG CAP	5	90.000	21.07	0.48938	51%-75% Below	No	No
43975032303	TOLTERODINE TART ER 4 MG CAP	8	90.000	26.42	0.58193	26%-50% Below	No	No
45802000403	HYDROCORTISONE 2.5% CREAM	5	28.000	1.57	0.09227	26%-50% Below	Yes	No
45802000403	HYDROCORTISONE 2.5% CREAM	5	28.000	3.52	0.09227	26%-50% Above	Yes	No
45802000403	HYDROCORTISONE 2.5% CREAM	5	28.000	3.61	0.09227	26%-50% Above	No	No
45802000403	HYDROCORTISONE 2.5% CREAM	8	28.000	1.57	0.10541	26%-50% Below	Yes	No
45802000403	HYDROCORTISONE 2.5% CREAM	8	28.000	3.81	0.10541	26%-50% Above	Yes	No

## NADAC Summary Report

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45802001402	HYDROCORTISONE 2.5% OINTMENT	6	20.000	3.03	0.11438	26%-50% Above	Yes	No
45802005435	TRIAMCINOLONE 0.025% OINT	6	15.000	0.93	0.24269	51%-75% Below	Yes	No
45802005535	TRIAMCINOLONE 0.1% OINTMENT	6	45.000	2.33	0.15324	51%-75% Below	No	No
45802005535	TRIAMCINOLONE 0.1% OINTMENT	8	120.000	6.22	0.13112	51%-75% Below	No	No
45802005536	TRIAMCINOLONE 0.1% OINTMENT	8	80.000	9.90	0.07218	51%-75% Above	No	No
45802005911	NYSTATIN 100,000 UNIT/GM CREAM	8	60.000	5.47	0.14645	26%-50% Below	Yes	No
45802006435	TRIAMCINOLONE 0.1% CREAM	5	30.000	6.74	0.17078	26%-50% Above	No	No
45802006435	TRIAMCINOLONE 0.1% CREAM	7	60.000	4.90	0.14968	26%-50% Below	No	No
45802006435	TRIAMCINOLONE 0.1% CREAM	8	60.000	4.90	0.16478	26%-50% Below	No	No
45802006436	TRIAMCINOLONE 0.1% CREAM	8	80.000	8.16	0.0589	51%-75% Above	No	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	5	23.000	45.26	3.31252	26%-50% Below	Yes	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	5	23.000	58.65	3.31252	10%-25% Below	Yes	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	7	23.000	47.96	3.20736	26%-50% Below	No	No
45802009735	ESTRADIOL 0.01% CREAM	5	42.500	14.31	0.65174	26%-50% Below	No	No
45802009735	ESTRADIOL 0.01% CREAM	5	42.500	15.61	0.65174	26%-50% Below	No	No
45802009735	ESTRADIOL 0.01% CREAM	5	42.500	61.20	0.65174	101%-200% Above	No	No
45802009735	ESTRADIOL 0.01% CREAM	6	42.500	61.20	0.60706	101%-200% Above	No	No
45802009735	ESTRADIOL 0.01% CREAM	7	42.500	13.88	0.5846	26%-50% Below	No	No
45802009735	ESTRADIOL 0.01% CREAM	8	42.500	61.20	0.57368	101%-200% Above	No	No
45802010401	OLOPATADINE 665 MCG NASAL SPRY	5	30.500	20.70	1.06212	26%-50% Below	No	No
45802010401	OLOPATADINE 665 MCG NASAL SPRY	6	30.500	17.82	1.15502	26%-50% Below	No	No
45802011214	MUPIROCIN 2% OINTMENT	7	30.000	9.99	0.26625	10%-25% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	5	22.000	0.00	0.18515	76%-100% Below	No	No
45802011222	MUPIROCIN 2% OINTMENT	5	22.000	6.24	0.18515	51%-75% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	6	22.000	6.24	0.17533	51%-75% Above	No	No

## NADAC Summary Report

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45802011222	MUPIROCIN 2% OINTMENT	6	22.000	6.92	0.17533	76%-100% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	6	44.000	4.63	0.17533	26%-50% Below	No	No
45802011222	MUPIROCIN 2% OINTMENT	7	22.000	2.32	0.19773	26%-50% Below	No	No
45802011222	MUPIROCIN 2% OINTMENT	7	22.000	6.83	0.19773	51%-75% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	8	22.000	0.00	0.17864	76%-100% Below	No	No
45802011222	MUPIROCIN 2% OINTMENT	8	22.000	6.24	0.17864	51%-75% Above	No	No
45802011859	MOMETASONE FUROATE 0.1% SOLN	5	30.000	4.89	0.4362	51%-75% Below	Yes	No
45802011859	MOMETASONE FUROATE 0.1% SOLN	6	60.000	9.90	0.43087	51%-75% Below	No	No
45802013970	METRONIDAZOLE VAGINAL 0.75% GL	8	70.000	4.99	0.46578	76%-100% Below	No	No
45802016000	DICLOFENAC SODIUM 1% GEL	5	200.000	6.90	0.08036	51%-75% Below	No	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	5	60.000	6.53	0.32186	51%-75% Below	No	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	5	60.000	14.90	0.32186	10%-25% Below	No	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	6	60.000	6.53	0.32118	51%-75% Below	No	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	7	60.000	6.53	0.31666	51%-75% Below	No	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	8	60.000	6.53	0.33692	51%-75% Below	No	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	8	60.000	14.90	0.33692	26%-50% Below	No	No
45802039001	TACROLIMUS 0.03% OINTMENT	5	60.000	36.52	1.15602	26%-50% Below	No	No
45802041926	AMMONIUM LACTATE 12% LOTION	6	400.000	14.92	0.06326	26%-50% Below	No	No
45802045537	HYDROCORTISONE VAL 0.2% CREAM	6	60.000	7.65	0.41803	51%-75% Below	No	No
45802045537	HYDROCORTISONE VAL 0.2% CREAM	7	60.000	11.99	0.30342	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	5	120.000	6.90	0.09638	26%-50% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	5	120.000	7.98	0.09638	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	6	120.000	7.98	0.09563	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	6	120.000	8.25	0.09563	26%-50% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	7	120.000	7.98	0.09548	26%-50% Below	Yes	No

## NADAC Summary Report

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45802046564	KETOCONAZOLE 2% SHAMPOO	7	120.000	8.25	0.09548	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	7	120.000	8.71	0.09548	10%-25% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	8	120.000	5.27	0.09161	51%-75% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	8	120.000	6.90	0.09161	26%-50% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	8	120.000	7.98	0.09161	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	8	120.000	7.98	0.09161	26%-50% Below	Yes	No
45802046653	ECONAZOLE NITRATE 1% CREAM	6	85.000	0.01	0.20738	76%-100% Below	No	No
45802056202	CLINDAMYCIN PH 1% SOLUTION	6	60.000	14.90	0.19846	10%-25% Above	No	No
45802058046	SCOPOLAMINE 1 MG/3 DAY PATCH	7	9.000	38.31	7.92316	26%-50% Below	No	No
45802062626	CETIRIZINE HCL 1 MG/ML SYRUP	8	120.000	1.79	0.02307	26%-50% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	5	90.000	3.22	0.06063	26%-50% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	5	90.000	4.51	0.06063	10%-25% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	6	90.000	3.22	0.06015	26%-50% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	7	90.000	1.81	0.06074	51%-75% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	7	90.000	4.51	0.06074	10%-25% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	8	90.000	1.81	0.06009	51%-75% Below	Yes	No
45802081184	NALOXONE HCL 4 MG NASAL SPRAY	8	2.000	0.00	40.36735	76%-100% Below	No	No
45802088094	NYSTATIN-TRIAMCINOLONE CREAM	6	30.000	14.90	0.38655	26%-50% Above	No	No
45802088096	NYSTATIN-TRIAMCINOLONE CREAM	8	60.000	8.41	0.21329	26%-50% Below	No	No
45802091987	CETIRIZINE HCL 10 MG TABLET	6	90.000	4.39	0.06647	26%-50% Below	No	No
45963055550	GABAPENTIN 100 MG CAPSULE	8	90.000	3.19	0.02724	26%-50% Above	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	5	60.000	3.27	0.04254	26%-50% Above	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	5	540.000	25.48	0.04254	10%-25% Above	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	6	60.000	3.27	0.04082	26%-50% Above	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	6	60.000	9.99	0.04082	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
45963055650	GABAPENTIN 300 MG CAPSULE	7	60.000	3.27	0.04113	26%-50% Above	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	7	90.000	3.04	0.04113	10%-25% Below	No	No
45963067611	METOPROLOL SUCC ER 50 MG TAB	6	90.000	14.99	0.0799	101%-200% Above	No	No
45963067611	METOPROLOL SUCC ER 50 MG TAB	8	90.000	0.01	0.07761	76%-100% Below	No	No
45963067611	METOPROLOL SUCC ER 50 MG TAB	8	90.000	12.49	0.07761	76%-100% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	5	90.000	0.01	0.07863	76%-100% Below	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	5	90.000	9.90	0.07863	26%-50% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	5	90.000	29.99	0.07863	200% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	6	90.000	23.88	0.07518	200% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	8	90.000	0.01	0.075	76%-100% Below	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	8	90.000	9.90	0.075	26%-50% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	8	90.000	29.99	0.075	200% Above	No	No
46122010126	CHILD ALL DAY ALLERGY 1 MG/ML	8	75.000	4.06	0.03259	51%-75% Above	No	No
46287000601	SPS 15 GM/60 ML SUSPENSION	7	900.000	177.12	0.38386	26%-50% Below	No	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	75.000	1.94	0.06041	51%-75% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	6	225.000	5.83	0.06041	51%-75% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	7	75.000	3.18	0.06261	26%-50% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	7	300.000	7.77	0.06261	51%-75% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	8	75.000	3.28	0.05792	10%-25% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	8	150.000	6.05	0.05792	26%-50% Below	Yes	No
47335070352	ALBUTEROL SUL 2.5 MG/3 ML SOLN	8	90.000	3.71	0.06146	26%-50% Below	No	No
47335070713	TOPIRAMATE 25 MG TABLET	6	60.000	1.37	0.03347	26%-50% Below	No	No
47335070713	TOPIRAMATE 25 MG TABLET	7	60.000	1.37	0.03113	26%-50% Below	No	No
47335071086	TOPIRAMATE 50 MG TABLET	6	60.000	3.58	0.04138	26%-50% Above	No	No
47335071086	TOPIRAMATE 50 MG TABLET	7	60.000	3.58	0.04101	26%-50% Above	No	No

## NADAC Summary Report

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47335072283	FEBUXOSTAT 80 MG TABLET	8	90.000	35.34	0.52032	10%-25% Below	No	No
47781017801	DEXTROAMP-AMPHETAMIN 15 MG TAB	6	60.000	59.65	0.33661	101%-200% Above	Yes	No
47781017901	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.000	52.45	0.33931	101%-200% Above	No	No
47781017901	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.000	52.45	0.36208	101%-200% Above	No	No
47781019601	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	15.000	3.00	0.10671	76%-100% Above	No	No
47781019601	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	5	40.000	6.92	0.10671	51%-75% Above	No	No
47781019601	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	6	24.000	4.35	0.10612	51%-75% Above	No	No
47781019601	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	8	40.000	1.66	0.10964	51%-75% Below	Yes	No
47781019605	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	6	24.000	1.00	0.10612	51%-75% Below	No	No
47781019605	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	6	40.000	6.92	0.10612	51%-75% Above	No	No
47781019605	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	7	24.000	1.00	0.10336	51%-75% Below	No	No
47781019605	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	8	30.000	1.92	0.10964	26%-50% Below	No	No
47781022901	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	5	120.000	6.07	0.16216	51%-75% Below	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	5	10.000	2.44	0.43561	26%-50% Below	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	5	10.000	14.90	0.43561	200% Above	No	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	5	14.000	9.90	0.43561	51%-75% Above	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	5	14.000	14.90	0.43561	101%-200% Above	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	6	14.000	0.00	0.40135	76%-100% Below	No	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	6	14.000	3.42	0.40135	26%-50% Below	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	6	14.000	14.90	0.40135	101%-200% Above	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	6	20.000	14.90	0.40135	76%-100% Above	No	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	6	20.000	14.90	0.40135	76%-100% Above	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	7	10.000	9.90	0.40133	101%-200% Above	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	7	14.000	4.90	0.40133	10%-25% Below	No	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	7	14.000	9.90	0.40133	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	7	14.000	14.90	0.40133	101%-200% Above	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	8	10.000	9.90	0.42745	101%-200% Above	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	8	14.000	3.42	0.42745	26%-50% Below	Yes	No
47781030801	NITROFURANTOIN MCR 100 MG CAP	5	14.000	14.90	0.37023	101%-200% Above	No	No
47781035603	BUPRENORPHINE-NALOXONE 4-1 MG SL FILM	5	60.000	178.23	3.80647	10%-25% Below	Yes	No
47781035603	BUPRENORPHINE-NALOXONE 4-1 MG SL FILM	6	60.000	178.23	3.94637	10%-25% Below	Yes	No
47781035603	BUPRENORPHINE-NALOXONE 4-1 MG SL FILM	7	60.000	178.23	3.7179	10%-25% Below	Yes	No
47781035603	BUPRENORPHINE-NALOXONE 4-1 MG SL FILM	8	60.000	178.23	4.22979	26%-50% Below	Yes	No
47781038426	OSELTAMIVIR 6 MG/ML SUSPENSION	5	120.000	129.99	0.33894	200% Above	Yes	No
47781064010	LEVOTHYROXINE 25 MCG TABLET	6	90.000	4.90	0.08946	26%-50% Below	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	5	90.000	9.90	0.07517	26%-50% Above	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	7	30.000	3.90	0.07887	51%-75% Above	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	7	90.000	9.90	0.07887	26%-50% Above	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	8	30.000	1.73	0.06914	10%-25% Below	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	5	30.000	1.24	0.07773	26%-50% Below	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	5	30.000	1.64	0.07773	26%-50% Below	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	6	30.000	1.24	0.09764	51%-75% Below	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	7	30.000	1.24	0.0937	51%-75% Below	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	8	60.000	2.47	0.08326	26%-50% Below	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	8	90.000	3.71	0.08326	26%-50% Below	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	5	30.000	3.90	0.07773	51%-75% Above	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	6	90.000	9.90	0.09764	10%-25% Above	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	7	30.000	3.90	0.0937	26%-50% Above	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	7	90.000	9.90	0.0937	10%-25% Above	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	8	30.000	1.55	0.08326	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
47781064610	LEVOTHYROXINE 75 MCG TABLET	5	90.000	4.90	0.09434	26%-50% Below	No	No
47781064610	LEVOTHYROXINE 75 MCG TABLET	5	90.000	18.54	0.09434	101%-200% Above	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	5	30.000	3.90	0.09434	26%-50% Above	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	5	90.000	9.90	0.09434	10%-25% Above	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	6	30.000	3.90	0.10375	10%-25% Above	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	7	30.000	3.90	0.09379	26%-50% Above	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	7	90.000	21.92	0.09379	101%-200% Above	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	8	90.000	3.74	0.07524	26%-50% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	8	90.000	3.86	0.07524	26%-50% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	8	90.000	9.90	0.07524	26%-50% Above	No	No
47781065190	LEVOTHYROXINE 100 MCG TABLET	5	30.000	3.90	0.09535	26%-50% Above	No	No
47781065190	LEVOTHYROXINE 100 MCG TABLET	6	30.000	3.90	0.10427	10%-25% Above	No	No
47781065190	LEVOTHYROXINE 100 MCG TABLET	8	30.000	1.75	0.08953	26%-50% Below	No	No
47781065790	LEVOTHYROXINE 125 MCG TABLET	6	90.000	9.90	0.13303	10%-25% Below	No	No
47781065790	LEVOTHYROXINE 125 MCG TABLET	7	30.000	3.90	0.11022	10%-25% Above	No	No
47781065790	LEVOTHYROXINE 125 MCG TABLET	8	90.000	5.36	0.10848	26%-50% Below	No	No
47781065990	LEVOTHYROXINE 137 MCG TABLET	8	60.000	4.24	0.09832	26%-50% Below	No	No
47781066290	LEVOTHYROXINE 150 MCG TABLET	6	90.000	4.90	0.14205	51%-75% Below	No	No
47781066290	LEVOTHYROXINE 150 MCG TABLET	7	90.000	9.90	0.12818	10%-25% Below	No	No
47781066590	LEVOTHYROXINE 175 MCG TABLET	7	30.000	4.00	0.15761	10%-25% Below	No	No
47781066590	LEVOTHYROXINE 175 MCG TABLET	8	90.000	10.00	0.13285	10%-25% Below	No	No
47781091193	TESTOSTERONE CYP 200 MG/ML	5	2.000	14.90	13.80777	26%-50% Below	No	No
47781091193	TESTOSTERONE CYP 200 MG/ML	7	2.000	11.25	14.2914	51%-75% Below	No	No
47781091193	TESTOSTERONE CYP 200 MG/ML	7	10.000	61.36	14.2914	51%-75% Below	No	No
47781091193	TESTOSTERONE CYP 200 MG/ML	8	2.000	11.25	13.93014	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
47781091401	DEXAMETHASONE 4 MG TABLET	7	11.000	2.33	0.39636	26%-50% Below	No	No
47781091601	DEXAMETHASONE 6 MG TABLET	8	10.000	6.82	1.04047	26%-50% Below	No	No
49483048112	ASPIRIN EC 81 MG TABLET	5	90.000	0.49	0.01478	51%-75% Below	Yes	No
49483048112	ASPIRIN EC 81 MG TABLET	6	90.000	1.31	0.01642	10%-25% Below	Yes	No
49483048112	ASPIRIN EC 81 MG TABLET	7	30.000	0.16	0.01574	51%-75% Below	Yes	No
49483048112	ASPIRIN EC 81 MG TABLET	7	90.000	0.49	0.01574	51%-75% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	6	15.000	1.12	0.05593	26%-50% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	6	20.000	1.36	0.05593	10%-25% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	7	20.000	1.33	0.0549	10%-25% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	7	30.000	0.92	0.0549	26%-50% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	8	24.000	1.53	0.05493	10%-25% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	5	30.000	1.29	0.06804	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	5	60.000	1.22	0.06804	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	5	90.000	1.83	0.06804	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	5	90.000	3.87	0.06804	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	5	90.000	4.90	0.06804	10%-25% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	5	90.000	5.04	0.06804	10%-25% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	6	15.000	1.26	0.06847	10%-25% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	6	20.000	1.51	0.06847	10%-25% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	6	60.000	1.22	0.06847	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	6	90.000	1.83	0.06847	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	6	90.000	4.90	0.06847	10%-25% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	7	20.000	1.47	0.06489	10%-25% Above	No	No
49483060450	IBUPROFEN 800 MG TABLET	7	21.000	0.43	0.06489	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	7	24.000	0.49	0.06489	51%-75% Below	Yes	No

## NADAC Summary Report

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49483060450	IBUPROFEN 800 MG TABLET	7	30.000	1.26	0.06489	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	7	60.000	1.22	0.06489	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	7	90.000	1.83	0.06489	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	8	28.000	0.57	0.06818	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	8	30.000	0.61	0.06818	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	8	60.000	1.22	0.06818	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	8	90.000	1.83	0.06818	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	8	90.000	4.90	0.06818	10%-25% Below	Yes	No
49483060650	GABAPENTIN 300 MG CAPSULE	7	30.000	1.93	0.04113	51%-75% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	7	90.000	4.80	0.04113	26%-50% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	8	30.000	1.93	0.04573	26%-50% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	6	120.000	4.58	0.03204	10%-25% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	6	360.000	6.77	0.03204	26%-50% Below	No	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	5	30.000	0.62	0.03457	26%-50% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	6	30.000	1.22	0.03295	10%-25% Above	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	7	30.000	1.22	0.03107	26%-50% Above	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	7	90.000	1.35	0.03107	51%-75% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	8	30.000	0.54	0.02966	26%-50% Below	Yes	No
49502010202	EPINEPHRINE 0.3 MG AUTO-INJECT	6	2.000	0.00	140.57705	76%-100% Below	No	No
49884012201	LABETALOL HCL 100 MG TABLET	6	60.000	9.90	0.0969	51%-75% Above	No	No
49884012201	LABETALOL HCL 100 MG TABLET	6	180.000	12.40	0.0969	26%-50% Below	Yes	No
49884012201	LABETALOL HCL 100 MG TABLET	7	60.000	9.90	0.11003	26%-50% Above	No	No
49884012301	LABETALOL HCL 200 MG TABLET	8	180.000	14.81	0.17382	51%-75% Below	Yes	No
49884012305	LABETALOL HCL 200 MG TABLET	6	60.000	14.90	0.15207	51%-75% Above	No	No
49884014809	DEXLANSOPRAZOLE DR 60 MG CAP	5	30.000	127.67	7.09397	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
49884014811	DEXLANSOPRAZOLE DR 60 MG CAP	7	30.000	126.70	7.07784	26%-50% Below	No	No
49884015676	VARENICLINE 1 MG TABLET	5	60.000	64.64	5.67751	76%-100% Below	Yes	No
49884015676	VARENICLINE 1 MG TABLET	6	60.000	61.22	5.92978	76%-100% Below	Yes	No
49884015676	VARENICLINE 1 MG TABLET	7	60.000	61.22	5.71651	76%-100% Below	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	7	30.000	9.90	0.28193	10%-25% Above	Yes	No
49884025011	OLANZAPINE-FLUOXETINE 6-25 MG	7	90.000	227.04	4.20453	26%-50% Below	No	No
49884042801	DEXMETHYLPHENIDATE ER 15 MG CP	7	30.000	17.36	1.11796	26%-50% Below	No	No
49884043001	DEXMETHYLPHENIDATE ER 30 MG CP	5	30.000	19.76	1.87827	51%-75% Below	No	No
49884043001	DEXMETHYLPHENIDATE ER 30 MG CP	7	30.000	19.76	1.6962	51%-75% Below	No	No
49884072401	HYDROXYUREA 500 MG CAPSULE	5	90.000	14.95	0.22809	26%-50% Below	Yes	No
49884072401	HYDROXYUREA 500 MG CAPSULE	6	270.000	30.02	0.23193	51%-75% Below	Yes	No
49884094499	VARENICLINE STARTING MONTH BOX	5	53.000	0.01	6.25874	76%-100% Below	No	No
49884094499	VARENICLINE STARTING MONTH BOX	6	53.000	197.15	6.32842	26%-50% Below	No	No
49884094499	VARENICLINE STARTING MONTH BOX	7	53.000	198.80	6.37883	26%-50% Below	No	No
50111032801	HYDRALAZINE 50 MG TABLET	8	180.000	15.79	0.04648	76%-100% Above	No	No
50111033301	METRONIDAZOLE 250 MG TABLET	8	10.000	2.68	0.12109	101%-200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	5	14.000	1.16	0.13275	26%-50% Below	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	5	14.000	5.70	0.13275	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	5	21.000	6.90	0.13275	101%-200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	5	21.000	8.39	0.13275	200% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	6	14.000	5.70	0.13984	101%-200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	6	14.000	6.12	0.13984	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	6	15.000	6.52	0.13984	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	7	14.000	4.90	0.13298	101%-200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	8	4.000	1.98	0.1256	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50111033401	METRONIDAZOLE 500 MG TABLET	8	14.000	6.12	0.1256	200% Above	Yes	No
50111033402	METRONIDAZOLE 500 MG TABLET	5	14.000	6.21	0.13275	200% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	6	42.000	3.35	0.13984	26%-50% Below	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	7	42.000	9.99	0.13298	76%-100% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	8	14.000	8.60	0.1256	200% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	8	42.000	9.99	0.1256	76%-100% Above	No	No
50111045001	TRAZODONE 150 MG TABLET	6	180.000	48.71	0.12152	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	5	15.000	1.43	0.03469	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	5	30.000	0.62	0.03469	26%-50% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	5	30.000	2.43	0.03469	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	5	30.000	2.52	0.03469	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	5	60.000	3.85	0.03469	76%-100% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	5	90.000	10.00	0.03469	200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	5	180.000	11.56	0.03469	76%-100% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	5	180.000	12.06	0.03469	76%-100% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	6	15.000	1.46	0.03533	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	6	30.000	2.43	0.03533	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	6	30.000	2.52	0.03533	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	6	60.000	4.35	0.03533	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	6	90.000	10.00	0.03533	200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	7	15.000	1.46	0.03379	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	7	30.000	1.93	0.03379	76%-100% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	7	30.000	2.43	0.03379	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	7	30.000	2.52	0.03379	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	7	60.000	4.35	0.03379	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50111056001	TRAZODONE 50 MG TABLET	8	30.000	0.62	0.03628	26%-50% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	8	30.000	2.43	0.03628	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	8	30.000	2.43	0.03628	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	8	60.000	3.85	0.03628	76%-100% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	8	90.000	5.78	0.03628	76%-100% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	8	90.000	6.07	0.03628	76%-100% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	8	180.000	11.64	0.03628	76%-100% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	5	30.000	2.36	0.03469	101%-200% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	5	60.000	4.35	0.03469	101%-200% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	6	30.000	2.36	0.03533	101%-200% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	6	60.000	4.35	0.03533	101%-200% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	7	30.000	2.36	0.03379	101%-200% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	8	60.000	4.35	0.03628	76%-100% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	5	30.000	2.43	0.03469	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	6	30.000	2.36	0.03533	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	6	30.000	2.43	0.03533	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	7	30.000	2.36	0.03379	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	7	135.000	9.17	0.03379	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	7	180.000	12.06	0.03379	76%-100% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	8	30.000	2.43	0.03628	101%-200% Above	No	No
50111056101	TRAZODONE 100 MG TABLET	6	60.000	6.33	0.06361	51%-75% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	7	90.000	8.93	0.06372	51%-75% Above	No	No
50111056101	TRAZODONE 100 MG TABLET	7	90.000	9.25	0.06372	51%-75% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	8	30.000	3.42	0.0637	76%-100% Above	Yes	No
50111056102	TRAZODONE 100 MG TABLET	6	30.000	3.42	0.06361	76%-100% Above	No	No

## NADAC Summary Report

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50111056102	TRAZODONE 100 MG TABLET	6	60.000	6.12	0.06361	51%-75% Above	No	No
50111056102	TRAZODONE 100 MG TABLET	8	30.000	3.42	0.0637	76%-100% Above	No	No
50111056102	TRAZODONE 100 MG TABLET	8	60.000	6.67	0.0637	51%-75% Above	No	No
50111056103	TRAZODONE 100 MG TABLET	5	30.000	3.31	0.06359	51%-75% Above	No	No
50111056103	TRAZODONE 100 MG TABLET	8	30.000	3.59	0.0637	76%-100% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	5	30.000	1.41	0.03457	26%-50% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	5	90.000	2.17	0.03066	10%-25% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	7	90.000	2.17	0.03107	10%-25% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	8	30.000	0.72	0.02966	10%-25% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	8	90.000	2.17	0.02966	10%-25% Below	No	No
50111078710	AZITHROMYCIN 250 MG TABLET	8	20.000	9.90	0.38013	26%-50% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	5	6.000	0.79	0.33784	51%-75% Below	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	5	6.000	3.57	0.33784	76%-100% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	6	6.000	3.57	0.34207	51%-75% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	6	6.000	5.97	0.34207	101%-200% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	7	6.000	3.46	0.34162	51%-75% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	7	6.000	3.57	0.34162	51%-75% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	7	6.000	3.75	0.34162	76%-100% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	8	6.000	3.46	0.38013	51%-75% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	8	6.000	3.57	0.38013	51%-75% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	8	6.000	3.75	0.38013	51%-75% Above	No	No
50111078766	AZITHROMYCIN 250 MG TABLET	7	6.000	3.57	0.34162	51%-75% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	6	2.000	0.00	0.60724	76%-100% Below	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	6	5.000	4.90	0.60724	51%-75% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	8	5.000	5.59	0.63734	51%-75% Above	No	No

## NADAC Summary Report

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50111091701	TORSEMIDE 20 MG TABLET	5	90.000	4.90	0.07915	26%-50% Below	No	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	5	30.000	1.22	0.03066	26%-50% Above	No	No
50228011505	FLUOXETINE HCL 40 MG CAPSULE	5	60.000	4.90	0.07243	10%-25% Above	No	No
50228012410	CLOPIDOGREL 75 MG TABLET	8	30.000	3.63	0.06298	76%-100% Above	No	No
50228012490	CLOPIDOGREL 75 MG TABLET	7	30.000	3.45	0.0638	76%-100% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	5	30.000	6.90	0.07325	200% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	5	30.000	8.65	0.07325	200% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	5	30.000	8.95	0.07325	200% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	6	30.000	1.42	0.07453	26%-50% Below	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	6	30.000	4.90	0.07453	101%-200% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	6	30.000	8.65	0.07453	200% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	6	30.000	8.95	0.07453	200% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	6	90.000	12.53	0.07453	76%-100% Above	Yes	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	7	30.000	1.42	0.07645	26%-50% Below	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	7	30.000	4.90	0.07645	101%-200% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	7	30.000	6.90	0.07645	200% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	7	30.000	8.95	0.07645	200% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	7	30.000	9.45	0.07645	200% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	8	30.000	4.90	0.07745	101%-200% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	8	30.000	6.90	0.07745	101%-200% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	8	30.000	8.65	0.07745	200% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	8	30.000	8.95	0.07745	200% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	8	30.000	9.45	0.07745	200% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	8	90.000	13.78	0.07745	76%-100% Above	Yes	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	30.000	0.71	0.03186	10%-25% Below	No	No



## NADAC Summary Report

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50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	30.000	2.11	0.03186	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	30.000	0.71	0.0318	10%-25% Below	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	30.000	2.11	0.0318	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	30.000	0.56	0.03071	26%-50% Below	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	30.000	0.71	0.03071	10%-25% Below	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	30.000	2.21	0.03071	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	30.000	0.56	0.03343	26%-50% Below	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	30.000	2.21	0.03343	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	90.000	4.90	0.03343	51%-75% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	180.000	10.74	0.03343	76%-100% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	30.000	0.62	0.03186	26%-50% Below	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	90.000	5.16	0.03186	76%-100% Above	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	30.000	0.62	0.0318	26%-50% Below	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	30.000	2.11	0.03071	101%-200% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	30.000	2.21	0.03071	101%-200% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	7	90.000	5.43	0.03071	76%-100% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	30.000	2.11	0.03343	101%-200% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	30.000	3.29	0.03343	200% Above	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	90.000	5.25	0.03343	51%-75% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	90.000	5.33	0.03343	76%-100% Above	Yes	No
50228015701	CELECOXIB 100 MG CAPSULE	5	60.000	14.90	0.09223	101%-200% Above	No	No
50228015805	CELECOXIB 200 MG CAPSULE	5	30.000	14.90	0.11043	200% Above	No	No
50228015805	CELECOXIB 200 MG CAPSULE	5	90.000	44.90	0.11043	200% Above	No	No
50228015805	CELECOXIB 200 MG CAPSULE	6	30.000	9.90	0.10361	200% Above	No	No
50228015805	CELECOXIB 200 MG CAPSULE	6	30.000	14.90	0.10361	200% Above	No	No

## NADAC Summary Report

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50228015805	CELECOXIB 200 MG CAPSULE	7	30.000	9.90	0.10699	200% Above	No	No
50228015805	CELECOXIB 200 MG CAPSULE	7	30.000	14.90	0.10699	200% Above	No	No
50228015805	CELECOXIB 200 MG CAPSULE	8	30.000	9.90	0.12272	101%-200% Above	No	No
50228015805	CELECOXIB 200 MG CAPSULE	8	30.000	14.90	0.12272	200% Above	No	No
50228017501	BUPROPION HCL SR 150 MG TABLET	5	60.000	11.45	0.09079	101%-200% Above	No	No
50228017501	BUPROPION HCL SR 150 MG TABLET	6	60.000	11.45	0.08775	101%-200% Above	No	No
50228017501	BUPROPION HCL SR 150 MG TABLET	7	60.000	11.45	0.08594	101%-200% Above	No	No
50228017501	BUPROPION HCL SR 150 MG TABLET	8	60.000	11.45	0.09585	76%-100% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	6	30.000	4.90	0.08775	76%-100% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	7	30.000	4.90	0.08594	76%-100% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	8	30.000	4.82	0.09585	51%-75% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	8	30.000	4.90	0.09585	51%-75% Above	No	No
50228017705	GABAPENTIN 600 MG TABLET	7	90.000	10.77	0.09613	10%-25% Above	No	No
50228017801	GABAPENTIN 800 MG TABLET	8	30.000	2.34	0.12423	26%-50% Below	No	No
50228017805	GABAPENTIN 800 MG TABLET	5	30.000	2.53	0.12442	26%-50% Below	No	No
50228017805	GABAPENTIN 800 MG TABLET	5	90.000	6.59	0.12442	26%-50% Below	No	No
50228017805	GABAPENTIN 800 MG TABLET	6	30.000	2.53	0.13036	26%-50% Below	No	No
50228017805	GABAPENTIN 800 MG TABLET	6	270.000	18.17	0.13036	26%-50% Below	No	No
50228017805	GABAPENTIN 800 MG TABLET	7	30.000	2.53	0.12478	26%-50% Below	No	No
50228017805	GABAPENTIN 800 MG TABLET	7	90.000	6.06	0.12478	26%-50% Below	No	No
50228017805	GABAPENTIN 800 MG TABLET	7	90.000	6.59	0.12478	26%-50% Below	No	No
50228017805	GABAPENTIN 800 MG TABLET	8	90.000	6.06	0.12423	26%-50% Below	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	6	90.000	3.10	0.02523	26%-50% Above	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	8	30.000	1.34	0.02724	51%-75% Above	No	No
50228018001	GABAPENTIN 300 MG CAPSULE	5	90.000	4.30	0.04254	10%-25% Above	No	No

## NADAC Summary Report

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50228018001	GABAPENTIN 300 MG CAPSULE	5	90.000	4.80	0.04254	10%-25% Above	No	No
50228018001	GABAPENTIN 300 MG CAPSULE	6	60.000	2.87	0.04082	10%-25% Above	No	No
50228018001	GABAPENTIN 300 MG CAPSULE	6	90.000	4.30	0.04082	10%-25% Above	No	No
50228018001	GABAPENTIN 300 MG CAPSULE	6	120.000	5.74	0.04082	10%-25% Above	No	No
50228018001	GABAPENTIN 300 MG CAPSULE	7	360.000	17.21	0.04113	10%-25% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	5	60.000	1.89	0.04254	10%-25% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	5	90.000	4.80	0.04254	10%-25% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	6	60.000	1.89	0.04082	10%-25% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	6	90.000	4.80	0.04082	26%-50% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	8	60.000	3.37	0.04573	10%-25% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	8	90.000	4.65	0.04573	10%-25% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	8	90.000	4.80	0.04573	10%-25% Above	No	No
50228018105	GABAPENTIN 400 MG CAPSULE	6	270.000	19.27	0.05467	26%-50% Above	No	No
50228035490	PREGABALIN 150 MG CAPSULE	5	30.000	14.90	0.07394	200% Above	No	No
50228035490	PREGABALIN 150 MG CAPSULE	6	30.000	14.90	0.07859	200% Above	No	No
50228035490	PREGABALIN 150 MG CAPSULE	7	30.000	1.67	0.08012	26%-50% Below	No	No
50228035490	PREGABALIN 150 MG CAPSULE	8	30.000	1.67	0.07643	26%-50% Below	No	No
50228037905	EZETIMIBE 10 MG TABLET	5	30.000	13.50	0.08903	200% Above	No	No
50228037905	EZETIMIBE 10 MG TABLET	7	30.000	13.50	0.08044	200% Above	No	No
50228043305	NAPROXEN SODIUM 550 MG TAB	5	20.000	3.93	0.40816	51%-75% Below	No	No
50228043305	NAPROXEN SODIUM 550 MG TAB	6	20.000	6.90	0.41949	10%-25% Below	No	No
50228046501	NABUMETONE 500 MG TABLET	5	60.000	11.71	0.14959	26%-50% Above	Yes	No
50228046501	NABUMETONE 500 MG TABLET	6	60.000	11.71	0.16524	10%-25% Above	Yes	No
50228046501	NABUMETONE 500 MG TABLET	7	60.000	11.71	0.13286	26%-50% Above	Yes	No
50228046501	NABUMETONE 500 MG TABLET	8	60.000	11.71	0.16595	10%-25% 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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50228046505	NABUMETONE 500 MG TABLET	5	60.000	11.71	0.14959	26%-50% Above	No	No
50228046505	NABUMETONE 500 MG TABLET	6	60.000	11.71	0.16524	10%-25% Above	No	No
50228046505	NABUMETONE 500 MG TABLET	7	60.000	11.71	0.13286	26%-50% Above	No	No
50228046601	NABUMETONE 750 MG TABLET	6	60.000	6.58	0.20235	26%-50% Below	No	No
50228046601	NABUMETONE 750 MG TABLET	7	60.000	6.58	0.20049	26%-50% Below	No	No
50228046601	NABUMETONE 750 MG TABLET	8	28.000	2.06	0.23399	51%-75% Below	No	No
50383023310	DORZOLAMIDE-TIMOLOL EYE DROPS	5	10.000	14.78	1.10807	26%-50% Above	No	No
50419040203	YASMIN 28 TABLET	8	28.000	62.68	4.41595	26%-50% Below	Yes	No
50474071079	CIMZIA 2X200 MG/ML SYRINGE KIT	5	1.000	3305.14	5235.84426	26%-50% Below	No	No
50474071079	CIMZIA 2X200 MG/ML SYRINGE KIT	6	1.000	3305.14	5235.84426	26%-50% Below	No	No
50474071079	CIMZIA 2X200 MG/ML SYRINGE KIT	7	1.000	3305.14	5235.84426	26%-50% Below	No	No
50474071079	CIMZIA 2X200 MG/ML SYRINGE KIT	8	1.000	3305.14	5235.84426	26%-50% Below	No	No
50742014201	METHENAMINE HIPP 1 GM TABLET	5	60.000	16.65	0.47988	26%-50% Below	No	No
50742014201	METHENAMINE HIPP 1 GM TABLET	6	60.000	16.09	0.50698	26%-50% Below	No	No
50742014201	METHENAMINE HIPP 1 GM TABLET	7	60.000	17.27	0.48109	26%-50% Below	No	No
50742014201	METHENAMINE HIPP 1 GM TABLET	8	60.000	17.78	0.46103	26%-50% Below	No	No
50742017501	ISOSORBIDE MONONIT ER 30 MG TB	5	30.000	6.72	0.08751	101%-200% Above	No	No
50742017501	ISOSORBIDE MONONIT ER 30 MG TB	6	30.000	6.72	0.07957	101%-200% Above	No	No
50742017501	ISOSORBIDE MONONIT ER 30 MG TB	6	90.000	12.40	0.07957	51%-75% Above	No	No
50742017501	ISOSORBIDE MONONIT ER 30 MG TB	7	30.000	6.72	0.08001	101%-200% Above	No	No
50742017501	ISOSORBIDE MONONIT ER 30 MG TB	8	30.000	6.72	0.08325	101%-200% Above	No	No
50742017605	ISOSORBIDE MONONIT ER 60 MG TB	7	30.000	8.79	0.10991	101%-200% Above	No	No
50742024890	DILTIAZEM 24H ER(CD) 120 MG CP	5	30.000	7.72	0.14981	51%-75% Above	Yes	No
50742024890	DILTIAZEM 24H ER(CD) 120 MG CP	6	30.000	7.72	0.14435	76%-100% Above	Yes	No
50742024890	DILTIAZEM 24H ER(CD) 120 MG CP	7	30.000	7.72	0.14986	51%-75% Above	Yes	No

## NADAC Summary Report

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50742025090	DILTIAZEM 24H ER(CD) 240 MG CP	5	30.000	9.90	0.23489	26%-50% Above	No	No
50742025090	DILTIAZEM 24H ER(CD) 240 MG CP	6	30.000	9.90	0.23324	26%-50% Above	No	No
50742025090	DILTIAZEM 24H ER(CD) 240 MG CP	7	30.000	9.90	0.2367	26%-50% Above	No	No
50742025090	DILTIAZEM 24H ER(CD) 240 MG CP	8	30.000	9.90	0.22104	26%-50% Above	No	No
50742025290	DILTIAZEM 24H ER(CD) 360 MG CP	6	30.000	9.90	0.40298	10%-25% Below	Yes	No
50742025290	DILTIAZEM 24H ER(CD) 360 MG CP	7	30.000	9.90	0.29101	10%-25% Above	Yes	No
50742025290	DILTIAZEM 24H ER(CD) 360 MG CP	8	30.000	156.59	0.35383	200% Above	No	No
50742026001	NIFEDIPINE ER 30 MG TABLET	5	30.000	4.90	0.11958	26%-50% Above	No	No
50742026001	NIFEDIPINE ER 30 MG TABLET	6	30.000	4.90	0.11915	26%-50% Above	No	No
50742026001	NIFEDIPINE ER 30 MG TABLET	8	30.000	4.90	0.1164	26%-50% Above	No	No
50742026001	NIFEDIPINE ER 30 MG TABLET	8	30.000	9.38	0.1164	101%-200% Above	No	No
50742026003	NIFEDIPINE ER 30 MG TABLET	5	30.000	9.38	0.11958	101%-200% Above	No	No
50742026003	NIFEDIPINE ER 30 MG TABLET	6	30.000	9.38	0.11915	101%-200% Above	No	No
50742026003	NIFEDIPINE ER 30 MG TABLET	7	30.000	9.38	0.11434	101%-200% Above	No	No
50742026101	NIFEDIPINE ER 60 MG TABLET	8	90.000	38.26	0.15494	101%-200% Above	Yes	No
50742026103	NIFEDIPINE ER 60 MG TABLET	8	90.000	12.50	0.15494	10%-25% Below	No	No
50742026201	NIFEDIPINE ER 90 MG TABLET	6	90.000	15.41	0.29712	26%-50% Below	No	No
50742027801	DICLOFENAC SOD ER 100 MG TAB	5	30.000	17.59	0.95003	26%-50% Below	No	No
50742027801	DICLOFENAC SOD ER 100 MG TAB	6	30.000	17.10	0.95487	26%-50% Below	No	No
50742027801	DICLOFENAC SOD ER 100 MG TAB	7	30.000	17.19	0.92322	26%-50% Below	No	No
50742027801	DICLOFENAC SOD ER 100 MG TAB	8	30.000	17.19	0.93413	26%-50% Below	No	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	7	9.000	38.14	7.92316	26%-50% Below	Yes	No
50742050510	SCOPOLAMINE 1 MG/3 DAY PATCH	7	4.000	13.68	7.92316	51%-75% Below	No	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	5	15.000	4.52	0.07863	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	5	30.000	0.82	0.07863	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50742061510	METOPROLOL SUCC ER 25 MG TAB	5	30.000	4.90	0.07863	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	5	30.000	8.55	0.07863	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	6	15.000	4.52	0.07518	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	6	30.000	8.55	0.07518	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	6	90.000	12.40	0.07518	76%-100% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	6	90.000	13.15	0.07518	76%-100% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	7	15.000	4.52	0.07791	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	7	45.000	11.17	0.07791	200% Above	No	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	7	45.000	13.28	0.07791	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	7	90.000	12.40	0.07791	76%-100% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	8	30.000	4.90	0.075	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	8	30.000	8.55	0.075	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	8	90.000	12.40	0.075	76%-100% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	8	90.000	13.50	0.075	76%-100% Above	No	No
50742061601	METOPROLOL SUCC ER 50 MG TAB	5	90.000	22.30	0.07702	200% Above	No	No
50742061605	METOPROLOL SUCC ER 50 MG TAB	6	90.000	3.02	0.0799	51%-75% Below	No	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	5	30.000	7.93	0.07702	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	5	90.000	14.90	0.07702	101%-200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	6	30.000	7.93	0.0799	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	6	90.000	14.90	0.0799	101%-200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	6	90.000	22.80	0.0799	200% Above	No	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	7	30.000	7.93	0.07983	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	7	90.000	14.47	0.07983	101%-200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	7	90.000	14.90	0.07983	101%-200% Above	No	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	8	30.000	7.93	0.07761	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
50742061610	METOPROLOL SUCC ER 50 MG TAB	8	90.000	14.47	0.07761	101%-200% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	5	90.000	29.90	0.13816	101%-200% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	6	15.000	0.83	0.12854	51%-75% Below	No	No
50742061801	METOPROLOL SUCC ER 200 MG TAB	6	90.000	66.08	0.16338	200% Above	Yes	No
50742061801	METOPROLOL SUCC ER 200 MG TAB	8	90.000	72.69	0.25545	200% Above	Yes	No
50742062001	NIFEDIPINE ER 30 MG TABLET	5	90.000	33.04	0.13241	101%-200% Above	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	8	2.000	1.25	0.81988	10%-25% Below	Yes	No
50742065728	ESTRADIOL-NORETH 1-0.5 MG TAB	5	28.000	14.90	0.87669	26%-50% Below	No	No
50742065728	ESTRADIOL-NORETH 1-0.5 MG TAB	6	28.000	14.90	0.95412	26%-50% Below	No	No
50742065728	ESTRADIOL-NORETH 1-0.5 MG TAB	7	28.000	14.90	0.97255	26%-50% Below	No	No
50742065728	ESTRADIOL-NORETH 1-0.5 MG TAB	8	28.000	14.90	0.90947	26%-50% Below	No	No
50742065828	ESTRADIOL-NORETH 0.5-0.1 MG TB	5	28.000	14.90	0.75274	26%-50% Below	No	No
50742065828	ESTRADIOL-NORETH 0.5-0.1 MG TB	6	28.000	14.90	0.90167	26%-50% Below	No	No
50742065828	ESTRADIOL-NORETH 0.5-0.1 MG TB	7	28.000	14.90	0.89732	26%-50% Below	No	No
50742065828	ESTRADIOL-NORETH 0.5-0.1 MG TB	8	28.000	14.90	0.92766	26%-50% Below	No	No
51224000760	METFORMIN HCL ER 500 MG TABLET	5	30.000	1.52	0.03133	51%-75% Above	No	No
51224000760	METFORMIN HCL ER 500 MG TABLET	7	120.000	2.30	0.03127	26%-50% Below	No	No
51224000760	METFORMIN HCL ER 500 MG TABLET	8	30.000	1.52	0.03195	51%-75% Above	No	No
51224000760	METFORMIN HCL ER 500 MG TABLET	8	120.000	2.30	0.03195	26%-50% Below	No	No
51224002206	AZITHROMYCIN 250 MG TABLET	5	6.000	3.46	0.33784	51%-75% Above	No	No
51224002218	AZITHROMYCIN 250 MG TABLET	5	6.000	3.66	0.33784	76%-100% Above	No	No
51224002218	AZITHROMYCIN 250 MG TABLET	6	6.000	3.66	0.34207	76%-100% Above	No	No
51224002218	AZITHROMYCIN 250 MG TABLET	6	6.000	3.67	0.34207	76%-100% Above	No	No
51224002230	AZITHROMYCIN 250 MG TABLET	5	6.000	3.46	0.33784	51%-75% Above	No	No
51224002230	AZITHROMYCIN 250 MG TABLET	8	6.000	3.67	0.38013	51%-75% Above	No	No

## NADAC Summary Report

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51224010750	METFORMIN HCL ER 750 MG TABLET	5	30.000	3.49	0.06759	51%-75% Above	No	No
51224010750	METFORMIN HCL ER 750 MG TABLET	6	30.000	3.49	0.06262	76%-100% Above	No	No
51224010750	METFORMIN HCL ER 750 MG TABLET	7	30.000	3.49	0.06563	76%-100% Above	No	No
51224010750	METFORMIN HCL ER 750 MG TABLET	8	30.000	3.49	0.06512	76%-100% Above	No	No
51224010760	METFORMIN HCL ER 750 MG TABLET	5	30.000	3.49	0.06759	51%-75% Above	No	No
51224012230	AZITHROMYCIN 500 MG TABLET	5	13.000	13.26	0.56728	76%-100% Above	No	No
51224012230	AZITHROMYCIN 500 MG TABLET	6	13.000	13.26	0.60724	51%-75% Above	No	No
51224012230	AZITHROMYCIN 500 MG TABLET	7	5.000	5.69	0.60624	76%-100% Above	No	No
51224012230	AZITHROMYCIN 500 MG TABLET	7	13.000	14.50	0.60624	76%-100% Above	No	No
51224012230	AZITHROMYCIN 500 MG TABLET	8	13.000	14.50	0.63734	51%-75% Above	No	No
51224012250	AZITHROMYCIN 500 MG TABLET	8	5.000	9.99	0.63734	200% Above	No	No
51293084610	FOLIC ACID 1 MG TABLET	6	30.000	0.36	0.03028	51%-75% Below	No	No
51293084610	FOLIC ACID 1 MG TABLET	7	30.000	0.36	0.0274	51%-75% Below	No	No
51660052601	ALLERGY (LORATADINE) 10 MG TAB	7	90.000	1.81	0.06074	51%-75% Below	Yes	No
51672126705	TRIAMCINOLONE 0.1% PASTE	6	5.000	9.99	4.67386	51%-75% Below	No	No
51672126901	BETAMETHASONE VA 0.1% CREAM	8	15.000	4.96	0.65218	26%-50% Below	Yes	No
51672126901	BETAMETHASONE VA 0.1% CREAM	8	15.000	6.90	0.65218	26%-50% Below	Yes	No
51672127401	BETAMETHASONE DP 0.05% CRM	5	30.000	19.11	0.7565	10%-25% Below	Yes	No
51672127501	CLOTRIMAZOLE 1% TOPICAL CREAM	7	15.000	0.00	0.21457	76%-100% Below	No	No
51672128202	TRIAMCINOLONE 0.1% CREAM	6	30.000	6.40	0.14613	26%-50% Above	No	No
51672128202	TRIAMCINOLONE 0.1% CREAM	7	30.000	4.78	0.11495	26%-50% Above	No	No
51672128202	TRIAMCINOLONE 0.1% CREAM	8	30.000	4.87	0.12102	26%-50% Above	No	No
51672128902	NYSTATIN 100,000 UNIT/GM CREAM	6	60.000	5.47	0.14869	26%-50% Below	Yes	No
51672129302	CLOBETASOL 0.05% SOLUTION	5	50.000	9.15	0.46713	51%-75% Below	No	No
51672129303	CLOBETASOL 0.05% SOLUTION	5	50.000	8.65	0.32528	26%-50% Below	No	No



## NADAC Summary Report

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51672129402	CLOBETASOL 0.05% GEL	5	60.000	15.41	0.31373	10%-25% Below	No	No
51672129803	KETOCONAZOLE 2% CREAM	5	60.000	19.90	0.20634	51%-75% Above	No	No
51672130200	TERCONAZOLE 0.8% CREAM	5	20.000	16.92	1.20218	26%-50% Below	No	No
51672130200	TERCONAZOLE 0.8% CREAM	8	20.000	16.92	1.25394	26%-50% Below	No	No
51672130308	ECONAZOLE NITRATE 1% CREAM	5	85.000	8.74	0.18828	26%-50% Below	Yes	No
51672130406	TERCONAZOLE 0.4% CREAM	5	45.000	15.52	0.6023	26%-50% Below	No	No
51672130406	TERCONAZOLE 0.4% CREAM	5	45.000	19.53	0.6023	26%-50% Below	Yes	No
51672130406	TERCONAZOLE 0.4% CREAM	7	45.000	15.62	0.6316	26%-50% Below	Yes	No
51672130406	TERCONAZOLE 0.4% CREAM	7	45.000	15.87	0.6316	26%-50% Below	No	No
51672130406	TERCONAZOLE 0.4% CREAM	7	45.000	15.89	0.6316	26%-50% Below	No	No
51672130406	TERCONAZOLE 0.4% CREAM	8	45.000	16.06	0.57743	26%-50% Below	No	No
51672131001	BETAMETHASONE DP AUG 0.05% CRM	5	15.000	14.90	0.2108	200% Above	No	No
51672131200	MUPIROCIN 2% OINTMENT	7	22.000	7.15	0.19773	51%-75% Above	No	No
51672131201	MUPIROCIN 2% OINTMENT	8	15.000	6.90	0.27408	51%-75% Above	No	No
51672135708	FLUOCINOLONE 0.01% SCALP OIL	6	118.280	15.55	0.20513	26%-50% Below	Yes	No
51672135708	FLUOCINOLONE 0.01% SCALP OIL	7	118.280	15.55	0.24283	26%-50% Below	Yes	No
51672135708	FLUOCINOLONE 0.01% SCALP OIL	8	118.280	15.55	0.18911	26%-50% Below	Yes	No
51672136606	CLIND PH-BENZOYL PEROX 1.2-5%	8	45.000	16.18	0.63313	26%-50% Below	No	No
51672138102	CLINDAMYCIN-BENZOYL PEROX 1-5%	7	25.000	19.90	1.14039	26%-50% Below	No	No
51672138508	IBUPROFEN 100 MG/5 ML SUSP	7	120.000	4.20	0.02895	10%-25% Above	No	No
51672138803	DAPSONE 7.5% GEL PUMP	5	60.000	276.43	2.52507	76%-100% Above	Yes	No
51672139400	TRETINOIN 0.05% CREAM	6	20.000	19.01	1.98329	51%-75% Below	No	No
51672140700	TRETINOIN 0.025% CREAM	5	20.000	12.66	1.65747	51%-75% Below	No	No
51672140709	TRETINOIN 0.025% CREAM	7	45.000	9.99	1.02919	76%-100% Below	No	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	5	60.000	3.02	0.04318	10%-25% 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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	6	75.000	3.65	0.04319	10%-25% Above	Yes	No
51672404601	ENALAPRIL-HYDROCHLOROTHIAZIDE 10-25 MG TABLET	5	60.000	5.05	0.14483	26%-50% Below	No	No
51672404601	ENALAPRIL-HYDROCHLOROTHIAZIDE 10-25 MG TABLET	6	60.000	5.05	0.1751	51%-75% Below	No	No
51672404601	ENALAPRIL-HYDROCHLOROTHIAZIDE 10-25 MG TABLET	7	60.000	5.05	0.22643	51%-75% Below	No	No
51672404601	ENALAPRIL-HYDROCHLOROTHIAZIDE 10-25 MG TABLET	8	60.000	5.05	0.14425	26%-50% Below	No	No
51672407008	CETIRIZINE HCL 1 MG/ML SOLN	5	75.000	1.17	0.02146	26%-50% Below	Yes	No
51672407008	CETIRIZINE HCL 1 MG/ML SOLN	5	75.000	4.74	0.02146	101%-200% Above	Yes	No
51672407008	CETIRIZINE HCL 1 MG/ML SOLN	6	75.000	4.74	0.02456	101%-200% Above	Yes	No
51672411806	FLUOROURACIL 5% CREAM	8	40.000	17.49	0.85809	26%-50% Below	No	No
51672411806	FLUOROURACIL 5% CREAM	8	40.000	21.50	0.85809	26%-50% Below	Yes	No
51672420003	AZITHROMYCIN 200 MG/5 ML SUSP	5	30.000	9.90	0.27445	10%-25% Above	No	No
51672421503	METRONIDAZOLE TOPICAL 1% GEL	8	60.000	33.83	1.02006	26%-50% Below	No	No
51862045404	CLONIDINE 0.2 MG/DAY PATCH	5	4.000	23.91	11.07716	26%-50% Below	No	No
51862045404	CLONIDINE 0.2 MG/DAY PATCH	5	4.000	27.88	11.07716	26%-50% Below	No	No
51862045404	CLONIDINE 0.2 MG/DAY PATCH	6	4.000	26.59	11.25685	26%-50% Below	No	No
51862045404	CLONIDINE 0.2 MG/DAY PATCH	7	4.000	25.75	10.5648	26%-50% Below	No	No
51862045404	CLONIDINE 0.2 MG/DAY PATCH	8	4.000	27.02	10.19365	26%-50% Below	No	No
51862056406	LOW-OGESTREL-28 TABLET	7	84.000	0.01	0.40651	76%-100% Below	No	No
51862061101	METHYLPHENIDATE LA 30 MG CAP	6	30.000	34.53	1.63317	26%-50% Below	No	No
51862061101	METHYLPHENIDATE LA 30 MG CAP	6	30.000	34.77	1.63317	26%-50% Below	No	No
51862061101	METHYLPHENIDATE LA 30 MG CAP	8	30.000	35.03	3.33702	51%-75% Below	No	No
51862064310	TAMOXIFEN 20 MG TABLET	6	90.000	37.95	0.3443	10%-25% Above	Yes	No
51862064606	TRI-NYMYO 28 TABLET	5	28.000	2.43	0.15062	26%-50% Below	No	No
51862064606	TRI-NYMYO 28 TABLET	6	28.000	2.43	0.13463	26%-50% Below	No	No
51862064606	TRI-NYMYO 28 TABLET	7	28.000	2.26	0.14024	26%-50% Below	No	No

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51862064606	TRI-NYMYO 28 TABLET	7	28.000	2.46	0.14024	26%-50% Below	No	No
51862085601	CARBIDOPA-LEVODOPA 25-100 TAB	7	360.000	47.41	0.09535	26%-50% Above	Yes	No
51991000633	DESVENLAFAXINE SUCCNT ER 25 MG	5	60.000	14.99	0.49726	26%-50% Below	No	No
51991029301	OXCARBAZEPINE 300 MG TABLET	5	180.000	20.59	0.20161	26%-50% Below	No	No
51991029301	OXCARBAZEPINE 300 MG TABLET	8	180.000	21.80	0.19234	26%-50% Below	No	No
51991029305	OXCARBAZEPINE 300 MG TABLET	8	98.000	11.71	0.19234	26%-50% Below	No	No
51991031133	DESVENLAFAXINE SUCCNT ER 50 MG	5	90.000	29.99	0.47551	26%-50% Below	No	No
51991031233	DESVENLAFAXINE SUCCNT ER 100 MG	7	90.000	29.99	0.50711	26%-50% Below	No	No
51991062033	ANASTROZOLE 1 MG TABLET	7	30.000	0.00	0.1515	76%-100% Below	No	No
51991062033	ANASTROZOLE 1 MG TABLET	8	30.000	0.00	0.16311	76%-100% Below	No	No
51991074605	DULOXETINE HCL DR 20 MG CAP	8	15.000	9.90	0.11185	200% Above	No	No
51991074605	DULOXETINE HCL DR 20 MG CAP	8	60.000	9.90	0.11185	26%-50% Above	No	No
51991074710	DULOXETINE HCL DR 30 MG CAP	7	14.000	14.90	0.10107	200% Above	No	No
51991074710	DULOXETINE HCL DR 30 MG CAP	8	30.000	5.00	0.09478	51%-75% Above	No	No
51991074790	DULOXETINE HCL DR 30 MG CAP	5	270.000	57.48	0.09954	101%-200% Above	Yes	No
51991074790	DULOXETINE HCL DR 30 MG CAP	6	90.000	19.16	0.10343	101%-200% Above	Yes	No
51991074790	DULOXETINE HCL DR 30 MG CAP	8	90.000	21.08	0.09478	101%-200% Above	Yes	No
51991074810	DULOXETINE HCL DR 60 MG CAP	6	30.000	9.90	0.11181	101%-200% Above	No	No
51991074810	DULOXETINE HCL DR 60 MG CAP	6	60.000	12.50	0.11181	76%-100% Above	No	No
51991074810	DULOXETINE HCL DR 60 MG CAP	6	120.000	29.99	0.11181	101%-200% Above	No	No
51991074810	DULOXETINE HCL DR 60 MG CAP	7	30.000	2.02	0.11157	26%-50% Below	No	No
51991074810	DULOXETINE HCL DR 60 MG CAP	7	30.000	9.90	0.11157	101%-200% Above	No	No
51991074810	DULOXETINE HCL DR 60 MG CAP	8	30.000	2.02	0.11101	26%-50% Below	No	No
51991074810	DULOXETINE HCL DR 60 MG CAP	8	30.000	5.00	0.11101	26%-50% Above	No	No
51991074890	DULOXETINE HCL DR 60 MG CAP	5	30.000	9.99	0.11411	101%-200% Above	No	No

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51991074890	DULOXETINE HCL DR 60 MG CAP	5	90.000	19.00	0.11411	76%-100% Above	Yes	No
51991074890	DULOXETINE HCL DR 60 MG CAP	8	90.000	20.91	0.11101	101%-200% Above	Yes	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	7	30.000	9.99	0.18245	76%-100% Above	No	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	8	30.000	9.99	0.19092	51%-75% Above	No	No
51991081801	PROPRANOLOL ER 80 MG CAPSULE	5	30.000	9.99	0.22055	26%-50% Above	No	No
51991081801	PROPRANOLOL ER 80 MG CAPSULE	6	30.000	9.99	0.20397	51%-75% Above	No	No
51991081801	PROPRANOLOL ER 80 MG CAPSULE	7	30.000	9.99	0.20246	51%-75% Above	No	No
51991081801	PROPRANOLOL ER 80 MG CAPSULE	8	30.000	9.99	0.22087	26%-50% Above	No	No
51991081901	PROPRANOLOL ER 120 MG CAPSULE	7	90.000	29.99	0.22721	26%-50% Above	No	No
51991082001	PROPRANOLOL ER 160 MG CAPSULE	7	90.000	44.90	0.346	26%-50% Above	No	No
51991087833	EPLERENONE 50 MG TABLET	5	30.000	11.07	0.82639	51%-75% Below	No	No
51991087833	EPLERENONE 50 MG TABLET	6	30.000	12.28	0.67295	26%-50% Below	No	No
51991087833	EPLERENONE 50 MG TABLET	7	30.000	12.28	0.61808	26%-50% Below	No	No
51991087833	EPLERENONE 50 MG TABLET	8	30.000	6.21	0.63138	51%-75% Below	No	No
52536062501	TESTOSTERONE CYP 200 MG/ML	8	4.000	24.55	13.93014	51%-75% Below	No	No
52817018000	CLONIDINE HCL 0.1 MG TABLET	5	30.000	1.29	0.0269	51%-75% Above	No	No
52817018000	CLONIDINE HCL 0.1 MG TABLET	6	30.000	1.29	0.02797	51%-75% Above	No	No
52817018100	CLONIDINE HCL 0.2 MG TABLET	6	30.000	1.86	0.03599	51%-75% Above	No	No
52817018100	CLONIDINE HCL 0.2 MG TABLET	7	30.000	1.86	0.03338	76%-100% Above	No	No
52817021010	CYPROHEPTADINE 4 MG TABLET	5	90.000	14.90	0.09549	51%-75% Above	No	No
52817021010	CYPROHEPTADINE 4 MG TABLET	6	90.000	14.90	0.09726	51%-75% Above	No	No
52817032110	BACLOFEN 20 MG TABLET	5	120.000	19.99	0.09586	51%-75% Above	No	No
52817033010	CYCLOBENZAPRINE 5 MG TABLET	6	120.000	4.55	0.02323	51%-75% Above	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	6	20.000	0.28	0.02323	26%-50% Below	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	7	60.000	2.55	0.02245	76%-100% Above	No	No

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52817033050	CYCLOBENZAPRINE 5 MG TABLET	8	30.000	1.53	0.02428	101%-200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	5	30.000	1.14	0.02117	76%-100% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	5	30.000	1.16	0.02117	76%-100% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	5	45.000	1.45	0.02117	51%-75% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	5	90.000	2.47	0.02117	26%-50% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	5	90.000	2.50	0.02117	26%-50% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	6	15.000	0.83	0.02453	101%-200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	6	20.000	1.01	0.02453	101%-200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	6	30.000	1.16	0.02453	51%-75% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	6	90.000	2.47	0.02453	10%-25% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	7	10.000	0.72	0.02198	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	7	30.000	1.14	0.02198	51%-75% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	7	30.000	1.16	0.02198	51%-75% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	7	30.000	1.23	0.02198	76%-100% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	7	45.000	1.54	0.02198	51%-75% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	7	90.000	2.47	0.02198	10%-25% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	8	30.000	0.28	0.02303	51%-75% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	8	30.000	1.14	0.02303	51%-75% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	8	30.000	1.16	0.02303	51%-75% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	8	45.000	1.54	0.02303	26%-50% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	8	90.000	2.47	0.02303	10%-25% Above	No	No
52817036000	METOPROLOL TARTRATE 25 MG TAB	6	180.000	4.80	0.01702	51%-75% Above	No	No
52817036100	METOPROLOL TARTRATE 50 MG TAB	5	60.000	1.65	0.02113	26%-50% Above	No	No
52817036100	METOPROLOL TARTRATE 50 MG TAB	6	60.000	1.65	0.02258	10%-25% Above	No	No
52817036100	METOPROLOL TARTRATE 50 MG TAB	7	30.000	0.35	0.02089	26%-50% Below	No	No

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52817036100	METOPROLOL TARTRATE 50 MG TAB	8	60.000	0.71	0.02041	26%-50% Below	No	No
52817036100	METOPROLOL TARTRATE 50 MG TAB	8	60.000	1.65	0.02041	26%-50% Above	No	No
52817036200	METOPROLOL TARTRATE 100 MG TAB	5	60.000	0.01	0.02775	76%-100% Below	No	No
52817036200	METOPROLOL TARTRATE 100 MG TAB	6	60.000	0.01	0.02846	76%-100% Below	No	No
52817036200	METOPROLOL TARTRATE 100 MG TAB	7	60.000	0.01	0.02593	76%-100% Below	No	No
52817036200	METOPROLOL TARTRATE 100 MG TAB	8	180.000	0.02	0.02819	76%-100% Below	No	No
52817039110	CARBIDOPA-LEVODOPA 25-100 TAB	8	240.000	19.90	0.09783	10%-25% Below	Yes	No
52937000120	VASCEPA 1 GM CAPSULE	6	120.000	216.98	2.83572	26%-50% Below	No	No
52937000120	VASCEPA 1 GM CAPSULE	7	120.000	216.98	2.83572	26%-50% Below	No	No
52937000120	VASCEPA 1 GM CAPSULE	8	120.000	216.98	2.83572	26%-50% Below	No	No
53489011802	DOXYCYCLINE HYCLATE 50 MG CAP	6	30.000	34.48	0.16779	200% Above	No	No
53489011802	DOXYCYCLINE HYCLATE 50 MG CAP	7	30.000	34.48	0.18384	200% Above	No	No
53489011802	DOXYCYCLINE HYCLATE 50 MG CAP	8	30.000	34.48	0.17841	200% Above	No	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	5	14.000	14.90	0.13947	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	5	20.000	9.90	0.13947	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	5	28.000	2.02	0.13947	26%-50% Below	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	6	20.000	1.44	0.13725	26%-50% Below	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	6	60.000	4.33	0.13725	26%-50% Below	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	6	60.000	4.90	0.13725	26%-50% Below	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	7	5.000	0.36	0.14174	26%-50% Below	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	8	20.000	1.44	0.14361	26%-50% Below	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	8	20.000	9.90	0.14361	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	8	60.000	4.33	0.14361	26%-50% Below	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	8	60.000	4.90	0.14361	26%-50% Below	Yes	No
53489014305	SPIRONOLACTONE 25 MG TABLET	5	30.000	3.32	0.05333	101%-200% Above	No	No

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53489014305	SPIRONOLACTONE 25 MG TABLET	6	30.000	3.32	0.05565	76%-100% Above	No	No
53489014305	SPIRONOLACTONE 25 MG TABLET	7	30.000	3.32	0.05235	101%-200% Above	No	No
53489014305	SPIRONOLACTONE 25 MG TABLET	8	30.000	3.32	0.05351	101%-200% Above	No	No
53489014605	SULFAMETHOXAZOLE-TMP DS TABLET	6	20.000	0.69	0.06404	26%-50% Below	No	No
53489015605	ALLOPURINOL 100 MG TABLET	6	30.000	7.40	0.05051	200% Above	No	No
53489015605	ALLOPURINOL 100 MG TABLET	6	180.000	44.36	0.05051	200% Above	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	5	14.000	3.30	0.10906	101%-200% Above	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	20.000	4.50	0.11279	76%-100% Above	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	6	30.000	4.90	0.11279	26%-50% Above	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	5.000	0.26	0.13074	51%-75% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	12.000	2.90	0.13074	76%-100% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	20.000	4.50	0.13074	51%-75% Above	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	7	24.000	5.30	0.13074	51%-75% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	10.000	2.60	0.11674	101%-200% Above	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	14.000	0.73	0.11674	51%-75% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	20.000	1.04	0.11674	51%-75% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	20.000	4.50	0.11674	76%-100% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	25.000	1.30	0.11674	51%-75% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	8	30.000	6.50	0.11674	76%-100% Above	Yes	No
53746036110	FOLIC ACID 1 MG TABLET	5	90.000	2.00	0.02916	10%-25% Below	Yes	No
53746036110	FOLIC ACID 1 MG TABLET	6	90.000	2.00	0.03028	26%-50% Below	Yes	No
53746036110	FOLIC ACID 1 MG TABLET	8	90.000	0.71	0.02804	51%-75% Below	Yes	No
53746044201	MECLIZINE 25 MG TABLET	8	45.000	2.94	0.11452	26%-50% Below	No	No
53746051101	SPIRONOLACTONE 25 MG TABLET	5	30.000	3.09	0.05333	76%-100% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	5	90.000	3.08	0.05333	26%-50% Below	Yes	No

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53746051101	SPIRONOLACTONE 25 MG TABLET	6	90.000	8.65	0.05565	51%-75% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	6	90.000	8.95	0.05565	76%-100% Above	No	No
53746051101	SPIRONOLACTONE 25 MG TABLET	7	90.000	3.38	0.05235	26%-50% Below	Yes	No
53746051105	SPIRONOLACTONE 25 MG TABLET	7	90.000	3.08	0.05235	26%-50% Below	Yes	No
53746051105	SPIRONOLACTONE 25 MG TABLET	8	90.000	3.38	0.05351	26%-50% Below	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	5	30.000	1.77	0.10984	26%-50% Below	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	5	30.000	6.10	0.10984	76%-100% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	6	30.000	1.77	0.11739	26%-50% Below	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	7	30.000	6.10	0.11657	51%-75% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	7	60.000	3.54	0.11657	26%-50% Below	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	7	90.000	11.86	0.11657	10%-25% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	8	30.000	6.10	0.11754	51%-75% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	6	30.000	10.93	0.25447	26%-50% Above	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	5	10.000	0.28	0.05532	26%-50% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	5	15.000	2.02	0.05532	101%-200% Above	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	6	20.000	2.45	0.05026	101%-200% Above	No	No
53746052101	PROMETHAZINE 25 MG TABLET	6	30.000	0.84	0.05026	26%-50% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	6	30.000	3.53	0.05026	101%-200% Above	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	7	20.000	2.52	0.04935	101%-200% Above	Yes	No
53746052110	PROMETHAZINE 25 MG TABLET	6	30.000	3.53	0.05026	101%-200% Above	No	No
53746052110	PROMETHAZINE 25 MG TABLET	7	30.000	3.53	0.04935	101%-200% Above	No	No
53746052110	PROMETHAZINE 25 MG TABLET	8	12.000	1.71	0.05048	101%-200% Above	No	No
53746054201	POTASSIUM CL ER 10 MEQ CAPSULE	7	30.000	9.90	0.12734	101%-200% Above	Yes	No
53746054401	PRIMIDONE 50 MG TABLET	5	360.000	33.53	0.14354	26%-50% Below	No	No
53746054401	PRIMIDONE 50 MG TABLET	8	360.000	33.53	0.12932	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
53746061701	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	5	40.000	6.90	0.12871	26%-50% Above	No	No
53746061701	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	6	40.000	6.90	0.10506	51%-75% Above	No	No
53746061701	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	8	28.000	6.45	0.11899	76%-100% Above	No	No
53746061701	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	8	40.000	6.90	0.11899	26%-50% Above	No	No
53746064201	FLECAINIDE ACETATE 100 MG TAB	5	180.000	20.43	0.20555	26%-50% Below	No	No
53746064201	FLECAINIDE ACETATE 100 MG TAB	6	180.000	20.16	0.20636	26%-50% Below	No	No
53746066901	ACEBUTOLOL 200 MG CAPSULE	5	30.000	12.58	0.74285	26%-50% Below	No	No
53746066901	ACEBUTOLOL 200 MG CAPSULE	6	90.000	36.75	0.72385	26%-50% Below	Yes	No
53746071101	GUANFACINE 1 MG TABLET	8	30.000	9.90	0.43333	10%-25% Below	No	No
53746074501	PROMETHAZINE 12.5 MG TABLET	5	15.000	0.35	0.04927	51%-75% Below	Yes	No
53746074501	PROMETHAZINE 12.5 MG TABLET	5	120.000	2.80	0.04927	51%-75% Below	Yes	No
53746074501	PROMETHAZINE 12.5 MG TABLET	7	30.000	3.55	0.0436	101%-200% Above	Yes	No
53746074501	PROMETHAZINE 12.5 MG TABLET	8	30.000	0.70	0.04828	51%-75% Below	Yes	No
53746074501	PROMETHAZINE 12.5 MG TABLET	8	30.000	3.05	0.04828	101%-200% Above	No	No
53746075301	BENZAEPRIl HCL 20 MG TABLET	5	60.000	4.03	0.08251	10%-25% Below	Yes	No
53746075301	BENZAEPRIl HCL 20 MG TABLET	8	90.000	10.68	0.0778	51%-75% Above	Yes	No
53746075405	BENZAEPRIl HCL 40 MG TABLET	8	90.000	6.67	0.09956	10%-25% Below	No	No
54436027504	XYOSTED 75 MG/0.5 ML AUTO-INJ	6	2.000	371.00	291.22215	26%-50% Below	No	No
54436027504	XYOSTED 75 MG/0.5 ML AUTO-INJ	7	2.000	371.00	291.22215	26%-50% Below	No	No
55111011901	FAMOTIDINE 20 MG TABLET	7	20.000	1.18	0.0312	76%-100% Above	No	No
55111011901	FAMOTIDINE 20 MG TABLET	7	30.000	0.00	0.0312	76%-100% Below	No	No
55111011901	FAMOTIDINE 20 MG TABLET	8	60.000	2.61	0.03182	26%-50% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	5	1.000	2.74	0.68571	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	5	2.000	3.41	0.68571	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	5	2.000	4.81	0.68571	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
55111014512	FLUCONAZOLE 150 MG TABLET	5	3.000	5.56	0.68571	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	5	3.000	6.96	0.68571	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	5	5.000	8.40	0.68571	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	6	1.000	0.15	0.65506	76%-100% Below	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	6	1.000	2.65	0.65506	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	6	2.000	4.91	0.65506	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	6	3.000	6.96	0.65506	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	6	4.000	9.11	0.65506	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	7	1.000	2.58	0.66696	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	7	2.000	4.01	0.66696	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	7	2.000	4.81	0.66696	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	7	3.000	6.73	0.66696	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	7	3.000	6.96	0.66696	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	8	1.000	2.65	0.63597	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	8	1.000	2.75	0.63597	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	8	2.000	4.81	0.63597	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	8	2.000	5.06	0.63597	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	8	3.000	6.96	0.63597	200% Above	No	No
55111015001	FLUOXETINE HCL 10 MG TABLET	7	30.000	6.90	0.14625	51%-75% Above	Yes	No
55111015001	FLUOXETINE HCL 10 MG TABLET	8	30.000	6.90	0.16447	26%-50% Above	Yes	No
55111015330	ONDANSETRON HCL 4 MG TABLET	5	18.000	7.02	0.06647	200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	6	15.000	5.74	0.07229	200% Above	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	6	18.000	82.77	0.09833	200% Above	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	7	10.000	45.98	0.10114	200% Above	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	7	18.000	82.77	0.10114	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
55111015430	ONDANSETRON HCL 8 MG TABLET	8	18.000	82.77	0.09564	200% Above	No	No
55111015930	OMEPRAZOLE DR 40 MG CAPSULE	5	30.000	5.28	0.05737	200% Above	No	No
55111016730	OLANZAPINE 15 MG TABLET	5	30.000	35.89	0.13344	200% Above	No	No
55111016730	OLANZAPINE 15 MG TABLET	6	30.000	35.89	0.14204	200% Above	No	No
55111016730	OLANZAPINE 15 MG TABLET	7	30.000	35.89	0.13714	200% Above	No	No
55111016730	OLANZAPINE 15 MG TABLET	8	30.000	35.89	0.13739	200% Above	No	No
55111016830	OLANZAPINE 20 MG TABLET	5	30.000	13.93	0.16187	101%-200% Above	No	No
55111016830	OLANZAPINE 20 MG TABLET	6	30.000	13.93	0.14602	200% Above	No	No
55111016830	OLANZAPINE 20 MG TABLET	7	30.000	13.93	0.16224	101%-200% Above	No	No
55111016830	OLANZAPINE 20 MG TABLET	8	30.000	13.93	0.1564	101%-200% Above	No	No
55111017910	TIZANIDINE HCL 2 MG TABLET	8	30.000	6.63	0.04601	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	5	30.000	4.90	0.04711	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	5	30.000	6.52	0.04711	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	5	45.000	9.52	0.04711	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	5	60.000	1.63	0.04711	26%-50% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	5	60.000	12.53	0.04711	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	5	90.000	9.90	0.04711	101%-200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	5	90.000	17.91	0.04711	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	5	120.000	14.90	0.04711	101%-200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	6	15.000	3.49	0.04832	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	6	30.000	6.52	0.04832	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	6	60.000	1.63	0.04832	26%-50% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	6	90.000	9.90	0.04832	101%-200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	6	120.000	14.90	0.04832	101%-200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	7	30.000	1.21	0.04501	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
55111018010	TIZANIDINE HCL 4 MG TABLET	7	45.000	1.58	0.04501	10%-25% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	7	60.000	1.66	0.04501	26%-50% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	7	120.000	3.37	0.04501	26%-50% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	8	40.000	1.51	0.04293	10%-25% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	8	45.000	1.58	0.04293	10%-25% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	8	60.000	1.69	0.04293	26%-50% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	8	60.000	1.88	0.04293	26%-50% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	8	90.000	2.53	0.04293	26%-50% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	8	90.000	2.78	0.04293	26%-50% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	8	120.000	3.37	0.04293	26%-50% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	5	60.000	0.01	0.04711	76%-100% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	5	60.000	1.12	0.04711	51%-75% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	5	60.000	6.90	0.04711	101%-200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	5	90.000	17.91	0.04711	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	5	120.000	14.90	0.04711	101%-200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	5	450.000	29.99	0.04711	26%-50% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	6	30.000	0.81	0.04832	26%-50% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	6	30.000	6.52	0.04832	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	6	60.000	0.01	0.04832	76%-100% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	6	60.000	6.90	0.04832	101%-200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	7	15.000	3.49	0.04501	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	7	30.000	6.39	0.04501	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	7	60.000	6.90	0.04501	101%-200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	7	90.000	2.57	0.04501	26%-50% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	7	120.000	14.90	0.04501	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
55111018015	TIZANIDINE HCL 4 MG TABLET	8	10.000	0.74	0.04293	51%-75% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	8	60.000	1.93	0.04293	10%-25% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	8	68.000	2.13	0.04293	26%-50% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	8	120.000	3.37	0.04293	26%-50% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	8	450.000	10.94	0.04293	26%-50% Below	No	No
55111019605	CLOPIDOGREL 75 MG TABLET	5	90.000	0.01	0.06332	76%-100% Below	No	No
55111019605	CLOPIDOGREL 75 MG TABLET	8	90.000	0.01	0.06298	76%-100% Below	No	No
55111019690	CLOPIDOGREL 75 MG TABLET	6	30.000	3.45	0.06301	76%-100% Above	No	No
55111019690	CLOPIDOGREL 75 MG TABLET	8	30.000	0.62	0.06298	51%-75% Below	No	No
55111019690	CLOPIDOGREL 75 MG TABLET	8	30.000	3.45	0.06298	76%-100% Above	No	No
55111028050	LEVOFLOXACIN 500 MG TABLET	5	7.000	1.96	0.18496	51%-75% Above	No	No
55111028050	LEVOFLOXACIN 500 MG TABLET	5	10.000	2.59	0.18496	26%-50% Above	No	No
55111029136	SUMATRIPTAN SUCC 25 MG TABLET	6	9.000	10.63	0.29968	200% Above	No	No
55111029136	SUMATRIPTAN SUCC 25 MG TABLET	8	9.000	10.63	0.31981	200% Above	No	No
55111029198	SUMATRIPTAN SUCC 25 MG TABLET	8	9.000	4.90	0.31981	51%-75% Above	No	No
55111029198	SUMATRIPTAN SUCC 25 MG TABLET	8	9.000	9.90	0.31981	200% Above	No	No
55111029236	SUMATRIPTAN SUCC 50 MG TABLET	8	4.000	3.85	0.44034	101%-200% Above	No	No
55111029336	SUMATRIPTAN SUCC 100 MG TABLET	6	9.000	2.42	0.47236	26%-50% Below	No	No
55111029336	SUMATRIPTAN SUCC 100 MG TABLET	6	10.000	8.97	0.47236	76%-100% Above	No	No
55111029336	SUMATRIPTAN SUCC 100 MG TABLET	7	9.000	2.47	0.47405	26%-50% Below	No	No
55111029336	SUMATRIPTAN SUCC 100 MG TABLET	8	9.000	2.55	0.48199	26%-50% Below	No	No
55111029336	SUMATRIPTAN SUCC 100 MG TABLET	8	10.000	8.97	0.48199	76%-100% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	5	9.000	8.12	0.47073	76%-100% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	6	9.000	8.12	0.47236	76%-100% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	6	27.000	9.99	0.47236	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	7	9.000	8.12	0.47405	76%-100% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	8	9.000	4.90	0.48199	10%-25% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	8	9.000	8.12	0.48199	76%-100% Above	No	No
55111032101	GLIMEPIRIDE 2 MG TABLET	7	90.000	12.33	0.03587	200% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	7	180.000	18.94	0.03587	101%-200% Above	Yes	No
55111032105	GLIMEPIRIDE 2 MG TABLET	5	30.000	4.08	0.04068	200% Above	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	5	30.000	4.30	0.04068	200% Above	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	5	30.000	5.28	0.04068	200% Above	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	5	60.000	1.36	0.04068	26%-50% Below	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	5	90.000	12.00	0.04068	200% Above	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	6	30.000	4.08	0.04078	200% Above	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	6	30.000	5.28	0.04078	200% Above	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	6	60.000	1.31	0.04078	26%-50% Below	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	7	30.000	4.00	0.03587	200% Above	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	7	60.000	1.20	0.03587	26%-50% Below	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	7	60.000	8.00	0.03587	200% Above	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	7	90.000	12.00	0.03587	200% Above	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	8	30.000	4.00	0.03705	200% Above	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	8	60.000	1.17	0.03705	26%-50% Below	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	8	60.000	8.00	0.03705	200% Above	No	No
55111032201	GLIMEPIRIDE 4 MG TABLET	5	28.000	6.24	0.04596	200% Above	No	No
55111032201	GLIMEPIRIDE 4 MG TABLET	5	90.000	13.93	0.04596	200% Above	Yes	No
55111032201	GLIMEPIRIDE 4 MG TABLET	5	90.000	19.13	0.04596	200% Above	No	No
55111032201	GLIMEPIRIDE 4 MG TABLET	5	180.000	27.86	0.04596	200% Above	Yes	No
55111032201	GLIMEPIRIDE 4 MG TABLET	6	30.000	6.65	0.04784	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
55111032201	GLIMEPIRIDE 4 MG TABLET	7	90.000	15.33	0.0495	200% Above	Yes	No
55111032201	GLIMEPIRIDE 4 MG TABLET	8	90.000	19.13	0.04959	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	5	30.000	4.90	0.04596	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	5	90.000	16.08	0.04596	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	6	30.000	0.79	0.04784	26%-50% Below	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	6	180.000	4.72	0.04784	26%-50% Below	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	7	30.000	0.79	0.0495	26%-50% Below	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	7	180.000	20.00	0.0495	101%-200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	8	30.000	0.64	0.04959	51%-75% Below	No	No
55111033390	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	3.99	0.05468	101%-200% Above	No	No
55111033390	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	4.00	0.05449	101%-200% Above	No	No
55111033390	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.000	10.79	0.0553	101%-200% Above	No	No
55111033390	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	4.00	0.06185	101%-200% Above	No	No
55111033390	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.000	10.79	0.06185	76%-100% Above	No	No
55111034001	AMLODIPINE-BENAZEPRIL 5-20 MG	5	30.000	6.99	0.14042	51%-75% Above	No	No
55111034001	AMLODIPINE-BENAZEPRIL 5-20 MG	6	30.000	6.99	0.13557	51%-75% Above	No	No
55111034001	AMLODIPINE-BENAZEPRIL 5-20 MG	7	30.000	6.99	0.13362	51%-75% Above	No	No
55111034001	AMLODIPINE-BENAZEPRIL 5-20 MG	7	90.000	35.50	0.13362	101%-200% Above	No	No
55111034001	AMLODIPINE-BENAZEPRIL 5-20 MG	8	30.000	6.99	0.13135	76%-100% Above	No	No
55111034405	CITALOPRAM HBR 40 MG TABLET	5	30.000	0.71	0.04176	26%-50% Below	No	No
55111034405	CITALOPRAM HBR 40 MG TABLET	6	30.000	0.71	0.04106	26%-50% Below	No	No
55111039905	LANSOPRAZOLE DR 30 MG CAPSULE	5	30.000	4.90	0.11408	26%-50% Above	No	No
55111039905	LANSOPRAZOLE DR 30 MG CAPSULE	6	30.000	4.90	0.11765	26%-50% Above	No	No
55111039905	LANSOPRAZOLE DR 30 MG CAPSULE	7	30.000	4.90	0.11326	26%-50% Above	No	No
55111039905	LANSOPRAZOLE DR 30 MG CAPSULE	8	30.000	4.90	0.11105	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
55111046601	METOPROLOL SUCC ER 25 MG TAB	6	50.000	13.44	0.07518	200% Above	No	No
55111046601	METOPROLOL SUCC ER 25 MG TAB	7	90.000	14.99	0.07791	101%-200% Above	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	5	30.000	5.00	0.07863	101%-200% Above	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	6	30.000	4.90	0.07518	101%-200% Above	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	6	30.000	5.00	0.07518	101%-200% Above	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	6	90.000	13.15	0.07518	76%-100% Above	Yes	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	6	90.000	23.88	0.07518	200% Above	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	7	30.000	4.90	0.07791	101%-200% Above	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	7	30.000	5.00	0.07791	101%-200% Above	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	8	30.000	5.00	0.075	101%-200% Above	No	No
55111046701	METOPROLOL SUCC ER 50 MG TAB	7	30.000	7.67	0.07983	200% Above	No	No
55111046701	METOPROLOL SUCC ER 50 MG TAB	8	30.000	7.67	0.07761	200% Above	No	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	5	90.000	13.15	0.07702	76%-100% Above	Yes	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	6	30.000	7.67	0.0799	200% Above	No	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	6	60.000	15.46	0.0799	200% Above	No	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	6	90.000	22.10	0.0799	200% Above	No	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	7	90.000	22.30	0.07983	200% Above	Yes	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	7	90.000	22.80	0.07983	200% Above	No	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	8	90.000	14.47	0.07761	101%-200% Above	Yes	No
55111052030	ATOMOXETINE HCL 18 MG CAPSULE	6	180.000	447.62	0.75366	200% Above	Yes	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	6	30.000	14.90	0.69802	26%-50% Below	No	No
55111052230	ATOMOXETINE HCL 60 MG CAPSULE	7	30.000	14.90	0.75387	26%-50% Below	No	No
55111052230	ATOMOXETINE HCL 60 MG CAPSULE	8	30.000	14.90	0.66223	10%-25% Below	No	No
55111052830	ATOMOXETINE HCL 25 MG CAPSULE	7	90.000	246.20	0.74205	200% Above	Yes	No
55111058601	AMLODIPINE-BENAZEPRIL 10-40 MG	6	90.000	29.99	0.1695	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
55111061701	ESZOPICLONE 3 MG TABLET	6	30.000	14.90	0.10693	200% Above	No	No
55111061701	ESZOPICLONE 3 MG TABLET	7	30.000	14.90	0.11382	200% Above	No	No
55111061701	ESZOPICLONE 3 MG TABLET	8	30.000	14.90	0.10957	200% Above	No	No
55111062930	ESZOPICLONE 1 MG TABLET	5	30.000	14.90	0.178	101%-200% Above	No	No
55111062930	ESZOPICLONE 1 MG TABLET	6	30.000	14.90	0.17044	101%-200% Above	No	No
55111062930	ESZOPICLONE 1 MG TABLET	7	30.000	14.90	0.15866	200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	6	90.000	12.40	0.06001	101%-200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	7	90.000	14.41	0.05277	200% Above	No	No
55111065001	METAXALONE 800 MG TABLET	5	30.000	14.90	0.57494	10%-25% Below	No	No
55111065001	METAXALONE 800 MG TABLET	8	60.000	14.90	0.52564	51%-75% Below	No	No
55111072510	MONTELUKAST SOD 10 MG TABLET	5	30.000	6.90	0.06243	200% Above	No	No
55111072510	MONTELUKAST SOD 10 MG TABLET	6	30.000	6.90	0.06961	200% Above	No	No
55111072510	MONTELUKAST SOD 10 MG TABLET	7	30.000	6.90	0.06569	200% Above	No	No
55111072510	MONTELUKAST SOD 10 MG TABLET	8	30.000	6.90	0.06191	200% Above	No	No
55111072901	ALLOPURINOL 100 MG TABLET	8	90.000	9.90	0.05145	101%-200% Above	No	No
55111072910	ALLOPURINOL 100 MG TABLET	6	60.000	14.85	0.05051	200% Above	No	No
55111072910	ALLOPURINOL 100 MG TABLET	8	60.000	14.85	0.05145	200% Above	No	No
55111073001	ALLOPURINOL 300 MG TABLET	7	90.000	9.90	0.07962	26%-50% Above	No	No
55111073130	VALSARTAN 40 MG TABLET	5	30.000	12.77	0.14874	101%-200% Above	No	No
55111073130	VALSARTAN 40 MG TABLET	7	90.000	38.30	0.15883	101%-200% Above	No	No
55111073390	VALSARTAN 160 MG TABLET	5	30.000	6.90	0.20645	10%-25% Above	No	No
55111073390	VALSARTAN 160 MG TABLET	6	30.000	6.90	0.19328	10%-25% Above	No	No
55111073390	VALSARTAN 160 MG TABLET	6	90.000	19.78	0.19328	10%-25% Above	Yes	No
55111073390	VALSARTAN 160 MG TABLET	7	30.000	6.90	0.20207	10%-25% Above	No	No
55111073390	VALSARTAN 160 MG TABLET	7	30.000	14.90	0.20207	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
55111073390	VALSARTAN 160 MG TABLET	8	30.000	14.90	0.19494	101%-200% Above	No	No
55111073490	VALSARTAN 320 MG TABLET	5	30.000	14.90	0.24914	76%-100% Above	Yes	No
55111073490	VALSARTAN 320 MG TABLET	5	90.000	44.90	0.24914	76%-100% Above	Yes	No
55111073490	VALSARTAN 320 MG TABLET	6	90.000	62.31	0.23755	101%-200% Above	No	No
55111073490	VALSARTAN 320 MG TABLET	8	30.000	14.90	0.24069	101%-200% Above	Yes	No
55111078301	FEXOFENADINE HCL 60 MG TABLET	5	30.000	3.30	0.173	26%-50% Below	No	No
55111078301	FEXOFENADINE HCL 60 MG TABLET	6	30.000	2.20	0.19461	51%-75% Below	No	No
55111078301	FEXOFENADINE HCL 60 MG TABLET	7	30.000	2.20	0.18514	51%-75% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	5	30.000	3.90	0.28717	51%-75% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	5	30.000	4.28	0.28717	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	5	90.000	18.47	0.28717	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	6	30.000	4.28	0.2703	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	6	30.000	6.46	0.2703	10%-25% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	6	30.000	6.55	0.2703	10%-25% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	6	90.000	12.84	0.2703	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	6	90.000	15.50	0.2703	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	7	30.000	4.26	0.27895	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	7	30.000	4.28	0.27895	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	7	30.000	6.45	0.27895	10%-25% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	7	90.000	8.89	0.27895	51%-75% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	8	30.000	4.26	0.25614	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	8	30.000	6.45	0.25614	10%-25% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	8	90.000	8.89	0.25614	51%-75% Below	Yes	No
55111078430	FEXOFENADINE HCL 180 MG TABLET	7	30.000	9.90	0.27895	10%-25% Above	No	No
55150030610	PROGESTERONE 500 MG/10 ML VIAL	5	20.000	14.99	1.53967	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
55724021121	EUCRISA 2% OINTMENT	6	60.000	444.65	11.62496	26%-50% Below	No	No
55724021121	EUCRISA 2% OINTMENT	7	60.000	444.65	11.62496	26%-50% Below	No	No
57237000201	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	30.000	2.20	0.03186	101%-200% Above	No	No
57237000299	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	30.000	2.20	0.03186	101%-200% Above	No	No
57237000299	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	90.000	5.25	0.03186	76%-100% Above	No	No
57237000299	HYDROCHLOROTHIAZIDE 12.5 MG CP	6	30.000	2.20	0.0318	101%-200% Above	No	No
57237000299	HYDROCHLOROTHIAZIDE 12.5 MG CP	8	30.000	2.20	0.03343	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	5	1.000	2.65	0.68571	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	5	2.000	4.31	0.68571	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	5	2.000	4.81	0.68571	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	5	3.000	6.96	0.68571	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	1.000	2.67	0.65506	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	2.000	4.31	0.65506	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	3.000	6.46	0.65506	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	3.000	6.96	0.65506	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	5.000	8.40	0.65506	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	5.000	11.26	0.65506	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	6	6.000	13.42	0.65506	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	7	1.000	2.67	0.66696	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	7	2.000	0.00	0.66696	76%-100% Below	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	7	2.000	4.31	0.66696	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	7	6.000	13.42	0.66696	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	1.000	2.15	0.63597	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	2.000	4.31	0.63597	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	8	3.000	6.46	0.63597	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
57237000511	FLUCONAZOLE 150 MG TABLET	8	6.000	12.49	0.63597	200% Above	No	No
57237000630	FLUCONAZOLE 200 MG TABLET	5	4.000	6.99	0.40217	200% Above	No	No
57237000905	MIRTAZAPINE 30 MG TABLET	5	30.000	4.36	0.09031	51%-75% Above	No	No
57237000905	MIRTAZAPINE 30 MG TABLET	7	30.000	2.96	0.08564	10%-25% Above	No	No
57237000905	MIRTAZAPINE 30 MG TABLET	7	30.000	4.36	0.08564	51%-75% Above	No	No
57237000905	MIRTAZAPINE 30 MG TABLET	8	30.000	4.36	0.08864	51%-75% Above	No	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.000	6.90	0.05971	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	5	90.000	12.47	0.05971	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.000	6.90	0.06333	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	7	15.000	0.50	0.05816	26%-50% Below	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	7	90.000	13.72	0.05816	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	7	90.000	29.90	0.05816	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	8	14.000	6.36	0.05919	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	8	90.000	13.72	0.05919	101%-200% Above	Yes	No
57237001405	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.000	1.00	0.05971	26%-50% Below	No	No
57237001405	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.000	1.01	0.06333	26%-50% Below	No	No
57237001405	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.000	1.01	0.05816	26%-50% Below	No	No
57237001760	DULOXETINE HCL DR 20 MG CAP	7	30.000	14.90	0.09961	200% Above	No	No
57237001830	DULOXETINE HCL DR 30 MG CAP	5	180.000	10.62	0.09954	26%-50% Below	No	No
57237001830	DULOXETINE HCL DR 30 MG CAP	8	30.000	4.90	0.09478	51%-75% Above	No	No
57237001830	DULOXETINE HCL DR 30 MG CAP	8	180.000	10.75	0.09478	26%-50% Below	No	No
57237001890	DULOXETINE HCL DR 30 MG CAP	5	90.000	116.78	0.09954	200% Above	No	No
57237001899	DULOXETINE HCL DR 30 MG CAP	5	30.000	6.90	0.09954	101%-200% Above	No	No
57237001899	DULOXETINE HCL DR 30 MG CAP	7	15.000	13.50	0.10107	200% Above	No	No
57237001899	DULOXETINE HCL DR 30 MG CAP	8	14.000	9.90	0.09478	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
57237001930	DULOXETINE HCL DR 60 MG CAP	8	30.000	2.02	0.11101	26%-50% Below	No	No
57237001930	DULOXETINE HCL DR 60 MG CAP	8	30.000	9.90	0.11101	101%-200% Above	Yes	No
57237001999	DULOXETINE HCL DR 60 MG CAP	5	90.000	26.50	0.11411	101%-200% Above	No	No
57237001999	DULOXETINE HCL DR 60 MG CAP	8	90.000	44.90	0.11101	200% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	5	30.000	7.95	0.12446	101%-200% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	7	16.000	4.52	0.10677	101%-200% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	7	21.000	5.74	0.10677	101%-200% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	8	4.000	1.60	0.10775	200% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	5	20.000	0.00	0.15268	76%-100% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	7	10.000	1.85	0.15983	10%-25% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	8	14.000	0.00	0.1595	76%-100% Below	No	No
57237003001	AMOXICILLIN 250 MG CAPSULE	8	20.000	2.55	0.07438	51%-75% Above	No	No
57237003105	AMOXICILLIN 500 MG CAPSULE	8	15.000	1.47	0.08664	10%-25% Above	No	No
57237003501	CEFPROZIL 250 MG/5 ML SUSP	5	100.000	14.11	0.18984	10%-25% Below	No	No
57237003501	CEFPROZIL 250 MG/5 ML SUSP	6	100.000	12.12	0.22402	26%-50% Below	Yes	No
57237003501	CEFPROZIL 250 MG/5 ML SUSP	8	100.000	12.12	0.14751	10%-25% Below	Yes	No
57237003550	CEFPROZIL 250 MG/5 ML SUSP	7	100.000	13.24	0.26393	26%-50% Below	Yes	No
57237004101	PENICILLIN VK 500 MG TABLET	5	28.000	5.13	0.1023	76%-100% Above	No	No
57237004105	PENICILLIN VK 500 MG TABLET	6	30.000	3.58	0.1042	10%-25% Above	No	No
57237004105	PENICILLIN VK 500 MG TABLET	7	30.000	5.76	0.10831	76%-100% Above	No	No
57237004105	PENICILLIN VK 500 MG TABLET	8	30.000	4.07	0.09748	26%-50% Above	No	No
57237004199	PENICILLIN VK 500 MG TABLET	6	20.000	0.00	0.1042	76%-100% Below	No	No
57237004290	VALACYCLOVIR HCL 500 MG TABLET	7	20.000	11.22	0.28575	76%-100% Above	No	No
57237004330	VALACYCLOVIR HCL 1 GRAM TABLET	5	21.000	14.90	0.51143	26%-50% Above	No	No
57237004330	VALACYCLOVIR HCL 1 GRAM TABLET	6	4.000	4.83	0.50543	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
57237004330	VALACYCLOVIR HCL 1 GRAM TABLET	7	21.000	5.93	0.5083	26%-50% Below	No	No
57237004330	VALACYCLOVIR HCL 1 GRAM TABLET	7	21.000	14.90	0.5083	26%-50% Above	No	No
57237004330	VALACYCLOVIR HCL 1 GRAM TABLET	7	30.000	8.15	0.5083	26%-50% Below	No	No
57237004330	VALACYCLOVIR HCL 1 GRAM TABLET	8	21.000	14.90	0.4911	26%-50% Above	No	No
57237004390	VALACYCLOVIR HCL 1 GRAM TABLET	5	21.000	14.90	0.51143	26%-50% Above	No	No
57237004390	VALACYCLOVIR HCL 1 GRAM TABLET	8	90.000	29.99	0.4911	26%-50% Below	No	No
57237004705	DIVALPROEX SOD DR 250 MG TAB	5	30.000	1.44	0.08645	26%-50% Below	Yes	No
57237004705	DIVALPROEX SOD DR 250 MG TAB	5	225.000	43.56	0.08645	101%-200% Above	Yes	No
57237004705	DIVALPROEX SOD DR 250 MG TAB	8	225.000	7.74	0.08937	51%-75% Below	Yes	No
57237004805	DIVALPROEX SOD DR 500 MG TAB	6	60.000	8.50	0.18054	10%-25% Below	No	No
57237004805	DIVALPROEX SOD DR 500 MG TAB	7	60.000	8.50	0.16897	10%-25% Below	No	No
57237006501	FLECAINIDE ACETATE 150 MG TAB	5	60.000	14.90	0.3031	10%-25% Below	No	No
57237006501	FLECAINIDE ACETATE 150 MG TAB	6	60.000	14.90	0.32673	10%-25% Below	No	No
57237006501	FLECAINIDE ACETATE 150 MG TAB	7	60.000	14.90	0.32164	10%-25% Below	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	5	14.000	5.66	0.06647	200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	5	15.000	5.74	0.06647	200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	8	10.000	0.81	0.06597	10%-25% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	8	18.000	1.06	0.06597	10%-25% Below	No	No
57237007550	ONDANSETRON HCL 4 MG TABLET	5	12.000	4.78	0.06647	200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	5	8.000	4.46	0.09842	200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	5	10.000	4.90	0.09842	200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	5	18.000	1.10	0.09842	26%-50% Below	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	5	18.000	6.90	0.09842	200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	5	18.000	9.18	0.09842	200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	6	18.000	1.06	0.09833	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
57237007630	ONDANSETRON HCL 8 MG TABLET	6	18.000	9.09	0.09833	200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	7	18.000	1.05	0.10114	26%-50% Below	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	7	18.000	9.18	0.10114	200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	7	18.000	9.92	0.10114	200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	8	18.000	1.05	0.09564	26%-50% Below	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	8	18.000	9.92	0.09564	200% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	6	18.000	4.37	0.18349	26%-50% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	8	15.000	3.85	0.20294	26%-50% Above	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	5	6.000	0.70	0.19359	26%-50% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	8	18.000	4.42	0.20294	10%-25% Above	No	No
57237007810	ONDANSETRON ODT 8 MG TABLET	5	18.000	6.18	0.21942	51%-75% Above	No	No
57237007810	ONDANSETRON ODT 8 MG TABLET	8	15.000	5.00	0.20861	51%-75% Above	No	No
57237009960	CEFDINIR 300 MG CAPSULE	5	20.000	14.90	0.45807	51%-75% Above	No	No
57237009960	CEFDINIR 300 MG CAPSULE	7	20.000	14.90	0.47092	51%-75% Above	No	No
57237009960	CEFDINIR 300 MG CAPSULE	8	10.000	12.62	0.47504	101%-200% Above	No	No
57237009960	CEFDINIR 300 MG CAPSULE	8	20.000	14.90	0.47504	51%-75% Above	No	No
57237010199	METOPROLOL TARTRATE 50 MG TAB	5	30.000	1.07	0.02113	51%-75% Above	No	No
57237010199	METOPROLOL TARTRATE 50 MG TAB	6	30.000	1.07	0.02258	51%-75% Above	No	No
57237010199	METOPROLOL TARTRATE 50 MG TAB	7	28.000	1.03	0.02089	76%-100% Above	No	No
57237010199	METOPROLOL TARTRATE 50 MG TAB	7	30.000	1.07	0.02089	51%-75% Above	No	No
57237010199	METOPROLOL TARTRATE 50 MG TAB	8	30.000	1.07	0.02041	51%-75% Above	No	No
57237010199	METOPROLOL TARTRATE 50 MG TAB	8	180.000	1.96	0.02041	26%-50% Below	No	No
57237011490	ALFUZOSIN HCL ER 10 MG TABLET	5	30.000	5.50	0.136	26%-50% Above	No	No
57237011490	ALFUZOSIN HCL ER 10 MG TABLET	6	30.000	5.50	0.12025	51%-75% Above	No	No
57237011490	ALFUZOSIN HCL ER 10 MG TABLET	7	30.000	5.50	0.1271	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
57237011490	ALFUZOSIN HCL ER 10 MG TABLET	8	30.000	5.50	0.12346	26%-50% Above	No	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	5	30.000	0.78	0.03379	10%-25% Below	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	5	30.000	2.48	0.03379	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	5	90.000	3.81	0.03379	10%-25% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	5	90.000	6.43	0.03379	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	5	90.000	17.44	0.03379	200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	6	30.000	2.48	0.03243	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	6	90.000	3.81	0.03243	26%-50% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	7	30.000	2.48	0.03197	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	7	90.000	3.81	0.03197	26%-50% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	7	90.000	4.19	0.03197	26%-50% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	8	30.000	2.48	0.03445	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	8	90.000	4.19	0.03445	26%-50% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	8	90.000	6.43	0.03445	101%-200% Above	Yes	No
57237016290	OMEPRAZOLE DR 40 MG CAPSULE	6	30.000	5.37	0.06001	101%-200% Above	No	No
57237016290	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	5.00	0.05425	200% Above	No	No
57237016999	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.000	0.87	0.05349	26%-50% Below	Yes	No
57237016999	ROSUVASTATIN CALCIUM 10 MG TAB	7	30.000	0.96	0.05262	26%-50% Below	No	No
57237016999	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.000	0.96	0.05293	26%-50% Below	No	No
57237017099	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.000	13.50	0.07032	200% Above	No	No
57237018590	PRAMIPEXOLE 1.5 MG TABLET	5	180.000	67.19	0.07335	200% Above	No	No
57237021330	MONTELUKAST SOD 5 MG TAB CHEW	5	30.000	8.78	0.07869	200% Above	No	No
57237022090	PIOGLITAZONE HCL 30 MG TABLET	5	90.000	20.01	0.11143	76%-100% Above	No	No
57237022090	PIOGLITAZONE HCL 30 MG TABLET	8	90.000	20.01	0.11731	76%-100% Above	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	6	6.000	1.10	0.06404	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	6	20.000	2.27	0.06404	76%-100% Above	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	7	30.000	3.16	0.05659	76%-100% Above	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	8	20.000	2.27	0.07037	51%-75% Above	No	No
57237024001	ZALEPLON 10 MG CAPSULE	8	14.000	4.29	0.19874	51%-75% Above	No	No
57237024001	ZALEPLON 10 MG CAPSULE	8	28.000	8.08	0.19874	26%-50% Above	No	No
57664023088	METHYLPHENIDATE 20 MG TABLET	6	30.000	9.90	0.19488	51%-75% Above	No	No
57664023088	METHYLPHENIDATE 20 MG TABLET	8	30.000	9.90	0.2048	51%-75% Above	No	No
57664037688	DEXMETHYLPHENIDATE 2.5 MG TAB	6	180.000	44.90	0.10917	101%-200% Above	No	No
57664037708	TRAMADOL HCL 50 MG TABLET	5	24.000	2.38	0.02707	200% Above	No	No
57664037708	TRAMADOL HCL 50 MG TABLET	6	20.000	0.39	0.02748	26%-50% Below	No	No
57664037708	TRAMADOL HCL 50 MG TABLET	6	20.000	0.88	0.02748	51%-75% Above	No	No
57664037708	TRAMADOL HCL 50 MG TABLET	7	12.000	0.24	0.02838	26%-50% Below	No	No
57664037708	TRAMADOL HCL 50 MG TABLET	8	21.000	0.41	0.02674	26%-50% Below	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	6	12.000	0.18	0.02748	26%-50% Below	No	No
57664037888	DEXMETHYLPHENIDATE 5 MG TAB	7	30.000	9.90	0.17822	76%-100% Above	No	No
57664037888	DEXMETHYLPHENIDATE 5 MG TAB	8	30.000	2.76	0.19546	51%-75% Below	No	No
57664037888	DEXMETHYLPHENIDATE 5 MG TAB	8	30.000	2.95	0.19546	26%-50% Below	No	No
57664047758	METOPROLOL TARTRATE 50 MG TAB	5	30.000	1.07	0.02113	51%-75% Above	No	No
57664047758	METOPROLOL TARTRATE 50 MG TAB	5	60.000	1.65	0.02113	26%-50% Above	No	No
57664047758	METOPROLOL TARTRATE 50 MG TAB	6	30.000	1.07	0.02258	51%-75% Above	No	No
57664047758	METOPROLOL TARTRATE 50 MG TAB	6	60.000	1.65	0.02258	10%-25% Above	No	No
57664047758	METOPROLOL TARTRATE 50 MG TAB	7	30.000	1.07	0.02089	51%-75% Above	No	No
57664047758	METOPROLOL TARTRATE 50 MG TAB	7	60.000	1.65	0.02089	26%-50% Above	No	No
57664047758	METOPROLOL TARTRATE 50 MG TAB	8	30.000	1.07	0.02041	51%-75% Above	No	No
57664047758	METOPROLOL TARTRATE 50 MG TAB	8	60.000	1.65	0.02041	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
57664049983	MIRTAZAPINE 15 MG TABLET	6	30.000	3.24	0.0724	26%-50% Above	Yes	No
57664050318	TIZANIDINE HCL 4 MG TABLET	7	30.000	1.21	0.04501	10%-25% Below	No	No
57664050318	TIZANIDINE HCL 4 MG TABLET	8	40.000	1.46	0.04293	10%-25% Below	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	5	45.000	4.90	0.04711	101%-200% Above	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	6	45.000	4.90	0.04832	101%-200% Above	No	No
57664050652	METOPROLOL TARTRATE 25 MG TAB	7	90.000	2.61	0.01698	51%-75% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	5	56.000	1.81	0.01666	76%-100% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	5	180.000	4.71	0.01666	51%-75% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	6	30.000	1.23	0.01702	101%-200% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	6	56.000	1.81	0.01702	76%-100% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	6	60.000	0.48	0.01702	51%-75% Below	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	7	30.000	1.23	0.01698	101%-200% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	7	56.000	1.94	0.01698	101%-200% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	8	56.000	1.94	0.01834	76%-100% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	8	60.000	2.04	0.01834	76%-100% Above	No	No
57664051083	MIRTAZAPINE 7.5 MG TABLET	8	30.000	12.59	0.62674	26%-50% Below	Yes	No
58657045101	PHENAZOPYRIDINE 200 MG TAB	8	15.000	14.90	0.22277	200% Above	No	No
59417010210	VYVANSE 20 MG CAPSULE	6	30.000	226.02	11.80139	26%-50% Below	No	No
59417010310	VYVANSE 30 MG CAPSULE	6	30.000	226.02	11.81769	26%-50% Below	No	No
59417010310	VYVANSE 30 MG CAPSULE	8	30.000	226.02	11.81769	26%-50% Below	No	No
59417010410	VYVANSE 40 MG CAPSULE	5	30.000	226.02	11.8067	26%-50% Below	No	No
59417010410	VYVANSE 40 MG CAPSULE	6	30.000	226.02	11.8067	26%-50% Below	No	No
59417010410	VYVANSE 40 MG CAPSULE	7	30.000	226.02	11.8067	26%-50% Below	No	No
59417010410	VYVANSE 40 MG CAPSULE	8	30.000	226.02	11.8067	26%-50% Below	No	No
59651000205	OMEPRAZOLE DR 20 MG CAPSULE	5	90.000	3.81	0.03379	10%-25% 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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
59651000205	OMEPRAZOLE DR 20 MG CAPSULE	7	90.000	4.19	0.03197	26%-50% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	5	30.000	0.86	0.05737	26%-50% Below	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	5	90.000	6.73	0.05737	26%-50% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	5	90.000	14.32	0.05737	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	6	90.000	6.73	0.06001	10%-25% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	0.78	0.05277	26%-50% Below	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	7	90.000	7.41	0.05277	51%-75% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	7	90.000	14.32	0.05277	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	0.78	0.05425	51%-75% Below	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	8	90.000	7.41	0.05425	51%-75% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	8	90.000	14.32	0.05425	101%-200% Above	Yes	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	5	30.000	15.00	0.05737	200% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	5	90.000	38.00	0.05737	200% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	6	30.000	5.38	0.06001	101%-200% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	6	90.000	38.00	0.06001	200% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	5.00	0.05277	200% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	5.38	0.05277	200% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	15.00	0.05277	200% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	7	90.000	38.00	0.05277	200% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	5.38	0.05425	200% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	15.00	0.05425	200% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	8	90.000	38.00	0.05425	200% Above	No	No
59651000830	AZITHROMYCIN 200 MG/5 ML SUSP	5	30.000	3.85	0.27445	51%-75% Below	Yes	No
59651000830	AZITHROMYCIN 200 MG/5 ML SUSP	5	30.000	6.90	0.27445	10%-25% Below	Yes	No
59651000830	AZITHROMYCIN 200 MG/5 ML SUSP	5	30.000	9.90	0.27445	10%-25% 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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
59651003212	IBUPROFEN 100 MG/5 ML SUSP	8	120.000	3.90	0.03955	10%-25% Below	No	No
59651005205	EZETIMIBE 10 MG TABLET	5	30.000	4.90	0.08903	76%-100% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	5	90.000	44.90	0.08903	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	6	30.000	14.90	0.08833	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	7	30.000	14.90	0.08044	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	8	30.000	4.90	0.08931	76%-100% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	8	30.000	6.90	0.08931	101%-200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	8	30.000	14.90	0.08931	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	8	90.000	44.90	0.08931	200% Above	No	No
59651005230	EZETIMIBE 10 MG TABLET	7	30.000	9.99	0.08044	200% Above	No	No
59651005230	EZETIMIBE 10 MG TABLET	8	90.000	29.99	0.08931	200% Above	No	No
59651005290	EZETIMIBE 10 MG TABLET	6	30.000	4.90	0.08833	76%-100% Above	No	No
59651005290	EZETIMIBE 10 MG TABLET	7	30.000	4.90	0.08044	101%-200% Above	No	No
59651014090	NEBIVOLOL 20 MG TABLET	6	30.000	6.90	0.26105	10%-25% Below	No	No
59651014090	NEBIVOLOL 20 MG TABLET	8	90.000	12.40	0.22566	26%-50% Below	No	No
59651017501	DOXEPIN 50 MG CAPSULE	8	60.000	9.34	0.25402	26%-50% Below	Yes	No
59651017701	DOXEPIN 100 MG CAPSULE	6	60.000	10.82	0.39308	51%-75% Below	Yes	No
59651017701	DOXEPIN 100 MG CAPSULE	7	60.000	10.82	0.44732	51%-75% Below	Yes	No
59651017701	DOXEPIN 100 MG CAPSULE	8	60.000	10.82	0.35921	26%-50% Below	Yes	No
59651018030	LETROZOLE 2.5 MG TABLET	6	30.000	3.48	0.10087	10%-25% Above	No	No
59651018201	METHOTREXATE 2.5 MG TABLET	6	40.000	13.50	0.27424	10%-25% Above	No	No
59651018201	METHOTREXATE 2.5 MG TABLET	7	26.000	12.40	0.25799	76%-100% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	5	30.000	4.88	0.32323	26%-50% Below	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	5	30.000	6.90	0.32323	26%-50% Below	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	5	30.000	14.51	0.32323	26%-50% 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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	6	30.000	4.88	0.30267	26%-50% Below	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	6	30.000	6.90	0.30267	10%-25% Below	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	6	30.000	14.51	0.30267	51%-75% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	7	30.000	4.88	0.30524	26%-50% Below	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	7	30.000	6.90	0.30524	10%-25% Below	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	8	30.000	4.88	0.30076	26%-50% Below	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	8	30.000	15.96	0.30076	76%-100% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	8	90.000	47.87	0.30076	76%-100% Above	Yes	No
59651026830	GLIPIZIDE ER 2.5 MG TABLET	6	30.000	5.79	0.12749	51%-75% Above	No	No
59651026830	GLIPIZIDE ER 2.5 MG TABLET	8	90.000	16.38	0.13562	26%-50% Above	No	No
59651027001	GLIPIZIDE ER 10 MG TABLET	6	90.000	9.90	0.1685	26%-50% Below	No	No
59651027001	GLIPIZIDE ER 10 MG TABLET	8	90.000	9.90	0.16482	26%-50% Below	No	No
59651027005	GLIPIZIDE ER 10 MG TABLET	5	180.000	44.90	0.16535	26%-50% Above	No	No
59651027005	GLIPIZIDE ER 10 MG TABLET	7	30.000	8.93	0.19338	51%-75% Above	No	No
59651029501	NIFEDIPINE ER 30 MG TABLET	5	90.000	9.90	0.13241	10%-25% Below	No	No
59651029501	NIFEDIPINE ER 30 MG TABLET	8	90.000	9.90	0.12224	10%-25% Below	No	No
59651030030	TAMOXIFEN 20 MG TABLET	5	30.000	4.90	0.29369	26%-50% Below	No	No
59651030030	TAMOXIFEN 20 MG TABLET	6	30.000	5.23	0.3443	26%-50% Below	No	No
59651030030	TAMOXIFEN 20 MG TABLET	8	30.000	5.70	0.32042	26%-50% Below	No	No
59651036201	IBUPROFEN 800 MG TABLET	7	90.000	5.00	0.06489	10%-25% Below	No	No
59651036201	IBUPROFEN 800 MG TABLET	8	90.000	2.84	0.06818	51%-75% Below	No	No
59651036201	IBUPROFEN 800 MG TABLET	8	90.000	5.00	0.06818	10%-25% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	5	20.000	1.51	0.06804	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	6	30.000	0.00	0.06847	76%-100% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	7	20.000	1.56	0.06489	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
59651036205	IBUPROFEN 800 MG TABLET	7	28.000	1.31	0.06489	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	7	90.000	5.04	0.06489	10%-25% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	8	40.000	1.46	0.06818	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	8	90.000	2.75	0.06818	51%-75% Below	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	6	30.000	19.90	0.14673	200% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	6	90.000	7.66	0.14673	26%-50% Below	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	7	30.000	19.90	0.14791	200% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	8	30.000	19.90	0.16231	200% Above	No	No
59651039205	BUSPIRONE HCL 15 MG TABLET	7	60.000	5.22	0.05065	51%-75% Above	No	No
59651039401	BACLOFEN 10 MG TABLET	8	60.000	5.00	0.05022	51%-75% Above	No	No
59651042801	SPIRONOLACTONE 100 MG TABLET	5	60.000	19.90	0.23778	26%-50% Above	No	No
59651042801	SPIRONOLACTONE 100 MG TABLET	6	60.000	19.90	0.25447	26%-50% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	0.00	0.15013	76%-100% Below	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	1.71	0.15013	26%-50% Below	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	2.34	0.15013	10%-25% Below	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	6.90	0.15013	101%-200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	9.90	0.15013	200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	14.90	0.15013	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	14.90	0.15013	200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	15.91	0.15013	200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	1.71	0.1441	26%-50% Below	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	4.90	0.1441	51%-75% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	9.90	0.1441	200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	14.90	0.1441	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	14.90	0.1441	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	15.41	0.1441	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	1.71	0.15076	26%-50% Below	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	4.90	0.15076	51%-75% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	4.90	0.15076	51%-75% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	9.90	0.15076	200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	14.90	0.15076	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	0.00	0.15101	76%-100% Below	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	1.71	0.15101	26%-50% Below	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	4.90	0.15101	51%-75% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	4.90	0.15101	51%-75% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	6.90	0.15101	101%-200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	9.90	0.15101	200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	14.90	0.15101	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	15.41	0.15101	200% Above	No	No
59746000106	METHYLPREDNISOLONE 4 MG TABLET	5	21.000	9.99	0.16386	101%-200% Above	No	No
59746000106	METHYLPREDNISOLONE 4 MG TABLET	6	21.000	9.99	0.14429	200% Above	No	No
59746000106	METHYLPREDNISOLONE 4 MG TABLET	7	21.000	9.99	0.15801	200% Above	No	No
59746000106	METHYLPREDNISOLONE 4 MG TABLET	8	10.000	8.08	0.15465	200% Above	No	No
59746000106	METHYLPREDNISOLONE 4 MG TABLET	8	21.000	14.99	0.15465	200% Above	No	No
59746012106	MECLIZINE 25 MG TABLET	5	25.000	5.71	0.10936	101%-200% Above	No	No
59746012106	MECLIZINE 25 MG TABLET	6	30.000	1.41	0.10834	51%-75% Below	No	No
59746012106	MECLIZINE 25 MG TABLET	8	30.000	2.07	0.11452	26%-50% Below	No	No
59746017206	PREDNISONE 5 MG TABLET	5	30.000	3.45	0.05296	101%-200% Above	No	No
59746017206	PREDNISONE 5 MG TABLET	5	60.000	6.19	0.05296	76%-100% Above	No	No
59746017206	PREDNISONE 5 MG TABLET	6	21.000	2.49	0.05075	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
59746017210	PREDNISON 5 MG TABLET	7	21.000	2.57	0.04945	101%-200% Above	No	No
59746017210	PREDNISON 5 MG TABLET	7	30.000	3.62	0.04945	101%-200% Above	No	No
59746017210	PREDNISON 5 MG TABLET	8	30.000	3.62	0.05261	101%-200% Above	No	No
59746017306	PREDNISON 10 MG TABLET	5	39.000	4.78	0.05819	101%-200% Above	No	No
59746017306	PREDNISON 10 MG TABLET	6	10.000	0.35	0.05514	26%-50% Below	No	No
59746017306	PREDNISON 10 MG TABLET	7	39.000	4.78	0.05845	101%-200% Above	No	No
59746017306	PREDNISON 10 MG TABLET	8	10.000	1.60	0.05823	101%-200% Above	No	No
59746017310	PREDNISON 10 MG TABLET	5	10.000	1.60	0.05819	101%-200% Above	No	No
59746017310	PREDNISON 10 MG TABLET	5	18.000	2.47	0.05819	101%-200% Above	No	No
59746017310	PREDNISON 10 MG TABLET	5	27.000	3.36	0.05819	101%-200% Above	No	No
59746017310	PREDNISON 10 MG TABLET	6	10.000	0.35	0.05514	26%-50% Below	No	No
59746017310	PREDNISON 10 MG TABLET	6	18.000	2.41	0.05514	101%-200% Above	No	No
59746017310	PREDNISON 10 MG TABLET	6	30.000	3.79	0.05514	101%-200% Above	No	No
59746017310	PREDNISON 10 MG TABLET	7	30.000	3.79	0.05845	101%-200% Above	No	No
59746017310	PREDNISON 10 MG TABLET	8	5.000	1.05	0.05823	200% Above	No	No
59746017310	PREDNISON 10 MG TABLET	8	10.000	1.60	0.05823	101%-200% Above	No	No
59746017310	PREDNISON 10 MG TABLET	8	21.000	2.80	0.05823	101%-200% Above	No	No
59746017310	PREDNISON 10 MG TABLET	8	35.000	4.34	0.05823	101%-200% Above	No	No
59746017506	PREDNISON 20 MG TABLET	5	3.000	0.46	0.10081	51%-75% Above	No	No
59746017506	PREDNISON 20 MG TABLET	5	10.000	2.02	0.10081	76%-100% Above	No	No
59746017506	PREDNISON 20 MG TABLET	5	30.000	1.52	0.10081	26%-50% Below	No	No
59746017506	PREDNISON 20 MG TABLET	6	5.000	1.23	0.09429	101%-200% Above	No	No
59746017506	PREDNISON 20 MG TABLET	7	9.000	1.87	0.10046	101%-200% Above	No	No
59746017506	PREDNISON 20 MG TABLET	7	10.000	1.97	0.10046	76%-100% Above	No	No
59746017506	PREDNISON 20 MG TABLET	7	15.000	2.28	0.10046	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
59746017506	PREDNISONONE 20 MG TABLET	7	15.000	2.70	0.10046	76%-100% Above	No	No
59746017506	PREDNISONONE 20 MG TABLET	8	5.000	1.23	0.09098	101%-200% Above	No	No
59746017506	PREDNISONONE 20 MG TABLET	8	5.000	1.26	0.09098	101%-200% Above	No	No
59746017506	PREDNISONONE 20 MG TABLET	8	10.000	2.02	0.09098	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	5	5.000	0.13	0.10081	51%-75% Below	No	No
59746017509	PREDNISONONE 20 MG TABLET	5	5.000	0.30	0.10081	26%-50% Below	No	No
59746017509	PREDNISONONE 20 MG TABLET	5	5.000	1.26	0.10081	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	5	5.000	1.68	0.10081	200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	5	6.000	1.38	0.10081	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	5	7.000	1.57	0.10081	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	5	10.000	1.97	0.10081	76%-100% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	5	15.000	2.78	0.10081	76%-100% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	6	5.000	1.23	0.09429	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	6	5.000	1.26	0.09429	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	6	6.000	0.30	0.09429	26%-50% Below	No	No
59746017509	PREDNISONONE 20 MG TABLET	6	6.000	1.41	0.09429	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	6	9.000	1.87	0.09429	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	6	10.000	1.97	0.09429	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	6	10.000	2.02	0.09429	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	7	8.000	0.41	0.10046	26%-50% Below	No	No
59746017509	PREDNISONONE 20 MG TABLET	7	10.000	0.62	0.10046	26%-50% Below	No	No
59746017509	PREDNISONONE 20 MG TABLET	7	10.000	2.02	0.10046	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	7	15.000	2.70	0.10046	76%-100% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	7	15.000	2.78	0.10046	76%-100% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	8	3.000	0.15	0.09098	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
59746017509	PREDNISONE 20 MG TABLET	8	5.000	0.25	0.09098	26%-50% Below	No	No
59746017509	PREDNISONE 20 MG TABLET	8	5.000	1.26	0.09098	101%-200% Above	No	No
59746017509	PREDNISONE 20 MG TABLET	8	6.000	0.30	0.09098	26%-50% Below	No	No
59746017509	PREDNISONE 20 MG TABLET	8	6.000	1.41	0.09098	101%-200% Above	No	No
59746017509	PREDNISONE 20 MG TABLET	8	10.000	0.27	0.09098	51%-75% Below	No	No
59746017509	PREDNISONE 20 MG TABLET	8	10.000	1.97	0.09098	101%-200% Above	No	No
59746017509	PREDNISONE 20 MG TABLET	8	14.000	2.76	0.09098	101%-200% Above	No	No
59746017710	CYCLOBENZAPRINE 10 MG TABLET	7	20.000	0.92	0.02198	101%-200% Above	Yes	No
59746017710	CYCLOBENZAPRINE 10 MG TABLET	8	15.000	0.83	0.02303	101%-200% Above	Yes	No
59746017710	CYCLOBENZAPRINE 10 MG TABLET	8	30.000	0.29	0.02303	51%-75% Below	Yes	No
59746017710	CYCLOBENZAPRINE 10 MG TABLET	8	30.000	1.14	0.02303	51%-75% Above	Yes	No
59746017710	CYCLOBENZAPRINE 10 MG TABLET	8	30.000	1.16	0.02303	51%-75% Above	Yes	No
59746017710	CYCLOBENZAPRINE 10 MG TABLET	8	90.000	0.86	0.02303	51%-75% Below	Yes	No
59746021701	SPIRONOLACTONE 50 MG TABLET	8	30.000	4.90	0.11754	26%-50% Above	No	No
59746033790	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	5	30.000	4.00	0.10637	10%-25% Above	No	No
59746033790	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	6	30.000	4.00	0.09901	26%-50% Above	No	No
59746033790	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	7	30.000	4.00	0.10238	26%-50% Above	No	No
59746033890	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	6	30.000	14.90	0.12544	200% Above	No	No
59746033890	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	6	90.000	44.90	0.12544	200% Above	No	No
59746033890	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	7	30.000	14.90	0.12586	200% Above	No	No
59746033990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	90.000	44.90	0.12446	200% Above	No	No
59746033990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	6	90.000	29.90	0.12645	101%-200% Above	No	No
59746033990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	8	30.000	14.90	0.12801	200% Above	No	No
59746038210	HYDROCHLOROTHIAZIDE 12.5 MG CP	5	30.000	2.11	0.03186	101%-200% Above	No	No
59746038306	TERAZOSIN 1 MG CAPSULE	6	30.000	3.27	0.12739	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
59746038406	TERAZOSIN 2 MG CAPSULE	6	90.000	9.98	0.13158	10%-25% Below	No	No
59762005501	MEDROXYPROGESTERONE 2.5 MG TAB	5	30.000	3.76	0.1071	10%-25% Above	No	No
59762005501	MEDROXYPROGESTERONE 2.5 MG TAB	7	30.000	3.67	0.09761	10%-25% Above	No	No
59762005501	MEDROXYPROGESTERONE 2.5 MG TAB	8	30.000	3.67	0.10428	10%-25% Above	No	No
59762005601	MEDROXYPROGESTERONE 10 MG TAB	8	7.000	1.57	0.1399	51%-75% Above	No	No
59762005801	MEDROXYPROGESTERONE 5 MG TAB	8	30.000	5.04	0.14416	10%-25% Above	No	No
59762007401	HYDROCORTISONE 10 MG TABLET	5	75.000	12.86	0.28171	26%-50% Below	No	No
59762007401	HYDROCORTISONE 10 MG TABLET	6	75.000	11.30	0.2556	26%-50% Below	No	No
59762007401	HYDROCORTISONE 10 MG TABLET	7	75.000	10.93	0.26914	26%-50% Below	No	No
59762007401	HYDROCORTISONE 10 MG TABLET	8	75.000	10.74	0.2507	26%-50% Below	No	No
59762033302	LATANOPROST 0.005% EYE DROPS	5	2.500	6.90	1.88042	26%-50% Above	No	No
59762033302	LATANOPROST 0.005% EYE DROPS	6	2.500	5.00	1.77534	10%-25% Above	No	No
59762033302	LATANOPROST 0.005% EYE DROPS	7	2.500	1.77	1.83793	51%-75% Below	No	No
59762033302	LATANOPROST 0.005% EYE DROPS	7	5.000	13.50	1.83793	26%-50% Above	No	No
59762040101	SUCRALFATE 1 GM TABLET	6	120.000	14.66	0.21704	26%-50% Below	No	No
59762040101	SUCRALFATE 1 GM TABLET	7	120.000	10.91	0.21977	51%-75% Below	No	No
59762040105	SUCRALFATE 1 GM TABLET	7	90.000	14.90	0.21977	10%-25% Below	No	No
59762040105	SUCRALFATE 1 GM TABLET	8	90.000	14.90	0.21158	10%-25% Below	No	No
59762045001	COLESTIPOL HCL 1 GM TABLET	6	120.000	50.42	0.87167	51%-75% Below	No	No
59762045001	COLESTIPOL HCL 1 GM TABLET	7	120.000	50.57	0.78347	26%-50% Below	No	No
59762070702	DICLOFENAC EPOLAMINE 1.3% PTCH	6	30.000	97.33	5.6414	26%-50% Below	Yes	No
59762201009	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	1.03	0.01146	101%-200% Above	No	No
59762201009	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	1.03	0.00973	200% Above	No	No
59762219801	AZITHROMYCIN 250 MG TABLET	8	6.000	3.57	0.38013	51%-75% Above	No	No
59762219803	AZITHROMYCIN 250 MG TABLET	8	6.000	3.57	0.38013	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
59762305102	AZITHROMYCIN 1 GM PWD PACKET	7	1.000	10.93	21.61867	26%-50% Below	Yes	No
59762314001	AZITHROMYCIN 200 MG/5 ML SUSP	7	30.000	13.50	0.27583	51%-75% Above	No	No
59762330403	NITROGLYCERIN 0.4 MG TABLET SL	5	50.000	6.50	0.21171	26%-50% Below	No	No
59762330403	NITROGLYCERIN 0.4 MG TABLET SL	6	25.000	3.52	0.22079	26%-50% Below	No	No
59762330403	NITROGLYCERIN 0.4 MG TABLET SL	6	50.000	6.50	0.22079	26%-50% Below	No	No
59762330403	NITROGLYCERIN 0.4 MG TABLET SL	7	25.000	3.52	0.2299	26%-50% Below	No	No
59762371809	TRIAZOLAM 0.25 MG TABLET	7	1.000	1.70	0.96098	76%-100% Above	No	No
59762371901	ALPRAZOLAM 0.25 MG TABLET	5	5.000	0.60	0.02275	200% Above	No	No
59762371904	ALPRAZOLAM 0.25 MG TABLET	5	15.000	0.81	0.02275	101%-200% Above	No	No
59762371904	ALPRAZOLAM 0.25 MG TABLET	7	15.000	0.68	0.02466	76%-100% Above	No	No
59762372103	ALPRAZOLAM 1 MG TABLET	7	90.000	2.44	0.02444	10%-25% Above	No	No
59762372103	ALPRAZOLAM 1 MG TABLET	8	90.000	1.59	0.02768	26%-50% Below	No	No
59762372104	ALPRAZOLAM 1 MG TABLET	8	60.000	0.88	0.02768	26%-50% Below	No	No
59762372104	ALPRAZOLAM 1 MG TABLET	8	60.000	1.25	0.02768	10%-25% Below	No	No
59762372203	ALPRAZOLAM 2 MG TABLET	6	60.000	2.88	0.06112	10%-25% Below	No	No
59762372203	ALPRAZOLAM 2 MG TABLET	8	60.000	2.23	0.07267	26%-50% Below	No	No
59762500802	MISOPROSTOL 200 MCG TABLET	7	2.000	2.76	0.75076	76%-100% Above	No	No
59762500901	CLINDAMYCIN 2% VAGINAL CREAM	7	40.000	45.21	1.70202	26%-50% Below	Yes	No
59762500901	CLINDAMYCIN 2% VAGINAL CREAM	8	40.000	45.21	1.73841	26%-50% Below	Yes	No
59762501002	CLINDAMYCIN HCL 300 MG CAPSULE	6	30.000	13.85	0.26449	51%-75% Above	No	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	6	10.000	12.07	1.39711	10%-25% Below	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	8	10.000	12.07	1.05171	10%-25% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	8	10.000	14.90	1.05171	26%-50% Above	Yes	No
60219170701	PREDNISONE 10 MG TABLET	6	10.000	1.69	0.05514	200% Above	No	No
60219170701	PREDNISONE 10 MG TABLET	7	7.000	1.37	0.05845	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
60219170701	PREDNISONE 10 MG TABLET	7	10.000	0.32	0.05845	26%-50% Below	No	No
60219170705	PREDNISONE 10 MG TABLET	5	8.000	1.38	0.05819	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	7	30.000	3.77	0.05845	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	8	14.000	2.13	0.05823	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	5	10.000	1.97	0.10081	76%-100% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	5	18.000	2.97	0.10081	51%-75% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	7	10.000	1.97	0.10046	76%-100% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	8	5.000	0.00	0.09098	76%-100% Below	No	No
60219170801	PREDNISONE 20 MG TABLET	8	5.000	1.26	0.09098	101%-200% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	6	20.000	3.12	0.09429	51%-75% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	8	30.000	4.42	0.09098	51%-75% Above	No	No
60219175203	SILDENAFIL 50 MG TABLET	8	6.000	9.90	0.15956	200% Above	Yes	No
60219175303	SILDENAFIL 100 MG TABLET	5	18.000	44.99	0.23982	200% Above	No	No
60219204301	DEXAMETHASONE 4 MG TABLET	6	5.000	1.56	0.35594	10%-25% Below	No	No
60219204301	DEXAMETHASONE 4 MG TABLET	7	5.000	1.38	0.39636	26%-50% Below	No	No
60219204301	DEXAMETHASONE 4 MG TABLET	7	30.000	5.87	0.39636	26%-50% Below	No	No
60219204401	DEXAMETHASONE 6 MG TABLET	8	7.000	4.21	1.04047	26%-50% Below	No	No
60219551109	FENOFIBRATE 54 MG TABLET	6	30.000	6.90	0.10477	101%-200% Above	No	No
60219551109	FENOFIBRATE 54 MG TABLET	8	30.000	6.90	0.09756	101%-200% Above	No	No
60219552209	FENOFIBRATE 160 MG TABLET	6	90.000	44.90	0.13306	200% Above	No	No
60432026415	FLUTICASONE PROP 50 MCG SPRAY	7	16.000	6.90	0.32876	26%-50% Above	No	No
60505001606	DILT XR 240 MG CAPSULE	5	90.000	32.94	0.67463	26%-50% Below	No	No
60505003306	PENTOXIFYLLINE ER 400 MG TAB	5	60.000	8.27	0.2483	26%-50% Below	No	No
60505003306	PENTOXIFYLLINE ER 400 MG TAB	6	60.000	8.27	0.2334	26%-50% Below	No	No
60505003306	PENTOXIFYLLINE ER 400 MG TAB	7	60.000	8.78	0.21848	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
60505003306	PENTOXIFYLLINE ER 400 MG TAB	8	60.000	8.78	0.25268	26%-50% Below	No	No
60505004206	ACYCLOVIR 200 MG CAPSULE	6	90.000	8.83	0.1104	10%-25% Below	No	No
60505004206	ACYCLOVIR 200 MG CAPSULE	8	30.000	3.55	0.09714	10%-25% Above	No	No
60505006502	OMEPRAZOLE DR 20 MG CAPSULE	8	30.000	1.98	0.03445	76%-100% Above	No	No
60505006502	OMEPRAZOLE DR 20 MG CAPSULE	8	90.000	5.93	0.03445	76%-100% Above	No	No
60505008302	PAROXETINE HCL 20 MG TABLET	5	30.000	3.01	0.08491	10%-25% Above	No	No
60505008302	PAROXETINE HCL 20 MG TABLET	6	30.000	3.01	0.08366	10%-25% Above	No	No
60505008302	PAROXETINE HCL 20 MG TABLET	7	30.000	3.01	0.07043	26%-50% Above	No	No
60505008302	PAROXETINE HCL 20 MG TABLET	8	90.000	8.04	0.08017	10%-25% Above	No	No
60505008401	PAROXETINE HCL 30 MG TABLET	8	30.000	1.57	0.099	26%-50% Below	No	No
60505009300	DOXAZOSIN MESYLATE 1 MG TAB	6	90.000	44.99	0.07834	200% Above	No	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	5	30.000	4.90	0.10414	51%-75% Above	No	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	6	30.000	4.90	0.10127	51%-75% Above	No	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	6	90.000	44.70	0.10127	200% Above	Yes	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	7	90.000	23.90	0.11459	101%-200% Above	No	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	8	30.000	4.90	0.10762	51%-75% Above	No	No
60505009701	PAROXETINE HCL 10 MG TABLET	7	90.000	7.83	0.07348	10%-25% Above	No	No
60505014100	GLIPIZIDE 5 MG TABLET	5	14.000	0.85	0.03585	51%-75% Above	No	No
60505014100	GLIPIZIDE 5 MG TABLET	5	90.000	2.70	0.03585	10%-25% Below	Yes	No
60505014100	GLIPIZIDE 5 MG TABLET	6	180.000	5.40	0.03626	10%-25% Below	Yes	No
60505014100	GLIPIZIDE 5 MG TABLET	7	180.000	5.40	0.03482	10%-25% Below	Yes	No
60505014100	GLIPIZIDE 5 MG TABLET	8	90.000	2.70	0.03486	10%-25% Below	Yes	No
60505014101	GLIPIZIDE 5 MG TABLET	6	30.000	1.23	0.03626	10%-25% Above	No	No
60505014101	GLIPIZIDE 5 MG TABLET	7	30.000	1.30	0.03482	10%-25% Above	No	No
60505014101	GLIPIZIDE 5 MG TABLET	8	30.000	1.30	0.03486	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
60505014102	GLIPIZIDE 5 MG TABLET	5	180.000	4.98	0.03585	10%-25% Below	No	No
60505014102	GLIPIZIDE 5 MG TABLET	8	180.000	4.98	0.03486	10%-25% Below	No	No
60505014201	GLIPIZIDE 10 MG TABLET	5	60.000	2.42	0.05096	10%-25% Below	No	No
60505014201	GLIPIZIDE 10 MG TABLET	7	60.000	2.42	0.05261	10%-25% Below	No	No
60505014201	GLIPIZIDE 10 MG TABLET	8	180.000	6.26	0.05094	26%-50% Below	No	No
60505014202	GLIPIZIDE 10 MG TABLET	5	360.000	11.68	0.05096	26%-50% Below	No	No
60505014202	GLIPIZIDE 10 MG TABLET	6	180.000	6.04	0.05153	26%-50% Below	No	No
60505014202	GLIPIZIDE 10 MG TABLET	7	60.000	2.42	0.05261	10%-25% Below	No	No
60505014202	GLIPIZIDE 10 MG TABLET	8	180.000	6.04	0.05094	26%-50% Below	No	No
60505014202	GLIPIZIDE 10 MG TABLET	8	360.000	11.68	0.05094	26%-50% Below	No	No
60505014601	OMEPRAZOLE DR 40 MG CAPSULE	8	90.000	14.32	0.05425	101%-200% Above	No	No
60505014602	OMEPRAZOLE DR 40 MG CAPSULE	5	90.000	14.32	0.05737	101%-200% Above	No	No
60505014602	OMEPRAZOLE DR 40 MG CAPSULE	6	30.000	0.79	0.06001	51%-75% Below	No	No
60505014602	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	0.79	0.05277	26%-50% Below	No	No
60505015701	BUPROPION HCL 100 MG TABLET	6	60.000	4.90	0.13323	26%-50% Below	No	No
60505015701	BUPROPION HCL 100 MG TABLET	7	60.000	4.90	0.13256	26%-50% Below	No	No
60505015701	BUPROPION HCL 100 MG TABLET	8	60.000	4.90	0.14304	26%-50% Below	No	No
60505016809	PRAVASTATIN SODIUM 10 MG TAB	7	30.000	0.73	0.06313	51%-75% Below	No	No
60505016907	PRAVASTATIN SODIUM 20 MG TAB	5	90.000	0.01	0.06739	76%-100% Below	No	No
60505016907	PRAVASTATIN SODIUM 20 MG TAB	8	90.000	0.01	0.06383	76%-100% Below	No	No
60505017009	PRAVASTATIN SODIUM 40 MG TAB	6	90.000	55.77	0.08572	200% Above	No	No
60505025103	TIZANIDINE HCL 2 MG TABLET	5	16.000	0.60	0.04816	10%-25% Below	Yes	No
60505025203	TIZANIDINE HCL 4 MG TABLET	5	15.000	0.47	0.04711	26%-50% Below	Yes	No
60505025203	TIZANIDINE HCL 4 MG TABLET	5	30.000	0.94	0.04711	26%-50% Below	Yes	No
60505025203	TIZANIDINE HCL 4 MG TABLET	5	60.000	4.90	0.04711	51%-75% 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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
60505025302	CLOPIDOGREL 75 MG TABLET	6	90.000	8.86	0.06301	51%-75% Above	No	No
60505025302	CLOPIDOGREL 75 MG TABLET	8	90.000	8.86	0.06298	51%-75% Above	No	No
60505025801	DESMOPRESSIN ACETATE 0.2 MG TB	5	60.000	14.89	0.41484	26%-50% Below	No	No
60505036302	OFLOXACIN 0.3% EAR DROPS	6	10.000	12.03	1.89568	26%-50% Below	Yes	No
60505056000	OFLOXACIN 0.3% EYE DROPS	5	5.000	4.60	2.01716	51%-75% Below	Yes	No
60505056000	OFLOXACIN 0.3% EYE DROPS	5	5.000	6.07	2.01716	26%-50% Below	Yes	No
60505056000	OFLOXACIN 0.3% EYE DROPS	6	5.000	4.62	2.08422	51%-75% Below	No	No
60505056001	OFLOXACIN 0.3% EYE DROPS	5	10.000	11.98	1.77721	26%-50% Below	Yes	No
60505058204	MOXIFLOXACIN 0.5% EYE DROPS	6	3.000	0.00	3.15167	76%-100% Below	No	No
60505058204	MOXIFLOXACIN 0.5% EYE DROPS	6	3.000	14.90	3.15167	51%-75% Above	No	No
60505058204	MOXIFLOXACIN 0.5% EYE DROPS	7	3.000	5.90	2.8223	26%-50% Below	No	No
60505058204	MOXIFLOXACIN 0.5% EYE DROPS	8	3.000	0.00	2.96598	76%-100% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	5	16.000	2.76	0.31079	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	5	16.000	6.90	0.31079	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	5	16.000	10.96	0.31079	101%-200% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	5	16.000	11.72	0.31079	101%-200% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	6	16.000	2.90	0.32637	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	6	16.000	6.90	0.32637	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	6	16.000	9.90	0.32637	76%-100% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	6	16.000	9.99	0.32637	76%-100% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	6	16.000	11.72	0.32637	101%-200% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	6	16.000	11.81	0.32637	101%-200% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	6	48.000	35.41	0.32637	101%-200% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	7	16.000	0.00	0.32876	76%-100% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	7	16.000	3.06	0.32876	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	7	16.000	6.90	0.32876	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	7	16.000	11.64	0.32876	101%-200% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	8	16.000	3.07	0.3326	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	8	16.000	6.90	0.3326	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	8	16.000	9.90	0.3326	76%-100% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	8	16.000	11.64	0.3326	101%-200% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	8	16.000	11.72	0.3326	101%-200% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	8	16.000	11.81	0.3326	101%-200% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	8	16.000	12.14	0.3326	101%-200% Above	No	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	6	17.000	21.17	2.06117	26%-50% Below	No	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	8	17.000	20.91	1.97255	26%-50% Below	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	5	30.000	5.45	0.32323	26%-50% Below	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	5	30.000	6.90	0.32323	26%-50% Below	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	5	30.000	14.90	0.32323	51%-75% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	5	30.000	19.85	0.32323	101%-200% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	6	30.000	6.90	0.30267	10%-25% Below	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	6	30.000	19.85	0.30267	101%-200% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	7	30.000	5.45	0.30524	26%-50% Below	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	7	30.000	6.99	0.30524	10%-25% Below	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	8	30.000	5.49	0.30076	26%-50% Below	No	No
60505131703	PAROXETINE CR 25 MG TABLET	5	30.000	14.90	0.73952	26%-50% Below	No	No
60505131703	PAROXETINE CR 25 MG TABLET	6	30.000	14.90	0.6878	26%-50% Below	No	No
60505131803	PAROXETINE CR 37.5 MG TABLET	5	90.000	44.90	0.85005	26%-50% Below	No	No
60505132101	MIDODRINE HCL 5 MG TABLET	7	30.000	10.75	0.19155	76%-100% Above	No	No
60505132305	PRAVASTATIN SODIUM 80 MG TAB	8	30.000	2.93	0.17792	26%-50% Below	No	No

## NADAC Summary Report

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60505257808	ATORVASTATIN 10 MG TABLET	5	30.000	0.59	0.03116	26%-50% Below	No	No
60505257808	ATORVASTATIN 10 MG TABLET	6	30.000	0.35	0.03	51%-75% Below	No	No
60505257808	ATORVASTATIN 10 MG TABLET	6	30.000	4.18	0.03	200% Above	No	No
60505257808	ATORVASTATIN 10 MG TABLET	6	90.000	1.05	0.03	51%-75% Below	No	No
60505257808	ATORVASTATIN 10 MG TABLET	7	30.000	0.35	0.03081	51%-75% Below	No	No
60505257808	ATORVASTATIN 10 MG TABLET	8	30.000	0.35	0.0332	51%-75% Below	No	No
60505257808	ATORVASTATIN 10 MG TABLET	8	30.000	4.18	0.0332	200% Above	No	No
60505257808	ATORVASTATIN 10 MG TABLET	8	90.000	1.05	0.0332	51%-75% Below	No	No
60505257908	ATORVASTATIN 20 MG TABLET	5	28.000	4.58	0.04094	200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	5	30.000	0.74	0.04094	26%-50% Below	No	No
60505257908	ATORVASTATIN 20 MG TABLET	5	30.000	0.82	0.04094	26%-50% Below	No	No
60505257908	ATORVASTATIN 20 MG TABLET	6	28.000	4.58	0.04166	200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	6	30.000	0.82	0.04166	26%-50% Below	No	No
60505257908	ATORVASTATIN 20 MG TABLET	6	90.000	2.45	0.04166	26%-50% Below	No	No
60505257908	ATORVASTATIN 20 MG TABLET	6	90.000	9.91	0.04166	101%-200% Above	Yes	No
60505257908	ATORVASTATIN 20 MG TABLET	7	28.000	4.98	0.04069	200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	7	30.000	0.58	0.04069	51%-75% Below	No	No
60505257908	ATORVASTATIN 20 MG TABLET	7	90.000	2.45	0.04069	26%-50% Below	Yes	No
60505257908	ATORVASTATIN 20 MG TABLET	8	28.000	4.98	0.03977	200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	8	30.000	0.58	0.03977	51%-75% Below	No	No
60505257909	ATORVASTATIN 20 MG TABLET	5	30.000	0.82	0.04094	26%-50% Below	No	No
60505257909	ATORVASTATIN 20 MG TABLET	5	90.000	2.45	0.04094	26%-50% Below	No	No
60505257909	ATORVASTATIN 20 MG TABLET	6	30.000	0.82	0.04166	26%-50% Below	No	No
60505257909	ATORVASTATIN 20 MG TABLET	6	90.000	2.45	0.04166	26%-50% Below	No	No
60505257909	ATORVASTATIN 20 MG TABLET	7	30.000	0.58	0.04069	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
60505257909	ATORVASTATIN 20 MG TABLET	8	30.000	0.58	0.03977	51%-75% Below	No	No
60505258008	ATORVASTATIN 40 MG TABLET	5	30.000	5.05	0.06076	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	5	90.000	14.14	0.06076	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	6	30.000	5.05	0.05884	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	6	90.000	13.66	0.05884	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	6	90.000	14.14	0.05884	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	7	30.000	0.83	0.05733	51%-75% Below	No	No
60505258008	ATORVASTATIN 40 MG TABLET	7	30.000	5.05	0.05733	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	7	30.000	5.32	0.05733	200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	7	90.000	2.49	0.05733	51%-75% Below	No	No
60505258008	ATORVASTATIN 40 MG TABLET	7	90.000	13.66	0.05733	101%-200% Above	Yes	No
60505258008	ATORVASTATIN 40 MG TABLET	7	90.000	14.14	0.05733	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	7	90.000	14.95	0.05733	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	8	30.000	5.05	0.05653	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	8	30.000	5.32	0.05653	200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	8	90.000	14.14	0.05653	101%-200% Above	No	No
60505258009	ATORVASTATIN 40 MG TABLET	5	90.000	14.14	0.06076	101%-200% Above	No	No
60505264907	TIZANIDINE HCL 4 MG CAPSULE	7	30.000	2.17	0.12034	26%-50% Below	No	No
60505264907	TIZANIDINE HCL 4 MG CAPSULE	8	30.000	2.36	0.1565	26%-50% Below	No	No
60505265301	TRAZODONE 50 MG TABLET	5	30.000	2.45	0.03469	101%-200% Above	No	No
60505265301	TRAZODONE 50 MG TABLET	6	30.000	2.45	0.03533	101%-200% Above	No	No
60505265301	TRAZODONE 50 MG TABLET	6	90.000	6.16	0.03533	76%-100% Above	No	No
60505265301	TRAZODONE 50 MG TABLET	7	30.000	2.45	0.03379	101%-200% Above	No	No
60505265301	TRAZODONE 50 MG TABLET	7	30.000	2.63	0.03379	101%-200% Above	No	No
60505265301	TRAZODONE 50 MG TABLET	8	30.000	2.45	0.03628	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
60505265301	TRAZODONE 50 MG TABLET	8	30.000	2.63	0.03628	101%-200% Above	No	No
60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	6	90.000	15.59	0.08983	76%-100% Above	Yes	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	5	90.000	9.90	0.09135	10%-25% Above	No	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	7	30.000	3.90	0.0932	26%-50% Above	No	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	8	30.000	3.90	0.09611	26%-50% Above	No	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	8	90.000	9.90	0.09611	10%-25% Above	No	No
60505267108	ATORVASTATIN 80 MG TABLET	5	30.000	4.90	0.0903	76%-100% Above	No	No
60505267108	ATORVASTATIN 80 MG TABLET	5	30.000	5.75	0.0903	101%-200% Above	No	No
60505267108	ATORVASTATIN 80 MG TABLET	6	30.000	4.90	0.08059	101%-200% Above	No	No
60505267108	ATORVASTATIN 80 MG TABLET	6	30.000	5.75	0.08059	101%-200% Above	No	No
60505267108	ATORVASTATIN 80 MG TABLET	6	90.000	15.69	0.08059	101%-200% Above	No	No
60505267108	ATORVASTATIN 80 MG TABLET	7	14.000	2.95	0.08744	101%-200% Above	No	No
60505267108	ATORVASTATIN 80 MG TABLET	7	30.000	4.90	0.08744	76%-100% Above	No	No
60505267108	ATORVASTATIN 80 MG TABLET	7	30.000	5.75	0.08744	101%-200% Above	No	No
60505267108	ATORVASTATIN 80 MG TABLET	8	30.000	4.90	0.0885	76%-100% Above	No	No
60505267108	ATORVASTATIN 80 MG TABLET	8	30.000	5.75	0.0885	101%-200% Above	No	No
60505294505	EZETIMIBE 10 MG TABLET	5	30.000	19.90	0.08903	200% Above	No	No
60505294505	EZETIMIBE 10 MG TABLET	6	30.000	19.90	0.08833	200% Above	No	No
60505294505	EZETIMIBE 10 MG TABLET	6	90.000	44.90	0.08833	200% Above	No	No
60505294505	EZETIMIBE 10 MG TABLET	8	30.000	19.90	0.08931	200% Above	No	No
60505314003	OLANZAPINE 20 MG TABLET	6	30.000	13.45	0.14602	200% Above	No	No
60505314003	OLANZAPINE 20 MG TABLET	7	30.000	14.72	0.16224	200% Above	No	No
60505314003	OLANZAPINE 20 MG TABLET	8	30.000	14.72	0.1564	200% Above	No	No
60505361405	VARENICLINE 1 MG TABLET	5	56.000	206.67	5.67751	26%-50% Below	No	No
60505361405	VARENICLINE 1 MG TABLET	6	56.000	0.01	5.92978	76%-100% 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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
60505361405	VARENICLINE 1 MG TABLET	7	56.000	0.01	5.71651	76%-100% Below	No	No
60505361405	VARENICLINE 1 MG TABLET	8	56.000	192.17	5.45553	26%-50% Below	No	No
60505384905	CELECOXIB 200 MG CAPSULE	5	30.000	9.90	0.11043	101%-200% Above	No	No
60505392701	GUANFACINE HCL ER 1 MG TABLET	6	30.000	3.02	0.20956	51%-75% Below	Yes	No
60505392701	GUANFACINE HCL ER 1 MG TABLET	7	30.000	3.02	0.19812	26%-50% Below	Yes	No
60505392701	GUANFACINE HCL ER 1 MG TABLET	7	90.000	40.08	0.19812	101%-200% Above	Yes	No
60505392701	GUANFACINE HCL ER 1 MG TABLET	8	30.000	3.02	0.20886	51%-75% Below	Yes	No
60505392901	GUANFACINE HCL ER 3 MG TABLET	5	30.000	14.90	0.2417	101%-200% Above	No	No
60505403301	ICOSAPENT ETHYL 1 GRAM CAPSULE	5	360.000	317.81	1.56894	26%-50% Below	No	No
60505464303	PRASUGREL 10 MG TABLET	6	90.000	12.01	0.30532	51%-75% Below	No	No
60505477303	VILAZODONE HCL 20 MG TABLET	5	30.000	13.02	1.55952	51%-75% Below	No	No
60505477303	VILAZODONE HCL 20 MG TABLET	5	30.000	26.07	1.55952	26%-50% Below	No	No
60505477303	VILAZODONE HCL 20 MG TABLET	7	30.000	26.07	1.40647	26%-50% Below	No	No
60505477303	VILAZODONE HCL 20 MG TABLET	8	30.000	24.92	1.51802	26%-50% Below	No	No
60505477403	VILAZODONE HCL 40 MG TABLET	5	30.000	14.90	1.55195	51%-75% Below	No	No
60505477403	VILAZODONE HCL 40 MG TABLET	5	30.000	26.07	1.55195	26%-50% Below	No	No
60505477403	VILAZODONE HCL 40 MG TABLET	6	30.000	26.07	1.51509	26%-50% Below	No	No
60505477403	VILAZODONE HCL 40 MG TABLET	7	30.000	26.07	1.40525	26%-50% Below	No	No
60505477403	VILAZODONE HCL 40 MG TABLET	8	30.000	25.30	1.54743	26%-50% Below	No	No
60687040583	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	8	90.000	3.37	0.09095	51%-75% Below	Yes	No
60758011905	PREDNISOLONE AC 1% EYE DROP	5	5.000	16.11	5.50473	26%-50% Below	Yes	No
60758011905	PREDNISOLONE AC 1% EYE DROP	6	5.000	16.88	5.58164	26%-50% Below	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	8	5.000	14.63	5.18018	26%-50% Below	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	8	5.000	16.11	5.18018	26%-50% Below	Yes	No
60758011905	PREDNISOLONE AC 1% EYE DROP	8	5.000	19.90	5.18018	10%-25% 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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
60758088005	FLUOROMETHOLONE 0.1% DROPS	5	5.000	34.10	13.2495	26%-50% Below	No	No
60758088005	FLUOROMETHOLONE 0.1% DROPS	7	5.000	34.10	13.49845	26%-50% Below	No	No
60758088005	FLUOROMETHOLONE 0.1% DROPS	7	5.000	39.29	13.49845	26%-50% Below	No	No
60846080501	UNITHROID 100 MCG TABLET	7	90.000	35.19	3.84656	76%-100% Below	Yes	No
61314022715	TIMOLOL MALEATE 0.5% EYE DROPS	5	15.000	15.73	0.91402	10%-25% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	5	2.500	6.90	1.88042	26%-50% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	6	2.500	6.90	1.77534	51%-75% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	6	2.500	8.02	1.77534	76%-100% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	7	2.500	6.90	1.83793	26%-50% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	7	2.500	8.75	1.83793	76%-100% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	8	2.500	1.80	1.82997	51%-75% Below	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	8	2.500	8.75	1.82997	76%-100% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	5	10.000	2.34	0.50901	51%-75% Below	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	5	10.000	6.90	0.50901	26%-50% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	6	10.000	6.90	0.54168	26%-50% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	6	10.000	7.98	0.54168	26%-50% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	6	10.000	8.88	0.54168	51%-75% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	7	10.000	8.88	0.52103	51%-75% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	7	10.000	9.36	0.52103	76%-100% Above	No	No
61314063006	NEOMYC-POLYM-DEXAMETH EYE DROP	6	5.000	9.99	2.32366	10%-25% Below	No	No
61314063006	NEOMYC-POLYM-DEXAMETH EYE DROP	6	10.000	14.51	2.32366	26%-50% Below	No	No
61314063006	NEOMYC-POLYM-DEXAMETH EYE DROP	7	5.000	9.90	2.31154	10%-25% Below	No	No
61314063136	NEOMYC-POLYM-DEXAMET EYE OINTM	7	3.500	14.11	3.25536	10%-25% Above	No	No
61314063705	PREDNISOLONE AC 1% EYE DROP	5	5.000	16.88	5.50473	26%-50% Below	No	No
61314063705	PREDNISOLONE AC 1% EYE DROP	6	5.000	16.88	5.58164	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
61314063705	PREDNISOLONE AC 1% EYE DROP	7	5.000	4.99	5.56031	76%-100% Below	No	No
61314063705	PREDNISOLONE AC 1% EYE DROP	7	5.000	16.88	5.56031	26%-50% Below	No	No
61314063705	PREDNISOLONE AC 1% EYE DROP	8	5.000	0.05	5.18018	76%-100% Below	No	No
61314063710	PREDNISOLONE AC 1% EYE DROP	5	10.000	33.76	5.48532	26%-50% Below	No	No
61314063710	PREDNISOLONE AC 1% EYE DROP	6	10.000	33.76	5.461	26%-50% Below	No	No
61314064305	TOBRAMYCIN 0.3% EYE DROP	6	5.000	3.00	1.46427	51%-75% Below	Yes	No
61314064305	TOBRAMYCIN 0.3% EYE DROP	8	5.000	3.00	1.25	51%-75% Below	Yes	No
61314064511	NEOMYCIN-POLYMYXIN-HC EAR SUSP	7	10.000	6.99	5.70657	76%-100% Below	No	No
61314064511	NEOMYCIN-POLYMYXIN-HC EAR SUSP	7	10.000	31.44	5.70657	26%-50% Below	No	No
61314064610	NEOMYCIN-POLYMYXIN-HC EAR SOLN	5	10.000	3.68	4.57696	76%-100% Below	No	No
61314064610	NEOMYCIN-POLYMYXIN-HC EAR SOLN	6	10.000	3.68	4.6542	76%-100% Below	No	No
61314064610	NEOMYCIN-POLYMYXIN-HC EAR SOLN	7	10.000	9.90	4.60974	76%-100% Below	No	No
61314064705	TOBRAMYCIN-DEXAMETH OPHTH SUSP	5	5.000	10.33	4.88849	51%-75% Below	No	No
61314065605	CIPROFLOXACIN 0.3% EYE DROP	5	10.000	10.73	1.86569	26%-50% Below	No	No
61314065605	CIPROFLOXACIN 0.3% EYE DROP	6	5.000	10.25	1.72105	10%-25% Above	No	No
61314065605	CIPROFLOXACIN 0.3% EYE DROP	8	5.000	9.90	1.67312	10%-25% Above	No	No
61314065605	CIPROFLOXACIN 0.3% EYE DROP	8	5.000	10.34	1.67312	10%-25% Above	No	No
61442010201	DICLOFENAC SOD DR 50 MG TAB	5	60.000	14.90	0.09966	101%-200% Above	No	No
61442010201	DICLOFENAC SOD DR 50 MG TAB	8	60.000	14.90	0.10056	101%-200% Above	No	No
61442010260	DICLOFENAC SOD DR 50 MG TAB	7	60.000	5.00	0.10006	10%-25% Below	No	No
61442010260	DICLOFENAC SOD DR 50 MG TAB	8	60.000	5.00	0.10056	10%-25% Below	No	No
61442010301	DICLOFENAC SOD DR 75 MG TAB	5	60.000	6.90	0.09522	10%-25% Above	No	No
61442010301	DICLOFENAC SOD DR 75 MG TAB	6	60.000	9.90	0.09679	51%-75% Above	No	No
61442010301	DICLOFENAC SOD DR 75 MG TAB	7	60.000	4.90	0.09713	10%-25% Below	No	No
61442010305	DICLOFENAC SOD DR 75 MG TAB	6	60.000	6.90	0.09679	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
61442010305	DICLOFENAC SOD DR 75 MG TAB	7	60.000	6.90	0.09713	10%-25% Above	No	No
61442010310	DICLOFENAC SOD DR 75 MG TAB	5	60.000	7.98	0.09522	26%-50% Above	No	No
61442010310	DICLOFENAC SOD DR 75 MG TAB	6	60.000	7.98	0.09679	26%-50% Above	No	No
61442010310	DICLOFENAC SOD DR 75 MG TAB	6	60.000	9.05	0.09679	51%-75% Above	No	No
61442010310	DICLOFENAC SOD DR 75 MG TAB	7	30.000	5.47	0.09713	76%-100% Above	No	No
61442010310	DICLOFENAC SOD DR 75 MG TAB	8	60.000	9.05	0.08878	51%-75% Above	No	No
61442010360	DICLOFENAC SOD DR 75 MG TAB	7	120.000	9.90	0.09713	10%-25% Below	No	No
61442012110	FAMOTIDINE 20 MG TABLET	5	30.000	1.55	0.03112	51%-75% Above	No	No
61442012210	FAMOTIDINE 40 MG TABLET	5	10.000	1.83	0.06101	101%-200% Above	No	No
61442012210	FAMOTIDINE 40 MG TABLET	5	30.000	4.36	0.06101	101%-200% Above	No	No
61442012210	FAMOTIDINE 40 MG TABLET	5	30.000	4.59	0.06101	101%-200% Above	No	No
61442012210	FAMOTIDINE 40 MG TABLET	6	30.000	4.36	0.05778	101%-200% Above	No	No
61442012610	MELOXICAM 7.5 MG TABLET	5	60.000	2.07	0.02064	51%-75% Above	No	No
61442012610	MELOXICAM 7.5 MG TABLET	6	60.000	2.07	0.02224	51%-75% Above	No	No
61442012610	MELOXICAM 7.5 MG TABLET	7	60.000	2.07	0.01948	76%-100% Above	No	No
61442012610	MELOXICAM 7.5 MG TABLET	8	60.000	2.07	0.01921	76%-100% Above	No	No
61442014110	LOVASTATIN 10 MG TABLET	5	30.000	0.99	0.0562	26%-50% Below	No	No
61442014110	LOVASTATIN 10 MG TABLET	5	30.000	2.19	0.0562	26%-50% Above	No	No
61442014110	LOVASTATIN 10 MG TABLET	6	30.000	0.99	0.04429	10%-25% Below	No	No
61442014110	LOVASTATIN 10 MG TABLET	6	30.000	2.19	0.04429	51%-75% Above	No	No
61442014110	LOVASTATIN 10 MG TABLET	7	30.000	0.77	0.03968	26%-50% Below	No	No
61442014110	LOVASTATIN 10 MG TABLET	7	30.000	2.19	0.03968	76%-100% Above	No	No
61442014110	LOVASTATIN 10 MG TABLET	8	30.000	0.71	0.04311	26%-50% Below	No	No
61442014110	LOVASTATIN 10 MG TABLET	8	30.000	2.19	0.04311	51%-75% Above	No	No
61703035038	METHOTREXATE 50 MG/2 ML VIAL	6	4.000	9.39	3.02	10%-25% Below	No	No



## NADAC Summary Report

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61703035038	METHOTREXATE 50 MG/2 ML VIAL	7	4.000	9.48	3.15622	10%-25% Below	No	No
61703035038	METHOTREXATE 50 MG/2 ML VIAL	8	4.000	9.48	2.99636	10%-25% Below	No	No
61755002102	PRALUENT 150 MG/ML PEN	5	2.000	300.94	238.23393	26%-50% Below	No	No
61755002102	PRALUENT 150 MG/ML PEN	6	2.000	300.94	238.23393	26%-50% Below	No	No
61874011530	VRAYLAR 1.5 MG CAPSULE	5	30.000	843.13	44.07706	26%-50% Below	No	No
61874011530	VRAYLAR 1.5 MG CAPSULE	6	30.000	843.13	44.07706	26%-50% Below	No	No
61874011530	VRAYLAR 1.5 MG CAPSULE	7	30.000	843.13	44.07706	26%-50% Below	No	No
61874011530	VRAYLAR 1.5 MG CAPSULE	8	30.000	843.13	44.07706	26%-50% Below	No	No
62037072601	METHYLPHENIDATE ER 36 MG TAB	5	30.000	0.00	1.09968	76%-100% Below	No	No
62037072601	METHYLPHENIDATE ER 36 MG TAB	7	30.000	18.92	1.03953	26%-50% Below	No	No
62037072701	METHYLPHENIDATE ER 54 MG TAB	5	30.000	13.57	0.88799	26%-50% Below	No	No
62175013643	OMEPRAZOLE DR 40 MG CAPSULE	5	30.000	5.28	0.05737	200% Above	No	No
62175013643	OMEPRAZOLE DR 40 MG CAPSULE	6	30.000	5.28	0.06001	101%-200% Above	No	No
62175013643	OMEPRAZOLE DR 40 MG CAPSULE	7	14.000	2.73	0.05277	200% Above	No	No
62175013643	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	5.28	0.05277	200% Above	No	No
62175013643	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	5.28	0.05425	200% Above	No	No
62175030232	RABEPRAZOLE SOD DR 20 MG TAB	5	30.000	9.90	0.2127	51%-75% Above	No	No
62175045832	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	8	45.000	9.99	0.96922	76%-100% Below	No	No
62175047132	PAROXETINE ER 25 MG TABLET	8	30.000	14.90	0.90511	26%-50% Below	No	No
62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	2.70	0.05449	26%-50% Below	No	No
62175061746	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	0.90	0.05468	26%-50% Below	No	No
62175061746	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	0.90	0.05449	26%-50% Below	No	No
62332001131	VENLAFAXINE HCL 75 MG TABLET	8	60.000	14.99	0.08779	101%-200% Above	No	No
62332002431	FLUOXETINE HCL 40 MG CAPSULE	7	90.000	10.00	0.07438	26%-50% Above	No	No
62332002431	FLUOXETINE HCL 40 MG CAPSULE	8	30.000	4.00	0.07213	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	5	45.000	4.40	0.03806	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	6	63.000	4.73	0.03812	76%-100% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	6	90.000	6.55	0.03812	76%-100% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	7	60.000	4.68	0.03978	76%-100% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	8	15.000	0.15	0.03622	51%-75% Below	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	8	45.000	4.84	0.03622	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	8	90.000	6.55	0.03622	76%-100% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	5	30.000	3.09	0.04335	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	5	90.000	5.94	0.04335	51%-75% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	5	90.000	7.99	0.04335	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	6	30.000	3.09	0.04338	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	6	90.000	5.94	0.04338	51%-75% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	7	30.000	0.41	0.04532	51%-75% Below	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	7	30.000	3.09	0.04532	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	7	90.000	5.94	0.04532	26%-50% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	7	90.000	6.53	0.04532	51%-75% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	7	90.000	7.99	0.04532	76%-100% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	8	30.000	3.09	0.04928	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	8	90.000	6.53	0.04928	26%-50% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	8	90.000	8.73	0.04928	76%-100% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	5	30.000	4.58	0.06744	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	5	90.000	9.35	0.06744	51%-75% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	5	90.000	12.73	0.06744	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	6	30.000	4.58	0.0693	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	6	90.000	9.35	0.0693	26%-50% 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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	6	90.000	12.40	0.0693	76%-100% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	7	30.000	4.58	0.06651	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	7	90.000	10.29	0.06651	51%-75% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	7	90.000	12.30	0.06651	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	7	90.000	12.73	0.06651	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	8	30.000	4.58	0.07073	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	8	36.000	5.39	0.07073	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	8	90.000	10.29	0.07073	51%-75% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	8	90.000	12.73	0.07073	76%-100% Above	Yes	No
62332003131	ROPINIROLE HCL 0.5 MG TABLET	5	180.000	21.45	0.05117	101%-200% Above	No	No
62332003131	ROPINIROLE HCL 0.5 MG TABLET	7	180.000	21.45	0.04899	101%-200% Above	No	No
62332003331	ROPINIROLE HCL 2 MG TABLET	5	30.000	3.97	0.06977	76%-100% Above	No	No
62332003331	ROPINIROLE HCL 2 MG TABLET	5	60.000	6.90	0.06977	51%-75% Above	No	No
62332003331	ROPINIROLE HCL 2 MG TABLET	6	30.000	3.97	0.07	76%-100% Above	No	No
62332003331	ROPINIROLE HCL 2 MG TABLET	6	60.000	6.90	0.07	51%-75% Above	No	No
62332003331	ROPINIROLE HCL 2 MG TABLET	7	30.000	3.97	0.06972	76%-100% Above	No	No
62332003331	ROPINIROLE HCL 2 MG TABLET	7	60.000	6.90	0.06972	51%-75% Above	No	No
62332003331	ROPINIROLE HCL 2 MG TABLET	8	30.000	3.97	0.05993	101%-200% Above	No	No
62332003331	ROPINIROLE HCL 2 MG TABLET	8	60.000	6.90	0.05993	76%-100% Above	No	No
62332003731	LAMOTRIGINE 25 MG TABLET	8	42.000	3.15	0.03046	101%-200% Above	No	No
62332003831	LAMOTRIGINE 100 MG TABLET	8	30.000	2.48	0.05094	51%-75% Above	No	No
62332005090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	30.000	14.90	0.12446	200% Above	No	No
62332005090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	7	30.000	14.90	0.1247	200% Above	No	No
62332005671	CLONIDINE HCL 0.3 MG TABLET	5	90.000	2.07	0.04148	26%-50% Below	No	No
62332005671	CLONIDINE HCL 0.3 MG TABLET	6	90.000	2.07	0.03773	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
62332005671	CLONIDINE HCL 0.3 MG TABLET	7	90.000	2.24	0.03642	26%-50% Below	No	No
62332005671	CLONIDINE HCL 0.3 MG TABLET	8	90.000	1.52	0.03896	51%-75% Below	No	No
62332008531	FENOFIBRATE 134 MG CAPSULE	8	30.000	6.90	0.13788	51%-75% Above	No	No
62332008631	FENOFIBRATE 200 MG CAPSULE	7	30.000	9.90	0.23001	26%-50% Above	No	No
62332008631	FENOFIBRATE 200 MG CAPSULE	8	30.000	6.90	0.16726	26%-50% Above	No	No
62332008631	FENOFIBRATE 200 MG CAPSULE	8	30.000	9.90	0.16726	76%-100% Above	No	No
62332009730	ARIPIPRAZOLE 2 MG TABLET	6	30.000	9.90	0.14007	101%-200% Above	No	No
62332009730	ARIPIPRAZOLE 2 MG TABLET	6	60.000	9.90	0.14007	10%-25% Above	No	No
62332009831	ARIPIPRAZOLE 5 MG TABLET	7	30.000	9.90	0.13722	101%-200% Above	No	No
62332010030	ARIPIPRAZOLE 15 MG TABLET	5	30.000	6.90	0.20484	10%-25% Above	No	No
62332010030	ARIPIPRAZOLE 15 MG TABLET	6	30.000	6.90	0.20551	10%-25% Above	No	No
62332010030	ARIPIPRAZOLE 15 MG TABLET	7	30.000	6.90	0.19785	10%-25% Above	No	No
62332010030	ARIPIPRAZOLE 15 MG TABLET	7	90.000	14.90	0.19785	10%-25% Below	No	No
62332010030	ARIPIPRAZOLE 15 MG TABLET	8	30.000	2.70	0.17823	26%-50% Below	No	No
62332010130	ARIPIPRAZOLE 20 MG TABLET	5	30.000	9.90	0.24657	26%-50% Above	No	No
62332010131	ARIPIPRAZOLE 20 MG TABLET	6	30.000	9.90	0.26165	26%-50% Above	No	No
62332010131	ARIPIPRAZOLE 20 MG TABLET	7	30.000	9.90	0.2542	26%-50% Above	No	No
62332012090	PREGABALIN 50 MG CAPSULE	6	30.000	0.64	0.07338	51%-75% Below	No	No
62332012090	PREGABALIN 50 MG CAPSULE	7	30.000	1.16	0.06949	26%-50% Below	No	No
62332012090	PREGABALIN 50 MG CAPSULE	8	30.000	1.16	0.0696	26%-50% Below	No	No
62332014131	CELECOXIB 100 MG CAPSULE	5	30.000	0.70	0.09223	51%-75% Below	No	No
62332014131	CELECOXIB 100 MG CAPSULE	5	30.000	6.90	0.09223	101%-200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	5	60.000	6.90	0.09223	10%-25% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	6	30.000	0.70	0.09095	51%-75% Below	No	No
62332014131	CELECOXIB 100 MG CAPSULE	6	30.000	6.90	0.09095	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
62332014131	CELECOXIB 100 MG CAPSULE	6	60.000	6.90	0.09095	26%-50% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	7	30.000	6.90	0.09291	101%-200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	7	60.000	6.90	0.09291	10%-25% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	8	30.000	0.70	0.09655	51%-75% Below	No	No
62332014131	CELECOXIB 100 MG CAPSULE	8	30.000	6.90	0.09655	101%-200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	8	60.000	4.90	0.09655	10%-25% Below	No	No
62332014131	CELECOXIB 100 MG CAPSULE	8	60.000	6.90	0.09655	10%-25% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	5	30.000	6.90	0.11043	101%-200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	6	10.000	14.90	0.10361	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	6	30.000	6.90	0.10361	101%-200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	6	90.000	29.90	0.10361	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	7	30.000	6.90	0.10699	101%-200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	7	60.000	2.55	0.10699	51%-75% Below	No	No
62332014231	CELECOXIB 200 MG CAPSULE	7	90.000	12.40	0.10699	26%-50% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	8	30.000	6.90	0.12272	76%-100% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	8	30.000	9.90	0.12272	101%-200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	8	90.000	12.40	0.12272	10%-25% Above	Yes	No
62332014271	CELECOXIB 200 MG CAPSULE	6	30.000	9.90	0.10361	200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	6	90.000	14.90	0.10361	51%-75% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	6	90.000	44.90	0.10361	200% Above	No	No
62332015030	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	5	30.000	6.90	0.2725	10%-25% Below	No	No
62332015030	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	6	30.000	6.90	0.28093	10%-25% Below	No	No
62332015090	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	5	30.000	4.90	0.2725	26%-50% Below	No	No
62332015090	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	6	30.000	4.90	0.28093	26%-50% Below	No	No
62332015090	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	7	30.000	4.90	0.25531	26%-50% Below	No	No

## NADAC Summary Report

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62332015090	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	8	30.000	4.90	0.25036	26%-50% Below	No	No
62332017260	LACOSAMIDE 100 MG TABLET	5	60.000	9.90	0.33648	26%-50% Below	No	No
62332017260	LACOSAMIDE 100 MG TABLET	6	60.000	9.90	0.34459	51%-75% Below	No	No
62332017260	LACOSAMIDE 100 MG TABLET	7	60.000	9.90	0.32882	26%-50% Below	No	No
62332017260	LACOSAMIDE 100 MG TABLET	8	60.000	9.90	0.34778	51%-75% Below	No	No
62332019130	FEBUXOSTAT 80 MG TABLET	5	30.000	6.99	0.66137	51%-75% Below	No	No
62332019130	FEBUXOSTAT 80 MG TABLET	8	30.000	6.99	0.52032	51%-75% Below	No	No
62332023430	VILAZODONE HCL 40 MG TABLET	5	30.000	26.07	1.55195	26%-50% Below	No	No
62332023430	VILAZODONE HCL 40 MG TABLET	7	30.000	26.07	1.40525	26%-50% Below	No	No
62332024490	FENOFIBRIC ACID DR 45 MG CAP	5	90.000	44.90	0.19922	101%-200% Above	Yes	No
62332024490	FENOFIBRIC ACID DR 45 MG CAP	8	90.000	44.90	0.12371	200% Above	Yes	No
62332025130	AZITHROMYCIN 250 MG TABLET	5	6.000	3.55	0.33784	51%-75% Above	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	6	6.000	3.55	0.34207	51%-75% Above	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	8	6.000	3.66	0.38013	51%-75% Above	No	No
62332033931	MIDODRINE HCL 5 MG TABLET	8	90.000	10.35	0.21177	26%-50% Below	No	No
62332037931	TEMAZEPAM 7.5 MG CAPSULE	6	30.000	14.90	1.2609	51%-75% Below	No	No
62332038031	TEMAZEPAM 15 MG CAPSULE	7	15.000	1.34	0.07545	10%-25% Above	No	No
62332038231	TEMAZEPAM 30 MG CAPSULE	6	10.000	1.20	0.09033	26%-50% Above	Yes	No
62332038690	MODAFINIL 200 MG TABLET	5	60.000	14.90	0.48506	26%-50% Below	No	No
62332038690	MODAFINIL 200 MG TABLET	5	60.000	601.24	0.48506	200% Above	No	No
62332038690	MODAFINIL 200 MG TABLET	6	60.000	14.90	0.45852	26%-50% Below	No	No
62332038690	MODAFINIL 200 MG TABLET	6	60.000	601.24	0.45852	200% Above	No	No
62332038690	MODAFINIL 200 MG TABLET	7	60.000	14.90	0.48601	26%-50% Below	No	No
62332038690	MODAFINIL 200 MG TABLET	7	60.000	601.24	0.48601	200% Above	No	No
62332038690	MODAFINIL 200 MG TABLET	8	60.000	601.24	0.50359	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
62332042671	BENZONATATE 100 MG CAPSULE	5	60.000	9.90	0.08317	76%-100% Above	No	No
62332046431	VITAMIN D2 1.25 MG(50,000 UNIT)	5	3.000	1.30	0.13434	200% Above	No	No
62332049141	TIZANIDINE HCL 2 MG CAPSULE	6	180.000	29.90	0.08587	76%-100% Above	Yes	No
62332049241	TIZANIDINE HCL 4 MG CAPSULE	6	180.000	14.90	0.13111	26%-50% Below	Yes	No
62332049241	TIZANIDINE HCL 4 MG CAPSULE	7	15.000	4.90	0.12034	101%-200% Above	Yes	No
62332049241	TIZANIDINE HCL 4 MG CAPSULE	7	180.000	14.90	0.12034	26%-50% Below	Yes	No
62332049341	TIZANIDINE HCL 6 MG CAPSULE	5	120.000	10.37	0.22359	51%-75% Below	Yes	No
62332049341	TIZANIDINE HCL 6 MG CAPSULE	6	120.000	10.37	0.20666	51%-75% Below	Yes	No
62332049341	TIZANIDINE HCL 6 MG CAPSULE	7	120.000	10.37	0.27333	51%-75% Below	Yes	No
62332049341	TIZANIDINE HCL 6 MG CAPSULE	8	120.000	10.37	0.1477	26%-50% Below	Yes	No
62332055590	FENOFIBRATE 160 MG TABLET	5	90.000	12.49	0.12062	10%-25% Above	No	No
62332063060	METRONIDAZOLE TOPICAL 1% GEL	7	60.000	33.83	0.8598	26%-50% Below	No	No
62332066245	ADAPALENE-BNZYL PEROX 0.3-2.5%	7	45.000	42.18	0.83324	10%-25% Above	No	No
62559025501	ACEBUTOLOL 200 MG CAPSULE	5	30.000	12.58	0.74285	26%-50% Below	No	No
62559025501	ACEBUTOLOL 200 MG CAPSULE	6	30.000	12.58	0.72385	26%-50% Below	No	No
62559025501	ACEBUTOLOL 200 MG CAPSULE	7	30.000	12.58	0.72986	26%-50% Below	No	No
62559025501	ACEBUTOLOL 200 MG CAPSULE	8	30.000	16.11	0.59678	10%-25% Below	No	No
62559026530	TRANEXAMIC ACID 650 MG TABLET	5	30.000	26.33	1.44676	26%-50% Below	Yes	No
62559026530	TRANEXAMIC ACID 650 MG TABLET	8	30.000	26.33	1.4885	26%-50% Below	Yes	No
62559027630	NEBIVOLOL 5 MG TABLET	5	30.000	14.90	0.24043	101%-200% Above	No	No
62559027630	NEBIVOLOL 5 MG TABLET	6	30.000	14.90	0.26152	76%-100% Above	No	No
62559027630	NEBIVOLOL 5 MG TABLET	7	30.000	14.90	0.2373	101%-200% Above	No	No
62559027630	NEBIVOLOL 5 MG TABLET	8	30.000	5.00	0.18856	10%-25% Below	No	No
62559027630	NEBIVOLOL 5 MG TABLET	8	30.000	14.90	0.18856	101%-200% Above	No	No
62559027690	NEBIVOLOL 5 MG TABLET	7	90.000	10.89	0.2373	26%-50% Below	No	No

## NADAC Summary Report

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62559027730	NEBIVOLOL 10 MG TABLET	8	90.000	12.50	0.21041	26%-50% Below	No	No
62559027790	NEBIVOLOL 10 MG TABLET	5	90.000	12.49	0.22402	26%-50% Below	No	No
62559038101	FLECAINIDE ACETATE 100 MG TAB	6	60.000	14.90	0.20636	10%-25% Above	No	No
62559038101	FLECAINIDE ACETATE 100 MG TAB	7	60.000	14.90	0.18829	26%-50% Above	No	No
62559038101	FLECAINIDE ACETATE 100 MG TAB	8	60.000	14.90	0.20449	10%-25% Above	No	No
62559038201	FLECAINIDE ACETATE 150 MG TAB	8	60.000	14.90	0.28018	10%-25% Below	No	No
62559041701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	5	30.000	14.90	0.41961	10%-25% Above	No	No
62559041701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	5	90.000	44.90	0.41961	10%-25% Above	No	No
62559041701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	5	90.000	93.81	0.41961	101%-200% Above	Yes	No
62559041701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	6	30.000	14.90	0.42794	10%-25% Above	No	No
62559041701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	7	30.000	14.90	0.43191	10%-25% Above	No	No
62559041701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	8	90.000	93.81	0.47347	101%-200% Above	Yes	No
62559043130	HYDROCORTISONE 2.5% CREAM	8	30.000	4.56	0.28718	26%-50% Below	No	No
62559046190	FENOFIBRATE 150 MG CAPSULE	5	30.000	6.99	5.64649	76%-100% Below	No	No
62559046190	FENOFIBRATE 150 MG CAPSULE	6	30.000	6.99	5.64649	76%-100% Below	No	No
62559046190	FENOFIBRATE 150 MG CAPSULE	8	30.000	6.99	5.63165	76%-100% Below	No	No
62559049001	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	5	15.000	6.03	0.18072	101%-200% Above	No	No
62559049010	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	8	30.000	1.74	0.19676	51%-75% Below	No	No
62559099212	FLUCONAZOLE 150 MG TABLET	5	2.000	4.81	0.68571	200% Above	No	No
62559099212	FLUCONAZOLE 150 MG TABLET	5	5.000	8.40	0.68571	101%-200% Above	No	No
62559099330	FLUCONAZOLE 200 MG TABLET	8	7.000	2.29	0.44001	10%-25% Below	No	No
62756014201	METFORMIN HCL ER 500 MG TABLET	7	90.000	3.56	0.03127	26%-50% Above	No	No
62756014201	METFORMIN HCL ER 500 MG TABLET	8	60.000	2.54	0.03195	26%-50% Above	No	No
62756014202	METFORMIN HCL ER 500 MG TABLET	6	120.000	4.58	0.03204	10%-25% Above	No	No
62756024064	ONDANSETRON ODT 4 MG TABLET	6	18.000	2.06	0.18349	26%-50% Below	No	No



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62756035664	ONDANSETRON ODT 8 MG TABLET	5	18.000	4.99	0.21942	26%-50% Above	No	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	8	7.500	98.77	18.39316	26%-50% Below	No	No
62756097083	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	5	45.000	9.99	1.02382	76%-100% Below	No	No
62756097083	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	6	45.000	9.99	0.98859	76%-100% Below	No	No
63304001860	RANOLAZINE ER 1,000 MG TABLET	5	60.000	10.99	0.32539	26%-50% Below	No	No
63304001860	RANOLAZINE ER 1,000 MG TABLET	6	60.000	11.04	0.31949	26%-50% Below	No	No
63304001860	RANOLAZINE ER 1,000 MG TABLET	7	180.000	31.63	0.32729	26%-50% Below	No	No
63304009819	SUMATRIPTAN SUCC 50 MG TABLET	6	9.000	2.22	0.41525	26%-50% Below	No	No
63304045930	ONDANSETRON HCL 8 MG TABLET	5	18.000	9.40	0.09842	200% Above	No	No
63304045930	ONDANSETRON HCL 8 MG TABLET	6	18.000	9.09	0.09833	200% Above	No	No
63304045930	ONDANSETRON HCL 8 MG TABLET	8	18.000	9.40	0.09564	200% Above	No	No
63304061650	DOXYCYCLINE MONO 100 MG CAP	7	20.000	2.75	0.24845	26%-50% Below	No	No
63304069201	CLINDAMYCIN HCL 150 MG CAPSULE	6	60.000	5.62	0.10803	10%-25% Below	No	No
63304069205	CLINDAMYCIN HCL 150 MG CAPSULE	7	28.000	1.76	0.10745	26%-50% Below	Yes	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	5	14.000	6.46	0.26042	76%-100% Above	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	5	21.000	7.26	0.26042	26%-50% Above	Yes	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	5	28.000	12.92	0.26042	76%-100% Above	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	5	30.000	10.15	0.26042	26%-50% Above	Yes	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	5	30.000	13.85	0.26042	76%-100% Above	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	6	21.000	6.90	0.26449	10%-25% Above	Yes	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	6	30.000	6.90	0.26449	10%-25% Below	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	7	20.000	6.94	0.2529	26%-50% Above	Yes	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	7	21.000	6.90	0.2529	26%-50% Above	Yes	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	7	30.000	13.85	0.2529	76%-100% Above	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	7	40.000	5.32	0.2529	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	8	21.000	7.26	0.25148	26%-50% Above	Yes	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	8	30.000	13.85	0.25148	76%-100% Above	No	No
63304071805	DILTIAZEM 24H ER(CD) 120 MG CP	5	30.000	7.72	0.14981	51%-75% Above	No	No
63304082805	ATORVASTATIN 20 MG TABLET	5	45.000	1.22	0.04094	26%-50% Below	No	No
63304090530	VALACYCLOVIR HCL 1 GRAM TABLET	7	4.000	4.83	0.5083	101%-200% Above	No	No
63646001004	KETOCONAZOLE 2% SHAMPOO	5	120.000	8.25	0.09638	26%-50% Below	No	No
63646001004	KETOCONAZOLE 2% SHAMPOO	6	120.000	8.25	0.09563	26%-50% Below	No	No
64380071206	BENZONATATE 100 MG CAPSULE	5	30.000	9.99	0.08317	200% Above	No	No
64380071206	BENZONATATE 100 MG CAPSULE	6	30.000	4.90	0.0816	76%-100% Above	No	No
64380071206	BENZONATATE 100 MG CAPSULE	8	21.000	4.84	0.07899	101%-200% Above	No	No
64380071207	BENZONATATE 100 MG CAPSULE	6	20.000	4.54	0.0816	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	6	30.000	1.47	0.0816	26%-50% Below	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	8	20.000	0.98	0.07899	26%-50% Below	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	8	30.000	1.47	0.07899	26%-50% Below	Yes	No
64380071306	BENZONATATE 200 MG CAPSULE	5	30.000	4.99	0.11176	26%-50% Above	No	No
64380071307	BENZONATATE 200 MG CAPSULE	5	15.000	0.97	0.11176	26%-50% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	5	30.000	2.41	0.11176	26%-50% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	5	30.000	9.90	0.11176	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	6	30.000	1.93	0.1117	26%-50% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	7	15.000	5.31	0.11297	200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	7	30.000	4.90	0.11297	26%-50% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	7	30.000	9.90	0.11297	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	8	14.000	0.90	0.10755	26%-50% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	8	15.000	5.48	0.10755	200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	8	30.000	6.90	0.10755	101%-200% Above	Yes	No

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64380072306	CALCITRIOL 0.25 MCG CAPSULE	5	30.000	13.03	0.1981	101%-200% Above	No	No
64380072506	MYCOPHENOLATE 500 MG TABLET	7	360.000	29.99	0.31554	51%-75% Below	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.000	1.66	0.13434	200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.000	3.70	0.13434	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	5	13.000	4.06	0.13434	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.000	1.57	0.13137	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.000	1.66	0.13137	200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.000	1.67	0.13137	200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	6	5.000	1.83	0.13137	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.000	3.80	0.13137	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.000	1.67	0.1328	200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.000	1.67	0.13492	200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.000	3.59	0.13492	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.000	3.80	0.13492	101%-200% Above	No	No
64380074605	PRAMIPEXOLE 0.125 MG TABLET	6	90.000	8.48	0.05464	51%-75% Above	Yes	No
64380074605	PRAMIPEXOLE 0.125 MG TABLET	8	90.000	9.27	0.04883	101%-200% Above	Yes	No
64380074805	PRAMIPEXOLE 0.5 MG TABLET	6	90.000	25.70	0.06242	200% Above	Yes	No
64380074805	PRAMIPEXOLE 0.5 MG TABLET	7	90.000	28.27	0.05492	200% Above	Yes	No
64380076621	PEG-3350 AND ELECTROLYTES SOLN	6	4000.000	9.90	0.00443	26%-50% Below	No	No
64380078308	PREDNISONE 5 MG TABLET	5	30.000	3.45	0.05296	101%-200% Above	No	No
64380078407	PREDNISONE 10 MG TABLET	5	20.000	2.69	0.05819	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	5	14.000	2.00	0.05819	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	6	45.000	5.33	0.05514	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	8	5.000	1.15	0.09098	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	8	5.000	1.23	0.09098	101%-200% Above	No	No

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64380078508	PREDNISON 20 MG TABLET	8	10.000	1.97	0.09098	101%-200% Above	No	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	5	60.000	19.90	0.16019	101%-200% Above	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	5	90.000	9.90	0.16019	26%-50% Below	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	5	180.000	119.75	0.16019	200% Above	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	6	90.000	8.35	0.14673	26%-50% Below	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	6	180.000	44.90	0.14673	51%-75% Above	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	7	90.000	8.35	0.14791	26%-50% Below	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	8	90.000	8.35	0.16231	26%-50% Below	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	8	180.000	119.75	0.16231	200% Above	Yes	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	6	10.000	18.95	1.39711	26%-50% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	5	30.000	0.00	0.06804	76%-100% Below	No	No
64380080907	IBUPROFEN 400 MG TABLET	7	16.000	1.23	0.04724	51%-75% Above	No	No
64380083506	PREDNISON 2.5 MG TABLET	8	90.000	2.65	0.08115	51%-75% Below	Yes	No
64380086107	POTASSIUM CL ER 10 MEQ TABLET	5	90.000	25.90	0.12099	101%-200% Above	No	No
64380086107	POTASSIUM CL ER 10 MEQ TABLET	6	30.000	8.22	0.14507	76%-100% Above	No	No
64380086107	POTASSIUM CL ER 10 MEQ TABLET	6	60.000	14.90	0.14507	51%-75% Above	No	No
64380086107	POTASSIUM CL ER 10 MEQ TABLET	7	30.000	8.22	0.12674	101%-200% Above	No	No
64380093408	LOSARTAN POTASSIUM 50 MG TAB	8	30.000	9.34	0.04928	200% Above	No	No
64380097106	HYDROCORTISONE 10 MG TABLET	6	450.000	67.77	0.2556	26%-50% Below	No	No
64679060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	6	120.000	6.16	0.04439	10%-25% Above	No	No
64679060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	6	200.000	9.94	0.04439	10%-25% Above	No	No
64679060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	7	120.000	6.42	0.04426	10%-25% Above	No	No
64679060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	8	100.000	5.52	0.04257	26%-50% Above	No	No
64764073030	TRINTELLIX 10 MG TABLET	5	30.000	285.41	14.92222	26%-50% Below	No	No
64764073030	TRINTELLIX 10 MG TABLET	6	30.000	285.41	14.92222	26%-50% Below	No	No

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64764073030	TRINTELLIX 10 MG TABLET	7	30.000	285.41	14.92222	26%-50% Below	No	No
64764073030	TRINTELLIX 10 MG TABLET	8	30.000	285.41	14.92222	26%-50% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	60.000	9.90	0.2537	26%-50% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	7	60.000	9.90	0.27764	26%-50% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	8	30.000	9.90	0.29089	10%-25% Above	Yes	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	8	60.000	11.77	0.29758	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	30.000	4.22	0.33931	51%-75% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	30.000	6.07	0.33931	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.000	8.43	0.33931	51%-75% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	30.000	6.07	0.36208	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.000	12.14	0.36208	26%-50% Below	Yes	No
64850050601	DEXTROAMP-AMPHETAMIN 30 MG TAB	7	60.000	11.69	0.35871	26%-50% Below	No	No
64850051001	DEXTROAMP-AMPHET ER 5 MG CAP	7	30.000	11.36	0.5868	26%-50% Below	No	No
64850051001	DEXTROAMP-AMPHET ER 5 MG CAP	8	30.000	38.57	0.73197	51%-75% Above	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	6	30.000	8.81	0.6667	51%-75% Below	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	6	30.000	9.90	0.6667	26%-50% Below	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	7	30.000	8.81	0.6623	51%-75% Below	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	7	30.000	9.90	0.6623	26%-50% Below	Yes	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	7	30.000	73.58	0.6623	200% Above	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	8	30.000	73.58	0.65297	200% Above	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	8	30.000	106.69	0.65297	200% Above	No	No
64950037147	HYDROCODONE-HOMATROPINE SOLN	8	120.000	6.01	0.07397	26%-50% Below	Yes	No
64980020901	OXYBUTYNIN CL ER 5 MG TABLET	6	90.000	44.90	0.11183	200% Above	No	No
64980026401	METHIMAZOLE 5 MG TABLET	8	30.000	1.11	0.114	51%-75% Below	Yes	No
64980026501	METHIMAZOLE 10 MG TABLET	5	45.000	8.63	0.1711	10%-25% Above	Yes	No

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64980027903	GLIPIZIDE ER 2.5 MG TABLET	6	90.000	15.82	0.12749	26%-50% Above	Yes	No
64980028101	GLIPIZIDE ER 10 MG TABLET	8	60.000	5.82	0.16482	26%-50% Below	No	No
64980028101	GLIPIZIDE ER 10 MG TABLET	8	90.000	26.43	0.16482	76%-100% Above	Yes	No
64980028105	GLIPIZIDE ER 10 MG TABLET	5	30.000	8.93	0.16535	76%-100% Above	No	No
64980028105	GLIPIZIDE ER 10 MG TABLET	5	60.000	17.79	0.16535	76%-100% Above	No	No
64980028105	GLIPIZIDE ER 10 MG TABLET	6	30.000	8.93	0.1685	76%-100% Above	No	No
64980030550	DENTA 5000 PLUS CREAM	7	51.000	6.94	0.09383	26%-50% Above	No	No
64980034214	ALENDRONATE SODIUM 70 MG TAB	8	12.000	2.12	0.29576	26%-50% Below	No	No
64980037703	ATOMOXETINE HCL 60 MG CAPSULE	5	90.000	49.01	0.87415	26%-50% Below	No	No
64980037703	ATOMOXETINE HCL 60 MG CAPSULE	6	30.000	14.90	0.71846	26%-50% Below	No	No
64980043710	ATENOLOL 25 MG TABLET	5	60.000	5.28	0.02583	200% Above	No	No
64980043710	ATENOLOL 25 MG TABLET	5	90.000	5.86	0.02583	101%-200% Above	No	No
64980043710	ATENOLOL 25 MG TABLET	6	60.000	5.28	0.02404	200% Above	No	No
64980043710	ATENOLOL 25 MG TABLET	7	30.000	2.32	0.0229	200% Above	No	No
64980043710	ATENOLOL 25 MG TABLET	7	90.000	5.86	0.0229	101%-200% Above	No	No
64980043810	ATENOLOL 50 MG TABLET	5	90.000	3.08	0.02643	26%-50% Above	Yes	No
64980043810	ATENOLOL 50 MG TABLET	8	90.000	3.38	0.02469	51%-75% Above	Yes	No
64980044801	NEOMYCIN-POLYMYXIN-HC EAR SUSP	5	10.000	14.90	5.23396	51%-75% Below	No	No
64980044801	NEOMYCIN-POLYMYXIN-HC EAR SUSP	6	10.000	9.99	5.70013	76%-100% Below	No	No
64980044801	NEOMYCIN-POLYMYXIN-HC EAR SUSP	7	10.000	9.99	5.70657	76%-100% Below	No	No
64980044801	NEOMYCIN-POLYMYXIN-HC EAR SUSP	8	10.000	14.99	5.22628	51%-75% Below	No	No
64980051110	CLINDAMYCIN (PEDI) 75 MG/5 ML	8	500.000	52.30	0.1985	26%-50% Below	No	No
64980051405	TIMOLOL MALEATE 0.5% EYE DROPS	7	5.000	5.12	1.19952	10%-25% Below	No	No
64980051405	TIMOLOL MALEATE 0.5% EYE DROPS	8	5.000	5.12	1.19161	10%-25% Below	No	No
64980051405	TIMOLOL MALEATE 0.5% EYE DROPS	8	5.000	5.22	1.19161	10%-25% Below	No	No

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64980056210	FUROSEMIDE 20 MG TABLET	6	30.000	1.20	0.02906	26%-50% Above	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	7	30.000	1.20	0.02829	26%-50% Above	No	No
64980056210	FUROSEMIDE 20 MG TABLET	7	30.000	1.20	0.02829	26%-50% Above	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	8	30.000	1.20	0.0282	26%-50% Above	Yes	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	6	10.000	2.26	0.19941	10%-25% Above	No	No
65162005703	RALOXIFENE HCL 60 MG TABLET	6	90.000	44.90	0.27802	76%-100% Above	Yes	No
65162010150	GABAPENTIN 100 MG CAPSULE	5	30.000	0.46	0.02584	26%-50% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	5	90.000	1.37	0.02584	26%-50% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	5	120.000	3.97	0.02584	26%-50% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	6	30.000	1.37	0.02523	76%-100% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	7	10.000	0.79	0.02517	200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	7	30.000	1.37	0.02517	76%-100% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	8	30.000	1.37	0.02724	51%-75% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	5	60.000	3.37	0.04254	26%-50% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	5	90.000	4.80	0.04254	10%-25% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	5	120.000	3.07	0.04254	26%-50% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	6	60.000	3.27	0.04082	26%-50% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	6	90.000	4.80	0.04082	26%-50% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	6	90.000	4.89	0.04082	26%-50% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	6	120.000	3.07	0.04082	26%-50% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	6	120.000	6.24	0.04082	26%-50% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	7	30.000	1.93	0.04113	51%-75% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	7	90.000	4.80	0.04113	26%-50% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	7	90.000	4.89	0.04113	26%-50% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	7	120.000	2.86	0.04113	26%-50% Below	No	No

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65162010250	GABAPENTIN 300 MG CAPSULE	7	120.000	3.07	0.04113	26%-50% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	7	120.000	6.24	0.04113	26%-50% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	8	30.000	0.71	0.04573	26%-50% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	8	30.000	1.93	0.04573	26%-50% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	8	120.000	2.86	0.04573	26%-50% Below	No	No
65162018810	NAPROXEN 250 MG TABLET	7	20.000	1.28	0.0501	26%-50% Above	Yes	No
65162018810	NAPROXEN 250 MG TABLET	7	20.000	1.31	0.0501	26%-50% Above	Yes	No
65162018810	NAPROXEN 250 MG TABLET	8	15.000	1.11	0.05357	26%-50% Above	Yes	No
65162019011	NAPROXEN 500 MG TABLET	5	25.000	2.89	0.06537	76%-100% Above	No	No
65162019011	NAPROXEN 500 MG TABLET	6	20.000	0.84	0.06449	26%-50% Below	No	No
65162019011	NAPROXEN 500 MG TABLET	6	30.000	3.26	0.06449	51%-75% Above	No	No
65162019050	NAPROXEN 500 MG TABLET	5	20.000	0.39	0.06537	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	5	30.000	3.26	0.06537	51%-75% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	5	60.000	6.02	0.06537	51%-75% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	5	60.000	6.22	0.06537	51%-75% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	6	14.000	0.27	0.06449	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	6	20.000	0.39	0.06449	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	6	60.000	5.72	0.06449	26%-50% Above	No	No
65162019050	NAPROXEN 500 MG TABLET	6	60.000	6.02	0.06449	51%-75% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	6	60.000	6.22	0.06449	51%-75% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	6	90.000	3.47	0.06449	26%-50% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	7	20.000	0.39	0.06966	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	7	20.000	2.41	0.06966	51%-75% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	7	60.000	5.72	0.06966	26%-50% Above	No	No
65162019050	NAPROXEN 500 MG TABLET	7	60.000	6.22	0.06966	26%-50% 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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65162019050	NAPROXEN 500 MG TABLET	7	90.000	1.14	0.06966	76%-100% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	8	60.000	1.17	0.06718	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	8	60.000	5.72	0.06718	26%-50% Above	No	No
65162024709	CHLORTHALIDONE 25 MG TABLET	5	15.000	6.99	0.09842	200% Above	No	No
65162024709	CHLORTHALIDONE 25 MG TABLET	8	30.000	19.89	0.10038	200% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	5	14.000	0.48	0.0631	26%-50% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	5	14.000	1.74	0.0631	76%-100% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	5	20.000	2.27	0.0631	76%-100% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	6	10.000	1.36	0.06404	101%-200% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	6	20.000	2.27	0.06404	76%-100% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	7	10.000	1.36	0.05659	101%-200% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	7	14.000	1.74	0.05659	101%-200% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	8	14.000	1.74	0.07037	76%-100% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	8	20.000	2.27	0.07037	51%-75% Above	No	No
65162032309	NIACIN ER 1,000 MG TABLET	6	60.000	279.88	0.32642	200% Above	No	No
65162032309	NIACIN ER 1,000 MG TABLET	7	60.000	279.88	0.39023	200% Above	No	No
65162032309	NIACIN ER 1,000 MG TABLET	8	60.000	279.88	0.33532	200% Above	No	No
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	5	3.000	49.90	36.22035	51%-75% Below	No	No
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	5	9.000	0.00	36.22035	76%-100% Below	No	No
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	7	9.000	0.00	36.48675	76%-100% Below	No	No
65162037210	OXYBUTYNIN CL ER 10 MG TABLET	5	90.000	73.16	0.12271	200% Above	No	No
65162046450	IBUPROFEN 400 MG TABLET	5	30.000	0.42	0.05103	51%-75% Below	No	No
65162046450	IBUPROFEN 400 MG TABLET	6	60.000	0.85	0.0461	51%-75% Below	No	No
65162046610	IBUPROFEN 800 MG TABLET	8	90.000	2.66	0.06818	51%-75% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	5	17.000	1.36	0.06804	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65162046650	IBUPROFEN 800 MG TABLET	5	20.000	1.51	0.06804	10%-25% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	5	90.000	4.54	0.06804	10%-25% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	6	20.000	1.60	0.06847	10%-25% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	6	30.000	0.61	0.06847	51%-75% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	6	180.000	9.66	0.06847	10%-25% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	7	20.000	1.47	0.06489	10%-25% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	7	20.000	1.51	0.06489	10%-25% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	7	21.000	0.43	0.06489	51%-75% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	7	90.000	4.54	0.06489	10%-25% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	8	90.000	4.54	0.06818	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	8	90.000	4.90	0.06818	10%-25% Below	No	No
65162047810	NITROFURANTOIN MONO-MCR 100 MG	5	10.000	6.90	0.43561	51%-75% Above	No	No
65162047810	NITROFURANTOIN MONO-MCR 100 MG	6	10.000	16.19	0.40135	200% Above	No	No
65162047810	NITROFURANTOIN MONO-MCR 100 MG	6	14.000	4.99	0.40135	10%-25% Below	No	No
65162047810	NITROFURANTOIN MONO-MCR 100 MG	7	10.000	9.90	0.40133	101%-200% Above	No	No
65162047810	NITROFURANTOIN MONO-MCR 100 MG	7	14.000	9.90	0.40133	76%-100% Above	No	No
65162047810	NITROFURANTOIN MONO-MCR 100 MG	8	14.000	4.90	0.42745	10%-25% Below	No	No
65162047810	NITROFURANTOIN MONO-MCR 100 MG	8	14.000	6.90	0.42745	10%-25% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	5	60.000	5.96	0.02707	200% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	5	240.000	5.20	0.02707	10%-25% Below	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	6	180.000	4.03	0.02748	10%-25% Below	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	7	20.000	0.89	0.02838	51%-75% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	7	180.000	4.03	0.02838	10%-25% Below	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	8	6.000	0.08	0.02674	26%-50% Below	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	8	10.000	0.71	0.02674	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65162062711	TRAMADOL HCL 50 MG TABLET	8	20.000	0.27	0.02674	26%-50% Below	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	8	180.000	4.03	0.02674	10%-25% Below	No	No
65162062750	TRAMADOL HCL 50 MG TABLET	5	15.000	0.79	0.02707	76%-100% Above	No	No
65162062750	TRAMADOL HCL 50 MG TABLET	5	20.000	0.98	0.02707	76%-100% Above	No	No
65162062750	TRAMADOL HCL 50 MG TABLET	5	22.000	0.92	0.02707	51%-75% Above	No	No
65162062750	TRAMADOL HCL 50 MG TABLET	6	28.000	1.03	0.02748	26%-50% Above	No	No
65162062750	TRAMADOL HCL 50 MG TABLET	7	14.000	0.76	0.02838	76%-100% Above	No	No
65162062750	TRAMADOL HCL 50 MG TABLET	7	20.000	0.97	0.02838	51%-75% Above	No	No
65162062750	TRAMADOL HCL 50 MG TABLET	7	20.000	0.98	0.02838	51%-75% Above	No	No
65162062750	TRAMADOL HCL 50 MG TABLET	8	7.000	0.72	0.02674	200% Above	No	No
65162062750	TRAMADOL HCL 50 MG TABLET	8	30.000	1.16	0.02674	26%-50% Above	No	No
65162063709	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.000	10.69	0.05468	101%-200% Above	No	No
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	6	30.000	5.45	0.30267	26%-50% Below	No	No
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	7	30.000	6.90	0.30524	10%-25% Below	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	5	12.000	14.90	0.2319	200% Above	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	6	6.000	4.99	0.192	200% Above	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	6	6.000	8.76	0.192	200% Above	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	7	15.000	9.99	0.17604	200% Above	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	7	18.000	2.38	0.17604	10%-25% Below	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	5	9.000	18.36	0.24391	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	5	30.000	9.90	0.24391	26%-50% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	6	9.000	4.90	0.26539	101%-200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	7	6.000	9.90	0.26222	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	7	6.000	12.74	0.26222	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	8	6.000	0.96	0.22277	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65162075310	BENAZEPRIL HCL 20 MG TABLET	5	90.000	9.71	0.08251	26%-50% Above	Yes	No
65162075410	BENAZEPRIL HCL 40 MG TABLET	5	90.000	6.35	0.09793	26%-50% Below	Yes	No
65162075450	BENAZEPRIL HCL 40 MG TABLET	5	90.000	6.66	0.09793	10%-25% Below	No	No
65162083366	DICLOFENAC SODIUM 1% GEL	6	200.000	8.66	0.08564	26%-50% Below	No	No
65162089023	OLOPATADINE 665 MCG NASAL SPRY	6	30.500	19.91	1.15502	26%-50% Below	No	No
65162089023	OLOPATADINE 665 MCG NASAL SPRY	7	30.500	20.48	0.99891	26%-50% Below	No	No
65162089129	MOMETASONE FUROATE 50 MCG SPRY	7	17.000	20.88	2.12361	26%-50% Below	No	No
65162099708	DOTTI 0.1 MG PATCH	5	8.000	31.40	6.40557	26%-50% Below	No	No
65162099708	DOTTI 0.1 MG PATCH	6	8.000	31.40	6.51209	26%-50% Below	No	No
65162099708	DOTTI 0.1 MG PATCH	8	8.000	21.78	6.53466	51%-75% Below	No	No
65862000899	METFORMIN HCL 500 MG TABLET	6	30.000	0.98	0.01557	101%-200% Above	No	No
65862000899	METFORMIN HCL 500 MG TABLET	6	60.000	1.44	0.01557	51%-75% Above	No	No
65862000899	METFORMIN HCL 500 MG TABLET	7	30.000	0.98	0.01608	101%-200% Above	No	No
65862000899	METFORMIN HCL 500 MG TABLET	8	180.000	3.34	0.01657	10%-25% Above	No	No
65862001005	METFORMIN HCL 1,000 MG TABLET	6	180.000	5.63	0.02613	10%-25% Above	No	No
65862001005	METFORMIN HCL 1,000 MG TABLET	7	180.000	5.63	0.02653	10%-25% Above	No	No
65862001099	METFORMIN HCL 1,000 MG TABLET	5	60.000	2.14	0.02527	26%-50% Above	No	No
65862001099	METFORMIN HCL 1,000 MG TABLET	5	180.000	3.81	0.02527	10%-25% Below	No	No
65862001099	METFORMIN HCL 1,000 MG TABLET	6	60.000	0.95	0.02613	26%-50% Below	No	No
65862001099	METFORMIN HCL 1,000 MG TABLET	7	60.000	0.91	0.02653	26%-50% Below	No	No
65862001099	METFORMIN HCL 1,000 MG TABLET	8	60.000	0.94	0.02643	26%-50% Below	No	No
65862001099	METFORMIN HCL 1,000 MG TABLET	8	180.000	5.72	0.02643	10%-25% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	5	45.000	3.25	0.04081	76%-100% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	6	90.000	4.90	0.04174	26%-50% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	8	30.000	2.42	0.04015	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862001130	SERTRALINE HCL 25 MG TABLET	5	30.000	2.33	0.04081	76%-100% Above	No	No
65862001130	SERTRALINE HCL 25 MG TABLET	7	30.000	2.33	0.03754	101%-200% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	5	30.000	0.49	0.0445	51%-75% Below	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	5	30.000	1.94	0.0445	26%-50% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	5	90.000	4.83	0.0445	10%-25% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	6	30.000	0.49	0.04419	51%-75% Below	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	6	30.000	1.94	0.04419	26%-50% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	7	30.000	0.00	0.04589	76%-100% Below	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	7	30.000	0.49	0.04589	51%-75% Below	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	7	30.000	1.94	0.04589	26%-50% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	8	30.000	0.38	0.04261	51%-75% Below	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	8	30.000	1.94	0.04261	51%-75% Above	No	No
65862001230	SERTRALINE HCL 50 MG TABLET	6	30.000	1.94	0.04419	26%-50% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	5	30.000	2.88	0.05656	51%-75% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	5	30.000	2.97	0.05656	51%-75% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	5	60.000	5.25	0.05656	51%-75% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	6	30.000	2.79	0.05676	51%-75% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	6	30.000	2.88	0.05676	51%-75% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	6	60.000	5.08	0.05676	26%-50% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	7	30.000	2.88	0.06119	51%-75% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	8	30.000	2.88	0.05541	51%-75% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	6	4.000	1.48	0.10042	200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	7	4.000	1.48	0.10677	200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	7	40.000	9.90	0.10677	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	8	4.000	1.48	0.10775	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862001401	AMOXICILLIN 500 MG TABLET	8	12.000	0.90	0.10775	26%-50% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	5	10.000	1.89	0.15268	10%-25% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	5	14.000	2.38	0.15268	10%-25% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	5	14.000	2.54	0.15268	10%-25% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	5	20.000	1.58	0.15268	26%-50% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	7	14.000	2.47	0.15983	10%-25% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	7	20.000	1.58	0.15983	26%-50% Below	Yes	No
65862001701	AMOXICILLIN 500 MG CAPSULE	5	14.000	0.90	0.07974	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	6	21.000	3.57	0.09089	76%-100% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	7	21.000	0.00	0.0976	76%-100% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	8	4.000	0.16	0.08664	51%-75% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	8	21.000	3.57	0.08664	76%-100% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	8	30.000	1.18	0.08664	51%-75% Below	No	No
65862001901	CEPHALEXIN 500 MG CAPSULE	8	14.000	0.99	0.12271	26%-50% Below	No	No
65862005090	SIMVASTATIN 5 MG TABLET	7	30.000	0.37	0.04082	51%-75% Below	No	No
65862005090	SIMVASTATIN 5 MG TABLET	8	30.000	0.37	0.03725	51%-75% Below	No	No
65862005299	SIMVASTATIN 20 MG TABLET	5	30.000	0.00	0.03064	76%-100% Below	No	No
65862005299	SIMVASTATIN 20 MG TABLET	5	90.000	1.40	0.03064	26%-50% Below	Yes	No
65862005299	SIMVASTATIN 20 MG TABLET	6	90.000	1.40	0.03213	51%-75% Below	Yes	No
65862005390	SIMVASTATIN 40 MG TABLET	7	90.000	2.52	0.05425	26%-50% Below	Yes	No
65862005490	SIMVASTATIN 80 MG TABLET	8	30.000	2.55	0.10303	10%-25% Below	No	No
65862006201	METOPROLOL TARTRATE 25 MG TAE	7	180.000	7.76	0.01698	101%-200% Above	Yes	No
65862006299	METOPROLOL TARTRATE 25 MG TAE	5	30.000	1.23	0.01666	101%-200% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAE	5	60.000	1.95	0.01666	76%-100% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAE	6	30.000	1.23	0.01702	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862006299	METOPROLOL TARTRATE 25 MG TAB	6	60.000	1.95	0.01702	76%-100% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	7	30.000	1.23	0.01698	101%-200% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	7	60.000	1.95	0.01698	76%-100% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	8	60.000	1.95	0.01834	76%-100% Above	No	No
65862006301	METOPROLOL TARTRATE 50 MG TAB	5	180.000	6.08	0.02113	51%-75% Above	Yes	No
65862006301	METOPROLOL TARTRATE 50 MG TAB	6	90.000	1.72	0.02258	10%-25% Below	No	No
65862007001	AMOXICILLIN 200 MG/5 ML SUSP	8	200.000	10.60	0.03573	26%-50% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	5	100.000	5.69	0.02749	101%-200% Above	Yes	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	5	200.000	9.99	0.02749	76%-100% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	7	200.000	11.38	0.02876	76%-100% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	8	100.000	8.42	0.02944	101%-200% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	8	200.000	9.99	0.02944	51%-75% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	8	200.000	11.38	0.02944	76%-100% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	8	250.000	14.23	0.02944	76%-100% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	8	300.000	11.77	0.02944	26%-50% Above	No	No
65862007150	AMOXICILLIN 400 MG/5 ML SUSP	8	200.000	11.25	0.04424	26%-50% Above	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	5	150.000	8.47	0.03134	76%-100% Above	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	5	150.000	9.99	0.03134	101%-200% Above	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	8	150.000	1.83	0.03195	51%-75% Below	No	No
65862007601	CIPROFLOXACIN HCL 250 MG TAB	5	14.000	2.78	0.09524	101%-200% Above	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	5	14.000	7.19	0.14876	200% Above	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	5	20.000	10.27	0.14876	200% Above	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	7	14.000	2.49	0.14772	10%-25% Above	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	8	6.000	3.08	0.16075	200% Above	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	8	10.000	1.41	0.16075	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	8	14.000	7.19	0.16075	200% Above	No	No
65862007705	CIPROFLOXACIN HCL 500 MG TAB	5	14.000	1.10	0.14876	26%-50% Below	No	No
65862007705	CIPROFLOXACIN HCL 500 MG TAB	5	14.000	2.47	0.14876	10%-25% Above	No	No
65862007705	CIPROFLOXACIN HCL 500 MG TAB	5	20.000	3.32	0.14876	10%-25% Above	No	No
65862007705	CIPROFLOXACIN HCL 500 MG TAB	6	56.000	4.90	0.15292	26%-50% Below	No	No
65862007705	CIPROFLOXACIN HCL 500 MG TAB	7	14.000	2.40	0.14772	10%-25% Above	No	No
65862007705	CIPROFLOXACIN HCL 500 MG TAB	7	14.000	2.47	0.14772	10%-25% Above	No	No
65862007705	CIPROFLOXACIN HCL 500 MG TAB	7	20.000	3.32	0.14772	10%-25% Above	No	No
65862007850	CIPROFLOXACIN HCL 750 MG TAB	6	22.000	3.08	0.24413	26%-50% Below	Yes	No
65862007930	TERBINAFINE HCL 250 MG TABLET	8	84.000	86.02	0.14456	200% Above	No	No
65862008601	BISOPROLOL FUMARATE 5 MG TAB	5	90.000	33.45	0.32475	10%-25% Above	Yes	No
65862008601	BISOPROLOL FUMARATE 5 MG TAB	8	90.000	36.67	0.28729	26%-50% Above	Yes	No
65862011601	BENZAEPRIIL HCL 10 MG TABLET	7	30.000	1.91	0.07654	10%-25% Below	No	No
65862011701	BENZAEPRIIL HCL 20 MG TABLET	5	90.000	5.80	0.08251	10%-25% Below	No	No
65862011701	BENZAEPRIIL HCL 20 MG TABLET	6	60.000	3.91	0.07476	10%-25% Below	No	No
65862011701	BENZAEPRIIL HCL 20 MG TABLET	7	180.000	11.20	0.07193	10%-25% Below	No	No
65862011701	BENZAEPRIIL HCL 20 MG TABLET	8	90.000	5.80	0.0778	10%-25% Below	No	No
65862012701	TORSEMIDE 20 MG TABLET	6	60.000	6.90	0.07865	26%-50% Above	No	No
65862012701	TORSEMIDE 20 MG TABLET	7	60.000	6.90	0.07981	26%-50% Above	No	No
65862012701	TORSEMIDE 20 MG TABLET	8	60.000	6.90	0.07721	26%-50% Above	No	No
65862014636	SUMATRIPTAN SUCC 25 MG TABLET	5	9.000	10.13	0.31392	200% Above	No	No
65862014636	SUMATRIPTAN SUCC 25 MG TABLET	6	9.000	4.90	0.29968	76%-100% Above	No	No
65862014636	SUMATRIPTAN SUCC 25 MG TABLET	6	9.000	10.13	0.29968	200% Above	No	No
65862014636	SUMATRIPTAN SUCC 25 MG TABLET	8	9.000	10.13	0.31981	200% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	5	9.000	6.90	0.44191	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	6	9.000	6.90	0.41525	76%-100% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	6	9.000	8.13	0.41525	101%-200% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	7	9.000	8.32	0.4443	101%-200% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	5	9.000	7.94	0.47073	76%-100% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	6	36.000	30.99	0.47236	76%-100% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	7	9.000	7.94	0.47405	76%-100% Above	No	No
65862014990	FINASTERIDE 5 MG TABLET	8	90.000	13.33	0.07995	76%-100% Above	No	No
65862015530	PAROXETINE HCL 20 MG TABLET	6	30.000	1.05	0.08366	51%-75% Below	No	No
65862015530	PAROXETINE HCL 20 MG TABLET	7	30.000	1.05	0.07043	26%-50% Below	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	5	30.000	0.00	0.03253	76%-100% Below	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	6	30.000	0.00	0.0355	76%-100% Below	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	6	30.000	1.24	0.0355	10%-25% Above	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	7	30.000	0.00	0.03502	76%-100% Below	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	7	30.000	1.24	0.03502	10%-25% Above	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	8	24.000	1.10	0.03813	10%-25% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	1.44	0.0361	26%-50% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	5	30.000	1.53	0.0361	26%-50% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	5	30.000	2.32	0.02583	101%-200% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	5	90.000	5.42	0.02583	101%-200% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	5	90.000	5.96	0.02583	101%-200% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	6	30.000	2.32	0.02404	200% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	7	30.000	2.32	0.0229	200% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	8	30.000	0.41	0.02134	26%-50% Below	No	No
65862016899	ATENOLOL 25 MG TABLET	8	30.000	2.32	0.02134	200% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	8	90.000	5.96	0.02134	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862016901	ATENOLOL 50 MG TABLET	6	30.000	2.80	0.02642	200% Above	No	No
65862016901	ATENOLOL 50 MG TABLET	7	30.000	0.47	0.02757	26%-50% Below	No	No
65862016901	ATENOLOL 50 MG TABLET	7	30.000	3.03	0.02757	200% Above	No	No
65862016901	ATENOLOL 50 MG TABLET	8	30.000	3.03	0.02469	200% Above	No	No
65862016999	ATENOLOL 50 MG TABLET	5	30.000	2.89	0.02643	200% Above	No	No
65862016999	ATENOLOL 50 MG TABLET	6	30.000	2.89	0.02642	200% Above	No	No
65862016999	ATENOLOL 50 MG TABLET	6	90.000	7.66	0.02642	200% Above	No	No
65862016999	ATENOLOL 50 MG TABLET	7	30.000	2.89	0.02757	200% Above	No	No
65862016999	ATENOLOL 50 MG TABLET	8	30.000	2.89	0.02469	200% Above	No	No
65862017001	ATENOLOL 100 MG TABLET	6	90.000	9.65	0.04699	101%-200% Above	No	No
65862017360	TOPIRAMATE 100 MG TABLET	8	90.000	13.50	0.06344	101%-200% Above	No	No
65862017601	PENICILLIN VK 500 MG TABLET	5	28.000	5.13	0.1023	76%-100% Above	No	No
65862017601	PENICILLIN VK 500 MG TABLET	6	28.000	5.13	0.1042	51%-75% Above	No	No
65862017601	PENICILLIN VK 500 MG TABLET	7	28.000	5.13	0.10831	51%-75% Above	No	No
65862017601	PENICILLIN VK 500 MG TABLET	8	28.000	1.55	0.09748	26%-50% Below	No	No
65862017760	CEFDINIR 300 MG CAPSULE	5	14.000	3.77	0.45807	26%-50% Below	Yes	No
65862017760	CEFDINIR 300 MG CAPSULE	5	14.000	4.90	0.45807	10%-25% Below	No	No
65862017760	CEFDINIR 300 MG CAPSULE	6	20.000	14.90	0.49504	26%-50% Above	No	No
65862017760	CEFDINIR 300 MG CAPSULE	7	10.000	9.90	0.47092	101%-200% Above	No	No
65862017760	CEFDINIR 300 MG CAPSULE	7	20.000	6.90	0.47092	26%-50% Below	No	No
65862018501	CLINDAMYCIN HCL 150 MG CAPSULE	8	42.000	3.58	0.11209	10%-25% Below	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	5	30.000	6.90	0.26042	10%-25% Below	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	7	21.000	6.90	0.2529	26%-50% Above	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	8	30.000	0.00	0.25148	76%-100% Below	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	8	30.000	4.90	0.25148	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862018730	ONDANSETRON HCL 4 MG TABLET	5	15.000	5.83	0.06647	200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	5	18.000	0.68	0.06647	26%-50% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	5	18.000	6.88	0.06647	200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	5	18.000	7.02	0.06647	200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	5	30.000	4.90	0.06647	101%-200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	6	18.000	6.79	0.07229	200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	6	18.000	7.02	0.07229	200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	6	30.000	4.90	0.07229	101%-200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	8	10.000	0.81	0.06597	10%-25% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	8	10.000	0.88	0.06597	26%-50% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	8	10.000	0.90	0.06597	26%-50% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	8	18.000	1.06	0.06597	10%-25% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	5	10.000	4.90	0.09842	200% Above	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	5	10.000	51.22	0.09842	200% Above	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	6	18.000	9.09	0.09833	200% Above	No	No
65862019105	CYCLOBENZAPRINE 10 MG TABLET	6	20.000	0.94	0.02453	76%-100% Above	No	No
65862019105	CYCLOBENZAPRINE 10 MG TABLET	7	40.000	1.38	0.02198	51%-75% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	5	30.000	1.29	0.03457	10%-25% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	5	30.000	1.32	0.03457	26%-50% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	6	30.000	1.29	0.03433	10%-25% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	6	30.000	1.32	0.03433	26%-50% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	7	30.000	1.32	0.03421	26%-50% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	8	30.000	1.29	0.03471	10%-25% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	8	30.000	1.32	0.03471	26%-50% Above	No	No
65862019299	FLUOXETINE HCL 10 MG CAPSULE	5	30.000	1.41	0.03457	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	5	30.000	1.22	0.03066	26%-50% Above	No	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	6	30.000	1.22	0.03295	10%-25% Above	No	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	7	30.000	1.22	0.03107	26%-50% Above	No	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	7	180.000	4.94	0.03107	10%-25% Below	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	5	30.000	1.22	0.03066	26%-50% Above	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	5	30.000	1.31	0.03066	26%-50% Above	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	6	30.000	1.22	0.03295	10%-25% Above	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	6	30.000	1.31	0.03295	26%-50% Above	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	7	14.000	0.92	0.03107	101%-200% Above	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	8	30.000	1.22	0.02966	26%-50% Above	No	No
65862019401	FLUOXETINE HCL 40 MG CAPSULE	6	90.000	17.13	0.07076	101%-200% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	5	30.000	6.25	0.07243	101%-200% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	5	30.000	6.25	0.07243	101%-200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	5	60.000	12.00	0.07243	101%-200% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	6	30.000	6.25	0.07076	101%-200% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	6	30.000	6.25	0.07076	101%-200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	6	60.000	12.00	0.07076	101%-200% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	6	90.000	12.40	0.07076	76%-100% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	6	90.000	17.13	0.07076	101%-200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	7	30.000	6.25	0.07438	101%-200% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	7	30.000	6.25	0.07438	101%-200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	7	60.000	12.00	0.07438	101%-200% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	8	30.000	1.14	0.07213	26%-50% Below	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	8	30.000	6.25	0.07213	101%-200% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	8	30.000	6.25	0.07213	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	8	60.000	12.00	0.07213	101%-200% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	8	90.000	12.40	0.07213	76%-100% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	8	90.000	17.13	0.07213	101%-200% Above	Yes	No
65862019499	FLUOXETINE HCL 40 MG CAPSULE	8	30.000	6.25	0.07213	101%-200% Above	No	No
65862020190	LOSARTAN POTASSIUM 25 MG TAB	5	30.000	2.59	0.03806	101%-200% Above	No	No
65862020190	LOSARTAN POTASSIUM 25 MG TAB	6	30.000	2.59	0.03812	101%-200% Above	No	No
65862020190	LOSARTAN POTASSIUM 25 MG TAB	7	30.000	2.59	0.03978	101%-200% Above	No	No
65862020190	LOSARTAN POTASSIUM 25 MG TAB	8	30.000	2.59	0.03622	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	5	30.000	2.68	0.03806	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	5	60.000	4.77	0.03806	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	6	30.000	2.59	0.03812	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	6	30.000	2.68	0.03812	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	6	60.000	4.77	0.03812	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	6	90.000	6.23	0.03812	76%-100% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	7	30.000	2.59	0.03978	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	7	30.000	2.68	0.03978	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	8	30.000	2.59	0.03622	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	8	30.000	2.68	0.03622	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	8	60.000	4.77	0.03622	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	8	90.000	6.77	0.03622	101%-200% Above	No	No
65862020290	LOSARTAN POTASSIUM 50 MG TAB	6	30.000	3.00	0.04338	101%-200% Above	No	No
65862020290	LOSARTAN POTASSIUM 50 MG TAB	6	90.000	8.27	0.04338	101%-200% Above	No	No
65862020290	LOSARTAN POTASSIUM 50 MG TAB	7	90.000	7.99	0.04532	76%-100% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	5	30.000	3.18	0.04335	101%-200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	6	30.000	3.18	0.04338	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	7	90.000	8.08	0.04532	76%-100% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	8	30.000	3.09	0.04928	101%-200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	8	30.000	3.24	0.04928	101%-200% Above	No	No
65862020390	LOSARTAN POTASSIUM 100 MG TAB	7	30.000	4.58	0.06651	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	5	30.000	4.58	0.06744	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	5	90.000	12.49	0.06744	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	6	30.000	4.58	0.0693	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	6	90.000	12.30	0.0693	76%-100% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	6	90.000	12.49	0.0693	76%-100% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	7	30.000	4.58	0.06651	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	7	90.000	12.39	0.06651	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	8	30.000	4.58	0.07073	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	8	90.000	12.73	0.07073	76%-100% Above	No	No
65862021150	MINOCYCLINE 100 MG CAPSULE	6	60.000	14.90	0.36698	26%-50% Below	No	No
65862021501	ZALEPLON 10 MG CAPSULE	8	1.000	0.77	0.19874	200% Above	Yes	No
65862021860	CEFDINIR 125 MG/5 ML SUSP	5	60.000	4.97	0.19412	51%-75% Below	Yes	No
65862021901	CEFDINIR 250 MG/5 ML SUSP	5	100.000	10.26	0.19532	26%-50% Below	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	5	60.000	5.27	0.1969	51%-75% Below	No	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	5	60.000	6.56	0.1969	26%-50% Below	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	5	60.000	9.90	0.1969	10%-25% Below	No	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	5	60.000	14.90	0.1969	26%-50% Above	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	5	60.000	19.99	0.1969	51%-75% Above	No	No
65862022660	CLARITHROMYCIN 500 MG TABLET	5	20.000	5.35	0.47461	26%-50% Below	No	No
65862022660	CLARITHROMYCIN 500 MG TABLET	7	42.000	14.90	0.49843	26%-50% Below	Yes	No
65862022701	LAMOTRIGINE 25 MG TABLET	7	45.000	3.33	0.03078	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862022701	LAMOTRIGINE 25 MG TABLET	8	90.000	6.06	0.03046	101%-200% Above	No	No
65862022801	LAMOTRIGINE 100 MG TABLET	5	30.000	2.50	0.05221	51%-75% Above	No	No
65862022801	LAMOTRIGINE 100 MG TABLET	6	30.000	2.50	0.05497	51%-75% Above	No	No
65862022801	LAMOTRIGINE 100 MG TABLET	7	30.000	2.69	0.05143	51%-75% Above	No	No
65862022801	LAMOTRIGINE 100 MG TABLET	8	30.000	2.69	0.05094	76%-100% Above	No	No
65862025047	LEVETIRACETAM 100 MG/ML SOLN	5	630.000	28.98	0.03377	26%-50% Above	Yes	No
65862025047	LEVETIRACETAM 100 MG/ML SOLN	8	630.000	28.98	0.03186	26%-50% Above	Yes	No
65862029390	ROSUVASTATIN CALCIUM 5 MG TAB	5	30.000	0.00	0.04408	76%-100% Below	No	No
65862029390	ROSUVASTATIN CALCIUM 5 MG TAB	6	90.000	0.01	0.04421	76%-100% Below	No	No
65862029390	ROSUVASTATIN CALCIUM 5 MG TAB	7	90.000	0.01	0.04908	76%-100% Below	No	No
65862029490	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.000	2.64	0.05219	26%-50% Below	No	No
65862029490	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.000	0.01	0.05349	76%-100% Below	No	No
65862029590	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.000	0.00	0.07032	76%-100% Below	No	No
65862029590	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.000	0.00	0.07178	76%-100% Below	No	No
65862029590	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.000	0.00	0.07284	76%-100% Below	No	No
65862029590	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.000	0.00	0.06911	76%-100% Below	No	No
65862029690	ROSUVASTATIN CALCIUM 40 MG TAB	8	90.000	210.34	0.12182	200% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	5	30.000	3.45	0.06332	76%-100% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	5	90.000	8.42	0.06332	26%-50% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	5	90.000	9.36	0.06332	51%-75% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	6	21.000	1.02	0.06301	10%-25% Below	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	6	30.000	3.45	0.06301	76%-100% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	6	90.000	0.01	0.06301	76%-100% Below	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	6	90.000	7.40	0.06301	26%-50% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	7	30.000	3.45	0.0638	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862035705	CLOPIDOGREL 75 MG TABLET	8	30.000	0.62	0.06298	51%-75% Below	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	8	30.000	3.45	0.06298	76%-100% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	8	90.000	9.36	0.06298	51%-75% Above	No	No
65862035730	CLOPIDOGREL 75 MG TABLET	8	30.000	3.45	0.06298	76%-100% Above	No	No
65862035790	CLOPIDOGREL 75 MG TABLET	5	30.000	3.45	0.06332	76%-100% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	7	30.000	1.06	0.0638	26%-50% Below	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	7	30.000	3.45	0.0638	76%-100% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	7	90.000	6.45	0.0638	10%-25% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	7	90.000	9.36	0.0638	51%-75% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	8	30.000	3.45	0.06298	76%-100% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	8	90.000	6.45	0.06298	10%-25% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	8	90.000	9.36	0.06298	51%-75% Above	Yes	No
65862037401	ESCITALOPRAM 10 MG TABLET	5	30.000	3.86	0.04905	101%-200% Above	No	No
65862037401	ESCITALOPRAM 10 MG TABLET	6	30.000	3.86	0.05159	101%-200% Above	No	No
65862037401	ESCITALOPRAM 10 MG TABLET	8	30.000	3.86	0.05091	101%-200% Above	No	No
65862037405	ESCITALOPRAM 10 MG TABLET	5	30.000	3.75	0.04905	101%-200% Above	No	No
65862037505	ESCITALOPRAM 20 MG TABLET	5	45.000	6.53	0.08297	51%-75% Above	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	10.000	2.68	0.19359	26%-50% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	12.000	3.11	0.19359	26%-50% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	15.000	3.76	0.19359	26%-50% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	18.000	1.97	0.19359	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	18.000	4.28	0.19359	10%-25% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	5	18.000	4.42	0.19359	26%-50% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	8.000	2.18	0.18349	26%-50% Above	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	9.000	0.98	0.18349	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	10.000	1.09	0.18349	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	10.000	2.68	0.18349	26%-50% Above	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	10.000	2.68	0.18349	26%-50% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	12.000	3.02	0.18349	26%-50% Above	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	15.000	3.65	0.18349	26%-50% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	15.000	3.76	0.18349	26%-50% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	18.000	1.97	0.18349	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	18.000	4.28	0.18349	26%-50% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	6	18.000	4.42	0.18349	26%-50% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	2.000	0.20	0.17893	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	10.000	2.68	0.17893	26%-50% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	12.000	1.31	0.17893	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	15.000	3.76	0.17893	26%-50% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	18.000	1.97	0.17893	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	7	18.000	1.98	0.17893	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	8	10.000	1.09	0.20294	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	8	10.000	2.60	0.20294	26%-50% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	8	15.000	3.76	0.20294	10%-25% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	8	18.000	1.93	0.20294	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	8	18.000	1.97	0.20294	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	5	4.000	1.74	0.21942	76%-100% Above	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	5	15.000	5.00	0.21942	51%-75% Above	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	5	15.000	5.16	0.21942	51%-75% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	5	18.000	0.00	0.21942	76%-100% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	5	18.000	2.21	0.21942	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862039110	ONDANSETRON ODT 8 MG TABLET	5	18.000	2.67	0.21942	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	5	18.000	6.09	0.21942	51%-75% Above	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	6	18.000	0.00	0.19657	76%-100% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	6	18.000	6.09	0.19657	51%-75% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	6	18.000	6.09	0.19657	51%-75% Above	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	6	18.000	9.90	0.19657	101%-200% Above	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	7	15.000	1.84	0.20152	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	7	18.000	0.00	0.20152	76%-100% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	7	18.000	4.99	0.20152	26%-50% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	8	8.000	0.98	0.20861	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	8	12.000	0.00	0.20861	76%-100% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	8	12.000	4.23	0.20861	51%-75% Above	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	8	18.000	2.21	0.20861	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	8	18.000	4.99	0.20861	26%-50% Above	No	No
65862041901	SULFAMETHOXAZOLE-TMP SS TABLET	6	8.000	0.23	0.05952	51%-75% Below	Yes	No
65862041901	SULFAMETHOXAZOLE-TMP SS TABLET	7	8.000	0.23	0.04561	26%-50% Below	Yes	No
65862041901	SULFAMETHOXAZOLE-TMP SS TABLET	7	30.000	0.87	0.04561	26%-50% Below	Yes	No
65862041901	SULFAMETHOXAZOLE-TMP SS TABLET	8	8.000	0.23	0.0506	26%-50% Below	Yes	No
65862041901	SULFAMETHOXAZOLE-TMP SS TABLET	8	30.000	0.87	0.0506	26%-50% Below	Yes	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	7	20.000	1.77	0.05659	51%-75% Above	No	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	7	20.000	2.21	0.05659	76%-100% Above	No	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	8	20.000	2.21	0.07037	51%-75% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	6.000	1.03	0.0631	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	6.000	1.12	0.0631	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	10.000	0.36	0.0631	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	14.000	0.50	0.0631	26%-50% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	14.000	1.74	0.0631	76%-100% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	20.000	0.69	0.0631	26%-50% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	20.000	0.71	0.0631	26%-50% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	20.000	2.21	0.0631	51%-75% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	5	20.000	2.27	0.0631	76%-100% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	10.000	3.25	0.06404	200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	14.000	1.70	0.06404	76%-100% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	14.000	1.74	0.06404	76%-100% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	20.000	2.27	0.06404	76%-100% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	20.000	2.30	0.06404	76%-100% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	6	28.000	2.98	0.06404	51%-75% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	6.000	1.01	0.05659	101%-200% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	14.000	0.00	0.05659	76%-100% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	14.000	1.70	0.05659	101%-200% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	14.000	1.74	0.05659	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	14.000	1.79	0.05659	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	20.000	0.69	0.05659	26%-50% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	20.000	2.21	0.05659	76%-100% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	7	20.000	2.27	0.05659	76%-100% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	10.000	0.34	0.07037	51%-75% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	10.000	1.36	0.07037	76%-100% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	10.000	1.39	0.07037	76%-100% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	14.000	0.48	0.07037	51%-75% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	14.000	1.74	0.07037	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	20.000	2.27	0.07037	51%-75% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	20.000	2.36	0.07037	51%-75% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	8	28.000	2.98	0.07037	51%-75% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	5	14.000	7.74	0.27829	76%-100% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	5	30.000	14.90	0.27829	76%-100% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	6	10.000	5.86	0.27871	101%-200% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	6	30.000	9.90	0.27871	10%-25% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	6	30.000	14.90	0.27871	76%-100% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	7	10.000	5.86	0.28575	101%-200% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	7	30.000	14.90	0.28575	51%-75% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	8	30.000	14.90	0.25185	76%-100% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	8	14.000	7.74	0.25185	101%-200% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	8	21.000	6.99	0.25185	26%-50% Above	No	No
65862044930	VALACYCLOVIR HCL 1 GRAM TABLET	7	28.000	7.61	0.5083	26%-50% Below	No	No
65862044930	VALACYCLOVIR HCL 1 GRAM TABLET	8	10.000	11.96	0.4911	101%-200% Above	No	No
65862046890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	8	30.000	9.90	0.0899	200% Above	No	No
65862046890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	8	90.000	41.28	0.0899	200% Above	No	No
65862046930	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	7	90.000	57.46	0.12586	200% Above	No	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	5	30.000	13.50	0.12351	200% Above	No	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	6	30.000	9.90	0.12544	101%-200% Above	No	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	6	90.000	29.99	0.12544	101%-200% Above	No	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	7	30.000	13.50	0.12586	200% Above	No	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	7	90.000	6.67	0.12586	26%-50% Below	No	No
65862046999	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	5	30.000	14.90	0.12351	200% Above	No	No
65862046999	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	6	30.000	14.90	0.12544	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862046999	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	7	30.000	14.90	0.12586	200% Above	No	No
65862046999	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	8	30.000	14.90	0.12273	200% Above	No	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	8	90.000	57.46	0.12801	200% Above	No	No
65862047099	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	5	90.000	44.90	0.12446	200% Above	No	No
65862047099	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	8	90.000	44.90	0.12801	200% Above	No	No
65862047501	RAMIPRIL 2.5 MG CAPSULE	5	90.000	6.93	0.059	26%-50% Above	No	No
65862047501	RAMIPRIL 2.5 MG CAPSULE	8	90.000	6.93	0.06063	26%-50% Above	No	No
65862047605	RAMIPRIL 5 MG CAPSULE	6	90.000	7.69	0.04878	51%-75% Above	No	No
65862047605	RAMIPRIL 5 MG CAPSULE	8	90.000	7.69	0.05141	51%-75% Above	No	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	6	100.000	3.67	0.06123	26%-50% Below	Yes	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	8	200.000	7.34	0.06459	26%-50% Below	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	5	14.000	2.38	0.32673	26%-50% Below	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	5	14.000	7.90	0.32673	51%-75% Above	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	5	20.000	3.38	0.32673	26%-50% Below	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	6	20.000	10.95	0.32498	51%-75% Above	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	7	28.000	4.73	0.31501	26%-50% Below	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	8	14.000	2.36	0.29901	26%-50% Below	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	8	20.000	3.38	0.29901	26%-50% Below	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	8	20.000	4.90	0.29901	10%-25% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	5	20.000	4.90	0.33593	26%-50% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	6	10.000	4.95	0.35915	26%-50% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	6	20.000	9.72	0.35915	26%-50% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	8	14.000	7.34	0.30859	51%-75% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	8	20.000	9.72	0.30859	51%-75% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	6.000	0.96	0.33593	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	14.000	2.23	0.33593	51%-75% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	14.000	6.90	0.33593	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	14.000	6.96	0.33593	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	20.000	3.19	0.33593	51%-75% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	20.000	4.90	0.33593	26%-50% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	20.000	9.22	0.33593	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	20.000	9.40	0.33593	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	20.000	9.40	0.33593	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	20.000	9.49	0.33593	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	20.000	9.72	0.33593	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	5	180.000	0.02	0.33593	76%-100% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	14.000	2.23	0.35915	51%-75% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	14.000	6.82	0.35915	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	16.000	7.88	0.35915	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	20.000	3.19	0.35915	51%-75% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	20.000	4.90	0.35915	26%-50% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	20.000	9.22	0.35915	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	20.000	9.40	0.35915	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	20.000	9.49	0.35915	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	6	20.000	9.72	0.35915	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	14.000	6.46	0.34409	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	14.000	9.90	0.34409	101%-200% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	20.000	3.19	0.34409	51%-75% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	20.000	4.90	0.34409	26%-50% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	20.000	5.89	0.34409	10%-25% 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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	20.000	9.22	0.34409	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	20.000	9.40	0.34409	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	7	20.000	9.72	0.34409	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	14.000	2.23	0.30859	26%-50% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	14.000	6.46	0.30859	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	14.000	6.82	0.30859	51%-75% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	20.000	3.19	0.30859	26%-50% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	20.000	4.90	0.30859	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	20.000	4.90	0.30859	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	20.000	6.90	0.30859	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	20.000	9.72	0.30859	51%-75% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	20.000	9.81	0.30859	51%-75% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	8	20.000	10.27	0.30859	51%-75% Above	Yes	No
65862051330	PIOGLITAZONE HCL 30 MG TABLET	7	90.000	14.67	0.11343	26%-50% Above	Yes	No
65862051601	NAPROXEN SODIUM 550 MG TAB	6	20.000	4.90	0.41949	26%-50% Below	Yes	No
65862052205	NAPROXEN 500 MG TABLET	5	10.000	1.45	0.06537	101%-200% Above	No	No
65862052205	NAPROXEN 500 MG TABLET	8	60.000	4.90	0.06718	10%-25% Above	No	No
65862052301	GABAPENTIN 600 MG TABLET	5	90.000	10.77	0.0987	10%-25% Above	No	No
65862052301	GABAPENTIN 600 MG TABLET	6	30.000	4.02	0.10139	26%-50% Above	No	No
65862052301	GABAPENTIN 600 MG TABLET	8	90.000	10.77	0.09997	10%-25% Above	No	No
65862052305	GABAPENTIN 600 MG TABLET	5	270.000	29.99	0.0987	10%-25% Above	No	No
65862052305	GABAPENTIN 600 MG TABLET	8	270.000	29.99	0.09997	10%-25% Above	No	No
65862052730	VENLAFAXINE HCL ER 37.5 MG CAP	6	30.000	4.12	0.096	26%-50% Above	No	No
65862052730	VENLAFAXINE HCL ER 37.5 MG CAP	7	30.000	4.12	0.10789	26%-50% Above	No	No
65862052730	VENLAFAXINE HCL ER 37.5 MG CAP	8	30.000	4.12	0.10429	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	5	30.000	4.12	0.1025	26%-50% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	5	30.000	4.25	0.1025	26%-50% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	6	30.000	4.25	0.096	26%-50% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	7	30.000	4.25	0.10789	26%-50% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	7	90.000	11.44	0.10789	10%-25% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	8	30.000	4.25	0.10429	26%-50% Above	No	No
65862052799	VENLAFAXINE HCL ER 37.5 MG CAP	5	90.000	11.44	0.1025	10%-25% Above	No	No
65862052799	VENLAFAXINE HCL ER 37.5 MG CAP	8	90.000	11.44	0.10429	10%-25% Above	No	No
65862052830	VENLAFAXINE HCL ER 75 MG CAP	6	90.000	13.83	0.10923	26%-50% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	6	90.000	13.83	0.10923	26%-50% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	6	90.000	13.92	0.10923	26%-50% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	7	30.000	5.11	0.1104	51%-75% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	5	30.000	4.94	0.10847	51%-75% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	5	30.000	5.11	0.10847	51%-75% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	5	90.000	13.83	0.10847	26%-50% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	5	90.000	13.92	0.10847	26%-50% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	6	30.000	5.11	0.10923	51%-75% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	7	30.000	5.11	0.1104	51%-75% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	7	90.000	14.32	0.1104	26%-50% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	8	30.000	5.11	0.10511	51%-75% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	8	90.000	13.92	0.10511	26%-50% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	8	90.000	15.13	0.10511	51%-75% Above	No	No
65862053401	AMOX-CLAV 400-57 MG/5 ML SUSP	7	100.000	6.99	0.06325	10%-25% Above	No	No
65862053450	AMOX-CLAV 400-57 MG/5 ML SUSP	5	100.000	9.90	0.08785	10%-25% Above	No	No
65862053575	AMOX-CLAV 600-42.9 MG/5 ML SUS	5	75.000	6.85	0.08169	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862053575	AMOX-CLAV 600-42.9 MG/5 ML SUS	6	75.000	6.85	0.07962	10%-25% Above	No	No
65862053575	AMOX-CLAV 600-42.9 MG/5 ML SUS	8	150.000	4.74	0.09106	51%-75% Below	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	5	30.000	3.44	0.05506	101%-200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	6	30.000	3.44	0.05061	101%-200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	6	90.000	9.42	0.05061	101%-200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	7	30.000	3.73	0.05042	101%-200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	8	30.000	3.73	0.04787	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	3.90	0.05468	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	3.99	0.05468	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	9.99	0.05468	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	3.90	0.05449	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	3.99	0.05449	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	9.90	0.05449	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	10.33	0.05449	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	10.42	0.05449	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	3.90	0.0553	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.000	10.42	0.0553	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.000	29.99	0.0553	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	3.90	0.06185	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.000	10.33	0.06185	76%-100% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	5	28.000	3.56	0.05468	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	0.90	0.05468	26%-50% Below	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	2.20	0.05468	26%-50% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	3.60	0.05468	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	3.78	0.05468	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	5	30.000	3.90	0.05468	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	5	60.000	5.89	0.05468	76%-100% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.000	10.69	0.05468	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	5	90.000	10.78	0.05468	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	6	28.000	3.56	0.05449	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	0.90	0.05449	26%-50% Below	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	2.20	0.05449	26%-50% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	3.60	0.05449	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	3.78	0.05449	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	6	30.000	3.90	0.05449	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	9.59	0.05449	76%-100% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	6	90.000	10.69	0.05449	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	7	28.000	3.86	0.0553	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	0.90	0.0553	26%-50% Below	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	3.78	0.0553	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	3.90	0.0553	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.000	4.10	0.0553	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	7	60.000	5.89	0.0553	76%-100% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.000	9.29	0.0553	76%-100% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.000	10.33	0.0553	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	7	90.000	10.69	0.0553	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	8	28.000	3.86	0.06185	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	0.90	0.06185	51%-75% Below	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	3.78	0.06185	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	3.90	0.06185	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.000	4.10	0.06185	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.000	10.33	0.06185	76%-100% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	8	90.000	10.69	0.06185	76%-100% Above	No	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	7	90.000	12.40	0.07483	76%-100% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	30.000	4.99	0.06243	101%-200% Above	No	No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	30.000	6.59	0.06243	200% Above	No	No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	30.000	6.90	0.06243	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	30.000	6.99	0.06243	200% Above	No	No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	90.000	7.90	0.06243	26%-50% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	90.000	19.58	0.06243	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	90.000	19.77	0.06243	200% Above	No	No
65862057490	MONTELUKAST SOD 10 MG TABLET	5	90.000	20.27	0.06243	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	6	30.000	5.00	0.06961	101%-200% Above	No	No
65862057490	MONTELUKAST SOD 10 MG TABLET	6	30.000	6.90	0.06961	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	6	30.000	7.00	0.06961	200% Above	No	No
65862057490	MONTELUKAST SOD 10 MG TABLET	6	30.000	7.09	0.06961	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	6	90.000	7.90	0.06961	26%-50% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	6	90.000	19.58	0.06961	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	6	90.000	19.77	0.06961	200% Above	No	No
65862057490	MONTELUKAST SOD 10 MG TABLET	7	30.000	0.89	0.06569	51%-75% Below	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	7	30.000	6.90	0.06569	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	7	30.000	7.09	0.06569	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	7	90.000	8.69	0.06569	26%-50% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	8	30.000	0.89	0.06191	51%-75% Below	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	8	30.000	6.90	0.06191	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862057490	MONTELUKAST SOD 10 MG TABLET	8	30.000	7.09	0.06191	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	8	90.000	8.69	0.06191	51%-75% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	8	90.000	12.40	0.06191	101%-200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	8	90.000	19.77	0.06191	200% Above	No	No
65862058601	AMLODIPINE-BENAZEPRIL 10-20 MG	7	90.000	29.90	0.13561	101%-200% Above	No	No
65862058701	AMLODIPINE-BENAZEPRIL 10-40 MG	5	30.000	9.99	0.1841	76%-100% Above	No	No
65862058701	AMLODIPINE-BENAZEPRIL 10-40 MG	7	90.000	44.99	0.16366	200% Above	No	No
65862059505	DIVALPROEX SOD ER 500 MG TAB	7	28.000	14.90	0.18713	101%-200% Above	No	No
65862059601	CLINDAMYCIN (PEDI) 75 MG/5 ML	6	200.000	9.90	0.18286	51%-75% Below	No	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	5	14.000	5.86	0.05971	200% Above	No	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	5	180.000	24.95	0.05971	101%-200% Above	Yes	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.000	12.56	0.05816	200% Above	No	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	8	30.000	12.56	0.05919	200% Above	No	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	8	180.000	27.43	0.05919	101%-200% Above	Yes	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.000	1.00	0.05971	26%-50% Below	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.000	12.37	0.05971	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.000	13.06	0.05971	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	5	60.000	14.90	0.05971	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	5	90.000	7.40	0.05971	26%-50% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	5	180.000	12.40	0.05971	10%-25% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	6	14.000	6.15	0.06333	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.000	1.01	0.06333	26%-50% Below	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.000	12.37	0.06333	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.000	13.06	0.06333	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	6	60.000	14.90	0.06333	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	7	10.000	4.54	0.05816	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.000	1.01	0.05816	26%-50% Below	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.000	9.90	0.05816	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.000	12.37	0.05816	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.000	13.06	0.05816	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	7	60.000	4.90	0.05816	26%-50% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	7	60.000	14.90	0.05816	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	7	90.000	12.50	0.05816	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	8	30.000	1.00	0.05919	26%-50% Below	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	8	30.000	9.90	0.05919	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	8	30.000	12.37	0.05919	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	8	30.000	13.06	0.05919	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	8	60.000	14.90	0.05919	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	8	90.000	37.10	0.05919	200% Above	No	No
65862060201	MODAFINIL 200 MG TABLET	8	30.000	19.90	0.50359	26%-50% Above	No	No
65862062405	GEMFIBROZIL 600 MG TABLET	5	90.000	7.74	0.10274	10%-25% Below	Yes	No
65862062405	GEMFIBROZIL 600 MG TABLET	5	180.000	15.48	0.10274	10%-25% Below	Yes	No
65862062405	GEMFIBROZIL 600 MG TABLET	7	180.000	15.48	0.10455	10%-25% Below	Yes	No
65862062405	GEMFIBROZIL 600 MG TABLET	8	90.000	7.74	0.10362	10%-25% Below	Yes	No
65862062690	RIZATRIPTAN 10 MG ODT	8	9.000	13.49	0.7253	101%-200% Above	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	5	4.000	2.55	0.33784	76%-100% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	5	6.000	3.46	0.33784	51%-75% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	5	6.000	3.57	0.33784	76%-100% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	6	6.000	3.46	0.34207	51%-75% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	6	6.000	3.57	0.34207	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862064163	AZITHROMYCIN 250 MG TABLET	7	6.000	3.07	0.34162	26%-50% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	7	6.000	3.57	0.34162	51%-75% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	7	6.000	3.75	0.34162	76%-100% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	8	6.000	3.07	0.38013	26%-50% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	8	6.000	3.46	0.38013	51%-75% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	8	6.000	3.57	0.38013	51%-75% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	8	6.000	3.75	0.38013	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	5	6.000	0.81	0.33784	51%-75% Below	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	5	6.000	3.57	0.33784	76%-100% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	6	6.000	3.46	0.34207	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	6	6.000	3.57	0.34207	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	7	6.000	3.07	0.34162	26%-50% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	7	6.000	3.57	0.34162	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	8	6.000	3.07	0.38013	26%-50% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	8	6.000	3.46	0.38013	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	8	6.000	3.57	0.38013	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	8	6.000	3.75	0.38013	51%-75% Above	No	No
65862066330	ARIPIRAZOLE 10 MG TABLET	5	15.000	9.99	0.17154	200% Above	No	No
65862066330	ARIPIRAZOLE 10 MG TABLET	5	90.000	374.27	0.17154	200% Above	Yes	No
65862066330	ARIPIRAZOLE 10 MG TABLET	8	90.000	411.71	0.14424	200% Above	Yes	No
65862067605	ALPRAZOLAM 0.25 MG TABLET	6	30.000	0.38	0.02691	51%-75% Below	Yes	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	7	60.000	1.78	0.02652	10%-25% Above	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	6	15.000	0.91	0.02296	101%-200% Above	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	7	15.000	0.91	0.02652	101%-200% Above	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	5	15.000	0.91	0.02579	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862067799	ALPRAZOLAM 0.5 MG TABLET	6	30.000	0.35	0.02296	26%-50% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	7	30.000	0.35	0.02652	51%-75% Below	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	5	60.000	1.84	0.02672	10%-25% Above	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	6	60.000	1.84	0.02484	10%-25% Above	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	7	60.000	1.84	0.02444	10%-25% Above	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	8	60.000	1.25	0.02768	10%-25% Below	No	No
65862067905	ALPRAZOLAM 2 MG TABLET	8	15.000	0.91	0.07267	10%-25% Below	No	No
65862069299	PHENYTOIN SOD EXT 100 MG CAP	5	270.000	44.90	0.1504	10%-25% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	5	30.000	6.78	0.15177	26%-50% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	5	90.000	18.77	0.15177	26%-50% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	6	30.000	6.78	0.15579	26%-50% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	7	30.000	6.78	0.15388	26%-50% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	8	90.000	18.77	0.14186	26%-50% Above	No	No
65862069730	VENLAFAXINE HCL ER 150 MG CAP	5	30.000	6.56	0.15177	26%-50% Above	No	No
65862069730	VENLAFAXINE HCL ER 150 MG CAP	7	30.000	6.56	0.15388	26%-50% Above	No	No
65862069730	VENLAFAXINE HCL ER 150 MG CAP	8	30.000	6.56	0.14186	51%-75% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	5	30.000	6.87	0.15177	26%-50% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	5	90.000	19.35	0.15177	26%-50% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	6	30.000	6.56	0.15579	26%-50% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	7	30.000	6.56	0.15388	26%-50% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	8	30.000	4.90	0.14186	10%-25% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	8	30.000	7.15	0.14186	51%-75% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	8	90.000	19.35	0.14186	51%-75% Above	No	No
65862070020	CEFUROXIME AXETIL 500 MG TAB	5	14.000	4.22	0.48791	26%-50% Below	No	No
65862070060	CEFUROXIME AXETIL 500 MG TAB	7	20.000	14.90	0.48671	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862070060	CEFUROXIME AXETIL 500 MG TAB	8	16.000	14.90	0.51274	76%-100% Above	No	No
65862070755	AMOXICILLIN 250 MG/5 ML SUSP	6	150.000	5.33	0.02077	51%-75% Above	No	No
65862070901	RALOXIFENE HCL 60 MG TABLET	5	30.000	2.30	0.27308	51%-75% Below	No	No
65862070901	RALOXIFENE HCL 60 MG TABLET	6	30.000	2.30	0.27802	51%-75% Below	No	No
65862070901	RALOXIFENE HCL 60 MG TABLET	7	30.000	2.30	0.27821	51%-75% Below	No	No
65862070901	RALOXIFENE HCL 60 MG TABLET	8	30.000	2.30	0.27588	51%-75% Below	No	No
65862070901	RALOXIFENE HCL 60 MG TABLET	8	30.000	4.57	0.27588	26%-50% Below	No	No
65862070930	RALOXIFENE HCL 60 MG TABLET	5	30.000	4.50	0.27308	26%-50% Below	No	No
65862070930	RALOXIFENE HCL 60 MG TABLET	6	30.000	4.50	0.27802	26%-50% Below	No	No
65862070930	RALOXIFENE HCL 60 MG TABLET	7	30.000	4.57	0.27821	26%-50% Below	No	No
65862070930	RALOXIFENE HCL 60 MG TABLET	8	30.000	4.57	0.27588	26%-50% Below	No	No
65862073205	AMIODARONE HCL 200 MG TABLET	5	90.000	17.29	0.12123	51%-75% Above	Yes	No
65862073205	AMIODARONE HCL 200 MG TABLET	8	90.000	19.03	0.1268	51%-75% Above	Yes	No
65862076730	FESOTERODINE ER 8 MG TABLET	5	90.000	57.30	1.01219	26%-50% Below	No	No
65862077685	MILI 0.25-0.035 MG TABLET	5	28.000	2.18	0.13185	26%-50% Below	No	No
65862077685	MILI 0.25-0.035 MG TABLET	5	84.000	0.01	0.13185	76%-100% Below	No	No
65862077685	MILI 0.25-0.035 MG TABLET	6	28.000	2.18	0.14901	26%-50% Below	No	No
65862077685	MILI 0.25-0.035 MG TABLET	7	84.000	0.01	0.13358	76%-100% Below	No	No
65862077685	MILI 0.25-0.035 MG TABLET	8	84.000	0.01	0.15521	76%-100% Below	No	No
65862077885	TRI-LO-MILI TABLET	5	28.000	0.00	0.14828	76%-100% Below	No	No
65862077885	TRI-LO-MILI TABLET	6	28.000	0.00	0.15382	76%-100% Below	No	No
65862077885	TRI-LO-MILI TABLET	7	28.000	0.00	0.13911	76%-100% Below	No	No
65862077885	TRI-LO-MILI TABLET	7	84.000	3.87	0.13911	51%-75% Below	No	No
65862077885	TRI-LO-MILI TABLET	8	28.000	0.00	0.13841	76%-100% Below	No	No
65862078490	ESOMEPRAZOLE MAG DR 40 MG CAP	6	90.000	12.40	0.16083	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862084003	MOXIFLOXACIN 0.5% EYE DROPS	7	3.000	9.90	2.8223	10%-25% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	5	180.000	4.73	0.03112	10%-25% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	5	180.000	6.82	0.03112	10%-25% Above	No	No
65862085901	FAMOTIDINE 20 MG TABLET	6	90.000	2.37	0.03006	10%-25% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	6	90.000	3.55	0.03006	26%-50% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	6	180.000	4.73	0.03006	10%-25% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	8	90.000	3.85	0.03182	26%-50% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	8	180.000	6.82	0.03182	10%-25% Above	No	No
65862085999	FAMOTIDINE 20 MG TABLET	7	60.000	2.61	0.0312	26%-50% Above	No	No
65862085999	FAMOTIDINE 20 MG TABLET	8	28.000	1.58	0.03182	76%-100% Above	No	No
65862086001	FAMOTIDINE 40 MG TABLET	5	30.000	4.50	0.06101	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	5	90.000	9.18	0.06101	51%-75% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	5	180.000	18.36	0.06101	51%-75% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	6	30.000	1.11	0.05778	26%-50% Below	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	6	90.000	9.18	0.05778	76%-100% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	7	7.000	0.26	0.06183	26%-50% Below	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	7	28.000	4.24	0.06183	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	7	30.000	1.11	0.06183	26%-50% Below	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	7	90.000	10.10	0.06183	76%-100% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	7	90.000	12.08	0.06183	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	7	90.000	12.40	0.06183	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	8	30.000	4.50	0.0607	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	8	90.000	10.10	0.0607	76%-100% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	8	180.000	20.20	0.0607	76%-100% Above	Yes	No
65862086099	FAMOTIDINE 40 MG TABLET	5	30.000	4.36	0.06101	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862086099	FAMOTIDINE 40 MG TABLET	5	30.000	4.50	0.06101	101%-200% Above	No	No
65862086099	FAMOTIDINE 40 MG TABLET	5	90.000	12.08	0.06101	101%-200% Above	No	No
65862086099	FAMOTIDINE 40 MG TABLET	6	30.000	4.50	0.05778	101%-200% Above	No	No
65862086099	FAMOTIDINE 40 MG TABLET	6	90.000	14.77	0.05778	101%-200% Above	No	No
65862086099	FAMOTIDINE 40 MG TABLET	7	30.000	4.50	0.06183	101%-200% Above	No	No
65862086495	SIMPESSE 0.15-0.03-0.01 MG TAB	5	91.000	13.20	0.28392	26%-50% Below	No	No
65862086495	SIMPESSE 0.15-0.03-0.01 MG TAB	8	91.000	136.96	0.272	200% Above	No	No
65862090801	CELECOXIB 100 MG CAPSULE	5	60.000	6.99	0.09223	26%-50% Above	No	No
65862090801	CELECOXIB 100 MG CAPSULE	6	60.000	0.01	0.09095	76%-100% Below	No	No
65862090901	CELECOXIB 200 MG CAPSULE	5	30.000	9.99	0.11043	200% Above	No	No
65862090901	CELECOXIB 200 MG CAPSULE	6	30.000	9.99	0.10361	200% Above	No	No
65862090901	CELECOXIB 200 MG CAPSULE	7	30.000	9.99	0.10699	200% Above	No	No
65862090905	CELECOXIB 200 MG CAPSULE	5	90.000	47.47	0.11043	200% Above	Yes	No
65862090905	CELECOXIB 200 MG CAPSULE	7	90.000	47.47	0.10699	200% Above	Yes	No
65862090905	CELECOXIB 200 MG CAPSULE	8	90.000	47.47	0.12272	200% Above	Yes	No
65862092585	INCASSIA 0.35 MG TABLET	5	84.000	7.90	0.11504	10%-25% Below	Yes	No
65862092585	INCASSIA 0.35 MG TABLET	6	28.000	1.93	0.13001	26%-50% Below	No	No
65862092585	INCASSIA 0.35 MG TABLET	6	84.000	7.90	0.13001	26%-50% Below	Yes	No
65862092585	INCASSIA 0.35 MG TABLET	7	84.000	7.90	0.13308	26%-50% Below	Yes	No
65862092585	INCASSIA 0.35 MG TABLET	8	28.000	2.08	0.12427	26%-50% Below	No	No
65862094601	DORZOLAMIDE-TIMOLOL EYE DROPS	6	10.000	14.78	1.07877	26%-50% Above	No	No
65862096701	ESZOPICLONE 1 MG TABLET	5	90.000	59.90	0.178	200% Above	Yes	No
65862096701	ESZOPICLONE 1 MG TABLET	7	30.000	9.90	0.15866	101%-200% Above	Yes	No
65862096701	ESZOPICLONE 1 MG TABLET	8	30.000	9.90	0.17798	76%-100% Above	Yes	No
65862096801	ESZOPICLONE 2 MG TABLET	5	30.000	6.90	0.12046	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
65862096801	ESZOPICLONE 2 MG TABLET	6	30.000	6.90	0.11552	76%-100% Above	No	No
65862096801	ESZOPICLONE 2 MG TABLET	8	90.000	59.90	0.11539	200% Above	Yes	No
65862096901	ESZOPICLONE 3 MG TABLET	5	30.000	19.90	0.12353	200% Above	Yes	No
65862096901	ESZOPICLONE 3 MG TABLET	5	90.000	44.90	0.12353	200% Above	Yes	No
65862096901	ESZOPICLONE 3 MG TABLET	7	30.000	1.76	0.11382	26%-50% Below	Yes	No
65862097703	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TB	7	180.000	29.99	0.61164	51%-75% Below	No	No
65862098601	POTASSIUM CL ER 8 MEQ TABLET	5	30.000	9.90	0.15664	101%-200% Above	No	No
65862098601	POTASSIUM CL ER 8 MEQ TABLET	6	30.000	9.90	0.15703	101%-200% Above	No	No
65862098601	POTASSIUM CL ER 8 MEQ TABLET	7	30.000	9.90	0.1329	101%-200% Above	No	No
65862098601	POTASSIUM CL ER 8 MEQ TABLET	8	30.000	9.90	0.12195	101%-200% Above	No	No
65862098701	POTASSIUM CL ER 10 MEQ TABLET	8	90.000	5.14	0.119	51%-75% Below	No	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	5	4.000	1.80	0.12099	200% Above	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	5	30.000	6.90	0.12099	76%-100% Above	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	5	30.000	9.14	0.12099	101%-200% Above	No	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	5	90.000	24.70	0.12099	101%-200% Above	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	6	30.000	9.14	0.14507	101%-200% Above	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	7	30.000	1.82	0.12674	51%-75% Below	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	7	30.000	9.14	0.12674	101%-200% Above	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	8	30.000	1.82	0.119	26%-50% Below	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	8	30.000	9.14	0.119	101%-200% Above	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	8	90.000	3.65	0.119	51%-75% Below	Yes	No
66220072930	KRISTALOSE 20 GM PACKET	7	30.000	275.99	8.2898	10%-25% Above	Yes	No
66220072930	KRISTALOSE 20 GM PACKET	8	30.000	275.99	8.2898	10%-25% Above	Yes	No
66685100100	AMOX-CLAV 875-125 MG TABLET	7	14.000	7.05	0.34409	26%-50% Above	No	No
66685100100	AMOX-CLAV 875-125 MG TABLET	8	10.000	5.20	0.30859	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
66685100100	AMOX-CLAV 875-125 MG TABLET	8	14.000	6.82	0.30859	51%-75% Above	No	No
66685100100	AMOX-CLAV 875-125 MG TABLET	8	20.000	9.49	0.30859	51%-75% Above	No	No
66993000210	ESTRADIOL 0.01% CREAM	5	42.500	15.61	0.65174	26%-50% Below	No	No
66993000210	ESTRADIOL 0.01% CREAM	6	42.500	15.94	0.60706	26%-50% Below	No	No
66993000210	ESTRADIOL 0.01% CREAM	6	42.500	59.90	0.60706	101%-200% Above	No	No
66993000210	ESTRADIOL 0.01% CREAM	7	42.500	15.14	0.5846	26%-50% Below	No	No
66993000210	ESTRADIOL 0.01% CREAM	8	42.500	14.91	0.57368	26%-50% Below	No	No
66993000210	ESTRADIOL 0.01% CREAM	8	42.500	15.61	0.57368	26%-50% Below	Yes	No
66993001968	ALBUTEROL HFA 90 MCG INHALER	5	18.000	19.63	1.82816	26%-50% Below	Yes	No
66993007896	FLUTICASONE PROPIONATE HFA 44 MCG INHALER	5	10.600	184.80	11.48774	51%-75% Above	No	No
66993007896	FLUTICASONE PROPIONATE HFA 44 MCG INHALER	7	31.800	489.68	11.43186	26%-50% Above	Yes	No
66993037083	MEDROXYPROGESTERONE 150 MG/ML	5	1.000	0.00	27.70602	76%-100% Below	No	No
66993037083	MEDROXYPROGESTERONE 150 MG/ML	5	1.000	16.51	27.70602	26%-50% Below	No	No
66993037083	MEDROXYPROGESTERONE 150 MG/ML	8	1.000	0.00	28.47971	76%-100% Below	No	No
66993037083	MEDROXYPROGESTERONE 150 MG/ML	8	1.000	15.89	28.47971	26%-50% Below	Yes	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	5	1.000	0.00	42.99384	76%-100% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	5	1.000	24.87	42.99384	26%-50% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	5	1.000	25.06	42.99384	26%-50% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	6	1.000	24.94	45.3015	26%-50% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	7	1.000	25.64	43.06226	26%-50% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	8	1.000	0.00	41.8371	76%-100% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	8	1.000	25.64	41.8371	26%-50% Below	No	No
66993059702	DEXTROAMP-AMPHET ER 20 MG CAP	6	30.000	93.81	0.6667	200% Above	No	No
66993059702	DEXTROAMP-AMPHET ER 20 MG CAP	7	30.000	73.58	0.6623	200% Above	No	No
66993059702	DEXTROAMP-AMPHET ER 20 MG CAP	7	30.000	93.81	0.6623	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
66993059702	DEXTROAMP-AMPHET ER 20 MG CAP	8	30.000	93.81	0.65297	200% Above	No	No
66993072757	SULFAMETHOXAZOLE-TMP SUSP	5	300.000	9.99	0.0608	26%-50% Below	No	No
66993072757	SULFAMETHOXAZOLE-TMP SUSP	7	75.000	14.90	0.06396	200% Above	No	No
67405060203	FLUCONAZOLE 100 MG TABLET	6	15.000	14.90	0.25991	200% Above	No	No
67457088799	MEDROXYPROGESTERONE 150 MG/ML	6	1.000	16.27	27.30674	26%-50% Below	No	No
67457088799	MEDROXYPROGESTERONE 150 MG/ML	8	1.000	15.29	28.47971	26%-50% Below	No	No
67877012440	SILVER SULFADIAZINE 1% CREAM	8	400.000	15.36	0.07048	26%-50% Below	Yes	No
67877012450	SILVER SULFADIAZINE 1% CREAM	6	50.000	8.21	0.13895	10%-25% Above	Yes	No
67877015905	METFORMIN HCL ER 500 MG TABLET	8	30.000	0.00	0.03195	76%-100% Below	No	No
67877019705	AMLODIPINE BESYLATE 2.5 MG TAB	5	90.000	2.38	0.01611	51%-75% Above	No	No
67877019705	AMLODIPINE BESYLATE 2.5 MG TAB	5	90.000	2.45	0.01611	51%-75% Above	No	No
67877019705	AMLODIPINE BESYLATE 2.5 MG TAB	8	90.000	2.57	0.01426	76%-100% Above	No	No
67877019710	AMLODIPINE BESYLATE 2.5 MG TAB	5	30.000	1.15	0.01611	101%-200% Above	No	No
67877019710	AMLODIPINE BESYLATE 2.5 MG TAB	6	30.000	1.15	0.01507	101%-200% Above	No	No
67877019710	AMLODIPINE BESYLATE 2.5 MG TAB	7	30.000	1.15	0.01354	101%-200% Above	No	No
67877019710	AMLODIPINE BESYLATE 2.5 MG TAB	8	30.000	1.15	0.01426	101%-200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	0.18	0.01146	26%-50% Below	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	0.19	0.01146	26%-50% Below	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	1.05	0.01146	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	5.61	0.01146	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	1.05	0.00973	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	5.61	0.00973	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	16.83	0.00973	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	7	30.000	0.17	0.00981	26%-50% Below	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	7	30.000	1.05	0.00981	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	7	30.000	5.61	0.00981	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	7	90.000	2.16	0.00981	101%-200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	7	90.000	16.83	0.00981	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	1.05	0.01149	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	5.61	0.01149	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	2.16	0.01149	101%-200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	1.03	0.01146	101%-200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	1.05	0.01146	200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	1.14	0.01146	200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	5	90.000	2.09	0.01146	101%-200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	1.03	0.00973	200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	1.15	0.00973	200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	2.16	0.00973	101%-200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	7	30.000	1.08	0.00981	200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	7	90.000	2.09	0.00981	101%-200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	1.08	0.01149	200% Above	No	No
67877019890	AMLODIPINE BESYLATE 5 MG TAB	7	90.000	1.66	0.00981	76%-100% Above	No	No
67877019890	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	1.66	0.01149	51%-75% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	5	27.000	1.18	0.01749	101%-200% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	1.26	0.01749	101%-200% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	1.35	0.01749	101%-200% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	5	90.000	1.22	0.01749	10%-25% Below	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	5	90.000	1.38	0.01749	10%-25% Below	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	5	90.000	2.28	0.01749	26%-50% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	6	14.000	0.85	0.01645	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	6	30.000	1.26	0.01645	101%-200% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	6	30.000	1.36	0.01645	101%-200% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	6	90.000	2.70	0.01645	76%-100% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	1.26	0.01389	200% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	1.30	0.01389	200% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	7	90.000	2.28	0.01389	76%-100% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	1.30	0.01447	101%-200% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	1.36	0.01447	200% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	2.28	0.01447	51%-75% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	1.23	0.01749	101%-200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	6	30.000	1.23	0.01645	101%-200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	1.30	0.01389	200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	2.91	0.01447	101%-200% Above	No	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	5	14.000	14.90	0.48791	101%-200% Above	Yes	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	5	20.000	6.82	0.48791	26%-50% Below	Yes	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	7	14.000	9.90	0.48671	26%-50% Above	Yes	No
67877021901	CEPHALEXIN 500 MG CAPSULE	8	20.000	1.99	0.12271	10%-25% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	5	15.000	1.61	0.12733	10%-25% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	5	15.000	1.67	0.12733	10%-25% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	6	15.000	1.67	0.12775	10%-25% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	6	20.000	1.99	0.12775	10%-25% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	7	21.000	1.49	0.12631	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	7	21.000	2.06	0.12631	10%-25% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	8	28.000	2.51	0.12271	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	8	28.000	2.70	0.12271	10%-25% Below	No	No

## NADAC Summary Report

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67877021905	CEPHALEXIN 500 MG CAPSULE	8	30.000	2.13	0.12271	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	8	30.000	2.86	0.12271	10%-25% Below	No	No
67877022201	GABAPENTIN 100 MG CAPSULE	5	30.000	1.37	0.02584	76%-100% Above	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	5	30.000	1.37	0.02584	76%-100% Above	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	5	60.000	2.32	0.02584	26%-50% Above	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	6	60.000	2.33	0.02523	51%-75% Above	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	6	90.000	3.20	0.02523	26%-50% Above	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	7	60.000	2.23	0.02517	26%-50% Above	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	7	90.000	3.10	0.02517	26%-50% Above	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	8	30.000	1.37	0.02724	51%-75% Above	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	8	90.000	1.24	0.02724	26%-50% Below	No	No
67877022210	GABAPENTIN 100 MG CAPSULE	5	90.000	3.19	0.02584	26%-50% Above	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	5	180.000	9.10	0.04254	10%-25% Above	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	6	30.000	1.93	0.04082	51%-75% Above	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	6	180.000	9.10	0.04082	10%-25% Above	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	7	14.000	1.17	0.04113	101%-200% Above	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	7	180.000	9.10	0.04113	10%-25% Above	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	8	30.000	1.93	0.04573	26%-50% Above	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	8	120.000	4.90	0.04573	10%-25% Below	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	8	180.000	9.10	0.04573	10%-25% Above	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	5	60.000	3.46	0.04254	26%-50% Above	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	5	90.000	2.30	0.04254	26%-50% Below	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	5	90.000	4.80	0.04254	10%-25% Above	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	6	60.000	3.47	0.04082	26%-50% Above	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	6	90.000	4.80	0.04082	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877022305	GABAPENTIN 300 MG CAPSULE	7	60.000	3.47	0.04113	26%-50% Above	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	7	90.000	2.14	0.04113	26%-50% Below	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	7	90.000	4.80	0.04113	26%-50% Above	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	7	180.000	8.80	0.04113	10%-25% Above	Yes	No
67877022305	GABAPENTIN 300 MG CAPSULE	7	270.000	6.35	0.04113	26%-50% Below	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	5	90.000	4.80	0.04254	10%-25% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	5	150.000	4.90	0.04254	10%-25% Below	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	6	90.000	4.80	0.04082	26%-50% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	6	150.000	3.84	0.04082	26%-50% Below	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	7	90.000	4.80	0.04113	26%-50% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	7	150.000	3.57	0.04113	26%-50% Below	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	7	150.000	7.67	0.04113	10%-25% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	8	30.000	1.93	0.04573	26%-50% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	8	90.000	2.14	0.04573	26%-50% Below	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	8	90.000	4.80	0.04573	10%-25% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	8	150.000	3.57	0.04573	26%-50% Below	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	8	150.000	7.67	0.04573	10%-25% Above	No	No
67877022401	GABAPENTIN 400 MG CAPSULE	5	90.000	6.49	0.05329	26%-50% Above	No	No
67877022401	GABAPENTIN 400 MG CAPSULE	6	90.000	6.49	0.05467	26%-50% Above	No	No
67877022401	GABAPENTIN 400 MG CAPSULE	8	90.000	6.49	0.05152	26%-50% Above	No	No
67877024210	QUETIAPINE FUMARATE 25 MG TAB	8	180.000	17.60	0.03236	200% Above	No	No
67877024601	QUETIAPINE FUMARATE 200 MG TAB	5	90.000	9.90	0.09939	10%-25% Above	No	No
67877024760	QUETIAPINE FUMARATE 300 MG TAB	6	30.000	11.91	0.13038	200% Above	No	No
67877024760	QUETIAPINE FUMARATE 300 MG TAB	6	180.000	13.72	0.13038	26%-50% Below	No	No
67877024760	QUETIAPINE FUMARATE 300 MG TAB	7	90.000	13.50	0.12902	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877024901	QUETIAPINE FUMARATE 50 MG TAB	7	14.000	2.43	0.03957	200% Above	No	No
67877024910	QUETIAPINE FUMARATE 50 MG TAB	6	37.000	5.41	0.03995	200% Above	No	No
67877025010	QUETIAPINE FUMARATE 100 MG TAB	7	15.000	1.30	0.05599	51%-75% Above	No	No
67877025115	TRIAMCINOLONE 0.1% CREAM	8	15.000	3.47	0.16478	26%-50% Above	No	No
67877025115	TRIAMCINOLONE 0.1% CREAM	8	15.000	3.92	0.16478	51%-75% Above	No	No
67877025130	TRIAMCINOLONE 0.1% CREAM	5	30.000	1.10	0.13735	51%-75% Below	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	6	60.000	2.20	0.14613	51%-75% Below	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	6	60.000	10.34	0.14613	10%-25% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	6	120.000	4.40	0.14613	51%-75% Below	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	7	30.000	5.42	0.11495	51%-75% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	7	60.000	2.20	0.11495	51%-75% Below	Yes	No
67877025180	TRIAMCINOLONE 0.1% CREAM	7	80.000	9.90	0.05191	101%-200% Above	No	No
67877026218	RIZATRIPTAN 10 MG TABLET	5	9.000	12.63	0.41029	200% Above	No	No
67877026218	RIZATRIPTAN 10 MG TABLET	6	9.000	2.14	0.39155	26%-50% Below	Yes	No
67877026218	RIZATRIPTAN 10 MG TABLET	8	9.000	12.63	0.36824	200% Above	No	No
67877026218	RIZATRIPTAN 10 MG TABLET	8	18.000	14.90	0.36824	101%-200% Above	No	No
67877028890	FINASTERIDE 5 MG TABLET	5	90.000	13.33	0.08473	51%-75% Above	No	No
67877029860	CHOLESTYRAMINE PACKET	7	30.000	15.68	0.90179	26%-50% Below	Yes	No
67877029860	CHOLESTYRAMINE PACKET	7	90.000	47.04	0.90179	26%-50% Below	Yes	No
67877032001	IBUPROFEN 600 MG TABLET	8	20.000	0.37	0.05493	51%-75% Below	No	No
67877032005	IBUPROFEN 600 MG TABLET	5	20.000	1.42	0.05651	10%-25% Above	No	No
67877032005	IBUPROFEN 600 MG TABLET	7	30.000	1.83	0.0549	10%-25% Above	No	No
67877032005	IBUPROFEN 600 MG TABLET	8	15.000	0.27	0.05493	51%-75% Below	No	No
67877032005	IBUPROFEN 600 MG TABLET	8	20.000	1.43	0.05493	26%-50% Above	No	No
67877032101	IBUPROFEN 800 MG TABLET	5	20.000	1.51	0.06804	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877032101	IBUPROFEN 800 MG TABLET	8	15.000	0.87	0.06818	10%-25% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	5	60.000	3.42	0.06804	10%-25% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	5	90.000	4.87	0.06804	10%-25% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	5	90.000	4.90	0.06804	10%-25% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	5	90.000	5.04	0.06804	10%-25% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	6	20.000	1.51	0.06847	10%-25% Above	No	No
67877032105	IBUPROFEN 800 MG TABLET	6	60.000	3.52	0.06847	10%-25% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	6	90.000	1.83	0.06847	51%-75% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	6	90.000	4.87	0.06847	10%-25% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	6	90.000	5.04	0.06847	10%-25% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	7	90.000	4.87	0.06489	10%-25% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	7	90.000	5.04	0.06489	10%-25% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	8	15.000	0.86	0.06818	10%-25% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	8	30.000	1.25	0.06818	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	8	30.000	1.29	0.06818	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	8	60.000	1.99	0.06818	51%-75% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	8	60.000	2.08	0.06818	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	8	72.000	4.13	0.06818	10%-25% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	8	90.000	2.74	0.06818	51%-75% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	8	90.000	2.88	0.06818	51%-75% Below	No	No
67877039030	NEBIVOLOL 20 MG TABLET	5	90.000	12.40	0.24198	26%-50% Below	No	No
67877041301	METFORMIN HCL ER 500 MG TABLET	5	60.000	2.54	0.03133	26%-50% Above	No	No
67877041301	METFORMIN HCL ER 500 MG TABLET	6	30.000	1.52	0.03204	51%-75% Above	No	No
67877041301	METFORMIN HCL ER 500 MG TABLET	6	60.000	2.54	0.03204	26%-50% Above	No	No
67877041301	METFORMIN HCL ER 500 MG TABLET	6	90.000	3.56	0.03204	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877041301	METFORMIN HCL ER 500 MG TABLET	7	60.000	2.54	0.03127	26%-50% Above	No	No
67877041305	METFORMIN HCL ER 500 MG TABLET	5	120.000	4.58	0.03133	10%-25% Above	No	No
67877041305	METFORMIN HCL ER 500 MG TABLET	6	360.000	12.74	0.03204	10%-25% Above	No	No
67877041305	METFORMIN HCL ER 500 MG TABLET	7	360.000	12.50	0.03127	10%-25% Above	No	No
67877041305	METFORMIN HCL ER 500 MG TABLET	8	90.000	3.66	0.03195	26%-50% Above	No	No
67877041401	METFORMIN HCL ER 750 MG TABLET	5	180.000	17.95	0.06759	26%-50% Above	No	No
67877041401	METFORMIN HCL ER 750 MG TABLET	7	90.000	9.16	0.06563	51%-75% Above	No	No
67877041401	METFORMIN HCL ER 750 MG TABLET	7	90.000	9.47	0.06563	51%-75% Above	Yes	No
67877041401	METFORMIN HCL ER 750 MG TABLET	7	180.000	17.91	0.06563	51%-75% Above	No	No
67877041890	VALSARTAN 320 MG TABLET	7	90.000	32.11	0.24995	26%-50% Above	Yes	No
67877042905	GABAPENTIN 800 MG TABLET	6	120.000	8.34	0.13036	26%-50% Below	No	No
67877042905	GABAPENTIN 800 MG TABLET	7	120.000	9.09	0.12478	26%-50% Below	No	No
67877042905	GABAPENTIN 800 MG TABLET	8	120.000	8.65	0.12423	26%-50% Below	No	No
67877043003	ARIPIPIRAZOLE 2 MG TABLET	6	30.000	9.99	0.14007	101%-200% Above	No	No
67877043990	ROSUVASTATIN CALCIUM 5 MG TAB	6	30.000	0.79	0.04421	26%-50% Below	No	No
67877044090	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.000	0.87	0.05219	26%-50% Below	No	No
67877046690	PREGABALIN 150 MG CAPSULE	5	60.000	6.99	0.07394	51%-75% Above	No	No
67877046690	PREGABALIN 150 MG CAPSULE	8	60.000	2.81	0.07643	26%-50% Below	No	No
67877046790	PREGABALIN 200 MG CAPSULE	5	60.000	6.99	0.09081	26%-50% Above	No	No
67877046790	PREGABALIN 200 MG CAPSULE	6	60.000	7.00	0.08423	26%-50% Above	No	No
67877046790	PREGABALIN 200 MG CAPSULE	7	60.000	7.00	0.08124	26%-50% Above	No	No
67877046790	PREGABALIN 200 MG CAPSULE	8	60.000	7.00	0.10016	10%-25% Above	No	No
67877048330	TELMISARTAN 40 MG TABLET	5	30.000	6.99	0.27211	10%-25% Below	No	No
67877048430	TELMISARTAN 80 MG TABLET	5	30.000	14.90	0.26849	76%-100% Above	No	No
67877048430	TELMISARTAN 80 MG TABLET	5	90.000	59.90	0.26849	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877048430	TELMISARTAN 80 MG TABLET	6	30.000	14.90	0.24483	101%-200% Above	No	No
67877048430	TELMISARTAN 80 MG TABLET	8	30.000	14.90	0.2497	76%-100% Above	No	No
67877048430	TELMISARTAN 80 MG TABLET	8	90.000	59.90	0.2497	101%-200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	5	30.000	4.99	0.08903	76%-100% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	6	30.000	5.00	0.08833	76%-100% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	8	30.000	5.00	0.08931	76%-100% Above	No	No
67877049030	EZETIMIBE 10 MG TABLET	5	90.000	12.40	0.08903	51%-75% Above	No	No
67877049030	EZETIMIBE 10 MG TABLET	6	30.000	4.90	0.08833	76%-100% Above	No	No
67877049030	EZETIMIBE 10 MG TABLET	7	30.000	4.90	0.08044	101%-200% Above	No	No
67877049030	EZETIMIBE 10 MG TABLET	8	30.000	4.90	0.08931	76%-100% Above	No	No
67877049090	EZETIMIBE 10 MG TABLET	7	30.000	5.00	0.08044	101%-200% Above	No	No
67877050990	EZETIMIBE-SIMVASTATIN 10-40 MG	5	90.000	12.40	0.50945	51%-75% Below	No	No
67877050990	EZETIMIBE-SIMVASTATIN 10-40 MG	8	90.000	12.40	0.70368	76%-100% Below	No	No
67877051110	ATORVASTATIN 10 MG TABLET	6	90.000	11.14	0.03	200% Above	No	No
67877051210	ATORVASTATIN 20 MG TABLET	6	90.000	2.05	0.04166	26%-50% Below	No	No
67877051290	ATORVASTATIN 20 MG TABLET	8	90.000	1.75	0.03977	51%-75% Below	No	No
67877051390	ATORVASTATIN 40 MG TABLET	5	90.000	9.90	0.06076	76%-100% Above	No	No
67877051390	ATORVASTATIN 40 MG TABLET	7	90.000	9.90	0.05733	76%-100% Above	No	No
67877051390	ATORVASTATIN 40 MG TABLET	8	90.000	9.90	0.05653	76%-100% Above	No	No
67877051390	ATORVASTATIN 40 MG TABLET	8	90.000	14.14	0.05653	101%-200% Above	No	No
67877052660	RANOLAZINE ER 1,000 MG TABLET	7	180.000	311.74	0.32729	200% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	5	10.000	2.64	0.45807	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	5	14.000	4.99	0.45807	10%-25% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	5	14.000	14.99	0.45807	101%-200% Above	No	No
67877054360	CEFDINIR 300 MG CAPSULE	5	20.000	5.27	0.45807	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877054360	CEFDINIR 300 MG CAPSULE	5	20.000	6.90	0.45807	10%-25% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	5	28.000	7.55	0.45807	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	5	42.000	10.28	0.45807	26%-50% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	6	14.000	9.99	0.49504	26%-50% Above	No	No
67877054360	CEFDINIR 300 MG CAPSULE	6	14.000	14.01	0.49504	101%-200% Above	No	No
67877054360	CEFDINIR 300 MG CAPSULE	6	20.000	14.90	0.49504	26%-50% Above	No	No
67877054360	CEFDINIR 300 MG CAPSULE	7	14.000	14.01	0.47092	101%-200% Above	No	No
67877054360	CEFDINIR 300 MG CAPSULE	7	20.000	13.50	0.47092	26%-50% Above	No	No
67877054360	CEFDINIR 300 MG CAPSULE	7	20.000	19.90	0.47092	101%-200% Above	No	No
67877054360	CEFDINIR 300 MG CAPSULE	8	14.000	13.50	0.47504	101%-200% Above	No	No
67877054360	CEFDINIR 300 MG CAPSULE	8	14.000	14.01	0.47504	101%-200% Above	No	No
67877054360	CEFDINIR 300 MG CAPSULE	8	20.000	4.99	0.47504	26%-50% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	8	20.000	5.00	0.47504	26%-50% Below	No	No
67877054788	CEFDINIR 125 MG/5 ML SUSP	5	100.000	0.01	0.14087	76%-100% Below	No	No
67877054788	CEFDINIR 125 MG/5 ML SUSP	8	200.000	9.90	0.11874	51%-75% Below	No	No
67877054888	CEFDINIR 250 MG/5 ML SUSP	5	100.000	9.99	0.19532	26%-50% Below	No	No
67877054898	CEFDINIR 250 MG/5 ML SUSP	5	60.000	14.90	0.1969	26%-50% Above	No	No
67877054898	CEFDINIR 250 MG/5 ML SUSP	6	60.000	0.01	0.19451	76%-100% Below	No	No
67877056110	METFORMIN HCL 500 MG TABLET	5	90.000	1.88	0.01587	26%-50% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	5	180.000	2.16	0.01587	10%-25% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	7	30.000	0.98	0.01608	101%-200% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	7	180.000	2.16	0.01608	10%-25% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	7	180.000	2.36	0.01608	10%-25% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	7	180.000	3.25	0.01608	10%-25% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	8	60.000	1.45	0.01657	26%-50% 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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877056110	METFORMIN HCL 500 MG TABLET	8	90.000	2.01	0.01657	26%-50% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	8	180.000	2.36	0.01657	10%-25% Below	Yes	No
67877056205	METFORMIN HCL 850 MG TABLET	5	60.000	2.20	0.02702	26%-50% Above	Yes	No
67877056205	METFORMIN HCL 850 MG TABLET	6	60.000	2.20	0.02772	26%-50% Above	Yes	No
67877056205	METFORMIN HCL 850 MG TABLET	7	60.000	2.20	0.02836	26%-50% Above	Yes	No
67877056205	METFORMIN HCL 850 MG TABLET	8	60.000	2.20	0.02899	26%-50% Above	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	5	90.000	3.02	0.02527	26%-50% Above	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	5	180.000	3.92	0.02527	10%-25% Below	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	5	180.000	5.54	0.02527	10%-25% Above	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	6	60.000	0.91	0.02613	26%-50% Below	No	No
67877056310	METFORMIN HCL 1,000 MG TABLET	6	60.000	2.24	0.02613	26%-50% Above	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	7	60.000	0.93	0.02653	26%-50% Below	No	No
67877056310	METFORMIN HCL 1,000 MG TABLET	7	60.000	2.24	0.02653	26%-50% Above	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	8	60.000	0.94	0.02643	26%-50% Below	No	No
67877057130	ESOMEPRAZOLE MAG DR 20 MG CAP	5	30.000	6.99	0.20174	10%-25% Above	No	No
67877057210	ESOMEPRAZOLE MAG DR 40 MG CAP	5	30.000	14.90	0.17178	101%-200% Above	No	No
67877057210	ESOMEPRAZOLE MAG DR 40 MG CAP	5	90.000	59.90	0.17178	200% Above	No	No
67877057210	ESOMEPRAZOLE MAG DR 40 MG CAP	6	30.000	14.90	0.16083	200% Above	No	No
67877059001	METOPROLOL SUCC ER 25 MG TAB	5	30.000	6.90	0.07863	101%-200% Above	No	No
67877059001	METOPROLOL SUCC ER 25 MG TAB	5	180.000	4.25	0.07863	51%-75% Below	No	No
67877059001	METOPROLOL SUCC ER 25 MG TAB	6	30.000	6.90	0.07518	200% Above	No	No
67877059001	METOPROLOL SUCC ER 25 MG TAB	6	60.000	1.82	0.07518	51%-75% Below	No	No
67877059001	METOPROLOL SUCC ER 25 MG TAB	8	30.000	6.90	0.075	200% Above	No	No
67877059001	METOPROLOL SUCC ER 25 MG TAB	8	60.000	5.00	0.075	10%-25% Above	No	No
67877061115	TIZANIDINE HCL 4 MG CAPSULE	8	30.000	9.99	0.1565	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877061601	METHYLPHENIDATE 5 MG TABLET	6	30.000	11.57	0.10501	200% Above	No	No
67877065601	DEXMETHYLPHENIDATE 5 MG TAB	5	30.000	9.90	0.13893	101%-200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	6	15.000	9.99	0.08656	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	7	15.000	9.99	0.09761	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	7	30.000	6.90	0.09761	101%-200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	8	30.000	6.90	0.10038	101%-200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	8	90.000	44.90	0.10038	200% Above	No	No
67877069610	CHLORTHALIDONE 25 MG TABLET	5	30.000	14.90	0.09842	200% Above	No	No
67877069610	CHLORTHALIDONE 25 MG TABLET	6	30.000	14.90	0.08656	200% Above	No	No
67877069610	CHLORTHALIDONE 25 MG TABLET	6	90.000	45.87	0.08656	200% Above	Yes	No
67877069610	CHLORTHALIDONE 25 MG TABLET	7	30.000	14.90	0.09761	200% Above	No	No
67877069610	CHLORTHALIDONE 25 MG TABLET	8	30.000	14.90	0.10038	200% Above	No	No
67877069610	CHLORTHALIDONE 25 MG TABLET	8	90.000	45.87	0.10038	200% Above	Yes	No
67877069701	CHLORTHALIDONE 50 MG TABLET	5	90.000	5.60	0.13337	51%-75% Below	No	No
67877071712	MESALAMINE ER 0.375 GRAM CAP	5	120.000	60.96	0.82964	26%-50% Below	Yes	No
67877071712	MESALAMINE ER 0.375 GRAM CAP	5	360.000	700.56	0.82964	101%-200% Above	Yes	No
67877071712	MESALAMINE ER 0.375 GRAM CAP	7	120.000	60.96	0.79312	26%-50% Below	Yes	No
67877071712	MESALAMINE ER 0.375 GRAM CAP	8	120.000	60.96	1.05133	51%-75% Below	Yes	No
67877075801	NIFEDIPINE ER 60 MG TABLET	5	90.000	29.99	0.14998	101%-200% Above	No	No
67877075801	NIFEDIPINE ER 60 MG TABLET	8	90.000	29.99	0.15494	101%-200% Above	No	No
67877084210	FAMOTIDINE 20 MG TABLET	8	90.000	3.85	0.03182	26%-50% Above	No	No
67877084301	FAMOTIDINE 40 MG TABLET	5	30.000	0.00	0.06101	76%-100% Below	No	No
67877084301	FAMOTIDINE 40 MG TABLET	6	180.000	23.67	0.05778	101%-200% Above	No	No
67877084305	FAMOTIDINE 40 MG TABLET	6	30.000	4.60	0.05778	101%-200% Above	No	No
67877084305	FAMOTIDINE 40 MG TABLET	8	10.000	1.93	0.0607	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
67877084305	FAMOTIDINE 40 MG TABLET	8	30.000	4.60	0.0607	101%-200% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	14.90	0.15013	200% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	9.90	0.1441	200% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	14.90	0.1441	200% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	15.81	0.1441	200% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	9.90	0.15101	200% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	14.90	0.15101	200% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	15.81	0.15101	200% Above	No	No
68001011306	LEVETIRACETAM ER 500 MG TABLET	6	180.000	44.90	0.19141	26%-50% Above	No	No
68001011306	LEVETIRACETAM ER 500 MG TABLET	7	180.000	29.90	0.19915	10%-25% Below	No	No
68001013000	AMLODIPINE-BENAZEPRIL 10-20 MG	5	30.000	14.90	0.15008	200% Above	No	No
68001013000	AMLODIPINE-BENAZEPRIL 10-20 MG	6	90.000	44.90	0.13672	200% Above	No	No
68001013400	AMLODIPINE-BENAZEPRIL 5-20 MG	5	30.000	6.90	0.14042	51%-75% Above	No	No
68001013400	AMLODIPINE-BENAZEPRIL 5-20 MG	6	30.000	6.90	0.13557	51%-75% Above	No	No
68001013400	AMLODIPINE-BENAZEPRIL 5-20 MG	7	30.000	6.90	0.13362	51%-75% Above	No	No
68001013400	AMLODIPINE-BENAZEPRIL 5-20 MG	8	30.000	6.90	0.13135	51%-75% Above	No	No
68001015203	CARVEDILOL 25 MG TABLET	5	60.000	2.59	0.03126	26%-50% Above	No	No
68001015203	CARVEDILOL 25 MG TABLET	6	60.000	2.59	0.03204	26%-50% Above	No	No
68001015203	CARVEDILOL 25 MG TABLET	6	180.000	7.02	0.03204	10%-25% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	5	60.000	2.18	0.02055	76%-100% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	5	60.000	2.25	0.02055	76%-100% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	6	60.000	2.18	0.02008	76%-100% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	6	60.000	2.25	0.02008	76%-100% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	7	60.000	2.18	0.02048	76%-100% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	7	60.000	2.25	0.02048	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68001015403	CARVEDILOL 6.25 MG TABLET	8	60.000	2.18	0.02133	51%-75% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	8	60.000	2.25	0.02133	51%-75% Above	No	No
68001015504	ANASTROZOLE 1 MG TABLET	5	4.000	1.27	0.1229	101%-200% Above	No	No
68001015504	ANASTROZOLE 1 MG TABLET	6	4.000	1.27	0.12236	101%-200% Above	No	No
68001015504	ANASTROZOLE 1 MG TABLET	8	4.000	1.27	0.16311	76%-100% Above	No	No
68001016208	PROMETHAZINE 25 MG TABLET	5	2.000	0.70	0.05532	200% Above	No	No
68001016208	PROMETHAZINE 25 MG TABLET	6	12.000	1.71	0.05026	101%-200% Above	No	No
68001016208	PROMETHAZINE 25 MG TABLET	6	20.000	2.45	0.05026	101%-200% Above	No	No
68001016208	PROMETHAZINE 25 MG TABLET	6	30.000	3.53	0.05026	101%-200% Above	No	No
68001016208	PROMETHAZINE 25 MG TABLET	7	12.000	0.31	0.04935	26%-50% Below	No	No
68001016208	PROMETHAZINE 25 MG TABLET	7	15.000	2.02	0.04935	101%-200% Above	No	No
68001016208	PROMETHAZINE 25 MG TABLET	7	20.000	2.52	0.04935	101%-200% Above	No	No
68001016208	PROMETHAZINE 25 MG TABLET	8	10.000	1.51	0.05048	101%-200% Above	No	No
68001016208	PROMETHAZINE 25 MG TABLET	8	90.000	9.28	0.05048	101%-200% Above	No	No
68001017903	GLIMEPIRIDE 4 MG TABLET	5	28.000	6.24	0.04596	200% Above	No	No
68001018000	QUETIAPINE FUMARATE 50 MG TAB	5	30.000	4.63	0.04281	200% Above	No	No
68001018000	QUETIAPINE FUMARATE 50 MG TAB	6	30.000	4.63	0.03995	200% Above	No	No
68001018000	QUETIAPINE FUMARATE 50 MG TAB	7	30.000	4.63	0.03957	200% Above	No	No
68001018000	QUETIAPINE FUMARATE 50 MG TAB	8	30.000	4.63	0.04328	200% Above	No	No
68001018203	QUETIAPINE FUMARATE 200 MG TAB	6	30.000	5.12	0.10172	51%-75% Above	No	No
68001018203	QUETIAPINE FUMARATE 200 MG TAB	8	30.000	5.57	0.11474	51%-75% Above	No	No
68001018508	QUETIAPINE FUMARATE 25 MG TAB	6	30.000	3.45	0.03208	200% Above	No	No
68001018508	QUETIAPINE FUMARATE 25 MG TAB	7	30.000	3.45	0.03024	200% Above	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	5	30.000	1.23	0.0269	51%-75% Above	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	5	60.000	1.90	0.0269	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68001023703	CLONIDINE HCL 0.1 MG TABLET	6	30.000	1.23	0.02797	26%-50% Above	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	6	60.000	1.90	0.02797	10%-25% Above	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	7	30.000	1.23	0.02793	26%-50% Above	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	7	60.000	2.04	0.02793	10%-25% Above	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	8	30.000	1.23	0.02618	51%-75% Above	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	8	60.000	2.04	0.02618	26%-50% Above	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	5	30.000	1.77	0.03659	51%-75% Above	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	6	30.000	1.77	0.03599	51%-75% Above	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	5	18.000	4.42	0.19359	26%-50% Above	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	6	18.000	4.28	0.18349	26%-50% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	5	12.000	3.11	0.19359	26%-50% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	5	18.000	4.28	0.19359	10%-25% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	5	18.000	4.42	0.19359	26%-50% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	6	18.000	4.28	0.18349	26%-50% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	7	9.000	2.46	0.17893	51%-75% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	7	15.000	3.76	0.17893	26%-50% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	7	18.000	4.28	0.17893	26%-50% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	8	18.000	4.28	0.20294	10%-25% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	8	18.000	4.42	0.20294	10%-25% Above	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	5	15.000	5.00	0.21942	51%-75% Above	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	5	18.000	5.90	0.21942	26%-50% Above	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	5	18.000	6.09	0.21942	51%-75% Above	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	8	15.000	5.16	0.20861	51%-75% Above	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	8	18.000	6.42	0.20861	51%-75% Above	No	No
68001025001	ZOLMITRIPTAN 5 MG TABLET	5	9.000	14.90	1.37783	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68001025204	FLUCONAZOLE 100 MG TABLET	8	3.000	0.52	0.27705	26%-50% Below	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	6	1.000	1.68	0.65506	101%-200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	6	1.000	2.65	0.65506	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	6	2.000	3.36	0.65506	101%-200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	6	2.000	4.81	0.65506	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	7	2.000	4.81	0.66696	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	7	3.000	6.96	0.66696	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	8	2.000	4.81	0.63597	200% Above	No	No
68001028008	DICLOFENAC SOD DR 50 MG TAB	5	60.000	14.90	0.09966	101%-200% Above	No	No
68001028103	DICLOFENAC SOD DR 75 MG TAB	5	120.000	20.40	0.09522	76%-100% Above	No	No
68001028103	DICLOFENAC SOD DR 75 MG TAB	8	60.000	9.90	0.08878	76%-100% Above	No	No
68001028108	DICLOFENAC SOD DR 75 MG TAB	5	60.000	10.45	0.09522	76%-100% Above	No	No
68001028108	DICLOFENAC SOD DR 75 MG TAB	8	60.000	10.45	0.08878	76%-100% Above	No	No
68001030900	BUPROPION HCL 100 MG TABLET	5	60.000	5.01	0.13373	26%-50% Below	No	No
68001031508	LOVASTATIN 20 MG TABLET	5	90.000	2.31	0.04566	26%-50% Below	No	No
68001032600	DESMOPRESSIN ACETATE 0.2 MG TB	6	180.000	44.90	0.42031	26%-50% Below	No	No
68001032703	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	6	30.000	4.23	0.08983	51%-75% Above	No	No
68001032703	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	7	30.000	4.59	0.0932	51%-75% Above	No	No
68001032703	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	8	30.000	4.37	0.09611	51%-75% Above	No	No
68001032703	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	8	30.000	4.59	0.09611	51%-75% Above	No	No
68001033203	LISINOPRIL 2.5 MG TABLET	5	30.000	0.94	0.01496	101%-200% Above	No	No
68001033203	LISINOPRIL 2.5 MG TABLET	6	30.000	0.94	0.0145	101%-200% Above	No	No
68001033203	LISINOPRIL 2.5 MG TABLET	7	30.000	0.94	0.01445	101%-200% Above	No	No
68001033203	LISINOPRIL 2.5 MG TABLET	8	30.000	0.94	0.01507	101%-200% Above	No	No
68001033308	LISINOPRIL 5 MG TABLET	5	10.000	0.74	0.01564	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68001033308	LISINOPRIL 5 MG TABLET	5	30.000	0.96	0.01564	101%-200% Above	No	No
68001033308	LISINOPRIL 5 MG TABLET	5	90.000	1.82	0.01564	26%-50% Above	No	No
68001033308	LISINOPRIL 5 MG TABLET	6	90.000	1.89	0.01522	26%-50% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	5	30.000	0.20	0.01823	51%-75% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	5	30.000	1.05	0.01823	76%-100% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	5	30.000	1.07	0.01823	76%-100% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	5	60.000	1.64	0.01823	26%-50% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	5	90.000	2.15	0.01823	26%-50% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	6	30.000	0.20	0.01861	51%-75% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	6	30.000	1.05	0.01861	76%-100% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	6	30.000	1.07	0.01861	76%-100% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	6	60.000	1.64	0.01861	26%-50% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	6	90.000	2.15	0.01861	26%-50% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	7	30.000	0.20	0.01906	51%-75% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	7	30.000	1.07	0.01906	76%-100% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	7	30.000	1.10	0.01906	76%-100% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	7	60.000	1.64	0.01906	26%-50% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	8	30.000	0.24	0.01999	51%-75% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	8	30.000	1.07	0.01999	76%-100% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	8	30.000	1.10	0.01999	76%-100% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	8	60.000	1.64	0.01999	26%-50% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	8	90.000	2.15	0.01999	10%-25% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	5	30.000	0.28	0.02605	51%-75% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	5	30.000	1.29	0.02605	51%-75% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	5	30.000	1.32	0.02605	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68001033508	LISINOPRIL 20 MG TABLET	5	60.000	0.56	0.02605	51%-75% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	6	30.000	0.28	0.0263	51%-75% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	6	30.000	1.29	0.0263	51%-75% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	6	30.000	1.32	0.0263	51%-75% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	6	60.000	0.56	0.0263	51%-75% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	7	30.000	0.28	0.02591	51%-75% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	7	30.000	1.32	0.02591	51%-75% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	7	30.000	1.37	0.02591	76%-100% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	7	60.000	0.56	0.02591	51%-75% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	8	30.000	1.32	0.02592	51%-75% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	8	30.000	1.37	0.02592	76%-100% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	8	60.000	0.93	0.02592	26%-50% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	8	90.000	1.47	0.02592	26%-50% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	8	90.000	2.96	0.02592	26%-50% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	8	90.000	3.10	0.02592	26%-50% Above	No	No
68001033600	LISINOPRIL 30 MG TABLET	8	25.000	2.12	0.05103	51%-75% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	5	45.000	12.15	0.07863	200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	6	30.000	8.26	0.07518	200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	6	90.000	23.79	0.07518	200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	7	30.000	0.82	0.07791	51%-75% Below	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	7	30.000	9.02	0.07791	200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	8	7.000	2.38	0.075	200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	8	30.000	1.13	0.075	26%-50% Below	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	8	30.000	8.55	0.075	200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	8	30.000	9.02	0.075	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68001035603	METOPROLOL SUCC ER 25 MG TAB	8	45.000	13.28	0.075	200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	5	30.000	6.86	0.06243	200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	5	30.000	6.90	0.06243	200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	6	30.000	0.89	0.06961	51%-75% Below	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	6	30.000	7.09	0.06961	200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	7	30.000	0.89	0.06569	51%-75% Below	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	7	30.000	7.09	0.06569	200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	7	30.000	7.48	0.06569	200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	7	90.000	19.58	0.06569	200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	8	30.000	0.89	0.06191	51%-75% Below	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	8	30.000	7.09	0.06191	200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	8	30.000	7.48	0.06191	200% Above	No	No
68001036206	CEFDINIR 300 MG CAPSULE	6	20.000	5.27	0.49504	26%-50% Below	No	No
68001036206	CEFDINIR 300 MG CAPSULE	7	20.000	5.26	0.47092	26%-50% Below	No	No
68001036206	CEFDINIR 300 MG CAPSULE	8	14.000	3.73	0.47504	26%-50% Below	No	No
68001036500	METRONIDAZOLE 500 MG TABLET	6	14.000	5.70	0.13984	101%-200% Above	No	No
68001036503	METRONIDAZOLE 500 MG TABLET	6	42.000	14.90	0.13984	101%-200% Above	No	No
68001036503	METRONIDAZOLE 500 MG TABLET	7	20.000	8.53	0.13298	200% Above	No	No
68001037700	URSODIOL 250 MG TABLET	6	14.000	9.90	0.45951	51%-75% Above	No	No
68001038100	LABETALOL HCL 100 MG TABLET	5	120.000	29.90	0.1115	101%-200% Above	No	No
68001039700	FAMOTIDINE 20 MG TABLET	5	60.000	2.61	0.03112	26%-50% Above	No	No
68001039700	FAMOTIDINE 20 MG TABLET	6	10.000	0.85	0.03006	101%-200% Above	No	No
68001039700	FAMOTIDINE 20 MG TABLET	7	60.000	2.61	0.0312	26%-50% Above	No	No
68001039700	FAMOTIDINE 20 MG TABLET	8	60.000	2.61	0.03182	26%-50% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	5	60.000	2.53	0.03112	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68001039708	FAMOTIDINE 20 MG TABLET	5	60.000	2.61	0.03112	26%-50% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	6	60.000	2.53	0.03006	26%-50% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	6	60.000	2.61	0.03006	26%-50% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	7	60.000	2.53	0.0312	26%-50% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	7	60.000	2.61	0.0312	26%-50% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	8	30.000	1.55	0.03182	51%-75% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	8	60.000	2.61	0.03182	26%-50% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	5	30.000	4.50	0.06101	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	5	90.000	12.08	0.06101	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	5	90.000	12.51	0.06101	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	6	30.000	1.11	0.05778	26%-50% Below	No	No
68001039803	FAMOTIDINE 40 MG TABLET	6	30.000	4.36	0.05778	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	6	30.000	4.50	0.05778	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	7	30.000	1.10	0.06183	26%-50% Below	No	No
68001039803	FAMOTIDINE 40 MG TABLET	7	30.000	4.50	0.06183	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	7	90.000	12.51	0.06183	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	7	180.000	24.51	0.06183	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	8	30.000	1.04	0.0607	26%-50% Below	No	No
68001039803	FAMOTIDINE 40 MG TABLET	8	30.000	4.36	0.0607	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	8	60.000	2.08	0.0607	26%-50% Below	No	No
68001039803	FAMOTIDINE 40 MG TABLET	8	90.000	3.12	0.0607	26%-50% Below	No	No
68001039908	FLUOXETINE HCL 10 MG CAPSULE	5	30.000	1.32	0.03457	26%-50% Above	No	No
68001039908	FLUOXETINE HCL 10 MG CAPSULE	6	30.000	1.32	0.03433	26%-50% Above	No	No
68001039908	FLUOXETINE HCL 10 MG CAPSULE	7	30.000	1.32	0.03421	26%-50% Above	No	No
68001039908	FLUOXETINE HCL 10 MG CAPSULE	8	30.000	1.32	0.03471	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	6	30.000	1.22	0.03295	10%-25% Above	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	6	90.000	2.60	0.03295	10%-25% Below	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	7	30.000	1.22	0.03107	26%-50% Above	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	8	30.000	1.22	0.02966	26%-50% Above	No	No
68001040100	FLUOXETINE HCL 40 MG CAPSULE	8	30.000	4.90	0.07213	101%-200% Above	No	No
68001040100	FLUOXETINE HCL 40 MG CAPSULE	8	90.000	3.41	0.07213	26%-50% Below	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	5	30.000	1.22	0.07243	26%-50% Below	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	5	30.000	6.04	0.07243	101%-200% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	5	30.000	6.25	0.07243	101%-200% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	5	180.000	29.90	0.07243	101%-200% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	6	30.000	1.22	0.07076	26%-50% Below	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	6	30.000	6.04	0.07076	101%-200% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	6	30.000	6.25	0.07076	101%-200% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	7	30.000	1.14	0.07438	26%-50% Below	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	7	30.000	6.04	0.07438	101%-200% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	7	30.000	6.25	0.07438	101%-200% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	8	30.000	6.04	0.07213	101%-200% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	8	180.000	6.82	0.07213	26%-50% Below	No	No
68001040303	LEVETIRACETAM 500 MG TABLET	7	180.000	24.55	0.0927	26%-50% Above	No	No
68001041103	GABAPENTIN 600 MG TABLET	5	30.000	3.92	0.0987	26%-50% Above	No	No
68001041103	GABAPENTIN 600 MG TABLET	5	90.000	6.90	0.0987	10%-25% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	5	120.000	6.90	0.0987	26%-50% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	5	270.000	31.31	0.0987	10%-25% Above	No	No
68001041103	GABAPENTIN 600 MG TABLET	6	30.000	3.92	0.10139	26%-50% Above	No	No
68001041103	GABAPENTIN 600 MG TABLET	6	120.000	6.90	0.10139	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68001041103	GABAPENTIN 600 MG TABLET	7	90.000	6.90	0.09613	10%-25% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	7	120.000	6.90	0.09613	26%-50% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	8	120.000	6.90	0.09997	26%-50% Below	No	No
68001041203	GABAPENTIN 800 MG TABLET	5	120.000	6.30	0.12442	51%-75% Below	No	No
68001041203	GABAPENTIN 800 MG TABLET	6	120.000	6.30	0.13036	51%-75% Below	No	No
68001041203	GABAPENTIN 800 MG TABLET	7	120.000	6.30	0.12478	51%-75% Below	No	No
68001041203	GABAPENTIN 800 MG TABLET	8	120.000	8.65	0.12423	26%-50% Below	No	No
68001041306	DULOXETINE HCL DR 20 MG CAP	8	60.000	29.90	0.11185	200% Above	No	No
68001041405	DULOXETINE HCL DR 30 MG CAP	6	30.000	14.90	0.10343	200% Above	No	No
68001041408	DULOXETINE HCL DR 30 MG CAP	5	30.000	14.90	0.09954	200% Above	No	No
68001041408	DULOXETINE HCL DR 30 MG CAP	6	30.000	14.90	0.10343	200% Above	No	No
68001041408	DULOXETINE HCL DR 30 MG CAP	7	30.000	14.90	0.10107	200% Above	No	No
68001041408	DULOXETINE HCL DR 30 MG CAP	8	30.000	14.90	0.09478	200% Above	No	No
68001041504	DULOXETINE HCL DR 60 MG CAP	7	30.000	6.90	0.11157	101%-200% Above	No	No
68001041508	DULOXETINE HCL DR 60 MG CAP	5	30.000	6.90	0.11411	101%-200% Above	No	No
68001041508	DULOXETINE HCL DR 60 MG CAP	6	30.000	6.90	0.11181	101%-200% Above	No	No
68001041508	DULOXETINE HCL DR 60 MG CAP	8	30.000	6.90	0.11101	101%-200% Above	No	No
68001042300	NITROFURANTOIN MONO-MCR 100 MG	5	14.000	9.90	0.43561	51%-75% Above	No	No
68001042300	NITROFURANTOIN MONO-MCR 100 MG	5	14.000	14.90	0.43561	101%-200% Above	No	No
68001042300	NITROFURANTOIN MONO-MCR 100 MG	7	14.000	3.37	0.40133	26%-50% Below	No	No
68001042300	NITROFURANTOIN MONO-MCR 100 MG	7	20.000	14.90	0.40133	76%-100% Above	No	No
68001042300	NITROFURANTOIN MONO-MCR 100 MG	8	20.000	4.82	0.42745	26%-50% Below	No	No
68001043604	CETIRIZINE HCL 10 MG TABLET	5	30.000	1.80	0.0688	10%-25% Below	No	No
68001043604	CETIRIZINE HCL 10 MG TABLET	7	30.000	1.80	0.06808	10%-25% Below	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	5	30.000	1.80	0.0688	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68001043697	CETIRIZINE HCL 10 MG TABLET	6	4.000	0.67	0.06647	101%-200% Above	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	6	180.000	8.28	0.06647	26%-50% Below	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	7	14.000	1.10	0.06808	10%-25% Above	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	7	30.000	1.80	0.06808	10%-25% Below	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	8	30.000	1.80	0.06805	10%-25% Below	No	No
68001043897	LORATADINE 10 MG TABLET	5	30.000	1.17	0.06063	26%-50% Below	No	No
68001043897	LORATADINE 10 MG TABLET	6	5.000	0.61	0.06015	101%-200% Above	No	No
68001043897	LORATADINE 10 MG TABLET	7	90.000	3.70	0.06074	26%-50% Below	No	No
68001043897	LORATADINE 10 MG TABLET	8	30.000	1.56	0.06009	10%-25% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	7	30.000	5.37	0.27895	26%-50% Below	No	No
68001044503	POTASSIUM CL ER 20 MEQ TABLET	5	28.000	7.83	0.16653	51%-75% Above	No	No
68001044503	POTASSIUM CL ER 20 MEQ TABLET	5	60.000	14.90	0.16653	26%-50% Above	No	No
68001044998	LORATADINE 5 MG/5 ML SOLUTION	8	45.000	2.13	0.04152	10%-25% Above	No	No
68001045400	ESCITALOPRAM 5 MG TABLET	5	90.000	10.22	0.04775	101%-200% Above	No	No
68001045500	ESCITALOPRAM 10 MG TABLET	7	30.000	3.75	0.04996	101%-200% Above	No	No
68001045508	ESCITALOPRAM 10 MG TABLET	7	30.000	3.75	0.04996	101%-200% Above	No	No
68001045508	ESCITALOPRAM 10 MG TABLET	8	30.000	3.75	0.05091	101%-200% Above	No	No
68001045608	ESCITALOPRAM 20 MG TABLET	5	30.000	4.52	0.08297	76%-100% Above	No	No
68001045608	ESCITALOPRAM 20 MG TABLET	5	30.000	4.67	0.08297	76%-100% Above	No	No
68001045608	ESCITALOPRAM 20 MG TABLET	5	45.000	6.76	0.08297	76%-100% Above	No	No
68001045608	ESCITALOPRAM 20 MG TABLET	5	90.000	12.57	0.08297	51%-75% Above	No	No
68001045608	ESCITALOPRAM 20 MG TABLET	6	30.000	4.67	0.08852	51%-75% Above	No	No
68001045608	ESCITALOPRAM 20 MG TABLET	7	30.000	4.67	0.08361	76%-100% Above	No	No
68001047303	DIVALPROEX SOD DR 250 MG TAB	8	30.000	4.17	0.08937	51%-75% Above	No	No
68001047303	DIVALPROEX SOD DR 250 MG TAB	8	60.000	9.90	0.08937	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68001047403	DIVALPROEX SOD DR 500 MG TAB	6	30.000	9.90	0.18054	76%-100% Above	No	No
68001047403	DIVALPROEX SOD DR 500 MG TAB	7	30.000	9.90	0.16897	76%-100% Above	No	No
68001047403	DIVALPROEX SOD DR 500 MG TAB	8	30.000	9.90	0.15977	101%-200% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	5	30.000	2.09	0.04474	51%-75% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	5	90.000	5.11	0.04474	26%-50% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	6	30.000	2.09	0.04775	26%-50% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	7	30.000	2.09	0.04562	51%-75% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	8	30.000	2.09	0.0478	26%-50% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	8	90.000	5.56	0.0478	26%-50% Above	No	No
68001050103	METOPROLOL SUCC ER 50 MG TAB	6	30.000	7.67	0.0799	200% Above	No	No
68001050103	METOPROLOL SUCC ER 50 MG TAB	7	90.000	22.01	0.07983	200% Above	No	No
68001050103	METOPROLOL SUCC ER 50 MG TAB	7	90.000	24.12	0.07983	200% Above	No	No
68001050103	METOPROLOL SUCC ER 50 MG TAB	8	30.000	6.90	0.07761	101%-200% Above	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	8	15.000	0.83	0.11844	51%-75% Below	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	8	90.000	41.49	0.11844	200% Above	No	No
68001051800	POTASSIUM CL ER 10 MEQ TABLET	7	30.000	6.90	0.12674	76%-100% Above	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	5	30.000	4.15	0.12099	10%-25% Above	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	8	30.000	4.15	0.119	10%-25% Above	No	No
68001051903	BUPROPION HCL XL 150 MG TABLET	8	30.000	6.90	0.10134	101%-200% Above	No	No
68001051905	BUPROPION HCL XL 150 MG TABLET	5	90.000	44.90	0.09913	200% Above	No	No
68001051905	BUPROPION HCL XL 150 MG TABLET	8	90.000	44.90	0.10134	200% Above	No	No
68001052003	BUPROPION HCL XL 300 MG TABLET	5	30.000	14.90	0.16592	101%-200% Above	No	No
68001052003	BUPROPION HCL XL 300 MG TABLET	6	30.000	14.90	0.17291	101%-200% Above	No	No
68001052003	BUPROPION HCL XL 300 MG TABLET	6	90.000	44.90	0.17291	101%-200% Above	No	No
68001052003	BUPROPION HCL XL 300 MG TABLET	7	30.000	14.90	0.17804	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68001052003	BUPROPION HCL XL 300 MG TABLET	8	30.000	14.90	0.17381	101%-200% Above	No	No
68001056703	POTASSIUM CL ER 20 MEQ TABLET	7	28.000	8.55	0.17599	51%-75% Above	No	No
68001056703	POTASSIUM CL ER 20 MEQ TABLET	7	60.000	14.90	0.17599	26%-50% Above	No	No
68001056703	POTASSIUM CL ER 20 MEQ TABLET	8	30.000	8.64	0.17571	51%-75% Above	No	No
68180011402	LEVETIRACETAM 750 MG TABLET	7	120.000	0.01	0.1464	76%-100% Below	No	No
68180011402	LEVETIRACETAM 750 MG TABLET	8	120.000	0.01	0.14851	76%-100% Below	No	No
68180011507	LEVETIRACETAM 1,000 MG TABLET	5	60.000	0.01	0.20042	76%-100% Below	No	No
68180011507	LEVETIRACETAM 1,000 MG TABLET	6	60.000	0.01	0.19126	76%-100% Below	No	No
68180012202	CEPHALEXIN 500 MG CAPSULE	5	20.000	1.41	0.12733	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	5	20.000	1.55	0.12733	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	5	30.000	2.65	0.12733	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	5	30.000	2.73	0.12733	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	5	42.000	3.62	0.12733	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	6	14.000	1.54	0.12775	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	6	15.000	1.58	0.12775	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	6	30.000	2.12	0.12775	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	6	30.000	2.65	0.12775	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	6	40.000	3.47	0.12775	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	7	14.000	1.50	0.12631	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	7	15.000	1.06	0.12631	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	7	20.000	1.41	0.12631	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	7	20.000	1.99	0.12631	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	7	21.000	1.48	0.12631	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	7	21.000	2.01	0.12631	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	8	40.000	2.82	0.12271	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180012202	CEPHALEXIN 500 MG CAPSULE	8	42.000	3.62	0.12271	26%-50% Below	Yes	No
68180015001	FAMOTIDINE 40 MG/5 ML SUSP	7	50.000	18.71	0.59371	26%-50% Below	No	No
68180015301	DES Loratadine 5 MG TABLET	5	30.000	6.00	0.32533	26%-50% Below	No	No
68180015301	DES Loratadine 5 MG TABLET	7	30.000	5.53	0.31701	26%-50% Below	No	No
68180015301	DES Loratadine 5 MG TABLET	8	30.000	5.71	0.33782	26%-50% Below	No	No
68180016011	Azithromycin 250 MG TABLET	5	6.000	3.57	0.33784	76%-100% Above	Yes	No
68180023109	Fenofibrate 54 MG TABLET	5	30.000	6.99	0.11156	101%-200% Above	No	No
68180023209	Fenofibrate 160 MG TABLET	5	90.000	46.22	0.12062	200% Above	Yes	No
68180023209	Fenofibrate 160 MG TABLET	8	90.000	50.85	0.15939	200% Above	Yes	No
68180029503	Duloxetine HCL DR 30 MG CAP	6	30.000	1.74	0.10343	26%-50% Below	No	No
68180029503	Duloxetine HCL DR 30 MG CAP	7	30.000	1.79	0.10107	26%-50% Below	No	No
68180029606	Duloxetine HCL DR 60 MG CAP	6	30.000	9.99	0.11181	101%-200% Above	No	No
68180031902	Bupropion HCL XL 150 MG TABLET	5	30.000	14.90	0.09913	200% Above	No	No
68180031902	Bupropion HCL XL 150 MG TABLET	6	30.000	14.90	0.10393	200% Above	No	No
68180031902	Bupropion HCL XL 150 MG TABLET	7	30.000	14.90	0.10105	200% Above	No	No
68180031902	Bupropion HCL XL 150 MG TABLET	8	90.000	25.54	0.10134	101%-200% Above	Yes	No
68180031906	Bupropion HCL XL 150 MG TABLET	5	30.000	9.90	0.09913	200% Above	No	No
68180031906	Bupropion HCL XL 150 MG TABLET	7	30.000	4.90	0.10105	51%-75% Above	No	No
68180031909	Bupropion HCL XL 150 MG TABLET	5	90.000	9.99	0.09913	10%-25% Above	No	No
68180031909	Bupropion HCL XL 150 MG TABLET	5	90.000	29.99	0.09913	200% Above	No	No
68180031909	Bupropion HCL XL 150 MG TABLET	7	30.000	5.00	0.10105	51%-75% Above	No	No
68180031909	Bupropion HCL XL 150 MG TABLET	8	30.000	5.00	0.10134	51%-75% Above	No	No
68180032009	Bupropion HCL XL 300 MG TABLET	5	90.000	9.90	0.16592	26%-50% Below	No	No
68180032009	Bupropion HCL XL 300 MG TABLET	6	58.000	12.40	0.17291	10%-25% Above	No	No
68180032009	Bupropion HCL XL 300 MG TABLET	8	30.000	6.90	0.17381	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180035103	SERTRALINE HCL 25 MG TABLET	6	30.000	2.33	0.04174	76%-100% Above	No	No
68180035103	SERTRALINE HCL 25 MG TABLET	7	30.000	2.33	0.03754	101%-200% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	5	30.000	1.89	0.0445	26%-50% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	5	30.000	1.98	0.0445	26%-50% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	5	90.000	4.77	0.0445	10%-25% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	5	90.000	4.83	0.0445	10%-25% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	6	30.000	0.00	0.04419	76%-100% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	6	30.000	1.89	0.04419	26%-50% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	6	30.000	1.98	0.04419	26%-50% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	7	30.000	1.98	0.04589	26%-50% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	7	30.000	2.03	0.04589	26%-50% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	8	30.000	0.00	0.04261	76%-100% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	8	30.000	1.98	0.04261	51%-75% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	8	30.000	2.03	0.04261	51%-75% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	8	90.000	4.77	0.04261	10%-25% Above	No	No
68180035206	SERTRALINE HCL 50 MG TABLET	5	30.000	1.89	0.0445	26%-50% Above	No	No
68180035209	SERTRALINE HCL 50 MG TABLET	8	90.000	4.83	0.04261	10%-25% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	5	45.000	4.06	0.05656	51%-75% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	6	30.000	0.53	0.05676	51%-75% Below	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	6	60.000	5.25	0.05676	51%-75% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	6	90.000	7.47	0.05676	26%-50% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	6	135.000	11.19	0.05676	26%-50% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	7	30.000	2.79	0.06119	51%-75% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	8	30.000	0.60	0.05541	51%-75% Below	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	8	30.000	1.39	0.05541	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180035302	SERTRALINE HCL 100 MG TABLET	8	30.000	2.79	0.05541	51%-75% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	8	60.000	5.25	0.05541	51%-75% Above	No	No
68180035306	SERTRALINE HCL 100 MG TABLET	5	135.000	10.81	0.05656	26%-50% Above	No	No
68180035306	SERTRALINE HCL 100 MG TABLET	7	30.000	0.53	0.06119	51%-75% Below	No	No
68180035306	SERTRALINE HCL 100 MG TABLET	8	135.000	10.81	0.05541	26%-50% Above	No	No
68180035309	SERTRALINE HCL 100 MG TABLET	6	30.000	2.88	0.05676	51%-75% Above	No	No
68180035309	SERTRALINE HCL 100 MG TABLET	7	30.000	2.88	0.06119	51%-75% Above	No	No
68180035309	SERTRALINE HCL 100 MG TABLET	7	135.000	9.90	0.06119	10%-25% Above	No	No
68180035309	SERTRALINE HCL 100 MG TABLET	8	30.000	2.88	0.05541	51%-75% Above	No	No
68180037703	LOSARTAN POTASSIUM 50 MG TAB	8	90.000	8.27	0.04928	76%-100% Above	No	No
68180038809	FENOFIBRATE 48 MG TABLET	6	90.000	18.88	0.09282	101%-200% Above	Yes	No
68180038809	FENOFIBRATE 48 MG TABLET	8	90.000	20.77	0.10429	101%-200% Above	Yes	No
68180038909	FENOFIBRATE 145 MG TABLET	5	90.000	31.09	0.15452	101%-200% Above	Yes	No
68180038909	FENOFIBRATE 145 MG TABLET	6	90.000	29.90	0.15775	101%-200% Above	Yes	No
68180040201	CEFPROZIL 250 MG/5 ML SUSP	8	50.000	6.90	0.22065	26%-50% Below	Yes	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	7	3.000	9.90	2.8223	10%-25% Above	No	No
68180044101	CEPHALEXIN 250 MG/5 ML SUSP	5	200.000	12.98	0.10612	26%-50% Below	Yes	No
68180044101	CEPHALEXIN 250 MG/5 ML SUSP	5	300.000	14.43	0.10612	51%-75% Below	Yes	No
68180044101	CEPHALEXIN 250 MG/5 ML SUSP	8	200.000	9.62	0.10798	51%-75% Below	Yes	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	6	200.000	9.60	0.08102	26%-50% Below	Yes	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	7	200.000	9.90	0.07956	26%-50% Below	No	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	8	200.000	9.90	0.07719	26%-50% Below	No	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	8	200.000	9.90	0.07719	26%-50% Below	Yes	No
68180046403	SIMVASTATIN 40 MG TABLET	5	30.000	0.00	0.05113	76%-100% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	5	30.000	0.69	0.05113	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180046403	SIMVASTATIN 40 MG TABLET	5	90.000	0.01	0.05113	76%-100% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	5	90.000	2.06	0.05113	51%-75% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	6	30.000	0.00	0.05233	76%-100% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	6	30.000	0.69	0.05233	51%-75% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	6	90.000	2.06	0.05233	51%-75% Below	Yes	No
68180046403	SIMVASTATIN 40 MG TABLET	7	30.000	0.00	0.05425	76%-100% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	7	30.000	0.79	0.05425	51%-75% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	8	30.000	0.79	0.05736	51%-75% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	8	30.000	1.16	0.05736	26%-50% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	8	90.000	3.47	0.05736	26%-50% Below	No	No
68180046707	LOVASTATIN 10 MG TABLET	5	90.000	2.98	0.0562	26%-50% Below	No	No
68180046707	LOVASTATIN 10 MG TABLET	8	90.000	2.14	0.04311	26%-50% Below	No	No
68180046901	LOVASTATIN 40 MG TABLET	6	90.000	2.95	0.05417	26%-50% Below	No	No
68180046907	LOVASTATIN 40 MG TABLET	6	90.000	2.95	0.05417	26%-50% Below	Yes	No
68180047803	SIMVASTATIN 10 MG TABLET	6	15.000	0.17	0.03245	51%-75% Below	No	No
68180047803	SIMVASTATIN 10 MG TABLET	6	90.000	0.99	0.03245	51%-75% Below	No	No
68180047803	SIMVASTATIN 10 MG TABLET	7	14.000	0.15	0.02996	51%-75% Below	No	No
68180047803	SIMVASTATIN 10 MG TABLET	7	15.000	0.26	0.02996	26%-50% Below	No	No
68180047803	SIMVASTATIN 10 MG TABLET	7	90.000	24.00	0.02996	200% Above	No	No
68180047803	SIMVASTATIN 10 MG TABLET	8	15.000	0.26	0.03106	26%-50% Below	No	No
68180047901	SIMVASTATIN 20 MG TABLET	5	90.000	1.40	0.03064	26%-50% Below	Yes	No
68180047901	SIMVASTATIN 20 MG TABLET	5	90.000	1.45	0.03064	26%-50% Below	No	No
68180047902	SIMVASTATIN 20 MG TABLET	8	90.000	1.55	0.0335	26%-50% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	5	30.000	0.47	0.03064	26%-50% Below	Yes	No
68180047903	SIMVASTATIN 20 MG TABLET	5	30.000	0.48	0.03064	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180047903	SIMVASTATIN 20 MG TABLET	5	30.000	9.00	0.03064	200% Above	No	No
68180047903	SIMVASTATIN 20 MG TABLET	5	90.000	0.01	0.03064	76%-100% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	6	30.000	0.49	0.03213	26%-50% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	6	30.000	9.00	0.03213	200% Above	No	No
68180047903	SIMVASTATIN 20 MG TABLET	7	30.000	0.00	0.03076	76%-100% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	7	30.000	0.47	0.03076	26%-50% Below	Yes	No
68180047903	SIMVASTATIN 20 MG TABLET	7	30.000	0.50	0.03076	26%-50% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	7	90.000	1.42	0.03076	26%-50% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	8	30.000	0.00	0.0335	76%-100% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	8	30.000	0.52	0.0335	26%-50% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	8	30.000	9.00	0.0335	200% Above	No	No
68180051201	LISINOPRIL 2.5 MG TABLET	5	90.000	1.00	0.01496	10%-25% Below	Yes	No
68180051201	LISINOPRIL 2.5 MG TABLET	6	30.000	0.94	0.0145	101%-200% Above	Yes	No
68180051201	LISINOPRIL 2.5 MG TABLET	7	30.000	0.94	0.01445	101%-200% Above	Yes	No
68180051201	LISINOPRIL 2.5 MG TABLET	8	90.000	1.10	0.01507	10%-25% Below	Yes	No
68180051202	LISINOPRIL 2.5 MG TABLET	6	90.000	1.87	0.0145	26%-50% Above	No	No
68180051301	LISINOPRIL 5 MG TABLET	6	90.000	1.04	0.01522	10%-25% Below	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	5	30.000	0.96	0.01564	101%-200% Above	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	6	30.000	0.96	0.01522	101%-200% Above	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	5	90.000	2.40	0.03243	10%-25% Below	No	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	6	90.000	1.90	0.03491	26%-50% Below	No	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	7	90.000	1.32	0.03284	51%-75% Below	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	8	60.000	1.27	0.03291	26%-50% Below	No	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	8	90.000	2.40	0.03291	10%-25% Below	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	5	30.000	1.13	0.03243	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	7	30.000	1.13	0.03284	10%-25% Above	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	8	30.000	1.13	0.03291	10%-25% Above	No	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	6	60.000	1.03	0.04862	51%-75% Below	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	30.000	1.45	0.04145	10%-25% Above	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	90.000	3.35	0.04145	10%-25% Below	Yes	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	5	90.000	3.34	0.04507	10%-25% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	7	90.000	3.34	0.04741	10%-25% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	90.000	3.34	0.04145	10%-25% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	8	90.000	3.35	0.04145	10%-25% Below	No	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	5	30.000	1.54	0.04635	10%-25% Above	No	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	6	90.000	2.19	0.04818	26%-50% Below	Yes	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	6	90.000	3.35	0.04818	10%-25% Below	No	No
68180064506	PAROXETINE ER 37.5 MG TABLET	8	90.000	44.90	0.69389	26%-50% Below	No	No
68180064606	PAROXETINE ER 25 MG TABLET	7	30.000	14.90	1.05546	51%-75% Below	No	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	5	30.000	11.95	0.24402	51%-75% Above	No	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	6	14.000	1.94	0.24811	26%-50% Below	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	7	30.000	11.95	0.24845	51%-75% Above	No	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	8	14.000	1.94	0.2413	26%-50% Below	Yes	No
68180067511	OSELTAMIVIR PHOS 30 MG CAPSULE	5	20.000	41.07	1.196	51%-75% Above	Yes	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	6	10.000	18.95	1.39711	26%-50% Above	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	8	10.000	14.90	1.05171	26%-50% Above	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	8	10.000	18.95	1.05171	76%-100% Above	No	No
68180069806	TRAMADOL HCL ER 200 MG TABLET	5	30.000	9.48	1.77374	76%-100% Below	No	No
68180069806	TRAMADOL HCL ER 200 MG TABLET	6	30.000	9.48	1.84453	76%-100% Below	No	No
68180069806	TRAMADOL HCL ER 200 MG TABLET	7	30.000	9.48	1.70851	76%-100% 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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180069806	TRAMADOL HCL ER 200 MG TABLET	8	30.000	9.48	2.03203	76%-100% Below	No	No
68180071160	CEFDINIR 300 MG CAPSULE	6	20.000	24.25	0.49504	101%-200% Above	No	No
68180071909	AMLODIPINE BESYLATE 2.5 MG TAB	5	90.000	4.55	0.01611	200% Above	Yes	No
68180071909	AMLODIPINE BESYLATE 2.5 MG TAB	6	30.000	0.13	0.01507	51%-75% Below	Yes	No
68180071909	AMLODIPINE BESYLATE 2.5 MG TAB	7	90.000	5.00	0.01354	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	1.05	0.01146	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	1.05	0.01146	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	1.09	0.01146	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	30.000	1.12	0.01146	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	60.000	1.60	0.01146	101%-200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	90.000	1.24	0.01146	10%-25% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	90.000	2.09	0.01146	101%-200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	90.000	2.09	0.01146	101%-200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	90.000	2.16	0.01146	101%-200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	90.000	2.16	0.01146	101%-200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	5	90.000	2.18	0.01146	101%-200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	0.18	0.00973	26%-50% Below	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	1.05	0.00973	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	1.05	0.00973	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	1.09	0.00973	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	30.000	1.12	0.00973	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	63.000	1.62	0.00973	101%-200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	2.09	0.00973	101%-200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	2.09	0.00973	101%-200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	2.16	0.00973	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	2.18	0.00973	101%-200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	30.000	0.17	0.00981	26%-50% Below	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	30.000	1.05	0.00981	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	30.000	1.05	0.00981	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	30.000	1.12	0.00981	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	60.000	1.60	0.00981	101%-200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	90.000	1.37	0.00981	51%-75% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	90.000	2.09	0.00981	101%-200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	90.000	2.16	0.00981	101%-200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	7	90.000	2.18	0.00981	101%-200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	0.17	0.01149	26%-50% Below	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	1.05	0.01149	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	1.05	0.01149	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	1.08	0.01149	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	60.000	1.65	0.01149	101%-200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	2.09	0.01149	101%-200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	2.16	0.01149	101%-200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	2.16	0.01149	101%-200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	2.18	0.01149	101%-200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	2.25	0.01149	101%-200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	8	90.000	2.34	0.01149	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	1.26	0.01749	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	1.26	0.01749	101%-200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	5	90.000	2.78	0.01749	76%-100% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	5	90.000	2.78	0.01749	76%-100% 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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	5	90.000	2.79	0.01749	76%-100% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	6	30.000	1.26	0.01645	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	6	30.000	1.26	0.01645	101%-200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	6	90.000	1.72	0.01645	10%-25% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	6	90.000	2.70	0.01645	76%-100% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	6	90.000	2.78	0.01645	76%-100% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	1.23	0.01389	101%-200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	1.26	0.01389	200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	7	90.000	1.88	0.01389	26%-50% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	7	90.000	2.70	0.01389	101%-200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	7	90.000	2.78	0.01389	101%-200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	7	90.000	2.79	0.01389	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	1.23	0.01447	101%-200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	1.26	0.01447	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	1.26	0.01447	101%-200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	1.30	0.01447	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	4.21	0.01447	200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	1.88	0.01447	26%-50% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	2.78	0.01447	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	2.78	0.01447	101%-200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	2.79	0.01447	101%-200% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	6	60.000	14.90	0.19451	26%-50% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	6	120.000	9.01	0.19451	51%-75% Below	No	No
68180072305	CEFDINIR 250 MG/5 ML SUSP	6	100.000	14.90	0.18677	10%-25% Below	No	No
68180078001	ZOLPIDEM TART ER 12.5 MG TAB	7	30.000	6.90	0.16658	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180078001	ZOLPIDEM TART ER 12.5 MG TAB	8	30.000	2.94	0.16401	26%-50% Below	No	No
68180078001	ZOLPIDEM TART ER 12.5 MG TAB	8	30.000	3.00	0.16401	26%-50% Below	No	No
68180078001	ZOLPIDEM TART ER 12.5 MG TAB	8	30.000	6.90	0.16401	26%-50% Above	No	No
68180079902	POTASSIUM CL ER 10 MEQ CAPSULE	8	180.000	78.98	0.14245	200% Above	Yes	No
68180084073	NORG-ETHIN ESTRA 0.25-0.035 MG	5	28.000	2.18	0.13185	26%-50% Below	No	No
68180084073	NORG-ETHIN ESTRA 0.25-0.035 MG	6	28.000	2.17	0.14901	26%-50% Below	No	No
68180084613	DAYSEE 0.15-0.03-0.01 MG TAB	5	91.000	13.20	0.28392	26%-50% Below	No	No
68180084613	DAYSEE 0.15-0.03-0.01 MG TAB	8	91.000	13.66	0.272	26%-50% Below	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	7	6.000	0.81	0.34162	51%-75% Below	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	7	6.000	3.46	0.34162	51%-75% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	7	6.000	3.57	0.34162	51%-75% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	8	6.000	0.81	0.38013	51%-75% Below	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	8	6.000	3.46	0.38013	51%-75% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	8	6.000	3.57	0.38013	51%-75% Above	Yes	No
68180086206	AZITHROMYCIN 500 MG TABLET	8	2.000	2.53	0.63734	76%-100% Above	Yes	No
68180086573	BLISOVI FE 1-20 TABLET	5	28.000	2.04	0.15598	51%-75% Below	No	No
68180086573	BLISOVI FE 1-20 TABLET	6	28.000	2.04	0.1573	51%-75% Below	No	No
68180086573	BLISOVI FE 1-20 TABLET	8	28.000	2.04	0.15591	51%-75% Below	No	No
68180086873	DROSPIRENONE-EE 3-0.03 MG TAB	7	28.000	3.09	0.18669	26%-50% Below	No	No
68180086873	DROSPIRENONE-EE 3-0.03 MG TAB	8	28.000	3.14	0.19501	26%-50% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	8	28.000	1.30	0.12427	51%-75% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	5	28.000	3.90	0.27573	26%-50% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	6	28.000	3.90	0.27721	26%-50% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	6	28.000	3.90	0.27721	26%-50% Below	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	7	28.000	3.90	0.26852	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180088673	NIKKI 3 MG-0.02 MG TABLET	7	28.000	3.90	0.26852	26%-50% Below	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	7	56.000	19.99	0.26852	26%-50% Above	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	7	84.000	0.01	0.26852	76%-100% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	8	28.000	3.90	0.22634	26%-50% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	8	28.000	3.90	0.22634	26%-50% Below	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	8	84.000	29.99	0.22634	51%-75% Above	No	No
68180089173	ENSKYCE 28 TABLET	6	28.000	2.10	0.16392	51%-75% Below	No	No
68180089173	ENSKYCE 28 TABLET	7	28.000	2.10	0.14356	26%-50% Below	No	No
68180089173	ENSKYCE 28 TABLET	8	28.000	2.10	0.14161	26%-50% Below	No	No
68180091173	MIBELAS 24 FE CHEWABLE TABLET	8	28.000	3.40	0.21887	26%-50% Below	Yes	No
68180094111	TESTOSTERONE 1.62% GEL PUMP	6	75.000	21.63	0.49292	26%-50% Below	Yes	No
68180094111	TESTOSTERONE 1.62% GEL PUMP	7	75.000	122.47	0.49556	200% Above	Yes	No
68180094111	TESTOSTERONE 1.62% GEL PUMP	8	75.000	21.63	0.58553	26%-50% Below	Yes	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	5	8.500	9.81	2.84938	51%-75% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	5	8.500	14.90	2.84938	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	5	8.500	15.90	2.84938	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	5	9.000	15.90	2.84938	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	5	17.000	31.81	2.84938	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	6	8.500	9.81	3.00835	51%-75% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	6	8.500	9.90	3.00835	51%-75% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	6	8.500	15.90	3.00835	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	6	9.000	15.90	3.00835	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	6	17.000	31.81	3.00835	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	7	8.500	15.90	2.87117	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	7	17.000	31.81	2.87117	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180096301	ALBUTEROL HFA 90 MCG INHALER	8	8.500	14.02	2.84932	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	8	8.500	14.68	2.84932	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	8	8.500	15.90	2.84932	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	8	17.000	27.54	2.84932	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	8	17.000	31.81	2.84932	26%-50% Below	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	5	30.000	4.59	0.07517	101%-200% Above	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	5	30.000	6.61	0.07517	101%-200% Above	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	6	30.000	4.59	0.08946	51%-75% Above	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	6	30.000	6.61	0.08946	101%-200% Above	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	6	90.000	18.82	0.08946	101%-200% Above	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	7	30.000	6.61	0.07887	101%-200% Above	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	8	30.000	1.73	0.06914	10%-25% Below	No	No
68180096509	LEVOTHYROXINE 25 MCG TABLET	8	90.000	3.70	0.06914	26%-50% Below	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	5	30.000	8.09	0.07773	200% Above	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	6	30.000	8.09	0.09764	101%-200% Above	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	7	30.000	6.90	0.0937	101%-200% Above	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	7	30.000	8.09	0.0937	101%-200% Above	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	8	30.000	1.55	0.08326	26%-50% Below	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	7	30.000	7.59	0.0937	101%-200% Above	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	7	90.000	22.77	0.0937	101%-200% Above	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	7	90.000	25.74	0.0937	200% Above	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	8	30.000	1.05	0.08326	51%-75% Below	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	8	30.000	1.51	0.08326	26%-50% Below	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	8	30.000	1.55	0.08326	26%-50% Below	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	8	30.000	1.65	0.08326	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180096609	LEVOTHYROXINE 50 MCG TABLET	8	90.000	3.15	0.08326	51%-75% Below	No	No
68180096709	LEVOTHYROXINE 75 MCG TABLET	8	90.000	3.95	0.07524	26%-50% Below	No	No
68180096803	LEVOTHYROXINE 88 MCG TABLET	5	90.000	23.28	0.09846	101%-200% Above	No	No
68180096803	LEVOTHYROXINE 88 MCG TABLET	8	90.000	5.33	0.07532	10%-25% Below	No	No
68180096909	LEVOTHYROXINE 100 MCG TABLET	7	30.000	4.90	0.09862	51%-75% Above	No	No
68180097101	LEVOTHYROXINE 125 MCG TABLET	5	30.000	4.90	0.11902	26%-50% Above	No	No
68180097101	LEVOTHYROXINE 125 MCG TABLET	5	30.000	8.99	0.11902	101%-200% Above	No	No
68180097101	LEVOTHYROXINE 125 MCG TABLET	6	90.000	26.97	0.13303	101%-200% Above	No	No
68180097209	LEVOTHYROXINE 137 MCG TABLET	6	30.000	4.90	0.14385	10%-25% Above	No	No
68180097209	LEVOTHYROXINE 137 MCG TABLET	7	30.000	4.90	0.12816	26%-50% Above	No	No
68180097301	LEVOTHYROXINE 150 MCG TABLET	5	90.000	31.12	0.11472	200% Above	No	No
68180097301	LEVOTHYROXINE 150 MCG TABLET	7	90.000	31.12	0.12818	101%-200% Above	No	No
68180097509	LEVOTHYROXINE 200 MCG TABLET	6	30.000	11.60	0.2025	76%-100% Above	No	No
68180097509	LEVOTHYROXINE 200 MCG TABLET	7	30.000	11.60	0.13033	101%-200% Above	No	No
68180097509	LEVOTHYROXINE 200 MCG TABLET	8	30.000	2.35	0.13851	26%-50% Below	No	No
68180097509	LEVOTHYROXINE 200 MCG TABLET	8	30.000	2.52	0.13851	26%-50% Below	No	No
68180097901	LISINAPRIL 40 MG TABLET	5	30.000	2.18	0.04474	51%-75% Above	No	No
68180097901	LISINAPRIL 40 MG TABLET	7	90.000	5.11	0.04562	10%-25% Above	No	No
68180097903	LISINAPRIL 40 MG TABLET	5	30.000	2.09	0.04474	51%-75% Above	No	No
68180097903	LISINAPRIL 40 MG TABLET	5	30.000	2.18	0.04474	51%-75% Above	No	No
68180097903	LISINAPRIL 40 MG TABLET	6	30.000	2.09	0.04775	26%-50% Above	No	No
68180097903	LISINAPRIL 40 MG TABLET	6	30.000	2.19	0.04775	51%-75% Above	No	No
68180097903	LISINAPRIL 40 MG TABLET	6	90.000	3.47	0.04775	10%-25% Below	Yes	No
68180097903	LISINAPRIL 40 MG TABLET	6	90.000	5.27	0.04775	10%-25% Above	Yes	No
68180097903	LISINAPRIL 40 MG TABLET	7	30.000	2.09	0.04562	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180097903	LISINOPRIL 40 MG TABLET	7	90.000	5.56	0.04562	26%-50% Above	Yes	No
68180097903	LISINOPRIL 40 MG TABLET	8	30.000	2.09	0.0478	26%-50% Above	No	No
68180097903	LISINOPRIL 40 MG TABLET	8	30.000	2.19	0.0478	51%-75% Above	No	No
68180097903	LISINOPRIL 40 MG TABLET	8	90.000	3.83	0.0478	10%-25% Below	Yes	No
68180098001	LISINOPRIL 10 MG TABLET	5	30.000	1.16	0.01823	101%-200% Above	No	No
68180098001	LISINOPRIL 10 MG TABLET	6	30.000	1.17	0.01861	101%-200% Above	No	No
68180098001	LISINOPRIL 10 MG TABLET	7	30.000	1.17	0.01906	101%-200% Above	No	No
68180098001	LISINOPRIL 10 MG TABLET	7	90.000	2.31	0.01906	26%-50% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	5	30.000	1.05	0.01823	76%-100% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	5	30.000	1.07	0.01823	76%-100% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	5	90.000	1.31	0.01823	10%-25% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	6	15.000	0.79	0.01861	101%-200% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	6	30.000	1.05	0.01861	76%-100% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	6	30.000	1.07	0.01861	76%-100% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	6	90.000	0.01	0.01861	76%-100% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	6	90.000	1.31	0.01861	10%-25% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	6	90.000	2.21	0.01861	26%-50% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	6	90.000	2.24	0.01861	26%-50% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	6	180.000	1.22	0.01861	51%-75% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	7	30.000	1.07	0.01906	76%-100% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	7	30.000	1.10	0.01906	76%-100% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	7	60.000	1.64	0.01906	26%-50% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	7	90.000	2.31	0.01906	26%-50% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	8	30.000	1.07	0.01999	76%-100% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	8	30.000	1.10	0.01999	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180098003	LISINOPRIL 10 MG TABLET	8	60.000	1.64	0.01999	26%-50% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	8	90.000	0.01	0.01999	76%-100% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	8	90.000	1.43	0.01999	10%-25% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	8	90.000	2.21	0.01999	10%-25% Above	Yes	No
68180098101	LISINOPRIL 20 MG TABLET	5	30.000	1.32	0.02605	51%-75% Above	No	No
68180098101	LISINOPRIL 20 MG TABLET	5	90.000	2.87	0.02605	10%-25% Above	No	No
68180098101	LISINOPRIL 20 MG TABLET	5	90.000	2.96	0.02605	26%-50% Above	No	No
68180098101	LISINOPRIL 20 MG TABLET	6	90.000	2.96	0.0263	10%-25% Above	No	No
68180098101	LISINOPRIL 20 MG TABLET	8	90.000	2.87	0.02592	10%-25% Above	No	No
68180098101	LISINOPRIL 20 MG TABLET	8	90.000	2.96	0.02592	26%-50% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	5	30.000	1.32	0.02605	51%-75% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	5	30.000	1.41	0.02605	76%-100% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	5	90.000	1.88	0.02605	10%-25% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	5	90.000	2.87	0.02605	10%-25% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	5	90.000	2.96	0.02605	26%-50% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	5	90.000	2.96	0.02605	26%-50% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	6	30.000	1.32	0.0263	51%-75% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	6	90.000	1.88	0.0263	10%-25% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	6	90.000	2.87	0.0263	10%-25% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	6	90.000	2.96	0.0263	10%-25% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	6	90.000	2.96	0.0263	10%-25% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	6	90.000	3.05	0.0263	26%-50% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	7	30.000	1.32	0.02591	51%-75% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	7	60.000	2.14	0.02591	26%-50% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	7	90.000	2.07	0.02591	10%-25% 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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68180098103	LISINOPRIL 20 MG TABLET	7	90.000	2.96	0.02591	26%-50% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	8	30.000	1.32	0.02592	51%-75% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	8	60.000	2.14	0.02592	26%-50% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	8	90.000	2.07	0.02592	10%-25% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	8	90.000	2.87	0.02592	10%-25% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	8	90.000	2.96	0.02592	26%-50% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	8	90.000	3.10	0.02592	26%-50% Above	Yes	No
68308015215	NYSTATIN 100,000 UNIT/GM POWD	8	60.000	41.54	0.30131	101%-200% Above	No	No
68382000106	PAROXETINE HCL 40 MG TABLET	5	30.000	9.00	0.13972	101%-200% Above	No	No
68382000106	PAROXETINE HCL 40 MG TABLET	5	90.000	24.00	0.13972	76%-100% Above	No	No
68382000106	PAROXETINE HCL 40 MG TABLET	6	30.000	9.00	0.12139	101%-200% Above	No	No
68382000106	PAROXETINE HCL 40 MG TABLET	8	30.000	9.00	0.12554	101%-200% Above	No	No
68382000106	PAROXETINE HCL 40 MG TABLET	8	90.000	24.00	0.12554	101%-200% Above	No	No
68382000601	LAMOTRIGINE 25 MG TABLET	7	60.000	4.37	0.03078	101%-200% Above	No	No
68382002210	ATENOLOL 25 MG TABLET	5	30.000	0.44	0.02583	26%-50% Below	Yes	No
68382002210	ATENOLOL 25 MG TABLET	6	90.000	5.77	0.02404	101%-200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	7	30.000	2.32	0.0229	200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	7	90.000	3.41	0.0229	51%-75% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	8	30.000	2.32	0.02134	200% Above	No	No
68382002210	ATENOLOL 25 MG TABLET	8	180.000	11.43	0.02134	101%-200% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	5	90.000	3.08	0.02643	26%-50% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	5	90.000	7.40	0.02643	200% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	6	90.000	3.08	0.02642	26%-50% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	7	30.000	2.89	0.02757	200% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	7	90.000	3.38	0.02757	26%-50% 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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382002310	ATENOLOL 50 MG TABLET	8	30.000	2.89	0.02469	200% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	8	90.000	3.38	0.02469	51%-75% Above	Yes	No
68382003410	VENLAFAXINE HCL ER 37.5 MG CAP	6	90.000	11.75	0.096	26%-50% Above	No	No
68382003510	VENLAFAXINE HCL ER 75 MG CAP	5	30.000	5.11	0.10847	51%-75% Above	No	No
68382003516	VENLAFAXINE HCL ER 75 MG CAP	5	30.000	4.90	0.10847	26%-50% Above	Yes	No
68382003516	VENLAFAXINE HCL ER 75 MG CAP	7	30.000	4.90	0.1104	26%-50% Above	Yes	No
68382003516	VENLAFAXINE HCL ER 75 MG CAP	8	30.000	4.90	0.10511	51%-75% Above	Yes	No
68382003516	VENLAFAXINE HCL ER 75 MG CAP	8	90.000	14.32	0.10511	51%-75% Above	Yes	No
68382004001	PROMETHAZINE 12.5 MG TABLET	5	30.000	3.54	0.04927	101%-200% Above	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	6	30.000	3.54	0.04861	101%-200% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	5	15.000	2.05	0.05532	101%-200% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	5	20.000	0.34	0.05532	51%-75% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	5	30.000	3.03	0.05532	76%-100% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	6	18.000	2.41	0.05026	101%-200% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	6	20.000	2.52	0.05026	101%-200% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	6	180.000	14.99	0.05026	51%-75% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	8	12.000	1.67	0.05048	101%-200% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	8	30.000	3.03	0.05048	76%-100% Above	No	No
68382004105	PROMETHAZINE 25 MG TABLET	6	20.000	2.52	0.05026	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	5	30.000	1.26	0.02064	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	5	30.000	1.29	0.02064	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	5	30.000	1.38	0.02064	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	5	30.000	5.74	0.02064	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	5	180.000	4.90	0.02064	26%-50% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	6	30.000	0.33	0.02224	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382005005	MELOXICAM 7.5 MG TABLET	6	30.000	1.29	0.02224	76%-100% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	6	30.000	1.38	0.02224	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	6	90.000	2.87	0.02224	26%-50% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	7	30.000	0.33	0.01948	26%-50% Below	No	No
68382005005	MELOXICAM 7.5 MG TABLET	7	30.000	1.29	0.01948	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	7	30.000	5.74	0.01948	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	8	30.000	0.33	0.01921	26%-50% Below	No	No
68382005005	MELOXICAM 7.5 MG TABLET	8	30.000	1.29	0.01921	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	8	30.000	1.38	0.01921	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	8	60.000	2.07	0.01921	76%-100% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	8	60.000	11.48	0.01921	200% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	5	20.000	0.95	0.02296	101%-200% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	6	30.000	1.16	0.02386	51%-75% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	7	30.000	1.16	0.02217	51%-75% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	7	90.000	2.47	0.02217	10%-25% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	8	30.000	1.16	0.02173	76%-100% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	8	90.000	2.47	0.02173	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	5	30.000	1.16	0.02296	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	5	30.000	1.18	0.02296	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	5	30.000	1.27	0.02296	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	5	30.000	4.00	0.02296	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	30.000	1.16	0.02386	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	30.000	1.18	0.02386	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	30.000	1.27	0.02386	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	6	30.000	4.00	0.02386	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382005105	MELOXICAM 15 MG TABLET	7	14.000	0.90	0.02217	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	7	20.000	0.95	0.02217	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	7	21.000	3.97	0.02217	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	7	30.000	1.16	0.02217	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	7	30.000	1.18	0.02217	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	7	30.000	1.27	0.02217	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	7	30.000	4.00	0.02217	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	7	30.000	12.00	0.02217	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	7	60.000	7.00	0.02217	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	7	90.000	2.66	0.02217	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	8	3.000	0.57	0.02173	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	8	14.000	0.82	0.02173	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	8	30.000	0.40	0.02173	26%-50% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	8	30.000	1.18	0.02173	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	8	30.000	1.25	0.02173	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	8	30.000	1.27	0.02173	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	8	30.000	12.00	0.02173	200% Above	No	No
68382009101	BENZONATATE 200 MG CAPSULE	5	30.000	9.90	0.11176	101%-200% Above	No	No
68382009201	CARVEDILOL 3.125 MG TABLET	7	180.000	5.00	0.0175	51%-75% Above	No	No
68382009201	CARVEDILOL 3.125 MG TABLET	8	180.000	5.00	0.01912	26%-50% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	8	60.000	0.64	0.01912	26%-50% Below	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	5	60.000	2.25	0.02055	76%-100% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	5	180.000	5.74	0.02055	51%-75% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	6	60.000	2.25	0.02008	76%-100% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	7	60.000	2.25	0.02048	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382009305	CARVEDILOL 6.25 MG TABLET	7	60.000	4.00	0.02048	200% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	7	180.000	10.00	0.02048	101%-200% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	8	60.000	2.25	0.02133	51%-75% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	8	180.000	5.74	0.02133	26%-50% Above	No	No
68382009401	CARVEDILOL 12.5 MG TABLET	8	180.000	6.01	0.02196	51%-75% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	5	60.000	0.94	0.02281	26%-50% Below	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	5	60.000	2.34	0.02281	51%-75% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	6	60.000	0.94	0.02391	26%-50% Below	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	6	60.000	2.34	0.02391	51%-75% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	7	60.000	0.94	0.02235	26%-50% Below	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	7	60.000	2.34	0.02235	51%-75% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	8	60.000	2.34	0.02196	76%-100% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	8	180.000	5.81	0.02196	26%-50% Above	No	No
68382009501	CARVEDILOL 25 MG TABLET	6	180.000	7.25	0.03204	10%-25% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	5	60.000	2.75	0.03126	26%-50% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	5	60.000	2.84	0.03126	51%-75% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	5	180.000	7.25	0.03126	26%-50% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	5	180.000	7.34	0.03126	26%-50% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	6	60.000	2.75	0.03204	26%-50% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	7	180.000	7.25	0.03128	26%-50% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	8	60.000	2.75	0.03035	51%-75% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	8	180.000	7.25	0.03035	26%-50% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	8	180.000	7.35	0.03035	26%-50% Above	No	No
68382009601	HYDROXYCHLOROQUINE 200 MG TAB	5	60.000	14.90	0.21679	10%-25% Above	No	No
68382009601	HYDROXYCHLOROQUINE 200 MG TAB	6	30.000	19.90	0.20877	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	5	30.000	19.90	0.21679	200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	5	60.000	14.90	0.21679	10%-25% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	5	60.000	29.90	0.21679	101%-200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	6	30.000	14.90	0.20877	101%-200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	6	60.000	14.90	0.20877	10%-25% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	6	60.000	29.90	0.20877	101%-200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	7	30.000	19.90	0.20276	200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	7	60.000	14.90	0.20276	10%-25% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	7	60.000	29.90	0.20276	101%-200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	8	60.000	14.90	0.20382	10%-25% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	8	60.000	29.90	0.20382	101%-200% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	5	30.000	3.01	0.08491	10%-25% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	5	30.000	4.00	0.08491	51%-75% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	5	90.000	4.90	0.08491	26%-50% Below	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	6	30.000	3.01	0.08366	10%-25% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	8	90.000	4.90	0.08017	26%-50% Below	No	No
68382009906	PAROXETINE HCL 30 MG TABLET	6	180.000	19.60	0.12454	10%-25% Below	No	No
68382009916	PAROXETINE HCL 30 MG TABLET	8	30.000	3.89	0.099	26%-50% Above	No	No
68382011305	RISPERIDONE 0.5 MG TABLET	5	46.000	3.67	0.04125	76%-100% Above	No	No
68382011314	RISPERIDONE 0.5 MG TABLET	5	45.000	6.00	0.04125	200% Above	No	No
68382011314	RISPERIDONE 0.5 MG TABLET	8	45.000	6.00	0.04482	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	5	90.000	29.99	0.05971	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	6	7.000	3.42	0.06333	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.000	9.99	0.06333	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.000	9.99	0.05816	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	8	15.000	6.65	0.05919	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	8	30.000	6.99	0.05919	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	8	90.000	29.99	0.05919	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	5	10.000	4.69	0.05971	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.000	4.90	0.05971	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.000	6.90	0.05971	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	5	30.000	11.69	0.05971	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	5	60.000	14.90	0.05971	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	5	180.000	44.90	0.05971	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	6	10.000	4.63	0.06333	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.000	1.01	0.06333	26%-50% Below	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.000	6.90	0.06333	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.000	11.69	0.06333	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	6	60.000	14.90	0.06333	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	6	90.000	12.40	0.06333	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	7	5.000	2.59	0.05816	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	7	10.000	4.54	0.05816	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.000	1.01	0.05816	26%-50% Below	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.000	6.90	0.05816	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	7	30.000	13.80	0.05816	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	7	60.000	14.90	0.05816	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	7	90.000	38.18	0.05816	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	8	30.000	1.00	0.05919	26%-50% Below	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	8	30.000	1.01	0.05919	26%-50% Below	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	8	30.000	6.90	0.05919	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	8	60.000	14.90	0.05919	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	8	90.000	2.99	0.05919	26%-50% Below	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	8	90.000	12.40	0.05919	101%-200% Above	No	No
68382013510	LOSARTAN POTASSIUM 25 MG TAB	6	90.000	6.55	0.03812	76%-100% Above	No	No
68382013510	LOSARTAN POTASSIUM 25 MG TAB	8	90.000	7.14	0.03622	101%-200% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	5	60.000	1.87	0.03543	10%-25% Below	No	No
68382013805	TOPIRAMATE 25 MG TABLET	6	14.000	0.82	0.03347	51%-75% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	7	90.000	2.49	0.03113	10%-25% Below	No	No
68382013805	TOPIRAMATE 25 MG TABLET	7	180.000	4.48	0.03113	10%-25% Below	No	No
68382013905	TOPIRAMATE 50 MG TABLET	5	30.000	2.23	0.04086	76%-100% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	5	30.000	2.29	0.04086	76%-100% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	5	60.000	3.96	0.04086	51%-75% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	5	60.000	4.17	0.04086	51%-75% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	6	30.000	0.89	0.04138	26%-50% Below	No	No
68382013905	TOPIRAMATE 50 MG TABLET	6	30.000	2.23	0.04138	76%-100% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	6	30.000	2.29	0.04138	76%-100% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	6	60.000	4.17	0.04138	51%-75% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	6	180.000	10.96	0.04138	26%-50% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	7	30.000	2.23	0.04101	76%-100% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	7	30.000	2.29	0.04101	76%-100% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	8	30.000	2.23	0.03664	101%-200% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	8	30.000	2.29	0.03664	101%-200% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	8	60.000	4.08	0.03664	76%-100% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	5	60.000	2.35	0.06414	26%-50% Below	No	No
68382014005	TOPIRAMATE 100 MG TABLET	5	60.000	5.29	0.06414	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382014005	TOPIRAMATE 100 MG TABLET	6	60.000	2.31	0.06571	26%-50% Below	No	No
68382014005	TOPIRAMATE 100 MG TABLET	6	60.000	2.35	0.06571	26%-50% Below	No	No
68382014005	TOPIRAMATE 100 MG TABLET	6	60.000	5.29	0.06571	26%-50% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	6	60.000	5.38	0.06571	26%-50% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	7	60.000	2.31	0.06349	26%-50% Below	No	No
68382014005	TOPIRAMATE 100 MG TABLET	7	60.000	2.33	0.06349	26%-50% Below	No	No
68382014005	TOPIRAMATE 100 MG TABLET	7	60.000	5.38	0.06349	26%-50% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	7	360.000	29.77	0.06349	26%-50% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	8	60.000	2.33	0.06344	26%-50% Below	No	No
68382014005	TOPIRAMATE 100 MG TABLET	8	180.000	6.98	0.06344	26%-50% Below	No	No
68382014014	TOPIRAMATE 100 MG TABLET	5	60.000	5.38	0.06414	26%-50% Above	No	No
68382014014	TOPIRAMATE 100 MG TABLET	6	60.000	5.38	0.06571	26%-50% Above	No	No
68382014014	TOPIRAMATE 100 MG TABLET	7	60.000	5.38	0.06349	26%-50% Above	No	No
68382014014	TOPIRAMATE 100 MG TABLET	8	60.000	5.38	0.06344	26%-50% Above	No	No
68382014701	RAMIPRIL 10 MG CAPSULE	5	90.000	10.00	0.07109	51%-75% Above	No	No
68382014701	RAMIPRIL 10 MG CAPSULE	7	90.000	10.00	0.06834	51%-75% Above	No	No
68382018105	BUSPIRONE HCL 10 MG TABLET	7	90.000	6.50	0.03744	76%-100% Above	No	No
68382018105	BUSPIRONE HCL 10 MG TABLET	7	180.000	11.84	0.03744	51%-75% Above	No	No
68382018105	BUSPIRONE HCL 10 MG TABLET	8	180.000	17.77	0.03287	200% Above	Yes	No
68382018205	BUSPIRONE HCL 15 MG TABLET	5	120.000	6.90	0.05142	10%-25% Above	No	No
68382018205	BUSPIRONE HCL 15 MG TABLET	6	180.000	14.16	0.05122	51%-75% Above	No	No
68382018205	BUSPIRONE HCL 15 MG TABLET	8	30.000	0.86	0.04811	26%-50% Below	No	No
68382020405	GABAPENTIN 600 MG TABLET	5	90.000	10.27	0.0987	10%-25% Above	No	No
68382020405	GABAPENTIN 600 MG TABLET	7	270.000	30.81	0.09613	10%-25% Above	No	No
68382020906	ANASTROZOLE 1 MG TABLET	5	90.000	6.09	0.1229	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382020906	ANASTROZOLE 1 MG TABLET	8	90.000	6.09	0.16311	51%-75% Below	Yes	No
68382025210	ATORVASTATIN 80 MG TABLET	6	30.000	1.72	0.08059	26%-50% Below	No	No
68382025210	ATORVASTATIN 80 MG TABLET	7	30.000	1.17	0.08744	51%-75% Below	No	No
68382025210	ATORVASTATIN 80 MG TABLET	8	30.000	1.17	0.0885	51%-75% Below	No	No
68382025501	OXYBUTYNIN CL ER 5 MG TABLET	5	30.000	4.90	0.11492	26%-50% Above	No	No
68382025501	OXYBUTYNIN CL ER 5 MG TABLET	6	90.000	14.99	0.11183	26%-50% Above	No	No
68382025501	OXYBUTYNIN CL ER 5 MG TABLET	7	90.000	14.99	0.09735	51%-75% Above	No	No
68382025501	OXYBUTYNIN CL ER 5 MG TABLET	8	30.000	4.90	0.1157	26%-50% Above	No	No
68382025601	OXYBUTYNIN CL ER 10 MG TABLET	5	30.000	6.90	0.12271	76%-100% Above	Yes	No
68382025601	OXYBUTYNIN CL ER 10 MG TABLET	6	30.000	6.90	0.10985	101%-200% Above	Yes	No
68382025601	OXYBUTYNIN CL ER 10 MG TABLET	7	90.000	58.64	0.11414	200% Above	Yes	No
68382031601	MINOCYCLINE 50 MG CAPSULE	5	30.000	6.90	0.18628	10%-25% Above	Yes	No
68382031601	MINOCYCLINE 50 MG CAPSULE	6	30.000	6.90	0.18229	26%-50% Above	Yes	No
68382031601	MINOCYCLINE 50 MG CAPSULE	7	30.000	6.90	0.18459	10%-25% Above	Yes	No
68382031601	MINOCYCLINE 50 MG CAPSULE	8	30.000	6.90	0.17625	26%-50% Above	Yes	No
68382031818	MINOCYCLINE 100 MG CAPSULE	6	60.000	11.82	0.36698	26%-50% Below	Yes	No
68382031818	MINOCYCLINE 100 MG CAPSULE	7	60.000	11.82	0.37227	26%-50% Below	Yes	No
68382031818	MINOCYCLINE 100 MG CAPSULE	8	60.000	11.82	0.35775	26%-50% Below	Yes	No
68382035316	BUPROPION HCL XL 150 MG TABLET	6	90.000	59.90	0.10393	200% Above	No	No
68382037001	NYSTATIN 100,000 UNIT/GM POWD	5	15.000	9.90	0.28585	101%-200% Above	Yes	No
68382037001	NYSTATIN 100,000 UNIT/GM POWD	6	30.000	4.85	0.29446	26%-50% Below	Yes	No
68382037001	NYSTATIN 100,000 UNIT/GM POWD	7	30.000	4.85	0.29439	26%-50% Below	Yes	No
68382044405	FAMOTIDINE 40 MG/5 ML SUSP	7	50.000	18.71	0.59371	26%-50% Below	No	No
68382045219	MESALAMINE ER 0.375 GRAM CAP	8	360.000	700.56	1.05133	76%-100% Above	Yes	No
68382048006	FESOTERODINE ER 8 MG TABLET	8	30.000	18.57	0.90993	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382050001	OMEPRAZOLE DR 40 MG CAPSULE	5	90.000	6.73	0.05737	26%-50% Above	Yes	No
68382050001	OMEPRAZOLE DR 40 MG CAPSULE	5	90.000	10.00	0.05737	76%-100% Above	Yes	No
68382050001	OMEPRAZOLE DR 40 MG CAPSULE	6	90.000	6.73	0.06001	10%-25% Above	Yes	No
68382050001	OMEPRAZOLE DR 40 MG CAPSULE	7	90.000	7.41	0.05277	51%-75% Above	Yes	No
68382050001	OMEPRAZOLE DR 40 MG CAPSULE	7	90.000	10.00	0.05277	101%-200% Above	Yes	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	5	30.000	5.37	0.05737	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	5	90.000	14.41	0.05737	101%-200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	5	90.000	29.99	0.05737	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	6	30.000	3.38	0.06001	76%-100% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	6	30.000	5.37	0.06001	101%-200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	6	90.000	14.32	0.06001	101%-200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	0.00	0.05277	76%-100% Below	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	3.38	0.05277	101%-200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	5.37	0.05277	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	7	90.000	29.99	0.05277	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	3.38	0.05425	101%-200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	5.37	0.05425	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	8	90.000	14.32	0.05425	101%-200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	8	90.000	14.41	0.05425	101%-200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	8	90.000	15.76	0.05425	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	8	90.000	29.99	0.05425	200% Above	No	No
68382053701	POTASSIUM CITRATE ER 10 MEQ TB	6	60.000	13.50	0.2767	10%-25% Below	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	5	30.000	8.26	0.07863	200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	5	90.000	23.79	0.07863	200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	7	90.000	23.79	0.07791	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382056410	METOPROLOL SUCC ER 25 MG TAB	7	120.000	14.90	0.07791	51%-75% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	8	90.000	23.90	0.075	200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	8	120.000	14.90	0.075	51%-75% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	5	30.000	7.67	0.07702	200% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	6	30.000	7.67	0.0799	200% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	6	90.000	22.01	0.0799	200% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	8	90.000	23.90	0.07761	200% Above	No	No
68382058201	LIOETHYRONINE SOD 5 MCG TAB	8	60.000	19.90	0.28215	10%-25% Above	No	No
68382059505	DILTIAZEM 24H ER(CD) 120 MG CP	5	30.000	7.72	0.14981	51%-75% Above	No	No
68382059505	DILTIAZEM 24H ER(CD) 120 MG CP	6	30.000	7.72	0.14435	76%-100% Above	No	No
68382059505	DILTIAZEM 24H ER(CD) 120 MG CP	7	30.000	7.72	0.14986	51%-75% Above	No	No
68382059505	DILTIAZEM 24H ER(CD) 120 MG CP	8	30.000	7.72	0.14992	51%-75% Above	No	No
68382065906	PYRIDOSTIGMINE BR 60 MG TABLET	5	30.000	14.90	0.22919	101%-200% Above	No	No
68382065906	PYRIDOSTIGMINE BR 60 MG TABLET	6	30.000	14.90	0.19884	101%-200% Above	No	No
68382065906	PYRIDOSTIGMINE BR 60 MG TABLET	7	30.000	14.90	0.23456	101%-200% Above	No	No
68382065906	PYRIDOSTIGMINE BR 60 MG TABLET	8	30.000	14.90	0.26134	76%-100% Above	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	6	15.000	0.44	0.05565	26%-50% Below	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	6	90.000	8.74	0.05565	51%-75% Above	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	6	90.000	9.05	0.05565	76%-100% Above	No	No
68382066105	SPIRONOLACTONE 50 MG TABLET	6	14.000	3.12	0.11739	76%-100% Above	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	5	20.000	8.13	0.24402	51%-75% Above	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	5	30.000	9.90	0.24402	26%-50% Above	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	6	30.000	9.90	0.24811	26%-50% Above	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	7	30.000	9.90	0.24845	26%-50% Above	No	No
68382076906	TOPIRAMATE ER 100 MG CAPSULE	7	90.000	1100.39	24.42404	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382077501	METHOTREXATE 2.5 MG TABLET	7	36.000	14.90	0.25799	51%-75% Above	No	No
68382079101	ACYCLOVIR 400 MG TABLET	6	12.000	1.83	0.10717	26%-50% Above	Yes	No
68382079101	ACYCLOVIR 400 MG TABLET	7	14.000	2.10	0.10606	26%-50% Above	Yes	No
68382079101	ACYCLOVIR 400 MG TABLET	7	30.000	3.94	0.10606	10%-25% Above	Yes	No
68382080501	TRAZODONE 50 MG TABLET	8	30.000	2.45	0.03628	101%-200% Above	No	No
68382080505	TRAZODONE 50 MG TABLET	6	30.000	2.43	0.03533	101%-200% Above	No	No
68382080505	TRAZODONE 50 MG TABLET	7	30.000	2.43	0.03379	101%-200% Above	No	No
68382080510	TRAZODONE 50 MG TABLET	5	30.000	2.43	0.03469	101%-200% Above	No	No
68382080510	TRAZODONE 50 MG TABLET	6	30.000	2.43	0.03533	101%-200% Above	No	No
68382080510	TRAZODONE 50 MG TABLET	7	30.000	2.43	0.03379	101%-200% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	5	30.000	4.00	0.06359	101%-200% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	5	60.000	5.83	0.06359	51%-75% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	5	90.000	10.00	0.06359	51%-75% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	6	60.000	5.83	0.06361	51%-75% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	7	60.000	5.83	0.06372	51%-75% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	7	180.000	17.50	0.06372	51%-75% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	8	60.000	5.83	0.0637	51%-75% Above	No	No
68382080605	TRAZODONE 100 MG TABLET	5	30.000	3.31	0.06359	51%-75% Above	No	No
68382080605	TRAZODONE 100 MG TABLET	5	30.000	3.42	0.06359	76%-100% Above	No	No
68382080605	TRAZODONE 100 MG TABLET	5	60.000	6.12	0.06359	51%-75% Above	No	No
68382080605	TRAZODONE 100 MG TABLET	7	30.000	3.42	0.06372	76%-100% Above	No	No
68382080605	TRAZODONE 100 MG TABLET	7	60.000	6.67	0.06372	51%-75% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	5	90.000	8.93	0.06359	51%-75% Above	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	1.71	0.15013	26%-50% Below	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	14.90	0.15013	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	15.91	0.15013	200% Above	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	7	21.000	9.90	0.15076	200% Above	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	14.99	0.15101	200% Above	No	No
68382097001	CHLORTHALIDONE 25 MG TABLET	5	30.000	6.90	0.09842	101%-200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	5	30.000	9.90	0.09842	200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	5	90.000	44.90	0.09842	200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	6	30.000	9.90	0.08656	200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	7	90.000	5.24	0.09761	26%-50% Below	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	8	90.000	44.90	0.10038	200% Above	Yes	No
68382097101	CHLORTHALIDONE 50 MG TABLET	5	135.000	44.90	0.13337	101%-200% Above	Yes	No
68382097101	CHLORTHALIDONE 50 MG TABLET	8	135.000	44.90	0.12624	101%-200% Above	Yes	No
68462010230	FLUCONAZOLE 100 MG TABLET	5	5.000	4.90	0.30062	200% Above	No	No
68462010530	ONDANSETRON HCL 4 MG TABLET	5	15.000	5.74	0.06647	200% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	5	18.000	6.79	0.06647	200% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	6	15.000	5.93	0.07229	200% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	6	18.000	0.68	0.07229	26%-50% Below	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	6	18.000	6.90	0.07229	200% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	6	18.000	7.02	0.07229	200% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	7	18.000	0.68	0.07009	26%-50% Below	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	7	18.000	6.79	0.07009	200% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	8	18.000	0.68	0.06597	26%-50% Below	Yes	No
68462010630	ONDANSETRON HCL 8 MG TABLET	7	10.000	0.56	0.10114	26%-50% Below	Yes	No
68462010630	ONDANSETRON HCL 8 MG TABLET	7	18.000	1.01	0.10114	26%-50% Below	Yes	No
68462010630	ONDANSETRON HCL 8 MG TABLET	8	18.000	9.09	0.09564	200% Above	Yes	No
68462011944	FLUCONAZOLE 150 MG TABLET	6	1.000	2.65	0.65506	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68462011944	FLUCONAZOLE 150 MG TABLET	6	3.000	6.96	0.65506	200% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	7	2.000	4.81	0.66696	200% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	7	5.000	11.26	0.66696	200% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	8	1.000	2.67	0.63597	200% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	8	2.000	4.74	0.63597	200% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	8	3.000	6.96	0.63597	200% Above	No	No
68462012605	GABAPENTIN 600 MG TABLET	5	60.000	0.01	0.0987	76%-100% Below	No	No
68462012605	GABAPENTIN 600 MG TABLET	6	60.000	0.01	0.10139	76%-100% Below	No	No
68462012605	GABAPENTIN 600 MG TABLET	7	60.000	0.01	0.09613	76%-100% Below	No	No
68462012605	GABAPENTIN 600 MG TABLET	8	60.000	0.01	0.09997	76%-100% Below	No	No
68462012605	GABAPENTIN 600 MG TABLET	8	270.000	10.24	0.09997	51%-75% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	5	21.000	2.12	0.27595	51%-75% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	5	21.000	9.90	0.27595	51%-75% Above	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	5	63.000	6.37	0.27595	51%-75% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	7	63.000	6.43	0.25268	51%-75% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	8	63.000	29.90	0.23828	76%-100% Above	No	No
68462013701	OXCARBAZEPINE 150 MG TABLET	5	60.000	4.90	0.13958	26%-50% Below	No	No
68462013701	OXCARBAZEPINE 150 MG TABLET	6	60.000	4.90	0.14203	26%-50% Below	No	No
68462013701	OXCARBAZEPINE 150 MG TABLET	7	60.000	4.90	0.13798	26%-50% Below	No	No
68462013801	OXCARBAZEPINE 300 MG TABLET	6	60.000	9.90	0.20102	10%-25% Below	No	No
68462013901	OXCARBAZEPINE 600 MG TABLET	5	60.000	12.68	0.38054	26%-50% Below	No	No
68462013901	OXCARBAZEPINE 600 MG TABLET	6	60.000	12.53	0.37874	26%-50% Below	No	No
68462013901	OXCARBAZEPINE 600 MG TABLET	7	60.000	13.02	0.40012	26%-50% Below	No	No
68462015305	TOPIRAMATE 50 MG TABLET	8	90.000	5.96	0.03664	76%-100% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	5	10.000	2.68	0.19359	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68462015713	ONDANSETRON ODT 4 MG TABLET	5	18.000	4.42	0.19359	26%-50% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	5	18.000	32.46	0.19359	200% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	6	4.000	1.46	0.18349	76%-100% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	6	12.000	21.64	0.18349	200% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	6	15.000	27.05	0.18349	200% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	6	18.000	4.42	0.18349	26%-50% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	6	20.000	4.85	0.18349	26%-50% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	7	10.000	2.60	0.17893	26%-50% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	7	10.000	2.69	0.17893	26%-50% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	7	10.000	18.03	0.17893	200% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	7	18.000	2.06	0.17893	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	7	18.000	4.42	0.17893	26%-50% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	8	9.000	16.23	0.20294	200% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	8	15.000	3.76	0.20294	10%-25% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	8	15.000	27.05	0.20294	200% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	8	18.000	4.42	0.20294	10%-25% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	8	18.000	32.46	0.20294	200% Above	No	No
68462015811	ONDANSETRON ODT 8 MG TABLET	6	18.000	6.09	0.19657	51%-75% Above	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	6	18.000	4.14	0.19657	10%-25% Above	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	6	18.000	5.90	0.19657	51%-75% Above	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	6	18.000	5.99	0.19657	51%-75% Above	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	8	12.000	4.10	0.20861	51%-75% Above	No	No
68462016205	CARVEDILOL 3.125 MG TABLET	8	180.000	5.41	0.01912	51%-75% Above	No	No
68462016301	CARVEDILOL 6.25 MG TABLET	8	180.000	6.86	0.02133	76%-100% Above	Yes	No
68462016305	CARVEDILOL 6.25 MG TABLET	5	180.000	5.63	0.02055	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68462016305	CARVEDILOL 6.25 MG TABLET	8	28.000	1.37	0.02133	101%-200% Above	No	No
68462016305	CARVEDILOL 6.25 MG TABLET	8	180.000	5.54	0.02133	26%-50% Above	No	No
68462016305	CARVEDILOL 6.25 MG TABLET	8	180.000	5.63	0.02133	26%-50% Above	No	No
68462016305	CARVEDILOL 6.25 MG TABLET	8	180.000	5.74	0.02133	26%-50% Above	No	No
68462016505	CARVEDILOL 25 MG TABLET	6	180.000	7.11	0.03204	10%-25% Above	No	No
68462017901	NAPROXEN SODIUM 550 MG TAB	7	30.000	9.99	0.30018	10%-25% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	5	22.000	4.90	0.18515	10%-25% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	5	22.000	6.56	0.18515	51%-75% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	5	22.000	6.90	0.18515	51%-75% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	5	22.000	7.06	0.18515	51%-75% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	6	22.000	6.39	0.17533	51%-75% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	7	22.000	4.90	0.19773	10%-25% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	7	22.000	5.66	0.19773	26%-50% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	8	22.000	4.90	0.17864	10%-25% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	8	22.000	6.83	0.17864	51%-75% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	8	22.000	7.06	0.17864	76%-100% Above	No	No
68462018905	NAPROXEN 375 MG TABLET	6	42.000	5.86	0.06825	101%-200% Above	No	No
68462019001	NAPROXEN 500 MG TABLET	5	60.000	6.02	0.06537	51%-75% Above	No	No
68462019001	NAPROXEN 500 MG TABLET	8	180.000	9.90	0.06718	10%-25% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	5	60.000	6.22	0.06537	51%-75% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	7	30.000	3.36	0.06966	51%-75% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	7	60.000	6.22	0.06966	26%-50% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	8	28.000	3.17	0.06718	51%-75% Above	No	No
68462020030	TELMISARTAN 40 MG TABLET	5	15.000	4.90	0.27211	10%-25% Above	No	No
68462020030	TELMISARTAN 40 MG TABLET	6	15.000	4.90	0.23504	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68462020030	TELMISARTAN 40 MG TABLET	6	90.000	14.21	0.23504	26%-50% Below	No	No
68462020030	TELMISARTAN 40 MG TABLET	7	15.000	4.90	0.24937	26%-50% Above	No	No
68462020030	TELMISARTAN 40 MG TABLET	8	15.000	4.90	0.25471	26%-50% Above	No	No
68462025301	ROPINIROLE HCL 0.25 MG TABLET	5	30.000	0.91	0.04912	26%-50% Below	No	No
68462025301	ROPINIROLE HCL 0.25 MG TABLET	5	60.000	7.33	0.04912	101%-200% Above	No	No
68462025301	ROPINIROLE HCL 0.25 MG TABLET	6	30.000	0.89	0.04759	26%-50% Below	No	No
68462025301	ROPINIROLE HCL 0.25 MG TABLET	7	30.000	0.86	0.04901	26%-50% Below	No	No
68462025301	ROPINIROLE HCL 0.25 MG TABLET	7	30.000	3.50	0.04901	101%-200% Above	No	No
68462025301	ROPINIROLE HCL 0.25 MG TABLET	8	30.000	0.86	0.04986	26%-50% Below	No	No
68462025401	ROPINIROLE HCL 0.5 MG TABLET	5	30.000	3.49	0.05117	101%-200% Above	No	No
68462025401	ROPINIROLE HCL 0.5 MG TABLET	6	45.000	5.24	0.04686	101%-200% Above	No	No
68462025401	ROPINIROLE HCL 0.5 MG TABLET	6	90.000	10.48	0.04686	101%-200% Above	No	No
68462025401	ROPINIROLE HCL 0.5 MG TABLET	8	45.000	5.24	0.0479	101%-200% Above	No	No
68462025501	ROPINIROLE HCL 1 MG TABLET	5	60.000	5.92	0.06016	51%-75% Above	No	No
68462025601	ROPINIROLE HCL 2 MG TABLET	5	30.000	9.00	0.06977	200% Above	No	No
68462025601	ROPINIROLE HCL 2 MG TABLET	5	60.000	6.95	0.06977	51%-75% Above	No	No
68462025601	ROPINIROLE HCL 2 MG TABLET	6	60.000	6.95	0.07	51%-75% Above	No	No
68462025601	ROPINIROLE HCL 2 MG TABLET	6	270.000	72.00	0.07	200% Above	No	No
68462025601	ROPINIROLE HCL 2 MG TABLET	7	60.000	6.95	0.06972	51%-75% Above	No	No
68462025601	ROPINIROLE HCL 2 MG TABLET	8	60.000	6.95	0.05993	76%-100% Above	No	No
68462026110	ROSUVASTATIN CALCIUM 5 MG TAB	5	90.000	2.54	0.04408	26%-50% Below	No	No
68462026190	ROSUVASTATIN CALCIUM 5 MG TAB	5	30.000	1.15	0.04408	10%-25% Below	Yes	No
68462026190	ROSUVASTATIN CALCIUM 5 MG TAB	5	90.000	2.50	0.04408	26%-50% Below	No	No
68462026190	ROSUVASTATIN CALCIUM 5 MG TAB	7	90.000	2.18	0.04908	26%-50% Below	No	No
68462026190	ROSUVASTATIN CALCIUM 5 MG TAB	8	90.000	2.65	0.05143	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.000	0.87	0.05219	26%-50% Below	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.000	0.96	0.05219	26%-50% Below	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.000	0.86	0.05349	26%-50% Below	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.000	0.87	0.05349	26%-50% Below	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	7	30.000	0.96	0.05262	26%-50% Below	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	7	90.000	2.61	0.05262	26%-50% Below	Yes	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.000	0.96	0.05293	26%-50% Below	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.000	6.90	0.05293	200% Above	Yes	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.000	4.90	0.07032	101%-200% Above	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.000	4.90	0.07178	101%-200% Above	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.000	9.99	0.07178	200% Above	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	6	90.000	9.90	0.07178	51%-75% Above	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.000	4.90	0.06911	101%-200% Above	No	No
68462026430	ROSUVASTATIN CALCIUM 40 MG TAB	7	90.000	29.99	0.11378	101%-200% Above	No	No
68462026830	ATOMOXETINE HCL 40 MG CAPSULE	7	30.000	14.90	0.74263	26%-50% Below	No	No
68462029301	VERAPAMIL ER 180 MG TABLET	5	90.000	10.99	0.1939	26%-50% Below	No	No
68462029817	CLOTRIMAZOLE-BETAMETHASONE CRM	7	15.000	14.99	0.31274	200% Above	No	No
68462030201	INDOMETHACIN 50 MG CAPSULE	5	30.000	4.63	0.09443	51%-75% Above	No	No
68462030201	INDOMETHACIN 50 MG CAPSULE	5	60.000	6.90	0.09443	10%-25% Above	No	No
68462030201	INDOMETHACIN 50 MG CAPSULE	7	20.000	3.25	0.1027	51%-75% Above	No	No
68462030450	NORETHINDRONE 5 MG TABLET	7	90.000	17.91	0.35891	26%-50% Below	No	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	5	28.000	2.91	0.13185	10%-25% Below	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	6	28.000	2.18	0.14901	26%-50% Below	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	6	84.000	6.53	0.14901	26%-50% Below	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	6	84.000	21.28	0.14901	51%-75% 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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	6	84.000	29.90	0.14901	101%-200% Above	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	7	28.000	2.18	0.13358	26%-50% Below	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	7	84.000	6.53	0.13358	26%-50% Below	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	8	84.000	6.53	0.15521	26%-50% Below	Yes	No
68462031435	NYSTATIN-TRIAMCINOLONE CREAM	6	45.000	9.90	0.38655	26%-50% Below	No	No
68462032590	INDOMETHACIN ER 75 MG CAPSULE	6	60.000	14.90	0.17561	26%-50% Above	No	No
68462033190	PRAMIPEXOLE 0.25 MG TABLET	6	30.000	3.31	0.05235	101%-200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	7	30.000	6.90	0.07645	200% Above	No	No
68462038301	ESZOPICLONE 2 MG TABLET	7	30.000	6.90	0.10772	101%-200% Above	No	No
68462038301	ESZOPICLONE 2 MG TABLET	8	30.000	6.90	0.11539	76%-100% Above	No	No
68462038630	SOLIFENACIN 5 MG TABLET	8	90.000	223.25	0.21496	200% Above	Yes	No
68462039030	ESOMEPRAZOLE MAG DR 20 MG CAP	7	30.000	9.90	0.20561	51%-75% Above	Yes	No
68462039030	ESOMEPRAZOLE MAG DR 20 MG CAP	8	30.000	9.90	0.21048	51%-75% Above	Yes	No
68462039110	ESOMEPRAZOLE MAG DR 40 MG CAP	7	30.000	9.90	0.17056	76%-100% Above	No	No
68462039130	ESOMEPRAZOLE MAG DR 40 MG CAP	5	90.000	143.62	0.17178	200% Above	Yes	No
68462039130	ESOMEPRAZOLE MAG DR 40 MG CAP	6	90.000	143.62	0.16083	200% Above	Yes	No
68462039130	ESOMEPRAZOLE MAG DR 40 MG CAP	8	90.000	157.98	0.18184	200% Above	Yes	No
68462039601	OMEPRAZOLE DR 20 MG CAPSULE	5	30.000	2.48	0.03379	101%-200% Above	No	No
68462039601	OMEPRAZOLE DR 20 MG CAPSULE	6	30.000	2.48	0.03243	101%-200% Above	No	No
68462039601	OMEPRAZOLE DR 20 MG CAPSULE	7	30.000	2.48	0.03197	101%-200% Above	No	No
68462039601	OMEPRAZOLE DR 20 MG CAPSULE	8	30.000	2.48	0.03445	101%-200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	5	30.000	2.48	0.03379	101%-200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	5	90.000	6.22	0.03379	101%-200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	6	90.000	6.22	0.03243	101%-200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	6	90.000	6.43	0.03243	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	7	90.000	6.31	0.03197	101%-200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	8	30.000	2.48	0.03445	101%-200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	8	90.000	6.22	0.03445	76%-100% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	5	30.000	5.11	0.05737	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	5	30.000	5.28	0.05737	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	5	90.000	13.25	0.05737	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	6	30.000	4.90	0.06001	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	6	30.000	5.11	0.06001	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	6	30.000	5.28	0.06001	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	4.90	0.05277	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	5.28	0.05277	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	7	30.000	5.56	0.05277	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	4.90	0.05425	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	5.28	0.05425	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	8	30.000	5.56	0.05425	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	8	90.000	15.67	0.05425	200% Above	No	No
68462040601	INDOMETHACIN 25 MG CAPSULE	7	60.000	6.63	0.09176	10%-25% Above	No	No
68462040601	INDOMETHACIN 25 MG CAPSULE	8	40.000	4.44	0.09854	10%-25% Above	No	No
68462040601	INDOMETHACIN 25 MG CAPSULE	8	60.000	6.63	0.09854	10%-25% Above	No	No
68462041929	HAILEY FE 1-20 TABLET	7	84.000	43.71	0.1504	200% Above	No	No
68462043318	COLESEVELAM 625 MG TABLET	5	180.000	27.05	0.3913	51%-75% Below	No	No
68462043318	COLESEVELAM 625 MG TABLET	8	90.000	14.37	0.31572	26%-50% Below	No	No
68462043630	OLMESARTAN MEDOXOMIL 5 MG TAB	8	60.000	14.99	0.06239	200% Above	No	No
68462043830	OLMESARTAN MEDOXOMIL 40 MG TAB	8	30.000	2.24	0.13638	26%-50% Below	No	No
68462043890	OLMESARTAN MEDOXOMIL 40 MG TAB	8	30.000	2.24	0.13638	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68462053253	CLOBETASOL 0.05% SOLUTION	5	50.000	13.24	0.32528	10%-25% Below	Yes	No
68462058001	FENOFIBRATE 67 MG CAPSULE	5	30.000	9.90	0.11068	101%-200% Above	No	No
68462058001	FENOFIBRATE 67 MG CAPSULE	6	30.000	9.90	0.09497	200% Above	No	No
68462058001	FENOFIBRATE 67 MG CAPSULE	7	30.000	9.90	0.11518	101%-200% Above	No	No
68462058001	FENOFIBRATE 67 MG CAPSULE	8	30.000	9.90	0.10098	200% Above	No	No
68462063945	NITROGLYCERIN 0.4 MG TABLET SL	6	25.000	11.64	0.22079	101%-200% Above	Yes	No
68462063945	NITROGLYCERIN 0.4 MG TABLET SL	8	25.000	3.52	0.21247	26%-50% Below	No	No
68462063945	NITROGLYCERIN 0.4 MG TABLET SL	8	25.000	13.09	0.21247	101%-200% Above	No	No
68462067295	LEVONORGESTREL-ETH ESTRAD 0.15 MG-0.03 MG TABLET	7	91.000	9.57	0.16121	26%-50% Below	No	No
68462067295	LEVONORGESTREL-ETH ESTRAD 0.15 MG-0.03 MG TABLET	8	91.000	9.57	0.20596	26%-50% Below	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	6	84.000	17.08	0.33812	26%-50% Below	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	8	84.000	10.73	0.36294	51%-75% Below	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	8	84.000	124.43	0.36294	200% Above	Yes	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	5	28.000	3.46	0.19816	26%-50% Below	No	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	6	28.000	3.33	0.18411	26%-50% Below	No	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	7	28.000	3.09	0.18669	26%-50% Below	No	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	8	28.000	3.09	0.19501	26%-50% Below	No	No
68462088030	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	8	30.000	8.35	0.24598	10%-25% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	6	90.000	10.00	0.03295	200% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	8	30.000	4.00	0.02966	200% Above	No	No
68645019159	METOPROLOL TARTRATE 100 MG TAB	6	180.000	10.00	0.02846	76%-100% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.000	1.09	0.01315	101%-200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	5	90.000	2.28	0.01315	76%-100% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	6	90.000	2.22	0.01323	76%-100% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.000	1.09	0.01312	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	7	90.000	2.22	0.01312	76%-100% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	5	30.000	15.00	0.04905	200% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	5	90.000	38.00	0.04905	200% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	6	30.000	15.00	0.05159	200% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	6	90.000	38.00	0.05159	200% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	7	30.000	15.00	0.04996	200% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	8	30.000	15.00	0.05091	200% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	8	90.000	38.00	0.05091	200% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	5	30.000	15.00	0.08297	200% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	5	90.000	38.00	0.08297	200% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	6	30.000	15.00	0.08852	200% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	6	90.000	38.00	0.08852	200% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	7	30.000	15.00	0.08361	200% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	8	30.000	15.00	0.07924	200% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	8	90.000	38.00	0.07924	200% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	7	30.000	9.00	0.03754	200% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	5	30.000	11.16	0.0445	200% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	5	45.000	16.74	0.0445	200% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	6	30.000	9.13	0.04419	200% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	6	30.000	11.16	0.04419	200% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	5	30.000	9.00	0.05656	200% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	5	45.000	13.50	0.05656	200% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	6	30.000	9.00	0.05676	200% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	7	30.000	9.00	0.06119	200% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	7	45.000	13.50	0.06119	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68645052354	SERTRALINE HCL 100 MG TABLET	7	90.000	24.00	0.06119	200% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	8	30.000	9.00	0.05541	200% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	8	45.000	13.50	0.05541	200% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	8	180.000	48.00	0.05541	200% Above	No	No
68645055054	LISINOPRIL 2.5 MG TABLET	5	90.000	1.78	0.01496	26%-50% Above	No	No
68645055054	LISINOPRIL 2.5 MG TABLET	8	90.000	1.90	0.01507	26%-50% Above	No	No
68645055154	LISINOPRIL 5 MG TABLET	7	90.000	1.83	0.01409	26%-50% Above	No	No
68645055254	LISINOPRIL 10 MG TABLET	5	30.000	4.00	0.01823	200% Above	No	No
68645055254	LISINOPRIL 10 MG TABLET	5	90.000	10.00	0.01823	200% Above	No	No
68645055354	LISINOPRIL 20 MG TABLET	5	90.000	10.00	0.02605	200% Above	No	No
68645055354	LISINOPRIL 20 MG TABLET	6	30.000	4.00	0.0263	200% Above	No	No
68645055354	LISINOPRIL 20 MG TABLET	6	90.000	10.00	0.0263	200% Above	No	No
68645055354	LISINOPRIL 20 MG TABLET	7	90.000	10.00	0.02591	200% Above	No	No
68645055454	LISINOPRIL 30 MG TABLET	5	90.000	10.00	0.05138	101%-200% Above	No	No
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	6	90.000	10.00	0.04818	101%-200% Above	No	No
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	7	90.000	10.00	0.04665	101%-200% Above	No	No
68645056259	IBUPROFEN 600 MG TABLET	8	20.000	1.33	0.05493	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	5	30.000	1.08	0.06804	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	5	60.000	3.42	0.06804	10%-25% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	5	90.000	5.04	0.06804	10%-25% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	6	30.000	1.08	0.06847	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	6	45.000	2.77	0.06847	10%-25% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	6	60.000	2.15	0.06847	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	6	90.000	5.04	0.06847	10%-25% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	7	20.000	1.47	0.06489	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68645056354	IBUPROFEN 800 MG TABLET	7	90.000	5.04	0.06489	10%-25% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	8	20.000	1.03	0.06818	10%-25% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	8	30.000	1.25	0.06818	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	8	90.000	3.23	0.06818	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	8	90.000	5.04	0.06818	10%-25% Below	No	No
68645057559	GLIPIZIDE 10 MG TABLET	7	90.000	6.00	0.05261	26%-50% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	9.00	0.01749	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	5	90.000	24.00	0.01749	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	6	90.000	24.00	0.01645	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	9.00	0.01389	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	7	90.000	24.00	0.01389	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	9.00	0.01447	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	24.00	0.01447	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	5	30.000	2.63	0.01587	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	5	60.000	4.00	0.01587	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	5	180.000	10.00	0.01587	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	6	30.000	2.63	0.01557	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	6	60.000	4.00	0.01557	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	6	90.000	6.00	0.01557	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	7	60.000	4.00	0.01608	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	7	90.000	6.00	0.01608	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	8	30.000	2.63	0.01657	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	8	60.000	4.00	0.01657	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	8	180.000	10.00	0.01657	200% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	5	60.000	4.00	0.02527	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68645058459	METFORMIN HCL 1,000 MG TABLET	5	180.000	10.00	0.02527	101%-200% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	6	60.000	4.00	0.02613	101%-200% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	6	180.000	10.00	0.02613	101%-200% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	7	60.000	4.00	0.02653	101%-200% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	7	180.000	10.00	0.02653	101%-200% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	8	60.000	4.00	0.02643	101%-200% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	6	45.000	22.50	0.06301	200% Above	No	No
68645059354	LISINOPRIL 40 MG TABLET	5	30.000	5.60	0.04474	200% Above	No	No
68645059354	LISINOPRIL 40 MG TABLET	5	90.000	16.79	0.04474	200% Above	No	No
68645059354	LISINOPRIL 40 MG TABLET	6	30.000	5.60	0.04775	200% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	5	30.000	2.55	0.03133	101%-200% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	6	30.000	2.55	0.03204	101%-200% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	6	90.000	4.00	0.03204	26%-50% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	7	30.000	2.55	0.03127	101%-200% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	7	90.000	4.00	0.03127	26%-50% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	8	30.000	2.55	0.03195	101%-200% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	8	60.000	4.00	0.03195	101%-200% Above	No	No
68645060354	NIFEDIPINE ER 30 MG TABLET	5	30.000	6.90	0.11958	76%-100% Above	No	No
68645060354	NIFEDIPINE ER 30 MG TABLET	5	30.000	9.38	0.11958	101%-200% Above	No	No
68645060354	NIFEDIPINE ER 30 MG TABLET	6	30.000	9.38	0.11915	101%-200% Above	No	No
68645060354	NIFEDIPINE ER 30 MG TABLET	7	30.000	9.38	0.11434	101%-200% Above	No	No
68645060454	NIFEDIPINE ER 60 MG TABLET	5	30.000	2.29	0.14998	26%-50% Below	No	No
68645060454	NIFEDIPINE ER 60 MG TABLET	6	30.000	2.29	0.15401	26%-50% Below	No	No
68645060454	NIFEDIPINE ER 60 MG TABLET	6	30.000	6.90	0.15401	26%-50% Above	No	No
68645060454	NIFEDIPINE ER 60 MG TABLET	7	30.000	6.90	0.16679	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
68645060454	NIFEDIPINE ER 60 MG TABLET	7	30.000	13.55	0.16679	101%-200% Above	No	No
68645060454	NIFEDIPINE ER 60 MG TABLET	8	30.000	2.29	0.15494	26%-50% Below	No	No
68645060454	NIFEDIPINE ER 60 MG TABLET	8	30.000	6.90	0.15494	26%-50% Above	No	No
68645060454	NIFEDIPINE ER 60 MG TABLET	8	30.000	13.55	0.15494	101%-200% Above	No	No
68645060790	ENALAPRIL MALEATE 20 MG TAB	6	90.000	24.00	0.11533	101%-200% Above	No	No
68645060790	ENALAPRIL MALEATE 20 MG TAB	8	90.000	24.00	0.13348	76%-100% Above	No	No
68645061390	LISINOPRIL 40 MG TABLET	6	30.000	5.60	0.04775	200% Above	No	No
68645061390	LISINOPRIL 40 MG TABLET	7	30.000	5.60	0.04562	200% Above	No	No
68645061390	LISINOPRIL 40 MG TABLET	7	90.000	16.79	0.04562	200% Above	No	No
68645061390	LISINOPRIL 40 MG TABLET	8	30.000	5.60	0.0478	200% Above	No	No
68682000610	DILTIAZEM 30 MG TABLET	6	60.000	4.82	0.07106	10%-25% Above	No	No
68682000910	DILTIAZEM 120 MG TABLET	7	180.000	29.90	0.26931	26%-50% Below	No	No
68682010510	NIFEDIPINE ER 30 MG TABLET	7	90.000	30.50	0.08017	200% Above	No	No
68682011001	PIMECROLIMUS 1% CREAM	8	30.000	55.99	3.89534	51%-75% Below	No	No
68682036990	DILTIAZEM 24HR ER 240 MG CAP	5	90.000	43.50	0.4255	10%-25% Above	No	No
68682045570	METRONIDAZOLE VAGINAL 0.75% GL	6	70.000	16.96	0.47683	26%-50% Below	Yes	No
68682045570	METRONIDAZOLE VAGINAL 0.75% GL	8	70.000	16.96	0.46578	26%-50% Below	Yes	No
68682071101	ENALAPRIL MALEATE 5 MG TABLET	5	60.000	4.90	0.10683	10%-25% Below	No	No
68682071301	ENALAPRIL MALEATE 20 MG TAB	5	60.000	14.90	0.13481	76%-100% Above	No	No
68682071301	ENALAPRIL MALEATE 20 MG TAB	6	60.000	14.90	0.11533	101%-200% Above	No	No
68682071301	ENALAPRIL MALEATE 20 MG TAB	7	60.000	14.90	0.12334	101%-200% Above	No	No
68682071301	ENALAPRIL MALEATE 20 MG TAB	8	60.000	14.90	0.13348	76%-100% Above	No	No
69097012203	TOPIRAMATE 25 MG TABLET	5	30.000	1.19	0.03543	10%-25% Above	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	5	60.000	1.37	0.03543	26%-50% Below	No	No
69097012203	TOPIRAMATE 25 MG TABLET	6	30.000	1.16	0.03347	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097012203	TOPIRAMATE 25 MG TABLET	6	30.000	1.19	0.03347	10%-25% Above	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	7	30.000	1.16	0.03113	10%-25% Above	No	No
69097012203	TOPIRAMATE 25 MG TABLET	7	30.000	1.19	0.03113	26%-50% Above	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	8	30.000	1.19	0.03024	26%-50% Above	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	5	60.000	3.76	0.04086	51%-75% Above	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	5	60.000	3.96	0.04086	51%-75% Above	No	No
69097012303	TOPIRAMATE 50 MG TABLET	5	90.000	5.68	0.04086	51%-75% Above	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	6	60.000	3.76	0.04138	51%-75% Above	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	6	60.000	3.96	0.04138	51%-75% Above	No	No
69097012303	TOPIRAMATE 50 MG TABLET	7	30.000	1.79	0.04101	26%-50% Above	No	No
69097012303	TOPIRAMATE 50 MG TABLET	7	60.000	3.96	0.04101	51%-75% Above	No	No
69097012303	TOPIRAMATE 50 MG TABLET	8	60.000	1.49	0.03664	26%-50% Below	No	No
69097012403	TOPIRAMATE 100 MG TABLET	5	60.000	5.38	0.06414	26%-50% Above	Yes	No
69097012403	TOPIRAMATE 100 MG TABLET	5	60.000	22.90	0.06414	200% Above	No	No
69097012403	TOPIRAMATE 100 MG TABLET	6	60.000	5.38	0.06571	26%-50% Above	Yes	No
69097012403	TOPIRAMATE 100 MG TABLET	7	60.000	5.38	0.06349	26%-50% Above	Yes	No
69097012403	TOPIRAMATE 100 MG TABLET	8	60.000	5.38	0.06344	26%-50% Above	Yes	No
69097012605	AMLODIPINE BESYLATE 2.5 MG TAB	8	90.000	2.45	0.01426	76%-100% Above	No	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	5	90.000	2.16	0.01146	101%-200% Above	No	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	2.16	0.00973	101%-200% Above	No	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	7	90.000	1.24	0.00981	26%-50% Above	Yes	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	7	90.000	1.66	0.00981	76%-100% Above	Yes	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	1.05	0.01149	200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	1.15	0.01149	200% Above	No	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	5	90.000	2.70	0.01749	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	6	30.000	0.76	0.01645	51%-75% Above	No	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	6	90.000	1.72	0.01645	10%-25% Above	Yes	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	6	90.000	2.20	0.01645	26%-50% Above	Yes	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	6	90.000	2.78	0.01645	76%-100% Above	No	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	1.88	0.01447	26%-50% Above	Yes	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	2.20	0.01447	51%-75% Above	Yes	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	1.23	0.01749	101%-200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	1.26	0.01749	101%-200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	5	30.000	1.35	0.01749	101%-200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	5	90.000	2.78	0.01749	76%-100% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	6	30.000	1.23	0.01645	101%-200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	6	30.000	1.26	0.01645	101%-200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	6	30.000	1.36	0.01645	101%-200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	1.26	0.01389	200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	7	30.000	1.36	0.01389	200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	1.26	0.01447	101%-200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	1.30	0.01447	101%-200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	8	30.000	1.36	0.01447	200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	8	90.000	0.75	0.01447	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	5	6.700	7.78	3.17742	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	5	6.700	9.90	3.17742	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	5	6.700	11.85	3.17742	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	5	13.400	23.71	3.17742	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	6	6.700	7.78	3.21751	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	6	6.700	11.85	3.21751	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097014260	ALBUTEROL HFA 90 MCG INHALER	7	6.700	7.78	3.11054	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	7	6.700	9.90	3.11054	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	7	6.700	9.99	3.11054	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	7	6.700	11.85	3.11054	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	7	6.700	29.90	3.11054	26%-50% Above	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	6.700	7.78	2.82432	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	6.700	9.72	2.82432	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	6.700	9.90	2.82432	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	6.700	9.99	2.82432	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	6.700	10.67	2.82432	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	6.700	10.94	2.82432	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	8	6.700	11.85	2.82432	26%-50% Below	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	5	30.000	1.29	0.02064	101%-200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	5	60.000	0.65	0.02064	26%-50% Below	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	5	60.000	0.66	0.02064	26%-50% Below	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	5	60.000	2.07	0.02064	51%-75% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	6	30.000	1.29	0.02224	76%-100% Above	No	No
69097015807	MELOXICAM 7.5 MG TABLET	6	30.000	1.29	0.02224	76%-100% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	6	60.000	2.02	0.02224	51%-75% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	6	60.000	2.07	0.02224	51%-75% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	7	30.000	1.29	0.01948	101%-200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	7	60.000	0.65	0.01948	26%-50% Below	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	7	60.000	2.07	0.01948	76%-100% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	8	60.000	0.65	0.01921	26%-50% Below	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	8	60.000	2.02	0.01921	51%-75% 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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097015807	MELOXICAM 7.5 MG TABLET	8	60.000	2.07	0.01921	76%-100% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	5	30.000	0.40	0.02296	26%-50% Below	Yes	No
69097015907	MELOXICAM 15 MG TABLET	5	30.000	0.44	0.02296	26%-50% Below	Yes	No
69097015907	MELOXICAM 15 MG TABLET	5	30.000	1.18	0.02296	51%-75% Above	No	No
69097015907	MELOXICAM 15 MG TABLET	5	30.000	1.18	0.02296	51%-75% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	5	45.000	1.43	0.02296	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	5	90.000	2.54	0.02296	10%-25% Above	No	No
69097015907	MELOXICAM 15 MG TABLET	5	90.000	2.54	0.02296	10%-25% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	6	30.000	0.40	0.02386	26%-50% Below	Yes	No
69097015907	MELOXICAM 15 MG TABLET	6	30.000	1.18	0.02386	51%-75% Above	No	No
69097015907	MELOXICAM 15 MG TABLET	6	30.000	1.18	0.02386	51%-75% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	6	90.000	2.47	0.02386	10%-25% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	6	90.000	2.85	0.02386	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	7	30.000	0.40	0.02217	26%-50% Below	Yes	No
69097015907	MELOXICAM 15 MG TABLET	7	30.000	1.16	0.02217	51%-75% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	7	30.000	1.18	0.02217	76%-100% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	7	90.000	2.47	0.02217	10%-25% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	7	90.000	2.85	0.02217	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	8	30.000	0.40	0.02173	26%-50% Below	Yes	No
69097015907	MELOXICAM 15 MG TABLET	8	30.000	1.18	0.02173	76%-100% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	8	30.000	5.26	0.02173	200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	8	45.000	1.43	0.02173	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	8	90.000	1.21	0.02173	26%-50% Below	Yes	No
69097015907	MELOXICAM 15 MG TABLET	8	90.000	2.47	0.02173	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	8	90.000	2.54	0.02173	26%-50% 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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097015907	MELOXICAM 15 MG TABLET	8	90.000	2.85	0.02173	26%-50% Above	Yes	No
69097015912	MELOXICAM 15 MG TABLET	6	30.000	1.18	0.02386	51%-75% Above	No	No
69097015912	MELOXICAM 15 MG TABLET	7	30.000	1.18	0.02217	76%-100% Above	No	No
69097015912	MELOXICAM 15 MG TABLET	8	30.000	1.18	0.02173	76%-100% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	5	90.000	2.56	0.02296	10%-25% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	8	30.000	1.28	0.02173	76%-100% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	8	90.000	2.56	0.02173	26%-50% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	5	4.000	2.61	0.29486	101%-200% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	5	12.000	6.84	0.29486	76%-100% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	6	4.000	2.61	0.28456	101%-200% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	7	4.000	2.61	0.29152	101%-200% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	8	4.000	2.61	0.29576	101%-200% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	8	12.000	6.84	0.29576	76%-100% Above	No	No
69097040715	METOPROLOL SUCC ER 50 MG TAB	8	90.000	12.40	0.07761	76%-100% Above	No	No
69097042107	CELECOXIB 200 MG CAPSULE	5	30.000	4.90	0.11043	26%-50% Above	No	No
69097042107	CELECOXIB 200 MG CAPSULE	6	30.000	4.90	0.10361	51%-75% Above	No	No
69097042107	CELECOXIB 200 MG CAPSULE	7	30.000	4.90	0.10699	51%-75% Above	No	No
69097042107	CELECOXIB 200 MG CAPSULE	8	30.000	4.90	0.12272	26%-50% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	5	30.000	9.99	0.11043	200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	7	60.000	2.55	0.10699	51%-75% Below	No	No
69097042207	CELECOXIB 100 MG CAPSULE	6	60.000	14.90	0.09095	101%-200% Above	No	No
69097042207	CELECOXIB 100 MG CAPSULE	7	60.000	14.90	0.09291	101%-200% Above	No	No
69097042207	CELECOXIB 100 MG CAPSULE	8	60.000	14.90	0.09655	101%-200% Above	No	No
69097045805	FENOFIBRATE 145 MG TABLET	5	30.000	14.90	0.15452	200% Above	No	No
69097045805	FENOFIBRATE 145 MG TABLET	6	30.000	14.90	0.15775	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097045805	FENOFIBRATE 145 MG TABLET	7	30.000	14.90	0.1548	200% Above	No	No
69097045805	FENOFIBRATE 145 MG TABLET	8	30.000	4.90	0.14194	10%-25% Above	No	No
69097045805	FENOFIBRATE 145 MG TABLET	8	30.000	14.90	0.14194	200% Above	No	No
69097052444	DICLOFENAC SODIUM 1% GEL	5	100.000	25.32	0.08036	200% Above	Yes	No
69097052444	DICLOFENAC SODIUM 1% GEL	5	200.000	10.22	0.08036	26%-50% Below	Yes	No
69097052444	DICLOFENAC SODIUM 1% GEL	5	400.000	12.40	0.08036	51%-75% Below	Yes	No
69097052444	DICLOFENAC SODIUM 1% GEL	6	100.000	6.99	0.08564	10%-25% Below	No	No
69097052444	DICLOFENAC SODIUM 1% GEL	6	200.000	4.90	0.08564	51%-75% Below	Yes	No
69097052444	DICLOFENAC SODIUM 1% GEL	7	100.000	4.90	0.08064	26%-50% Below	No	No
69097052444	DICLOFENAC SODIUM 1% GEL	8	100.000	6.90	0.08685	10%-25% Below	No	No
69097067805	PREGABALIN 50 MG CAPSULE	8	90.000	3.49	0.0696	26%-50% Below	No	No
69097067905	PREGABALIN 75 MG CAPSULE	5	60.000	14.90	0.07708	200% Above	No	No
69097067905	PREGABALIN 75 MG CAPSULE	6	60.000	14.90	0.07511	200% Above	No	No
69097067905	PREGABALIN 75 MG CAPSULE	7	60.000	14.90	0.07346	200% Above	No	No
69097067905	PREGABALIN 75 MG CAPSULE	7	120.000	29.90	0.07346	200% Above	No	No
69097068105	PREGABALIN 100 MG CAPSULE	5	90.000	6.90	0.06494	10%-25% Above	No	No
69097068105	PREGABALIN 100 MG CAPSULE	6	60.000	0.01	0.07251	76%-100% Below	No	No
69097068105	PREGABALIN 100 MG CAPSULE	8	90.000	3.57	0.07455	26%-50% Below	No	No
69097068205	PREGABALIN 150 MG CAPSULE	5	60.000	14.90	0.07394	200% Above	No	No
69097068205	PREGABALIN 150 MG CAPSULE	5	90.000	4.90	0.07394	26%-50% Below	No	No
69097068205	PREGABALIN 150 MG CAPSULE	6	60.000	14.90	0.07859	200% Above	No	No
69097068205	PREGABALIN 150 MG CAPSULE	6	90.000	4.90	0.07859	26%-50% Below	No	No
69097068205	PREGABALIN 150 MG CAPSULE	7	60.000	2.71	0.08012	26%-50% Below	No	No
69097068205	PREGABALIN 150 MG CAPSULE	7	90.000	3.90	0.08012	26%-50% Below	No	No
69097068205	PREGABALIN 150 MG CAPSULE	8	60.000	2.71	0.07643	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097080232	TESTOSTERONE CYP 200 MG/ML	5	1.000	12.28	13.80777	10%-25% Below	No	No
69097080232	TESTOSTERONE CYP 200 MG/ML	5	2.000	11.25	13.80777	51%-75% Below	No	No
69097080232	TESTOSTERONE CYP 200 MG/ML	5	4.000	36.25	13.80777	26%-50% Below	No	No
69097080232	TESTOSTERONE CYP 200 MG/ML	6	1.000	12.28	14.07441	10%-25% Below	No	No
69097080232	TESTOSTERONE CYP 200 MG/ML	6	2.000	12.27	14.07441	51%-75% Below	No	No
69097080232	TESTOSTERONE CYP 200 MG/ML	6	4.000	24.55	14.07441	51%-75% Below	No	No
69097080232	TESTOSTERONE CYP 200 MG/ML	6	5.000	30.68	14.07441	51%-75% Below	No	No
69097080232	TESTOSTERONE CYP 200 MG/ML	8	5.000	30.68	13.93014	51%-75% Below	No	No
69097080237	TESTOSTERON CYP 2,000 MG/10 ML	5	10.000	15.94	4.17991	51%-75% Below	Yes	No
69097081312	GABAPENTIN 100 MG CAPSULE	5	90.000	1.45	0.02584	26%-50% Below	Yes	No
69097081312	GABAPENTIN 100 MG CAPSULE	5	90.000	3.10	0.02584	26%-50% Above	No	No
69097081312	GABAPENTIN 100 MG CAPSULE	5	180.000	5.70	0.02584	10%-25% Above	Yes	No
69097081312	GABAPENTIN 100 MG CAPSULE	6	90.000	3.10	0.02523	26%-50% Above	Yes	No
69097081312	GABAPENTIN 100 MG CAPSULE	6	180.000	5.61	0.02523	10%-25% Above	No	No
69097081312	GABAPENTIN 100 MG CAPSULE	7	42.000	1.76	0.02517	51%-75% Above	No	No
69097081312	GABAPENTIN 100 MG CAPSULE	7	90.000	3.10	0.02517	26%-50% Above	Yes	No
69097081312	GABAPENTIN 100 MG CAPSULE	7	180.000	5.70	0.02517	10%-25% Above	Yes	No
69097081312	GABAPENTIN 100 MG CAPSULE	8	90.000	3.10	0.02724	26%-50% Above	No	No
69097082112	GEMFIBROZIL 600 MG TABLET	5	180.000	15.18	0.10274	10%-25% Below	No	No
69097082112	GEMFIBROZIL 600 MG TABLET	6	60.000	3.49	0.10659	26%-50% Below	No	No
69097082112	GEMFIBROZIL 600 MG TABLET	7	60.000	3.48	0.10455	26%-50% Below	No	No
69097082112	GEMFIBROZIL 600 MG TABLET	8	60.000	3.48	0.10362	26%-50% Below	No	No
69097082207	CITALOPRAM HBR 10 MG TABLET	5	90.000	4.18	0.02742	51%-75% Above	No	No
69097082212	CITALOPRAM HBR 10 MG TABLET	6	30.000	1.77	0.02848	101%-200% Above	No	No
69097082312	CITALOPRAM HBR 20 MG TABLET	5	30.000	1.45	0.03033	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097082312	CITALOPRAM HBR 20 MG TABLET	6	30.000	1.45	0.03115	51%-75% Above	No	No
69097082312	CITALOPRAM HBR 20 MG TABLET	6	90.000	3.26	0.03115	10%-25% Above	No	No
69097082312	CITALOPRAM HBR 20 MG TABLET	7	30.000	1.45	0.03214	26%-50% Above	No	No
69097082312	CITALOPRAM HBR 20 MG TABLET	8	30.000	1.45	0.03211	26%-50% Above	No	No
69097083305	SERTRALINE HCL 25 MG TABLET	5	30.000	2.27	0.04081	76%-100% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	6	30.000	2.33	0.04174	76%-100% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	6	90.000	5.81	0.04174	51%-75% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	7	23.000	1.91	0.03754	101%-200% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	7	30.000	2.27	0.03754	101%-200% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	7	36.000	2.62	0.03754	76%-100% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	8	30.000	0.36	0.04015	51%-75% Below	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	8	90.000	5.81	0.04015	51%-75% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	8	135.000	9.95	0.04015	76%-100% Above	Yes	No
69097083312	SERTRALINE HCL 25 MG TABLET	5	30.000	2.33	0.04081	76%-100% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	6	30.000	2.33	0.04174	76%-100% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	8	30.000	2.44	0.04015	101%-200% Above	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	5	30.000	1.94	0.0445	26%-50% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	5	90.000	3.15	0.0445	10%-25% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	5	90.000	4.77	0.0445	10%-25% Above	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	5	90.000	4.83	0.0445	10%-25% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	6	30.000	0.00	0.04419	76%-100% Below	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	6	90.000	3.15	0.04419	10%-25% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	7	30.000	1.94	0.04589	26%-50% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	7	90.000	4.68	0.04589	10%-25% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	7	90.000	4.77	0.04589	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097083412	SERTRALINE HCL 50 MG TABLET	7	90.000	4.83	0.04589	10%-25% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	8	30.000	1.89	0.04261	26%-50% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	8	30.000	1.94	0.04261	51%-75% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	8	45.000	2.66	0.04261	26%-50% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	8	90.000	4.77	0.04261	10%-25% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	5	135.000	10.81	0.05656	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	5	180.000	14.76	0.05656	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	6	30.000	2.88	0.05676	51%-75% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	6	90.000	7.38	0.05676	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	6	90.000	7.63	0.05676	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	6	90.000	7.72	0.05676	51%-75% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	6	135.000	10.81	0.05676	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	7	30.000	2.79	0.06119	51%-75% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	7	30.000	2.88	0.06119	51%-75% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	7	180.000	15.60	0.06119	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	8	30.000	0.53	0.05541	51%-75% Below	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	8	30.000	2.79	0.05541	51%-75% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	8	90.000	5.99	0.05541	10%-25% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	8	90.000	7.38	0.05541	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	8	180.000	14.76	0.05541	26%-50% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	5	30.000	0.38	0.02363	26%-50% Below	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	5	60.000	2.55	0.02363	76%-100% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	6	30.000	1.53	0.02323	101%-200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	7	30.000	0.38	0.02245	26%-50% Below	Yes	No
69097084607	CYCLOBENZAPRINE 10 MG TABLET	5	20.000	0.94	0.02117	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097084607	CYCLOBENZAPRINE 10 MG TABLET	8	30.000	1.14	0.02303	51%-75% Above	No	No
69097084615	CYCLOBENZAPRINE 10 MG TABLET	5	30.000	1.16	0.02117	76%-100% Above	No	No
69097084615	CYCLOBENZAPRINE 10 MG TABLET	5	45.000	1.49	0.02117	51%-75% Above	No	No
69097084615	CYCLOBENZAPRINE 10 MG TABLET	6	30.000	1.16	0.02453	51%-75% Above	No	No
69097084615	CYCLOBENZAPRINE 10 MG TABLET	6	45.000	1.49	0.02453	26%-50% Above	No	No
69097084805	ESCITALOPRAM 10 MG TABLET	6	90.000	10.09	0.05159	101%-200% Above	No	No
69097084905	ESCITALOPRAM 20 MG TABLET	5	90.000	8.35	0.08297	10%-25% Above	Yes	No
69097084905	ESCITALOPRAM 20 MG TABLET	7	30.000	4.61	0.08361	76%-100% Above	No	No
69097084905	ESCITALOPRAM 20 MG TABLET	8	90.000	9.19	0.07924	26%-50% Above	Yes	No
69097086707	NADOLOL 20 MG TABLET	5	30.000	14.90	0.21063	101%-200% Above	Yes	No
69097086707	NADOLOL 20 MG TABLET	7	90.000	44.90	0.15169	200% Above	Yes	No
69097086807	NADOLOL 40 MG TABLET	5	30.000	8.75	0.25148	10%-25% Above	Yes	No
69097086807	NADOLOL 40 MG TABLET	6	30.000	6.90	0.29382	10%-25% Below	Yes	No
69097086807	NADOLOL 40 MG TABLET	7	30.000	6.90	0.38694	26%-50% Below	Yes	No
69097086807	NADOLOL 40 MG TABLET	8	30.000	6.90	0.35713	26%-50% Below	Yes	No
69097087612	BUPROPION HCL XL 300 MG TABLET	5	30.000	20.67	0.16592	200% Above	No	No
69097094312	GABAPENTIN 300 MG CAPSULE	5	90.000	2.30	0.04254	26%-50% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	5	90.000	2.44	0.04254	26%-50% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	5	90.000	4.80	0.04254	10%-25% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	5	270.000	9.90	0.04254	10%-25% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	6	30.000	1.93	0.04082	51%-75% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	6	180.000	6.26	0.04082	10%-25% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	6	270.000	12.95	0.04082	10%-25% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	6	270.000	13.41	0.04082	10%-25% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	7	270.000	4.48	0.04113	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69097094312	GABAPENTIN 300 MG CAPSULE	8	90.000	2.30	0.04573	26%-50% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	8	360.000	5.98	0.04573	51%-75% Below	Yes	No
69097094405	ATORVASTATIN 10 MG TABLET	5	60.000	1.18	0.03116	26%-50% Below	No	No
69097094405	ATORVASTATIN 10 MG TABLET	7	60.000	0.70	0.03081	51%-75% Below	No	No
69097096507	NABUMETONE 500 MG TABLET	6	60.000	11.71	0.16524	10%-25% Above	No	No
69097096507	NABUMETONE 500 MG TABLET	8	45.000	8.91	0.16595	10%-25% Above	No	No
69097096512	NABUMETONE 500 MG TABLET	5	60.000	11.71	0.14959	26%-50% Above	No	No
69230030001	ALLERGY RELIEF 180 MG TABLET	6	10.000	2.12	0.2703	10%-25% Below	No	No
69230030001	ALLERGY RELIEF 180 MG TABLET	8	10.000	2.21	0.25614	10%-25% Below	No	No
69230030005	ALLERGY RELIEF 180 MG TABLET	5	180.000	42.07	0.28717	10%-25% Below	No	No
69230032133	LEVOCETIRIZINE 5 MG TABLET	6	30.000	1.42	0.18645	51%-75% Below	No	No
69238101302	TESTOSTERONE 1.62% GEL PUMP	6	225.000	29.99	0.49292	51%-75% Below	No	No
69238101703	ISOTRETINOIN 30 MG CAPSULE	5	60.000	115.33	3.34269	26%-50% Below	Yes	No
69238101703	ISOTRETINOIN 30 MG CAPSULE	7	60.000	115.33	3.14223	26%-50% Below	Yes	No
69238110005	DOXYCYCLINE HYCLATE 100 MG CAP	6	30.000	2.17	0.13725	26%-50% Below	No	No
69238110005	DOXYCYCLINE HYCLATE 100 MG CAP	8	10.000	13.50	0.14361	200% Above	No	No
69238110005	DOXYCYCLINE HYCLATE 100 MG CAP	8	20.000	4.90	0.14361	51%-75% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	5	30.000	25.05	0.08903	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	6	30.000	25.05	0.08833	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	6	90.000	75.14	0.08833	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	7	90.000	9.90	0.08044	26%-50% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	7	90.000	75.14	0.08044	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	8	90.000	75.14	0.08931	200% Above	No	No
69238115409	EZETIMIBE 10 MG TABLET	5	30.000	6.90	0.08903	101%-200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	5	30.000	9.90	0.08903	200% Above	Yes	No

## NADAC Summary Report

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69238115409	EZETIMIBE 10 MG TABLET	6	30.000	6.90	0.08833	101%-200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	6	30.000	9.90	0.08833	200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	7	30.000	9.90	0.08044	200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	8	30.000	9.90	0.08931	200% Above	Yes	No
69238120202	BUPRENORPHINE 5 MCG/HR PATCH	6	4.000	76.21	24.74955	10%-25% Below	Yes	No
69238120302	BUPRENORPHINE 10 MCG/HR PATCH	8	4.000	90.18	47.64391	51%-75% Below	Yes	No
69238120402	BUPRENORPHINE 15 MCG/HR PATCH	6	4.000	143.82	71.64898	26%-50% Below	Yes	No
69238120402	BUPRENORPHINE 15 MCG/HR PATCH	7	4.000	143.82	72.50659	26%-50% Below	Yes	No
69238126601	OSELTAMIVIR PHOS 75 MG CAPSULE	6	10.000	9.99	1.39711	26%-50% Below	No	No
69238126601	OSELTAMIVIR PHOS 75 MG CAPSULE	6	10.000	12.07	1.39711	10%-25% Below	Yes	No
69238131109	PREGABALIN 50 MG CAPSULE	8	90.000	3.49	0.0696	26%-50% Below	No	No
69238131309	PREGABALIN 100 MG CAPSULE	5	120.000	3.22	0.06494	51%-75% Below	Yes	No
69238142301	METHOTREXATE 2.5 MG TABLET	5	130.000	106.25	0.26838	200% Above	Yes	No
69238142301	METHOTREXATE 2.5 MG TABLET	7	96.000	86.30	0.25799	200% Above	Yes	No
69238149001	BUMETANIDE 1 MG TABLET	6	90.000	44.46	0.19273	101%-200% Above	Yes	No
69238153203	CLOBETASOL 0.05% CREAM	8	30.000	6.90	0.207	10%-25% Above	No	No
69238153206	CLOBETASOL 0.05% CREAM	6	60.000	9.99	0.20588	10%-25% Below	No	No
69238154401	HYDROXYCHLOROQUINE 200 MG TAB	8	30.000	6.90	0.20382	10%-25% Above	No	No
69238161503	OFLOXACIN 0.3% EAR DROPS	7	5.000	6.99	1.90421	26%-50% Below	No	No
69238161503	OFLOXACIN 0.3% EAR DROPS	7	5.000	13.50	1.90421	26%-50% Above	No	No
69238161503	OFLOXACIN 0.3% EAR DROPS	8	5.000	4.89	1.90257	26%-50% Below	No	No
69238161606	OFLOXACIN 0.3% EAR DROPS	6	10.000	12.58	1.89568	26%-50% Below	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	5	30.000	8.09	0.07773	200% Above	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	6	30.000	8.09	0.09764	101%-200% Above	No	No
69238183207	LEVOTHYROXINE 75 MCG TABLET	5	90.000	22.51	0.09434	101%-200% Above	No	No

## NADAC Summary Report

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69238183207	LEVOTHYROXINE 75 MCG TABLET	6	60.000	15.20	0.10375	101%-200% Above	No	No
69238183207	LEVOTHYROXINE 75 MCG TABLET	7	90.000	22.51	0.09379	101%-200% Above	No	No
69238183301	LEVOTHYROXINE 88 MCG TABLET	6	90.000	22.56	0.10786	101%-200% Above	No	No
69238183607	LEVOTHYROXINE 125 MCG TABLET	5	90.000	26.61	0.11902	101%-200% Above	No	No
69238183607	LEVOTHYROXINE 125 MCG TABLET	8	90.000	5.45	0.10848	26%-50% Below	No	No
69238183807	LEVOTHYROXINE 150 MCG TABLET	6	30.000	9.99	0.14205	101%-200% Above	No	No
69238183807	LEVOTHYROXINE 150 MCG TABLET	7	30.000	9.99	0.12818	101%-200% Above	No	No
69238184001	LEVOTHYROXINE 200 MCG TABLET	5	30.000	9.99	0.1399	101%-200% Above	No	No
69238184001	LEVOTHYROXINE 200 MCG TABLET	6	30.000	9.99	0.2025	51%-75% Above	No	No
69238184001	LEVOTHYROXINE 200 MCG TABLET	7	30.000	9.99	0.13033	101%-200% Above	No	No
69238184001	LEVOTHYROXINE 200 MCG TABLET	8	30.000	5.84	0.13851	26%-50% Above	No	No
69238184007	LEVOTHYROXINE 200 MCG TABLET	6	90.000	33.89	0.2025	76%-100% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	5	10.000	2.58	0.06245	200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	5	60.000	13.39	0.06245	200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	6	60.000	13.39	0.06681	200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	7	60.000	9.90	0.06268	101%-200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	7	60.000	14.64	0.06268	200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	8	60.000	14.64	0.07488	200% Above	No	No
69238207707	PROPRANOLOL 10 MG TABLET	5	30.000	6.43	0.06245	200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	8	40.000	9.09	0.07488	200% Above	Yes	No
69238207801	PROPRANOLOL 20 MG TABLET	5	60.000	14.90	0.07145	200% Above	No	No
69238207801	PROPRANOLOL 20 MG TABLET	6	180.000	29.99	0.07149	101%-200% Above	No	No
69238208101	PROPRANOLOL 80 MG TABLET	5	60.000	14.90	0.21892	10%-25% Above	No	No
69238208101	PROPRANOLOL 80 MG TABLET	5	180.000	44.90	0.21892	10%-25% Above	No	No
69238208101	PROPRANOLOL 80 MG TABLET	6	60.000	14.90	0.19809	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69238208101	PROPRANOLOL 80 MG TABLET	7	60.000	14.90	0.19254	26%-50% Above	No	No
69238208101	PROPRANOLOL 80 MG TABLET	8	60.000	14.90	0.19253	26%-50% Above	No	No
69238208105	PROPRANOLOL 80 MG TABLET	6	180.000	77.71	0.19809	101%-200% Above	Yes	No
69238209004	FAMOTIDINE 40 MG/5 ML SUSP	7	50.000	9.90	0.59371	51%-75% Below	No	No
69238209004	FAMOTIDINE 40 MG/5 ML SUSP	8	50.000	19.90	0.58057	26%-50% Below	No	No
69238212209	PREDNISOLONE 15 MG/5 ML SOLN	8	20.000	1.80	0.13648	26%-50% Below	No	No
69238212209	PREDNISOLONE 15 MG/5 ML SOLN	8	40.000	3.06	0.13648	26%-50% Below	No	No
69238212209	PREDNISOLONE 15 MG/5 ML SOLN	8	40.000	3.97	0.13648	26%-50% Below	No	No
69238212209	PREDNISOLONE 15 MG/5 ML SOLN	8	50.000	4.84	0.13648	26%-50% Below	No	No
69315011610	FUROSEMIDE 20 MG TABLET	5	30.000	1.20	0.02933	26%-50% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	6	12.000	0.77	0.02906	101%-200% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	7	4.000	0.59	0.02829	200% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	7	30.000	1.24	0.02829	26%-50% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	7	56.000	1.88	0.02829	10%-25% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	8	56.000	1.88	0.0282	10%-25% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	8	60.000	0.97	0.0282	26%-50% Below	No	No
69315011710	FUROSEMIDE 40 MG TABLET	5	30.000	1.43	0.03059	51%-75% Above	No	No
69315011710	FUROSEMIDE 40 MG TABLET	5	60.000	0.01	0.03059	76%-100% Below	No	No
69315011710	FUROSEMIDE 40 MG TABLET	6	30.000	0.53	0.03132	26%-50% Below	No	No
69315011710	FUROSEMIDE 40 MG TABLET	6	60.000	0.01	0.03132	76%-100% Below	No	No
69315011710	FUROSEMIDE 40 MG TABLET	7	30.000	0.53	0.03131	26%-50% Below	No	No
69315011710	FUROSEMIDE 40 MG TABLET	7	90.000	3.30	0.03131	10%-25% Above	No	No
69315011710	FUROSEMIDE 40 MG TABLET	8	30.000	0.54	0.03032	26%-50% Below	No	No
69315011710	FUROSEMIDE 40 MG TABLET	8	30.000	1.43	0.03032	51%-75% Above	No	No
69315011710	FUROSEMIDE 40 MG TABLET	8	90.000	0.01	0.03032	76%-100% 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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69315012701	FOLIC ACID 1 MG TABLET	6	90.000	2.30	0.03028	10%-25% Below	No	No
69315012710	FOLIC ACID 1 MG TABLET	5	30.000	1.10	0.02916	10%-25% Above	No	No
69315012710	FOLIC ACID 1 MG TABLET	5	90.000	2.30	0.02916	10%-25% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	6	30.000	1.10	0.03028	10%-25% Above	No	No
69315012710	FOLIC ACID 1 MG TABLET	6	34.000	1.18	0.03028	10%-25% Above	No	No
69315012710	FOLIC ACID 1 MG TABLET	6	90.000	2.24	0.03028	10%-25% Below	No	No
69315012710	FOLIC ACID 1 MG TABLET	7	30.000	1.10	0.0274	26%-50% Above	No	No
69315012710	FOLIC ACID 1 MG TABLET	7	30.000	1.14	0.0274	26%-50% Above	No	No
69315012710	FOLIC ACID 1 MG TABLET	8	30.000	0.36	0.02804	51%-75% Below	No	No
69315012710	FOLIC ACID 1 MG TABLET	8	30.000	1.14	0.02804	26%-50% Above	No	No
69315013701	BENZTROPINE MES 1 MG TABLET	8	60.000	7.92	0.07927	51%-75% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	30.000	3.07	0.05672	76%-100% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	90.000	10.58	0.05672	101%-200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	30.000	3.07	0.04922	101%-200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	90.000	8.21	0.04922	76%-100% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	30.000	4.57	0.0509	101%-200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	90.000	8.21	0.0509	76%-100% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	90.000	12.71	0.0509	101%-200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	30.000	3.17	0.04732	101%-200% Above	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	30.000	4.57	0.04732	200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	90.000	8.21	0.04732	76%-100% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	90.000	8.31	0.04732	76%-100% Above	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	8	90.000	10.58	0.04732	101%-200% Above	Yes	No
69315015510	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	30.000	3.07	0.05672	76%-100% Above	No	No
69315015510	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	30.000	3.17	0.05672	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69315015510	HYDROCHLOROTHIAZIDE 12.5 MG TB	5	30.000	4.57	0.05672	101%-200% Above	No	No
69315015510	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	30.000	3.07	0.04922	101%-200% Above	No	No
69315015510	HYDROCHLOROTHIAZIDE 12.5 MG TB	6	30.000	3.17	0.04922	101%-200% Above	No	No
69315015510	HYDROCHLOROTHIAZIDE 12.5 MG TB	7	30.000	3.07	0.0509	101%-200% Above	No	No
69315021101	NIFEDIPINE 10 MG CAPSULE	5	120.000	22.88	0.39612	51%-75% Below	No	No
69315021101	NIFEDIPINE 10 MG CAPSULE	6	120.000	22.88	0.39371	51%-75% Below	No	No
69315021101	NIFEDIPINE 10 MG CAPSULE	7	120.000	22.56	0.37051	26%-50% Below	No	No
69315021101	NIFEDIPINE 10 MG CAPSULE	8	120.000	22.56	0.27428	26%-50% Below	No	No
69315028109	FENOFIBRIC ACID DR 45 MG CAP	6	90.000	11.92	0.19678	26%-50% Below	No	No
69315028809	FENOFIBRATE 145 MG TABLET	5	30.000	5.50	0.15452	10%-25% Above	No	No
69315028809	FENOFIBRATE 145 MG TABLET	6	30.000	5.50	0.15775	10%-25% Above	No	No
69315028809	FENOFIBRATE 145 MG TABLET	7	30.000	5.50	0.1548	10%-25% Above	No	No
69315028809	FENOFIBRATE 145 MG TABLET	8	30.000	5.50	0.14194	26%-50% Above	No	No
69315029009	FENOFIBRATE 160 MG TABLET	7	90.000	12.50	0.16588	10%-25% Below	No	No
69315030805	CIPROFLOXACIN 0.3% EYE DROP	6	5.000	6.41	1.72105	10%-25% Below	Yes	No
69315031228	PROCTO-MED HC 2.5% CREAM	5	28.000	4.35	0.2652	26%-50% Below	No	No
69315090401	LORAZEPAM 0.5 MG TABLET	8	60.000	1.50	0.03925	26%-50% Below	Yes	No
69315090405	LORAZEPAM 0.5 MG TABLET	7	30.000	1.00	0.04105	10%-25% Below	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	8	20.000	0.92	0.03925	10%-25% Above	No	No
69315090410	LORAZEPAM 0.5 MG TABLET	7	60.000	1.54	0.04105	26%-50% Below	Yes	No
69315090501	LORAZEPAM 1 MG TABLET	8	2.000	0.05	0.04006	26%-50% Below	No	No
69315090505	LORAZEPAM 1 MG TABLET	5	48.000	2.31	0.04181	10%-25% Above	No	No
69315090505	LORAZEPAM 1 MG TABLET	7	48.000	2.31	0.03964	10%-25% Above	No	No
69315090505	LORAZEPAM 1 MG TABLET	8	48.000	2.31	0.04006	10%-25% Above	No	No
69315090510	LORAZEPAM 1 MG TABLET	7	10.000	0.88	0.03964	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69315091001	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	6	240.000	21.55	0.18926	51%-75% Below	No	No
69315091001	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	7	240.000	21.94	0.17996	26%-50% Below	No	No
69315091001	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	8	45.000	13.31	0.19676	26%-50% Above	No	No
69315091001	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	8	240.000	12.77	0.19676	51%-75% Below	No	No
69367013206	GABAPENTIN 300 MG CAPSULE	5	90.000	2.30	0.04254	26%-50% Below	No	No
69367020301	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	8	60.000	7.87	0.16145	10%-25% Below	No	No
69367020305	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	5	30.000	0.99	0.15378	76%-100% Below	No	No
69367023809	LEVOCETIRIZINE 5 MG TABLET	5	30.000	6.99	0.07325	200% Above	No	No
69367023809	LEVOCETIRIZINE 5 MG TABLET	6	30.000	6.90	0.07453	200% Above	No	No
69367023809	LEVOCETIRIZINE 5 MG TABLET	6	30.000	6.99	0.07453	200% Above	No	No
69367023809	LEVOCETIRIZINE 5 MG TABLET	7	30.000	6.99	0.07645	200% Above	No	No
69367023809	LEVOCETIRIZINE 5 MG TABLET	8	30.000	6.99	0.07745	200% Above	No	No
69367025409	FENOFIBRATE 160 MG TABLET	6	30.000	6.90	0.13306	51%-75% Above	No	No
69367025409	FENOFIBRATE 160 MG TABLET	7	30.000	6.90	0.16588	26%-50% Above	No	No
69367025409	FENOFIBRATE 160 MG TABLET	8	30.000	6.90	0.15939	26%-50% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	7	30.000	9.90	0.28575	10%-25% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	8	30.000	9.90	0.25185	26%-50% Above	No	No
69367027216	CODEINE-GUAIFEN 10-100 MG/5 ML	6	180.000	9.99	0.02863	76%-100% Above	No	No
69367027216	CODEINE-GUAIFEN 10-100 MG/5 ML	7	60.000	3.75	0.03153	76%-100% Above	No	No
69367028905	BUPROPION HCL XL 300 MG TABLET	8	90.000	29.90	0.17381	76%-100% Above	No	No
69367030101	CELECOXIB 100 MG CAPSULE	6	60.000	7.00	0.09095	26%-50% Above	No	No
69367030101	CELECOXIB 100 MG CAPSULE	7	60.000	7.00	0.09291	10%-25% Above	No	No
69367030101	CELECOXIB 100 MG CAPSULE	8	60.000	7.00	0.09655	10%-25% Above	No	No
69367030201	CELECOXIB 200 MG CAPSULE	7	30.000	7.00	0.10699	101%-200% Above	No	No
69367030201	CELECOXIB 200 MG CAPSULE	8	30.000	7.00	0.12272	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69367030951	SODIUM FLUORIDE 5000 PLUS CRM	8	51.000	6.71	0.09753	26%-50% Above	No	No
69367031056	SODIUM FLUORIDE 1.1% GEL	5	56.000	9.90	0.11997	26%-50% Above	No	No
69367034305	GABAPENTIN 100 MG CAPSULE	5	180.000	5.70	0.02584	10%-25% Above	Yes	No
69367034305	GABAPENTIN 100 MG CAPSULE	6	270.000	8.03	0.02523	10%-25% Above	Yes	No
69452014320	BENZONATATE 100 MG CAPSULE	8	21.000	5.00	0.07899	200% Above	No	No
69452014420	BENZONATATE 200 MG CAPSULE	8	30.000	6.90	0.10755	101%-200% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	5	30.000	6.90	0.11176	101%-200% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	6	20.000	6.91	0.11117	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	1.000	0.77	0.13434	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	1.000	0.77	0.13434	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	2.000	1.03	0.13434	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.000	1.53	0.13434	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.000	1.57	0.13434	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	4.000	1.57	0.13434	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.000	3.70	0.13434	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	5	12.000	3.70	0.13434	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	1.000	0.77	0.13137	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	1.000	0.77	0.13137	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	2.000	1.03	0.13137	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	3.000	1.30	0.13137	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.000	1.19	0.13137	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.000	1.57	0.13137	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	4.000	1.57	0.13137	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	8.000	2.63	0.13137	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.000	3.57	0.13137	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.000	3.70	0.13137	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	6	12.000	3.70	0.13137	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	1.000	0.77	0.1328	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	1.000	0.77	0.1328	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	2.000	1.03	0.1328	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.000	1.57	0.1328	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	4.000	1.57	0.1328	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.000	3.70	0.1328	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	7	12.000	3.70	0.1328	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	1.000	0.77	0.13492	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	2.000	1.03	0.13492	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	3.000	1.30	0.13492	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.000	0.32	0.13492	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.000	1.57	0.13492	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	4.000	1.57	0.13492	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	8.000	2.56	0.13492	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.000	3.70	0.13492	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	8	12.000	3.70	0.13492	101%-200% Above	Yes	No
69452015773	RIZATRIPTAN 10 MG ODT	5	18.000	7.07	0.76647	26%-50% Below	No	No
69452015773	RIZATRIPTAN 10 MG ODT	5	18.000	8.71	0.76647	26%-50% Below	No	No
69452015773	RIZATRIPTAN 10 MG ODT	6	10.000	4.60	0.63623	26%-50% Below	No	No
69452015773	RIZATRIPTAN 10 MG ODT	6	18.000	7.07	0.63623	26%-50% Below	No	No
69452015773	RIZATRIPTAN 10 MG ODT	7	18.000	6.87	0.64869	26%-50% Below	No	No
69452015773	RIZATRIPTAN 10 MG ODT	7	18.000	8.28	0.64869	26%-50% Below	No	No
69452015773	RIZATRIPTAN 10 MG ODT	8	18.000	6.87	0.7253	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69452015773	RIZATRIPTAN 10 MG ODT	8	18.000	7.01	0.7253	26%-50% Below	No	No
69452015773	RIZATRIPTAN 10 MG ODT	8	30.000	44.98	0.7253	101%-200% Above	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	6	6.000	3.55	0.34207	51%-75% Above	No	No
69452020720	CALCITRIOL 0.25 MCG CAPSULE	5	12.000	5.87	0.1981	101%-200% Above	No	No
69452020720	CALCITRIOL 0.25 MCG CAPSULE	6	12.000	5.87	0.18536	101%-200% Above	No	No
69452020720	CALCITRIOL 0.25 MCG CAPSULE	7	12.000	6.40	0.17963	101%-200% Above	No	No
69452020720	CALCITRIOL 0.25 MCG CAPSULE	8	12.000	6.40	0.17702	200% Above	No	No
69452029030	ACYCLOVIR 400 MG TABLET	7	20.000	2.79	0.10606	26%-50% Above	No	No
69452029130	ACYCLOVIR 800 MG TABLET	5	90.000	8.86	0.19366	26%-50% Below	No	No
69452034472	SUMATRIPTAN SUCC 25 MG TABLET	7	10.000	9.90	0.33578	101%-200% Above	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	5	9.000	3.20	0.44191	10%-25% Below	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	6	9.000	2.22	0.41525	26%-50% Below	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	7	9.000	2.22	0.4443	26%-50% Below	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	8	9.000	6.90	0.44034	51%-75% Above	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	8	12.000	2.96	0.44034	26%-50% Below	Yes	No
69543012450	GLIMEPIRIDE 2 MG TABLET	5	60.000	8.00	0.04068	200% Above	No	No
69543012450	GLIMEPIRIDE 2 MG TABLET	6	60.000	8.00	0.04078	200% Above	No	No
69543012450	GLIMEPIRIDE 2 MG TABLET	6	90.000	10.00	0.04078	101%-200% Above	No	No
69584002290	AMLODIPINE BESYLATE 5 MG TAB	8	30.000	1.05	0.01149	200% Above	No	No
69584009150	BUSPIRONE HCL 5 MG TABLET	5	60.000	3.94	0.02648	101%-200% Above	Yes	No
69584009150	BUSPIRONE HCL 5 MG TABLET	7	30.000	2.22	0.02589	101%-200% Above	Yes	No
69584009150	BUSPIRONE HCL 5 MG TABLET	8	30.000	2.22	0.02396	200% Above	Yes	No
69584009210	BUSPIRONE HCL 10 MG TABLET	6	180.000	11.44	0.03741	51%-75% Above	No	No
69584009250	BUSPIRONE HCL 10 MG TABLET	5	60.000	4.28	0.0375	76%-100% Above	Yes	No
69584009250	BUSPIRONE HCL 10 MG TABLET	5	180.000	16.15	0.0375	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69584009250	BUSPIRONE HCL 10 MG TABLET	6	180.000	16.15	0.03741	101%-200% Above	Yes	No
69584009250	BUSPIRONE HCL 10 MG TABLET	7	60.000	4.28	0.03744	76%-100% Above	Yes	No
69584009250	BUSPIRONE HCL 10 MG TABLET	7	180.000	11.44	0.03744	51%-75% Above	Yes	No
69584009250	BUSPIRONE HCL 10 MG TABLET	8	60.000	4.28	0.03287	101%-200% Above	Yes	No
69584009350	BUSPIRONE HCL 15 MG TABLET	5	90.000	6.04	0.05142	26%-50% Above	Yes	No
69584009350	BUSPIRONE HCL 15 MG TABLET	5	180.000	12.08	0.05142	26%-50% Above	Yes	No
69584009350	BUSPIRONE HCL 15 MG TABLET	6	30.000	0.83	0.05122	26%-50% Below	Yes	No
69584009350	BUSPIRONE HCL 15 MG TABLET	6	270.000	18.12	0.05122	26%-50% Above	Yes	No
69584009350	BUSPIRONE HCL 15 MG TABLET	7	90.000	6.64	0.05065	26%-50% Above	Yes	No
69584009350	BUSPIRONE HCL 15 MG TABLET	8	180.000	14.16	0.04811	51%-75% Above	Yes	No
69584011110	CARISOPRODOL 350 MG TABLET	5	60.000	4.11	0.05304	26%-50% Above	No	No
69584011110	CARISOPRODOL 350 MG TABLET	8	60.000	4.47	0.06322	10%-25% Above	No	No
69584011190	CARISOPRODOL 350 MG TABLET	6	180.000	9.90	0.04893	10%-25% Above	No	No
69584011190	CARISOPRODOL 350 MG TABLET	7	120.000	7.72	0.05408	10%-25% Above	No	No
69584011190	CARISOPRODOL 350 MG TABLET	8	180.000	9.90	0.06322	10%-25% Below	No	No
69584036190	HYDROCHLOROTHIAZIDE 25 MG TAB	5	30.000	1.09	0.01315	101%-200% Above	No	No
69584036190	HYDROCHLOROTHIAZIDE 25 MG TAB	6	30.000	1.09	0.01323	101%-200% Above	No	No
69584036190	HYDROCHLOROTHIAZIDE 25 MG TAB	7	30.000	1.09	0.01312	101%-200% Above	No	No
69584036190	HYDROCHLOROTHIAZIDE 25 MG TAB	8	30.000	1.09	0.01241	101%-200% Above	No	No
69584061150	METHOCARBAMOL 500 MG TABLET	6	30.000	1.75	0.04304	26%-50% Above	No	No
69584061210	METHOCARBAMOL 750 MG TABLET	5	90.000	8.44	0.04924	76%-100% Above	No	No
69584061210	METHOCARBAMOL 750 MG TABLET	6	90.000	2.56	0.05085	26%-50% Below	No	No
69584061210	METHOCARBAMOL 750 MG TABLET	6	90.000	8.44	0.05085	76%-100% Above	No	No
69584085290	SPIRONOLACTONE 25 MG TABLET	5	90.000	8.65	0.05333	76%-100% Above	No	No
69584085310	SPIRONOLACTONE 50 MG TABLET	7	30.000	6.10	0.11657	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
69584085410	SPIRONOLACTONE 100 MG TABLET	6	90.000	31.28	0.25447	26%-50% Above	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	5	1.000	2.34	2.63567	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	5	2.000	4.18	2.63567	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	5	2.000	4.33	2.63567	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	5	3.000	6.50	2.63567	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	5	4.000	7.61	2.63567	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	5	4.000	8.66	2.63567	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	5	6.000	12.99	2.63567	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	5	10.000	21.65	2.63567	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	6	4.000	8.66	2.49097	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	6	11.000	23.82	2.49097	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	7	1.000	0.65	2.69558	51%-75% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	7	3.000	6.03	2.69558	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	7	4.000	8.66	2.69558	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	8	1.000	0.65	2.55187	51%-75% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	8	3.000	6.50	2.55187	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	8	4.000	8.66	2.55187	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	8	6.000	12.99	2.55187	10%-25% Below	No	No
69680013300	POTASSIUM CL ER 10 MEQ TABLET	5	3.000	1.52	0.12099	200% Above	No	No
69680013300	POTASSIUM CL ER 10 MEQ TABLET	5	90.000	28.46	0.12099	101%-200% Above	No	No
69680013393	POTASSIUM CL ER 10 MEQ TABLET	5	30.000	4.15	0.12099	10%-25% Above	No	No
69784050001	EC-NAPROXEN DR 500 MG TABLET	7	180.000	331.06	2.90487	26%-50% Below	No	No
69918020101	DESMOPRESSIN ACETATE 0.2 MG TB	8	90.000	22.16	0.51107	51%-75% Below	No	No
70000036105	ALLERGY RELIEF 180 MG TABLET	8	30.000	4.56	0.25614	26%-50% Below	No	No
70010000201	COLCHICINE 0.6 MG TABLET	6	20.000	14.90	0.32205	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70010000201	COLCHICINE 0.6 MG TABLET	8	3.000	9.90	0.33755	200% Above	No	No
70010000201	COLCHICINE 0.6 MG TABLET	8	20.000	14.90	0.33755	101%-200% Above	No	No
70010000501	DEXMETHYLPHENIDATE ER 10 MG CP	5	30.000	20.11	1.05396	26%-50% Below	No	No
70010000501	DEXMETHYLPHENIDATE ER 10 MG CP	6	30.000	20.11	1.05573	26%-50% Below	No	No
70010000501	DEXMETHYLPHENIDATE ER 10 MG CP	8	30.000	17.02	1.58486	51%-75% Below	No	No
70010000601	DEXMETHYLPHENIDATE ER 15 MG CP	5	30.000	13.34	1.02593	51%-75% Below	No	No
70010000601	DEXMETHYLPHENIDATE ER 15 MG CP	6	30.000	13.34	0.96431	51%-75% Below	No	No
70010000601	DEXMETHYLPHENIDATE ER 15 MG CP	8	30.000	20.12	1.0563	26%-50% Below	No	No
70010001301	METHYLPHENIDATE LA 20 MG CAP	5	30.000	9.99	1.61827	76%-100% Below	No	No
70010001301	METHYLPHENIDATE LA 20 MG CAP	6	30.000	9.99	1.61827	76%-100% Below	No	No
70010001301	METHYLPHENIDATE LA 20 MG CAP	7	30.000	9.99	1.80495	76%-100% Below	No	No
70010001501	METHYLPHENIDATE LA 40 MG CAP	8	30.000	35.53	3.56295	51%-75% Below	No	No
70010001603	METHYLPHENIDATE LA 60 MG CAP	6	30.000	71.07	8.13867	51%-75% Below	No	No
70010001603	METHYLPHENIDATE LA 60 MG CAP	8	30.000	71.07	8.03861	51%-75% Below	No	No
70010002201	POTASSIUM CL ER 10 MEQ TABLET	5	180.000	60.53	0.12099	101%-200% Above	No	No
70010002201	POTASSIUM CL ER 10 MEQ TABLET	6	90.000	30.27	0.14507	101%-200% Above	No	No
70010002210	POTASSIUM CL ER 10 MEQ TABLET	6	90.000	30.77	0.14507	101%-200% Above	No	No
70010002803	RAMELTEON 8 MG TABLET	6	30.000	0.00	0.9135	76%-100% Below	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	8	30.000	21.60	0.65297	10%-25% Above	No	No
70010004301	METHYLPHENIDATE ER 20 MG TAB	8	30.000	9.32	0.50118	26%-50% Below	Yes	No
70010006305	METFORMIN HCL 500 MG TABLET	5	30.000	1.07	0.01587	101%-200% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	7	180.000	3.46	0.01608	10%-25% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	5	30.000	0.96	0.01587	101%-200% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	5	30.000	0.98	0.01587	101%-200% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	5	60.000	1.45	0.01587	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70010006310	METFORMIN HCL 500 MG TABLET	6	30.000	0.96	0.01557	101%-200% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	6	60.000	1.45	0.01557	51%-75% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	6	180.000	3.25	0.01557	10%-25% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	7	30.000	0.98	0.01608	101%-200% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	7	30.000	1.00	0.01608	101%-200% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	7	60.000	1.45	0.01608	26%-50% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	8	30.000	1.00	0.01657	101%-200% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	8	60.000	1.45	0.01657	26%-50% Above	No	No
70010006501	METFORMIN HCL 1,000 MG TABLET	5	180.000	5.72	0.02527	10%-25% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	5	60.000	2.18	0.02527	26%-50% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	5	60.000	2.24	0.02527	26%-50% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	5	180.000	5.54	0.02527	10%-25% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	6	60.000	2.18	0.02613	26%-50% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	6	60.000	2.24	0.02613	26%-50% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	6	180.000	5.22	0.02613	10%-25% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	6	180.000	5.54	0.02613	10%-25% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	7	60.000	2.18	0.02653	26%-50% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	8	60.000	2.18	0.02643	26%-50% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	8	60.000	2.24	0.02643	26%-50% Above	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	5	60.000	2.24	0.02527	26%-50% Above	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	6	60.000	2.18	0.02613	26%-50% Above	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	6	60.000	2.24	0.02613	26%-50% Above	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	6	180.000	5.72	0.02613	10%-25% Above	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	7	60.000	2.24	0.02653	26%-50% Above	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	7	180.000	5.82	0.02653	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70010006510	METFORMIN HCL 1,000 MG TABLET	7	180.000	6.03	0.02653	26%-50% Above	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	8	60.000	2.24	0.02643	26%-50% Above	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	5	28.000	7.83	0.16653	51%-75% Above	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	5	30.000	6.90	0.16653	26%-50% Above	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	5	30.000	8.64	0.16653	51%-75% Above	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	6	28.000	7.83	0.17005	51%-75% Above	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	6	30.000	6.90	0.17005	26%-50% Above	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	6	30.000	8.64	0.17005	51%-75% Above	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	6	60.000	14.90	0.17005	26%-50% Above	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	7	30.000	6.90	0.17599	26%-50% Above	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	8	28.000	8.55	0.17571	51%-75% Above	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	8	30.000	6.90	0.17571	26%-50% Above	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	8	60.000	14.90	0.17571	26%-50% Above	No	No
70010013901	NAPROXEN 500 MG TABLET	7	180.000	2.29	0.06966	76%-100% Below	Yes	No
70010013901	NAPROXEN 500 MG TABLET	7	180.000	17.17	0.06966	26%-50% Above	Yes	No
70010013905	NAPROXEN 500 MG TABLET	7	60.000	6.22	0.06966	26%-50% Above	No	No
70010014901	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	6	24.000	2.16	0.15945	26%-50% Below	No	No
70010016305	CETIRIZINE HCL 10 MG TABLET	5	30.000	1.80	0.0688	10%-25% Below	No	No
70010016305	CETIRIZINE HCL 10 MG TABLET	5	30.000	3.90	0.0688	76%-100% Above	No	No
70010016305	CETIRIZINE HCL 10 MG TABLET	5	90.000	8.32	0.0688	26%-50% Above	Yes	No
70010016305	CETIRIZINE HCL 10 MG TABLET	7	30.000	1.80	0.06808	10%-25% Below	No	No
70010016305	CETIRIZINE HCL 10 MG TABLET	7	90.000	2.25	0.06808	51%-75% Below	Yes	No
70010016305	CETIRIZINE HCL 10 MG TABLET	7	90.000	8.32	0.06808	26%-50% Above	Yes	No
70010016305	CETIRIZINE HCL 10 MG TABLET	8	30.000	1.80	0.06805	10%-25% Below	No	No
70010016305	CETIRIZINE HCL 10 MG TABLET	8	90.000	2.25	0.06805	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70010049105	METFORMIN HCL ER 500 MG TABLET	5	30.000	1.52	0.03133	51%-75% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	5	60.000	0.01	0.03133	76%-100% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	5	60.000	2.54	0.03133	26%-50% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	5	120.000	2.21	0.03133	26%-50% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	5	120.000	4.58	0.03133	10%-25% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	6	30.000	1.52	0.03204	51%-75% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	6	60.000	0.01	0.03204	76%-100% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	6	90.000	3.54	0.03204	10%-25% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	6	120.000	2.26	0.03204	26%-50% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	6	120.000	3.18	0.03204	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	6	120.000	4.53	0.03204	10%-25% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	6	120.000	4.58	0.03204	10%-25% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	7	30.000	1.48	0.03127	51%-75% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	7	30.000	1.52	0.03127	51%-75% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	7	60.000	2.54	0.03127	26%-50% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	7	120.000	3.18	0.03127	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	7	120.000	4.53	0.03127	10%-25% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	7	120.000	4.58	0.03127	10%-25% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	7	360.000	12.40	0.03127	10%-25% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	8	30.000	1.52	0.03195	51%-75% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	8	60.000	2.54	0.03195	26%-50% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	8	90.000	3.45	0.03195	10%-25% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	8	120.000	2.30	0.03195	26%-50% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	8	120.000	4.58	0.03195	10%-25% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	8	180.000	0.02	0.03195	76%-100% 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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70010049110	METFORMIN HCL ER 500 MG TABLET	5	30.000	1.52	0.03133	51%-75% Above	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	5	90.000	2.45	0.03133	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	5	90.000	3.56	0.03133	26%-50% Above	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	5	180.000	4.90	0.03133	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	5	270.000	9.36	0.03133	10%-25% Above	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	6	30.000	1.52	0.03204	51%-75% Above	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	7	30.000	1.52	0.03127	51%-75% Above	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	7	180.000	6.62	0.03127	10%-25% Above	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	7	270.000	9.36	0.03127	10%-25% Above	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	8	30.000	1.52	0.03195	51%-75% Above	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	8	90.000	3.56	0.03195	10%-25% Above	Yes	No
70010075401	METHOCARBAMOL 500 MG TABLET	8	30.000	2.54	0.05056	51%-75% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	6	10.000	1.38	0.05085	101%-200% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	7	42.000	4.20	0.0484	101%-200% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	8	90.000	2.27	0.05375	51%-75% Below	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	5	60.000	5.88	0.04924	76%-100% Above	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	6	60.000	5.88	0.05085	76%-100% Above	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	7	60.000	5.88	0.0484	101%-200% Above	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	5	1.000	2.17	2.63567	10%-25% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	5	1.000	2.34	2.63567	10%-25% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	5	1.000	2.37	2.63567	10%-25% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	5	2.000	4.27	2.63567	10%-25% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	5	2.000	4.33	2.63567	10%-25% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	5	6.000	11.16	2.63567	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	5	6.000	11.55	2.63567	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	6	1.000	2.17	2.49097	10%-25% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	6	2.000	4.33	2.49097	10%-25% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	6	3.000	5.92	2.49097	10%-25% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	6	3.000	6.03	2.49097	10%-25% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	7	1.000	2.17	2.69558	10%-25% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	7	1.000	2.34	2.69558	10%-25% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	7	2.000	4.33	2.69558	10%-25% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	7	3.000	6.50	2.69558	10%-25% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	7	6.000	11.25	2.69558	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	7	10.000	18.27	2.69558	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	8	2.000	4.33	2.55187	10%-25% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	8	6.000	11.55	2.55187	10%-25% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	8	12.000	16.89	2.55187	26%-50% Below	Yes	No
70069000701	OLOPATADINE HCL 0.1% EYE DROPS	5	5.000	7.76	4.08273	51%-75% Below	Yes	No
70069000701	OLOPATADINE HCL 0.1% EYE DROPS	5	5.000	8.18	4.08273	51%-75% Below	No	No
70069000701	OLOPATADINE HCL 0.1% EYE DROPS	6	5.000	9.90	4.1347	51%-75% Below	No	No
70069009101	AZELASTINE HCL 0.05% DROPS	5	6.000	3.64	0.98382	26%-50% Below	Yes	No
70069009101	AZELASTINE HCL 0.05% DROPS	6	18.000	61.24	1.00791	200% Above	Yes	No
70069013101	TOBRAMYCIN 0.3% EYE DROP	6	5.000	0.00	1.46427	76%-100% Below	No	No
70069013101	TOBRAMYCIN 0.3% EYE DROP	6	5.000	5.55	1.46427	10%-25% Below	No	No
70069042101	LATANOPROST 0.005% EYE DROPS	6	2.500	4.90	1.77534	10%-25% Above	No	No
70069042101	LATANOPROST 0.005% EYE DROPS	8	2.500	8.29	1.82997	76%-100% Above	No	No
70377000215	SIMVASTATIN 10 MG TABLET	5	30.000	0.48	0.03051	26%-50% Below	Yes	No
70377000215	SIMVASTATIN 10 MG TABLET	5	30.000	1.28	0.03051	26%-50% Above	Yes	No
70377000215	SIMVASTATIN 10 MG TABLET	6	30.000	0.33	0.03245	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70377000215	SIMVASTATIN 10 MG TABLET	7	30.000	0.33	0.02996	51%-75% Below	Yes	No
70377000215	SIMVASTATIN 10 MG TABLET	8	30.000	0.33	0.03106	51%-75% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	5	30.000	1.19	0.03064	26%-50% Above	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	5	90.000	1.40	0.03064	26%-50% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	5	90.000	1.55	0.03064	26%-50% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	6	30.000	0.47	0.03213	51%-75% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	6	30.000	1.19	0.03213	10%-25% Above	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	7	30.000	0.47	0.03076	26%-50% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	8	30.000	0.47	0.0335	51%-75% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	8	90.000	1.40	0.0335	51%-75% Below	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	5	90.000	2.06	0.05113	51%-75% Below	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	8	30.000	0.79	0.05736	51%-75% Below	No	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	5	30.000	20.02	0.04408	200% Above	No	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	6	30.000	0.83	0.04421	26%-50% Below	Yes	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	6	30.000	20.02	0.04421	200% Above	No	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	7	30.000	0.83	0.04908	26%-50% Below	Yes	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	7	30.000	20.02	0.04908	200% Above	No	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	7	90.000	189.86	0.04908	200% Above	Yes	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	8	30.000	20.02	0.05143	200% Above	No	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	5	90.000	44.90	0.04408	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	5	90.000	172.60	0.04408	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	7	90.000	2.50	0.04908	26%-50% Below	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	8	30.000	0.83	0.05143	26%-50% Below	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.000	0.87	0.05219	26%-50% Below	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.000	0.87	0.05219	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.000	1.31	0.05219	10%-25% Below	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.000	6.90	0.05219	200% Above	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.000	21.21	0.05219	200% Above	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.000	2.61	0.05219	26%-50% Below	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.000	63.62	0.05219	200% Above	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.000	0.87	0.05349	26%-50% Below	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.000	0.94	0.05349	26%-50% Below	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.000	6.90	0.05349	200% Above	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.000	21.21	0.05349	200% Above	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.000	2.61	0.05349	26%-50% Below	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	6	90.000	63.62	0.05349	200% Above	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	7	30.000	0.87	0.05262	26%-50% Below	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	7	30.000	0.96	0.05262	26%-50% Below	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	7	30.000	6.90	0.05262	200% Above	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	7	30.000	21.21	0.05262	200% Above	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	7	90.000	63.62	0.05262	200% Above	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.000	0.87	0.05293	26%-50% Below	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.000	21.21	0.05293	200% Above	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.000	2.61	0.05293	26%-50% Below	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.000	63.62	0.05293	200% Above	No	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	8	30.000	0.87	0.05293	26%-50% Below	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.000	2.61	0.05293	26%-50% Below	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	8	90.000	2.65	0.05293	26%-50% Below	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.000	17.91	0.07032	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	5	90.000	171.69	0.07032	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.000	17.91	0.07178	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	6	90.000	44.90	0.07178	200% Above	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	6	90.000	171.69	0.07178	200% Above	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.000	9.90	0.07284	200% Above	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.000	17.91	0.06911	200% Above	No	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.000	1.21	0.07178	26%-50% Below	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.000	14.90	0.07284	101%-200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	7	90.000	29.90	0.07284	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	8	30.000	6.90	0.06911	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	8	90.000	44.90	0.06911	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	8	90.000	188.87	0.06911	200% Above	Yes	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	5	30.000	6.90	0.12325	76%-100% Above	Yes	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	6	30.000	6.90	0.12096	76%-100% Above	Yes	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	6	90.000	29.90	0.12096	101%-200% Above	Yes	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	7	30.000	22.67	0.11378	200% Above	No	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	7	90.000	188.79	0.11378	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	6	30.000	22.67	0.12096	200% Above	No	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	7	30.000	6.90	0.11378	101%-200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	7	30.000	9.90	0.11378	101%-200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	7	90.000	12.40	0.11378	10%-25% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	8	30.000	6.90	0.12182	76%-100% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	8	30.000	9.90	0.12182	101%-200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	8	90.000	29.90	0.12182	101%-200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	8	90.000	188.79	0.12182	200% Above	Yes	No
70377002711	ATORVASTATIN 10 MG TABLET	5	30.000	0.67	0.03116	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70377002711	ATORVASTATIN 10 MG TABLET	5	90.000	1.77	0.03116	26%-50% Below	Yes	No
70377002711	ATORVASTATIN 10 MG TABLET	5	90.000	8.04	0.03116	101%-200% Above	Yes	No
70377002711	ATORVASTATIN 10 MG TABLET	6	30.000	0.59	0.03	26%-50% Below	Yes	No
70377002711	ATORVASTATIN 10 MG TABLET	6	90.000	1.77	0.03	26%-50% Below	Yes	No
70377002711	ATORVASTATIN 10 MG TABLET	6	90.000	8.04	0.03	101%-200% Above	Yes	No
70377002711	ATORVASTATIN 10 MG TABLET	7	30.000	0.59	0.03081	26%-50% Below	Yes	No
70377002711	ATORVASTATIN 10 MG TABLET	7	90.000	1.77	0.03081	26%-50% Below	Yes	No
70377002711	ATORVASTATIN 10 MG TABLET	8	30.000	0.59	0.0332	26%-50% Below	Yes	No
70377002713	ATORVASTATIN 10 MG TABLET	5	30.000	4.14	0.03116	200% Above	No	No
70377002713	ATORVASTATIN 10 MG TABLET	5	90.000	0.01	0.03116	76%-100% Below	No	No
70377002713	ATORVASTATIN 10 MG TABLET	7	90.000	1.77	0.03081	26%-50% Below	Yes	No
70377002713	ATORVASTATIN 10 MG TABLET	7	90.000	8.84	0.03081	200% Above	Yes	No
70377002713	ATORVASTATIN 10 MG TABLET	8	19.000	0.37	0.0332	26%-50% Below	Yes	No
70377002713	ATORVASTATIN 10 MG TABLET	8	30.000	0.59	0.0332	26%-50% Below	Yes	No
70377002713	ATORVASTATIN 10 MG TABLET	8	90.000	0.01	0.0332	76%-100% Below	No	No
70377002713	ATORVASTATIN 10 MG TABLET	8	90.000	1.77	0.0332	26%-50% Below	Yes	No
70377002713	ATORVASTATIN 10 MG TABLET	8	90.000	8.84	0.0332	101%-200% Above	Yes	No
70377002713	ATORVASTATIN 10 MG TABLET	8	90.000	11.53	0.0332	200% Above	Yes	No
70377002811	ATORVASTATIN 20 MG TABLET	5	30.000	0.92	0.04094	10%-25% Below	Yes	No
70377002811	ATORVASTATIN 20 MG TABLET	5	90.000	0.01	0.04094	76%-100% Below	No	No
70377002811	ATORVASTATIN 20 MG TABLET	5	90.000	9.91	0.04094	101%-200% Above	Yes	No
70377002811	ATORVASTATIN 20 MG TABLET	6	30.000	0.82	0.04166	26%-50% Below	Yes	No
70377002811	ATORVASTATIN 20 MG TABLET	6	90.000	9.91	0.04166	101%-200% Above	Yes	No
70377002811	ATORVASTATIN 20 MG TABLET	8	90.000	0.01	0.03977	76%-100% Below	No	No
70377002813	ATORVASTATIN 20 MG TABLET	5	30.000	0.00	0.04094	76%-100% 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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70377002813	ATORVASTATIN 20 MG TABLET	6	30.000	0.00	0.04166	76%-100% Below	No	No
70377002813	ATORVASTATIN 20 MG TABLET	6	30.000	0.82	0.04166	26%-50% Below	Yes	No
70377002813	ATORVASTATIN 20 MG TABLET	6	90.000	0.01	0.04166	76%-100% Below	No	No
70377002813	ATORVASTATIN 20 MG TABLET	6	90.000	2.45	0.04166	26%-50% Below	Yes	No
70377002813	ATORVASTATIN 20 MG TABLET	7	30.000	0.00	0.04069	76%-100% Below	No	No
70377002813	ATORVASTATIN 20 MG TABLET	7	30.000	0.82	0.04069	26%-50% Below	Yes	No
70377002813	ATORVASTATIN 20 MG TABLET	7	60.000	0.01	0.04069	76%-100% Below	No	No
70377002813	ATORVASTATIN 20 MG TABLET	7	90.000	2.45	0.04069	26%-50% Below	Yes	No
70377002813	ATORVASTATIN 20 MG TABLET	7	90.000	9.91	0.04069	101%-200% Above	Yes	No
70377002813	ATORVASTATIN 20 MG TABLET	7	90.000	10.90	0.04069	101%-200% Above	Yes	No
70377002813	ATORVASTATIN 20 MG TABLET	8	30.000	0.82	0.03977	26%-50% Below	Yes	No
70377002813	ATORVASTATIN 20 MG TABLET	8	90.000	0.01	0.03977	76%-100% Below	No	No
70377002813	ATORVASTATIN 20 MG TABLET	8	90.000	10.90	0.03977	200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	5	30.000	4.89	0.06076	101%-200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	5	30.000	5.05	0.06076	101%-200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	5	90.000	9.94	0.06076	76%-100% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	5	90.000	14.14	0.06076	101%-200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	6	30.000	4.89	0.05884	101%-200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	6	90.000	9.94	0.05884	76%-100% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	6	90.000	14.14	0.05884	101%-200% Above	Yes	No
70377002911	ATORVASTATIN 40 MG TABLET	7	30.000	5.32	0.05733	200% Above	Yes	No
70377002913	ATORVASTATIN 40 MG TABLET	6	90.000	13.66	0.05884	101%-200% Above	No	No
70377002913	ATORVASTATIN 40 MG TABLET	6	90.000	13.75	0.05884	101%-200% Above	No	No
70377002913	ATORVASTATIN 40 MG TABLET	7	90.000	13.75	0.05733	101%-200% Above	No	No
70377002913	ATORVASTATIN 40 MG TABLET	8	30.000	5.32	0.05653	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70377002913	ATORVASTATIN 40 MG TABLET	8	90.000	10.94	0.05653	101%-200% Above	Yes	No
70377002913	ATORVASTATIN 40 MG TABLET	8	90.000	13.75	0.05653	101%-200% Above	No	No
70377002913	ATORVASTATIN 40 MG TABLET	8	90.000	14.14	0.05653	101%-200% Above	Yes	No
70377003012	ATORVASTATIN 80 MG TABLET	5	30.000	5.23	0.0903	76%-100% Above	Yes	No
70377003012	ATORVASTATIN 80 MG TABLET	5	30.000	5.75	0.0903	101%-200% Above	Yes	No
70377003012	ATORVASTATIN 80 MG TABLET	5	90.000	11.47	0.0903	26%-50% Above	Yes	No
70377003012	ATORVASTATIN 80 MG TABLET	5	90.000	15.69	0.0903	76%-100% Above	Yes	No
70377003014	ATORVASTATIN 80 MG TABLET	6	30.000	5.75	0.08059	101%-200% Above	Yes	No
70377003014	ATORVASTATIN 80 MG TABLET	7	30.000	1.72	0.08744	26%-50% Below	Yes	No
70377003014	ATORVASTATIN 80 MG TABLET	7	30.000	5.75	0.08744	101%-200% Above	Yes	No
70377003014	ATORVASTATIN 80 MG TABLET	7	90.000	12.61	0.08744	51%-75% Above	Yes	No
70377003014	ATORVASTATIN 80 MG TABLET	7	90.000	15.78	0.08744	76%-100% Above	No	No
70377003014	ATORVASTATIN 80 MG TABLET	8	90.000	5.17	0.0885	26%-50% Below	Yes	No
70377003014	ATORVASTATIN 80 MG TABLET	8	90.000	12.61	0.0885	51%-75% Above	Yes	No
70377003014	ATORVASTATIN 80 MG TABLET	8	90.000	17.17	0.0885	101%-200% Above	Yes	No
70377004512	PRAVASTATIN SODIUM 10 MG TAB	5	90.000	10.01	0.05921	76%-100% Above	Yes	No
70377004512	PRAVASTATIN SODIUM 10 MG TAB	8	90.000	11.01	0.06574	76%-100% Above	Yes	No
70377004712	PRAVASTATIN SODIUM 40 MG TAB	5	90.000	15.45	0.08534	101%-200% Above	Yes	No
70377004712	PRAVASTATIN SODIUM 40 MG TAB	6	90.000	15.45	0.08572	76%-100% Above	Yes	No
70377004712	PRAVASTATIN SODIUM 40 MG TAB	7	90.000	17.00	0.08978	101%-200% Above	Yes	No
70377004812	PRAVASTATIN SODIUM 80 MG TAB	5	90.000	18.74	0.18261	10%-25% Above	Yes	No
70377004812	PRAVASTATIN SODIUM 80 MG TAB	6	90.000	8.41	0.18901	26%-50% Below	Yes	No
70377004812	PRAVASTATIN SODIUM 80 MG TAB	6	90.000	8.66	0.18901	26%-50% Below	No	No
70377004812	PRAVASTATIN SODIUM 80 MG TAB	8	90.000	8.41	0.17792	26%-50% Below	Yes	No
70377004812	PRAVASTATIN SODIUM 80 MG TAB	8	90.000	20.61	0.17792	26%-50% 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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70377004813	PRAVASTATIN SODIUM 80 MG TAB	7	30.000	14.90	0.1855	101%-200% Above	No	No
70377004813	PRAVASTATIN SODIUM 80 MG TAB	8	30.000	14.90	0.17792	101%-200% Above	No	No
70377005513	ESOMEPRAZOLE MAG DR 20 MG CAP	8	90.000	44.90	0.21048	101%-200% Above	No	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	7	30.000	14.90	0.17056	101%-200% Above	No	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	8	30.000	14.90	0.18184	101%-200% Above	No	No
70377006013	LABETALOL HCL 100 MG TABLET	6	180.000	43.22	0.0969	101%-200% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	5	30.000	9.90	0.09913	200% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	5	90.000	23.22	0.09913	101%-200% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	5	90.000	29.90	0.09913	200% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	6	90.000	12.40	0.10393	26%-50% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	6	90.000	23.22	0.10393	101%-200% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	7	30.000	1.88	0.10105	26%-50% Below	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	7	30.000	9.90	0.10105	200% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	7	90.000	25.54	0.10105	101%-200% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	8	90.000	25.54	0.10134	101%-200% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	8	90.000	29.90	0.10134	200% Above	Yes	No
70436001102	BUPROPION HCL XL 300 MG TABLET	5	90.000	29.01	0.16592	76%-100% Above	Yes	No
70436001102	BUPROPION HCL XL 300 MG TABLET	6	90.000	29.01	0.17291	76%-100% Above	Yes	No
70436001102	BUPROPION HCL XL 300 MG TABLET	8	90.000	31.91	0.17381	101%-200% Above	Yes	No
70436001206	DESVENLAFAXINE SUCCNT ER 50 MG	5	30.000	8.99	0.47551	26%-50% Below	No	No
70436001206	DESVENLAFAXINE SUCCNT ER 50 MG	5	30.000	9.90	0.47551	26%-50% Below	No	No
70436001206	DESVENLAFAXINE SUCCNT ER 50 MG	6	30.000	8.36	0.47154	26%-50% Below	No	No
70436001206	DESVENLAFAXINE SUCCNT ER 50 MG	6	30.000	9.90	0.47154	26%-50% Below	No	No
70436001206	DESVENLAFAXINE SUCCNT ER 50 MG	7	30.000	8.56	0.47545	26%-50% Below	No	No
70436001206	DESVENLAFAXINE SUCCNT ER 50 MG	7	30.000	9.90	0.47545	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70436001206	DESVENLAFAXINE SUCCNT ER 50 MG	8	30.000	8.49	0.46145	26%-50% Below	No	No
70436001206	DESVENLAFAXINE SUCCNT ER 50 MG	8	30.000	8.56	0.46145	26%-50% Below	No	No
70436001206	DESVENLAFAXINE SUCCNT ER 50 MG	8	30.000	9.90	0.46145	26%-50% Below	No	No
70436001304	DESVENLAFAXINE SUCCNT ER 100 MG	5	30.000	8.41	0.51217	26%-50% Below	No	No
70436001304	DESVENLAFAXINE SUCCNT ER 100 MG	6	30.000	8.41	0.51087	26%-50% Below	No	No
70436001304	DESVENLAFAXINE SUCCNT ER 100 MG	7	30.000	8.17	0.50711	26%-50% Below	No	No
70436001306	DESVENLAFAXINE SUCCNT ER 100 MG	5	30.000	0.00	0.51217	76%-100% Below	No	No
70436001306	DESVENLAFAXINE SUCCNT ER 100 MG	6	30.000	0.00	0.51087	76%-100% Below	No	No
70436001306	DESVENLAFAXINE SUCCNT ER 100 MG	7	30.000	9.90	0.50711	26%-50% Below	No	No
70436003604	DESVENLAFAXINE SUCCNT ER 25 MG	6	30.000	9.90	0.53231	26%-50% Below	No	No
70436003604	DESVENLAFAXINE SUCCNT ER 25 MG	6	30.000	19.90	0.53231	10%-25% Above	Yes	No
70436005801	BUPROPION HCL SR 100 MG TABLET	7	90.000	12.00	0.10008	26%-50% Above	Yes	No
70436005902	BUPROPION HCL SR 150 MG TABLET	6	60.000	6.90	0.08775	26%-50% Above	No	No
70436005902	BUPROPION HCL SR 150 MG TABLET	7	60.000	6.90	0.08594	26%-50% Above	No	No
70436005902	BUPROPION HCL SR 150 MG TABLET	8	60.000	6.90	0.09585	10%-25% Above	No	No
70436006001	BUPROPION HCL SR 200 MG TABLET	5	30.000	9.90	0.13894	101%-200% Above	No	No
70436006001	BUPROPION HCL SR 200 MG TABLET	6	30.000	9.90	0.14448	101%-200% Above	No	No
70436015301	POTASSIUM CL ER 20 MEQ TABLET	5	30.000	5.76	0.27567	26%-50% Below	Yes	No
70436015301	POTASSIUM CL ER 20 MEQ TABLET	8	90.000	0.01	0.27981	76%-100% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	5	75.000	4.04	0.04347	10%-25% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	5	118.000	3.16	0.04347	26%-50% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	5	120.000	2.87	0.04347	26%-50% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	5	120.000	2.93	0.04347	26%-50% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	5	120.000	6.42	0.04347	10%-25% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	5	120.000	6.51	0.04347	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	5	140.000	7.10	0.04347	10%-25% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	6	100.000	2.39	0.04439	26%-50% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	6	120.000	6.51	0.04439	10%-25% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	7	100.000	5.43	0.04426	10%-25% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	8	100.000	5.52	0.04257	26%-50% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	8	118.000	2.58	0.04257	26%-50% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	8	120.000	6.42	0.04257	10%-25% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	8	120.000	6.51	0.04257	26%-50% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	8	140.000	7.10	0.04257	10%-25% Above	No	No
70436018302	METOPROLOL SUCC ER 50 MG TAB	6	30.000	1.01	0.0799	51%-75% Below	No	No
70505010010	DOXYLAMINE-PYRIDOXINE 10-10 MG	6	90.000	70.00	2.04822	51%-75% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	8	12.000	16.89	2.55187	26%-50% Below	Yes	No
70700010917	CLOBETASOL 0.05% CREAM	5	60.000	9.90	0.21063	10%-25% Below	Yes	No
70700010917	CLOBETASOL 0.05% CREAM	5	60.000	185.96	0.21063	200% Above	Yes	No
70700010917	CLOBETASOL 0.05% CREAM	8	60.000	9.90	0.19973	10%-25% Below	Yes	No
70700010917	CLOBETASOL 0.05% CREAM	8	60.000	185.96	0.19973	200% Above	Yes	No
70700011484	LORYNA 3 MG-0.02 MG TABLET	7	84.000	11.70	0.26852	26%-50% Below	No	No
70700011585	SYEDA 28 TABLET	6	28.000	3.46	0.18411	26%-50% Below	Yes	No
70700011585	SYEDA 28 TABLET	7	28.000	3.46	0.18669	26%-50% Below	Yes	No
70700011685	ALTAVERA-28 TABLET	6	84.000	8.24	0.16075	26%-50% Below	Yes	No
70700011685	ALTAVERA-28 TABLET	7	28.000	2.70	0.16118	26%-50% Below	No	No
70700011685	ALTAVERA-28 TABLET	7	28.000	2.86	0.16118	26%-50% Below	No	No
70700011685	ALTAVERA-28 TABLET	8	28.000	2.70	0.13907	26%-50% Below	No	No
70700011884	VIENVA-28 TABLET	5	84.000	9.12	0.19371	26%-50% Below	No	No
70700011884	VIENVA-28 TABLET	8	84.000	9.01	0.17401	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70700011885	VIENVA-28 TABLET	7	84.000	0.01	0.18389	76%-100% Below	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	5	28.000	2.18	0.13185	26%-50% Below	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	5	84.000	0.01	0.13185	76%-100% Below	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	5	84.000	6.53	0.13185	26%-50% Below	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	6	28.000	2.17	0.14901	26%-50% Below	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	6	28.000	2.18	0.14901	26%-50% Below	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	6	84.000	6.52	0.14901	26%-50% Below	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	7	28.000	2.22	0.13358	26%-50% Below	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	7	84.000	6.72	0.13358	26%-50% Below	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	8	28.000	2.24	0.15521	26%-50% Below	No	No
70700012185	TRI-ESTARYLLA TABLET	5	28.000	2.43	0.15062	26%-50% Below	Yes	No
70700012185	TRI-ESTARYLLA TABLET	5	28.000	2.85	0.15062	26%-50% Below	Yes	No
70700012185	TRI-ESTARYLLA TABLET	5	84.000	18.80	0.15062	26%-50% Above	Yes	No
70700012185	TRI-ESTARYLLA TABLET	6	28.000	2.43	0.13463	26%-50% Below	Yes	No
70700012185	TRI-ESTARYLLA TABLET	6	84.000	18.80	0.13463	51%-75% Above	Yes	No
70700012185	TRI-ESTARYLLA TABLET	7	28.000	2.43	0.14024	26%-50% Below	Yes	No
70700012185	TRI-ESTARYLLA TABLET	8	28.000	2.43	0.13915	26%-50% Below	Yes	No
70700012285	VOLNEA 0.15-0.02-0.01 MG TAB	5	84.000	0.01	0.19698	76%-100% Below	No	No
70700012285	VOLNEA 0.15-0.02-0.01 MG TAB	7	84.000	0.01	0.18982	76%-100% Below	No	No
70700012387	JAIMIESS 0.15-0.03-0.01 MG TAB	6	91.000	24.90	0.2353	10%-25% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	5	14.000	1.48	0.03379	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	5	30.000	2.48	0.03379	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	5	30.000	15.00	0.03379	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	5	90.000	6.22	0.03379	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	5	90.000	38.00	0.03379	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	6	30.000	15.00	0.03243	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	6	90.000	4.43	0.03243	51%-75% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	6	90.000	5.92	0.03243	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	6	90.000	6.31	0.03243	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	6	90.000	38.00	0.03243	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	7	30.000	15.00	0.03197	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	8	21.000	1.93	0.03445	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	8	30.000	15.00	0.03445	200% Above	No	No
70700015285	GEMMILY 1 MG-20 MCG CAPSULE	6	84.000	17.39	1.23226	76%-100% Below	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	5	30.000	14.90	0.26129	76%-100% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	5	75.000	51.53	0.26129	101%-200% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	6	30.000	14.90	0.25739	76%-100% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	6	90.000	29.90	0.25739	26%-50% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	6	90.000	61.84	0.25739	101%-200% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	7	30.000	14.90	0.22974	101%-200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	8	30.000	4.63	0.2435	26%-50% Below	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	8	30.000	14.90	0.2435	101%-200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	8	36.000	27.21	0.2435	200% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	5	30.000	0.00	0.47518	76%-100% Below	No	No
70700026330	LANSOPRAZOLE DR 30 MG CAPSULE	7	30.000	9.90	0.11326	101%-200% Above	Yes	No
70700026330	LANSOPRAZOLE DR 30 MG CAPSULE	8	30.000	9.90	0.11105	101%-200% Above	Yes	No
70710107103	VARDENAFIL HCL 20 MG TABLET	6	18.000	23.76	2.60282	26%-50% Below	No	No
70710111001	CYPROHEPTADINE 4 MG TABLET	5	30.000	9.90	0.09549	200% Above	Yes	No
70710111001	CYPROHEPTADINE 4 MG TABLET	5	60.000	9.90	0.09549	51%-75% Above	Yes	No
70710111001	CYPROHEPTADINE 4 MG TABLET	6	60.000	9.90	0.09726	51%-75% 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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70710111001	CYPROHEPTADINE 4 MG TABLET	6	90.000	9.99	0.09726	10%-25% Above	No	No
70710111001	CYPROHEPTADINE 4 MG TABLET	8	30.000	9.90	0.08705	200% Above	Yes	No
70710111208	TIZANIDINE HCL 4 MG CAPSULE	5	30.000	6.90	0.12036	76%-100% Above	No	No
70710111208	TIZANIDINE HCL 4 MG CAPSULE	6	30.000	6.90	0.13111	51%-75% Above	No	No
70710111208	TIZANIDINE HCL 4 MG CAPSULE	7	30.000	6.90	0.12034	76%-100% Above	No	No
70710111208	TIZANIDINE HCL 4 MG CAPSULE	8	30.000	6.90	0.1565	26%-50% Above	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	5	5.000	7.11	0.30062	200% Above	Yes	No
70710113803	FLUCONAZOLE 100 MG TABLET	5	60.000	14.90	0.30062	10%-25% Below	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	6	1.000	2.75	0.25991	200% Above	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	8	5.000	7.11	0.27705	200% Above	Yes	No
70710113803	FLUCONAZOLE 100 MG TABLET	8	10.000	1.75	0.27705	26%-50% Below	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	1.000	0.61	0.68571	10%-25% Below	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	2.000	4.65	0.68571	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	2.000	4.81	0.68571	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	3.000	4.90	0.68571	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	3.000	6.73	0.68571	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	3.000	6.90	0.68571	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	5	3.000	6.96	0.68571	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	6	1.000	2.58	0.65506	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	6	2.000	4.81	0.65506	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	6	2.000	8.46	0.65506	200% Above	No	No
70710113908	FLUCONAZOLE 150 MG TABLET	6	3.000	6.73	0.65506	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	7	1.000	2.65	0.66696	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	7	2.000	4.65	0.66696	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	7	2.000	4.81	0.66696	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70710113908	FLUCONAZOLE 150 MG TABLET	8	1.000	2.65	0.63597	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	8	2.000	4.81	0.63597	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	8	5.000	4.90	0.63597	51%-75% Above	Yes	No
70710114001	FLUCONAZOLE 200 MG TABLET	7	6.000	1.95	0.40143	10%-25% Below	No	No
70710114003	FLUCONAZOLE 200 MG TABLET	5	1.000	2.70	0.40217	200% Above	No	No
70710114003	FLUCONAZOLE 200 MG TABLET	5	2.000	4.72	0.40217	200% Above	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	5	3.000	6.93	0.40217	200% Above	No	No
70710114003	FLUCONAZOLE 200 MG TABLET	5	8.000	1.84	0.40217	26%-50% Below	Yes	No
70710116201	MECLIZINE 25 MG TABLET	6	30.000	6.84	0.10834	101%-200% Above	No	No
70710116506	OSELTAMIVIR 6 MG/ML SUSPENSION	8	120.000	14.90	0.40338	51%-75% Below	No	No
70710122501	AMITRIPTYLINE HCL 10 MG TAB	5	180.000	17.44	0.04484	101%-200% Above	Yes	No
70710122501	AMITRIPTYLINE HCL 10 MG TAB	5	270.000	26.16	0.04484	101%-200% Above	Yes	No
70710122501	AMITRIPTYLINE HCL 10 MG TAB	6	90.000	8.72	0.04214	101%-200% Above	Yes	No
70710122501	AMITRIPTYLINE HCL 10 MG TAB	6	180.000	17.44	0.04214	101%-200% Above	Yes	No
70710122501	AMITRIPTYLINE HCL 10 MG TAB	7	270.000	28.78	0.04125	101%-200% Above	Yes	No
70710122501	AMITRIPTYLINE HCL 10 MG TAB	8	180.000	19.19	0.04575	101%-200% Above	Yes	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	7	30.000	7.42	0.06608	200% Above	Yes	No
70710122601	AMITRIPTYLINE HCL 25 MG TAB	5	90.000	9.90	0.06125	76%-100% Above	No	No
70710122601	AMITRIPTYLINE HCL 25 MG TAB	8	90.000	9.90	0.06156	76%-100% Above	No	No
70710122901	AMITRIPTYLINE HCL 100 MG TAB	5	90.000	12.40	0.19401	26%-50% Below	Yes	No
70710122901	AMITRIPTYLINE HCL 100 MG TAB	6	30.000	2.96	0.15468	26%-50% Below	Yes	No
70710122901	AMITRIPTYLINE HCL 100 MG TAB	7	30.000	2.96	0.20265	51%-75% Below	Yes	No
70710122901	AMITRIPTYLINE HCL 100 MG TAB	8	90.000	12.40	0.18913	26%-50% Below	Yes	No
70710123001	AMITRIPTYLINE HCL 150 MG TAB	6	30.000	4.16	0.28176	26%-50% Below	Yes	No
70710123001	AMITRIPTYLINE HCL 150 MG TAB	8	30.000	4.16	0.2644	26%-50% Below	Yes	No



## NADAC Summary Report

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70710128500	BACLOFEN 10 MG TABLET	5	90.000	11.79	0.0487	101%-200% Above	No	No
70710128500	BACLOFEN 10 MG TABLET	6	90.000	11.79	0.04674	101%-200% Above	No	No
70710128601	BACLOFEN 20 MG TABLET	7	60.000	14.90	0.08076	200% Above	No	No
70710128605	BACLOFEN 20 MG TABLET	5	120.000	6.90	0.09586	26%-50% Below	No	No
70710128605	BACLOFEN 20 MG TABLET	6	120.000	3.24	0.0916	51%-75% Below	No	No
70710128605	BACLOFEN 20 MG TABLET	7	120.000	3.24	0.08076	51%-75% Below	No	No
70710128605	BACLOFEN 20 MG TABLET	8	120.000	4.61	0.09082	51%-75% Below	No	No
70710145701	AZITHROMYCIN 100 MG/5 ML SUSP	5	30.000	9.90	0.50008	26%-50% Below	No	No
70710145701	AZITHROMYCIN 100 MG/5 ML SUSP	8	30.000	4.20	0.47946	51%-75% Below	No	No
70710145902	AZITHROMYCIN 200 MG/5 ML SUSP	8	22.500	18.29	0.31249	101%-200% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	5	30.000	4.36	0.06101	101%-200% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	7	30.000	4.74	0.06183	101%-200% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	8	30.000	1.04	0.0607	26%-50% Below	No	No
70710168400	FAMOTIDINE 40 MG TABLET	8	30.000	4.36	0.0607	101%-200% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	8	30.000	4.74	0.0607	101%-200% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	8	60.000	8.97	0.0607	101%-200% Above	No	No
70710171001	KETOROLAC 10 MG TABLET	5	12.000	10.94	0.58445	51%-75% Above	No	No
70710171001	KETOROLAC 10 MG TABLET	5	20.000	6.94	0.58445	26%-50% Below	No	No
70710175806	ENOXAPARIN 40 MG/0.4 ML SYR	7	2.800	14.90	12.42875	51%-75% Below	Yes	No
70710183201	DICLOFENAC POT 50 MG TABLET	5	60.000	14.90	0.18465	26%-50% Above	No	No
70710183201	DICLOFENAC POT 50 MG TABLET	6	60.000	14.90	0.20059	10%-25% Above	No	No
70710183201	DICLOFENAC POT 50 MG TABLET	7	60.000	14.90	0.21128	10%-25% Above	No	No
70710183201	DICLOFENAC POT 50 MG TABLET	8	42.000	5.29	0.17298	26%-50% Below	No	No
70752010406	CHILD CETIRIZINE HCL 1 MG/ML	5	120.000	7.28	0.03301	76%-100% Above	No	No
70752010406	CHILD CETIRIZINE HCL 1 MG/ML	6	120.000	7.28	0.03453	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70752011303	LIDOCAINE 5% OINTMENT	5	35.440	5.31	0.17735	10%-25% Below	Yes	No
70752011303	LIDOCAINE 5% OINTMENT	5	35.440	5.48	0.17735	10%-25% Below	Yes	No
70752012905	TRIAMCINOLONE 0.025% LOTION	7	60.000	13.75	0.40373	26%-50% Below	No	No
70756020211	AMITRIPTYLINE HCL 25 MG TAB	8	90.000	20.75	0.06156	200% Above	No	No
70756021490	FENOFIBRATE 54 MG TABLET	7	30.000	6.90	0.09604	101%-200% Above	No	No
70756021551	FENOFIBRATE 160 MG TABLET	5	30.000	14.90	0.12062	200% Above	No	No
70756021551	FENOFIBRATE 160 MG TABLET	6	30.000	14.90	0.13306	200% Above	No	No
70756021551	FENOFIBRATE 160 MG TABLET	7	30.000	14.90	0.16588	101%-200% Above	No	No
70756021551	FENOFIBRATE 160 MG TABLET	8	30.000	14.90	0.15939	200% Above	No	No
70756021590	FENOFIBRATE 160 MG TABLET	5	30.000	14.90	0.12062	200% Above	No	No
70756021590	FENOFIBRATE 160 MG TABLET	6	30.000	14.90	0.13306	200% Above	No	No
70756060730	OFLOXACIN 0.3% EYE DROPS	6	5.000	14.49	2.08422	26%-50% Above	No	No
70756060915	OFLOXACIN 0.3% EAR DROPS	6	5.000	9.90	1.63016	10%-25% Above	No	No
70756060915	OFLOXACIN 0.3% EAR DROPS	6	5.000	9.90	1.63016	10%-25% Above	Yes	No
70756060915	OFLOXACIN 0.3% EAR DROPS	6	5.000	9.99	1.63016	10%-25% Above	No	No
70756060915	OFLOXACIN 0.3% EAR DROPS	6	10.000	0.00	1.63016	76%-100% Below	No	No
70756060915	OFLOXACIN 0.3% EAR DROPS	7	5.000	5.39	1.90421	26%-50% Below	Yes	No
70756060915	OFLOXACIN 0.3% EAR DROPS	8	5.000	5.39	1.90257	26%-50% Below	Yes	No
70756060915	OFLOXACIN 0.3% EAR DROPS	8	5.000	14.90	1.90257	51%-75% Above	Yes	No
70756061030	OFLOXACIN 0.3% EAR DROPS	5	10.000	12.58	1.99689	26%-50% Below	No	No
70756061030	OFLOXACIN 0.3% EAR DROPS	5	10.000	14.90	1.99689	10%-25% Below	Yes	No
70756070460	RANOLAZINE ER 1,000 MG TABLET	6	60.000	11.04	0.31949	26%-50% Below	No	No
70756081490	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	6	90.000	131.09	0.26976	200% Above	Yes	No
70954000520	OXYBUTYNIN 5 MG TABLET	5	90.000	9.99	0.06231	76%-100% Above	No	No
70954000520	OXYBUTYNIN 5 MG TABLET	5	180.000	44.90	0.06231	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70954000520	OXYBUTYNIN 5 MG TABLET	6	21.000	7.27	0.06357	200% Above	No	No
70954000520	OXYBUTYNIN 5 MG TABLET	6	30.000	9.99	0.06357	200% Above	No	No
70954000520	OXYBUTYNIN 5 MG TABLET	8	180.000	44.90	0.06154	200% Above	Yes	No
70954001910	PRAZOSIN 1 MG CAPSULE	6	180.000	18.47	0.15702	26%-50% Below	No	No
70954005820	PREDNISONONE 5 MG TABLET	6	90.000	9.13	0.05075	76%-100% Above	No	No
70954005820	PREDNISONONE 5 MG TABLET	6	90.000	9.45	0.05075	101%-200% Above	No	No
70954005830	PREDNISONONE 5 MG TAB DOSE PACK	6	21.000	9.50	0.3596	10%-25% Above	No	No
70954005930	PREDNISONONE 10 MG TAB DOSE PACK	6	21.000	0.00	0.54913	76%-100% Below	No	No
70954006020	PREDNISONONE 20 MG TABLET	5	5.000	1.32	0.10081	101%-200% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	5	7.000	1.50	0.10081	101%-200% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	5	10.000	2.06	0.10081	101%-200% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	6	3.000	1.03	0.09429	200% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	6	5.000	1.32	0.09429	101%-200% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	6	8.000	1.76	0.09429	101%-200% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	6	10.000	2.06	0.09429	101%-200% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	7	10.000	2.89	0.10046	101%-200% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	8	5.000	1.15	0.09098	101%-200% Above	Yes	No
70954006020	PREDNISONONE 20 MG TABLET	8	10.000	0.51	0.09098	26%-50% Below	Yes	No
70954006020	PREDNISONONE 20 MG TABLET	8	10.000	1.90	0.09098	101%-200% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	8	10.000	2.06	0.09098	101%-200% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	8	18.000	2.95	0.09098	76%-100% Above	No	No
70954013510	DAPSONE 25 MG TABLET	6	45.000	14.54	0.57285	26%-50% Below	No	No
70954025220	FLUDROCORTISONE 0.1 MG TABLET	5	90.000	21.56	0.42121	26%-50% Below	No	No
70954025220	FLUDROCORTISONE 0.1 MG TABLET	6	45.000	10.39	0.4309	26%-50% Below	No	No
70954025220	FLUDROCORTISONE 0.1 MG TABLET	8	90.000	20.85	0.46407	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
70954031610	FAMOTIDINE 40 MG/5 ML SUSP	5	50.000	20.82	0.65302	26%-50% Below	No	No
70954031610	FAMOTIDINE 40 MG/5 ML SUSP	5	50.000	20.82	0.65302	26%-50% Below	Yes	No
70954031610	FAMOTIDINE 40 MG/5 ML SUSP	6	50.000	20.82	0.63237	26%-50% Below	Yes	No
70954031610	FAMOTIDINE 40 MG/5 ML SUSP	7	50.000	20.82	0.59371	26%-50% Below	Yes	No
70954031610	FAMOTIDINE 40 MG/5 ML SUSP	8	150.000	38.13	0.58057	51%-75% Below	Yes	No
70954039110	ATENOLOL-CHLORTHALIDONE 100-25	6	30.000	14.90	0.41509	10%-25% Above	No	No
70954039110	ATENOLOL-CHLORTHALIDONE 100-25	7	30.000	14.90	0.40477	10%-25% Above	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	5	5.000	1.56	0.28187	10%-25% Above	Yes	No
70954040310	DEXAMETHASONE 4 MG TABLET	5	9.000	1.91	0.28187	10%-25% Below	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	8	5.000	1.33	0.39048	26%-50% Below	Yes	No
70954040310	DEXAMETHASONE 4 MG TABLET	8	7.000	1.66	0.39048	26%-50% Below	Yes	No
70954040410	DEXAMETHASONE 6 MG TABLET	6	10.000	2.19	0.75936	51%-75% Below	Yes	No
70954040410	DEXAMETHASONE 6 MG TABLET	8	10.000	2.19	1.04047	76%-100% Below	Yes	No
70954068910	PROCHLORPERAZINE 10 MG TAB	8	20.000	4.49	0.41499	26%-50% Below	Yes	No
71093011105	GABAPENTIN 600 MG TABLET	6	90.000	10.40	0.10139	10%-25% Above	No	No
71093011105	GABAPENTIN 600 MG TABLET	6	90.000	10.40	0.10139	10%-25% Above	Yes	No
71093011205	GABAPENTIN 800 MG TABLET	5	45.000	0.00	0.12442	76%-100% Below	No	No
71093011205	GABAPENTIN 800 MG TABLET	5	60.000	0.01	0.12442	76%-100% Below	No	No
71093011205	GABAPENTIN 800 MG TABLET	8	60.000	0.01	0.12423	76%-100% Below	No	No
71093011906	TRAMADOL HCL 50 MG TABLET	8	20.000	0.27	0.02674	26%-50% Below	No	No
71093012105	GABAPENTIN 300 MG CAPSULE	6	90.000	2.30	0.04082	26%-50% Below	No	No
71093014105	METHOCARBAMOL 750 MG TABLET	5	90.000	4.90	0.04924	10%-25% Above	Yes	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	5	1.000	0.66	2.63567	51%-75% Below	Yes	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	5	1.000	2.34	2.63567	10%-25% Below	Yes	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	5	3.000	4.23	2.63567	26%-50% Below	Yes	No

## NADAC Summary Report

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71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	5	12.000	16.90	2.63567	26%-50% Below	Yes	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	6	3.000	6.50	2.49097	10%-25% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	7	1.000	0.66	2.69558	51%-75% Below	Yes	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	7	1.000	2.34	2.69558	10%-25% Below	Yes	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	7	2.000	4.18	2.69558	10%-25% Below	Yes	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	7	12.000	16.89	2.69558	26%-50% Below	Yes	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	8	2.000	4.18	2.55187	10%-25% Below	Yes	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	8	3.000	6.03	2.55187	10%-25% Below	Yes	No
71921018250	IBUPROFEN 800 MG TABLET	7	90.000	5.04	0.06489	10%-25% Below	No	No
71930002112	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	5	90.000	6.99	0.12777	26%-50% Below	No	No
71930002112	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	6	90.000	6.99	0.12579	26%-50% Below	No	No
71930002112	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	30.000	2.95	0.13253	10%-25% Below	No	No
71930002112	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	7	120.000	10.58	0.13253	26%-50% Below	No	No
71930002643	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	105.000	5.06	0.07872	26%-50% Below	Yes	No
71930002643	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	120.000	6.90	0.07872	26%-50% Below	Yes	No
71930002643	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	8	120.000	5.42	0.0779	26%-50% Below	Yes	No
71930002643	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	8	120.000	6.90	0.0779	26%-50% Below	No	No
71930002743	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG/15 ML SOLUTION	8	120.000	3.78	0.0567	26%-50% Below	Yes	No
71930004612	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	7	6.000	0.84	0.16495	10%-25% Below	No	No
71930005512	ACETAMINOPHEN-COD #3 TABLET	6	45.000	5.73	0.19941	26%-50% Below	No	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	5	30.000	5.21	0.21057	10%-25% Below	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	6	5.000	0.32	0.19941	51%-75% Below	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	6	10.000	1.49	0.19941	10%-25% Below	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	6	12.000	1.69	0.19941	26%-50% Below	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	6	20.000	2.48	0.19941	26%-50% Below	Yes	No

## NADAC Summary Report

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71930005552	ACETAMINOPHEN-COD #3 TABLET	7	6.000	1.10	0.20983	10%-25% Below	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	8	10.000	0.63	0.22262	51%-75% Below	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	8	20.000	2.38	0.22262	26%-50% Below	Yes	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	5	30.000	0.87	0.05219	26%-50% Below	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.000	0.01	0.05219	76%-100% Below	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	5	90.000	2.61	0.05219	26%-50% Below	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	6	30.000	0.87	0.05349	26%-50% Below	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	7	90.000	189.32	0.05262	200% Above	Yes	No
72205000499	ROSUVASTATIN CALCIUM 20 MG TAB	5	30.000	13.50	0.07032	200% Above	No	No
72205000499	ROSUVASTATIN CALCIUM 20 MG TAB	6	30.000	6.90	0.07178	200% Above	No	No
72205000499	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.000	13.50	0.07284	200% Above	No	No
72205000499	ROSUVASTATIN CALCIUM 20 MG TAB	7	30.000	14.90	0.07284	200% Above	No	No
72205001390	PREGABALIN 75 MG CAPSULE	5	60.000	2.64	0.07708	26%-50% Below	No	No
72205002399	ATORVASTATIN 20 MG TABLET	7	90.000	1.60	0.04069	51%-75% Below	No	No
72205002499	ATORVASTATIN 40 MG TABLET	6	30.000	4.89	0.05884	101%-200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	6	30.000	5.15	0.05884	101%-200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	7	30.000	4.89	0.05733	101%-200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	8	30.000	4.89	0.05653	101%-200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	8	30.000	5.15	0.05653	200% Above	No	No
72205002505	ATORVASTATIN 80 MG TABLET	5	30.000	1.72	0.0903	26%-50% Below	No	No
72205002505	ATORVASTATIN 80 MG TABLET	5	30.000	5.75	0.0903	101%-200% Above	No	No
72205002799	ROSUVASTATIN CALCIUM 5 MG TAB	6	90.000	1.58	0.04421	51%-75% Below	No	No
72205002799	ROSUVASTATIN CALCIUM 5 MG TAB	7	90.000	2.38	0.04908	26%-50% Below	No	No
72205002830	FEBUXOSTAT 40 MG TABLET	5	30.000	8.58	0.69265	51%-75% Below	No	No
72205002830	FEBUXOSTAT 40 MG TABLET	6	30.000	8.58	0.69139	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
72205002830	FEBUXOSTAT 40 MG TABLET	6	30.000	9.36	0.69139	51%-75% Below	No	No
72205002830	FEBUXOSTAT 40 MG TABLET	7	30.000	10.29	0.68988	26%-50% Below	No	No
72205002830	FEBUXOSTAT 40 MG TABLET	7	30.000	11.23	0.68988	26%-50% Below	No	No
72205002830	FEBUXOSTAT 40 MG TABLET	7	90.000	406.67	0.68988	200% Above	Yes	No
72205002830	FEBUXOSTAT 40 MG TABLET	8	30.000	10.29	0.55478	26%-50% Below	No	No
72205002830	FEBUXOSTAT 40 MG TABLET	8	90.000	30.87	0.55478	26%-50% Below	No	No
72205002930	FEBUXOSTAT 80 MG TABLET	6	30.000	6.99	0.70241	51%-75% Below	No	No
72205002930	FEBUXOSTAT 80 MG TABLET	7	30.000	6.99	0.6639	51%-75% Below	No	No
72205002930	FEBUXOSTAT 80 MG TABLET	7	90.000	35.34	0.6639	26%-50% Below	No	No
72205004411	OSELTAMIVIR PHOS 75 MG CAPSULE	7	10.000	18.95	1.37087	26%-50% Above	No	No
72511075001	REPATHA 140 MG/ML SYRINGE	7	2.000	336.90	266.03388	26%-50% Below	No	No
72511075001	REPATHA 140 MG/ML SYRINGE	8	2.000	336.90	266.03388	26%-50% Below	No	No
72516001401	DEXTROAMP-AMPHETAMIN 10 MG TAB	6	30.000	26.22	0.2537	200% Above	No	No
72516003010	METOPROLOL SUCC ER 25 MG TAB	6	30.000	0.82	0.07518	51%-75% Below	No	No
72516003010	METOPROLOL SUCC ER 25 MG TAB	6	30.000	4.90	0.07518	101%-200% Above	No	No
72516003050	METOPROLOL SUCC ER 25 MG TAB	8	90.000	22.39	0.075	200% Above	No	No
72516003110	METOPROLOL SUCC ER 50 MG TAB	5	30.000	6.90	0.07702	101%-200% Above	No	No
72516003110	METOPROLOL SUCC ER 50 MG TAB	6	30.000	6.90	0.0799	101%-200% Above	No	No
72516003110	METOPROLOL SUCC ER 50 MG TAB	6	30.000	7.67	0.0799	200% Above	No	No
72516003110	METOPROLOL SUCC ER 50 MG TAB	7	30.000	6.90	0.07983	101%-200% Above	No	No
72516003210	METOPROLOL SUCC ER 100 MG TAB	5	30.000	6.90	0.13816	51%-75% Above	No	No
72516003210	METOPROLOL SUCC ER 100 MG TAB	6	30.000	6.90	0.12854	76%-100% Above	No	No
72516003210	METOPROLOL SUCC ER 100 MG TAB	7	30.000	6.90	0.14098	51%-75% Above	No	No
72516003210	METOPROLOL SUCC ER 100 MG TAB	8	30.000	6.90	0.11844	76%-100% Above	No	No
72578000105	DOXYCYCLINE HYCLATE 100 MG TAB	5	14.000	14.90	0.12954	200% Above	No	No

## NADAC Summary Report

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72578000105	DOXYCYCLINE HYCLATE 100 MG TAB	5	45.000	44.90	0.12954	200% Above	No	No
72578000105	DOXYCYCLINE HYCLATE 100 MG TAB	5	60.000	9.90	0.12954	26%-50% Above	No	No
72578000105	DOXYCYCLINE HYCLATE 100 MG TAB	8	14.000	14.90	0.13608	200% Above	No	No
72578000105	DOXYCYCLINE HYCLATE 100 MG TAB	8	16.000	9.90	0.13608	200% Above	No	No
72578000118	DOXYCYCLINE HYCLATE 100 MG TAB	5	14.000	0.00	0.12954	76%-100% Below	No	No
72578000118	DOXYCYCLINE HYCLATE 100 MG TAB	6	14.000	4.90	0.13322	101%-200% Above	No	No
72578000805	METRONIDAZOLE 500 MG TABLET	6	14.000	0.96	0.13984	26%-50% Below	No	No
72578000805	METRONIDAZOLE 500 MG TABLET	6	14.000	6.12	0.13984	200% Above	No	No
72578000805	METRONIDAZOLE 500 MG TABLET	6	21.000	8.93	0.13984	200% Above	No	No
72578000805	METRONIDAZOLE 500 MG TABLET	7	14.000	6.67	0.13298	200% Above	No	No
72578003601	METFORMIN HCL ER 750 MG TABLET	5	60.000	6.36	0.06759	51%-75% Above	No	No
72578003601	METFORMIN HCL ER 750 MG TABLET	6	60.000	6.36	0.06262	51%-75% Above	No	No
72578003601	METFORMIN HCL ER 750 MG TABLET	7	60.000	6.36	0.06563	51%-75% Above	No	No
72578005505	DOXYCYCLINE HYCLATE 100 MG CAP	5	20.000	14.90	0.13947	200% Above	No	No
72578005505	DOXYCYCLINE HYCLATE 100 MG CAP	6	60.000	9.99	0.13725	10%-25% Above	No	No
72578005505	DOXYCYCLINE HYCLATE 100 MG CAP	8	20.000	9.90	0.14361	200% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	5	14.000	6.90	0.13947	200% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	5	60.000	14.90	0.13947	76%-100% Above	No	No
72578008601	DESONIDE 0.05% CREAM	5	30.000	5.38	0.49636	51%-75% Below	No	No
72578008904	NYSTATIN 100,000 UNIT/GM OINT	7	30.000	9.90	0.24569	26%-50% Above	No	No
72578009721	TIZANIDINE HCL 4 MG TABLET	5	30.000	6.30	0.04711	200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	6	15.000	0.41	0.04832	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	6	30.000	0.81	0.04832	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	6	30.000	6.30	0.04832	200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	7	30.000	0.81	0.04501	26%-50% Below	Yes	No



## NADAC Summary Report

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72578009721	TIZANIDINE HCL 4 MG TABLET	7	45.000	1.58	0.04501	10%-25% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	7	60.000	1.86	0.04501	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	7	90.000	2.57	0.04501	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	8	30.000	0.81	0.04293	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	8	90.000	2.57	0.04293	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	8	90.000	2.65	0.04293	26%-50% Below	Yes	No
72578009918	LEVOFLOXACIN 500 MG TABLET	5	3.000	1.10	0.18496	76%-100% Above	No	No
72578009918	LEVOFLOXACIN 500 MG TABLET	7	10.000	1.44	0.17731	10%-25% Below	No	No
72578009918	LEVOFLOXACIN 500 MG TABLET	8	10.000	1.40	0.17445	10%-25% Below	No	No
72603012601	VILAZODONE HCL 20 MG TABLET	7	90.000	472.56	1.40647	200% Above	No	No
72647033104	METHYLPREDNISOLONE 4 MG DOSEPK	5	21.000	5.50	0.15013	51%-75% Above	No	No
72647033104	METHYLPREDNISOLONE 4 MG DOSEPK	6	21.000	4.90	0.1441	51%-75% Above	No	No
72647033104	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	1.90	0.15101	26%-50% Below	No	No
72647033104	METHYLPREDNISOLONE 4 MG DOSEPK	8	21.000	9.90	0.15101	200% Above	No	No
72819016103	DOXEPIN HCL 3 MG TABLET	7	30.000	135.51	7.78667	26%-50% Below	No	No
72819016103	DOXEPIN HCL 3 MG TABLET	8	30.000	131.73	8.14726	26%-50% Below	No	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	5	90.000	2.68	0.01666	76%-100% Above	Yes	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	6	90.000	3.53	0.01702	101%-200% Above	Yes	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	7	60.000	0.48	0.01698	51%-75% Below	No	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	8	60.000	0.48	0.01834	51%-75% Below	No	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	8	60.000	1.95	0.01834	76%-100% Above	Yes	No
72888000500	METOPROLOL TARTRATE 50 MG TAB	5	30.000	1.06	0.02113	51%-75% Above	Yes	No
72888000500	METOPROLOL TARTRATE 50 MG TAB	5	90.000	2.17	0.02113	10%-25% Above	Yes	No
72888000500	METOPROLOL TARTRATE 50 MG TAB	8	90.000	2.33	0.02041	26%-50% Above	Yes	No
72888001201	CYCLOBENZAPRINE 5 MG TABLET	6	30.000	1.49	0.02323	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	The Percentage Category of NADAC Reimbursement	Affiliate pharmacy Yes/No	Dispensed pursuant state or local government health plan Yes/No
72888001201	CYCLOBENZAPRINE 5 MG TABLET	6	30.000	1.53	0.02323	101%-200% Above	No	No
72888001201	CYCLOBENZAPRINE 5 MG TABLET	7	45.000	2.04	0.02245	101%-200% Above	No	No
72888001201	CYCLOBENZAPRINE 5 MG TABLET	8	45.000	2.04	0.02428	76%-100% Above	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	5	20.000	0.94	0.02117	101%-200% Above	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	5	30.000	1.25	0.02117	76%-100% Above	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	5	90.000	2.47	0.02117	26%-50% Above	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	6	15.000	0.83	0.02453	101%-200% Above	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	6	30.000	1.16	0.02453	51%-75% Above	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	6	30.000	1.26	0.02453	51%-75% Above	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	7	14.000	0.13	0.02198	51%-75% Below	Yes	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	7	30.000	0.29	0.02198	51%-75% Below	Yes	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	8	30.000	0.29	0.02303	51%-75% Below	Yes	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	8	30.000	1.26	0.02303	76%-100% Above	No	No
72888001401	CYCLOBENZAPRINE 10 MG TABLET	7	60.000	0.57	0.02198	51%-75% Below	Yes	No
72888003405	CARVEDILOL 3.125 MG TABLET	8	180.000	5.32	0.01912	51%-75% Above	Yes	No
72888003505	CARVEDILOL 6.25 MG TABLET	6	180.000	5.54	0.02008	51%-75% Above	Yes	No
72888003505	CARVEDILOL 6.25 MG TABLET	8	180.000	5.54	0.02133	26%-50% Above	Yes	No
72888003505	CARVEDILOL 6.25 MG TABLET	8	180.000	6.04	0.02133	51%-75% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	5	180.000	5.81	0.02281	26%-50% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	7	60.000	2.34	0.02235	51%-75% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	7	180.000	6.33	0.02235	51%-75% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	8	60.000	0.79	0.02196	26%-50% Below	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	8	60.000	2.34	0.02196	76%-100% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	8	180.000	5.81	0.02196	26%-50% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	8	180.000	6.01	0.02196	51%-75% Above	Yes	No

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72888003605	CARVEDILOL 12.5 MG TABLET	8	180.000	8.03	0.02196	101%-200% Above	Yes	No
72888003700	CARVEDILOL 25 MG TABLET	6	60.000	1.04	0.03204	26%-50% Below	No	No
72888003700	CARVEDILOL 25 MG TABLET	8	60.000	1.06	0.03035	26%-50% Below	No	No
72888003705	CARVEDILOL 25 MG TABLET	7	60.000	1.06	0.03128	26%-50% Below	No	No
72888003705	CARVEDILOL 25 MG TABLET	8	270.000	4.90	0.03035	26%-50% Below	Yes	No
72888006560	BUSPIRONE HCL 15 MG TABLET	6	60.000	4.90	0.05122	51%-75% Above	No	No
72888007301	DICLOFENAC POT 50 MG TABLET	8	90.000	11.41	0.17298	26%-50% Below	No	No
72888008201	ISOSORBIDE DINITRATE 10 MG TAB	6	60.000	6.90	0.28949	51%-75% Below	No	No
72888008201	ISOSORBIDE DINITRATE 10 MG TAB	7	60.000	6.90	0.29112	51%-75% Below	No	No
72888008201	ISOSORBIDE DINITRATE 10 MG TAB	8	60.000	6.90	0.29828	51%-75% Below	No	No
72888009405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	6	30.000	4.37	0.08983	51%-75% Above	No	No
72888009405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	8	30.000	4.37	0.09611	51%-75% Above	No	No
73473030060	CLINDAMYCIN PH 1% GEL	5	60.000	25.04	0.3237	26%-50% Above	Yes	No
73473030060	CLINDAMYCIN PH 1% GEL	8	60.000	60.08	0.23286	200% Above	Yes	No
73473030370	METRONIDAZOLE VAGINAL 0.75% GL	5	70.000	16.96	0.45497	26%-50% Below	No	No
75826010700	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	6	10.000	1.09	0.18926	26%-50% Below	Yes	No
75826011410	PHENAZOPYRIDINE 100 MG TAB	5	12.000	2.20	0.2319	10%-25% Below	Yes	No
75826011410	PHENAZOPYRIDINE 100 MG TAB	6	9.000	2.86	0.192	51%-75% Above	Yes	No
75826011410	PHENAZOPYRIDINE 100 MG TAB	8	12.000	2.57	0.16386	26%-50% Above	No	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	5	6.000	2.74	0.24391	76%-100% Above	No	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	5	15.000	6.33	0.24391	51%-75% Above	No	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	6	6.000	0.85	0.26539	26%-50% Below	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	6	6.000	2.74	0.26539	51%-75% Above	No	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	6	9.000	3.82	0.26539	51%-75% Above	No	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	6	20.000	7.67	0.26539	26%-50% Above	Yes	No

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75826011510	PHENAZOPYRIDINE 200 MG TAB	7	9.000	3.73	0.26222	51%-75% Above	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	7	15.000	2.13	0.26222	26%-50% Below	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	8	10.000	1.42	0.22277	26%-50% Below	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	8	10.000	4.18	0.22277	76%-100% Above	No	No
75834014830	FLUOXETINE HCL 60 MG TABLET	8	30.000	9.99	0.539	26%-50% Below	No	No
75834015801	VERAPAMIL ER 180 MG TABLET	7	45.000	5.74	0.18288	26%-50% Below	No	No
75834015801	VERAPAMIL ER 180 MG TABLET	8	90.000	9.26	0.19722	26%-50% Below	No	No
75834015905	VERAPAMIL ER 240 MG TABLET	7	90.000	31.01	0.16836	101%-200% Above	Yes	No
75834025701	ATORVASTATIN 40 MG TABLET	5	30.000	1.01	0.06076	26%-50% Below	No	No
75834025701	ATORVASTATIN 40 MG TABLET	5	30.000	4.89	0.06076	101%-200% Above	No	No
75834025701	ATORVASTATIN 40 MG TABLET	6	30.000	1.01	0.05884	26%-50% Below	No	No
75834025701	ATORVASTATIN 40 MG TABLET	6	30.000	4.89	0.05884	101%-200% Above	No	No
75834025701	ATORVASTATIN 40 MG TABLET	7	30.000	5.32	0.05733	200% Above	No	No
75834025701	ATORVASTATIN 40 MG TABLET	7	90.000	12.74	0.05733	101%-200% Above	No	No
75834025801	ATORVASTATIN 80 MG TABLET	5	30.000	1.72	0.0903	26%-50% Below	No	No
75834025801	ATORVASTATIN 80 MG TABLET	5	30.000	4.90	0.0903	76%-100% Above	No	No
75834025801	ATORVASTATIN 80 MG TABLET	6	30.000	1.72	0.08059	26%-50% Below	No	No
75834025801	ATORVASTATIN 80 MG TABLET	6	30.000	4.90	0.08059	101%-200% Above	No	No
75834025801	ATORVASTATIN 80 MG TABLET	7	30.000	4.90	0.08744	76%-100% Above	No	No
75834025801	ATORVASTATIN 80 MG TABLET	7	30.000	5.75	0.08744	101%-200% Above	No	No
75834029200	METOPROLOL SUCC ER 100 MG TAB	5	15.000	1.80	0.13816	10%-25% Below	No	No
75834029200	METOPROLOL SUCC ER 100 MG TAB	7	15.000	0.83	0.14098	51%-75% Below	No	No
75834029200	METOPROLOL SUCC ER 100 MG TAB	8	30.000	4.61	0.11844	26%-50% Above	No	No
75834050005	METFORMIN HCL ER 500 MG TABLET	5	360.000	12.49	0.03133	10%-25% Above	No	No
76204010025	IPRATROPIUM BR 0.02% SOLN	5	62.500	3.65	0.07729	10%-25% Below	No	No

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76204010025	IPRATROPIUM BR 0.02% SOLN	6	62.500	2.49	0.08361	51%-75% Below	No	No
76204010030	IPRATROPIUM BR 0.02% SOLN	5	212.500	8.46	0.07743	26%-50% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	7	75.000	3.44	0.06261	26%-50% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	8	75.000	3.27	0.05792	10%-25% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	8	75.000	3.28	0.05792	10%-25% Below	No	No
76204020060	ALBUTEROL SUL 2.5 MG/3 ML SOLN	5	270.000	8.64	0.05845	26%-50% Below	No	No
76282020210	FOSINOPRIL SODIUM 40 MG TAB	7	90.000	14.63	0.22875	26%-50% Below	No	No
76282021318	SERTRALINE HCL 50 MG TABLET	7	27.000	0.43	0.04589	51%-75% Below	No	No
76282021318	SERTRALINE HCL 50 MG TABLET	7	30.000	0.48	0.04589	51%-75% Below	No	No
76282021318	SERTRALINE HCL 50 MG TABLET	8	30.000	0.48	0.04261	51%-75% Below	No	No
76282021390	SERTRALINE HCL 50 MG TABLET	5	90.000	1.93	0.0445	51%-75% Below	No	No
76282021390	SERTRALINE HCL 50 MG TABLET	6	30.000	0.64	0.04419	51%-75% Below	No	No
76282021390	SERTRALINE HCL 50 MG TABLET	7	90.000	1.93	0.04589	51%-75% Below	No	No
76282021418	SERTRALINE HCL 100 MG TABLET	6	90.000	1.61	0.05676	51%-75% Below	No	No
76282021418	SERTRALINE HCL 100 MG TABLET	7	30.000	0.54	0.06119	51%-75% Below	No	No
76282021418	SERTRALINE HCL 100 MG TABLET	8	90.000	1.61	0.05541	51%-75% Below	No	No
76282023890	AMLODIPINE BESYLATE 5 MG TAB	6	90.000	2.04	0.00973	101%-200% Above	No	No
76282023990	AMLODIPINE BESYLATE 10 MG TAB	6	90.000	2.73	0.01645	76%-100% Above	No	No
76282023990	AMLODIPINE BESYLATE 10 MG TAB	7	90.000	2.73	0.01389	101%-200% Above	No	No
76282057390	PREGABALIN 200 MG CAPSULE	6	60.000	2.86	0.08423	26%-50% Below	No	No
76282057390	PREGABALIN 200 MG CAPSULE	7	30.000	1.68	0.08124	26%-50% Below	No	No
76282066339	DICLOFENAC SODIUM 1% GEL	8	100.000	2.65	0.08685	51%-75% Below	No	No
76282067942	ALBUTEROL HFA 90 MCG INHALER	8	6.700	6.26	2.82432	51%-75% Below	No	No
76385011050	CARVEDILOL 3.125 MG TABLET	5	180.000	5.32	0.01938	51%-75% Above	Yes	No
76385011050	CARVEDILOL 3.125 MG TABLET	7	60.000	0.64	0.0175	26%-50% Below	Yes	No

## NADAC Summary Report

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76385011150	CARVEDILOL 6.25 MG TABLET	5	60.000	2.18	0.02055	76%-100% Above	Yes	No
76385011150	CARVEDILOL 6.25 MG TABLET	6	180.000	5.54	0.02008	51%-75% Above	Yes	No
76385011250	CARVEDILOL 12.5 MG TABLET	5	60.000	2.34	0.02281	51%-75% Above	Yes	No
76385011250	CARVEDILOL 12.5 MG TABLET	5	180.000	6.01	0.02281	26%-50% Above	Yes	No
76385011250	CARVEDILOL 12.5 MG TABLET	5	180.000	7.31	0.02281	76%-100% Above	Yes	No
76385011250	CARVEDILOL 12.5 MG TABLET	6	60.000	2.34	0.02391	51%-75% Above	Yes	No
76385011250	CARVEDILOL 12.5 MG TABLET	7	90.000	3.16	0.02235	51%-75% Above	Yes	No
76385011250	CARVEDILOL 12.5 MG TABLET	7	180.000	6.01	0.02235	26%-50% Above	Yes	No
76385011350	CARVEDILOL 25 MG TABLET	5	270.000	5.37	0.03126	26%-50% Below	Yes	No
76385011350	CARVEDILOL 25 MG TABLET	8	60.000	4.00	0.03035	101%-200% Above	No	No
76385011801	ETODOLAC 400 MG TABLET	7	12.000	8.69	0.29799	101%-200% Above	No	No
76385012350	METHOCARBAMOL 500 MG TABLET	5	60.000	5.61	0.04334	101%-200% Above	Yes	No
76385012350	METHOCARBAMOL 500 MG TABLET	5	90.000	6.63	0.04334	51%-75% Above	Yes	No
76385012350	METHOCARBAMOL 500 MG TABLET	5	90.000	8.16	0.04334	101%-200% Above	Yes	No
76385012350	METHOCARBAMOL 500 MG TABLET	5	270.000	23.48	0.04334	76%-100% Above	Yes	No
76385012350	METHOCARBAMOL 500 MG TABLET	7	28.000	2.88	0.04408	101%-200% Above	Yes	No
76385012350	METHOCARBAMOL 500 MG TABLET	7	90.000	6.63	0.04408	51%-75% Above	Yes	No
76385012350	METHOCARBAMOL 500 MG TABLET	8	180.000	15.82	0.05056	51%-75% Above	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	5	30.000	0.85	0.04924	26%-50% Below	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	6	30.000	0.85	0.05085	26%-50% Below	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	6	100.000	2.84	0.05085	26%-50% Below	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	7	30.000	0.85	0.0484	26%-50% Below	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	8	30.000	0.85	0.05375	26%-50% Below	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	8	30.000	1.26	0.05375	10%-25% Below	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	8	80.000	3.02	0.05375	26%-50% Below	Yes	No

## NADAC Summary Report

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76385013101	PINDOLOL 5 MG TABLET	5	90.000	37.40	0.8766	51%-75% Below	No	No
76385013101	PINDOLOL 5 MG TABLET	8	90.000	37.04	0.8219	26%-50% Below	No	No
76385013201	PINDOLOL 10 MG TABLET	5	90.000	42.46	0.80549	26%-50% Below	No	No
76385013201	PINDOLOL 10 MG TABLET	6	90.000	42.33	0.80549	26%-50% Below	No	No
76385013201	PINDOLOL 10 MG TABLET	7	90.000	42.33	0.83187	26%-50% Below	No	No
76385013201	PINDOLOL 10 MG TABLET	8	90.000	42.33	0.9995	51%-75% Below	No	No
76385013701	METOLAZONE 5 MG TABLET	8	14.000	0.00	0.37706	76%-100% Below	No	No
81964020351	AMOX-CLAV 600-42.9 MG/5 ML SUS	7	75.000	0.01	0.0831	76%-100% Below	No	No
81964020351	AMOX-CLAV 600-42.9 MG/5 ML SUS	8	150.000	9.90	0.09106	26%-50% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	5	28.000	0.00	0.33593	76%-100% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	7	10.000	4.95	0.34409	26%-50% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	7	14.000	0.00	0.34409	76%-100% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	7	20.000	9.40	0.34409	26%-50% Above	No	No
82182045510	BRIMONIDINE-TIMOLOL 0.2%-0.5%	6	10.000	46.90	14.28309	51%-75% Below	No	No
82182045510	BRIMONIDINE-TIMOLOL 0.2%-0.5%	7	10.000	46.90	17.49321	51%-75% Below	No	No