

NADAC Summary Report

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy 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	11	6.000	1709.10	448.17735	26%-50% Below	No	No
00002145780	MOUNJARO 15 MG/0.5 ML PEN	12	2.000	626.10	492.71386	26%-50% Below	No	No
00002146080	MOUNJARO 12.5 MG/0.5 ML PEN	9	2.000	626.10	492.4663	26%-50% Below	No	No
00002146080	MOUNJARO 12.5 MG/0.5 ML PEN	10	2.000	626.10	492.4663	26%-50% Below	No	No
00002147180	MOUNJARO 10 MG/0.5 ML PEN	9	2.000	626.10	492.15177	26%-50% Below	No	No
00002147180	MOUNJARO 10 MG/0.5 ML PEN	10	2.000	626.10	492.15177	26%-50% Below	No	No
00002148480	MOUNJARO 7.5 MG/0.5 ML PEN	11	2.000	626.10	492.1158	26%-50% Below	No	No
00002148480	MOUNJARO 7.5 MG/0.5 ML PEN	12	2.000	626.10	492.1158	26%-50% Below	No	No
00002771559	BASAGLAR 100 UNIT/ML KWIKPEN	9	9.000	119.84	20.90137	26%-50% Below	No	No
00006027731	JANUVIA 100 MG TABLET	9	60.000	669.77	17.50707	26%-50% Below	No	No
00006027731	JANUVIA 100 MG TABLET	10	90.000	1004.66	17.49484	26%-50% Below	No	No
00006027731	JANUVIA 100 MG TABLET	11	90.000	1004.66	17.49484	26%-50% Below	No	No
00009041701	DEPO-TESTOSTERONE 200 MG/ML	9	2.000	12.27	11.99828	26%-50% Below	No	No
00023650110	UBRELVY 100 MG TABLET	12	10.000	602.20	94.51007	26%-50% Below	No	No
00054001825	PREDNISONE 20 MG TABLET	12	5.000	1.16	0.10826	101%-200% Above	No	No
00054004544	IPRATROPIUM 0.03% SPRAY	12	30.000	0.00	0.61171	76%-100% Below	No	No
00054004641	IPRATROPIUM 0.06% SPRAY	11	15.000	14.90	1.37641	26%-50% Below	No	No
00054017713	BUPRENORPHINE 8 MG TABLET SL	12	21.000	10.68	0.87258	26%-50% Below	No	No
00054040013	DESVENLAFAXINE SUCCNT ER 50 MG	10	90.000	59.90	0.51879	26%-50% Above	No	No
00054040022	DESVENLAFAXINE SUCCNT ER 50 MG	10	30.000	8.38	0.51879	26%-50% Below	No	No
00054040022	DESVENLAFAXINE SUCCNT ER 50 MG	10	30.000	8.56	0.51879	26%-50% Below	No	No
00054040022	DESVENLAFAXINE SUCCNT ER 50 MG	11	30.000	8.39	0.51678	26%-50% Below	No	No
00054040022	DESVENLAFAXINE SUCCNT ER 50 MG	12	30.000	8.37	0.51161	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	10	6.700	11.85	2.91623	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	11	6.700	11.85	2.97234	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
00054074287	ALBUTEROL HFA 90 MCG INHALER	12	6.700	11.85	2.93262	26%-50% Below	No	No
00054074825	DICYCLOMINE 10 MG CAPSULE	9	30.000	4.18	0.11782	10%-25% Above	Yes	No
00054309036	BUTORPHANOL 10 MG/ML SPRAY	11	2.500	16.77	15.31738	51%-75% Below	No	No
00054317757	DEXAMETHASONE 0.5 MG/5 ML LIQ	10	140.000	9.90	0.16205	51%-75% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	9	16.000	2.76	0.33808	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	9	16.000	3.08	0.33808	26%-50% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	9	16.000	6.90	0.33808	26%-50% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	9	16.000	6.90	0.33808	26%-50% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	9	16.000	9.90	0.33808	76%-100% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	9	16.000	9.90	0.33808	76%-100% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	9	16.000	9.99	0.33808	76%-100% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	9	16.000	12.91	0.33808	101%-200% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	10	16.000	2.36	0.32391	51%-75% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	10	16.000	2.56	0.32391	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	10	16.000	2.76	0.32391	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	10	16.000	6.90	0.32391	26%-50% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	10	16.000	6.90	0.32391	26%-50% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	10	16.000	9.90	0.32391	76%-100% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	10	48.000	7.09	0.32391	51%-75% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	10	48.000	12.40	0.32391	10%-25% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	11	16.000	0.16	0.3593	76%-100% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	11	16.000	2.76	0.3593	51%-75% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	11	16.000	4.90	0.3593	10%-25% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	11	16.000	4.90	0.3593	10%-25% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	11	16.000	6.90	0.3593	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
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	11	16.000	6.90	0.3593	10%-25% Above	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	11	16.000	9.90	0.3593	51%-75% Above	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	11	16.000	12.82	0.3593	101%-200% Above	No	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	11	16.000	12.82	0.3593	101%-200% Above	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	11	48.000	6.62	0.3593	51%-75% Below	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	11	48.000	29.90	0.3593	51%-75% Above	No	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	12	16.000	0.16	0.36058	76%-100% Below	No	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	12	16.000	2.21	0.36058	51%-75% Below	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	12	16.000	2.76	0.36058	51%-75% Below	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	12	16.000	3.35	0.36058	26%-50% Below	No	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	12	16.000	6.90	0.36058	10%-25% Above	No	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	12	16.000	6.90	0.36058	10%-25% Above	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	12	16.000	9.90	0.36058	51%-75% Above	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	12	16.000	11.72	0.36058	101%-200% Above	No	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	12	16.000	12.14	0.36058	101%-200% Above	No	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	12	16.000	12.14	0.36058	101%-200% Above	Yes	No
00054327099	FLUTICASONЕ PROP 50 MCG SPRAY	12	16.000	12.82	0.36058	101%-200% Above	No	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	11	80.000	5.89	0.08839	10%-25% Below	No	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	12	100.000	7.23	0.09343	10%-25% Below	No	No
00054414622	CLOTRIMAZOLE 10 MG TROCHE	9	50.000	14.90	0.37796	10%-25% Below	No	No
00054418125	DEXAMETHASONE 1 MG TABLET	9	6.000	2.15	0.22776	51%-75% Above	No	No
00054418125	DEXAMETHASONE 1 MG TABLET	10	1.000	0.65	0.23324	101%-200% Above	No	No
00054418125	DEXAMETHASONE 1 MG TABLET	12	1.000	0.65	0.22725	101%-200% Above	No	No
00054418325	DEXAMETHASONE 2 MG TABLET	10	20.000	5.23	0.41143	26%-50% Below	No	No
00054418325	DEXAMETHASONE 2 MG TABLET	11	15.000	5.72	0.43479	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
00054418425	DEXAMETHASONE 4 MG TABLET	10	5.000	3.26	0.34465	76%-100% Above	No	No
00054429731	FUROSEMIDE 20 MG TABLET	9	180.000	4.19	0.02683	10%-25% Below	No	No
00054429731	FUROSEMIDE 20 MG TABLET	12	180.000	4.19	0.02699	10%-25% Below	No	No
00054429931	FUROSEMIDE 40 MG TABLET	9	30.000	1.49	0.03347	26%-50% Above	No	No
00054429931	FUROSEMIDE 40 MG TABLET	9	90.000	8.42	0.03347	101%-200% Above	No	No
00054429931	FUROSEMIDE 40 MG TABLET	11	30.000	1.49	0.03423	26%-50% Above	No	No
00054429931	FUROSEMIDE 40 MG TABLET	12	30.000	1.43	0.03366	26%-50% Above	No	No
00054458111	MERCAPTOPYRINE 50 MG TABLET	9	30.000	14.73	0.80931	26%-50% Below	Yes	No
00054458111	MERCAPTOPYRINE 50 MG TABLET	11	30.000	14.73	0.79134	26%-50% Below	Yes	No
00054458111	MERCAPTOPYRINE 50 MG TABLET	12	32.000	15.72	0.85737	26%-50% Below	Yes	No
00054981725	PREDNISONE 10 MG TABLET	9	8.000	0.88	0.05744	76%-100% Above	No	No
00054981725	PREDNISONE 10 MG TABLET	10	8.000	0.88	0.05601	76%-100% Above	No	No
00054981725	PREDNISONE 10 MG TABLET	10	10.000	1.10	0.05601	76%-100% Above	No	No
00054981725	PREDNISONE 10 MG TABLET	11	8.000	0.88	0.05922	76%-100% Above	No	No
00054982831	PREDNISONE 5 MG TABLET	10	10.000	0.30	0.04631	26%-50% Below	No	No
00074003828	ORLISSA 150 MG TABLET	9	28.000	672.58	37.96014	26%-50% Below	No	No
00074003828	ORLISSA 150 MG TABLET	10	28.000	672.58	37.95256	26%-50% Below	No	No
00074003828	ORLISSA 150 MG TABLET	11	28.000	672.58	37.95256	26%-50% Below	No	No
00074003828	ORLISSA 150 MG TABLET	12	84.000	2017.75	37.95256	26%-50% Below	No	No
00074372790	SYNTHROID 137 MCG TABLET	10	90.000	82.75	1.43921	26%-50% Below	No	No
00074434190	SYNTHROID 25 MCG TABLET	10	30.000	1.73	1.44025	76%-100% Below	No	No
00074434190	SYNTHROID 25 MCG TABLET	12	30.000	1.73	1.44025	76%-100% Below	No	No
00074455219	SYNTHROID 50 MCG TABLET	9	30.000	17.23	1.44127	51%-75% Below	No	No
00074455219	SYNTHROID 50 MCG TABLET	10	30.000	17.23	1.4417	51%-75% Below	No	No
00074455219	SYNTHROID 50 MCG TABLET	11	30.000	17.23	1.4417	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
00074455219	SYNTHROID 50 MCG TABLET	12	30.000	17.23	1.4417	51%-75% Below	No	No
00074518290	SYNTHROID 75 MCG TABLET	9	90.000	3.36	1.44338	76%-100% Below	Yes	No
00074518290	SYNTHROID 75 MCG TABLET	12	90.000	3.36	1.44184	76%-100% Below	Yes	No
00074707090	SYNTHROID 175 MCG TABLET	9	30.000	1.63	1.44144	76%-100% Below	Yes	No
00074707090	SYNTHROID 175 MCG TABLET	10	90.000	4.88	1.43613	76%-100% Below	Yes	No
00074707090	SYNTHROID 175 MCG TABLET	12	90.000	4.20	1.43613	76%-100% Below	Yes	No
00074714890	SYNTHROID 200 MCG TABLET	12	90.000	3.98	1.44239	76%-100% Below	Yes	No
00093005301	BUSPIRONE HCL 5 MG TABLET	9	60.000	5.21	0.02495	200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	9	120.000	10.43	0.02495	200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	10	180.000	15.64	0.02497	200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	11	120.000	8.00	0.02567	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	11	120.000	10.43	0.02567	200% Above	No	No
00093005305	BUSPIRONE HCL 5 MG TABLET	12	90.000	5.17	0.02658	101%-200% Above	No	No
00093005401	BUSPIRONE HCL 10 MG TABLET	9	30.000	2.41	0.03491	101%-200% Above	No	No
00093005401	BUSPIRONE HCL 10 MG TABLET	10	30.000	4.57	0.03365	200% Above	No	No
00093005401	BUSPIRONE HCL 10 MG TABLET	11	180.000	9.90	0.03254	51%-75% Above	No	No
00093005401	BUSPIRONE HCL 10 MG TABLET	12	30.000	4.57	0.03584	200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	9	120.000	7.56	0.03491	76%-100% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	9	180.000	10.00	0.03491	51%-75% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	10	60.000	4.00	0.03365	76%-100% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	10	60.000	4.28	0.03365	101%-200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	11	60.000	4.00	0.03254	101%-200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	12	40.000	4.00	0.03584	101%-200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	12	60.000	4.00	0.03584	76%-100% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	12	60.000	4.28	0.03584	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
00093005405	BUSPIRONE HCL 10 MG TABLET	12	90.000	5.67	0.03584	51%-75% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	12	120.000	7.56	0.03584	51%-75% Above	No	No
00093005801	TRAMADOL HCL 50 MG TABLET	12	14.000	0.69	0.03534	26%-50% Above	No	No
00093005805	TRAMADOL HCL 50 MG TABLET	9	12.000	0.18	0.02747	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	9	20.000	0.89	0.02747	51%-75% Above	No	No
00093005805	TRAMADOL HCL 50 MG TABLET	9	21.000	0.90	0.02747	51%-75% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	9	30.000	0.45	0.02747	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	9	40.000	0.60	0.02747	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	9	42.000	0.63	0.02747	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	9	120.000	11.92	0.02747	200% Above	No	No
00093005805	TRAMADOL HCL 50 MG TABLET	10	20.000	0.30	0.03046	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	10	20.000	0.89	0.03046	26%-50% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	10	25.000	1.30	0.03046	51%-75% Above	No	No
00093005805	TRAMADOL HCL 50 MG TABLET	10	28.000	1.05	0.03046	10%-25% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	10	40.000	2.08	0.03046	51%-75% Above	No	No
00093005805	TRAMADOL HCL 50 MG TABLET	10	60.000	1.62	0.03046	10%-25% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	10	60.000	1.63	0.03046	10%-25% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	11	20.000	0.78	0.02841	26%-50% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	11	30.000	0.45	0.02841	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	11	30.000	1.07	0.02841	10%-25% Above	No	No
00093005805	TRAMADOL HCL 50 MG TABLET	12	20.000	0.78	0.03534	10%-25% Above	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	12	42.000	0.63	0.03534	51%-75% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	12	50.000	0.75	0.03534	51%-75% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	12	60.000	1.30	0.03534	26%-50% Below	Yes	No
00093005805	TRAMADOL HCL 50 MG TABLET	12	120.000	2.61	0.03534	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
00093007301	ZOLPIDEM TARTRATE 5 MG TABLET	12	30.000	1.24	0.03737	10%-25% Above	No	No
00093030801	CLEMASTINE FUM 2.68 MG TAB	9	60.000	62.04	0.61366	51%-75% Above	No	No
00093031401	KETOROLAC 10 MG TABLET	9	16.000	5.56	0.51239	26%-50% Below	Yes	No
00093031401	KETOROLAC 10 MG TABLET	9	20.000	14.90	0.51239	26%-50% Above	Yes	No
00093031401	KETOROLAC 10 MG TABLET	11	30.000	6.90	0.59792	51%-75% Below	No	No
00093031401	KETOROLAC 10 MG TABLET	12	20.000	16.86	0.57129	26%-50% Above	No	No
00093075210	ATENOLOL 50 MG TABLET	9	90.000	7.49	0.02671	200% Above	No	No
00093075210	ATENOLOL 50 MG TABLET	12	90.000	8.10	0.02676	200% Above	No	No
00093077110	PRAVASTATIN SODIUM 10 MG TAB	9	30.000	1.02	0.06348	26%-50% Below	No	No
00093077110	PRAVASTATIN SODIUM 10 MG TAB	10	30.000	1.02	0.06309	26%-50% Below	No	No
00093077110	PRAVASTATIN SODIUM 10 MG TAB	11	30.000	1.04	0.06513	26%-50% Below	No	No
00093077110	PRAVASTATIN SODIUM 10 MG TAB	12	30.000	1.04	0.06233	26%-50% Below	No	No
00093078701	ATENOLOL 25 MG TABLET	11	60.000	4.14	0.02375	101%-200% Above	No	No
00093078710	ATENOLOL 25 MG TABLET	10	180.000	15.97	0.02194	200% Above	No	No
00093078710	ATENOLOL 25 MG TABLET	12	180.000	15.97	0.02439	200% Above	No	No
00093081101	NORTRIPTYLINE HCL 25 MG CAP	11	90.000	11.92	0.08713	51%-75% Above	Yes	No
00093081201	NORTRIPTYLINE HCL 50 MG CAP	9	180.000	23.81	0.11501	10%-25% Above	Yes	No
00093083201	CLONAZEPAM 0.5 MG TABLET	9	14.000	0.66	0.02643	76%-100% Above	No	No
00093083201	CLONAZEPAM 0.5 MG TABLET	10	30.000	0.91	0.02623	10%-25% Above	No	No
00093083201	CLONAZEPAM 0.5 MG TABLET	12	30.000	0.85	0.02539	10%-25% Above	No	No
00093083201	CLONAZEPAM 0.5 MG TABLET	12	30.000	8.39	0.02539	200% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	9	60.000	0.72	0.02643	51%-75% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	9	60.000	1.21	0.02643	10%-25% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	11	10.000	0.13	0.02628	26%-50% Below	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	11	60.000	0.72	0.02628	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
00093083205	CLONAZEPAM 0.5 MG TABLET	11	60.000	1.22	0.02628	10%-25% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	11	90.000	1.54	0.02628	26%-50% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	11	90.000	1.64	0.02628	26%-50% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	12	60.000	0.72	0.02539	51%-75% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	12	90.000	1.08	0.02539	51%-75% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	12	120.000	1.94	0.02539	26%-50% Below	No	No
00093092810	LOVASTATIN 40 MG TABLET	11	180.000	70.90	0.05332	200% Above	No	No
00093098301	NYSTATIN 500,000 UNIT ORAL TAB	9	60.000	0.01	0.34613	76%-100% Below	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	9	60.000	33.64	0.04868	200% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	10	60.000	0.60	0.04764	76%-100% Below	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	10	90.000	50.46	0.04764	200% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	10	270.000	20.99	0.04764	51%-75% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	11	60.000	4.90	0.04837	51%-75% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	11	60.000	27.65	0.04837	200% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	11	90.000	7.57	0.04837	51%-75% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	11	180.000	14.16	0.04837	51%-75% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	12	60.000	0.60	0.04974	76%-100% Below	No	No
00093100305	BUSPIRONE HCL 15 MG TABLET	9	60.000	1.64	0.04868	26%-50% Below	No	No
00093100305	BUSPIRONE HCL 15 MG TABLET	10	30.000	0.83	0.04764	26%-50% Below	Yes	No
00093100305	BUSPIRONE HCL 15 MG TABLET	10	60.000	1.64	0.04764	26%-50% Below	No	No
00093100305	BUSPIRONE HCL 15 MG TABLET	11	60.000	1.63	0.04837	26%-50% Below	No	No
00093100305	BUSPIRONE HCL 15 MG TABLET	11	60.000	1.64	0.04837	26%-50% Below	No	No
00093100305	BUSPIRONE HCL 15 MG TABLET	12	60.000	1.63	0.04974	26%-50% Below	No	No
00093101042	MUPIROCIN 2% OINTMENT	9	22.000	2.14	0.17256	26%-50% Below	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	9	22.000	6.90	0.17256	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
00093101042	MUPIROCIN 2% OINTMENT	9	22.000	6.90	0.17256	76%-100% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	10	22.000	2.14	0.18483	26%-50% Below	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	10	22.000	6.83	0.18483	51%-75% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	10	22.000	7.06	0.18483	51%-75% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	10	44.000	0.00	0.18483	76%-100% Below	No	No
00093101042	MUPIROCIN 2% OINTMENT	11	22.000	0.22	0.19827	76%-100% Below	No	No
00093101042	MUPIROCIN 2% OINTMENT	11	22.000	7.06	0.19827	51%-75% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	12	22.000	0.22	0.18108	76%-100% Below	No	No
00093101042	MUPIROCIN 2% OINTMENT	12	22.000	4.90	0.18108	10%-25% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	12	22.000	6.83	0.18108	51%-75% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	12	22.000	6.90	0.18108	51%-75% Above	Yes	No
00093106001	SOTALOL 120 MG TABLET	9	60.000	9.34	0.09834	51%-75% Above	No	No
00093106001	SOTALOL 120 MG TABLET	10	60.000	9.34	0.09499	51%-75% Above	No	No
00093106001	SOTALOL 120 MG TABLET	11	60.000	9.34	0.1019	51%-75% Above	No	No
00093106001	SOTALOL 120 MG TABLET	12	60.000	9.34	0.12454	10%-25% Above	No	No
00093117410	PENICILLIN VK 500 MG TABLET	9	30.000	5.76	0.09821	76%-100% Above	Yes	No
00093117410	PENICILLIN VK 500 MG TABLET	10	28.000	5.13	0.10591	51%-75% Above	Yes	No
00093117410	PENICILLIN VK 500 MG TABLET	11	28.000	7.44	0.10159	101%-200% Above	Yes	No
00093117410	PENICILLIN VK 500 MG TABLET	11	30.000	5.47	0.10159	76%-100% Above	Yes	No
00093117410	PENICILLIN VK 500 MG TABLET	12	20.000	1.09	0.11407	51%-75% Below	Yes	No
00093117410	PENICILLIN VK 500 MG TABLET	12	28.000	1.53	0.11407	51%-75% Below	Yes	No
00093171301	WARFARIN SODIUM 2 MG TABLET	10	30.000	6.30	0.0866	101%-200% Above	Yes	No
00093171301	WARFARIN SODIUM 2 MG TABLET	11	30.000	6.30	0.08852	101%-200% Above	Yes	No
00093171301	WARFARIN SODIUM 2 MG TABLET	12	30.000	6.30	0.0952	101%-200% Above	Yes	No
00093171401	WARFARIN SODIUM 2.5 MG TABLET	11	50.000	10.37	0.07913	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
00093171501	WARFARIN SODIUM 3 MG TABLET	9	30.000	6.67	0.08325	101%-200% Above	Yes	No
00093171501	WARFARIN SODIUM 3 MG TABLET	10	30.000	6.67	0.10294	101%-200% Above	Yes	No
00093171501	WARFARIN SODIUM 3 MG TABLET	11	16.000	3.79	0.11523	101%-200% Above	Yes	No
00093171501	WARFARIN SODIUM 3 MG TABLET	11	30.000	6.67	0.11523	76%-100% Above	Yes	No
00093171501	WARFARIN SODIUM 3 MG TABLET	12	16.000	3.79	0.07787	200% Above	Yes	No
00093172101	WARFARIN SODIUM 5 MG TABLET	10	12.000	3.02	0.09211	101%-200% Above	Yes	No
00093172101	WARFARIN SODIUM 5 MG TABLET	10	30.000	1.69	0.09211	26%-50% Below	Yes	No
00093202631	AZITHROMYCIN 200 MG/5 ML SUSP	11	30.000	14.90	0.29912	51%-75% Above	No	No
00093202631	AZITHROMYCIN 200 MG/5 ML SUSP	12	30.000	3.85	0.25429	26%-50% Below	No	No
00093202631	AZITHROMYCIN 200 MG/5 ML SUSP	12	30.000	4.99	0.25429	26%-50% Below	No	No
00093202631	AZITHROMYCIN 200 MG/5 ML SUSP	12	30.000	14.90	0.25429	76%-100% Above	No	No
00093202694	AZITHROMYCIN 200 MG/5 ML SUSP	9	22.500	9.99	0.3155	26%-50% Above	No	No
00093206406	CILOSTAZOL 100 MG TABLET	11	180.000	20.82	0.14129	10%-25% Below	No	No
00093206801	DOXAZOSIN MESYLATE 4 MG TAB	11	90.000	45.40	0.10608	200% Above	Yes	No
00093206901	DOXAZOSIN MESYLATE 2 MG TAB	11	90.000	40.37	0.0736	200% Above	Yes	No
00093214062	TRI-LO-SPRINTEC TABLET	9	28.000	2.32	0.1294	26%-50% Below	No	No
00093214062	TRI-LO-SPRINTEC TABLET	9	28.000	2.58	0.1294	26%-50% Below	No	No
00093214062	TRI-LO-SPRINTEC TABLET	10	28.000	2.17	0.13423	26%-50% Below	No	No
00093214062	TRI-LO-SPRINTEC TABLET	11	28.000	2.25	0.15295	26%-50% Below	No	No
00093214062	TRI-LO-SPRINTEC TABLET	12	28.000	2.25	0.12813	26%-50% Below	No	No
00093220301	METOCLOPRAMIDE 10 MG TABLET	12	120.000	3.00	0.05019	26%-50% Below	No	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	9	15.000	1.17	0.05026	51%-75% Above	No	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	9	90.000	1.90	0.05026	51%-75% Below	No	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	10	90.000	2.09	0.04904	51%-75% Below	No	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	11	120.000	2.78	0.05151	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
00093220305	METOCLOPRAMIDE 10 MG TABLET	12	90.000	2.65	0.05019	26%-50% Below	No	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	12	120.000	3.39	0.05019	26%-50% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	9	90.000	9.94	0.20116	26%-50% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	9	120.000	13.25	0.20116	26%-50% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	10	90.000	9.94	0.21098	26%-50% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	10	120.000	13.25	0.21098	26%-50% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	10	120.000	14.21	0.21098	26%-50% Below	No	No
00093221005	SUCRALFATE 1 GM TABLET	9	90.000	13.50	0.20116	10%-25% Below	No	No
00093221005	SUCRALFATE 1 GM TABLET	10	90.000	14.90	0.21098	10%-25% Below	No	No
00093221005	SUCRALFATE 1 GM TABLET	12	120.000	13.90	0.22207	26%-50% Below	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	10	10.000	5.37	0.33189	51%-75% Above	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	11	20.000	9.72	0.32659	26%-50% Above	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	11	20.000	10.27	0.32659	51%-75% Above	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	12	20.000	10.27	0.35641	26%-50% Above	No	No
00093310705	AMOXICILLIN 250 MG CAPSULE	9	30.000	0.85	0.05567	26%-50% Below	Yes	No
00093310705	AMOXICILLIN 250 MG CAPSULE	9	60.000	3.75	0.05567	10%-25% Above	Yes	No
00093310705	AMOXICILLIN 250 MG CAPSULE	10	30.000	0.85	0.06895	51%-75% Below	Yes	No
00093310705	AMOXICILLIN 250 MG CAPSULE	11	30.000	0.85	0.06663	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	9	40.000	1.46	0.09333	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	10	20.000	1.79	0.10233	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	10	21.000	1.80	0.10233	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	11	30.000	1.10	0.08296	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	12	21.000	0.77	0.1005	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	12	21.000	1.80	0.1005	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	12	21.000	1.85	0.1005	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
00093314501	CEPHALEXIN 250 MG CAPSULE	12	40.000	4.71	0.09445	10%-25% Above	No	No
00093314505	CEPHALEXIN 250 MG CAPSULE	12	14.000	1.77	0.09445	26%-50% Above	No	No
00093314505	CEPHALEXIN 250 MG CAPSULE	12	42.000	2.64	0.09445	26%-50% Below	No	No
00093314701	CEPHALEXIN 500 MG CAPSULE	9	28.000	2.08	0.13417	26%-50% Below	No	No
00093314701	CEPHALEXIN 500 MG CAPSULE	10	20.000	2.03	0.14194	26%-50% Below	No	No
00093314701	CEPHALEXIN 500 MG CAPSULE	11	20.000	1.36	0.13831	26%-50% Below	No	No
00093314701	CEPHALEXIN 500 MG CAPSULE	12	28.000	1.90	0.15756	51%-75% Below	No	No
00093314701	CEPHALEXIN 500 MG CAPSULE	12	30.000	2.65	0.15756	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	9	20.000	1.37	0.13417	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	9	28.000	2.51	0.13417	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	9	30.000	2.73	0.13417	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	9	30.000	2.82	0.13417	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	10	15.000	1.58	0.14194	10%-25% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	10	21.000	2.06	0.14194	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	10	30.000	2.73	0.14194	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	11	6.000	0.93	0.13831	10%-25% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	11	20.000	2.07	0.13831	10%-25% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	12	12.000	1.39	0.15756	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	12	21.000	1.42	0.15756	51%-75% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	12	21.000	2.01	0.15756	26%-50% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	9	8.500	13.52	2.85179	26%-50% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	9	8.500	13.63	2.85179	26%-50% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	9	8.500	14.02	2.85179	26%-50% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	9	8.500	15.90	2.85179	26%-50% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	9	8.500	15.90	2.85179	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
00093317431	ALBUTEROL HFA 90 MCG INHALER	9	17.000	14.99	2.85179	51%-75% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	9	17.000	31.81	2.85179	26%-50% Below	Yes	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	9	25.500	31.01	2.85179	51%-75% Below	Yes	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	10	8.500	9.54	2.62769	51%-75% Below	Yes	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	10	8.500	9.90	2.62769	51%-75% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	10	8.500	9.99	2.62769	51%-75% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	10	8.500	15.90	2.62769	26%-50% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	10	8.500	15.90	2.62769	26%-50% Below	Yes	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	10	17.000	31.81	2.62769	26%-50% Below	Yes	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	11	8.500	9.99	2.7054	51%-75% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	11	8.500	13.52	2.7054	26%-50% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	11	8.500	15.90	2.7054	26%-50% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	11	8.500	15.90	2.7054	26%-50% Below	Yes	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	11	25.500	47.71	2.7054	26%-50% Below	Yes	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	12	8.500	0.00	2.70831	76%-100% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	12	8.500	8.91	2.70831	51%-75% Below	Yes	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	12	8.500	15.90	2.70831	26%-50% Below	No	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	12	8.500	15.90	2.70831	26%-50% Below	Yes	No
00093317431	ALBUTEROL HFA 90 MCG INHALER	12	25.500	39.71	2.70831	26%-50% Below	No	No
00093321201	CLONAZEPAM 1 MG TABLET	9	30.000	1.17	0.03142	10%-25% Above	No	No
00093321201	CLONAZEPAM 1 MG TABLET	11	38.000	0.59	0.03414	51%-75% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	9	30.000	0.00	0.03142	76%-100% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	9	60.000	1.43	0.03142	10%-25% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	9	90.000	1.63	0.03142	26%-50% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	9	90.000	1.90	0.03142	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
00093321205	CLONAZEPAM 1 MG TABLET	10	6.000	0.60	0.03178	200% Above	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	10	30.000	0.00	0.03178	76%-100% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	10	45.000	0.80	0.03178	26%-50% Below	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	10	90.000	1.90	0.03178	26%-50% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	11	30.000	0.00	0.03414	76%-100% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	11	30.000	0.54	0.03414	26%-50% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	11	60.000	1.07	0.03414	26%-50% Below	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	11	60.000	1.43	0.03414	26%-50% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	11	60.000	1.48	0.03414	26%-50% Below	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	11	90.000	1.90	0.03414	26%-50% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	12	30.000	0.00	0.03206	76%-100% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	12	30.000	0.54	0.03206	26%-50% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	12	45.000	0.80	0.03206	26%-50% Below	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	12	60.000	1.43	0.03206	10%-25% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	12	90.000	1.63	0.03206	26%-50% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	12	90.000	1.90	0.03206	26%-50% Below	No	No
00093321305	CLONAZEPAM 2 MG TABLET	10	60.000	2.80	0.03883	10%-25% Above	No	No
00093321305	CLONAZEPAM 2 MG TABLET	11	60.000	1.65	0.04235	26%-50% Below	No	No
00093321915	KETOCONAZOLE 2% CREAM	10	15.000	9.90	0.26576	101%-200% Above	Yes	No
00093321930	KETOCONAZOLE 2% CREAM	9	30.000	9.90	0.26224	10%-25% Above	Yes	No
00093321930	KETOCONAZOLE 2% CREAM	12	30.000	9.90	0.24669	26%-50% Above	Yes	No
00093321992	KETOCONAZOLE 2% CREAM	9	60.000	9.90	0.24138	26%-50% Below	Yes	No
00093321992	KETOCONAZOLE 2% CREAM	10	60.000	7.73	0.2028	26%-50% Below	Yes	No
00093323405	SULFASALAZINE 500 MG TABLET	9	90.000	8.60	0.1604	26%-50% Below	No	No
00093323405	SULFASALAZINE 500 MG TABLET	10	90.000	8.60	0.16721	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
00093323405	SULFASALAZINE 500 MG TABLET	11	90.000	8.60	0.16038	26%-50% Below	No	No
00093323405	SULFASALAZINE 500 MG TABLET	12	90.000	8.75	0.16219	26%-50% Below	No	No
00093342201	CYCLOBENZAPRINE 10 MG TABLET	11	56.000	1.69	0.02229	26%-50% Above	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	9	15.000	0.83	0.02342	101%-200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	9	15.000	0.85	0.02342	101%-200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	9	20.000	0.94	0.02342	76%-100% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	9	30.000	1.16	0.02342	51%-75% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	9	60.000	0.57	0.02342	51%-75% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	10	60.000	0.57	0.02251	51%-75% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	12	30.000	0.29	0.02252	51%-75% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	12	30.000	1.16	0.02252	51%-75% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	12	30.000	3.42	0.02252	200% Above	No	No
00093342601	LORAZEPAM 1 MG TABLET	9	28.000	0.66	0.03788	26%-50% Below	No	No
00093342601	LORAZEPAM 1 MG TABLET	9	30.000	1.59	0.03788	26%-50% Above	No	No
00093372755	DICLOFENAC EPOLAMINE 1.3% PTCH	10	30.000	0.00	5.87928	76%-100% Below	No	No
00093413664	CEFDINIR 125 MG/5 ML SUSP	10	120.000	9.90	0.12883	26%-50% Below	No	No
00093413664	CEFDINIR 125 MG/5 ML SUSP	12	60.000	4.07	0.16335	51%-75% Below	No	No
00093413764	CEFDINIR 250 MG/5 ML SUSP	10	60.000	4.60	0.17026	51%-75% Below	No	No
00093415579	AMOXICILLIN 250 MG/5 ML SUSP	11	240.000	9.31	0.02803	26%-50% Above	Yes	No
00093416073	AMOXICILLIN 200 MG/5 ML SUSP	11	100.000	5.30	0.03741	26%-50% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	9	200.000	11.38	0.02892	76%-100% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	10	100.000	5.69	0.02951	76%-100% Above	No	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	10	100.000	5.69	0.02951	76%-100% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	10	200.000	11.38	0.02951	76%-100% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	11	100.000	5.69	0.02924	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
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	11	100.000	6.87	0.02924	101%-200% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	11	200.000	11.38	0.02924	76%-100% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	11	300.000	17.07	0.02924	76%-100% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	12	150.000	8.54	0.03579	51%-75% Above	No	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	9	150.000	8.50	0.03045	76%-100% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	10	150.000	8.50	0.0319	76%-100% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	10	225.000	12.75	0.0319	76%-100% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	11	75.000	4.25	0.02966	76%-100% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	11	150.000	8.50	0.02966	76%-100% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	11	225.000	12.75	0.02966	76%-100% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	12	150.000	8.50	0.03679	51%-75% Above	Yes	No
00093417574	CEPHALEXIN 125 MG/5 ML SUSP	9	600.000	9.99	0.04728	51%-75% Below	No	No
00093417773	CEPHALEXIN 250 MG/5 ML SUSP	11	300.000	14.90	0.11176	51%-75% Below	No	No
00093417774	CEPHALEXIN 250 MG/5 ML SUSP	10	200.000	9.99	0.07406	26%-50% Below	No	No
00093417774	CEPHALEXIN 250 MG/5 ML SUSP	12	200.000	2.00	0.08268	76%-100% Below	No	No
00093500456	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-5-25 MG	12	90.000	65.34	1.44064	26%-50% Below	No	No
00093505898	ATORVASTATIN 40 MG TABLET	9	30.000	4.89	0.05653	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	9	90.000	14.14	0.05653	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	10	90.000	14.14	0.05376	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	11	30.000	4.89	0.06103	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	11	90.000	13.66	0.06103	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	11	90.000	43.68	0.06103	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	12	30.000	14.56	0.0579	200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	11	90.000	0.90	0.04007	51%-75% Below	No	No
00093505998	ATORVASTATIN 20 MG TABLET	11	90.000	43.53	0.04007	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
00093506101	HYDROXYZINE HCL 25 MG TABLET	10	30.000	2.91	0.0413	101%-200% Above	No	No
00093506105	HYDROXYZINE HCL 25 MG TABLET	11	30.000	2.91	0.04785	101%-200% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	9	30.000	2.91	0.04383	101%-200% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	11	30.000	2.91	0.04785	101%-200% Above	No	No
00093506205	HYDROXYZINE HCL 50 MG TABLET	9	45.000	6.74	0.06934	101%-200% Above	No	No
00093520006	BUSPIRONE HCL 30 MG TABLET	9	60.000	9.99	0.11924	26%-50% Above	No	No
00093534301	SILDENAFIL 100 MG TABLET	12	6.000	9.90	0.2187	200% Above	Yes	No
00093534356	SILDENAFIL 100 MG TABLET	9	6.000	9.90	0.20939	200% Above	Yes	No
00093550456	OLANZAPINE-FLUOXETINE 6-25 MG	10	30.000	75.68	4.20453	26%-50% Below	No	No
00093557156	ERYTHROMYCIN 250 MG TABLET	9	60.000	0.01	6.94436	76%-100% Below	No	No
00093557156	ERYTHROMYCIN 250 MG TABLET	10	60.000	0.01	3.46443	76%-100% Below	No	No
00093590786	MESALAMINE DR 400 MG CAPSULE	9	30.000	35.00	1.87952	26%-50% Below	No	No
00093590786	MESALAMINE DR 400 MG CAPSULE	10	30.000	33.20	2.15695	26%-50% Below	No	No
00093590786	MESALAMINE DR 400 MG CAPSULE	11	30.000	32.83	2.19001	26%-50% Below	No	No
00093590786	MESALAMINE DR 400 MG CAPSULE	12	30.000	34.20	2.16756	26%-50% Below	No	No
00093598527	EPINEPHRINE 0.15 MG AUTO-INJCT	11	2.000	154.93	141.61118	26%-50% Below	No	No
00093598627	EPINEPHRINE 0.3 MG AUTO-INJECT	9	2.000	19.90	135.67911	76%-100% Below	No	No
00093598627	EPINEPHRINE 0.3 MG AUTO-INJECT	9	2.000	165.51	135.67911	26%-50% Below	No	No
00093645156	ESOMEPRAZOLE MAG DR 40 MG CAP	11	90.000	12.40	0.16904	10%-25% Below	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	10	30.000	13.78	0.06988	200% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	10	90.000	41.35	0.06988	200% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	12	30.000	13.78	0.07279	200% Above	No	No
00093720110	PRAVASTATIN SODIUM 20 MG TAB	9	30.000	4.02	0.06851	76%-100% Above	No	No
00093720110	PRAVASTATIN SODIUM 20 MG TAB	10	30.000	0.30	0.05865	76%-100% Below	No	No
00093720110	PRAVASTATIN SODIUM 20 MG TAB	11	30.000	10.46	0.07114	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
00093720110	PRAVASTATIN SODIUM 20 MG TAB	12	90.000	31.37	0.06572	200% Above	No	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	9	30.000	0.00	0.06851	76%-100% Below	No	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	9	30.000	0.90	0.06851	51%-75% Below	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	9	90.000	11.97	0.06851	76%-100% Above	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	10	30.000	0.90	0.05865	26%-50% Below	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	10	30.000	11.16	0.05865	200% Above	No	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	10	90.000	11.97	0.05865	101%-200% Above	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	10	90.000	33.49	0.05865	200% Above	No	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	11	30.000	11.16	0.07114	200% Above	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	9	90.000	50.90	0.08636	200% Above	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	10	30.000	1.51	0.08261	26%-50% Below	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	10	90.000	81.22	0.08261	200% Above	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	11	30.000	1.45	0.08893	26%-50% Below	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	11	90.000	4.36	0.08893	26%-50% Below	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	11	180.000	8.71	0.08893	26%-50% Below	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	12	30.000	1.21	0.0864	51%-75% Below	Yes	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	12	30.000	1.45	0.0864	26%-50% Below	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	12	90.000	70.91	0.0864	200% Above	No	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	10	30.000	1.50	0.08261	26%-50% Below	No	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	10	90.000	3.64	0.08261	51%-75% Below	Yes	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	11	90.000	4.36	0.08893	26%-50% Below	No	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	12	90.000	3.64	0.0864	51%-75% Below	Yes	No
00093727156	PIOGLITAZONE HCL 15 MG TABLET	11	90.000	106.66	0.08986	200% Above	No	No
00093735556	FINASTERIDE 5 MG TABLET	9	9.000	1.88	0.07491	101%-200% Above	No	No
00093735556	FINASTERIDE 5 MG TABLET	10	15.000	2.74	0.07307	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
00093736810	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	9	30.000	14.90	0.13402	200% Above	No	No
00093736810	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	10	30.000	14.90	0.12695	200% Above	No	No
00093736810	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	11	30.000	14.90	0.13175	200% Above	No	No
00093736910	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	9	90.000	44.90	0.12038	200% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	9	30.000	4.90	0.08116	101%-200% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	9	30.000	6.90	0.08116	101%-200% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	10	30.000	1.46	0.07596	26%-50% Below	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	10	30.000	6.90	0.07596	200% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	11	30.000	1.46	0.08714	26%-50% Below	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	11	30.000	6.90	0.08714	101%-200% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	12	30.000	1.46	0.07872	26%-50% Below	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	12	30.000	4.90	0.07872	101%-200% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	12	30.000	6.90	0.07872	101%-200% Above	No	No
00093770456	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 200-300 MG TAB	10	90.000	30.04	0.5516	26%-50% Below	Yes	No
00093818064	OSELTAMIVIR 6 MG/ML SUSPENSION	11	180.000	56.23	0.22394	26%-50% Above	Yes	No
00093867575	AMOX-CLAV 600-42.9 MG/5 ML SUS	12	125.000	12.11	0.06733	26%-50% Above	No	No
00093914801	VENLAFAXINE HCL 37.5 MG TABLET	9	30.000	9.85	0.06162	200% Above	Yes	No
00093922206	DIFLUNISAL 500 MG TABLET	9	10.000	7.00	1.14717	26%-50% Below	No	No
00115148601	DEXTROAMP-AMPHET ER 5 MG CAP	9	30.000	84.60	0.55836	200% Above	No	No
00115148701	DEXTROAMP-AMPHET ER 10 MG CAP	10	30.000	20.46	0.56921	10%-25% Above	Yes	No
00115148701	DEXTROAMP-AMPHET ER 10 MG CAP	12	30.000	20.46	0.57025	10%-25% Above	Yes	No
00115168774	BUDESONIDE 0.25 MG/2 ML SUSP	10	60.000	27.40	1.10635	51%-75% Below	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	10	2.000	109.99	117.835	51%-75% Below	Yes	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	11	2.000	165.51	125.06946	26%-50% Below	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	12	2.000	165.51	117.79218	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
00115169549	EPINEPHRINE 0.15 MG AUTO-INJCT	11	2.000	286.53	113.22885	26%-50% Above	No	No
00115169701	HYDROCORTISONE 10 MG TABLET	11	180.000	25.99	0.25646	26%-50% Below	No	No
00115175701	CYPROHEPTADINE 4 MG TABLET	9	60.000	2.87	0.0872	26%-50% Below	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	9	60.000	3.79	0.07212	10%-25% Below	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	9	120.000	4.86	0.07212	26%-50% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	10	90.000	3.65	0.0674	26%-50% Below	Yes	No
00115180401	HYDROXYZINE PAM 50 MG CAP	10	1.000	0.54	0.09847	200% Above	Yes	No
00115180401	HYDROXYZINE PAM 50 MG CAP	10	42.000	2.22	0.09847	26%-50% Below	Yes	No
00115180401	HYDROXYZINE PAM 50 MG CAP	12	30.000	1.74	0.10576	26%-50% Below	Yes	No
00115991901	DEXMETHYLPHENIDATE ER 10 MG CP	12	30.000	9.99	1.31814	51%-75% Below	No	No
00115993178	LEVALBUTEROL 0.63 MG/3 ML SOL	9	75.000	11.52	0.26901	26%-50% Below	No	No
00115993178	LEVALBUTEROL 0.63 MG/3 ML SOL	10	75.000	11.57	0.23939	26%-50% Below	No	No
00115993178	LEVALBUTEROL 0.63 MG/3 ML SOL	12	75.000	12.02	0.28827	26%-50% Below	No	No
00115993278	LEVALBUTEROL 1.25 MG/3 ML SOL	11	150.000	23.84	0.31465	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	9	473.000	1.42	0.00524	26%-50% Below	Yes	No
00116200116	CHLORHEXIDINE 0.12% RINSE	9	473.000	3.24	0.00524	26%-50% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	10	473.000	3.01	0.00519	10%-25% Above	Yes	No
00116200116	CHLORHEXIDINE 0.12% RINSE	10	473.000	3.10	0.00519	26%-50% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	11	473.000	1.42	0.00521	26%-50% Below	Yes	No
00116200116	CHLORHEXIDINE 0.12% RINSE	11	473.000	3.01	0.00521	10%-25% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	11	473.000	3.05	0.00521	10%-25% Above	Yes	No
00116200116	CHLORHEXIDINE 0.12% RINSE	12	473.000	0.95	0.00539	51%-75% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	12	473.000	1.42	0.00539	26%-50% Below	Yes	No
00116200116	CHLORHEXIDINE 0.12% RINSE	12	473.000	3.01	0.00539	10%-25% Above	Yes	No
00116200116	CHLORHEXIDINE 0.12% RINSE	12	473.000	3.05	0.00539	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
00116200116	CHLORHEXIDINE 0.12% RINSE	12	473.000	3.10	0.00539	10%-25% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	12	473.000	3.77	0.00539	26%-50% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	12	473.000	4.20	0.00539	51%-75% Above	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	9	12.000	1.26	0.13993	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	9	20.000	0.96	0.13993	51%-75% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	9	20.000	2.30	0.13993	10%-25% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	9	25.000	1.15	0.13993	51%-75% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	9	30.000	1.38	0.13993	51%-75% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	9	35.000	3.65	0.13993	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	10	10.000	1.40	0.12612	10%-25% Above	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	10	20.000	2.24	0.12612	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	10	25.000	2.09	0.12612	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	10	25.000	2.75	0.12612	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	10	30.000	3.20	0.12612	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	10	65.000	5.40	0.12612	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	11	13.000	0.63	0.14082	51%-75% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	11	15.000	1.85	0.14082	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	11	20.000	2.30	0.14082	10%-25% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	11	25.000	4.88	0.14082	26%-50% Above	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	11	40.000	3.34	0.14082	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	11	45.000	4.41	0.14082	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	11	50.000	0.50	0.14082	76%-100% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	11	80.000	7.70	0.14082	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	12	25.000	2.67	0.12807	10%-25% Below	No	No
00121077504	GUAIFEN-CODEINE 100-10 MG/5 ML	10	150.000	8.93	0.05036	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
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	9	180.000	9.90	0.03165	51%-75% Above	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	9	200.000	10.77	0.03165	51%-75% Above	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	9	240.000	12.83	0.03165	51%-75% Above	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	10	120.000	4.21	0.03138	10%-25% Above	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	10	180.000	6.32	0.03138	10%-25% Above	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	10	200.000	7.02	0.03138	10%-25% Above	Yes	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	10	240.000	12.83	0.03138	51%-75% Above	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	11	120.000	7.00	0.02818	101%-200% Above	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	11	150.000	9.43	0.02818	101%-200% Above	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	11	200.000	10.77	0.02818	76%-100% Above	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	11	400.000	14.04	0.02818	10%-25% Above	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	12	120.000	4.90	0.03446	10%-25% Above	Yes	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	12	120.000	7.00	0.03446	51%-75% Above	Yes	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	12	240.000	12.83	0.03446	51%-75% Above	No	No
00121086802	NYSTATIN 100,000 UNIT/ML SUSP	12	200.000	6.26	0.15003	76%-100% Below	Yes	No
00121086816	NYSTATIN 100,000 UNIT/ML SUSP	10	473.000	12.96	0.04781	26%-50% Below	No	No
00121086816	NYSTATIN 100,000 UNIT/ML SUSP	11	60.000	0.01	0.04919	76%-100% Below	No	No
00121086816	NYSTATIN 100,000 UNIT/ML SUSP	11	80.000	2.45	0.04919	26%-50% Below	No	No
00121086816	NYSTATIN 100,000 UNIT/ML SUSP	11	180.000	5.17	0.04919	26%-50% Below	No	No
00121086816	NYSTATIN 100,000 UNIT/ML SUSP	11	200.000	5.38	0.04919	26%-50% Below	No	No
00121086816	NYSTATIN 100,000 UNIT/ML SUSP	11	200.000	5.74	0.04919	26%-50% Below	No	No
00121087316	LACTULOSE 10 GM/15 ML SOLUTION	9	946.000	9.90	0.01231	10%-25% Below	Yes	No
00121087332	LACTULOSE 10 GM/15 ML SOLUTION	10	270.000	3.90	0.01156	10%-25% Above	No	No
00121087332	LACTULOSE 10 GM/15 ML SOLUTION	11	240.000	3.52	0.0112	26%-50% Above	No	No
00121087332	LACTULOSE 10 GM/15 ML SOLUTION	11	270.000	3.90	0.0112	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
00121089316	CHLORHEXIDINE 0.12% RINSE	10	473.000	3.01	0.00519	10%-25% Above	No	No
00121089316	CHLORHEXIDINE 0.12% RINSE	10	473.000	3.15	0.00519	26%-50% Above	No	No
00121089316	CHLORHEXIDINE 0.12% RINSE	11	473.000	0.05	0.00521	76%-100% Below	No	No
00121090204	PREDNISOLONE 5 MG/5 ML SOLN	9	50.000	15.07	0.58498	26%-50% Below	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	9	20.000	3.92	0.13751	26%-50% Above	No	No
00143122701	DICYCLOMINE 20 MG TABLET	9	20.000	5.43	0.13751	76%-100% Above	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	10	15.000	3.07	0.1404	26%-50% Above	No	No
00143122701	DICYCLOMINE 20 MG TABLET	12	90.000	9.90	0.14483	10%-25% Below	Yes	No
00143122710	DICYCLOMINE 20 MG TABLET	12	30.000	5.13	0.14483	10%-25% Above	No	No
00143145505	PHENOBARBITAL 60 MG TABLET	9	16.000	1.38	0.22342	51%-75% Below	Yes	No
00143149505	PHENOBARBITAL 15 MG TABLET	9	5.000	0.11	0.10902	76%-100% Below	Yes	No
00143211250	DOXYCYCLINE HYCLATE 100 MG TAB	9	14.000	4.90	0.13569	101%-200% Above	No	No
00143314250	DOXYCYCLINE HYCLATE 100 MG CAP	9	20.000	14.90	0.13081	200% Above	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	9	20.000	13.03	0.29889	101%-200% Above	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	9	20.000	40.01	0.29889	200% Above	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	10	14.000	6.96	0.33189	26%-50% Above	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	10	20.000	0.20	0.33189	76%-100% Below	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	10	20.000	40.01	0.33189	200% Above	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	11	14.000	0.14	0.32659	76%-100% Below	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	11	20.000	0.20	0.32659	76%-100% Below	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	11	20.000	9.40	0.32659	26%-50% Above	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	12	20.000	9.72	0.35641	26%-50% Above	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	12	20.000	40.01	0.35641	200% Above	No	No
00143928501	AMOXICILLIN 875 MG TABLET	9	6.000	1.54	0.15668	51%-75% Above	No	No
00143928501	AMOXICILLIN 875 MG TABLET	10	6.000	1.54	0.17141	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
00143928501	AMOXICILLIN 875 MG TABLET	10	14.000	1.06	0.17141	51%-75% Below	No	No
00143928501	AMOXICILLIN 875 MG TABLET	10	20.000	1.74	0.17141	26%-50% Below	No	No
00143928501	AMOXICILLIN 875 MG TABLET	10	20.000	5.13	0.17141	26%-50% Above	No	No
00143928501	AMOXICILLIN 875 MG TABLET	11	14.000	4.60	0.16763	76%-100% Above	No	No
00143928501	AMOXICILLIN 875 MG TABLET	11	20.000	0.20	0.16763	76%-100% Below	No	No
00143928501	AMOXICILLIN 875 MG TABLET	11	20.000	1.74	0.16763	26%-50% Below	No	No
00143928501	AMOXICILLIN 875 MG TABLET	12	14.000	4.60	0.18272	76%-100% Above	No	No
00143928501	AMOXICILLIN 875 MG TABLET	12	20.000	3.19	0.18272	10%-25% Below	No	No
00143928520	AMOXICILLIN 875 MG TABLET	10	20.000	2.79	0.17141	10%-25% Below	No	No
00143928520	AMOXICILLIN 875 MG TABLET	11	6.000	0.84	0.16763	10%-25% Below	No	No
00143962001	CYANOCOBALAMIN 10,000 MCG/10 ML	9	10.000	9.26	3.2748	51%-75% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	9	2.000	4.18	2.70995	10%-25% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	10	3.000	6.03	2.58423	10%-25% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	10	4.000	5.69	2.58423	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	10	4.000	5.95	2.58423	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	10	12.000	17.86	2.58423	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	12	1.000	0.01	2.46915	76%-100% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	12	2.000	4.27	2.46915	10%-25% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	9	2.000	12.27	13.66959	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	9	3.000	18.41	13.66959	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	9	12.000	115.53	13.66959	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	10	1.000	5.98	13.13104	51%-75% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	10	2.000	12.27	13.13104	51%-75% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	10	2.000	12.27	13.13104	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	10	3.000	18.41	13.13104	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
00143965901	TESTOSTERONE CYP 200 MG/ML	10	4.000	24.55	13.13104	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	10	6.000	51.84	13.13104	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	11	2.000	11.98	13.33832	51%-75% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	11	2.000	12.27	13.33832	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	11	2.000	14.90	13.33832	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	11	3.000	18.41	13.33832	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	11	4.000	9.99	13.33832	76%-100% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	12	2.000	12.27	14.30084	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	12	2.000	12.44	14.30084	51%-75% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	12	3.000	18.41	14.30084	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	12	12.000	99.53	14.30084	26%-50% Below	Yes	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	9	14.000	0.00	0.13081	76%-100% Below	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	9	14.000	14.90	0.13081	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	9	20.000	14.90	0.13081	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	9	30.000	0.00	0.13081	76%-100% Below	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	9	30.000	2.17	0.13081	26%-50% Below	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	9	40.000	14.90	0.13081	101%-200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	9	60.000	6.90	0.13081	10%-25% Below	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	10	13.000	0.94	0.12965	26%-50% Below	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	10	20.000	14.90	0.12965	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	10	30.000	2.17	0.12965	26%-50% Below	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	10	40.000	14.90	0.12965	101%-200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	10	60.000	4.33	0.12965	26%-50% Below	Yes	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	11	14.000	1.01	0.14428	26%-50% Below	Yes	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	11	14.000	9.90	0.14428	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
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	11	14.000	19.90	0.14428	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	11	20.000	6.90	0.14428	101%-200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	11	20.000	19.90	0.14428	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	11	30.000	2.16	0.14428	26%-50% Below	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	11	40.000	14.90	0.14428	101%-200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	12	20.000	9.90	0.14273	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	12	30.000	2.16	0.14273	26%-50% Below	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	12	40.000	14.90	0.14273	101%-200% Above	No	No
00143980350	DOXYCYCLINE HYCLATE 100 MG CAP	10	20.000	4.90	0.12965	76%-100% Above	No	No
00143980350	DOXYCYCLINE HYCLATE 100 MG CAP	12	20.000	14.90	0.14273	200% Above	No	No
00143985316	AMOX-CLAV 600-42.9 MG/5 ML SUS	12	125.000	6.90	0.06733	10%-25% Below	Yes	No
00143985316	AMOX-CLAV 600-42.9 MG/5 ML SUS	12	125.000	11.46	0.06733	26%-50% Above	Yes	No
00143985324	AMOX-CLAV 600-42.9 MG/5 ML SUS	9	200.000	7.40	0.06548	26%-50% Below	Yes	No
00143985375	AMOX-CLAV 600-42.9 MG/5 ML SUS	11	75.000	3.07	0.08219	26%-50% Below	Yes	No
00143985375	AMOX-CLAV 600-42.9 MG/5 ML SUS	11	150.000	6.14	0.08219	26%-50% Below	Yes	No
00143988601	AMOXICILLIN 200 MG/5 ML SUSP	9	100.000	5.30	0.03145	51%-75% Above	Yes	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	9	100.000	6.29	0.02892	101%-200% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	9	200.000	9.99	0.02892	51%-75% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	11	100.000	1.00	0.02924	51%-75% Below	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	11	100.000	6.29	0.02924	101%-200% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	11	200.000	9.99	0.02924	51%-75% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	11	200.000	11.38	0.02924	76%-100% Above	Yes	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	12	100.000	1.00	0.03579	51%-75% Below	No	No
00143988750	AMOXICILLIN 400 MG/5 ML SUSP	10	100.000	5.68	0.04671	10%-25% Above	No	No
00143988750	AMOXICILLIN 400 MG/5 ML SUSP	11	200.000	14.90	0.04691	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
00143988750	AMOXICILLIN 400 MG/5 ML SUSP	12	50.000	4.45	0.04981	76%-100% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	9	150.000	1.83	0.03045	51%-75% Below	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	10	75.000	6.42	0.0319	101%-200% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	10	150.000	7.98	0.0319	51%-75% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	10	150.000	9.90	0.0319	101%-200% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	11	75.000	4.24	0.02966	76%-100% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	11	150.000	6.90	0.02966	51%-75% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	11	150.000	7.40	0.02966	51%-75% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	12	150.000	1.50	0.03679	51%-75% Below	No	No
00143988815	AMOXICILLIN 125 MG/5 ML SUSP	11	150.000	1.50	0.02096	51%-75% Below	No	No
00143988915	AMOXICILLIN 250 MG/5 ML SUSP	11	150.000	6.20	0.02709	51%-75% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	9	10.000	1.91	0.15205	10%-25% Above	No	No
00143992801	CIPROFLOXACIN HCL 500 MG TAB	10	28.000	17.16	0.15515	200% Above	No	No
00143998201	AMOX-CLAV 400-57 MG/5 ML SUSP	9	200.000	9.90	0.05882	10%-25% Below	Yes	No
00143998201	AMOX-CLAV 400-57 MG/5 ML SUSP	10	100.000	6.90	0.05966	10%-25% Above	Yes	No
00143998201	AMOX-CLAV 400-57 MG/5 ML SUSP	11	300.000	11.10	0.06735	26%-50% Below	Yes	No
00143998275	AMOX-CLAV 400-57 MG/5 ML SUSP	11	150.000	6.93	0.07531	26%-50% Below	Yes	No
00143998275	AMOX-CLAV 400-57 MG/5 ML SUSP	11	225.000	10.40	0.07531	26%-50% Below	Yes	No
00168000215	TRIAMCINOLONE 0.5% CREAM	9	15.000	0.00	0.24231	76%-100% Below	No	No
00168000315	TRIAMCINOLONE 0.025% CREAM	11	15.000	2.77	0.1497	10%-25% Above	No	No
00168000680	TRIAMCINOLONE 0.1% OINTMENT	11	80.000	9.90	0.07602	51%-75% Above	No	No
00168005546	BETAMETHASONE DP 0.05% CRM	12	45.000	14.68	0.5149	26%-50% Below	No	No
00168008031	HYDROCORTISONE 2.5% CREAM	12	28.000	3.61	0.0835	51%-75% Above	No	No
00168009915	KETOCONAZOLE 2% CREAM	11	15.000	4.90	0.25619	26%-50% Above	No	No
00168009930	KETOCONAZOLE 2% CREAM	9	30.000	9.90	0.26224	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
00168009960	KETOCONAZOLE 2% CREAM	11	60.000	8.69	0.21918	26%-50% Below	No	No
00168014630	HYDROCORTISONE 2.5% OINTMENT	10	28.350	5.01	0.09598	76%-100% Above	No	No
00168014630	HYDROCORTISONE 2.5% OINTMENT	11	28.350	5.01	0.09912	76%-100% Above	No	No
00168014630	HYDROCORTISONE 2.5% OINTMENT	12	28.350	5.01	0.10008	76%-100% Above	No	No
00168020360	CLINDAMYCIN PHOSP 1% LOTION	10	60.000	13.15	0.35456	26%-50% Below	No	No
00168020360	CLINDAMYCIN PHOSP 1% LOTION	12	60.000	12.56	0.3824	26%-50% Below	No	No
00168020437	LIDOCAINE 5% OINTMENT	11	35.440	3.80	0.16847	26%-50% Below	No	No
00168025846	CLOTRIMAZOLE-BETAMETHASONE CRM	9	45.000	6.90	0.17157	10%-25% Below	No	No
00168025846	CLOTRIMAZOLE-BETAMETHASONE CRM	9	45.000	22.22	0.17157	101%-200% Above	No	No
00168025846	CLOTRIMAZOLE-BETAMETHASONE CRM	10	45.000	5.21	0.14945	10%-25% Below	No	No
00168025846	CLOTRIMAZOLE-BETAMETHASONE CRM	12	45.000	9.90	0.17863	10%-25% Above	No	No
00168026950	CLOBETASOL 0.05% SOLUTION	10	50.000	8.65	0.23272	10%-25% Below	Yes	No
00168026950	CLOBETASOL 0.05% SOLUTION	10	60.000	10.38	0.23272	10%-25% Below	Yes	No
00168026950	CLOBETASOL 0.05% SOLUTION	11	50.000	8.65	0.29242	26%-50% Below	Yes	No
00168026950	CLOBETASOL 0.05% SOLUTION	12	50.000	8.65	0.25161	26%-50% Below	Yes	No
00168034720	TERCONAZOLE 0.8% CREAM	10	20.000	16.92	1.11379	10%-25% Below	Yes	No
00168034720	TERCONAZOLE 0.8% CREAM	12	20.000	16.92	1.1593	26%-50% Below	Yes	No
00168035730	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	9	30.000	4.65	0.60011	51%-75% Below	Yes	No
00168035730	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	11	30.000	4.65	0.4746	51%-75% Below	Yes	No
00168035730	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	11	30.000	6.41	0.4746	51%-75% Below	No	No
00168042446	ADAPALENE 0.1% CREAM	10	45.000	33.57	3.47813	76%-100% Below	No	No
00169320415	FIASP 100 UNIT/ML FLEXTOUCH	10	15.000	342.01	35.70964	26%-50% Below	No	No
00169413013	OZEMPIC 1 MG/DOSE (4 MG/3 ML) PEN	9	3.000	572.69	301.07319	26%-50% Below	No	No
00169413013	OZEMPIC 1 MG/DOSE (4 MG/3 ML) PEN	10	3.000	572.69	300.60684	26%-50% Below	No	No
00169413013	OZEMPIC 1 MG/DOSE (4 MG/3 ML) PEN	11	3.000	572.69	300.60684	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
00169413013	OZEMPIC 1 MG/DOSE (4 MG/3 ML) PEN	12	3.000	572.69	300.60684	26%-50% Below	No	No
00169418113	OZEMPIC 0.25-0.5 MG/DOSE (2 MG/3 ML) PEN	9	3.000	572.69	300.33926	26%-50% Below	No	No
00169418113	OZEMPIC 0.25-0.5 MG/DOSE (2 MG/3 ML) PEN	11	3.000	572.69	300.33926	26%-50% Below	No	No
00169431430	RYBELSUS 14 MG TABLET	9	30.000	572.69	30.03302	26%-50% Below	No	No
00169431430	RYBELSUS 14 MG TABLET	10	30.000	572.69	30.03302	26%-50% Below	No	No
00169431430	RYBELSUS 14 MG TABLET	12	30.000	572.69	30.03302	26%-50% Below	No	No
00169477212	OZEMPIC 2 MG/DOSE (8 MG/3 ML) PEN	9	3.000	572.69	300.58653	26%-50% Below	No	No
00169477212	OZEMPIC 2 MG/DOSE (8 MG/3 ML) PEN	11	3.000	572.69	300.58653	26%-50% Below	No	No
00169477212	OZEMPIC 2 MG/DOSE (8 MG/3 ML) PEN	12	3.000	572.69	300.58653	26%-50% Below	No	No
00169633910	NOVOLOG 100 UNIT/ML FLEXPEN	9	15.000	43.83	35.79382	76%-100% Below	No	No
00169633910	NOVOLOG 100 UNIT/ML FLEXPEN	9	15.000	342.01	35.79382	26%-50% Below	No	No
00169633910	NOVOLOG 100 UNIT/ML FLEXPEN	10	15.000	43.83	35.79382	76%-100% Below	No	No
00169633910	NOVOLOG 100 UNIT/ML FLEXPEN	10	15.000	342.01	35.79382	26%-50% Below	No	No
00169633910	NOVOLOG 100 UNIT/ML FLEXPEN	10	45.000	1026.02	35.79382	26%-50% Below	No	No
00169633910	NOVOLOG 100 UNIT/ML FLEXPEN	11	27.000	615.61	35.79382	26%-50% Below	No	No
00169633910	NOVOLOG 100 UNIT/ML FLEXPEN	12	27.000	615.61	35.79382	26%-50% Below	No	No
00169633910	NOVOLOG 100 UNIT/ML FLEXPEN	12	45.000	1026.02	35.79382	26%-50% Below	No	No
00169643210	LEVEMIR FLEXPEN 100 UNIT/ML	9	18.000	339.45	29.58848	26%-50% Below	No	No
00169643210	LEVEMIR FLEXPEN 100 UNIT/ML	9	27.000	509.17	29.58848	26%-50% Below	No	No
00169643210	LEVEMIR FLEXPEN 100 UNIT/ML	10	36.000	678.89	29.58848	26%-50% Below	No	No
00169643210	LEVEMIR FLEXPEN 100 UNIT/ML	11	27.000	509.17	29.58848	26%-50% Below	No	No
00169643210	LEVEMIR FLEXPEN 100 UNIT/ML	12	15.000	282.87	29.58848	26%-50% Below	No	No
00169643210	LEVEMIR FLEXPEN 100 UNIT/ML	12	27.000	509.17	29.58848	26%-50% Below	No	No
00169750111	NOVOLOG 100 UNIT/ML VIAL	9	60.000	1062.52	27.79486	26%-50% Below	No	No
00169750111	NOVOLOG 100 UNIT/ML VIAL	12	60.000	1062.52	27.79486	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
00172208360	HYDROCHLOROTHIAZIDE 25 MG TAB	9	30.000	1.07	0.01295	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	9	30.000	0.59	0.01295	51%-75% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	9	30.000	1.07	0.01295	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	9	30.000	1.13	0.01295	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	9	90.000	0.59	0.01295	26%-50% Below	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	9	90.000	1.78	0.01295	51%-75% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	9	90.000	2.22	0.01295	76%-100% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	9	90.000	2.28	0.01295	76%-100% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	9	90.000	2.39	0.01295	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	10	30.000	0.20	0.01291	26%-50% Below	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	10	30.000	1.13	0.01291	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	10	60.000	1.19	0.01291	51%-75% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	10	90.000	1.78	0.01291	51%-75% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	10	90.000	2.28	0.01291	76%-100% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	11	30.000	0.20	0.01352	26%-50% Below	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	11	30.000	1.13	0.01352	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	11	90.000	2.22	0.01352	76%-100% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	12	30.000	0.20	0.01287	26%-50% Below	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	12	30.000	1.09	0.01287	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	12	60.000	0.40	0.01287	26%-50% Below	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.000	1.78	0.01287	51%-75% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.000	2.22	0.01287	76%-100% Above	No	No
00172392570	DIAZEPAM 2 MG TABLET	9	5.000	0.68	0.02236	200% Above	No	No
00172392570	DIAZEPAM 2 MG TABLET	9	10.000	0.76	0.02236	200% Above	No	No
00172392570	DIAZEPAM 2 MG TABLET	11	5.000	0.68	0.0246	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
00172392660	DIAZEPAM 5 MG TABLET	9	1.000	0.51	0.03022	200% Above	No	No
00172392660	DIAZEPAM 5 MG TABLET	10	3.000	0.54	0.02861	200% Above	No	No
00172392660	DIAZEPAM 5 MG TABLET	10	27.000	0.85	0.02861	10%-25% Above	No	No
00172392660	DIAZEPAM 5 MG TABLET	11	30.000	0.39	0.03001	51%-75% Below	No	No
00172392660	DIAZEPAM 5 MG TABLET	12	30.000	0.39	0.031	51%-75% Below	No	No
00172392670	DIAZEPAM 5 MG TABLET	10	60.000	1.34	0.02861	10%-25% Below	No	No
00172392670	DIAZEPAM 5 MG TABLET	11	2.000	0.00	0.03001	76%-100% Below	No	No
00172392670	DIAZEPAM 5 MG TABLET	11	2.000	0.03	0.03001	26%-50% Below	Yes	No
00172392680	DIAZEPAM 5 MG TABLET	12	40.000	0.61	0.031	26%-50% Below	No	No
00172572860	FAMOTIDINE 20 MG TABLET	9	60.000	2.61	0.03019	26%-50% Above	No	No
00172572860	FAMOTIDINE 20 MG TABLET	9	180.000	6.82	0.03019	10%-25% Above	No	No
00172572860	FAMOTIDINE 20 MG TABLET	11	14.000	0.97	0.0333	101%-200% Above	No	No
00172572860	FAMOTIDINE 20 MG TABLET	11	20.000	1.20	0.0333	76%-100% Above	No	No
00172572860	FAMOTIDINE 20 MG TABLET	12	60.000	2.61	0.03302	26%-50% Above	No	No
00172572870	FAMOTIDINE 20 MG TABLET	9	60.000	2.61	0.03019	26%-50% Above	No	No
00172572870	FAMOTIDINE 20 MG TABLET	11	180.000	6.82	0.0333	10%-25% Above	No	No
00172572880	FAMOTIDINE 20 MG TABLET	9	60.000	1.12	0.03019	26%-50% Below	No	No
00172572880	FAMOTIDINE 20 MG TABLET	9	60.000	2.61	0.03019	26%-50% Above	No	No
00172572880	FAMOTIDINE 20 MG TABLET	10	60.000	2.61	0.0315	26%-50% Above	No	No
00172572880	FAMOTIDINE 20 MG TABLET	11	60.000	2.61	0.0333	26%-50% Above	No	No
00172572880	FAMOTIDINE 20 MG TABLET	11	180.000	6.82	0.0333	10%-25% Above	No	No
00172572880	FAMOTIDINE 20 MG TABLET	12	60.000	1.13	0.03302	26%-50% Below	No	No
00172572960	FAMOTIDINE 40 MG TABLET	9	30.000	0.00	0.05845	76%-100% Below	No	No
00172572960	FAMOTIDINE 40 MG TABLET	9	30.000	4.50	0.05845	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	9	60.000	8.50	0.05845	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
00172572960	FAMOTIDINE 40 MG TABLET	9	90.000	37.85	0.05845	200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	10	60.000	8.50	0.05666	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	11	60.000	8.50	0.06177	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	11	90.000	12.01	0.06177	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	11	180.000	20.81	0.06177	76%-100% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	12	60.000	8.50	0.06227	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	12	90.000	37.85	0.06227	200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	12	180.000	75.71	0.06227	200% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	10	14.000	9.99	0.52826	26%-50% Above	No	No
00185012905	BUMETANIDE 1 MG TABLET	9	90.000	13.50	0.20985	26%-50% Below	No	No
00185012905	BUMETANIDE 1 MG TABLET	9	180.000	20.88	0.20985	26%-50% Below	No	No
00185012905	BUMETANIDE 1 MG TABLET	10	180.000	20.95	0.18579	26%-50% Below	No	No
00185012905	BUMETANIDE 1 MG TABLET	11	180.000	21.06	0.19014	26%-50% Below	No	No
00185012905	BUMETANIDE 1 MG TABLET	12	90.000	13.50	0.18214	10%-25% Below	No	No
00185012905	BUMETANIDE 1 MG TABLET	12	180.000	21.06	0.18214	26%-50% Below	No	No
00185067401	HYDROXYZINE PAM 25 MG CAP	9	30.000	1.04	0.07212	51%-75% Below	No	No
00185067401	HYDROXYZINE PAM 25 MG CAP	9	90.000	3.12	0.07212	51%-75% Below	No	No
00185067401	HYDROXYZINE PAM 25 MG CAP	10	90.000	3.12	0.0674	26%-50% Below	No	No
00185067401	HYDROXYZINE PAM 25 MG CAP	11	90.000	3.12	0.07776	51%-75% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	9	30.000	1.22	0.07212	26%-50% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	9	30.000	1.54	0.07212	26%-50% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	9	60.000	2.51	0.07212	26%-50% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	9	120.000	4.88	0.07212	26%-50% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	10	30.000	1.20	0.0674	26%-50% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	10	30.000	1.22	0.0674	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
00185067405	HYDROXYZINE PAM 25 MG CAP	10	60.000	2.51	0.0674	26%-50% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	10	90.000	3.62	0.0674	26%-50% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	11	60.000	2.51	0.07776	26%-50% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	11	60.000	2.58	0.07776	26%-50% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	11	120.000	4.66	0.07776	26%-50% Below	No	No
00185067601	HYDROXYZINE PAM 50 MG CAP	9	120.000	6.00	0.08633	26%-50% Below	No	No
00185067601	HYDROXYZINE PAM 50 MG CAP	11	120.000	6.02	0.10185	26%-50% Below	No	No
00185067605	HYDROXYZINE PAM 50 MG CAP	10	90.000	4.43	0.09847	26%-50% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	9	60.000	9.90	0.28807	26%-50% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	9	90.000	12.49	0.28807	51%-75% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	11	30.000	14.90	0.29009	51%-75% Above	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	11	60.000	9.90	0.29009	26%-50% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	12	90.000	10.85	0.26218	51%-75% Below	No	No
00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	9	90.000	10.91	0.34453	51%-75% Below	No	No
00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	10	90.000	10.85	0.30315	51%-75% Below	No	No
00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	11	90.000	14.90	0.35186	51%-75% Below	No	No
00186037020	SYMBICORT 160-4.5 MCG INHALER	9	10.200	141.04	36.76148	51%-75% Below	No	No
00186037020	SYMBICORT 160-4.5 MCG INHALER	11	30.600	413.20	36.70663	51%-75% Below	Yes	No
00186037020	SYMBICORT 160-4.5 MCG INHALER	12	30.600	413.20	36.70663	51%-75% Below	Yes	No
00186091706	PULMICORT 90 MCG FLEXHALER	9	1.000	120.93	189.96009	26%-50% Below	No	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	9	45.000	5.25	0.02365	200% Above	No	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	9	60.000	0.74	0.02365	26%-50% Below	No	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	10	60.000	0.74	0.02256	26%-50% Below	No	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	10	60.000	7.00	0.02256	200% Above	No	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	11	30.000	0.30	0.02524	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
00228202710	ALPRAZOLAM 0.25 MG TABLET	11	60.000	0.74	0.02524	51%-75% Below	No	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	12	60.000	0.74	0.02453	26%-50% Below	No	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	12	60.000	15.47	0.02453	200% Above	No	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	11	30.000	0.86	0.02524	10%-25% Above	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	9	90.000	1.59	0.02451	26%-50% Below	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	10	30.000	1.86	0.02409	101%-200% Above	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	11	30.000	0.88	0.0246	10%-25% Above	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	11	60.000	21.10	0.0246	200% Above	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	12	30.000	0.88	0.02461	10%-25% Above	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	12	90.000	1.59	0.02461	26%-50% Below	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	9	30.000	0.86	0.02451	10%-25% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	9	60.000	0.75	0.02451	26%-50% Below	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	10	12.000	0.15	0.02409	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	10	30.000	0.86	0.02409	10%-25% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	10	60.000	0.75	0.02409	26%-50% Below	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	11	30.000	0.38	0.0246	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	11	30.000	0.86	0.0246	10%-25% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	12	15.000	0.19	0.02461	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	12	30.000	0.86	0.02461	10%-25% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	12	60.000	0.75	0.02461	26%-50% Below	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	9	30.000	0.88	0.02451	10%-25% Above	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	9	60.000	1.25	0.02451	10%-25% Below	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	10	10.000	0.15	0.02409	26%-50% Below	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	10	30.000	0.88	0.02409	10%-25% Above	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	11	30.000	0.88	0.0246	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
00228202996	ALPRAZOLAM 0.5 MG TABLET	11	45.000	0.62	0.0246	26%-50% Below	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	12	30.000	0.88	0.02461	10%-25% Above	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	12	45.000	0.62	0.02461	26%-50% Below	No	No
00228203110	ALPRAZOLAM 1 MG TABLET	9	60.000	0.88	0.02545	26%-50% Below	No	No
00228203110	ALPRAZOLAM 1 MG TABLET	10	30.000	1.80	0.02567	101%-200% Above	No	No
00228203150	ALPRAZOLAM 1 MG TABLET	9	60.000	0.88	0.02545	26%-50% Below	No	No
00228203150	ALPRAZOLAM 1 MG TABLET	10	2.000	0.53	0.02567	200% Above	No	No
00228203150	ALPRAZOLAM 1 MG TABLET	10	60.000	0.89	0.02567	26%-50% Below	No	No
00228203150	ALPRAZOLAM 1 MG TABLET	10	60.000	1.26	0.02567	10%-25% Below	No	No
00228203150	ALPRAZOLAM 1 MG TABLET	11	60.000	0.89	0.02768	26%-50% Below	No	No
00228203150	ALPRAZOLAM 1 MG TABLET	12	60.000	0.89	0.02755	26%-50% Below	No	No
00228203196	ALPRAZOLAM 1 MG TABLET	9	30.000	0.88	0.02545	10%-25% Above	No	No
00228203196	ALPRAZOLAM 1 MG TABLET	9	60.000	1.25	0.02545	10%-25% Below	No	No
00228203196	ALPRAZOLAM 1 MG TABLET	10	30.000	0.88	0.02567	10%-25% Above	No	No
00228203196	ALPRAZOLAM 1 MG TABLET	10	60.000	1.26	0.02567	10%-25% Below	No	No
00228203196	ALPRAZOLAM 1 MG TABLET	11	60.000	1.26	0.02768	10%-25% Below	No	No
00228203196	ALPRAZOLAM 1 MG TABLET	12	60.000	1.26	0.02755	10%-25% Below	No	No
00228207710	TEMAZEPAM 30 MG CAPSULE	9	30.000	0.00	0.09045	76%-100% Below	No	No
00228212710	CLONIDINE HCL 0.1 MG TABLET	9	30.000	1.23	0.02694	51%-75% Above	No	No
00228212710	CLONIDINE HCL 0.1 MG TABLET	11	180.000	1.17	0.02716	76%-100% Below	Yes	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	9	30.000	1.23	0.02694	51%-75% Above	Yes	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	9	180.000	4.36	0.02694	10%-25% Below	No	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	10	90.000	2.18	0.02738	10%-25% Below	No	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	11	60.000	1.45	0.02716	10%-25% Below	No	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	12	60.000	1.45	0.0275	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
00228212750	CLONIDINE HCL 0.1 MG TABLET	12	90.000	2.18	0.0275	10%-25% Below	No	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	12	180.000	4.36	0.0275	10%-25% Below	No	No
00228212850	CLONIDINE HCL 0.2 MG TABLET	12	90.000	1.90	0.03794	26%-50% Below	No	No
00228212910	CLONIDINE HCL 0.3 MG TABLET	10	90.000	4.79	0.04032	26%-50% Above	No	No
00228259711	INDAPAMIDE 1.25 MG TABLET	10	90.000	13.50	0.1209	10%-25% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	9	30.000	3.90	0.04848	101%-200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	9	90.000	9.90	0.04848	101%-200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	9	90.000	21.06	0.04848	200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	10	90.000	21.21	0.04841	200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	12	90.000	9.90	0.04949	101%-200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	12	90.000	21.06	0.04949	200% Above	No	No
00228285011	GUANFACINE HCL ER 1 MG TABLET	9	30.000	3.53	0.18803	26%-50% Below	No	No
00228285111	GUANFACINE HCL ER 2 MG TABLET	9	30.000	9.90	0.23039	26%-50% Above	No	No
00228285111	GUANFACINE HCL ER 2 MG TABLET	10	30.000	3.74	0.21953	26%-50% Below	No	No
00228285111	GUANFACINE HCL ER 2 MG TABLET	11	30.000	3.74	0.23758	26%-50% Below	No	No
00228299611	TAMSULOSIN HCL 0.4 MG CAPSULE	11	90.000	38.18	0.05848	200% Above	No	No
00228305911	DEXTROAMP-AMPHET ER 10 MG CAP	9	30.000	122.66	0.60532	200% Above	No	No
00228305911	DEXTROAMP-AMPHET ER 10 MG CAP	9	30.000	158.62	0.60532	200% Above	No	No
00228305911	DEXTROAMP-AMPHET ER 10 MG CAP	10	30.000	13.50	0.56921	10%-25% Below	No	No
00228305911	DEXTROAMP-AMPHET ER 10 MG CAP	11	30.000	7.58	0.60366	51%-75% Below	No	No
00228305911	DEXTROAMP-AMPHET ER 10 MG CAP	11	30.000	20.46	0.60366	10%-25% Above	Yes	No
00228305911	DEXTROAMP-AMPHET ER 10 MG CAP	12	30.000	13.50	0.57025	10%-25% Below	No	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	9	30.000	122.66	0.6048	200% Above	Yes	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	11	30.000	9.90	0.66997	26%-50% Below	No	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	12	30.000	9.90	0.59223	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
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	12	30.000	19.77	0.59223	10%-25% Above	Yes	No
00228306111	DEXTROAMP-AMPHET ER 30 MG CAP	9	30.000	122.66	0.65912	200% Above	Yes	No
00228306311	DEXTROAMP-AMPHET ER 15 MG CAP	9	30.000	122.66	0.60399	200% Above	Yes	No
00228306311	DEXTROAMP-AMPHET ER 15 MG CAP	12	30.000	7.59	0.60839	51%-75% Below	No	No
00228306411	DEXTROAMP-AMPHET ER 25 MG CAP	10	30.000	20.54	0.56816	10%-25% Above	Yes	No
00228331503	DOXEPIN HCL 3 MG TABLET	9	30.000	135.44	5.49526	10%-25% Below	Yes	No
00228424106	CLONIDINE HCL ER 0.1 MG TABLET	10	180.000	29.90	0.28345	26%-50% Below	No	No
00228424106	CLONIDINE HCL ER 0.1 MG TABLET	11	120.000	9.90	0.3846	76%-100% Below	No	No
00245021111	MIDODRINE HCL 2.5 MG TABLET	10	90.000	7.71	0.11184	10%-25% Below	Yes	No
00245021111	MIDODRINE HCL 2.5 MG TABLET	12	270.000	67.82	0.14458	51%-75% Above	Yes	No
00245021311	MIDODRINE HCL 10 MG TABLET	10	90.000	20.47	0.28886	10%-25% Below	Yes	No
00245021311	MIDODRINE HCL 10 MG TABLET	12	90.000	20.47	0.29961	10%-25% Below	Yes	No
00245531911	KLOR-CON M20 TABLET	11	5.000	0.40	0.13181	26%-50% Below	Yes	No
00245531911	KLOR-CON M20 TABLET	12	14.000	1.11	0.13181	26%-50% Below	Yes	No
00245531911	KLOR-CON M20 TABLET	12	90.000	24.93	0.13181	101%-200% Above	Yes	No
00254302902	LUBIPROSTONE 24 MCG CAPSULE	11	60.000	14.90	2.19572	76%-100% Below	No	No
00254302902	LUBIPROSTONE 24 MCG CAPSULE	12	60.000	159.10	1.24082	101%-200% Above	No	No
00310621030	FARXIGA 10 MG TABLET	9	30.000	345.96	18.08793	26%-50% Below	No	No
00310621030	FARXIGA 10 MG TABLET	10	30.000	345.96	18.07567	26%-50% Below	No	No
00310621030	FARXIGA 10 MG TABLET	12	90.000	1037.88	18.07567	26%-50% Below	No	No
00378001401	METHOTREXATE 2.5 MG TABLET	9	22.000	2.84	0.23874	26%-50% Below	Yes	No
00378001401	METHOTREXATE 2.5 MG TABLET	10	22.000	2.84	0.22665	26%-50% Below	Yes	No
00378001401	METHOTREXATE 2.5 MG TABLET	11	22.000	2.84	0.23829	26%-50% Below	Yes	No
00378001401	METHOTREXATE 2.5 MG TABLET	12	22.000	2.84	0.21257	26%-50% Below	Yes	No
00378001401	METHOTREXATE 2.5 MG TABLET	12	24.000	18.59	0.21257	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
00378001805	METOPROLOL TARTRATE 25 MG TAB	11	180.000	4.81	0.0171	51%-75% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	9	30.000	0.86	0.05071	26%-50% Below	No	No
00378013710	ALLOPURINOL 100 MG TABLET	9	30.000	6.90	0.05071	200% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	10	30.000	0.86	0.04922	26%-50% Below	No	No
00378013710	ALLOPURINOL 100 MG TABLET	10	30.000	6.90	0.04922	200% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	10	90.000	2.57	0.04922	26%-50% Below	No	No
00378013710	ALLOPURINOL 100 MG TABLET	11	30.000	0.86	0.05009	26%-50% Below	No	No
00378013710	ALLOPURINOL 100 MG TABLET	11	30.000	6.90	0.05009	200% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	12	30.000	0.85	0.05129	26%-50% Below	No	No
00378013710	ALLOPURINOL 100 MG TABLET	12	30.000	6.90	0.05129	200% Above	No	No
00378018101	ALLOPURINOL 300 MG TABLET	12	14.000	6.90	0.07441	200% Above	No	No
00378018105	ALLOPURINOL 300 MG TABLET	9	14.000	6.90	0.07487	200% Above	No	No
00378018105	ALLOPURINOL 300 MG TABLET	10	14.000	6.90	0.07133	200% Above	No	No
00378018105	ALLOPURINOL 300 MG TABLET	11	14.000	6.90	0.07457	200% Above	No	No
00378022201	CHLORTHALIDONE 25 MG TABLET	12	90.000	4.90	0.0982	26%-50% Below	No	No
00378034501	DIAZEPAM 5 MG TABLET	9	6.000	0.58	0.03022	200% Above	No	No
00378034505	DIAZEPAM 5 MG TABLET	9	1.000	0.02	0.03022	26%-50% Below	No	No
00378034505	DIAZEPAM 5 MG TABLET	9	2.000	0.53	0.03022	200% Above	No	No
00378034505	DIAZEPAM 5 MG TABLET	9	90.000	1.63	0.03022	26%-50% Below	No	No
00378034505	DIAZEPAM 5 MG TABLET	10	90.000	1.63	0.02861	26%-50% Below	No	No
00378034505	DIAZEPAM 5 MG TABLET	11	90.000	1.63	0.03001	26%-50% Below	No	No
00378034505	DIAZEPAM 5 MG TABLET	12	90.000	1.63	0.031	26%-50% Below	No	No
00378064110	PREDNISONE 10 MG TABLET	9	5.000	1.03	0.05744	200% Above	Yes	No
00378064110	PREDNISONE 10 MG TABLET	9	10.000	1.56	0.05744	101%-200% Above	Yes	No
00378064110	PREDNISONE 10 MG TABLET	9	15.000	2.09	0.05744	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	9	18.000	2.41	0.05744	101%-200% Above	Yes	No
00378064110	PREDNISONE 10 MG TABLET	9	21.000	0.74	0.05744	26%-50% Below	Yes	No
00378064110	PREDNISONE 10 MG TABLET	9	21.000	2.72	0.05744	101%-200% Above	Yes	No
00378064110	PREDNISONE 10 MG TABLET	9	30.000	3.68	0.05744	101%-200% Above	Yes	No
00378064110	PREDNISONE 10 MG TABLET	10	5.000	1.03	0.05601	200% Above	Yes	No
00378064110	PREDNISONE 10 MG TABLET	10	10.000	1.56	0.05601	101%-200% Above	Yes	No
00378064110	PREDNISONE 10 MG TABLET	10	14.000	1.98	0.05601	101%-200% Above	Yes	No
00378064110	PREDNISONE 10 MG TABLET	10	49.000	1.72	0.05601	26%-50% Below	Yes	No
00378064110	PREDNISONE 10 MG TABLET	11	5.000	0.18	0.05922	26%-50% Below	Yes	No
00378064110	PREDNISONE 10 MG TABLET	11	8.000	1.35	0.05922	101%-200% Above	Yes	No
00378064110	PREDNISONE 10 MG TABLET	11	15.000	0.53	0.05922	26%-50% Below	Yes	No
00378064110	PREDNISONE 10 MG TABLET	11	35.000	1.23	0.05922	26%-50% Below	Yes	No
00378064110	PREDNISONE 10 MG TABLET	12	5.000	0.18	0.05837	26%-50% Below	Yes	No
00378064110	PREDNISONE 10 MG TABLET	12	10.000	1.56	0.05837	101%-200% Above	Yes	No
00378064110	PREDNISONE 10 MG TABLET	12	15.000	0.53	0.05837	26%-50% Below	Yes	No
00378064110	PREDNISONE 10 MG TABLET	12	17.000	0.60	0.05837	26%-50% Below	Yes	No
00378064110	PREDNISONE 10 MG TABLET	12	21.000	2.72	0.05837	101%-200% Above	Yes	No
00378064205	PREDNISONE 20 MG TABLET	11	10.000	1.63	0.1056	51%-75% Above	Yes	No
00378064205	PREDNISONE 20 MG TABLET	11	10.000	1.97	0.1056	76%-100% Above	Yes	No
00378064205	PREDNISONE 20 MG TABLET	12	5.000	0.25	0.10826	51%-75% Below	Yes	No
00378064205	PREDNISONE 20 MG TABLET	12	10.000	0.51	0.10826	51%-75% Below	Yes	No
00378064205	PREDNISONE 20 MG TABLET	12	10.000	1.97	0.10826	76%-100% Above	Yes	No
00378064205	PREDNISONE 20 MG TABLET	12	15.000	0.76	0.10826	51%-75% Below	Yes	No
00378064210	PREDNISONE 20 MG TABLET	11	10.000	0.51	0.1056	51%-75% Below	Yes	No
00378113401	KETOROLAC 10 MG TABLET	11	3.000	3.33	0.59792	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
00378113401	KETOROLAC 10 MG TABLET	12	20.000	5.92	0.57129	26%-50% Below	No	No
00378113401	KETOROLAC 10 MG TABLET	12	26.000	19.90	0.57129	26%-50% Above	No	No
00378137578	MESALAMINE ER 0.375 GRAM CAP	11	180.000	96.07	0.81875	26%-50% Below	No	No
00378137578	MESALAMINE ER 0.375 GRAM CAP	11	180.000	110.74	0.81875	10%-25% Below	No	No
00378172293	AMLODIPINE-VALSARTAN 10-160 MG	9	30.000	9.90	0.52813	26%-50% Below	Yes	No
00378172293	AMLODIPINE-VALSARTAN 10-160 MG	10	30.000	9.90	0.54063	26%-50% Below	Yes	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	9	28.000	14.90	0.67391	10%-25% Below	No	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	10	28.000	14.90	0.69981	10%-25% Below	No	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	11	28.000	14.90	0.67411	10%-25% Below	No	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	11	90.000	44.90	0.67411	10%-25% Below	Yes	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	12	28.000	14.90	0.70503	10%-25% Below	No	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	9	90.000	4.35	0.06114	10%-25% Below	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	12	30.000	1.73	0.05093	10%-25% Above	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	12	90.000	2.44	0.05093	26%-50% Below	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	9	30.000	1.51	0.06726	10%-25% Below	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	9	30.000	1.55	0.06726	10%-25% Below	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	9	90.000	3.71	0.06726	26%-50% Below	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	10	30.000	1.51	0.06006	10%-25% Below	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	10	90.000	2.22	0.06006	51%-75% Below	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	11	30.000	1.51	0.06845	26%-50% Below	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	11	30.000	1.55	0.06845	10%-25% Below	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	11	90.000	2.08	0.06845	51%-75% Below	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	11	90.000	2.22	0.06845	51%-75% Below	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	12	90.000	3.71	0.05715	26%-50% Below	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	9	90.000	2.57	0.07394	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
00378180510	LEVOTHYROXINE 75 MCG TABLET	9	90.000	3.95	0.07394	26%-50% Below	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	11	90.000	2.21	0.07109	51%-75% Below	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	12	90.000	2.21	0.06108	51%-75% Below	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	12	90.000	3.95	0.06108	26%-50% Below	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	12	90.000	4.60	0.06108	10%-25% Below	Yes	No
00378180710	LEVOTHYROXINE 88 MCG TABLET	9	30.000	2.01	0.07908	10%-25% Below	Yes	No
00378180710	LEVOTHYROXINE 88 MCG TABLET	10	30.000	2.01	0.07739	10%-25% Below	Yes	No
00378180710	LEVOTHYROXINE 88 MCG TABLET	10	90.000	3.20	0.07739	51%-75% Below	Yes	No
00378180710	LEVOTHYROXINE 88 MCG TABLET	10	90.000	3.47	0.07739	26%-50% Below	Yes	No
00378180710	LEVOTHYROXINE 88 MCG TABLET	12	30.000	2.01	0.07549	10%-25% Below	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	9	90.000	4.39	0.07548	26%-50% Below	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	10	90.000	2.64	0.07388	51%-75% Below	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	10	90.000	2.85	0.07388	51%-75% Below	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	11	90.000	2.46	0.07468	51%-75% Below	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	11	90.000	4.39	0.07468	26%-50% Below	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	12	26.000	1.27	0.06912	26%-50% Below	Yes	No
00378181377	LEVOTHYROXINE 125 MCG TABLET	10	90.000	5.80	0.08924	26%-50% Below	Yes	No
00378181510	LEVOTHYROXINE 150 MCG TABLET	9	45.000	1.78	0.0844	51%-75% Below	Yes	No
00378181510	LEVOTHYROXINE 150 MCG TABLET	12	45.000	1.53	0.0796	51%-75% Below	Yes	No
00378181710	LEVOTHYROXINE 175 MCG TABLET	9	90.000	7.50	0.11548	26%-50% Below	Yes	No
00378181710	LEVOTHYROXINE 175 MCG TABLET	11	90.000	4.20	0.10643	51%-75% Below	Yes	No
00378181710	LEVOTHYROXINE 175 MCG TABLET	11	90.000	7.50	0.10643	10%-25% Below	Yes	No
00378181710	LEVOTHYROXINE 175 MCG TABLET	12	30.000	2.62	0.10704	10%-25% Below	Yes	No
00378181977	LEVOTHYROXINE 200 MCG TABLET	9	30.000	2.54	0.10336	10%-25% Below	Yes	No
00378181977	LEVOTHYROXINE 200 MCG TABLET	10	30.000	2.54	0.11267	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
00378181977	LEVOTHYROXINE 200 MCG TABLET	10	90.000	4.27	0.11267	51%-75% Below	Yes	No
00378181977	LEVOTHYROXINE 200 MCG TABLET	11	30.000	2.54	0.11467	26%-50% Below	Yes	No
00378181977	LEVOTHYROXINE 200 MCG TABLET	11	90.000	7.33	0.11467	26%-50% Below	Yes	No
00378181977	LEVOTHYROXINE 200 MCG TABLET	12	90.000	7.33	0.11149	26%-50% Below	Yes	No
00378182377	LEVOTHYROXINE 137 MCG TABLET	11	30.000	2.28	0.10538	26%-50% Below	Yes	No
00378182377	LEVOTHYROXINE 137 MCG TABLET	12	90.000	6.84	0.09034	10%-25% Below	Yes	No
00378292277	TELMISARTAN 80 MG TABLET	11	30.000	14.90	0.25008	76%-100% Above	No	No
00378292277	TELMISARTAN 80 MG TABLET	12	30.000	14.90	0.248	76%-100% Above	No	No
00378306577	FENOFIBRATE 48 MG TABLET	11	30.000	14.90	0.10754	200% Above	No	No
00378306677	FENOFIBRATE 145 MG TABLET	12	90.000	234.70	0.13637	200% Above	No	No
00378334053	XULANE 150-35 MCG/DAY PATCH	9	3.000	64.14	38.02923	26%-50% Below	Yes	No
00378334053	XULANE 150-35 MCG/DAY PATCH	10	3.000	64.14	37.8982	26%-50% Below	Yes	No
00378334053	XULANE 150-35 MCG/DAY PATCH	11	3.000	64.14	39.03333	26%-50% Below	Yes	No
00378334053	XULANE 150-35 MCG/DAY PATCH	12	3.000	64.14	38.351	26%-50% Below	Yes	No
00378395005	ATORVASTATIN 10 MG TABLET	11	90.000	12.76	0.03119	200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	12	90.000	12.76	0.03161	200% Above	No	No
00378395077	ATORVASTATIN 10 MG TABLET	9	90.000	8.84	0.03114	200% Above	Yes	No
00378395077	ATORVASTATIN 10 MG TABLET	11	90.000	7.61	0.03119	101%-200% Above	Yes	No
00378395077	ATORVASTATIN 10 MG TABLET	11	90.000	8.15	0.03119	101%-200% Above	Yes	No
00378395105	ATORVASTATIN 20 MG TABLET	9	90.000	0.01	0.04061	76%-100% Below	No	No
00378395105	ATORVASTATIN 20 MG TABLET	9	90.000	21.17	0.04061	200% Above	No	No
00378395105	ATORVASTATIN 20 MG TABLET	12	90.000	21.17	0.03918	200% Above	No	No
00378395177	ATORVASTATIN 20 MG TABLET	9	90.000	10.90	0.04061	101%-200% Above	Yes	No
00378395177	ATORVASTATIN 20 MG TABLET	10	90.000	10.06	0.03755	101%-200% Above	Yes	No
00378395177	ATORVASTATIN 20 MG TABLET	11	45.000	5.03	0.04007	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
00378395177	ATORVASTATIN 20 MG TABLET	11	90.000	9.39	0.04007	101%-200% Above	Yes	No
00378395177	ATORVASTATIN 20 MG TABLET	11	90.000	10.06	0.04007	101%-200% Above	Yes	No
00378395177	ATORVASTATIN 20 MG TABLET	12	90.000	9.39	0.03918	101%-200% Above	Yes	No
00378395205	ATORVASTATIN 40 MG TABLET	12	90.000	30.22	0.0579	200% Above	No	No
00378395277	ATORVASTATIN 40 MG TABLET	9	90.000	10.94	0.05653	101%-200% Above	Yes	No
00378395277	ATORVASTATIN 40 MG TABLET	10	90.000	10.94	0.05376	101%-200% Above	Yes	No
00378395277	ATORVASTATIN 40 MG TABLET	12	90.000	9.42	0.0579	76%-100% Above	Yes	No
00378395277	ATORVASTATIN 40 MG TABLET	12	90.000	9.90	0.0579	76%-100% Above	No	No
00378395277	ATORVASTATIN 40 MG TABLET	12	90.000	10.00	0.0579	76%-100% Above	Yes	No
00378395305	ATORVASTATIN 80 MG TABLET	9	90.000	16.24	0.09096	76%-100% Above	No	No
00378427577	VALACYCLOVIR HCL 500 MG TABLET	11	10.000	9.99	0.26369	200% Above	No	No
00378427593	VALACYCLOVIR HCL 500 MG TABLET	12	6.000	3.91	0.27329	101%-200% Above	No	No
00378427677	VALACYCLOVIR HCL 1 GRAM TABLET	10	30.000	42.96	0.50396	101%-200% Above	No	No
00378427677	VALACYCLOVIR HCL 1 GRAM TABLET	11	90.000	128.89	0.47086	200% Above	No	No
00378428885	ELETRIPTAN HBR 40 MG TABLET	9	12.000	9.99	2.79932	51%-75% Below	No	No
00378428885	ELETRIPTAN HBR 40 MG TABLET	11	6.000	42.07	3.36179	101%-200% Above	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	9	90.000	12.40	0.12498	10%-25% Above	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	11	60.000	14.90	0.11773	101%-200% Above	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	12	60.000	14.90	0.12476	76%-100% Above	No	No
00378456177	POTASSIUM CL ER 10 MEQ TABLET	9	30.000	9.90	0.12498	101%-200% Above	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	9	8.000	9.99	6.49694	76%-100% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	10	8.000	9.99	6.68694	76%-100% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	10	8.000	10.36	6.68694	76%-100% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	11	8.000	9.99	6.79107	76%-100% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	11	8.000	10.36	6.79107	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
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	12	8.000	9.99	6.86871	76%-100% Below	No	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	9	8.000	31.41	7.16703	26%-50% Below	No	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	11	8.000	31.61	6.36707	26%-50% Below	No	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	12	8.000	30.19	6.80628	26%-50% Below	No	No
00378623101	CITALOPRAM HBR 10 MG TABLET	12	30.000	1.77	0.02569	101%-200% Above	Yes	No
00378623201	CITALOPRAM HBR 20 MG TABLET	9	30.000	1.45	0.03155	51%-75% Above	No	No
00378623201	CITALOPRAM HBR 20 MG TABLET	10	30.000	1.45	0.0324	26%-50% Above	No	No
00378623201	CITALOPRAM HBR 20 MG TABLET	11	30.000	1.45	0.03109	51%-75% Above	No	No
00378623201	CITALOPRAM HBR 20 MG TABLET	12	30.000	1.45	0.03212	26%-50% Above	No	No
00378623205	CITALOPRAM HBR 20 MG TABLET	9	30.000	6.62	0.03155	200% Above	No	No
00378623205	CITALOPRAM HBR 20 MG TABLET	10	90.000	19.85	0.0324	200% Above	No	No
00378623205	CITALOPRAM HBR 20 MG TABLET	11	30.000	6.62	0.03109	200% Above	No	No
00378623205	CITALOPRAM HBR 20 MG TABLET	12	30.000	6.62	0.03212	200% Above	No	No
00378623305	CITALOPRAM HBR 40 MG TABLET	12	90.000	25.97	0.0442	200% Above	No	No
00378632277	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	10	30.000	4.90	0.18775	10%-25% Below	No	No
00378632277	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	11	90.000	26.97	0.1794	51%-75% Above	No	No
00378632377	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	9	90.000	23.67	0.21941	10%-25% Above	Yes	No
00378632377	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	12	90.000	49.73	0.22111	101%-200% Above	No	No
00378632577	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	11	30.000	25.69	0.30194	101%-200% Above	No	No
00378632577	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	12	90.000	77.07	0.29121	101%-200% Above	No	No
00378647044	SCOPOLAMINE 1 MG/3 DAY PATCH	10	9.000	38.50	7.55811	26%-50% Below	No	No
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	9	30.000	3.55	0.04925	101%-200% Above	Yes	No
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	10	30.000	3.55	0.04781	101%-200% Above	Yes	No
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	11	30.000	3.55	0.04755	101%-200% Above	Yes	No
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	11	90.000	9.15	0.04755	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
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	12	20.000	2.53	0.0481	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	9	30.000	0.90	0.05797	26%-50% Below	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	9	30.000	3.78	0.05797	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	9	30.000	3.90	0.05797	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	9	90.000	8.16	0.05797	51%-75% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	9	90.000	10.33	0.05797	76%-100% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	10	30.000	0.90	0.05326	26%-50% Below	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	10	30.000	3.78	0.05326	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	10	30.000	3.90	0.05326	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	10	90.000	7.54	0.05326	51%-75% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	10	90.000	10.69	0.05326	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	11	30.000	0.90	0.05408	26%-50% Below	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	11	30.000	3.90	0.05408	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	11	90.000	2.70	0.05408	26%-50% Below	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	11	90.000	7.04	0.05408	26%-50% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	11	90.000	7.54	0.05408	51%-75% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	11	90.000	10.69	0.05408	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.000	3.90	0.05525	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.000	7.04	0.05525	26%-50% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.000	10.33	0.05525	101%-200% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.000	10.33	0.05525	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.000	10.69	0.05525	101%-200% Above	Yes	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	9	90.000	32.72	0.05797	200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.000	10.91	0.05525	200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.000	10.69	0.05525	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
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.000	32.72	0.05525	200% Above	No	No
00378686077	LISDEXAMFETAMINE 70 MG CAPSULE	10	30.000	0.00	3.25036	76%-100% Below	No	No
00378686077	LISDEXAMFETAMINE 70 MG CAPSULE	11	30.000	0.00	4.39921	76%-100% Below	No	No
00378686077	LISDEXAMFETAMINE 70 MG CAPSULE	12	30.000	0.00	3.8285	76%-100% Below	No	No
00378705752	ALBUTEROL SUL 0.63 MG/3 ML SOL	10	75.000	9.90	0.18751	26%-50% Below	Yes	No
00378705852	ALBUTEROL SUL 1.25 MG/3 ML SOL	10	75.000	9.90	0.20839	26%-50% Below	No	No
00378718505	METFORMIN HCL 500 MG TABLET	10	180.000	14.29	0.01613	200% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	11	30.000	2.38	0.01679	200% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	11	180.000	14.29	0.01679	200% Above	No	No
00378727253	NORETHINDRONE 0.35 MG TABLET	9	28.000	2.08	0.12141	26%-50% Below	No	No
00378727253	NORETHINDRONE 0.35 MG TABLET	9	84.000	6.23	0.12141	26%-50% Below	No	No
00378727253	NORETHINDRONE 0.35 MG TABLET	10	28.000	2.01	0.12021	26%-50% Below	No	No
00378727253	NORETHINDRONE 0.35 MG TABLET	10	84.000	24.77	0.12021	101%-200% Above	No	No
00378727253	NORETHINDRONE 0.35 MG TABLET	11	28.000	1.98	0.12285	26%-50% Below	No	No
00378727253	NORETHINDRONE 0.35 MG TABLET	12	28.000	1.97	0.11994	26%-50% Below	No	No
00378727253	NORETHINDRONE 0.35 MG TABLET	12	84.000	5.90	0.11994	26%-50% Below	No	No
00378728053	NORETHIND-ETH ESTRAD 1-0.02 MG	9	21.000	2.14	0.22692	51%-75% Below	No	No
00378728053	NORETHIND-ETH ESTRAD 1-0.02 MG	10	21.000	2.10	0.21992	51%-75% Below	No	No
00378728053	NORETHIND-ETH ESTRAD 1-0.02 MG	11	21.000	2.07	0.25818	51%-75% Below	No	No
00378728053	NORETHIND-ETH ESTRAD 1-0.02 MG	11	21.000	2.10	0.25818	51%-75% Below	No	No
00378728053	NORETHIND-ETH ESTRAD 1-0.02 MG	12	21.000	2.10	0.23741	51%-75% Below	No	No
00378728353	NORETH-EE-FE 1-0.02(21)-75 TAB	9	28.000	2.06	0.16004	51%-75% Below	No	No
00378728353	NORETH-EE-FE 1-0.02(21)-75 TAB	10	28.000	2.06	0.15303	51%-75% Below	No	No
00378728353	NORETH-EE-FE 1-0.02(21)-75 TAB	11	28.000	2.04	0.13966	26%-50% Below	No	No
00378728353	NORETH-EE-FE 1-0.02(21)-75 TAB	12	28.000	2.05	0.17095	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
00378728385	NORETH-EE-FE 1-0.02(21)-75 TAB	9	28.000	2.06	0.16004	51%-75% Below	No	No
00378728385	NORETH-EE-FE 1-0.02(21)-75 TAB	10	28.000	2.06	0.15303	51%-75% Below	No	No
00378728385	NORETH-EE-FE 1-0.02(21)-75 TAB	11	28.000	2.04	0.13966	26%-50% Below	No	No
00378728385	NORETH-EE-FE 1-0.02(21)-75 TAB	12	28.000	2.05	0.17095	51%-75% Below	No	No
00378729189	NORETHINDRONE 5 MG TABLET	11	90.000	29.99	0.37134	10%-25% Below	No	No
00378729553	ESTRADIOL-NORETH 1-0.5 MG TAB	9	28.000	14.90	0.88518	26%-50% Below	No	No
00378729553	ESTRADIOL-NORETH 1-0.5 MG TAB	10	28.000	14.90	0.74027	26%-50% Below	No	No
00378729553	ESTRADIOL-NORETH 1-0.5 MG TAB	11	28.000	14.90	0.89724	26%-50% Below	No	No
00378729553	ESTRADIOL-NORETH 1-0.5 MG TAB	12	28.000	14.90	0.85403	26%-50% Below	No	No
00378773493	ONDANSETRON ODT 8 MG TABLET	12	18.000	6.09	0.19598	51%-75% Above	No	No
00378808345	TRETINOIN 0.05% CREAM	12	45.000	9.99	1.74641	76%-100% Below	No	No
00378826293	METHYLPHENIDATE 20 MG/9 HR PATCH	9	30.000	64.88	12.48433	76%-100% Below	Yes	No
00378826293	METHYLPHENIDATE 20 MG/9 HR PATCH	10	30.000	64.88	12.48433	76%-100% Below	Yes	No
00378826293	METHYLPHENIDATE 20 MG/9 HR PATCH	11	30.000	64.88	12.48433	76%-100% Below	Yes	No
00378826293	METHYLPHENIDATE 20 MG/9 HR PATCH	12	30.000	64.88	12.48433	76%-100% Below	Yes	No
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	9	150.000	6.05	0.06318	26%-50% Below	No	No
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	10	150.000	14.91	0.06618	26%-50% Above	No	No
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	75.000	9.75	0.0639	101%-200% Above	No	No
00378827091	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	180.000	28.39	0.05279	101%-200% Above	No	No
00378876091	CYCLOSPORINE 0.05% EYE EMULSION	9	60.000	9.90	2.76711	76%-100% Below	No	No
00378969052	LEVALBUTEROL 0.31 MG/3 ML SOL	11	75.000	68.45	0.31925	101%-200% Above	No	No
00378969052	LEVALBUTEROL 0.31 MG/3 ML SOL	12	225.000	205.36	0.31925	101%-200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	9	12.000	3.04	0.13129	76%-100% Above	Yes	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	9	25.000	5.60	0.13129	51%-75% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	9	30.000	6.50	0.13129	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
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	10	10.000	2.50	0.12534	76%-100% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	10	12.000	2.90	0.12534	76%-100% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	11	10.000	2.57	0.11378	101%-200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	11	18.000	3.60	0.11378	51%-75% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	11	25.000	5.33	0.11378	76%-100% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	11	25.000	5.50	0.11378	76%-100% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	9.000	2.30	0.14653	51%-75% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	10.000	2.50	0.14653	51%-75% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	12.000	2.82	0.14653	51%-75% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	12.000	2.90	0.14653	51%-75% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	15.000	3.40	0.14653	51%-75% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	20.000	4.50	0.14653	51%-75% Above	Yes	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	9	10.000	2.50	0.13129	76%-100% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	9	10.000	2.52	0.13129	76%-100% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	9	12.000	0.66	0.13129	51%-75% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	9	12.000	0.93	0.13129	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	9	12.000	2.91	0.13129	76%-100% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	9	15.000	3.49	0.13129	76%-100% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	9	15.000	3.59	0.13129	76%-100% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	10	12.000	2.90	0.12534	76%-100% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	10	30.000	6.50	0.12534	51%-75% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	11	5.000	1.47	0.11378	101%-200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	11	6.000	1.79	0.11378	101%-200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	11	12.000	3.13	0.11378	101%-200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	12.000	2.91	0.14653	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
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	180.000	13.99	0.14653	26%-50% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	9	20.000	4.50	0.13129	51%-75% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	10	10.000	2.62	0.12534	101%-200% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	10	15.000	3.68	0.12534	76%-100% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	11	10.000	2.50	0.11378	101%-200% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	11	18.000	3.97	0.11378	76%-100% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	11	20.000	1.11	0.11378	51%-75% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	10.000	2.50	0.14653	51%-75% Above	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	9	12.000	2.46	0.12826	51%-75% Above	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	9	16.000	1.73	0.12826	10%-25% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	10	16.000	1.76	0.12669	10%-25% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	10	26.000	2.41	0.12669	26%-50% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	10	40.000	2.40	0.12669	51%-75% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	11	12.000	1.37	0.1276	10%-25% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	11	15.000	1.59	0.1276	10%-25% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	11	40.000	3.40	0.1276	26%-50% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	12.000	1.37	0.14248	10%-25% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	20.000	4.00	0.14248	26%-50% Above	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	20.000	5.79	0.14248	101%-200% Above	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	28.000	2.65	0.14248	26%-50% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	30.000	2.02	0.14248	51%-75% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	30.000	2.68	0.14248	26%-50% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	9	18.000	1.76	0.12826	10%-25% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	9	60.000	3.60	0.12826	51%-75% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	9	180.000	0.02	0.12826	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
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	10	20.000	1.95	0.12669	10%-25% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	10	60.000	3.60	0.12669	51%-75% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	10	180.000	15.48	0.12669	26%-50% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	11	60.000	3.60	0.1276	51%-75% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	11	180.000	15.48	0.1276	26%-50% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	180.000	15.48	0.14248	26%-50% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	9	14.000	1.52	0.12826	10%-25% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	9	20.000	1.95	0.12826	10%-25% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	9	30.000	1.80	0.12826	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	9	60.000	3.60	0.12826	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	10	60.000	3.60	0.12669	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	11	60.000	3.85	0.1276	26%-50% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	12.000	0.77	0.14248	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	16.000	1.66	0.14248	26%-50% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	28.000	0.00	0.14248	76%-100% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	30.000	1.93	0.14248	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	30.000	2.02	0.14248	51%-75% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	9	112.000	8.97	0.1351	26%-50% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	9	112.000	10.77	0.1351	26%-50% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	10	112.000	8.97	0.13512	26%-50% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	11	21.000	2.15	0.13547	10%-25% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	11	112.000	8.97	0.13547	26%-50% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	112.000	8.97	0.1392	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	9	30.000	2.85	0.1351	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	10	90.000	5.40	0.13512	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
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	10	120.000	7.20	0.13512	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	11	84.000	6.85	0.13547	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	9	18.000	0.00	0.1351	76%-100% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	9	90.000	8.66	0.1351	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	9	120.000	11.54	0.1351	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	10	10.000	0.00	0.13512	76%-100% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	10	30.000	2.85	0.13512	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	10	84.000	6.85	0.13512	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	11	30.000	2.85	0.13547	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	11	90.000	6.21	0.13547	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	11	90.000	6.90	0.13547	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	11	120.000	8.28	0.13547	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	30.000	2.85	0.1392	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	84.000	6.85	0.1392	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	90.000	6.90	0.1392	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	120.000	8.28	0.1392	26%-50% Below	No	No
00406015401	METHYLPHENIDATE ER 54 MG TAB	10	30.000	109.52	0.74071	200% Above	No	No
00406015401	METHYLPHENIDATE ER 54 MG TAB	11	14.000	53.88	1.26757	200% Above	No	No
00406015401	METHYLPHENIDATE ER 54 MG TAB	11	30.000	109.52	1.26757	101%-200% Above	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	12	21.000	2.61	0.20293	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	9	30.000	3.32	0.19768	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	9	120.000	13.09	0.19768	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	10	20.000	2.38	0.1899	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	10	26.000	2.94	0.1899	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	11	20.000	2.38	0.20293	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
00406048410	ACETAMINOPHEN-COD #3 TABLET	11	120.000	11.66	0.20293	51%-75% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	12	10.000	0.63	0.20293	51%-75% Below	Yes	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	12	20.000	2.51	0.20293	26%-50% Below	No	No
00406048501	ACETAMINOPHEN-COD #4 TABLET	11	28.000	5.31	0.38317	26%-50% Below	Yes	No
00406048501	ACETAMINOPHEN-COD #4 TABLET	11	120.000	21.72	0.38317	51%-75% Below	No	No
00406048501	ACETAMINOPHEN-COD #4 TABLET	12	120.000	25.49	0.39872	26%-50% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	11	30.000	1.88	0.10531	26%-50% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	11	12.000	0.49	0.10531	51%-75% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	12	60.000	2.49	0.11249	51%-75% Below	No	No
00406052201	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	20.000	0.99	0.16464	51%-75% Below	No	No
00406052205	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	10	120.000	0.01	0.16055	76%-100% Below	No	No
00406052205	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	11	120.000	0.01	0.17125	76%-100% Below	No	No
00406052205	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	120.000	0.01	0.16464	76%-100% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	10	120.000	12.80	0.20499	26%-50% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	9	75.000	7.06	0.21159	51%-75% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	9	84.000	0.01	0.21159	76%-100% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	9	120.000	12.80	0.21159	26%-50% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	10	75.000	7.06	0.20499	51%-75% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	10	84.000	0.01	0.20499	76%-100% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	11	75.000	7.06	0.20287	51%-75% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	11	84.000	0.01	0.20287	76%-100% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	12	75.000	7.06	0.20165	51%-75% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	12	84.000	0.01	0.20165	76%-100% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	12	120.000	7.62	0.20165	51%-75% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	12	120.000	11.38	0.20165	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
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	9	20.000	1.29	0.09121	26%-50% Below	Yes	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	9	60.000	2.69	0.09121	26%-50% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	10	30.000	1.39	0.08639	26%-50% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	11	15.000	1.09	0.0881	10%-25% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	12	24.000	1.44	0.08278	26%-50% Below	No	No
00406114201	METHYLPHENIDATE 5 MG TABLET	12	60.000	9.99	0.11145	26%-50% Above	No	No
00406117003	NALTREXONE 50 MG TABLET	9	15.000	6.90	0.7546	26%-50% Below	No	No
00406117003	NALTREXONE 50 MG TABLET	10	15.000	6.90	0.75591	26%-50% Below	No	No
00406117003	NALTREXONE 50 MG TABLET	12	15.000	6.90	0.88281	26%-50% Below	No	No
00406123601	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	10	20.000	4.99	0.16124	51%-75% Above	No	No
00406123601	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	12	40.000	4.06	0.17904	26%-50% Below	No	No
00406182001	METHYLPHENIDATE ER(CD) 20 MG CP	10	30.000	18.96	1.05335	26%-50% Below	No	No
00406184001	METHYLPHENIDATE ER(CD) 40 MG CP	12	30.000	29.31	1.42816	26%-50% Below	No	No
00406511201	LISDEXAMFETAMINE 20 MG CAPSULE	10	30.000	167.81	3.27697	51%-75% Above	No	No
00406511301	LISDEXAMFETAMINE 30 MG CAPSULE	10	30.000	64.14	3.94412	26%-50% Below	No	No
00406511301	LISDEXAMFETAMINE 30 MG CAPSULE	11	30.000	113.63	4.2404	10%-25% Below	No	No
00406511501	LISDEXAMFETAMINE 50 MG CAPSULE	10	30.000	167.81	3.31215	51%-75% Above	No	No
00406802003	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	11	45.000	53.51	0.97753	10%-25% Above	No	No
00406833001	MORPHINE SULF ER 30 MG TABLET	9	60.000	11.71	0.32134	26%-50% Below	No	No
00406833001	MORPHINE SULF ER 30 MG TABLET	10	60.000	11.96	0.31085	26%-50% Below	No	No
00406833001	MORPHINE SULF ER 30 MG TABLET	11	60.000	11.96	0.348	26%-50% Below	No	No
00406833001	MORPHINE SULF ER 30 MG TABLET	12	60.000	11.84	0.33906	26%-50% Below	No	No
00406851501	OXYCODONE HCL (IR) 15 MG TAB	9	120.000	0.01	0.16215	76%-100% Below	No	No
00406851501	OXYCODONE HCL (IR) 15 MG TAB	10	120.000	25.42	0.15513	26%-50% Above	No	No
00406851501	OXYCODONE HCL (IR) 15 MG TAB	12	120.000	25.42	0.16826	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
00406853001	OXYCODONE HCL (IR) 30 MG TAB	10	120.000	48.82	0.23331	51%-75% Above	No	No
00406853001	OXYCODONE HCL (IR) 30 MG TAB	11	120.000	48.82	0.24651	51%-75% Above	No	No
00406853001	OXYCODONE HCL (IR) 30 MG TAB	12	120.000	48.82	0.26526	51%-75% Above	No	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	9	21.000	9.90	0.34453	26%-50% Above	No	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	9	60.000	9.90	0.34453	51%-75% Below	No	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	9	60.000	9.99	0.34453	51%-75% Below	No	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	10	60.000	11.68	0.30315	26%-50% Below	No	No
00406889401	DEXTROAMP-AMPHETAMIN 30 MG TAB	12	60.000	9.90	0.30907	26%-50% Below	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	9	30.000	106.69	0.6048	200% Above	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	10	30.000	14.90	0.61509	10%-25% Below	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	10	60.000	23.51	0.61509	26%-50% Below	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	11	30.000	14.90	0.66997	10%-25% Below	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	11	60.000	23.51	0.66997	26%-50% Below	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	12	30.000	9.90	0.59223	26%-50% Below	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	12	30.000	14.90	0.59223	10%-25% Below	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	12	60.000	15.19	0.59223	51%-75% Below	No	No
00406996101	TEMAZEPAM 15 MG CAPSULE	9	30.000	1.67	0.07429	10%-25% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	9	2.000	12.27	13.66959	51%-75% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	9	2.000	18.12	13.66959	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	9	4.000	24.55	13.66959	51%-75% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	9	4.000	47.51	13.66959	10%-25% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	9	6.000	54.37	13.66959	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	10	2.000	11.98	13.13104	51%-75% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	10	4.000	23.93	13.13104	51%-75% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	10	6.000	54.37	13.13104	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
00409656201	TESTOSTERONE CYP 200 MG/ML	11	2.000	23.76	13.33832	10%-25% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	11	4.000	23.95	13.33832	51%-75% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	11	4.000	47.51	13.33832	10%-25% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	11	8.000	0.08	13.33832	76%-100% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	12	1.000	11.88	14.30084	10%-25% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	12	2.000	6.90	14.30084	51%-75% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	12	2.000	14.90	14.30084	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	12	2.000	23.76	14.30084	10%-25% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	12	3.000	6.90	14.30084	76%-100% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	12	4.000	24.89	14.30084	51%-75% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	12	4.000	47.51	14.30084	10%-25% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	12	10.000	0.10	14.30084	76%-100% Below	No	No
00409656220	TESTOSTERONE CYP 2,000 MG/10 ML	11	3.000	18.59	3.85278	51%-75% Above	No	No
00430042014	LO LOESTRIN FE 1-10 TABLET	12	28.000	104.68	5.85638	26%-50% Below	No	No
00472016630	NYSTATIN 100,000 UNIT/GM OINT	10	30.000	9.90	0.23883	26%-50% Above	No	No
00472016630	NYSTATIN 100,000 UNIT/GM OINT	12	30.000	0.30	0.26963	76%-100% Below	No	No
00472024260	PERMETHRIN 5% CREAM	9	60.000	39.83	0.2844	101%-200% Above	No	No
00472024260	PERMETHRIN 5% CREAM	10	60.000	39.83	0.29558	101%-200% Above	No	No
00472037945	CLOTRIMAZOLE-BETAMETHASONE CRM	11	45.000	14.99	0.17322	76%-100% Above	No	No
00472103016	HYDROMET 5 MG-1.5 MG/5 ML SOLN	12	120.000	6.01	0.07321	26%-50% Below	Yes	No
00472200216	IBUPROFEN 100 MG/5 ML SUSP	10	75.000	2.81	0.02802	26%-50% Above	No	No
00480235856	TOPIRAMATE ER 100 MG CAPSULE	10	90.000	1100.39	18.57093	26%-50% Below	Yes	No
00480727010	PRAVASTATIN SODIUM 80 MG TAB	12	30.000	2.67	0.18388	51%-75% Below	No	No
00487020103	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	9	90.000	6.44	0.09974	26%-50% Below	No	No
00487950101	ALBUTEROL SUL 2.5 MG/3 ML SOLN	11	90.000	4.32	0.06118	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
00487950103	ALBUTEROL SUL 2.5 MG/3 ML SOLN	9	90.000	2.88	0.06389	26%-50% Below	No	No
00487950103	ALBUTEROL SUL 2.5 MG/3 ML SOLN	10	90.000	2.87	0.06345	26%-50% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	10	75.000	3.18	0.06618	26%-50% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	75.000	0.01	0.0639	76%-100% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	75.000	3.18	0.0639	26%-50% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	225.000	8.53	0.0639	26%-50% Below	No	No
00487950160	ALBUTEROL SUL 2.5 MG/3 ML SOLN	10	180.000	7.56	0.06039	26%-50% Below	No	No
00487960101	BUDESONIDE 0.25 MG/2 ML SUSP	12	60.000	29.30	0.92984	26%-50% Below	No	No
00487980130	IPRATROPIUM BR 0.02% SOLN	12	75.000	0.01	0.08102	76%-100% Below	No	No
00517003125	CYANOCOBALAMIN 1,000 MCG/ML VL	9	1.000	1.42	2.70995	26%-50% Below	No	No
00517003125	CYANOCOBALAMIN 1,000 MCG/ML VL	10	1.000	1.42	2.58423	26%-50% Below	No	No
00517003125	CYANOCOBALAMIN 1,000 MCG/ML VL	11	1.000	1.49	2.52262	26%-50% Below	No	No
00517003125	CYANOCOBALAMIN 1,000 MCG/ML VL	11	2.000	4.18	2.52262	10%-25% Below	No	No
00517003125	CYANOCOBALAMIN 1,000 MCG/ML VL	12	1.000	1.49	2.46915	26%-50% Below	No	No
00517003125	CYANOCOBALAMIN 1,000 MCG/ML VL	12	2.000	4.18	2.46915	10%-25% Below	No	No
00517042001	ESTRADIOL VALERATE 100 MG/5 ML	11	5.000	54.48	19.50982	26%-50% Below	No	No
00527058601	DICYCLOMINE 10 MG CAPSULE	11	30.000	0.00	0.12539	76%-100% Below	No	No
00527058610	DICYCLOMINE 10 MG CAPSULE	9	60.000	3.43	0.11782	51%-75% Below	No	No
00527058610	DICYCLOMINE 10 MG CAPSULE	10	60.000	4.90	0.11422	26%-50% Below	No	No
00527058610	DICYCLOMINE 10 MG CAPSULE	11	60.000	4.90	0.12539	26%-50% Below	No	No
00527058610	DICYCLOMINE 10 MG CAPSULE	12	30.000	2.09	0.12315	26%-50% Below	No	No
00527058610	DICYCLOMINE 10 MG CAPSULE	12	180.000	12.40	0.12315	26%-50% Below	No	No
00527076437	DEXTROAMP-AMPHETAMIN 15 MG TAB	10	60.000	0.01	0.30533	76%-100% Below	No	No
00527076437	DEXTROAMP-AMPHETAMIN 15 MG TAB	11	60.000	0.01	0.27592	76%-100% Below	No	No
00527076437	DEXTROAMP-AMPHETAMIN 15 MG TAB	12	60.000	0.01	0.29134	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
00527076537	DEXTROAMP-AMPHETAMIN 20 MG TAB	10	30.000	0.00	0.30315	76%-100% Below	No	No
00527076537	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	30.000	0.00	0.32577	76%-100% Below	No	No
00527130101	PRIMIDONE 50 MG TABLET	9	30.000	2.18	0.14095	26%-50% Below	No	No
00527130101	PRIMIDONE 50 MG TABLET	11	30.000	3.35	0.13957	10%-25% Below	No	No
00527130101	PRIMIDONE 50 MG TABLET	12	90.000	9.04	0.14039	26%-50% Below	No	No
00527143501	METAXALONE 800 MG TABLET	11	24.000	15.99	0.5734	10%-25% Above	No	No
00527143501	METAXALONE 800 MG TABLET	11	60.000	0.01	0.5734	76%-100% Below	No	No
00527155201	BUTALBITAL-ASPIRIN-CAFFEINE 50-325-40 MG CAPSULE	10	48.000	17.28	0.68088	26%-50% Below	No	No
00527155201	BUTALBITAL-ASPIRIN-CAFFEINE 50-325-40 MG CAPSULE	11	36.000	12.96	0.88549	51%-75% Below	No	No
00527193106	CLARITHROMYCIN 250 MG TABLET	10	20.000	5.63	0.46923	26%-50% Below	No	No
00527242732	OLMESARTAN MEDOXOMIL 40 MG TAB	10	30.000	4.90	0.12428	26%-50% Above	No	No
00527242732	OLMESARTAN MEDOXOMIL 40 MG TAB	11	30.000	4.90	0.13145	10%-25% Above	No	No
00527242746	OLMESARTAN MEDOXOMIL 40 MG TAB	10	90.000	154.53	0.12428	200% Above	No	No
00527328043	LEVOTHYROXINE 25 MCG TABLET	9	30.000	1.45	0.06114	10%-25% Below	No	No
00527328243	LEVOTHYROXINE 75 MCG TABLET	12	90.000	3.86	0.06108	26%-50% Below	No	No
00527328543	LEVOTHYROXINE 112 MCG TABLET	9	30.000	2.17	0.0937	10%-25% Below	No	No
00527329043	LEVOTHYROXINE 200 MCG TABLET	11	90.000	7.48	0.11467	26%-50% Below	No	No
00527411637	PROPRANOLOL ER 60 MG CAPSULE	9	90.000	44.99	0.19356	101%-200% Above	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	10	30.000	9.90	0.21614	51%-75% Above	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	11	30.000	9.90	0.22751	26%-50% Above	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	12	30.000	9.90	0.21082	51%-75% Above	No	No
00527411837	PROPRANOLOL ER 120 MG CAPSULE	9	30.000	14.90	0.2454	101%-200% Above	No	No
00527411837	PROPRANOLOL ER 120 MG CAPSULE	11	30.000	14.90	0.2063	101%-200% Above	No	No
00527411837	PROPRANOLOL ER 120 MG CAPSULE	12	30.000	15.50	0.21078	101%-200% Above	No	No
00527458237	METHYLPHENIDATE CD 40 MG CAP	9	30.000	31.66	1.79103	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
00527458237	METHYLPHENIDATE CD 40 MG CAP	11	30.000	31.68	1.62831	26%-50% Below	No	No
00527466337	LISDEXAMFETAMINE 30 MG CAPSULE	12	30.000	38.46	3.80186	51%-75% Below	Yes	No
00527466437	LISDEXAMFETAMINE 40 MG CAPSULE	11	30.000	38.46	4.28993	51%-75% Below	Yes	No
00527466437	LISDEXAMFETAMINE 40 MG CAPSULE	12	30.000	38.46	3.57821	51%-75% Below	Yes	No
00527512570	LACTULOSE 10 GM/15 ML SOLUTION	12	105.000	1.77	0.01261	26%-50% Above	No	No
00527810937	DEXMETHYLPHENIDATE ER 20 MG CP	9	30.000	9.99	1.73901	76%-100% Below	No	No
00527810937	DEXMETHYLPHENIDATE ER 20 MG CP	10	30.000	33.39	1.81754	26%-50% Below	No	No
00527810937	DEXMETHYLPHENIDATE ER 20 MG CP	11	30.000	33.39	1.98172	26%-50% Below	No	No
00527810937	DEXMETHYLPHENIDATE ER 20 MG CP	12	30.000	33.39	1.91234	26%-50% Below	No	No
00536123441	ASPIRIN EC 81 MG TABLET	9	90.000	0.01	0.01521	76%-100% Below	No	No
00536127935	CETIRIZINE-PSE ER 5-120 MG TAB	11	24.000	10.17	0.60715	26%-50% Below	No	No
00548540000	MEDROXYPROGESTERONE 150 MG/ML	9	1.000	15.29	27.6167	26%-50% Below	No	No
00548540000	MEDROXYPROGESTERONE 150 MG/ML	11	1.000	0.01	27.63875	76%-100% Below	No	No
00548570100	MEDROXYPROGESTERONE 150 MG/ML	9	1.000	20.46	41.83714	51%-75% Below	No	No
00555003302	CHLORDIAZEPOXIDE 10 MG CAPSULE	9	20.000	1.20	0.13925	51%-75% Below	No	No
00555017178	MEFLOQUINE HCL 250 MG TABLET	11	7.000	37.81	3.8112	26%-50% Above	No	No
00555030204	HYDROXYZINE PAM 50 MG CAP	12	42.000	2.11	0.10576	51%-75% Below	No	No
00555060602	MEGESTROL 20 MG TABLET	9	60.000	15.79	0.17873	26%-50% Above	No	No
00555060602	MEGESTROL 20 MG TABLET	10	30.000	5.28	0.1418	10%-25% Above	No	No
00555060602	MEGESTROL 20 MG TABLET	12	60.000	22.85	0.17034	101%-200% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	9	21.000	3.72	0.1465	10%-25% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	9	30.000	4.90	0.1465	10%-25% Above	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	9	30.000	5.10	0.1465	10%-25% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	10	10.000	0.77	0.14326	26%-50% Below	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	10	15.000	3.83	0.14326	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
00555077902	MEDROXYPROGESTERONE 10 MG TAB	11	10.000	0.77	0.14436	26%-50% Below	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	12	10.000	1.76	0.14057	10%-25% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	12	10.000	1.98	0.14057	26%-50% Above	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	12	10.000	2.03	0.14057	26%-50% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	12	10.000	2.03	0.14057	26%-50% Above	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	12	14.000	2.64	0.14057	26%-50% Above	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	12	30.000	4.90	0.14057	10%-25% Above	Yes	No
00555077904	MEDROXYPROGESTERONE 10 MG TAB	9	10.000	2.03	0.1465	26%-50% Above	No	No
00555077904	MEDROXYPROGESTERONE 10 MG TAB	9	30.000	5.10	0.1465	10%-25% Above	No	No
00555077904	MEDROXYPROGESTERONE 10 MG TAB	10	30.000	5.10	0.14326	10%-25% Above	No	No
00555087202	MEDROXYPROGESTERONE 2.5 MG TAB	9	30.000	0.00	0.10697	76%-100% Below	No	No
00555087202	MEDROXYPROGESTERONE 2.5 MG TAB	11	30.000	0.00	0.10351	76%-100% Below	No	No
00555088602	ESTRADIOL 1 MG TABLET	9	30.000	1.46	0.08215	26%-50% Below	No	No
00555088602	ESTRADIOL 1 MG TABLET	9	30.000	3.83	0.08215	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	9	30.000	3.83	0.08215	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	9	39.000	5.24	0.08215	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	9	90.000	9.99	0.08215	26%-50% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	10	30.000	1.44	0.0797	26%-50% Below	No	No
00555088602	ESTRADIOL 1 MG TABLET	10	30.000	3.83	0.0797	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	10	30.000	3.83	0.0797	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	11	30.000	3.83	0.08525	26%-50% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	11	90.000	9.99	0.08525	26%-50% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	11	90.000	10.23	0.08525	26%-50% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	12	30.000	3.33	0.07874	26%-50% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	12	30.000	3.83	0.07874	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	12	30.000	3.83	0.07874	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	12	39.000	4.51	0.07874	26%-50% Above	Yes	No
00555088604	ESTRADIOL 1 MG TABLET	9	30.000	3.83	0.08215	51%-75% Above	No	No
00555088604	ESTRADIOL 1 MG TABLET	10	30.000	3.83	0.0797	51%-75% Above	No	No
00555088604	ESTRADIOL 1 MG TABLET	10	30.000	4.03	0.0797	51%-75% Above	No	No
00555088604	ESTRADIOL 1 MG TABLET	11	30.000	3.83	0.08525	26%-50% Above	No	No
00555088604	ESTRADIOL 1 MG TABLET	11	30.000	4.03	0.08525	51%-75% Above	No	No
00555088604	ESTRADIOL 1 MG TABLET	11	60.000	6.90	0.08525	26%-50% Above	No	No
00555088604	ESTRADIOL 1 MG TABLET	12	30.000	3.83	0.07874	51%-75% Above	No	No
00555088604	ESTRADIOL 1 MG TABLET	12	30.000	4.03	0.07874	51%-75% Above	No	No
00555088702	ESTRADIOL 2 MG TABLET	9	30.000	4.64	0.11459	26%-50% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	9	30.000	4.79	0.11459	26%-50% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	10	90.000	13.00	0.11148	26%-50% Above	No	No
00555088702	ESTRADIOL 2 MG TABLET	10	90.000	15.10	0.11148	26%-50% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	10	90.000	16.36	0.11148	51%-75% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	12	30.000	4.79	0.1147	26%-50% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	12	90.000	14.09	0.1147	26%-50% Above	Yes	No
00555088704	ESTRADIOL 2 MG TABLET	9	30.000	4.79	0.11459	26%-50% Above	No	No
00555088704	ESTRADIOL 2 MG TABLET	10	30.000	4.79	0.11148	26%-50% Above	No	No
00555088704	ESTRADIOL 2 MG TABLET	10	30.000	6.91	0.11148	101%-200% Above	No	No
00555088704	ESTRADIOL 2 MG TABLET	10	120.000	11.29	0.11148	10%-25% Below	No	No
00555088704	ESTRADIOL 2 MG TABLET	11	30.000	4.79	0.11981	26%-50% Above	No	No
00555088704	ESTRADIOL 2 MG TABLET	11	90.000	12.40	0.11981	10%-25% Above	No	No
00555088704	ESTRADIOL 2 MG TABLET	12	30.000	4.79	0.1147	26%-50% Above	No	No
00555088704	ESTRADIOL 2 MG TABLET	12	90.000	13.08	0.1147	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
00555089902	ESTRADIOL 0.5 MG TABLET	9	30.000	1.29	0.0705	26%-50% Below	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	10	30.000	1.29	0.07227	26%-50% Below	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	10	30.000	3.29	0.07227	51%-75% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	10	90.000	7.50	0.07227	10%-25% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	11	30.000	1.27	0.07802	26%-50% Below	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	11	36.000	3.55	0.07802	26%-50% Above	Yes	No
00555089902	ESTRADIOL 0.5 MG TABLET	11	90.000	8.87	0.07802	26%-50% Above	Yes	No
00555089902	ESTRADIOL 0.5 MG TABLET	12	30.000	1.30	0.0812	26%-50% Below	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	12	30.000	6.02	0.0812	101%-200% Above	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	10	30.000	9.99	0.25211	26%-50% Above	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	10	90.000	12.49	0.25211	26%-50% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	10	120.000	16.66	0.25211	26%-50% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	11	90.000	10.85	0.29009	51%-75% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	12	120.000	14.47	0.26218	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	9	60.000	7.23	0.34453	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	9	60.000	9.90	0.34453	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	9	90.000	14.90	0.34453	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	10	60.000	7.23	0.30315	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	10	60.000	11.68	0.30315	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	11	60.000	7.23	0.35186	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	11	60.000	9.90	0.35186	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	11	60.000	11.68	0.35186	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	11	90.000	10.85	0.35186	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	60.000	7.23	0.32577	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	60.000	11.68	0.32577	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
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	90.000	10.85	0.32577	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	90.000	14.90	0.32577	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	9	60.000	7.31	0.34408	51%-75% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	9	60.000	9.90	0.34408	51%-75% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	9	60.000	11.69	0.34408	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	10	30.000	14.99	0.32698	51%-75% Above	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	10	60.000	9.90	0.32698	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	10	60.000	52.45	0.32698	101%-200% Above	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	11	60.000	7.31	0.32568	51%-75% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	11	60.000	9.90	0.32568	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	11	60.000	52.45	0.32568	101%-200% Above	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	12	60.000	52.45	0.30907	101%-200% Above	No	No
00555099702	FLUDROCORTISONE 0.1 MG TABLET	10	60.000	9.99	0.42777	51%-75% Below	No	No
00555099702	FLUDROCORTISONE 0.1 MG TABLET	11	60.000	5.38	0.429	76%-100% Below	No	No
00555099702	FLUDROCORTISONE 0.1 MG TABLET	12	60.000	5.38	0.43005	76%-100% Below	No	No
00555900867	NORTREL 0.5-35-28 TABLET	9	28.000	9.74	0.47441	26%-50% Below	No	No
00555900867	NORTREL 0.5-35-28 TABLET	10	28.000	7.97	0.51266	26%-50% Below	No	No
00555900867	NORTREL 0.5-35-28 TABLET	11	28.000	8.61	0.53941	26%-50% Below	No	No
00555900867	NORTREL 0.5-35-28 TABLET	12	28.000	8.61	0.58936	26%-50% Below	No	No
00555900867	NORTREL 0.5-35-28 TABLET	12	28.000	9.06	0.58936	26%-50% Below	No	No
00555901058	NORTREL 1-35 28 TABLET	11	84.000	0.01	0.27829	76%-100% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	9	28.000	0.00	0.12775	76%-100% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	9	28.000	0.99	0.12775	51%-75% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	9	28.000	8.31	0.12775	101%-200% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	9	28.000	9.05	0.12775	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
00555901658	SPRINTEC 28 DAY TABLET	9	84.000	27.16	0.12775	101%-200% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	10	28.000	0.00	0.1227	76%-100% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	10	28.000	2.15	0.1227	26%-50% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	10	28.000	4.38	0.1227	26%-50% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	10	28.000	9.05	0.1227	101%-200% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	10	84.000	0.01	0.1227	76%-100% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	11	28.000	0.28	0.14329	76%-100% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	11	28.000	9.00	0.14329	101%-200% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	11	28.000	9.05	0.14329	101%-200% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	11	84.000	0.84	0.14329	76%-100% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	12	28.000	2.06	0.13016	26%-50% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	12	28.000	9.00	0.13016	101%-200% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	12	84.000	6.65	0.13016	26%-50% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	12	84.000	27.16	0.13016	101%-200% Above	No	No
00555901858	TRI-SPRINTEC TABLET	9	28.000	2.35	0.1413	26%-50% Below	No	No
00555901858	TRI-SPRINTEC TABLET	10	28.000	2.37	0.13593	26%-50% Below	No	No
00555901858	TRI-SPRINTEC TABLET	10	84.000	7.12	0.13593	26%-50% Below	No	No
00555901858	TRI-SPRINTEC TABLET	11	28.000	2.37	0.14325	26%-50% Below	No	No
00555901858	TRI-SPRINTEC TABLET	12	28.000	2.37	0.13298	26%-50% Below	No	No
00555901858	TRI-SPRINTEC TABLET	12	28.000	2.41	0.13298	26%-50% Below	No	No
00555901858	TRI-SPRINTEC TABLET	12	84.000	7.12	0.13298	26%-50% Below	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	9	84.000	6.08	0.16004	51%-75% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	9	84.000	39.84	0.16004	101%-200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	9	84.000	43.71	0.16004	200% Above	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	10	28.000	2.03	0.15303	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
00555902658	JUNEL FE 1 MG-20 MCG TABLET	10	84.000	36.78	0.15303	101%-200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	11	28.000	2.03	0.13966	26%-50% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	11	84.000	36.78	0.13966	200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	11	84.000	43.71	0.13966	200% Above	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	12	28.000	2.03	0.17095	51%-75% Below	Yes	No
00555902742	JUNEL 1.5 MG-30 MCG TABLET	9	21.000	6.18	0.49976	26%-50% Below	Yes	No
00555902742	JUNEL 1.5 MG-30 MCG TABLET	9	21.000	6.22	0.49976	26%-50% Below	No	No
00555902742	JUNEL 1.5 MG-30 MCG TABLET	10	21.000	6.18	0.50322	26%-50% Below	Yes	No
00555902742	JUNEL 1.5 MG-30 MCG TABLET	10	21.000	16.79	0.50322	51%-75% Above	No	No
00555902742	JUNEL 1.5 MG-30 MCG TABLET	10	63.000	18.54	0.50322	26%-50% Below	Yes	No
00555902742	JUNEL 1.5 MG-30 MCG TABLET	11	21.000	16.79	0.54084	26%-50% Above	No	No
00555902742	JUNEL 1.5 MG-30 MCG TABLET	12	21.000	16.79	0.51901	51%-75% Above	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	9	28.000	0.00	0.16186	76%-100% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	9	28.000	3.30	0.16186	26%-50% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	9	28.000	5.01	0.16186	10%-25% Above	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	9	84.000	0.01	0.16186	76%-100% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	10	28.000	1.46	0.16365	51%-75% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	10	28.000	3.30	0.16365	26%-50% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	10	84.000	0.01	0.16365	76%-100% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	11	28.000	1.43	0.17678	51%-75% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	11	28.000	3.30	0.17678	26%-50% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	12	28.000	1.44	0.1674	51%-75% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	12	28.000	3.30	0.1674	26%-50% Below	No	No
00555904358	APRI 28 DAY TABLET	11	56.000	11.23	0.17536	10%-25% Above	No	No
00555904358	APRI 28 DAY TABLET	12	28.000	1.69	0.17463	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
00555904558	AVIANE-28 TABLET	9	28.000	6.99	0.17927	26%-50% Above	No	No
00555904558	AVIANE-28 TABLET	10	28.000	0.00	0.19249	76%-100% Below	No	No
00555904558	AVIANE-28 TABLET	11	28.000	0.28	0.17904	76%-100% Below	No	No
00555904558	AVIANE-28 TABLET	12	28.000	0.28	0.1895	76%-100% Below	No	No
00555904958	CRYSELLE-28 TABLET	9	28.000	5.69	0.39872	26%-50% Below	No	No
00555904958	CRYSELLE-28 TABLET	9	28.000	6.20	0.39872	26%-50% Below	No	No
00555904958	CRYSELLE-28 TABLET	9	84.000	18.61	0.39872	26%-50% Below	No	No
00555904958	CRYSELLE-28 TABLET	10	28.000	5.89	0.39629	26%-50% Below	No	No
00555904958	CRYSELLE-28 TABLET	10	28.000	17.42	0.39629	51%-75% Above	No	No
00555904958	CRYSELLE-28 TABLET	10	84.000	52.26	0.39629	51%-75% Above	No	No
00555904958	CRYSELLE-28 TABLET	11	28.000	17.42	0.37714	51%-75% Above	No	No
00555904958	CRYSELLE-28 TABLET	11	84.000	52.26	0.37714	51%-75% Above	No	No
00555904958	CRYSELLE-28 TABLET	12	28.000	6.60	0.38229	26%-50% Below	No	No
00555904958	CRYSELLE-28 TABLET	12	28.000	17.42	0.38229	51%-75% Above	No	No
00555904958	CRYSELLE-28 TABLET	12	84.000	52.26	0.38229	51%-75% Above	No	No
00574029201	AMILORIDE HCL 5 MG TABLET	10	30.000	4.59	0.17823	10%-25% Below	No	No
00574029201	AMILORIDE HCL 5 MG TABLET	12	60.000	8.67	0.18621	10%-25% Below	No	No
00574082001	TESTOSTERONE CYP 200 MG/ML	9	6.000	44.90	13.66959	26%-50% Below	No	No
00574082001	TESTOSTERONE CYP 200 MG/ML	12	6.000	44.90	14.30084	26%-50% Below	No	No
00574082710	TESTOSTERONE CYP 2,000 MG/10 ML	12	10.000	16.52	3.97524	51%-75% Below	No	No
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	9	120.000	9.99	0.06394	26%-50% Above	No	No
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	9	140.000	9.99	0.06394	10%-25% Above	No	No
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	10	118.000	6.99	0.07451	10%-25% Below	No	No
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	11	100.000	6.99	0.11943	26%-50% Below	No	No
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	11	120.000	9.90	0.11943	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
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	75.000	9.99	0.11332	10%-25% Above	No	No
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	118.000	9.99	0.11332	10%-25% Below	No	No
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	180.000	7.95	0.11332	51%-75% Below	No	No
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	200.000	9.04	0.11332	51%-75% Below	Yes	No
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	240.000	5.90	0.11332	76%-100% Below	No	No
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	240.000	6.99	0.11332	51%-75% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	10	80.000	9.62	0.06604	76%-100% Above	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	11	120.000	14.18	0.08312	26%-50% Above	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	11	120.000	17.58	0.08312	76%-100% Above	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	11	200.000	4.92	0.08312	51%-75% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	60.000	6.90	0.08117	26%-50% Above	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	180.000	8.98	0.08117	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	240.000	9.50	0.08117	51%-75% Below	No	No
00574200802	NYSTOP 100,000 UNIT/GM POWDER	9	60.000	7.90	0.26778	26%-50% Below	No	No
00574200815	NYSTOP 100,000 UNIT/GM POWDER	12	30.000	9.90	0.36729	10%-25% Below	Yes	No
00574220145	TRETINOIN 0.1% CREAM	11	45.000	55.87	2.17604	26%-50% Below	Yes	No
00574220520	TRETINOIN 0.05% CREAM	9	20.000	20.74	1.82609	26%-50% Below	Yes	No
00574220545	TRETINOIN 0.05% CREAM	11	45.000	46.40	1.36341	10%-25% Below	Yes	No
00574222520	TRETINOIN 0.025% CREAM	11	20.000	12.70	1.14023	26%-50% Below	No	No
00574402435	ERYTHROMYCIN 0.5% EYE OINTMENT	9	3.500	5.40	2.29884	26%-50% Below	No	No
00574402435	ERYTHROMYCIN 0.5% EYE OINTMENT	9	3.500	9.03	2.29884	10%-25% Above	No	No
00574402435	ERYTHROMYCIN 0.5% EYE OINTMENT	9	3.500	9.12	2.29884	10%-25% Above	No	No
00574402435	ERYTHROMYCIN 0.5% EYE OINTMENT	12	3.500	9.99	2.43103	10%-25% Above	No	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	9	5.000	9.90	5.13618	51%-75% Below	No	No
00591034501	VERAPAMIL 120 MG TABLET	10	180.000	9.38	0.07586	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
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	12	26.000	3.85	0.10581	26%-50% Above	No	No
00591046010	GLIPIZIDE 5 MG TABLET	10	90.000	2.49	0.03442	10%-25% Below	Yes	No
00591046110	GLIPIZIDE 10 MG TABLET	12	180.000	7.67	0.04847	10%-25% Below	Yes	No
00591084510	GLIPIZIDE ER 10 MG TABLET	9	60.000	5.93	0.16903	26%-50% Below	No	No
00591084510	GLIPIZIDE ER 10 MG TABLET	10	60.000	5.93	0.16361	26%-50% Below	No	No
00591084510	GLIPIZIDE ER 10 MG TABLET	11	30.000	9.14	0.16362	76%-100% Above	No	No
00591084510	GLIPIZIDE ER 10 MG TABLET	11	60.000	5.80	0.16362	26%-50% Below	No	No
00591084510	GLIPIZIDE ER 10 MG TABLET	12	60.000	5.76	0.18317	26%-50% Below	No	No
00591115930	ACYCLOVIR 5% OINTMENT	10	30.000	10.01	0.50862	26%-50% Below	No	No
00591225879	SCOPOLAMINE 1 MG/3 DAY PATCH	9	2.000	6.84	8.38324	51%-75% Below	No	No
00591256201	COLCHICINE 0.6 MG TABLET	9	30.000	14.90	0.28534	51%-75% Above	No	No
00591256201	COLCHICINE 0.6 MG TABLET	12	6.000	9.90	0.28922	200% Above	No	No
00591256201	COLCHICINE 0.6 MG TABLET	12	30.000	4.90	0.28922	26%-50% Below	No	No
00591256201	COLCHICINE 0.6 MG TABLET	12	30.000	14.90	0.28922	51%-75% Above	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	9	15.000	31.35	3.68479	26%-50% Below	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	9	15.000	31.51	3.68479	26%-50% Below	Yes	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	9	15.000	32.35	3.68479	26%-50% Below	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	10	15.000	31.51	3.65704	26%-50% Below	Yes	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	10	15.000	32.61	3.65704	26%-50% Below	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	11	15.000	32.61	3.53979	26%-50% Below	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	12	15.000	8.40	3.64504	76%-100% Below	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	12	15.000	31.51	3.64504	26%-50% Below	Yes	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	12	15.000	31.68	3.64504	26%-50% Below	No	No
00591350804	CLONIDINE 0.1 MG/DAY PATCH	9	4.000	15.78	7.21676	26%-50% Below	Yes	No
00591350804	CLONIDINE 0.1 MG/DAY PATCH	10	4.000	15.78	7.50716	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
00591350804	CLONIDINE 0.1 MG/DAY PATCH	11	4.000	15.78	7.46598	26%-50% Below	Yes	No
00591350804	CLONIDINE 0.1 MG/DAY PATCH	12	4.000	15.78	7.27125	26%-50% Below	Yes	No
00591372030	TRANEXAMIC ACID 650 MG TABLET	10	42.000	124.74	1.4029	101%-200% Above	No	No
00591505221	PREDNISONONE 5 MG TAB DOSE PACK	12	21.000	9.50	0.35531	26%-50% Above	No	No
00591530701	PROMETHAZINE 25 MG TABLET	9	30.000	3.53	0.0491	101%-200% Above	No	No
00591530701	PROMETHAZINE 25 MG TABLET	12	30.000	3.53	0.0493	101%-200% Above	No	No
00591530710	PROMETHAZINE 25 MG TABLET	10	12.000	1.67	0.04767	101%-200% Above	No	No
00591530710	PROMETHAZINE 25 MG TABLET	12	20.000	2.52	0.0493	101%-200% Above	No	No
00591532501	PROBENECID-COLCHICINE TABLET	10	180.000	87.08	0.968	26%-50% Below	No	No
00591544210	PREDNISONONE 10 MG TABLET	9	8.000	0.00	0.05744	76%-100% Below	No	No
00591544210	PREDNISONONE 10 MG TABLET	10	5.000	1.14	0.05601	200% Above	No	No
00591544210	PREDNISONONE 10 MG TABLET	10	8.000	1.44	0.05601	200% Above	No	No
00591544210	PREDNISONONE 10 MG TABLET	11	10.000	1.69	0.05922	101%-200% Above	No	No
00591544310	PREDNISONONE 20 MG TABLET	9	13.000	0.66	0.08601	26%-50% Below	No	No
00591544310	PREDNISONONE 20 MG TABLET	12	9.000	1.64	0.10826	51%-75% Above	No	No
00591554405	ALLOPURINOL 300 MG TABLET	12	30.000	4.90	0.07441	101%-200% Above	No	No
00597015330	JARDIANCE 25 MG TABLET	10	30.000	363.10	18.96979	26%-50% Below	No	No
00597015330	JARDIANCE 25 MG TABLET	11	30.000	363.10	18.96979	26%-50% Below	No	No
00597015330	JARDIANCE 25 MG TABLET	11	90.000	1089.30	18.96979	26%-50% Below	No	No
00597015390	JARDIANCE 25 MG TABLET	9	90.000	175.92	18.96493	76%-100% Below	No	No
00597015390	JARDIANCE 25 MG TABLET	12	90.000	175.92	18.96979	76%-100% Below	No	No
00597015561	STIOLTO RESPIMAT INHAL SPRAY	11	4.000	67.68	112.45145	76%-100% Below	No	No
00597015561	STIOLTO RESPIMAT INHAL SPRAY	12	4.000	67.68	112.45145	76%-100% Below	No	No
00603116158	DICYCLOMINE 10 MG/5 ML SOLN	10	75.000	11.99	0.20249	10%-25% Below	No	No
00603116158	DICYCLOMINE 10 MG/5 ML SOLN	12	120.000	13.54	0.18741	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
00603188016	LIDOCAINE 5% PATCH	12	30.000	30.75	1.86065	26%-50% Below	Yes	No
00603211621	ALLOPURINOL 300 MG TABLET	9	90.000	19.22	0.07487	101%-200% Above	Yes	No
00603211621	ALLOPURINOL 300 MG TABLET	10	180.000	38.45	0.07133	101%-200% Above	Yes	No
00603211621	ALLOPURINOL 300 MG TABLET	11	90.000	17.75	0.07457	101%-200% Above	Yes	No
00603211621	ALLOPURINOL 300 MG TABLET	12	90.000	16.56	0.07441	101%-200% Above	Yes	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	10	21.000	15.81	0.14299	200% Above	No	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	11	21.000	14.90	0.15065	200% Above	No	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.000	9.90	0.13423	200% Above	No	No
00603533715	PREDNISONE 5 MG TAB DOSE PACK	9	21.000	9.50	0.40394	10%-25% Above	No	No
00603533715	PREDNISONE 5 MG TAB DOSE PACK	10	21.000	9.59	0.35767	26%-50% Above	No	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	11	21.000	6.93	0.60087	26%-50% Below	Yes	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	12	21.000	14.90	0.55082	26%-50% Above	No	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	12	21.000	14.90	0.55082	26%-50% Above	Yes	No
00603533831	PREDNISONE 10 MG TAB DOSE PACK	11	48.000	0.48	0.60087	76%-100% Below	No	No
00603533932	PREDNISONE 20 MG TABLET	11	10.000	1.77	0.1056	51%-75% Above	No	No
00603548221	PROPRANOLOL 10 MG TABLET	9	90.000	6.90	0.06415	10%-25% Above	No	No
00603548321	PROPRANOLOL 20 MG TABLET	9	30.000	8.56	0.07036	200% Above	No	No
00603548321	PROPRANOLOL 20 MG TABLET	9	60.000	13.50	0.07036	200% Above	No	No
00603548321	PROPRANOLOL 20 MG TABLET	9	60.000	14.90	0.07036	200% Above	No	No
00603548321	PROPRANOLOL 20 MG TABLET	10	30.000	8.56	0.06374	200% Above	No	No
00603548321	PROPRANOLOL 20 MG TABLET	10	60.000	13.50	0.06374	200% Above	No	No
00603548321	PROPRANOLOL 20 MG TABLET	11	30.000	8.56	0.07684	200% Above	No	No
00603548321	PROPRANOLOL 20 MG TABLET	11	60.000	13.50	0.07684	101%-200% Above	No	No
00713022515	TRIAMCINOLONE 0.1% CREAM	10	30.000	4.99	0.14654	10%-25% Above	No	No
00713033915	HALOBETASOL PROP 0.05% OINTMNT	9	60.000	202.93	1.33472	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
00713052612	PROMETHEGAN 25 MG SUPPOSITORY	11	12.000	20.74	3.24841	26%-50% Below	No	No
00713063515	MOMETASONE FUROATE 0.1% OINT	12	45.000	0.45	0.33764	76%-100% Below	No	No
00713063737	METRONIDAZOLE TOPICAL 0.75% GL	10	45.000	36.46	0.35146	101%-200% Above	No	No
00713063737	METRONIDAZOLE TOPICAL 0.75% GL	12	45.000	36.46	0.40444	76%-100% Above	No	No
00713067831	NYSTATIN 100,000 UNIT/GM CREAM	10	30.000	13.89	0.14363	200% Above	No	No
00713067831	NYSTATIN 100,000 UNIT/GM CREAM	11	30.000	2.64	0.17708	26%-50% Below	No	No
00713067831	NYSTATIN 100,000 UNIT/GM CREAM	12	30.000	13.89	0.15001	200% Above	No	No
00713068215	GENTAMICIN 0.1% OINTMENT	12	15.000	9.90	1.23263	26%-50% Below	No	No
00713093681	COLESEVELAM 625 MG TABLET	9	30.000	9.90	0.28745	10%-25% Above	Yes	No
00713093681	COLESEVELAM 625 MG TABLET	10	30.000	9.90	0.23905	26%-50% Above	Yes	No
00713093681	COLESEVELAM 625 MG TABLET	10	180.000	33.50	0.23905	10%-25% Below	No	No
00713093681	COLESEVELAM 625 MG TABLET	11	30.000	9.90	0.25054	26%-50% Above	Yes	No
00713093681	COLESEVELAM 625 MG TABLET	11	180.000	25.83	0.25054	26%-50% Below	No	No
00713093681	COLESEVELAM 625 MG TABLET	12	30.000	9.90	0.24322	26%-50% Above	Yes	No
00713093681	COLESEVELAM 625 MG TABLET	12	180.000	25.83	0.24322	26%-50% Below	No	No
00713093681	COLESEVELAM 625 MG TABLET	12	540.000	1089.42	0.24322	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	9	30.000	2.78	0.02451	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	11	30.000	2.78	0.0246	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	11	90.000	8.35	0.0246	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	12	30.000	2.78	0.02461	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	12	90.000	8.35	0.02461	200% Above	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	9	1.000	0.01	0.02545	51%-75% Below	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	9	45.000	0.63	0.02545	26%-50% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	9	60.000	1.25	0.02545	10%-25% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	9	90.000	1.27	0.02545	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
00781107905	ALPRAZOLAM 1 MG TABLET	9	90.000	1.72	0.02545	10%-25% Below	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	10	3.000	0.54	0.02567	200% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	10	30.000	0.88	0.02567	10%-25% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	10	45.000	0.63	0.02567	26%-50% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	10	60.000	1.26	0.02567	10%-25% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	10	90.000	1.27	0.02567	26%-50% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	10	90.000	11.47	0.02567	200% Above	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	11	45.000	0.63	0.02768	26%-50% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	11	60.000	0.89	0.02768	26%-50% Below	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	11	60.000	1.26	0.02768	10%-25% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	11	90.000	1.27	0.02768	26%-50% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	11	90.000	11.47	0.02768	200% Above	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	12	45.000	0.63	0.02755	26%-50% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	12	90.000	1.27	0.02755	26%-50% Below	Yes	No
00781108901	ALPRAZOLAM 2 MG TABLET	9	60.000	2.23	0.05477	26%-50% Below	No	No
00781183010	PROMETHAZINE 25 MG TABLET	9	30.000	3.53	0.0491	101%-200% Above	No	No
00781185201	AMOX-CLAV 875-125 MG TABLET	11	20.000	9.72	0.32659	26%-50% Above	No	No
00781196260	CLARITHROMYCIN 500 MG TABLET	12	28.000	19.90	0.50512	26%-50% Above	No	No
00781214501	AMPICILLIN 500 MG CAPSULE	9	30.000	10.40	0.49596	26%-50% Below	No	No
00781214501	AMPICILLIN 500 MG CAPSULE	12	30.000	7.68	0.48943	26%-50% Below	No	No
00781223410	OMEPRAZOLE DR 40 MG CAPSULE	9	90.000	14.32	0.05567	101%-200% Above	No	No
00781223410	OMEPRAZOLE DR 40 MG CAPSULE	9	90.000	15.67	0.05567	200% Above	No	No
00781223410	OMEPRAZOLE DR 40 MG CAPSULE	10	30.000	1.06	0.0541	26%-50% Below	No	No
00781223410	OMEPRAZOLE DR 40 MG CAPSULE	11	30.000	1.06	0.05603	26%-50% Below	No	No
00781223410	OMEPRAZOLE DR 40 MG CAPSULE	12	90.000	14.32	0.05549	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
00781223410	OMEPRAZOLE DR 40 MG CAPSULE	12	90.000	15.67	0.05549	200% Above	No	No
00781233501	DEXTROAMP-AMPHET ER 10 MG CAP	9	30.000	21.01	0.60532	10%-25% Above	No	No
00781234301	DEXTROAMP-AMPHET ER 15 MG CAP	9	30.000	21.01	0.60399	10%-25% Above	No	No
00781234301	DEXTROAMP-AMPHET ER 15 MG CAP	10	30.000	0.00	0.69117	76%-100% Below	No	No
00781234301	DEXTROAMP-AMPHET ER 15 MG CAP	11	30.000	0.00	0.64708	76%-100% Below	No	No
00781236801	DEXTROAMP-AMPHET ER 25 MG CAP	9	30.000	21.01	0.61559	10%-25% Above	No	No
00781236801	DEXTROAMP-AMPHET ER 25 MG CAP	11	30.000	9.99	0.7019	51%-75% Below	No	No
00781237101	DEXTROAMP-AMPHET ER 30 MG CAP	10	30.000	9.99	0.6606	26%-50% Below	No	No
00781237101	DEXTROAMP-AMPHET ER 30 MG CAP	11	30.000	9.99	0.64338	26%-50% Below	No	No
00781261301	AMOXICILLIN 500 MG CAPSULE	10	21.000	1.85	0.10233	10%-25% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	9	21.000	0.90	0.09333	51%-75% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	9	30.000	2.43	0.09333	10%-25% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	10	20.000	1.74	0.10233	10%-25% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	10	20.000	1.79	0.10233	10%-25% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	10	40.000	3.08	0.10233	10%-25% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	11	20.000	2.86	0.08296	51%-75% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	11	40.000	5.72	0.08296	51%-75% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	12	21.000	0.98	0.1005	51%-75% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	12	30.000	2.43	0.1005	10%-25% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	12	30.000	2.45	0.1005	10%-25% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	12	30.000	2.52	0.1005	10%-25% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	12	40.000	3.08	0.1005	10%-25% Below	No	No
00781320895	CEFTRIAXONE 1 GM VIAL	9	1.000	17.39	1.77043	200% Above	No	No
00781531710	ZOLPIDEM TARTRATE 5 MG TABLET	9	30.000	1.29	0.03355	26%-50% Above	No	No
00781531710	ZOLPIDEM TARTRATE 5 MG TABLET	10	30.000	0.36	0.03309	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
00781531710	ZOLPIDEM TARTRATE 5 MG TABLET	11	30.000	0.36	0.03713	51%-75% Below	No	No
00781531710	ZOLPIDEM TARTRATE 5 MG TABLET	11	30.000	1.29	0.03713	10%-25% Above	No	No
00781531710	ZOLPIDEM TARTRATE 5 MG TABLET	12	30.000	0.52	0.03737	51%-75% Below	No	No
00781531710	ZOLPIDEM TARTRATE 5 MG TABLET	12	30.000	1.29	0.03737	10%-25% Above	No	No
00781543820	CEFPODOXIME 100 MG TABLET	11	14.000	10.54	2.16858	51%-75% Below	No	No
00781551501	GRISEOFULVIN MICRO 500 MG TAB	9	30.000	116.91	6.04016	26%-50% Below	Yes	No
00781613948	AMOX-CLAV 600-42.9 MG/5 ML SUS	11	200.000	9.90	0.06518	10%-25% Below	No	No
00781613954	AMOX-CLAV 600-42.9 MG/5 ML SUS	10	125.000	4.90	0.06244	26%-50% Below	No	No
00781613954	AMOX-CLAV 600-42.9 MG/5 ML SUS	11	125.000	9.90	0.06758	10%-25% Above	No	No
00781613954	AMOX-CLAV 600-42.9 MG/5 ML SUS	11	125.000	11.46	0.06758	26%-50% Above	No	No
00781613954	AMOX-CLAV 600-42.9 MG/5 ML SUS	12	125.000	11.46	0.06733	26%-50% Above	No	No
00781613954	AMOX-CLAV 600-42.9 MG/5 ML SUS	12	250.000	19.90	0.06733	10%-25% Above	No	No
00781613957	AMOX-CLAV 600-42.9 MG/5 ML SUS	9	75.000	2.94	0.08291	51%-75% Below	No	No
00781615746	AMOXICILLIN 400 MG/5 ML SUSP	10	100.000	5.69	0.02951	76%-100% Above	No	No
00781615746	AMOXICILLIN 400 MG/5 ML SUSP	10	200.000	11.38	0.02951	76%-100% Above	No	No
00781615757	AMOXICILLIN 400 MG/5 ML SUSP	10	150.000	7.48	0.0319	51%-75% Above	No	No
00781707787	METRONIDAZOLE VAGINAL 0.75% GL	9	70.000	20.66	0.5147	26%-50% Below	No	No
00781716783	ESTRADIOL 0.1 MG PATCH (2/WK)	10	24.000	130.69	6.59294	10%-25% Below	No	No
00781717250	AZELAIC ACID 15% GEL	9	50.000	25.67	0.84066	26%-50% Below	Yes	No
00781717250	AZELAIC ACID 15% GEL	10	50.000	25.67	0.79986	26%-50% Below	Yes	No
00781717250	AZELAIC ACID 15% GEL	11	50.000	25.67	0.71923	26%-50% Below	Yes	No
00781717250	AZELAIC ACID 15% GEL	12	50.000	25.67	0.74154	26%-50% Below	Yes	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	9	6.700	0.00	2.93319	76%-100% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	9	6.700	11.85	2.93319	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	10	6.700	11.85	2.91623	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
00781729685	ALBUTEROL HFA 90 MCG INHALER	10	13.400	23.71	2.91623	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	11	6.700	11.85	2.97234	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	11	13.400	23.71	2.97234	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	12	6.700	9.90	2.93262	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	12	6.700	11.85	2.93262	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	12	13.400	23.71	2.93262	26%-50% Below	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	9	6.000	0.00	0.35827	76%-100% Below	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	9	6.000	3.55	0.35827	51%-75% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	9	6.000	3.66	0.35827	51%-75% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	10	6.000	3.57	0.33112	76%-100% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	10	6.000	5.33	0.33112	101%-200% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	11	6.000	0.81	0.36094	51%-75% Below	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	11	6.000	3.57	0.36094	51%-75% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	11	6.000	5.33	0.36094	101%-200% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	11	6.000	6.06	0.36094	101%-200% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	12	6.000	3.57	0.37291	51%-75% Above	No	No
00832054111	BUMETANIDE 1 MG TABLET	11	180.000	44.90	0.19014	26%-50% Above	Yes	No
00832054211	BUMETANIDE 2 MG TABLET	12	270.000	57.24	0.30419	26%-50% Below	Yes	No
00832059530	EXEMESTANE 25 MG TABLET	11	24.000	0.00	1.07873	76%-100% Below	No	No
00832105415	BACLOFEN 10 MG TABLET	10	90.000	12.20	0.04809	101%-200% Above	No	No
00832141003	MOXIFLOXACIN 0.5% EYE DROPS	11	3.000	58.95	3.04655	200% Above	No	No
00832152011	HALOPERIDOL 1 MG TABLET	9	60.000	8.62	0.26703	26%-50% Below	Yes	No
00832152011	HALOPERIDOL 1 MG TABLET	10	60.000	8.62	0.26691	26%-50% Below	Yes	No
00832152011	HALOPERIDOL 1 MG TABLET	11	60.000	8.62	0.25762	26%-50% Below	Yes	No
00832532310	POTASSIUM CL ER 10 MEQ TABLET	11	30.000	6.90	0.11773	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
00832532311	POTASSIUM CL ER 10 MEQ TABLET	9	14.000	4.53	0.12498	101%-200% Above	No	No
00832532311	POTASSIUM CL ER 10 MEQ TABLET	9	360.000	22.43	0.12498	26%-50% Below	No	No
00832532311	POTASSIUM CL ER 10 MEQ TABLET	10	90.000	26.41	0.12918	101%-200% Above	No	No
00832532411	POTASSIUM CL ER 10 MEQ TABLET	10	90.000	19.66	0.13658	51%-75% Above	No	No
00832532510	POTASSIUM CL ER 20 MEQ TABLET	9	120.000	9.49	0.17134	51%-75% Below	No	No
00832532510	POTASSIUM CL ER 20 MEQ TABLET	10	120.000	9.49	0.14873	26%-50% Below	No	No
00832532510	POTASSIUM CL ER 20 MEQ TABLET	11	120.000	9.49	0.17154	51%-75% Below	No	No
00832532510	POTASSIUM CL ER 20 MEQ TABLET	12	30.000	6.90	0.16662	26%-50% Above	No	No
00832532510	POTASSIUM CL ER 20 MEQ TABLET	12	120.000	9.49	0.16662	51%-75% Below	No	No
00832602311	CARBAMAZEPINE ER 200 MG TABLET	11	90.000	39.11	0.57884	10%-25% Below	Yes	No
00832603212	FLUOXETINE 20 MG/5 ML SOLUTION	9	38.000	13.72	0.2515	26%-50% Above	No	No
00832603212	FLUOXETINE 20 MG/5 ML SOLUTION	11	38.000	13.72	0.28391	26%-50% Above	No	No
00832604550	FAMOTIDINE 40 MG/5 ML SUSP	12	50.000	20.82	0.56203	10%-25% Below	Yes	No
00832605210	DICYCLOMINE 20 MG TABLET	10	30.000	5.93	0.1404	26%-50% Above	No	No
00832605210	DICYCLOMINE 20 MG TABLET	11	30.000	5.93	0.14387	26%-50% Above	No	No
00832605210	DICYCLOMINE 20 MG TABLET	12	30.000	5.93	0.14483	26%-50% Above	No	No
00904404073	ASPIRIN 81 MG CHEWABLE TABLET	12	90.000	1.72	0.0262	26%-50% Below	Yes	No
00904585540	IBUPROFEN 800 MG TABLET	11	30.000	1.22	0.06666	26%-50% Below	No	No
00904585540	IBUPROFEN 800 MG TABLET	12	30.000	1.12	0.06661	26%-50% Below	No	No
00904585540	IBUPROFEN 800 MG TABLET	12	90.000	3.36	0.06661	26%-50% Below	No	No
00904637061	AMLODIPINE BESYLATE 5 MG TAB	11	30.000	1.05	0.01133	200% Above	No	No
00904671746	CETIRIZINE HCL 10 MG TABLET	11	90.000	4.39	0.0701	26%-50% Below	No	No
00904671772	CETIRIZINE HCL 10 MG TABLET	9	90.000	3.75	0.06707	26%-50% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	9	30.000	0.16	0.01521	51%-75% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	12	90.000	0.01	0.01457	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
00904678370	ASPIRIN EC 81 MG TABLET	9	30.000	0.18	0.01521	51%-75% Below	No	No
00904678370	ASPIRIN EC 81 MG TABLET	10	30.000	0.18	0.01437	51%-75% Below	No	No
00904678370	ASPIRIN EC 81 MG TABLET	12	30.000	0.18	0.01457	51%-75% Below	No	No
00904679489	ASPIRIN 81 MG CHEWABLE TABLET	10	30.000	0.34	0.02701	51%-75% Below	No	No
00904679489	ASPIRIN 81 MG CHEWABLE TABLET	11	30.000	0.34	0.02566	51%-75% Below	No	No
00904685260	LORATADINE 10 MG TABLET	12	90.000	3.10	0.06067	26%-50% Below	No	No
00904685272	LORATADINE 10 MG TABLET	9	30.000	1.17	0.05892	26%-50% Below	No	No
00904685272	LORATADINE 10 MG TABLET	10	30.000	1.17	0.05836	26%-50% Below	No	No
00904685272	LORATADINE 10 MG TABLET	11	30.000	1.17	0.05749	26%-50% Below	No	No
00904685272	LORATADINE 10 MG TABLET	12	30.000	1.17	0.06067	26%-50% Below	No	No
00904705040	FEXOFENADINE HCL 180 MG TABLET	10	15.000	1.96	0.28462	51%-75% Below	No	No
00904705040	FEXOFENADINE HCL 180 MG TABLET	11	30.000	3.42	0.28032	51%-75% Below	No	No
00904705060	FEXOFENADINE HCL 180 MG TABLET	10	90.000	8.58	0.28462	51%-75% Below	No	No
00904705060	FEXOFENADINE HCL 180 MG TABLET	12	30.000	4.48	0.23924	26%-50% Below	No	No
00955100610	ENOXAPARIN 60 MG/0.6 ML SYR	12	6.000	53.90	12.92327	26%-50% Below	No	No
10370010250	BUPROPION HCL XL 300 MG TABLET	12	90.000	44.90	0.17922	101%-200% Above	Yes	No
10572001201	SOD SUL-POTASS SUL-MAG SUL SOL	11	354.000	11.95	0.21307	76%-100% Below	No	No
10572010001	PEG-3350 AND ELECTROLYTES SOLN	11	4000.000	10.40	0.00474	26%-50% Below	No	No
10572010001	PEG-3350 AND ELECTROLYTES SOLN	12	4000.000	10.40	0.00473	26%-50% Below	No	No
10702000301	PROMETHAZINE 25 MG TABLET	12	4.000	0.11	0.0493	26%-50% Below	No	No
10702000601	CYCLOBENZAPRINE 5 MG TABLET	9	30.000	0.99	0.02198	26%-50% Above	Yes	No
10702000601	CYCLOBENZAPRINE 5 MG TABLET	10	30.000	0.36	0.02249	26%-50% Below	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	9	28.000	1.14	0.09121	51%-75% Below	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	10	24.000	0.98	0.08639	51%-75% Below	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	12	35.000	1.42	0.08278	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
10702001850	OXYCODONE HCL (IR) 5 MG TABLET	11	40.000	1.63	0.0881	51%-75% Below	No	No
10702005601	OXYCODONE HCL (IR) 10 MG TAB	9	39.000	2.31	0.11816	26%-50% Below	No	No
10702005601	OXYCODONE HCL (IR) 10 MG TAB	9	60.000	4.06	0.11816	26%-50% Below	No	No
10702005601	OXYCODONE HCL (IR) 10 MG TAB	10	90.000	5.98	0.11919	26%-50% Below	No	No
10702005601	OXYCODONE HCL (IR) 10 MG TAB	11	90.000	5.99	0.11823	26%-50% Below	No	No
10702005601	OXYCODONE HCL (IR) 10 MG TAB	12	90.000	5.99	0.12695	26%-50% Below	No	No
10702005701	OXYCODONE HCL (IR) 20 MG TAB	9	112.000	14.90	0.20896	26%-50% Below	No	No
10702005701	OXYCODONE HCL (IR) 20 MG TAB	10	112.000	14.90	0.1964	26%-50% Below	No	No
10702005750	OXYCODONE HCL (IR) 20 MG TAB	11	112.000	14.90	0.21591	26%-50% Below	No	No
10702005750	OXYCODONE HCL (IR) 20 MG TAB	12	112.000	14.90	0.21503	26%-50% Below	No	No
10702010001	METHYLPHENIDATE 5 MG TABLET	11	60.000	9.90	0.11181	26%-50% Above	No	No
10702010101	METHYLPHENIDATE 10 MG TABLET	9	30.000	4.90	0.11912	26%-50% Above	Yes	No
10702010101	METHYLPHENIDATE 10 MG TABLET	10	30.000	9.90	0.14999	101%-200% Above	Yes	No
10702010101	METHYLPHENIDATE 10 MG TABLET	12	30.000	4.90	0.14553	10%-25% Above	Yes	No
10702010201	METHYLPHENIDATE 20 MG TABLET	12	10.000	9.18	0.19959	200% Above	No	No
10702010701	DEXMETHYLPHENIDATE 5 MG TAB	10	30.000	2.94	0.24895	51%-75% Below	No	No
10702010701	DEXMETHYLPHENIDATE 5 MG TAB	11	26.000	2.85	0.23695	51%-75% Below	No	No
10702010801	DEXMETHYLPHENIDATE 10 MG TAB	9	30.000	4.13	0.30611	51%-75% Below	No	No
10702010801	DEXMETHYLPHENIDATE 10 MG TAB	10	30.000	4.49	0.34048	51%-75% Below	Yes	No
10702015016	HYDROCODONE-HOMATROPINE SOLN	12	118.000	10.22	0.07321	10%-25% Above	No	No
10702015016	HYDROCODONE-HOMATROPINE SOLN	12	120.000	6.01	0.07321	26%-50% Below	Yes	No
10702018501	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	9	30.000	1.88	0.10648	26%-50% Below	No	No
10702018501	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	11	20.000	1.42	0.10531	26%-50% Below	No	No
10702018501	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	11	60.000	3.25	0.10531	26%-50% Below	No	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	10	40.000	4.20	0.15181	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
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	10	72.000	9.35	0.15181	10%-25% Below	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	11	72.000	9.35	0.1605	10%-25% Below	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	12	30.000	4.19	0.1628	10%-25% Below	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	12	40.000	4.20	0.1628	26%-50% Below	No	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	12	60.000	8.14	0.1628	10%-25% Below	Yes	No
11527070442	SODIUM FLUORIDE SENSTV 5000PPM	12	200.000	18.33	0.11667	10%-25% Below	Yes	No
11527075043	SODIUM FLUORIDE 5000 PPM PASTE	9	100.000	6.32	0.11661	26%-50% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	9	30.000	1.10	0.02582	26%-50% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	10	7.000	0.64	0.02819	200% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	10	30.000	1.10	0.02819	26%-50% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	11	30.000	1.10	0.02575	26%-50% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	11	30.000	1.14	0.02575	26%-50% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	12	30.000	1.10	0.03117	10%-25% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	12	30.000	1.14	0.03117	10%-25% Above	No	No
13107000105	MIRTAZAPINE 7.5 MG TABLET	10	90.000	29.99	0.56996	26%-50% Below	No	No
13107000130	MIRTAZAPINE 7.5 MG TABLET	11	15.000	4.90	0.63472	26%-50% Below	No	No
13107000130	MIRTAZAPINE 7.5 MG TABLET	12	15.000	15.50	0.48438	101%-200% Above	No	No
13107000334	MIRTAZAPINE 30 MG TABLET	10	30.000	4.36	0.08191	76%-100% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	11	30.000	2.43	0.03586	101%-200% Above	No	No
13107007905	TRAZODONE 50 MG TABLET	9	30.000	2.53	0.03522	101%-200% Above	No	No
13107008201	TRAZODONE 300 MG TABLET	9	90.000	249.48	1.28982	101%-200% Above	No	No
13107008201	TRAZODONE 300 MG TABLET	12	90.000	249.48	1.19866	101%-200% Above	No	No
13107008305	LORAZEPAM 0.5 MG TABLET	9	30.000	0.44	0.04039	51%-75% Below	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	9	60.000	0.89	0.04039	51%-75% Below	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	10	3.000	0.04	0.04018	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
13107008305	LORAZEPAM 0.5 MG TABLET	10	54.000	1.19	0.04018	26%-50% Below	No	No
13107008305	LORAZEPAM 0.5 MG TABLET	11	30.000	0.44	0.04074	51%-75% Below	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	11	30.000	1.07	0.04074	10%-25% Below	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	11	60.000	0.89	0.04074	51%-75% Below	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	12	60.000	0.89	0.045	51%-75% Below	Yes	No
13107008405	LORAZEPAM 1 MG TABLET	10	45.000	2.22	0.04298	10%-25% Above	No	No
13107008501	LORAZEPAM 2 MG TABLET	9	30.000	1.47	0.0668	26%-50% Below	No	No
13107015490	PAROXETINE HCL 10 MG TABLET	10	30.000	2.94	0.06781	26%-50% Above	Yes	No
13107015490	PAROXETINE HCL 10 MG TABLET	10	90.000	8.25	0.06781	26%-50% Above	Yes	No
13107015490	PAROXETINE HCL 10 MG TABLET	11	30.000	2.94	0.07361	26%-50% Above	Yes	No
13107015490	PAROXETINE HCL 10 MG TABLET	12	30.000	2.94	0.07061	26%-50% Above	Yes	No
13107015590	PAROXETINE HCL 20 MG TABLET	9	30.000	3.01	0.07132	26%-50% Above	Yes	No
13107015590	PAROXETINE HCL 20 MG TABLET	9	90.000	8.48	0.07132	26%-50% Above	Yes	No
13107015590	PAROXETINE HCL 20 MG TABLET	10	30.000	3.01	0.06934	26%-50% Above	Yes	No
13107015590	PAROXETINE HCL 20 MG TABLET	10	90.000	13.96	0.06934	101%-200% Above	Yes	No
13107015590	PAROXETINE HCL 20 MG TABLET	11	30.000	3.01	0.06885	26%-50% Above	Yes	No
13107015590	PAROXETINE HCL 20 MG TABLET	11	90.000	8.48	0.06885	26%-50% Above	Yes	No
13107015590	PAROXETINE HCL 20 MG TABLET	12	30.000	3.01	0.08708	10%-25% Above	Yes	No
13107015599	PAROXETINE HCL 20 MG TABLET	11	90.000	8.04	0.06885	26%-50% Above	No	No
13107015630	PAROXETINE HCL 30 MG TABLET	9	30.000	3.79	0.10571	10%-25% Above	No	No
13107015630	PAROXETINE HCL 30 MG TABLET	10	30.000	5.29	0.09	76%-100% Above	No	No
13107015630	PAROXETINE HCL 30 MG TABLET	11	30.000	5.29	0.11446	51%-75% Above	No	No
13107015730	PAROXETINE HCL 40 MG TABLET	9	60.000	8.31	0.11054	10%-25% Above	No	No
13107015730	PAROXETINE HCL 40 MG TABLET	12	60.000	10.33	0.12733	26%-50% Above	No	No
13107015730	PAROXETINE HCL 40 MG TABLET	12	90.000	9.90	0.12733	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
13517062810	PHENOBARBITAL 97.2 MG TABLET	11	60.000	14.90	0.14056	76%-100% Above	No	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	9	30.000	0.36	0.03355	51%-75% Below	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	11	90.000	2.57	0.03713	10%-25% Below	Yes	No
13668000710	ZOLPIDEM TARTRATE 5 MG TABLET	9	30.000	0.36	0.03355	51%-75% Below	No	No
13668000710	ZOLPIDEM TARTRATE 5 MG TABLET	10	30.000	0.36	0.03309	51%-75% Below	No	No
13668000710	ZOLPIDEM TARTRATE 5 MG TABLET	11	30.000	0.36	0.03713	51%-75% Below	No	No
13668000710	ZOLPIDEM TARTRATE 5 MG TABLET	12	30.000	0.52	0.03737	51%-75% Below	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	9	30.000	1.44	0.03648	26%-50% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	10	30.000	1.44	0.03531	26%-50% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	10	30.000	1.44	0.03531	26%-50% Above	Yes	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	11	30.000	1.44	0.0349	26%-50% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	11	30.000	1.44	0.0349	26%-50% Above	Yes	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	12	30.000	1.44	0.04003	10%-25% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	12	90.000	2.81	0.04003	10%-25% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	9	30.000	0.41	0.03648	51%-75% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	9	30.000	1.40	0.03648	26%-50% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	9	30.000	1.44	0.03648	26%-50% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	9	30.000	1.44	0.03648	26%-50% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	10	5.000	0.66	0.03531	200% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	10	30.000	0.41	0.03531	51%-75% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	10	30.000	1.40	0.03531	26%-50% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	10	30.000	1.64	0.03531	51%-75% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	11	30.000	0.41	0.0349	51%-75% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	11	30.000	1.44	0.0349	26%-50% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	12	30.000	0.41	0.04003	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
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	12	30.000	1.40	0.04003	10%-25% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	12	30.000	1.44	0.04003	10%-25% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	12	90.000	3.21	0.04003	10%-25% Below	Yes	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	9	18.000	0.30	0.03648	51%-75% Below	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	9	30.000	0.50	0.03648	51%-75% Below	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	9	30.000	1.44	0.03648	26%-50% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	9	30.000	1.49	0.03648	26%-50% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	10	26.000	0.43	0.03531	51%-75% Below	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	10	30.000	0.50	0.03531	51%-75% Below	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	10	30.000	1.44	0.03531	26%-50% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	10	30.000	1.49	0.03531	26%-50% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	11	30.000	0.49	0.0349	51%-75% Below	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	11	30.000	1.44	0.0349	26%-50% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	11	30.000	1.49	0.0349	26%-50% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	12	30.000	0.49	0.04003	51%-75% Below	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	12	30.000	1.44	0.04003	10%-25% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	12	30.000	1.49	0.04003	10%-25% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	10	30.000	1.73	0.02621	101%-200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	10	90.000	4.18	0.02621	76%-100% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	11	30.000	1.73	0.02764	101%-200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	12	30.000	1.73	0.02569	101%-200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	10	30.000	1.73	0.02621	101%-200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	10	30.000	1.77	0.02621	101%-200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	10	90.000	8.63	0.02621	200% Above	Yes	No
13668000905	CITALOPRAM HBR 10 MG TABLET	11	30.000	1.77	0.02764	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
13668000905	CITALOPRAM HBR 10 MG TABLET	11	30.000	1.77	0.02764	101%-200% Above	Yes	No
13668000905	CITALOPRAM HBR 10 MG TABLET	12	30.000	1.77	0.02569	101%-200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	12	30.000	1.77	0.02569	101%-200% Above	Yes	No
13668001001	CITALOPRAM HBR 20 MG TABLET	9	90.000	10.00	0.03155	200% Above	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	10	30.000	4.00	0.0324	200% Above	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	11	30.000	4.00	0.03109	200% Above	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	11	90.000	10.00	0.03109	200% Above	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	12	90.000	10.00	0.03212	200% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	9	90.000	3.35	0.03155	10%-25% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	10	30.000	1.45	0.0324	26%-50% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	10	90.000	3.53	0.0324	10%-25% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	11	30.000	0.54	0.03109	26%-50% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	11	90.000	19.85	0.03109	200% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	12	30.000	0.54	0.03212	26%-50% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	12	30.000	1.45	0.03212	26%-50% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	12	30.000	1.45	0.03212	26%-50% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	12	90.000	3.26	0.03212	10%-25% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	12	90.000	19.85	0.03212	200% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	9	30.000	4.00	0.0438	200% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	10	30.000	4.00	0.04499	101%-200% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	11	30.000	4.00	0.04556	101%-200% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	12	30.000	4.00	0.0442	200% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	9	30.000	0.71	0.0438	26%-50% Below	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	9	30.000	1.65	0.0438	10%-25% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	9	90.000	2.55	0.0438	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
13668001105	CITALOPRAM HBR 40 MG TABLET	9	90.000	6.19	0.0438	51%-75% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	10	30.000	0.71	0.04499	26%-50% Below	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	11	30.000	0.71	0.04556	26%-50% Below	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	11	30.000	1.65	0.04556	10%-25% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	12	30.000	0.71	0.0442	26%-50% Below	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	12	30.000	1.65	0.0442	10%-25% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	12	90.000	2.55	0.0442	26%-50% Below	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	12	90.000	5.34	0.0442	26%-50% Above	Yes	No
13668004905	LAMOTRIGINE 200 MG TABLET	9	360.000	33.37	0.07961	10%-25% Above	No	No
13668007990	MONTELUKAST SOD 4 MG TAB CHEW	9	30.000	11.11	0.0854	200% Above	No	No
13668007990	MONTELUKAST SOD 4 MG TAB CHEW	12	30.000	11.11	0.08335	200% Above	No	No
13668008105	MONTELUKAST SOD 10 MG TABLET	9	30.000	7.09	0.06484	200% Above	No	No
13668008105	MONTELUKAST SOD 10 MG TABLET	10	30.000	7.09	0.06442	200% Above	No	No
13668008105	MONTELUKAST SOD 10 MG TABLET	12	30.000	7.09	0.06787	200% Above	No	No
13668008190	MONTELUKAST SOD 10 MG TABLET	9	90.000	8.69	0.06484	26%-50% Above	Yes	No
13668008190	MONTELUKAST SOD 10 MG TABLET	9	90.000	10.00	0.06484	51%-75% Above	Yes	No
13668008190	MONTELUKAST SOD 10 MG TABLET	10	90.000	8.03	0.06442	26%-50% Above	Yes	No
13668008190	MONTELUKAST SOD 10 MG TABLET	11	90.000	7.49	0.06473	26%-50% Above	Yes	No
13668009190	PRAMIPEXOLE 0.125 MG TABLET	9	30.000	3.26	0.04546	101%-200% Above	No	No
13668009190	PRAMIPEXOLE 0.125 MG TABLET	11	30.000	3.26	0.05141	101%-200% Above	No	No
13668009190	PRAMIPEXOLE 0.125 MG TABLET	12	30.000	3.26	0.05197	101%-200% Above	No	No
13668009290	PRAMIPEXOLE 0.25 MG TABLET	9	180.000	0.02	0.04875	76%-100% Below	No	No
13668009490	PRAMIPEXOLE 1 MG TABLET	11	90.000	8.38	0.06888	26%-50% Above	No	No
13668009490	PRAMIPEXOLE 1 MG TABLET	11	90.000	14.91	0.06888	101%-200% Above	Yes	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	9	30.000	1.58	0.08392	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
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	9	60.000	8.00	0.08392	51%-75% Above	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	10	30.000	1.50	0.07693	26%-50% Below	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	10	60.000	8.00	0.07693	51%-75% Above	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	11	30.000	1.38	0.07572	26%-50% Below	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	12	30.000	1.36	0.0803	26%-50% Below	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	12	60.000	8.00	0.0803	51%-75% Above	No	No
13668010410	ISOSORBIDE MONONIT ER 30 MG TB	10	90.000	22.36	0.07693	200% Above	Yes	No
13668010410	ISOSORBIDE MONONIT ER 30 MG TB	11	90.000	22.36	0.07572	200% Above	Yes	No
13668010510	ISOSORBIDE MONONIT ER 60 MG TB	12	30.000	1.94	0.1081	26%-50% Below	Yes	No
13668011510	LOSARTAN POTASSIUM 100 MG TAB	9	90.000	12.73	0.06234	101%-200% Above	No	No
13668013501	ESCITALOPRAM 5 MG TABLET	10	90.000	18.53	0.04702	200% Above	Yes	No
13668013501	ESCITALOPRAM 5 MG TABLET	11	90.000	17.10	0.04928	200% Above	Yes	No
13668013501	ESCITALOPRAM 5 MG TABLET	12	30.000	0.74	0.04641	26%-50% Below	Yes	No
13668013501	ESCITALOPRAM 5 MG TABLET	12	90.000	10.22	0.04641	101%-200% Above	Yes	No
13668013510	ESCITALOPRAM 5 MG TABLET	12	30.000	3.74	0.04641	101%-200% Above	No	No
13668013601	ESCITALOPRAM 10 MG TABLET	9	30.000	0.84	0.04847	26%-50% Below	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	9	30.000	4.06	0.04847	101%-200% Above	No	No
13668013601	ESCITALOPRAM 10 MG TABLET	10	30.000	0.84	0.04783	26%-50% Below	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	10	30.000	3.75	0.04783	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	10	30.000	4.06	0.04783	101%-200% Above	No	No
13668013601	ESCITALOPRAM 10 MG TABLET	10	90.000	7.46	0.04783	51%-75% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	11	30.000	0.84	0.0462	26%-50% Below	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	11	30.000	3.75	0.0462	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	11	30.000	3.86	0.0462	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	11	30.000	4.06	0.0462	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
13668013601	ESCITALOPRAM 10 MG TABLET	12	30.000	0.84	0.04992	26%-50% Below	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	12	30.000	3.86	0.04992	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	12	90.000	6.97	0.04992	51%-75% Above	Yes	No
13668013610	ESCITALOPRAM 10 MG TABLET	10	30.000	3.86	0.04783	101%-200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	10	90.000	8.08	0.04783	76%-100% Above	Yes	No
13668013610	ESCITALOPRAM 10 MG TABLET	10	90.000	10.33	0.04783	101%-200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	11	60.000	7.23	0.0462	101%-200% Above	No	No
13668013701	ESCITALOPRAM 20 MG TABLET	9	90.000	9.19	0.08426	10%-25% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	9	90.000	12.57	0.08426	51%-75% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	10	90.000	12.57	0.07945	51%-75% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	11	30.000	1.44	0.08158	26%-50% Below	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	11	30.000	4.52	0.08158	76%-100% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	11	90.000	12.57	0.08158	51%-75% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	11	90.000	13.75	0.08158	76%-100% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	12	30.000	4.52	0.08877	51%-75% Above	Yes	No
13668014105	CLOPIDOGREL 75 MG TABLET	12	30.000	0.62	0.06454	51%-75% Below	No	No
13668017905	ROSUVASTATIN CALCIUM 5 MG TAB	12	90.000	1.56	0.04063	51%-75% Below	No	No
13668018005	ROSUVASTATIN CALCIUM 10 MG TAB	11	30.000	0.00	0.051	76%-100% Below	No	No
13668018005	ROSUVASTATIN CALCIUM 10 MG TAB	12	30.000	0.00	0.04732	76%-100% Below	No	No
13668018090	ROSUVASTATIN CALCIUM 10 MG TAB	9	30.000	0.95	0.05258	26%-50% Below	No	No
13668019030	TOLTERODINE TART ER 4 MG CAP	9	90.000	242.51	0.56488	200% Above	Yes	No
13668019030	TOLTERODINE TART ER 4 MG CAP	11	90.000	208.93	0.42737	200% Above	Yes	No
13668021630	ARIPIPRAZOLE 2 MG TABLET	11	30.000	0.30	0.15619	76%-100% Below	No	No
13668021630	ARIPIPRAZOLE 2 MG TABLET	11	90.000	592.71	0.15619	200% Above	No	No
13668021730	ARIPIPRAZOLE 5 MG TABLET	12	30.000	9.90	0.12546	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
13668021730	ARIPIRAZOLE 5 MG TABLET	12	30.000	384.69	0.12546	200% Above	No	No
13668021830	ARIPIRAZOLE 10 MG TABLET	9	30.000	6.62	0.1314	51%-75% Above	No	No
13668027101	CARBAMAZEPINE 100 MG TAB CHEW	10	60.000	9.10	0.25583	26%-50% Below	No	No
13668033005	TRAZODONE 50 MG TABLET	10	30.000	2.87	0.0348	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	11	30.000	2.87	0.03586	101%-200% Above	No	No
13668033205	TRAZODONE 150 MG TABLET	9	30.000	8.62	0.11703	101%-200% Above	No	No
13668033205	TRAZODONE 150 MG TABLET	12	60.000	14.90	0.11552	101%-200% Above	No	No
13668035330	NEBIVOLOL 2.5 MG TABLET	10	90.000	85.02	0.1396	200% Above	Yes	No
13668035330	NEBIVOLOL 2.5 MG TABLET	11	90.000	78.48	0.15976	200% Above	Yes	No
13668035430	NEBIVOLOL 5 MG TABLET	10	90.000	44.90	0.18686	101%-200% Above	Yes	No
13668035430	NEBIVOLOL 5 MG TABLET	12	90.000	10.89	0.22136	26%-50% Below	Yes	No
13668035530	NEBIVOLOL 10 MG TABLET	12	90.000	12.40	0.19804	26%-50% Below	Yes	No
13668040910	LOSARTAN POTASSIUM 50 MG TAB	9	30.000	3.09	0.04465	101%-200% Above	No	No
13668040910	LOSARTAN POTASSIUM 50 MG TAB	10	30.000	3.09	0.04293	101%-200% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	9	28.000	3.86	0.05797	101%-200% Above	No	No
13668043901	FENOFIBRATE 134 MG CAPSULE	11	30.000	6.90	0.13898	51%-75% Above	No	No
13668043901	FENOFIBRATE 134 MG CAPSULE	12	30.000	20.88	0.12894	200% Above	No	No
13668044205	CELECOXIB 200 MG CAPSULE	9	30.000	1.28	0.10817	51%-75% Below	No	No
13668044205	CELECOXIB 200 MG CAPSULE	10	30.000	4.90	0.10988	26%-50% Above	No	No
13668048201	MINOCYCLINE 50 MG CAPSULE	10	30.000	6.90	0.18217	26%-50% Above	No	No
13668048201	MINOCYCLINE 50 MG CAPSULE	11	30.000	6.90	0.18298	10%-25% Above	No	No
13668048201	MINOCYCLINE 50 MG CAPSULE	12	30.000	6.90	0.18881	10%-25% Above	No	No
13668048750	MINOCYCLINE HCL 100 MG TABLET	11	180.000	91.19	0.91211	26%-50% Below	Yes	No
13668059501	NYSTATIN 100,000 UNIT/GM CREAM	12	15.000	9.99	0.2153	200% Above	No	No
13668059502	NYSTATIN 100,000 UNIT/GM CREAM	10	30.000	4.90	0.14363	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
13811070610	METHYLPHENIDATE ER 18 MG TAB	10	30.000	17.61	0.71283	10%-25% Below	No	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	10	7.000	9.90	0.70317	101%-200% Above	No	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	10	30.000	0.00	0.70317	76%-100% Below	No	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	10	30.000	9.99	0.70317	51%-75% Below	No	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	10	30.000	14.55	0.70317	26%-50% Below	No	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	11	30.000	12.66	0.74948	26%-50% Below	No	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	11	30.000	12.67	0.74948	26%-50% Below	Yes	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	11	30.000	14.90	0.74948	26%-50% Below	No	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	12	30.000	12.67	0.82718	26%-50% Below	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	10	30.000	9.99	0.78729	51%-75% Below	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	10	30.000	14.87	0.78729	26%-50% Below	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	11	30.000	16.98	1.00028	26%-50% Below	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	12	30.000	14.87	1.00554	26%-50% Below	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	12	30.000	16.98	1.00554	26%-50% Below	No	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	9	30.000	13.57	0.71362	26%-50% Below	Yes	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	9	30.000	15.80	0.71362	26%-50% Below	No	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	10	30.000	13.57	0.74071	26%-50% Below	Yes	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	11	30.000	13.57	1.26757	51%-75% Below	Yes	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	12	30.000	13.57	1.07655	51%-75% Below	Yes	No
13811071530	VENLAFAXINE HCL ER 225 MG TAB	9	90.000	746.41	0.66528	200% Above	Yes	No
13811071530	VENLAFAXINE HCL ER 225 MG TAB	12	90.000	643.05	1.20742	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	9	20.000	14.90	0.49864	26%-50% Above	No	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	11	14.000	9.90	0.51006	26%-50% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	12	10.000	9.90	0.5568	76%-100% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	12	14.000	9.90	0.5568	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
13811071910	NITROFURANTOIN MONO-MCR 100 MG	12	20.000	9.90	0.5568	10%-25% Below	Yes	No
13925016604	PREDNISOLONE 5 MG/5 ML SOLN	9	50.000	15.07	0.58498	26%-50% Below	Yes	No
13925016604	PREDNISOLONE 5 MG/5 ML SOLN	10	50.000	15.07	0.58498	26%-50% Below	Yes	No
14539067306	DIFLUNISAL 500 MG TABLET	11	10.000	6.54	1.14717	26%-50% Below	No	No
14539067306	DIFLUNISAL 500 MG TABLET	12	10.000	6.90	1.14717	26%-50% Below	No	No
14539067405	HYDROXYZINE PAM 25 MG CAP	11	60.000	2.26	0.07776	51%-75% Below	No	No
14539067405	HYDROXYZINE PAM 25 MG CAP	12	60.000	2.26	0.07202	26%-50% Below	No	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	9	30.000	1.56	0.09354	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	9	30.000	5.47	0.09354	76%-100% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	9	40.000	7.52	0.09354	76%-100% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	9	60.000	3.13	0.09354	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	9	60.000	6.90	0.09354	10%-25% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	9	60.000	9.90	0.09354	76%-100% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	9	60.000	10.45	0.09354	76%-100% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	10	30.000	1.56	0.09223	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	10	60.000	3.13	0.09223	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	10	60.000	6.90	0.09223	10%-25% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	10	60.000	9.90	0.09223	76%-100% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	10	180.000	11.83	0.09223	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	10	180.000	29.28	0.09223	76%-100% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	11	30.000	1.56	0.09082	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	11	60.000	6.90	0.09082	26%-50% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	11	180.000	11.03	0.09082	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	11	180.000	11.83	0.09082	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	12	30.000	1.56	0.0971	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
16571020106	DICLOFENAC SOD EC 75 MG TAB	12	60.000	3.13	0.0971	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	12	60.000	6.90	0.0971	10%-25% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	12	180.000	29.84	0.0971	51%-75% Above	Yes	No
16571020110	DICLOFENAC SOD EC 75 MG TAB	9	14.000	2.32	0.09354	76%-100% Above	No	No
16571020110	DICLOFENAC SOD EC 75 MG TAB	10	60.000	12.07	0.09223	101%-200% Above	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	9	60.000	9.90	0.09354	76%-100% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	9	180.000	29.37	0.09354	51%-75% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	12	30.000	5.56	0.0971	76%-100% Above	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	9	180.000	43.83	0.09819	101%-200% Above	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	10	180.000	20.29	0.09297	10%-25% Above	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	11	14.000	0.80	0.09276	26%-50% Below	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	12	60.000	4.90	0.09812	10%-25% Below	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	12	110.000	26.98	0.09812	101%-200% Above	Yes	No
16571040110	CETIRIZINE HCL 5 MG TABLET	10	90.000	5.59	0.05523	10%-25% Above	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	9	30.000	1.13	0.06707	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	9	30.000	1.80	0.06707	10%-25% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	9	90.000	2.25	0.06707	51%-75% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	10	9.000	0.34	0.06548	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	10	30.000	1.13	0.06548	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	10	90.000	2.08	0.06548	51%-75% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	10	90.000	2.25	0.06548	51%-75% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	10	90.000	4.39	0.06548	10%-25% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	11	30.000	1.13	0.0701	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	11	30.000	1.80	0.0701	10%-25% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	11	30.000	4.00	0.0701	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
16571040250	CETIRIZINE HCL 10 MG TABLET	11	90.000	4.39	0.0701	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	12	10.000	0.00	0.06248	76%-100% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	12	30.000	4.00	0.06248	101%-200% Above	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	12	90.000	1.94	0.06248	51%-75% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	12	90.000	4.61	0.06248	10%-25% Below	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	9	14.000	0.99	0.15205	51%-75% Below	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	10	14.000	2.47	0.15515	10%-25% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	10	20.000	3.42	0.15515	10%-25% Above	No	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	11	14.000	0.99	0.16032	51%-75% Below	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	11	14.000	2.47	0.16032	10%-25% Above	No	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	11	14.000	2.47	0.16032	10%-25% Above	Yes	No
16571066101	MECLIZINE 25 MG TABLET	10	60.000	4.03	0.09569	26%-50% Below	Yes	No
16571066101	MECLIZINE 25 MG TABLET	11	20.000	1.61	0.11465	26%-50% Below	Yes	No
16571066101	MECLIZINE 25 MG TABLET	11	60.000	4.03	0.11465	26%-50% Below	Yes	No
16571066101	MECLIZINE 25 MG TABLET	12	60.000	4.03	0.09729	26%-50% Below	Yes	No
16571066110	MECLIZINE 25 MG TABLET	11	90.000	5.50	0.11465	26%-50% Below	No	No
16571066110	MECLIZINE 25 MG TABLET	12	30.000	2.17	0.09729	10%-25% Below	No	No
16571066401	METRONIDAZOLE 500 MG TABLET	9	42.000	6.90	0.11994	26%-50% Above	No	No
16571066401	METRONIDAZOLE 500 MG TABLET	10	14.000	6.12	0.12576	200% Above	No	No
16571066401	METRONIDAZOLE 500 MG TABLET	12	30.000	2.35	0.13017	26%-50% Below	No	No
16571066450	METRONIDAZOLE 500 MG TABLET	9	14.000	4.90	0.11994	101%-200% Above	No	No
16571066450	METRONIDAZOLE 500 MG TABLET	10	30.000	2.16	0.12576	26%-50% Below	No	No
16571066450	METRONIDAZOLE 500 MG TABLET	11	10.000	4.03	0.13048	200% Above	No	No
16571066450	METRONIDAZOLE 500 MG TABLET	11	14.000	8.51	0.13048	200% Above	No	No
16571066450	METRONIDAZOLE 500 MG TABLET	12	21.000	6.51	0.13017	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	12	30.000	2.35	0.13017	26%-50% Below	No	No
16571069803	LANSOPRAZOLE DR 30 MG CAPSULE	10	30.000	4.90	0.1104	26%-50% Above	No	No
16571071601	TRAMADOL HCL 50 MG TABLET	9	7.000	0.64	0.02747	200% Above	No	No
16571071650	TRAMADOL HCL 50 MG TABLET	12	90.000	1.82	0.03534	26%-50% Below	No	No
16571075501	ESCITALOPRAM 5 MG TABLET	12	30.000	3.63	0.04641	101%-200% Above	No	No
16571077550	GLIMEPIRIDE 4 MG TABLET	9	28.000	6.80	0.03913	200% Above	No	No
16571077550	GLIMEPIRIDE 4 MG TABLET	9	30.000	7.25	0.03913	200% Above	No	No
16571077550	GLIMEPIRIDE 4 MG TABLET	10	28.000	6.80	0.04155	200% Above	No	No
16571077550	GLIMEPIRIDE 4 MG TABLET	10	30.000	7.25	0.04155	200% Above	No	No
16571077550	GLIMEPIRIDE 4 MG TABLET	11	28.000	6.80	0.053	200% Above	No	No
16571077550	GLIMEPIRIDE 4 MG TABLET	11	30.000	7.25	0.053	200% Above	No	No
16571077550	GLIMEPIRIDE 4 MG TABLET	11	180.000	29.90	0.053	200% Above	No	No
16571077550	GLIMEPIRIDE 4 MG TABLET	12	28.000	6.80	0.03762	200% Above	No	No
16571077550	GLIMEPIRIDE 4 MG TABLET	12	30.000	7.25	0.03762	200% Above	No	No
16571077809	DONEPEZIL HCL 5 MG TABLET	9	15.000	1.06	0.04059	51%-75% Above	No	No
16571077809	DONEPEZIL HCL 5 MG TABLET	10	15.000	1.06	0.03992	76%-100% Above	No	No
16571078101	CARISOPRODOL 350 MG TABLET	11	90.000	4.90	0.07768	26%-50% Below	Yes	No
16571082201	LORATADINE 10 MG TABLET	10	90.000	3.90	0.05836	10%-25% Below	No	No
16571082230	LORATADINE 10 MG TABLET	9	30.000	0.93	0.05892	26%-50% Below	No	No
16571082230	LORATADINE 10 MG TABLET	10	30.000	0.93	0.05836	26%-50% Below	No	No
16571082230	LORATADINE 10 MG TABLET	11	30.000	0.93	0.05749	26%-50% Below	No	No
16571082230	LORATADINE 10 MG TABLET	11	90.000	4.46	0.05749	10%-25% Below	No	No
16571082230	LORATADINE 10 MG TABLET	12	7.000	0.10	0.06067	76%-100% Below	No	No
16571082230	LORATADINE 10 MG TABLET	12	30.000	0.93	0.06067	26%-50% Below	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	9	30.000	15.00	0.10136	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
16571086203	BUPROPION HCL XL 150 MG TABLET	10	30.000	15.00	0.10476	200% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	12	90.000	38.00	0.11369	200% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	12	30.000	32.40	0.17922	200% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	12	90.000	29.90	0.17922	76%-100% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	12	90.000	29.99	0.17922	76%-100% Above	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	9	60.000	0.01	0.04077	76%-100% Below	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	9	90.000	4.74	0.04077	26%-50% Above	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	9	90.000	4.89	0.04077	26%-50% Above	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	9	360.000	17.19	0.04077	10%-25% Above	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	10	30.000	1.97	0.04095	51%-75% Above	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	10	60.000	0.01	0.04095	76%-100% Below	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	11	60.000	0.01	0.04341	76%-100% Below	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	11	270.000	8.83	0.04341	10%-25% Below	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	12	360.000	11.57	0.04443	26%-50% Below	No	No
16714001001	ISOSORBIDE DINITRATE 30 MG TAB	12	21.000	4.27	0.43976	51%-75% Below	No	No
16714001001	ISOSORBIDE DINITRATE 30 MG TAB	12	90.000	18.32	0.43976	51%-75% Below	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	9	20.000	9.40	0.29889	51%-75% Above	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	10	20.000	3.33	0.33189	26%-50% Below	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	11	14.000	2.47	0.32659	26%-50% Below	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	12	14.000	5.56	0.35641	10%-25% Above	No	No
16714003501	LEVETIRACETAM 500 MG TABLET	10	180.000	9.90	0.09479	26%-50% Below	No	No
16714003501	LEVETIRACETAM 500 MG TABLET	11	180.000	9.90	0.08873	26%-50% Below	No	No
16714004107	ALLOPURINOL 100 MG TABLET	9	30.000	6.22	0.05071	200% Above	No	No
16714004211	ALLOPURINOL 300 MG TABLET	9	30.000	4.90	0.07487	101%-200% Above	No	No
16714004211	ALLOPURINOL 300 MG TABLET	10	30.000	4.90	0.07133	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
16714004501	VENLAFAXINE HCL ER 150 MG CAP	10	30.000	4.90	0.14823	10%-25% Above	No	No
16714005203	CLOPIDOGREL 75 MG TABLET	11	90.000	9.36	0.06492	51%-75% Above	No	No
16714005901	FEBUXOSTAT 40 MG TABLET	9	30.000	9.99	0.55154	26%-50% Below	No	No
16714007204	BACLOFEN 20 MG TABLET	10	90.000	3.43	0.07312	26%-50% Below	No	No
16714007601	TADALAFIL 10 MG TABLET	9	18.000	9.90	0.35323	51%-75% Above	No	No
16714008210	HYDROXYZINE HCL 25 MG TABLET	10	30.000	2.91	0.0413	101%-200% Above	No	No
16714008210	HYDROXYZINE HCL 25 MG TABLET	12	3.000	0.74	0.04686	200% Above	No	No
16714008211	HYDROXYZINE HCL 25 MG TABLET	9	30.000	2.41	0.04383	76%-100% Above	No	No
16714008211	HYDROXYZINE HCL 25 MG TABLET	10	30.000	2.41	0.0413	76%-100% Above	No	No
16714008211	HYDROXYZINE HCL 25 MG TABLET	11	30.000	2.41	0.04785	51%-75% Above	No	No
16714008211	HYDROXYZINE HCL 25 MG TABLET	11	30.000	2.91	0.04785	101%-200% Above	No	No
16714008211	HYDROXYZINE HCL 25 MG TABLET	12	30.000	2.41	0.04686	51%-75% Above	No	No
16714008212	HYDROXYZINE HCL 25 MG TABLET	10	60.000	4.90	0.0413	76%-100% Above	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	10	60.000	2.42	0.06546	26%-50% Below	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	11	60.000	2.29	0.07247	26%-50% Below	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	12	60.000	2.29	0.07167	26%-50% Below	No	No
16714008502	SPIRONOLACTONE 50 MG TABLET	10	30.000	4.90	0.10329	51%-75% Above	No	No
16714008502	SPIRONOLACTONE 50 MG TABLET	11	30.000	4.90	0.11508	26%-50% Above	No	No
16714010102	GEMFIBROZIL 600 MG TABLET	9	60.000	5.51	0.10204	10%-25% Below	No	No
16714010102	GEMFIBROZIL 600 MG TABLET	9	120.000	11.02	0.10204	10%-25% Below	No	No
16714011001	HYDROXYCHLOROQUINE 200 MG TAB	9	90.000	29.90	0.20755	51%-75% Above	No	No
16714011001	HYDROXYCHLOROQUINE 200 MG TAB	10	60.000	6.58	0.17883	26%-50% Below	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	10	30.000	5.28	0.0541	200% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	10	90.000	12.40	0.0541	101%-200% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	11	30.000	4.90	0.05603	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
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	11	30.000	5.28	0.05603	200% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	12	30.000	5.28	0.05549	200% Above	No	No
16714012303	OMEPRAZOLE DR 40 MG CAPSULE	9	30.000	0.79	0.05567	51%-75% Below	No	No
16714012303	OMEPRAZOLE DR 40 MG CAPSULE	9	30.000	3.88	0.05567	101%-200% Above	No	No
16714012303	OMEPRAZOLE DR 40 MG CAPSULE	9	30.000	4.90	0.05567	101%-200% Above	No	No
16714012303	OMEPRAZOLE DR 40 MG CAPSULE	10	30.000	1.06	0.0541	26%-50% Below	No	No
16714012303	OMEPRAZOLE DR 40 MG CAPSULE	10	30.000	4.90	0.0541	200% Above	No	No
16714012303	OMEPRAZOLE DR 40 MG CAPSULE	11	30.000	4.90	0.05603	101%-200% Above	No	No
16714012303	OMEPRAZOLE DR 40 MG CAPSULE	11	90.000	12.40	0.05603	101%-200% Above	No	No
16714012303	OMEPRAZOLE DR 40 MG CAPSULE	12	30.000	0.79	0.05549	51%-75% Below	No	No
16714012303	OMEPRAZOLE DR 40 MG CAPSULE	12	30.000	4.90	0.05549	101%-200% Above	No	No
16714012303	OMEPRAZOLE DR 40 MG CAPSULE	12	90.000	12.40	0.05549	101%-200% Above	No	No
16714013301	DOXEPIN 25 MG CAPSULE	11	30.000	4.90	0.20986	10%-25% Below	No	No
16714013301	DOXEPIN 25 MG CAPSULE	12	30.000	4.90	0.19587	10%-25% Below	No	No
16714015503	NORETH-EE-FE 1-0.02(24)-75 CAP	9	84.000	57.27	1.11915	26%-50% Below	No	No
16714015503	NORETH-EE-FE 1-0.02(24)-75 CAP	11	84.000	55.35	1.52735	51%-75% Below	No	No
16714015801	PROGESTERONE 200 MG CAPSULE	9	30.000	9.90	0.5251	26%-50% Below	No	No
16714015801	PROGESTERONE 200 MG CAPSULE	11	10.000	9.90	0.47759	101%-200% Above	No	No
16714015801	PROGESTERONE 200 MG CAPSULE	12	10.000	9.90	0.41077	101%-200% Above	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	9	12.000	0.43	0.06805	26%-50% Below	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	10	18.000	0.64	0.06501	26%-50% Below	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	12	18.000	0.64	0.06836	26%-50% Below	No	No
16714016001	ONDANSETRON HCL 8 MG TABLET	9	18.000	6.90	0.09734	200% Above	No	No
16714016001	ONDANSETRON HCL 8 MG TABLET	12	10.000	0.58	0.09748	26%-50% Below	No	No
16714016525	CYANOCOBALAMIN 1,000 MCG/ML VL	10	4.000	7.37	2.58423	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
16714016525	CYANOCOBALAMIN 1,000 MCG/ML VL	11	3.000	5.53	2.52262	26%-50% Below	No	No
16714016525	CYANOCOBALAMIN 1,000 MCG/ML VL	11	6.000	11.05	2.52262	26%-50% Below	No	No
16714016525	CYANOCOBALAMIN 1,000 MCG/ML VL	12	1.000	1.84	2.46915	10%-25% Below	No	No
16714017202	TIZANIDINE HCL 4 MG TABLET	9	20.000	0.98	0.04289	10%-25% Above	No	No
16714017202	TIZANIDINE HCL 4 MG TABLET	9	90.000	2.31	0.04289	26%-50% Below	No	No
16714017202	TIZANIDINE HCL 4 MG TABLET	10	90.000	2.27	0.0351	26%-50% Below	No	No
16714017202	TIZANIDINE HCL 4 MG TABLET	10	180.000	4.54	0.0351	26%-50% Below	No	No
16714017202	TIZANIDINE HCL 4 MG TABLET	11	90.000	1.90	0.04204	26%-50% Below	No	No
16714017301	ATORVASTATIN 10 MG TABLET	9	90.000	1.05	0.03114	51%-75% Below	No	No
16714017301	ATORVASTATIN 10 MG TABLET	11	90.000	11.03	0.03119	200% Above	No	No
16714017301	ATORVASTATIN 10 MG TABLET	12	90.000	0.58	0.03161	76%-100% Below	No	No
16714017303	ATORVASTATIN 10 MG TABLET	9	30.000	0.35	0.03114	51%-75% Below	No	No
16714017303	ATORVASTATIN 10 MG TABLET	10	30.000	0.35	0.03066	51%-75% Below	No	No
16714017303	ATORVASTATIN 10 MG TABLET	10	90.000	1.05	0.03066	51%-75% Below	No	No
16714017303	ATORVASTATIN 10 MG TABLET	11	30.000	0.19	0.03119	76%-100% Below	No	No
16714017303	ATORVASTATIN 10 MG TABLET	12	30.000	0.19	0.03161	76%-100% Below	No	No
16714017401	ATORVASTATIN 20 MG TABLET	10	90.000	13.62	0.03755	200% Above	No	No
16714017402	ATORVASTATIN 20 MG TABLET	12	90.000	0.86	0.03918	51%-75% Below	No	No
16714017403	ATORVASTATIN 20 MG TABLET	9	30.000	0.58	0.04061	51%-75% Below	No	No
16714017403	ATORVASTATIN 20 MG TABLET	10	90.000	1.75	0.03755	26%-50% Below	No	No
16714017403	ATORVASTATIN 20 MG TABLET	11	90.000	0.86	0.04007	76%-100% Below	No	No
16714017501	ATORVASTATIN 40 MG TABLET	9	30.000	4.89	0.05653	101%-200% Above	No	No
16714017501	ATORVASTATIN 40 MG TABLET	11	90.000	13.66	0.06103	101%-200% Above	No	No
16714017503	ATORVASTATIN 40 MG TABLET	9	30.000	0.83	0.05653	51%-75% Below	No	No
16714017503	ATORVASTATIN 40 MG TABLET	9	90.000	13.64	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
16714017503	ATORVASTATIN 40 MG TABLET	10	30.000	0.83	0.05376	26%-50% Below	No	No
16714017503	ATORVASTATIN 40 MG TABLET	10	90.000	13.64	0.05376	101%-200% Above	No	No
16714017503	ATORVASTATIN 40 MG TABLET	11	30.000	0.41	0.06103	76%-100% Below	No	No
16714017503	ATORVASTATIN 40 MG TABLET	11	90.000	12.40	0.06103	101%-200% Above	No	No
16714017503	ATORVASTATIN 40 MG TABLET	12	90.000	13.64	0.0579	101%-200% Above	No	No
16714017601	ATORVASTATIN 80 MG TABLET	11	90.000	15.74	0.09192	76%-100% Above	No	No
16714017602	ATORVASTATIN 80 MG TABLET	9	30.000	1.17	0.09096	51%-75% Below	No	No
16714017602	ATORVASTATIN 80 MG TABLET	10	30.000	1.17	0.08531	51%-75% Below	No	No
16714017602	ATORVASTATIN 80 MG TABLET	11	30.000	0.84	0.09192	51%-75% Below	No	No
16714017602	ATORVASTATIN 80 MG TABLET	12	30.000	0.72	0.08859	51%-75% Below	No	No
16714017602	ATORVASTATIN 80 MG TABLET	12	90.000	2.16	0.08859	51%-75% Below	No	No
16714018102	PAROXETINE HCL 10 MG TABLET	9	90.000	7.33	0.06971	10%-25% Above	No	No
16714018102	PAROXETINE HCL 10 MG TABLET	10	90.000	7.33	0.06781	10%-25% Above	No	No
16714018202	PAROXETINE HCL 20 MG TABLET	11	90.000	7.54	0.06885	10%-25% Above	No	No
16714018204	PAROXETINE HCL 20 MG TABLET	10	90.000	7.78	0.06934	10%-25% Above	No	No
16714019401	LAMOTRIGINE 25 MG TABLET	9	90.000	4.77	0.03029	51%-75% Above	No	No
16714019501	LAMOTRIGINE 100 MG TABLET	9	90.000	6.23	0.05177	26%-50% Above	No	No
16714019501	LAMOTRIGINE 100 MG TABLET	12	90.000	6.23	0.05124	26%-50% Above	No	No
16714019501	LAMOTRIGINE 100 MG TABLET	12	180.000	11.97	0.05124	26%-50% Above	No	No
16714019601	LAMOTRIGINE 150 MG TABLET	11	90.000	7.25	0.07151	10%-25% Above	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	9	15.000	27.05	0.18262	200% Above	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	9	18.000	32.46	0.18262	200% Above	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	9	18.000	105.93	0.18262	200% Above	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	11	10.000	2.60	0.1911	26%-50% Above	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	12	18.000	1.82	0.20517	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
16714020030	ONDANSETRON ODT 4 MG TABLET	12	18.000	4.42	0.20517	10%-25% Above	No	No
16714020130	ONDANSETRON ODT 8 MG TABLET	9	18.000	5.59	0.19804	51%-75% Above	No	No
16714020130	ONDANSETRON ODT 8 MG TABLET	10	18.000	5.90	0.19708	51%-75% Above	No	No
16714020130	ONDANSETRON ODT 8 MG TABLET	11	15.000	5.00	0.21807	51%-75% Above	No	No
16714020130	ONDANSETRON ODT 8 MG TABLET	11	18.000	5.59	0.21807	26%-50% Above	No	No
16714025701	AMITRIPTYLINE HCL 10 MG TAB	9	30.000	3.83	0.04195	200% Above	No	No
16714025701	AMITRIPTYLINE HCL 10 MG TAB	11	90.000	10.48	0.04651	101%-200% Above	No	No
16714029401	AMOX-CLAV 600-42.9 MG/5 ML SUS	10	150.000	9.90	0.10807	26%-50% Below	No	No
16714029401	AMOX-CLAV 600-42.9 MG/5 ML SUS	12	150.000	6.02	0.07731	26%-50% Below	No	No
16714029401	AMOX-CLAV 600-42.9 MG/5 ML SUS	12	150.000	9.90	0.07731	10%-25% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	10	15.000	0.73	0.10233	51%-75% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	11	4.000	0.76	0.08296	101%-200% Above	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	11	14.000	0.68	0.08296	26%-50% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	12	15.000	0.70	0.1005	51%-75% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	12	30.000	1.46	0.1005	51%-75% Below	No	No
16714034604	DASETTA 7/7/7-28 TABLET	9	28.000	3.81	0.28298	51%-75% Below	No	No
16714034604	DASETTA 7/7/7-28 TABLET	10	28.000	4.09	0.35121	51%-75% Below	No	No
16714034604	DASETTA 7/7/7-28 TABLET	11	28.000	4.09	0.29002	26%-50% Below	No	No
16714034604	DASETTA 7/7/7-28 TABLET	12	28.000	4.06	0.31634	51%-75% Below	No	No
16714034804	DASETTA 1-35-28 TABLET	9	28.000	3.93	0.29071	51%-75% Below	No	No
16714034804	DASETTA 1-35-28 TABLET	10	28.000	3.93	0.27386	26%-50% Below	No	No
16714034804	DASETTA 1-35-28 TABLET	11	28.000	3.88	0.27829	26%-50% Below	No	No
16714034804	DASETTA 1-35-28 TABLET	12	28.000	3.91	0.29727	51%-75% Below	No	No
16714034804	DASETTA 1-35-28 TABLET	12	28.000	3.95	0.29727	51%-75% Below	No	No
16714036004	MONO-LINYAH 28 TABLET	9	84.000	24.93	0.12775	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
16714036301	TRI-LINYAH TABLET	9	28.000	2.35	0.1413	26%-50% Below	No	No
16714036304	TRI-LINYAH TABLET	10	28.000	2.37	0.13593	26%-50% Below	No	No
16714036304	TRI-LINYAH TABLET	11	28.000	2.37	0.14325	26%-50% Below	No	No
16714036304	TRI-LINYAH TABLET	12	28.000	2.41	0.13298	26%-50% Below	No	No
16714036504	ELINEST-28 TABLET	11	84.000	0.84	0.37714	76%-100% Below	No	No
16714040001	CEFUROXIME AXETIL 250 MG TAB	10	20.000	9.90	0.31143	51%-75% Above	No	No
16714040604	LARIN FE 1-20 TABLET	9	28.000	1.58	0.16004	51%-75% Below	No	No
16714040604	LARIN FE 1-20 TABLET	9	28.000	2.06	0.16004	51%-75% Below	No	No
16714040604	LARIN FE 1-20 TABLET	9	84.000	6.17	0.16004	51%-75% Below	No	No
16714040604	LARIN FE 1-20 TABLET	9	84.000	20.98	0.16004	51%-75% Above	No	No
16714040604	LARIN FE 1-20 TABLET	10	28.000	2.06	0.15303	51%-75% Below	No	No
16714040604	LARIN FE 1-20 TABLET	10	28.000	6.99	0.15303	51%-75% Above	No	No
16714040604	LARIN FE 1-20 TABLET	10	84.000	6.17	0.15303	51%-75% Below	No	No
16714040604	LARIN FE 1-20 TABLET	11	28.000	0.28	0.13966	76%-100% Below	No	No
16714040604	LARIN FE 1-20 TABLET	11	28.000	2.04	0.13966	26%-50% Below	No	No
16714040604	LARIN FE 1-20 TABLET	11	84.000	6.14	0.13966	26%-50% Below	No	No
16714040604	LARIN FE 1-20 TABLET	11	84.000	6.17	0.13966	26%-50% Below	No	No
16714040604	LARIN FE 1-20 TABLET	12	28.000	2.05	0.17095	51%-75% Below	No	No
16714040604	LARIN FE 1-20 TABLET	12	28.000	9.12	0.17095	76%-100% Above	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	9	14.000	3.59	0.49864	26%-50% Below	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	9	60.000	14.45	0.49864	51%-75% Below	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	10	14.000	3.74	0.52826	26%-50% Below	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	10	14.000	21.96	0.52826	101%-200% Above	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	10	60.000	15.63	0.52826	26%-50% Below	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	11	14.000	4.90	0.51006	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
16714043901	NITROFURANTOIN MONO-MCR 100 MG	11	14.000	21.96	0.51006	200% Above	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	12	14.000	3.74	0.5568	51%-75% Below	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	12	14.000	9.90	0.5568	26%-50% Above	No	No
16714043901	NITROFURANTOIN MONO-MCR 100 MG	12	20.000	9.90	0.5568	10%-25% Below	No	No
16714044401	ENALAPRIL MALEATE 10 MG TAB	12	60.000	3.28	0.09624	26%-50% Below	No	No
16714046404	JULEBER 28 DAY TABLET	10	28.000	1.70	0.15085	51%-75% Below	No	No
16714046404	JULEBER 28 DAY TABLET	11	28.000	1.70	0.17536	51%-75% Below	No	No
16714046404	JULEBER 28 DAY TABLET	12	28.000	1.69	0.17463	51%-75% Below	No	No
16714049601	CLOTRIMAZOLE-BETAMETHASONE CRM	9	30.000	13.50	0.22205	101%-200% Above	No	No
16714049601	CLOTRIMAZOLE-BETAMETHASONE CRM	11	15.000	6.90	0.22611	101%-200% Above	No	No
16714055901	PRAVASTATIN SODIUM 20 MG TAB	10	30.000	4.90	0.05865	101%-200% Above	No	No
16714055901	PRAVASTATIN SODIUM 20 MG TAB	11	90.000	3.00	0.07114	51%-75% Below	No	No
16714056701	DEXMETHYLPHENIDATE ER 30 MG CP	9	30.000	29.03	1.71041	26%-50% Below	No	No
16714056701	DEXMETHYLPHENIDATE ER 30 MG CP	10	30.000	29.23	2.32773	51%-75% Below	No	No
16714057601	ALLOPURINOL 100 MG TABLET	9	30.000	6.80	0.05071	200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	11	30.000	6.80	0.05009	200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	11	90.000	12.40	0.05009	101%-200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	12	30.000	6.80	0.05129	200% Above	No	No
16714057603	ALLOPURINOL 100 MG TABLET	12	30.000	4.90	0.05129	200% Above	No	No
16714057604	ALLOPURINOL 100 MG TABLET	10	30.000	0.86	0.04922	26%-50% Below	No	No
16714057604	ALLOPURINOL 100 MG TABLET	10	30.000	6.90	0.04922	200% Above	No	No
16714057604	ALLOPURINOL 100 MG TABLET	11	30.000	0.86	0.05009	26%-50% Below	No	No
16714057604	ALLOPURINOL 100 MG TABLET	11	30.000	4.90	0.05009	200% Above	No	No
16714057604	ALLOPURINOL 100 MG TABLET	11	30.000	6.90	0.05009	200% Above	No	No
16714057604	ALLOPURINOL 100 MG TABLET	12	30.000	0.85	0.05129	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
16714057702	ALLOPURINOL 300 MG TABLET	9	30.000	1.43	0.07487	26%-50% Below	No	No
16714057702	ALLOPURINOL 300 MG TABLET	9	30.000	6.90	0.07487	200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	10	30.000	1.35	0.07133	26%-50% Below	No	No
16714057702	ALLOPURINOL 300 MG TABLET	10	30.000	6.90	0.07133	200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	11	30.000	1.28	0.07457	26%-50% Below	No	No
16714057702	ALLOPURINOL 300 MG TABLET	11	30.000	6.90	0.07457	200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	12	30.000	1.28	0.07441	26%-50% Below	No	No
16714057702	ALLOPURINOL 300 MG TABLET	12	30.000	6.90	0.07441	200% Above	No	No
16714061101	SERTRALINE HCL 25 MG TABLET	12	30.000	2.27	0.03555	101%-200% Above	No	No
16714061204	SERTRALINE HCL 50 MG TABLET	11	90.000	4.68	0.04109	26%-50% Above	No	No
16714061205	SERTRALINE HCL 50 MG TABLET	9	30.000	1.89	0.04068	51%-75% Above	No	No
16714061205	SERTRALINE HCL 50 MG TABLET	10	90.000	4.68	0.04057	26%-50% Above	No	No
16714061205	SERTRALINE HCL 50 MG TABLET	12	90.000	4.68	0.04404	10%-25% Above	No	No
16714061304	SERTRALINE HCL 100 MG TABLET	10	180.000	14.25	0.05587	26%-50% Above	No	No
16714061304	SERTRALINE HCL 100 MG TABLET	12	90.000	7.38	0.05672	26%-50% Above	No	No
16714061305	SERTRALINE HCL 100 MG TABLET	9	180.000	12.40	0.05802	10%-25% Above	No	No
16714061305	SERTRALINE HCL 100 MG TABLET	10	30.000	2.88	0.05587	51%-75% Above	No	No
16714061305	SERTRALINE HCL 100 MG TABLET	11	30.000	2.88	0.05593	51%-75% Above	No	No
16714061305	SERTRALINE HCL 100 MG TABLET	12	30.000	2.88	0.05672	51%-75% Above	No	No
16714061305	SERTRALINE HCL 100 MG TABLET	12	180.000	12.40	0.05672	10%-25% Above	No	No
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	9	30.000	1.40	0.03648	26%-50% Above	No	No
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	10	30.000	1.40	0.03531	26%-50% Above	No	No
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	11	30.000	1.40	0.0349	26%-50% Above	No	No
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	12	30.000	1.40	0.04003	10%-25% Above	No	No
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	12	30.000	45.13	0.04003	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
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	9	30.000	0.94	0.03648	10%-25% Below	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	9	30.000	1.40	0.03648	26%-50% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	9	30.000	1.44	0.03648	26%-50% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	10	30.000	1.44	0.03531	26%-50% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	11	30.000	1.44	0.0349	26%-50% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	12	30.000	1.44	0.04003	10%-25% Above	No	No
16714063301	ALENDRONATE SODIUM 70 MG TAB	9	12.000	6.62	0.28053	76%-100% Above	No	No
16714063301	ALENDRONATE SODIUM 70 MG TAB	12	12.000	6.62	0.31865	51%-75% Above	No	No
16714063403	OMEPRAZOLE DR 20 MG CAPSULE	9	30.000	2.48	0.03461	101%-200% Above	No	No
16714063403	OMEPRAZOLE DR 20 MG CAPSULE	10	30.000	2.48	0.03293	101%-200% Above	No	No
16714063403	OMEPRAZOLE DR 20 MG CAPSULE	11	30.000	2.48	0.03547	101%-200% Above	No	No
16714063403	OMEPRAZOLE DR 20 MG CAPSULE	12	30.000	2.48	0.03315	101%-200% Above	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	10	90.000	1.43	0.02469	26%-50% Below	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	10	90.000	1.72	0.02469	10%-25% Below	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	11	30.000	0.91	0.02755	10%-25% Above	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	11	90.000	1.27	0.02755	26%-50% Below	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	11	90.000	1.72	0.02755	26%-50% Below	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	12	30.000	0.91	0.02527	10%-25% Above	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	12	60.000	1.31	0.02527	10%-25% Below	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	12	90.000	1.72	0.02527	10%-25% Below	No	No
16714066201	GABAPENTIN 300 MG CAPSULE	9	90.000	4.30	0.04077	10%-25% Above	No	No
16714066201	GABAPENTIN 300 MG CAPSULE	12	90.000	2.84	0.04443	26%-50% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	9	30.000	0.71	0.04077	26%-50% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	9	120.000	6.03	0.04077	10%-25% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	9	180.000	8.80	0.04077	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
16714066202	GABAPENTIN 300 MG CAPSULE	10	60.000	3.37	0.04095	26%-50% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	10	120.000	6.03	0.04095	10%-25% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	11	30.000	1.12	0.04341	10%-25% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	11	30.000	1.45	0.04341	10%-25% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	11	90.000	3.35	0.04341	10%-25% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	11	120.000	4.46	0.04341	10%-25% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	11	180.000	6.70	0.04341	10%-25% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	12	30.000	0.52	0.04443	51%-75% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	12	120.000	4.16	0.04443	10%-25% Below	No	No
16714067102	ONDANSETRON 4 MG/5 ML SOLUTION	11	50.000	6.90	0.23976	26%-50% Below	No	No
16714067102	ONDANSETRON 4 MG/5 ML SOLUTION	12	10.000	18.98	0.27582	200% Above	No	No
16714068202	SIMVASTATIN 10 MG TABLET	9	90.000	2.33	0.03034	10%-25% Below	No	No
16714068202	SIMVASTATIN 10 MG TABLET	11	30.000	0.78	0.036	26%-50% Below	No	No
16714068202	SIMVASTATIN 10 MG TABLET	11	90.000	2.33	0.036	26%-50% Below	No	No
16714068202	SIMVASTATIN 10 MG TABLET	12	30.000	0.78	0.03589	26%-50% Below	No	No
16714068202	SIMVASTATIN 10 MG TABLET	12	90.000	2.33	0.03589	26%-50% Below	No	No
16714068303	SIMVASTATIN 20 MG TABLET	10	90.000	1.58	0.03831	51%-75% Below	No	No
16714068303	SIMVASTATIN 20 MG TABLET	11	90.000	1.58	0.03689	51%-75% Below	No	No
16714068403	SIMVASTATIN 40 MG TABLET	9	30.000	9.00	0.05511	200% Above	No	No
16714068403	SIMVASTATIN 40 MG TABLET	9	90.000	24.00	0.05511	200% Above	No	No
16714068403	SIMVASTATIN 40 MG TABLET	10	30.000	9.00	0.07012	200% Above	No	No
16714068403	SIMVASTATIN 40 MG TABLET	10	90.000	2.39	0.07012	51%-75% Below	No	No
16714068403	SIMVASTATIN 40 MG TABLET	10	90.000	24.00	0.07012	200% Above	No	No
16714068403	SIMVASTATIN 40 MG TABLET	11	30.000	9.00	0.06297	200% Above	No	No
16714068403	SIMVASTATIN 40 MG TABLET	12	30.000	9.00	0.0681	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
16714068403	SIMVASTATIN 40 MG TABLET	12	90.000	24.00	0.0681	200% Above	No	No
16714069210	FLUCONAZOLE 150 MG TABLET	10	3.000	4.90	0.82466	76%-100% Above	No	No
16714069210	FLUCONAZOLE 150 MG TABLET	12	2.000	0.68	0.67757	26%-50% Below	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	9	1.000	1.25	0.6968	76%-100% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	9	1.000	2.65	0.6968	200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	9	2.000	4.31	0.6968	200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	9	3.000	5.56	0.6968	101%-200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	10	2.000	4.31	0.82466	101%-200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	10	2.000	4.65	0.82466	101%-200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	10	2.000	4.81	0.82466	101%-200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	10	3.000	5.56	0.82466	101%-200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	11	1.000	2.65	0.73871	200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	11	2.000	0.68	0.73871	51%-75% Below	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	11	2.000	4.65	0.73871	200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	12	2.000	4.31	0.67757	200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	12	2.000	4.65	0.67757	200% Above	No	No
16714069301	FLUCONAZOLE 200 MG TABLET	9	1.000	0.74	0.45123	51%-75% Above	No	No
16714069703	VALACYCLOVIR HCL 1 GRAM TABLET	9	14.000	13.50	0.48253	76%-100% Above	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	9	30.000	1.22	0.03103	26%-50% Above	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	10	30.000	1.22	0.03128	26%-50% Above	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	11	30.000	1.22	0.03063	26%-50% Above	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	12	30.000	1.22	0.034	10%-25% Above	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	9	30.000	4.85	0.07364	101%-200% Above	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	10	30.000	4.85	0.06988	101%-200% Above	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	11	30.000	4.85	0.06911	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
16714072204	FLUOXETINE HCL 40 MG CAPSULE	12	30.000	4.85	0.07279	101%-200% Above	No	No
16714072901	DESONIDE 0.05% CREAM	9	45.000	10.47	0.43202	26%-50% Below	No	No
16714072901	DESONIDE 0.05% CREAM	10	45.000	10.47	0.34073	26%-50% Below	No	No
16714073301	CELECOXIB 200 MG CAPSULE	10	180.000	399.69	0.10988	200% Above	No	No
16714073301	CELECOXIB 200 MG CAPSULE	12	30.000	66.62	0.11592	200% Above	No	No
16714073302	CELECOXIB 200 MG CAPSULE	9	30.000	6.90	0.10817	101%-200% Above	No	No
16714073302	CELECOXIB 200 MG CAPSULE	10	30.000	6.90	0.10988	101%-200% Above	No	No
16714073302	CELECOXIB 200 MG CAPSULE	11	30.000	6.90	0.11976	76%-100% Above	No	No
16714073302	CELECOXIB 200 MG CAPSULE	12	30.000	6.90	0.11592	76%-100% Above	No	No
16714075601	ATOMOXETINE HCL 18 MG CAPSULE	10	60.000	27.64	0.6786	26%-50% Below	No	No
16714075901	ATOMOXETINE HCL 60 MG CAPSULE	9	30.000	14.90	0.76115	26%-50% Below	No	No
16714075901	ATOMOXETINE HCL 60 MG CAPSULE	10	30.000	14.90	0.89273	26%-50% Below	No	No
16714079701	SUMATRIPTAN SUCC 50 MG TABLET	10	9.000	6.64	0.3944	76%-100% Above	No	No
16714079701	SUMATRIPTAN SUCC 50 MG TABLET	12	18.000	15.64	0.42291	101%-200% Above	No	No
16714079801	SUMATRIPTAN SUCC 100 MG TABLET	9	9.000	6.90	0.48593	51%-75% Above	No	No
16714079801	SUMATRIPTAN SUCC 100 MG TABLET	10	9.000	6.90	0.48942	51%-75% Above	No	No
16714079801	SUMATRIPTAN SUCC 100 MG TABLET	11	9.000	6.90	0.49094	51%-75% Above	No	No
16714079801	SUMATRIPTAN SUCC 100 MG TABLET	11	27.000	22.56	0.49094	51%-75% Above	No	No
16714079902	CETIRIZINE HCL 10 MG TABLET	9	30.000	1.30	0.06707	26%-50% Below	No	No
16714079902	CETIRIZINE HCL 10 MG TABLET	9	90.000	3.89	0.06707	26%-50% Below	No	No
16714079902	CETIRIZINE HCL 10 MG TABLET	10	30.000	1.30	0.06548	26%-50% Below	No	No
16714079902	CETIRIZINE HCL 10 MG TABLET	10	90.000	3.89	0.06548	26%-50% Below	No	No
16714079902	CETIRIZINE HCL 10 MG TABLET	11	30.000	1.30	0.0701	26%-50% Below	No	No
16714079902	CETIRIZINE HCL 10 MG TABLET	11	90.000	3.89	0.0701	26%-50% Below	No	No
16714079902	CETIRIZINE HCL 10 MG TABLET	11	90.000	4.39	0.0701	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
16714079902	CETIRIZINE HCL 10 MG TABLET	12	30.000	1.30	0.06248	26%-50% Below	No	No
16714079902	CETIRIZINE HCL 10 MG TABLET	12	90.000	3.89	0.06248	26%-50% Below	No	No
16714079903	CETIRIZINE HCL 10 MG TABLET	9	30.000	1.16	0.06707	26%-50% Below	No	No
16714079903	CETIRIZINE HCL 10 MG TABLET	10	30.000	1.16	0.06548	26%-50% Below	No	No
16714079903	CETIRIZINE HCL 10 MG TABLET	11	30.000	1.16	0.0701	26%-50% Below	No	No
16714079903	CETIRIZINE HCL 10 MG TABLET	12	30.000	1.16	0.06248	26%-50% Below	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	9	14.000	4.00	0.06707	200% Above	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	9	20.000	0.77	0.06707	26%-50% Below	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	9	30.000	1.16	0.06707	26%-50% Below	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	9	30.000	1.80	0.06707	10%-25% Below	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	10	30.000	1.16	0.06548	26%-50% Below	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	11	10.000	0.39	0.0701	26%-50% Below	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	11	30.000	1.16	0.0701	26%-50% Below	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	11	30.000	1.80	0.0701	10%-25% Below	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	12	30.000	1.16	0.06248	26%-50% Below	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	12	30.000	5.35	0.06248	101%-200% Above	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	9	30.000	13.50	0.34408	26%-50% Above	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	9	60.000	7.31	0.34408	51%-75% Below	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	10	60.000	7.31	0.32698	51%-75% Below	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	11	30.000	13.50	0.32568	26%-50% Above	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	11	60.000	7.31	0.32568	51%-75% Below	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	12	30.000	13.50	0.30907	26%-50% Above	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	12	60.000	7.31	0.30907	51%-75% Below	No	No
16714081301	EZETIMIBE 10 MG TABLET	9	30.000	4.90	0.08096	101%-200% Above	No	No
16714081301	EZETIMIBE 10 MG TABLET	9	30.000	6.90	0.08096	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
16714081302	EZETIMIBE 10 MG TABLET	9	90.000	157.55	0.08096	200% Above	No	No
16714081302	EZETIMIBE 10 MG TABLET	10	90.000	157.55	0.08767	200% Above	No	No
16714081302	EZETIMIBE 10 MG TABLET	11	90.000	157.55	0.08622	200% Above	No	No
16714081303	EZETIMIBE 10 MG TABLET	9	90.000	12.40	0.08096	51%-75% Above	No	No
16714081303	EZETIMIBE 10 MG TABLET	10	30.000	6.90	0.08767	101%-200% Above	No	No
16714081303	EZETIMIBE 10 MG TABLET	11	30.000	4.90	0.08622	76%-100% Above	No	No
16714081303	EZETIMIBE 10 MG TABLET	11	30.000	6.90	0.08622	101%-200% Above	No	No
16714081303	EZETIMIBE 10 MG TABLET	12	30.000	6.90	0.08468	101%-200% Above	No	No
16714081303	EZETIMIBE 10 MG TABLET	12	90.000	12.40	0.08468	51%-75% Above	No	No
16714085201	METOPROLOL SUCC ER 25 MG TAB	9	30.000	8.05	0.07422	200% Above	No	No
16714085201	METOPROLOL SUCC ER 25 MG TAB	10	30.000	6.90	0.07937	101%-200% Above	No	No
16714085201	METOPROLOL SUCC ER 25 MG TAB	10	30.000	8.05	0.07937	200% Above	No	No
16714085201	METOPROLOL SUCC ER 25 MG TAB	11	30.000	6.90	0.07594	200% Above	No	No
16714085201	METOPROLOL SUCC ER 25 MG TAB	11	90.000	24.15	0.07594	200% Above	No	No
16714085202	METOPROLOL SUCC ER 25 MG TAB	10	30.000	1.13	0.07937	51%-75% Below	No	No
16714085202	METOPROLOL SUCC ER 25 MG TAB	11	30.000	0.81	0.07594	51%-75% Below	No	No
16714085202	METOPROLOL SUCC ER 25 MG TAB	12	30.000	1.13	0.07848	51%-75% Below	No	No
16714085203	METOPROLOL SUCC ER 25 MG TAB	10	90.000	23.79	0.07937	200% Above	No	No
16714085302	METOPROLOL SUCC ER 50 MG TAB	9	90.000	22.30	0.0729	200% Above	No	No
16714085302	METOPROLOL SUCC ER 50 MG TAB	10	90.000	22.30	0.07734	200% Above	No	No
16714085303	METOPROLOL SUCC ER 50 MG TAB	9	30.000	1.13	0.0729	26%-50% Below	No	No
16714085303	METOPROLOL SUCC ER 50 MG TAB	10	30.000	1.01	0.07734	51%-75% Below	No	No
16714085303	METOPROLOL SUCC ER 50 MG TAB	10	30.000	4.90	0.07734	101%-200% Above	No	No
16714085303	METOPROLOL SUCC ER 50 MG TAB	11	30.000	1.13	0.07735	51%-75% Below	No	No
16714085303	METOPROLOL SUCC ER 50 MG TAB	11	30.000	4.90	0.07735	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
16714085303	METOPROLOL SUCC ER 50 MG TAB	11	90.000	12.40	0.07735	76%-100% Above	No	No
16714085303	METOPROLOL SUCC ER 50 MG TAB	11	90.000	22.01	0.07735	200% Above	No	No
16714085303	METOPROLOL SUCC ER 50 MG TAB	12	30.000	1.13	0.07981	51%-75% Below	No	No
16714085303	METOPROLOL SUCC ER 50 MG TAB	12	30.000	4.90	0.07981	101%-200% Above	No	No
16714085402	METOPROLOL SUCC ER 100 MG TAB	9	90.000	40.99	0.12979	200% Above	No	No
16714085402	METOPROLOL SUCC ER 100 MG TAB	12	30.000	4.90	0.1034	51%-75% Above	No	No
16714085402	METOPROLOL SUCC ER 100 MG TAB	12	90.000	40.99	0.1034	200% Above	No	No
16714085403	METOPROLOL SUCC ER 100 MG TAB	9	90.000	13.50	0.12979	10%-25% Above	No	No
16714085403	METOPROLOL SUCC ER 100 MG TAB	10	90.000	40.04	0.13342	200% Above	No	No
16714085403	METOPROLOL SUCC ER 100 MG TAB	12	90.000	13.50	0.1034	26%-50% Above	No	No
16714088501	ACYCLOVIR 5% OINTMENT	11	15.000	9.90	0.81092	10%-25% Below	No	No
16714089902	FEXOFENADINE HCL 180 MG TABLET	9	30.000	4.56	0.26418	26%-50% Below	No	No
16714089902	FEXOFENADINE HCL 180 MG TABLET	10	30.000	4.56	0.28462	26%-50% Below	No	No
16714089902	FEXOFENADINE HCL 180 MG TABLET	11	30.000	4.56	0.28032	26%-50% Below	No	No
16714089902	FEXOFENADINE HCL 180 MG TABLET	12	30.000	4.56	0.23924	26%-50% Below	No	No
16714093601	ATENOLOL-CHLORTHALIDONE 50-25	9	90.000	34.63	0.32083	10%-25% Above	No	No
16714095001	DEXTROAMP-AMPHETAMIN 10 MG TAB	9	30.000	9.90	0.28807	10%-25% Above	No	No
16714095001	DEXTROAMP-AMPHETAMIN 10 MG TAB	10	60.000	52.03	0.25211	200% Above	No	No
16714095001	DEXTROAMP-AMPHETAMIN 10 MG TAB	12	60.000	7.24	0.26218	51%-75% Below	No	No
16714095201	DEXTROAMP-AMPHETAMIN 15 MG TAB	9	60.000	13.50	0.31218	26%-50% Below	No	No
16714095201	DEXTROAMP-AMPHETAMIN 15 MG TAB	10	60.000	13.50	0.30533	26%-50% Below	No	No
16714095201	DEXTROAMP-AMPHETAMIN 15 MG TAB	11	60.000	13.50	0.27592	10%-25% Below	No	No
16714095201	DEXTROAMP-AMPHETAMIN 15 MG TAB	12	60.000	13.50	0.29134	10%-25% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	9	45.000	9.90	0.34453	26%-50% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	9	60.000	9.90	0.34453	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
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	10	45.000	9.90	0.30315	26%-50% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	10	60.000	9.90	0.30315	26%-50% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	11	60.000	9.90	0.35186	51%-75% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	45.000	9.90	0.32577	26%-50% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	60.000	7.23	0.32577	51%-75% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	60.000	9.90	0.32577	26%-50% Below	No	No
16714095501	KETOCONAZOLE 2% CREAM	11	30.000	9.90	0.25619	26%-50% Above	No	No
16714095502	KETOCONAZOLE 2% CREAM	11	30.000	4.62	0.27712	26%-50% Below	No	No
16714096701	TESTOSTERONE 1.62% GEL PUMP	11	75.000	21.38	0.49222	26%-50% Below	No	No
16714096701	TESTOSTERONE 1.62% GEL PUMP	12	75.000	21.38	0.49797	26%-50% Below	No	No
16714097901	ESOMEPRAZOLE MAG DR 20 MG CAP	9	30.000	6.90	0.16952	26%-50% Above	No	No
16714097901	ESOMEPRAZOLE MAG DR 20 MG CAP	12	30.000	3.00	0.19606	26%-50% Below	No	No
16714098002	ESOMEPRAZOLE MAG DR 40 MG CAP	9	90.000	407.04	0.16685	200% Above	No	No
16714098002	ESOMEPRAZOLE MAG DR 40 MG CAP	10	90.000	407.04	0.1529	200% Above	No	No
16714098002	ESOMEPRAZOLE MAG DR 40 MG CAP	12	90.000	407.04	0.16851	200% Above	No	No
16714098602	TRIAMCINOLONE 0.1% CREAM	11	30.000	6.40	0.12138	51%-75% Above	No	No
16714098701	TRIAMCINOLONE 0.5% CREAM	12	15.000	5.39	0.23663	51%-75% Above	No	No
16714098801	ROSUVASTATIN CALCIUM 5 MG TAB	10	30.000	0.93	0.04537	26%-50% Below	No	No
16714098801	ROSUVASTATIN CALCIUM 5 MG TAB	11	30.000	0.56	0.05232	51%-75% Below	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	9	30.000	0.95	0.05258	26%-50% Below	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	9	30.000	0.96	0.05258	26%-50% Below	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	10	30.000	0.95	0.0499	26%-50% Below	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	10	90.000	2.84	0.0499	26%-50% Below	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	11	30.000	0.90	0.051	26%-50% Below	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	11	30.000	4.90	0.051	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
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	12	24.000	0.72	0.04732	26%-50% Below	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	12	30.000	0.90	0.04732	26%-50% Below	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	12	30.000	6.90	0.04732	200% Above	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	12	90.000	2.69	0.04732	26%-50% Below	No	No
16714099001	ROSUVASTATIN CALCIUM 20 MG TAB	9	30.000	6.90	0.07194	200% Above	No	No
16714099001	ROSUVASTATIN CALCIUM 20 MG TAB	9	90.000	12.40	0.07194	76%-100% Above	No	No
16714099001	ROSUVASTATIN CALCIUM 20 MG TAB	11	30.000	6.90	0.07081	200% Above	No	No
16714099101	ROSUVASTATIN CALCIUM 40 MG TAB	9	30.000	6.90	0.11148	101%-200% Above	No	No
16729000116	GLIMEPIRIDE 1 MG TABLET	9	90.000	6.91	0.02817	101%-200% Above	No	No
16729000316	GLIMEPIRIDE 4 MG TABLET	11	90.000	20.75	0.053	200% Above	No	No
16729000617	SIMVASTATIN 40 MG TABLET	10	90.000	2.61	0.07012	51%-75% Below	No	No
16729003410	LETROZOLE 2.5 MG TABLET	11	5.000	4.25	0.15221	200% Above	No	No
16729004517	ATORVASTATIN 20 MG TABLET	10	90.000	1.75	0.03755	26%-50% Below	No	No
16729008101	NALTREXONE 50 MG TABLET	9	30.000	12.47	0.7546	26%-50% Below	No	No
16729008110	NALTREXONE 50 MG TABLET	9	30.000	12.47	0.7546	26%-50% Below	Yes	No
16729008110	NALTREXONE 50 MG TABLET	10	30.000	12.47	0.75591	26%-50% Below	Yes	No
16729008110	NALTREXONE 50 MG TABLET	12	30.000	12.47	0.88281	51%-75% Below	Yes	No
16729011915	MONTELUKAST SOD 10 MG TABLET	11	90.000	21.44	0.06473	200% Above	No	No
16729014617	QUETIAPINE FUMARATE 50 MG TAB	10	30.000	4.87	0.0412	200% Above	No	No
16729017201	AMITRIPTYLINE HCL 25 MG TAB	11	30.000	6.92	0.06781	200% Above	No	No
16729018217	HYDROCHLOROTHIAZIDE 12.5 MG TB	9	30.000	4.90	0.04848	200% Above	No	No
16729018217	HYDROCHLOROTHIAZIDE 12.5 MG TB	9	30.000	6.67	0.04848	200% Above	No	No
16729018217	HYDROCHLOROTHIAZIDE 12.5 MG TB	10	30.000	4.90	0.04841	200% Above	No	No
16729018217	HYDROCHLOROTHIAZIDE 12.5 MG TB	10	30.000	6.67	0.04841	200% Above	No	No
16729018217	HYDROCHLOROTHIAZIDE 12.5 MG TB	11	30.000	4.90	0.04734	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
16729018217	HYDROCHLOROTHIAZIDE 12.5 MG TB	11	30.000	5.27	0.04734	200% Above	No	No
16729018217	HYDROCHLOROTHIAZIDE 12.5 MG TB	11	30.000	6.67	0.04734	200% Above	No	No
16729018217	HYDROCHLOROTHIAZIDE 12.5 MG TB	12	30.000	4.90	0.04949	200% Above	No	No
16729018217	HYDROCHLOROTHIAZIDE 12.5 MG TB	12	30.000	5.27	0.04949	200% Above	No	No
16729018217	HYDROCHLOROTHIAZIDE 12.5 MG TB	12	30.000	6.67	0.04949	200% Above	No	No
16729018301	HYDROCHLOROTHIAZIDE 25 MG TAB	9	30.000	1.09	0.01295	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	9	30.000	1.09	0.01295	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	10	30.000	1.09	0.01291	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	11	30.000	1.07	0.01352	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	11	90.000	2.28	0.01352	76%-100% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	12	30.000	1.09	0.01287	101%-200% Above	No	No
16729021616	SERTRALINE HCL 50 MG TABLET	10	30.000	1.94	0.04057	51%-75% Above	No	No
16729021616	SERTRALINE HCL 50 MG TABLET	10	30.000	2.03	0.04057	51%-75% Above	No	No
16729021716	SERTRALINE HCL 100 MG TABLET	12	90.000	8.05	0.05672	51%-75% Above	No	No
16729021816	CLOPIDOGREL 75 MG TABLET	9	90.000	1.87	0.06468	51%-75% Below	No	No
16729021816	CLOPIDOGREL 75 MG TABLET	12	90.000	9.36	0.06454	51%-75% Above	No	No
16729022516	SPIRONOLACTONE 25 MG TABLET	12	90.000	8.95	0.05158	76%-100% Above	No	No
16729031701	OXYBUTYNIN CL ER 5 MG TABLET	12	30.000	4.90	0.10203	51%-75% Above	Yes	No
16729032010	OLMESARTAN MEDOXOMIL 5 MG TAB	9	30.000	6.90	0.06227	200% Above	No	No
16729032010	OLMESARTAN MEDOXOMIL 5 MG TAB	10	30.000	6.90	0.06545	200% Above	No	No
16729032217	OLMESARTAN MEDOXOMIL 40 MG TAB	9	30.000	4.90	0.12902	26%-50% Above	No	No
16729032217	OLMESARTAN MEDOXOMIL 40 MG TAB	10	15.000	1.15	0.12428	26%-50% Below	No	No
16729032217	OLMESARTAN MEDOXOMIL 40 MG TAB	10	30.000	4.90	0.12428	26%-50% Above	No	No
16729032217	OLMESARTAN MEDOXOMIL 40 MG TAB	11	16.000	1.17	0.13145	26%-50% Below	No	No
16729032217	OLMESARTAN MEDOXOMIL 40 MG TAB	11	30.000	2.20	0.13145	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
16729032217	OLMESARTAN MEDOXOMIL 40 MG TAB	11	30.000	4.90	0.13145	10%-25% Above	No	No
16729032217	OLMESARTAN MEDOXOMIL 40 MG TAB	12	30.000	4.90	0.12756	26%-50% Above	No	No
16729033101	ACETAZOLAMIDE ER 500 MG CAP	11	60.000	12.18	0.33343	26%-50% Below	Yes	No
16729033101	ACETAZOLAMIDE ER 500 MG CAP	12	180.000	285.68	0.33893	200% Above	Yes	No
16729044310	BUPROPION HCL XL 150 MG TABLET	9	30.000	23.41	0.10136	200% Above	No	No
16729044310	BUPROPION HCL XL 150 MG TABLET	11	90.000	29.90	0.10286	200% Above	No	No
16729044315	BUPROPION HCL XL 150 MG TABLET	12	30.000	11.38	0.11369	200% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	9	90.000	38.00	0.10136	200% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	10	30.000	6.90	0.10476	101%-200% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	12	30.000	6.90	0.11369	101%-200% Above	No	No
16729044410	BUPROPION HCL XL 300 MG TABLET	9	30.000	9.90	0.1614	101%-200% Above	No	No
16729044410	BUPROPION HCL XL 300 MG TABLET	10	30.000	9.90	0.18795	51%-75% Above	No	No
16729044410	BUPROPION HCL XL 300 MG TABLET	12	30.000	14.90	0.17922	101%-200% Above	No	No
16729044416	BUPROPION HCL XL 300 MG TABLET	10	30.000	5.00	0.18795	10%-25% Below	No	No
16729044416	BUPROPION HCL XL 300 MG TABLET	11	30.000	19.90	0.19648	200% Above	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	10	30.000	0.92	0.05364	26%-50% Below	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	10	30.000	1.81	0.05364	10%-25% Above	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	11	30.000	0.92	0.05858	26%-50% Below	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	11	90.000	4.20	0.05858	10%-25% Below	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	12	30.000	0.92	0.05093	26%-50% Below	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	12	30.000	1.73	0.05093	10%-25% Above	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	12	30.000	1.81	0.05093	10%-25% Above	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	9	30.000	1.24	0.06726	26%-50% Below	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	9	30.000	1.55	0.06726	10%-25% Below	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	10	30.000	1.55	0.06006	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
16729044817	LEVOTHYROXINE 50 MCG TABLET	11	30.000	1.55	0.06845	10%-25% Below	No	No
16729044915	LEVOTHYROXINE 75 MCG TABLET	10	90.000	3.95	0.06241	26%-50% Below	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	9	30.000	1.32	0.07394	26%-50% Below	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	10	30.000	1.62	0.06241	10%-25% Below	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	10	90.000	3.95	0.06241	26%-50% Below	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	11	90.000	3.95	0.07109	26%-50% Below	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	12	30.000	1.62	0.06108	10%-25% Below	No	No
16729045017	LEVOTHYROXINE 88 MCG TABLET	9	30.000	2.10	0.07908	10%-25% Below	No	No
16729045115	LEVOTHYROXINE 100 MCG TABLET	9	30.000	1.25	0.07548	26%-50% Below	No	No
16729045115	LEVOTHYROXINE 100 MCG TABLET	9	90.000	3.74	0.07548	26%-50% Below	No	No
16729045115	LEVOTHYROXINE 100 MCG TABLET	12	90.000	3.74	0.06912	26%-50% Below	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	9	30.000	1.75	0.07548	10%-25% Below	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	10	30.000	1.75	0.07388	10%-25% Below	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	11	30.000	1.75	0.07468	10%-25% Below	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	12	30.000	1.75	0.06912	10%-25% Below	No	No
16729045317	LEVOTHYROXINE 125 MCG TABLET	9	90.000	5.93	0.09987	26%-50% Below	No	No
16729045317	LEVOTHYROXINE 125 MCG TABLET	10	30.000	2.18	0.08924	10%-25% Below	No	No
16729045317	LEVOTHYROXINE 125 MCG TABLET	11	30.000	2.18	0.09037	10%-25% Below	No	No
16729045317	LEVOTHYROXINE 125 MCG TABLET	12	10.000	1.06	0.09308	10%-25% Above	No	No
16729045317	LEVOTHYROXINE 125 MCG TABLET	12	90.000	5.54	0.09308	26%-50% Below	No	No
16729045317	LEVOTHYROXINE 125 MCG TABLET	12	105.000	5.69	0.09308	26%-50% Below	No	No
16729045417	LEVOTHYROXINE 137 MCG TABLET	9	90.000	6.84	0.0883	10%-25% Below	No	No
16729045417	LEVOTHYROXINE 137 MCG TABLET	10	7.000	0.95	0.08199	51%-75% Above	No	No
16729045417	LEVOTHYROXINE 137 MCG TABLET	11	90.000	6.31	0.10538	26%-50% Below	No	No
16729045517	LEVOTHYROXINE 150 MCG TABLET	10	90.000	5.56	0.07754	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
16729045715	LEVOTHYROXINE 200 MCG TABLET	12	90.000	7.48	0.11149	10%-25% Below	No	No
16729047901	METHYLPHENIDATE 10 MG TABLET	9	60.000	14.90	0.11912	101%-200% Above	No	No
16729054235	FLUOROURACIL 5% CREAM	11	40.000	17.71	0.96519	51%-75% Below	No	No
21922000201	CLINDAMYCIN PH 1% SOLUTION	10	60.000	14.90	0.21267	10%-25% Above	No	No
21922000201	CLINDAMYCIN PH 1% SOLUTION	12	60.000	4.81	0.22333	51%-75% Below	Yes	No
21922000201	CLINDAMYCIN PH 1% SOLUTION	12	60.000	14.90	0.22333	10%-25% Above	No	No
21922001607	CLOBETASOL 0.05% CREAM	9	60.000	19.90	0.16141	101%-200% Above	No	No
21922001607	CLOBETASOL 0.05% CREAM	11	60.000	4.90	0.1435	26%-50% Below	No	No
21922001607	CLOBETASOL 0.05% CREAM	11	60.000	9.90	0.1435	10%-25% Above	No	No
21922001705	CLOBETASOL 0.05% OINTMENT	11	30.000	9.90	0.19411	51%-75% Above	Yes	No
21922001707	CLOBETASOL 0.05% OINTMENT	11	60.000	5.56	0.17715	26%-50% Below	Yes	No
21922001707	CLOBETASOL 0.05% OINTMENT	12	60.000	5.87	0.15651	26%-50% Below	No	No
21922002107	PERMETHRIN 5% CREAM	9	60.000	10.38	0.2844	26%-50% Below	Yes	No
23155000301	HYDRALAZINE 50 MG TABLET	12	180.000	9.90	0.04963	10%-25% Above	No	No
23155000401	HYDRALAZINE 100 MG TABLET	9	270.000	9.90	0.08328	51%-75% Below	No	No
23155000401	HYDRALAZINE 100 MG TABLET	12	270.000	9.90	0.08415	51%-75% Below	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	9	90.000	2.28	0.01295	76%-100% Above	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	10	30.000	1.09	0.01291	101%-200% Above	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	10	90.000	2.28	0.01291	76%-100% Above	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	11	30.000	1.09	0.01352	101%-200% Above	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	12	30.000	1.09	0.01287	101%-200% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	9	8.000	0.60	0.01295	200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	9	30.000	0.86	0.01295	101%-200% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	9	30.000	0.86	0.01295	101%-200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	9	90.000	1.50	0.01295	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
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	9	90.000	1.59	0.01295	26%-50% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	9	90.000	1.59	0.01295	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	9	90.000	1.61	0.01295	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	9	90.000	2.23	0.01295	76%-100% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	10	30.000	0.20	0.01291	26%-50% Below	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	10	30.000	0.86	0.01291	101%-200% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	10	30.000	0.86	0.01291	101%-200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	10	90.000	1.50	0.01291	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	10	90.000	1.61	0.01291	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	10	90.000	2.22	0.01291	76%-100% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	10	90.000	2.23	0.01291	76%-100% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	11	30.000	0.86	0.01352	101%-200% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	11	30.000	0.86	0.01352	101%-200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	11	90.000	1.50	0.01352	10%-25% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	11	90.000	1.59	0.01352	26%-50% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	11	90.000	1.59	0.01352	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	12	30.000	0.86	0.01287	101%-200% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	12	30.000	0.86	0.01287	101%-200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.000	1.50	0.01287	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.000	1.59	0.01287	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.000	1.61	0.01287	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.000	2.23	0.01287	76%-100% Above	Yes	No
23155002401	BUSPIRONE HCL 10 MG TABLET	11	270.000	9.90	0.03254	10%-25% Above	No	No
23155002505	BUSPIRONE HCL 15 MG TABLET	9	60.000	5.50	0.04868	76%-100% Above	No	No
23155002505	BUSPIRONE HCL 15 MG TABLET	10	60.000	5.50	0.04764	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
23155002506	BUSPIRONE HCL 15 MG TABLET	9	60.000	5.05	0.04868	51%-75% Above	No	No
23155002506	BUSPIRONE HCL 15 MG TABLET	10	60.000	5.45	0.04764	76%-100% Above	No	No
23155002506	BUSPIRONE HCL 15 MG TABLET	11	60.000	1.63	0.04837	26%-50% Below	No	No
23155002910	FLUOXETINE HCL 20 MG CAPSULE	11	30.000	1.29	0.03063	26%-50% Above	No	No
23155002910	FLUOXETINE HCL 20 MG CAPSULE	12	30.000	1.29	0.034	26%-50% Above	No	No
23155013525	DOXYCYCLINE MONO 100 MG TABLET	12	20.000	3.55	0.32648	26%-50% Below	Yes	No
23155017801	ISOSORBIDE MONONIT ER 60 MG TB	10	30.000	4.90	0.1092	26%-50% Above	No	No
23155017801	ISOSORBIDE MONONIT ER 60 MG TB	11	90.000	12.40	0.1023	26%-50% Above	Yes	No
23155019101	BUPROPION HCL 75 MG TABLET	9	30.000	9.90	0.11045	101%-200% Above	Yes	No
23155019101	BUPROPION HCL 75 MG TABLET	10	30.000	9.90	0.11614	101%-200% Above	Yes	No
23155024901	VENLAFAXINE HCL 75 MG TABLET	10	30.000	8.78	0.07446	200% Above	No	No
23155050101	HYDROXYZINE HCL 25 MG TABLET	9	30.000	2.85	0.04383	101%-200% Above	No	No
23155050101	HYDROXYZINE HCL 25 MG TABLET	10	30.000	2.82	0.0413	101%-200% Above	No	No
23155050101	HYDROXYZINE HCL 25 MG TABLET	10	30.000	2.85	0.0413	101%-200% Above	No	No
23155050101	HYDROXYZINE HCL 25 MG TABLET	10	360.000	9.90	0.0413	26%-50% Below	No	No
23155050101	HYDROXYZINE HCL 25 MG TABLET	11	30.000	0.74	0.04785	26%-50% Below	No	No
23155050105	HYDROXYZINE HCL 25 MG TABLET	9	30.000	2.91	0.04383	101%-200% Above	No	No
23155050105	HYDROXYZINE HCL 25 MG TABLET	10	30.000	2.91	0.0413	101%-200% Above	No	No
23155060701	GLYCOPYRROLATE 2 MG TABLET	9	30.000	22.86	0.22295	200% Above	No	No
23155060701	GLYCOPYRROLATE 2 MG TABLET	12	30.000	22.86	0.19892	200% Above	No	No
23155069310	ALLOPURINOL 100 MG TABLET	9	30.000	6.90	0.05071	200% Above	No	No
23155076701	TETRACYCLINE 500 MG CAPSULE	11	20.000	13.48	0.80813	10%-25% Below	Yes	No
23155077301	ENALAPRIL MALEATE 20 MG TAB	9	30.000	4.90	0.11205	26%-50% Above	No	No
23155077301	ENALAPRIL MALEATE 20 MG TAB	10	30.000	4.90	0.12072	26%-50% Above	No	No
23155077301	ENALAPRIL MALEATE 20 MG TAB	11	30.000	4.90	0.12794	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
23155077301	ENALAPRIL MALEATE 20 MG TAB	12	30.000	4.90	0.13057	10%-25% Above	No	No
23155084709	AMLODIPINE-VALSARTAN 10-320 MG	10	90.000	32.86	0.69981	26%-50% Below	No	No
24208029005	TOBRAMYCIN 0.3% EYE DROP	12	5.000	4.90	1.2645	10%-25% Below	No	No
24208029505	TOBRAMYCIN-DEXAMETH OPHTH SUSP	12	5.000	9.99	4.67532	51%-75% Below	No	No
24208029505	TOBRAMYCIN-DEXAMETH OPHTH SUSP	12	5.000	19.90	4.67532	10%-25% Below	No	No
24208029525	TOBRAMYCIN-DEXAMETH OPHTH SUSP	10	2.500	32.87	7.60039	51%-75% Above	No	No
24208031510	POLYMYXIN B-TMP EYE DROPS	11	10.000	2.69	0.47205	26%-50% Below	No	No
24208031510	POLYMYXIN B-TMP EYE DROPS	11	10.000	6.90	0.47205	26%-50% Above	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	12	10.000	2.62	0.44744	26%-50% Below	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	12	10.000	9.36	0.44744	101%-200% Above	Yes	No
24208039830	IPRATROPIUM 0.03% SPRAY	9	30.000	9.99	0.66597	26%-50% Below	No	No
24208039830	IPRATROPIUM 0.03% SPRAY	10	30.000	12.86	0.66041	26%-50% Below	Yes	No
24208039830	IPRATROPIUM 0.03% SPRAY	12	30.000	12.86	0.61171	26%-50% Below	Yes	No
24208039915	IPRATROPIUM 0.06% SPRAY	9	15.000	12.17	1.33687	26%-50% Below	Yes	No
24208039915	IPRATROPIUM 0.06% SPRAY	9	15.000	12.86	1.33687	26%-50% Below	No	No
24208039915	IPRATROPIUM 0.06% SPRAY	11	15.000	12.17	1.37641	26%-50% Below	Yes	No
24208043405	OFLOXACIN 0.3% EYE DROPS	9	5.000	4.89	2.17543	51%-75% Below	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	9	2.500	8.75	1.80721	76%-100% Above	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	10	2.500	8.02	1.77485	76%-100% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	10	7.500	23.05	1.77485	51%-75% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	11	2.500	2.15	1.85473	51%-75% Below	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	11	2.500	8.02	1.85473	51%-75% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	11	2.500	8.11	1.85473	51%-75% Above	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	11	7.500	23.05	1.85473	51%-75% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	12	2.500	8.02	1.88069	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
24208046325	LATANOPROST 0.005% EYE DROPS	12	2.500	8.11	1.88069	51%-75% Above	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	12	7.500	11.14	1.88069	10%-25% Below	Yes	No
24208048610	DORZOLAMIDE-TIMOLOL EYE DROPS	10	10.000	6.85	1.1004	26%-50% Below	No	No
24208055555	BACITRACIN-POLYMYXIN EYE OINT	11	3.500	0.04	2.65551	76%-100% Below	No	No
24208058060	GENTAMICIN 0.3% EYE DROP	11	5.000	9.99	0.86115	101%-200% Above	No	No
24208063110	NEOMYCIN-POLYMYXIN-HC EAR SOLN	11	10.000	27.82	4.31634	26%-50% Below	Yes	No
24208063562	NEOMYCIN-POLYMYXIN-HC EAR SUSP	12	10.000	29.10	5.23803	26%-50% Below	No	No
24208072002	DEXAMETHASONE 0.1% EYE DROP	10	5.000	21.60	7.0508	26%-50% Below	No	No
24208072002	DEXAMETHASONE 0.1% EYE DROP	10	5.000	22.05	7.0508	26%-50% Below	Yes	No
24208073501	CYCLOPENTOLATE 1% EYE DROPS	10	4.000	12.54	2.75765	10%-25% Above	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	10	5.000	7.26	2.1653	26%-50% Below	Yes	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	10	5.000	8.78	2.1653	10%-25% Below	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	11	5.000	9.90	2.34078	10%-25% Below	No	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	10	3.500	0.04	2.62918	76%-100% Below	No	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	10	3.500	5.40	2.62918	26%-50% Below	No	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	11	3.500	5.21	3.04924	51%-75% Below	Yes	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	12	3.500	5.21	2.43103	26%-50% Below	Yes	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	12	3.500	9.54	2.43103	10%-25% Above	Yes	No
24658026445	ROSUVASTATIN CALCIUM 40 MG TAB	12	45.000	2.02	0.11048	51%-75% Below	No	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	9	14.000	6.90	0.13569	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	9	20.000	4.90	0.13569	76%-100% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	10	7.000	0.26	0.1376	51%-75% Below	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	10	10.000	0.37	0.1376	51%-75% Below	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	10	20.000	0.74	0.1376	51%-75% Below	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	11	20.000	9.90	0.13976	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
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	12	7.000	0.26	0.14535	51%-75% Below	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	12	14.000	9.90	0.14535	200% Above	Yes	No
24979002802	DILTIAZEM 24H ER(CD) 240 MG CP	9	30.000	11.77	0.23588	51%-75% Above	No	No
24979002807	DILTIAZEM 24H ER(CD) 240 MG CP	10	30.000	11.77	0.23586	51%-75% Above	No	No
24979002807	DILTIAZEM 24H ER(CD) 240 MG CP	11	30.000	11.77	0.22618	51%-75% Above	No	No
24979002807	DILTIAZEM 24H ER(CD) 240 MG CP	12	30.000	11.77	0.24756	51%-75% Above	No	No
24979020101	DICYCLOMINE 10 MG CAPSULE	9	120.000	6.86	0.11782	51%-75% Below	No	No
24979020101	DICYCLOMINE 10 MG CAPSULE	10	120.000	6.86	0.11422	26%-50% Below	No	No
24979020101	DICYCLOMINE 10 MG CAPSULE	11	120.000	6.86	0.12539	51%-75% Below	No	No
24979020103	DICYCLOMINE 10 MG CAPSULE	11	30.000	4.14	0.12539	10%-25% Above	No	No
24979023101	POTASSIUM CL ER 10 MEQ TABLET	11	30.000	9.88	0.11773	101%-200% Above	No	No
24979023101	POTASSIUM CL ER 10 MEQ TABLET	12	30.000	9.88	0.12476	101%-200% Above	No	No
24979023103	POTASSIUM CL ER 10 MEQ TABLET	10	90.000	17.92	0.12918	51%-75% Above	No	No
24979023201	POTASSIUM CL ER 20 MEQ TABLET	12	3.000	1.22	0.30178	26%-50% Above	No	No
27241000150	RISPERIDONE 1 MG TABLET	9	30.000	3.16	0.04085	101%-200% Above	No	No
27241002238	ZOLMITRIPTAN 5 MG TABLET	9	6.000	5.03	1.15023	26%-50% Below	No	No
27241009706	DULOXETINE HCL DR 20 MG CAP	10	90.000	29.90	0.0991	200% Above	Yes	No
27241009810	DULOXETINE HCL DR 30 MG CAP	9	30.000	1.79	0.10079	26%-50% Below	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	9	30.000	14.90	0.10079	200% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	10	30.000	1.71	0.09883	26%-50% Below	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	11	30.000	1.10	0.10867	51%-75% Below	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	11	30.000	4.90	0.10867	26%-50% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	11	90.000	59.90	0.10867	200% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	12	30.000	1.10	0.09599	51%-75% Below	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	12	60.000	9.90	0.09599	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
27241009903	DULOXETINE HCL DR 60 MG CAP	9	30.000	9.90	0.1125	101%-200% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	9	180.000	29.90	0.1125	26%-50% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	9	180.000	76.00	0.1125	200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	10	30.000	9.90	0.11275	101%-200% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	11	10.000	9.90	0.11281	200% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	11	30.000	9.90	0.11281	101%-200% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	11	90.000	19.30	0.11281	76%-100% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	11	180.000	36.02	0.11281	76%-100% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	12	30.000	9.90	0.11582	101%-200% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	12	180.000	29.90	0.11582	26%-50% Above	Yes	No
27241009990	DULOXETINE HCL DR 60 MG CAP	10	90.000	12.40	0.11275	10%-25% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	11	30.000	2.03	0.11281	26%-50% Below	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	11	30.000	4.90	0.11281	26%-50% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	11	30.000	14.90	0.11281	200% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	12	30.000	2.03	0.11582	26%-50% Below	No	No
27241011501	DIVALPROEX DR 125 MG CAP SPRNK	10	60.000	9.90	0.27013	26%-50% Below	No	No
27241011703	FENOFIBRATE 160 MG TABLET	9	30.000	14.90	0.13441	200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	9	90.000	44.99	0.13441	200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	10	30.000	6.90	0.15036	51%-75% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	10	30.000	14.90	0.15036	200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	11	30.000	2.39	0.15446	26%-50% Below	No	No
27241011703	FENOFIBRATE 160 MG TABLET	11	30.000	6.90	0.15446	26%-50% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	12	30.000	2.39	0.1155	26%-50% Below	No	No
27241011703	FENOFIBRATE 160 MG TABLET	12	30.000	6.90	0.1155	76%-100% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	12	90.000	44.99	0.1155	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
27241012502	RANOLAZINE ER 500 MG TABLET	9	60.000	8.18	0.24014	26%-50% Below	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	10	60.000	8.18	0.22666	26%-50% Below	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	11	60.000	7.81	0.2593	26%-50% Below	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	12	60.000	7.81	0.26466	26%-50% Below	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	11	60.000	14.90	0.22394	10%-25% Above	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	12	60.000	28.92	0.27758	51%-75% Above	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	12	120.000	16.12	0.27758	51%-75% Below	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	12	180.000	9.90	0.27758	76%-100% Below	No	No
27241015504	OXYBUTYNIN CL ER 5 MG TABLET	11	90.000	33.63	0.10945	200% Above	No	No
27241015604	OXYBUTYNIN CL ER 10 MG TABLET	11	30.000	14.90	0.12405	200% Above	No	No
27241016801	DOXEPIN 25 MG CAPSULE	10	30.000	6.90	0.16017	26%-50% Above	No	No
27241016801	DOXEPIN 25 MG CAPSULE	12	30.000	6.90	0.19587	10%-25% Above	No	No
27241019230	TOLTERODINE TART ER 4 MG CAP	9	30.000	8.81	0.56488	26%-50% Below	No	No
27241019230	TOLTERODINE TART ER 4 MG CAP	9	30.000	14.90	0.56488	10%-25% Below	No	No
27241019230	TOLTERODINE TART ER 4 MG CAP	10	30.000	8.99	0.56231	26%-50% Below	No	No
27241019230	TOLTERODINE TART ER 4 MG CAP	10	30.000	14.90	0.56231	10%-25% Below	No	No
27241019230	TOLTERODINE TART ER 4 MG CAP	11	30.000	14.90	0.42737	10%-25% Above	No	No
27241019230	TOLTERODINE TART ER 4 MG CAP	12	30.000	14.90	0.39789	10%-25% Above	No	No
27241019290	TOLTERODINE TART ER 4 MG CAP	11	30.000	8.99	0.42737	26%-50% Below	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	9	6.000	0.29	0.13129	51%-75% Below	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	9	12.000	0.57	0.13129	51%-75% Below	No	No
27808003603	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	60.000	4.03	0.14248	51%-75% Below	No	No
27808003701	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	10	30.000	2.85	0.13512	26%-50% Below	Yes	No
27808003701	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	11	25.000	5.00	0.13547	26%-50% Above	No	No
27808003701	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	90.000	6.21	0.1392	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
27808003703	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	9	90.000	5.40	0.1351	51%-75% Below	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	10	60.000	3.33	0.03906	26%-50% Above	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	11	50.000	3.06	0.04382	26%-50% Above	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	11	180.000	4.90	0.04382	26%-50% Below	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	11	180.000	6.90	0.04382	10%-25% Below	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	11	200.000	9.90	0.04382	10%-25% Above	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	11	210.000	6.90	0.04382	10%-25% Below	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	100.000	0.01	0.04139	76%-100% Below	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	100.000	5.52	0.04139	26%-50% Above	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	118.000	7.83	0.04139	51%-75% Above	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	140.000	8.07	0.04139	26%-50% Above	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	200.000	9.94	0.04139	10%-25% Above	No	No
27808008602	HYDROCODONE-CHLORPHEN ER SUSP	11	70.000	16.67	0.40937	26%-50% Below	No	No
27808009301	DEXMETHYLPHENIDATE 10 MG TAB	10	30.000	0.30	0.34048	76%-100% Below	No	No
27808009301	DEXMETHYLPHENIDATE 10 MG TAB	11	30.000	4.49	0.38271	51%-75% Below	Yes	No
27808009301	DEXMETHYLPHENIDATE 10 MG TAB	12	30.000	16.20	0.41364	26%-50% Above	No	No
27808009301	DEXMETHYLPHENIDATE 10 MG TAB	12	60.000	8.55	0.41364	51%-75% Below	Yes	No
27808015503	ROSUVASTATIN CALCIUM 5 MG TAB	9	30.000	0.93	0.04774	26%-50% Below	No	No
27808015503	ROSUVASTATIN CALCIUM 5 MG TAB	10	30.000	0.93	0.04537	26%-50% Below	No	No
27808015503	ROSUVASTATIN CALCIUM 5 MG TAB	11	30.000	0.56	0.05232	51%-75% Below	No	No
27808015503	ROSUVASTATIN CALCIUM 5 MG TAB	12	30.000	0.86	0.04063	26%-50% Below	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	9	30.000	0.95	0.05258	26%-50% Below	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	9	30.000	0.96	0.05258	26%-50% Below	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	10	30.000	0.95	0.0499	26%-50% Below	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	11	30.000	0.90	0.051	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
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	12	30.000	0.90	0.04732	26%-50% Below	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	12	30.000	0.92	0.04732	26%-50% Below	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	9	30.000	1.21	0.07194	26%-50% Below	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	9	30.000	4.90	0.07194	101%-200% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	9	30.000	6.90	0.07194	200% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	9	30.000	14.90	0.07194	200% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	10	30.000	4.90	0.06569	101%-200% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	10	30.000	6.90	0.06569	200% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	10	30.000	14.90	0.06569	200% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	11	30.000	4.90	0.07081	101%-200% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	12	30.000	4.90	0.06776	101%-200% Above	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	9	30.000	4.90	0.07194	101%-200% Above	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	9	30.000	5.50	0.07194	101%-200% Above	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	9	30.000	6.90	0.07194	200% Above	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	10	30.000	1.21	0.06569	26%-50% Below	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	10	30.000	4.90	0.06569	101%-200% Above	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	10	30.000	6.90	0.06569	200% Above	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	11	30.000	1.18	0.07081	26%-50% Below	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	11	30.000	4.90	0.07081	101%-200% Above	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	11	30.000	6.90	0.07081	200% Above	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	12	30.000	1.21	0.06776	26%-50% Below	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	12	30.000	4.90	0.06776	101%-200% Above	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	12	30.000	6.90	0.06776	200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	9	30.000	4.90	0.11148	26%-50% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	10	30.000	4.90	0.10464	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
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	10	30.000	14.90	0.10464	200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	10	90.000	44.90	0.10464	200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	11	30.000	4.90	0.1187	26%-50% Above	No	No
27808020601	FEBUXOSTAT 40 MG TABLET	9	30.000	9.99	0.55154	26%-50% Below	No	No
27808020601	FEBUXOSTAT 40 MG TABLET	10	30.000	9.93	0.53527	26%-50% Below	No	No
27808023301	DOXYCYCLINE HYCLATE 100 MG CAP	11	20.000	9.90	0.14428	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	9	14.000	6.99	0.13081	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	9	20.000	9.90	0.13081	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	9	30.000	9.90	0.13081	101%-200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	9	60.000	4.90	0.13081	26%-50% Below	Yes	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	9	60.000	9.99	0.13081	26%-50% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	10	14.000	1.01	0.12965	26%-50% Below	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	10	20.000	14.01	0.12965	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	10	30.000	21.01	0.12965	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	10	60.000	4.90	0.12965	26%-50% Below	Yes	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	10	60.000	42.02	0.12965	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	11	30.000	0.00	0.14428	76%-100% Below	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	11	30.000	9.90	0.14428	101%-200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	11	60.000	42.02	0.14428	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	12	14.000	0.00	0.14273	76%-100% Below	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	12	20.000	9.90	0.14273	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	12	30.000	21.01	0.14273	200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	11	20.000	9.90	0.13976	200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	11	60.000	9.90	0.13976	10%-25% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	12	60.000	9.90	0.14535	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
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	10	20.000	14.90	0.1376	200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	11	10.000	9.90	0.13976	200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	11	14.000	14.99	0.13976	200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	12	20.000	6.90	0.14535	101%-200% Above	No	No
29033000301	SUCRALFATE 1 GM TABLET	10	60.000	23.66	0.21098	76%-100% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	9	30.000	4.50	0.03029	200% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	10	30.000	4.50	0.02964	200% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	11	30.000	4.50	0.03041	200% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	11	120.000	7.80	0.03041	101%-200% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	11	180.000	11.44	0.03041	101%-200% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	12	30.000	4.50	0.03097	200% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	12	180.000	11.44	0.03097	101%-200% Above	No	No
29300011105	LAMOTRIGINE 25 MG TABLET	9	180.000	11.44	0.03029	101%-200% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	9	30.000	2.41	0.05177	51%-75% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	10	30.000	2.41	0.0526	51%-75% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	10	90.000	6.45	0.0526	26%-50% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	11	30.000	2.41	0.04906	51%-75% Above	No	No
29300011305	LAMOTRIGINE 150 MG TABLET	10	90.000	7.49	0.06863	10%-25% Above	No	No
29300011316	LAMOTRIGINE 150 MG TABLET	12	30.000	2.83	0.0739	26%-50% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	10	30.000	0.33	0.01905	26%-50% Below	No	No
29300012410	MELOXICAM 7.5 MG TABLET	11	30.000	0.33	0.02001	26%-50% Below	No	No
29300012410	MELOXICAM 7.5 MG TABLET	12	30.000	0.33	0.02105	26%-50% Below	No	No
29300012510	MELOXICAM 15 MG TABLET	9	30.000	1.18	0.02097	76%-100% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	9	30.000	1.22	0.02097	76%-100% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	9	90.000	2.54	0.02097	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
29300012510	MELOXICAM 15 MG TABLET	10	30.000	1.18	0.02006	76%-100% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	10	30.000	1.22	0.02006	101%-200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	11	30.000	1.18	0.02223	76%-100% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	12	30.000	1.18	0.02175	76%-100% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	12	90.000	2.54	0.02175	26%-50% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	9	30.000	1.09	0.01295	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	9	30.000	1.13	0.01295	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	9	30.000	1.16	0.01295	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	9	90.000	2.28	0.01295	76%-100% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	10	30.000	1.07	0.01291	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	10	30.000	1.09	0.01291	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	10	30.000	1.16	0.01291	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	10	90.000	2.22	0.01291	76%-100% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	10	90.000	2.28	0.01291	76%-100% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	10	90.000	2.39	0.01291	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	11	30.000	1.07	0.01352	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	11	30.000	1.09	0.01352	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	11	30.000	1.13	0.01352	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	11	30.000	1.16	0.01352	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	11	180.000	3.94	0.01352	51%-75% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	12	30.000	1.07	0.01287	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	12	30.000	1.09	0.01287	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.000	2.28	0.01287	76%-100% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.000	2.39	0.01287	101%-200% Above	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	9	90.000	5.16	0.03188	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
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	10	90.000	5.16	0.03133	76%-100% Above	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	12	90.000	2.36	0.03415	10%-25% Below	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	12	90.000	5.16	0.03415	51%-75% Above	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	12	90.000	5.33	0.03415	51%-75% Above	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	12	180.000	10.74	0.03415	51%-75% Above	No	No
29300013010	HYDROCHLOROTHIAZIDE 12.5 MG CP	12	30.000	2.20	0.03415	101%-200% Above	No	No
29300013601	CLONIDINE HCL 0.2 MG TABLET	10	60.000	3.64	0.03672	51%-75% Above	No	No
29300013601	CLONIDINE HCL 0.2 MG TABLET	11	30.000	1.01	0.03798	10%-25% Below	No	No
29300013601	CLONIDINE HCL 0.2 MG TABLET	12	30.000	1.02	0.03794	10%-25% Below	No	No
29300014701	QUETIAPINE FUMARATE 25 MG TAB	9	45.000	0.76	0.03177	26%-50% Below	Yes	No
29300014701	QUETIAPINE FUMARATE 25 MG TAB	9	90.000	9.88	0.03177	200% Above	Yes	No
29300014701	QUETIAPINE FUMARATE 25 MG TAB	10	45.000	0.76	0.03234	26%-50% Below	Yes	No
29300014701	QUETIAPINE FUMARATE 25 MG TAB	12	90.000	9.88	0.03319	200% Above	Yes	No
29300014801	QUETIAPINE FUMARATE 50 MG TAB	11	30.000	0.79	0.04574	26%-50% Below	Yes	No
29300014801	QUETIAPINE FUMARATE 50 MG TAB	11	90.000	2.37	0.04574	26%-50% Below	Yes	No
29300014801	QUETIAPINE FUMARATE 50 MG TAB	12	30.000	56.18	0.04274	200% Above	No	No
29300014810	QUETIAPINE FUMARATE 50 MG TAB	9	30.000	4.87	0.04043	200% Above	No	No
29300014810	QUETIAPINE FUMARATE 50 MG TAB	11	30.000	4.87	0.04574	200% Above	No	No
29300014810	QUETIAPINE FUMARATE 50 MG TAB	12	30.000	4.87	0.04274	200% Above	No	No
29300014901	QUETIAPINE FUMARATE 100 MG TAB	9	45.000	6.87	0.05328	101%-200% Above	No	No
29300014901	QUETIAPINE FUMARATE 100 MG TAB	10	45.000	6.87	0.05603	101%-200% Above	No	No
29300014901	QUETIAPINE FUMARATE 100 MG TAB	11	45.000	6.87	0.06436	101%-200% Above	No	No
29300014901	QUETIAPINE FUMARATE 100 MG TAB	12	135.000	19.62	0.06107	101%-200% Above	No	No
29300015001	QUETIAPINE FUMARATE 200 MG TAB	9	30.000	5.29	0.10557	51%-75% Above	Yes	No
29300015001	QUETIAPINE FUMARATE 200 MG TAB	10	30.000	5.29	0.10685	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
29300015001	QUETIAPINE FUMARATE 200 MG TAB	11	30.000	5.29	0.11362	51%-75% Above	Yes	No
29300015001	QUETIAPINE FUMARATE 200 MG TAB	12	30.000	5.29	0.10587	51%-75% Above	Yes	No
29300015101	QUETIAPINE FUMARATE 300 MG TAB	9	30.000	2.29	0.14038	26%-50% Below	No	No
29300015101	QUETIAPINE FUMARATE 300 MG TAB	10	30.000	2.29	0.14762	26%-50% Below	No	No
29300015101	QUETIAPINE FUMARATE 300 MG TAB	11	90.000	6.86	0.15222	26%-50% Below	No	No
29300016910	TIZANIDINE HCL 4 MG TABLET	11	90.000	2.65	0.04204	26%-50% Below	No	No
29300018801	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	9	90.000	25.53	0.24919	10%-25% Above	No	No
29300018901	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	9	30.000	12.83	0.27967	51%-75% Above	No	No
29300018901	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	10	30.000	0.30	0.24779	76%-100% Below	No	No
29300018901	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	11	30.000	16.90	0.25526	101%-200% Above	No	No
29300018901	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	12	30.000	16.90	0.26573	101%-200% Above	No	No
29300019019	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	9	30.000	9.90	0.10158	200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	9	30.000	0.89	0.06484	51%-75% Below	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	10	30.000	4.90	0.06442	101%-200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	10	30.000	6.90	0.06442	200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	11	30.000	0.89	0.06473	51%-75% Below	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	11	30.000	6.90	0.06473	200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	12	30.000	0.89	0.06787	51%-75% Below	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	12	30.000	6.90	0.06787	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	9	30.000	15.83	0.06484	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	9	90.000	47.49	0.06484	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	10	30.000	34.39	0.06442	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	11	30.000	4.90	0.06473	101%-200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	11	90.000	0.90	0.06473	76%-100% Below	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	11	90.000	95.96	0.06473	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	12	30.000	31.99	0.06787	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	12	90.000	12.40	0.06787	101%-200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	12	90.000	95.96	0.06787	200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	11	14.000	4.90	0.13048	101%-200% Above	Yes	No
29300022705	METRONIDAZOLE 500 MG TABLET	10	30.000	11.08	0.12576	101%-200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	11	14.000	6.12	0.13048	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	11	21.000	0.21	0.13048	76%-100% Below	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	12	28.000	10.37	0.13017	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	11	90.000	5.58	0.02567	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	9	90.000	5.67	0.02495	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	10	90.000	5.67	0.02497	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	11	60.000	3.94	0.02567	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	12	90.000	0.01	0.02658	76%-100% Below	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	9	90.000	1.75	0.03491	26%-50% Below	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	9	90.000	6.17	0.03491	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	9	180.000	11.84	0.03491	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	10	30.000	2.48	0.03365	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	10	60.000	4.15	0.03365	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	10	90.000	6.17	0.03365	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	11	60.000	4.24	0.03254	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	11	90.000	6.17	0.03254	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	11	180.000	11.44	0.03254	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	12	60.000	4.15	0.03584	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	12	60.000	4.24	0.03584	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	12	90.000	6.06	0.03584	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
29300024505	BUSPIRONE HCL 10 MG TABLET	12	90.000	6.17	0.03584	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	12	180.000	11.84	0.03584	76%-100% Above	No	No
29300024601	BUSPIRONE HCL 15 MG TABLET	9	180.000	7.40	0.04868	10%-25% Below	No	No
29300024601	BUSPIRONE HCL 15 MG TABLET	12	180.000	7.40	0.04974	10%-25% Below	No	No
29300024605	BUSPIRONE HCL 15 MG TABLET	9	120.000	6.90	0.04868	10%-25% Above	No	No
29300024605	BUSPIRONE HCL 15 MG TABLET	9	180.000	14.16	0.04868	51%-75% Above	No	No
29300024605	BUSPIRONE HCL 15 MG TABLET	10	90.000	7.57	0.04764	76%-100% Above	No	No
29300024605	BUSPIRONE HCL 15 MG TABLET	10	120.000	6.90	0.04764	10%-25% Above	No	No
29300024605	BUSPIRONE HCL 15 MG TABLET	11	120.000	6.90	0.04837	10%-25% Above	No	No
29300024605	BUSPIRONE HCL 15 MG TABLET	11	270.000	21.72	0.04837	51%-75% Above	No	No
29300024605	BUSPIRONE HCL 15 MG TABLET	12	60.000	4.90	0.04974	51%-75% Above	No	No
29300024605	BUSPIRONE HCL 15 MG TABLET	12	60.000	5.05	0.04974	51%-75% Above	No	No
29300024605	BUSPIRONE HCL 15 MG TABLET	12	120.000	6.90	0.04974	10%-25% Above	No	No
29300024618	BUSPIRONE HCL 15 MG TABLET	9	270.000	21.22	0.04868	51%-75% Above	No	No
29300028713	TADALAFIL 5 MG TABLET	9	90.000	203.68	0.15769	200% Above	Yes	No
29300032813	SOLIFENACIN 5 MG TABLET	9	30.000	4.90	0.21014	10%-25% Below	No	No
29300032813	SOLIFENACIN 5 MG TABLET	10	30.000	4.90	0.18781	10%-25% Below	No	No
29300034901	ALLOPURINOL 100 MG TABLET	9	30.000	0.86	0.05071	26%-50% Below	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	9	30.000	6.90	0.05071	200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	10	30.000	0.86	0.04922	26%-50% Below	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	10	30.000	6.90	0.04922	200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	10	90.000	22.74	0.04922	200% Above	No	No
29300034901	ALLOPURINOL 100 MG TABLET	11	30.000	6.90	0.05009	200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	12	30.000	0.86	0.05129	26%-50% Below	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	12	30.000	6.90	0.05129	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
29300034905	ALLOPURINOL 100 MG TABLET	9	90.000	7.40	0.05071	51%-75% Above	No	No
29300034905	ALLOPURINOL 100 MG TABLET	10	30.000	4.00	0.04922	101%-200% Above	No	No
29300034905	ALLOPURINOL 100 MG TABLET	12	90.000	2.58	0.05129	26%-50% Below	No	No
29300035005	ALLOPURINOL 300 MG TABLET	9	30.000	6.90	0.07487	200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	9	90.000	19.22	0.07487	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	9	90.000	24.98	0.07487	200% Above	No	No
29300035005	ALLOPURINOL 300 MG TABLET	10	30.000	6.90	0.07133	200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	10	90.000	17.75	0.07133	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	10	90.000	21.39	0.07133	200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	10	90.000	25.98	0.07133	200% Above	No	No
29300035005	ALLOPURINOL 300 MG TABLET	12	90.000	24.98	0.07441	200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	9	12.000	3.76	0.02747	200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	9	14.000	1.39	0.02747	200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	9	14.000	4.38	0.02747	200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	10	120.000	37.58	0.03046	200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	11	14.000	4.39	0.02841	200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	12	7.000	2.19	0.03534	200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	12	12.000	3.76	0.03534	200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	12	20.000	0.78	0.03534	10%-25% Above	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	9	120.000	2.85	0.02747	10%-25% Below	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	9	180.000	2.96	0.02747	26%-50% Below	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	10	120.000	2.85	0.03046	10%-25% Below	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	10	180.000	4.03	0.03046	26%-50% Below	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	9	90.000	2.09	0.01085	101%-200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	10	90.000	2.09	0.01054	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
29300039705	AMLODIPINE BESYLATE 5 MG TAB	11	30.000	0.19	0.01133	26%-50% Below	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	11	30.000	1.05	0.01133	200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	11	30.000	5.52	0.01133	200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	11	90.000	2.16	0.01133	101%-200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	12	30.000	1.05	0.01187	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	9	30.000	1.15	0.01085	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	9	90.000	2.18	0.01085	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	10	24.000	0.94	0.01054	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	10	30.000	1.05	0.01054	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	10	90.000	2.09	0.01054	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	10	90.000	2.26	0.01054	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	11	30.000	0.18	0.01133	26%-50% Below	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	30.000	5.52	0.01187	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	90.000	7.31	0.01187	200% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	9	30.000	1.23	0.01527	101%-200% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	10	30.000	1.23	0.01476	101%-200% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	11	90.000	2.70	0.01478	101%-200% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	12	30.000	1.30	0.01817	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	9	30.000	1.26	0.01527	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	9	90.000	2.79	0.01527	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	10	30.000	1.26	0.01476	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	10	90.000	9.05	0.01476	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	11	9.000	0.91	0.01478	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	11	30.000	1.26	0.01478	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	11	90.000	2.48	0.01478	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
29300039810	AMLODIPINE BESYLATE 10 MG TAB	12	30.000	1.26	0.01817	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	12	81.000	8.15	0.01817	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	12	90.000	9.05	0.01817	200% Above	No	No
29300040101	ATENOLOL-CHLORTHALIDONE 100-25	10	30.000	14.90	0.43306	10%-25% Above	No	No
29300040101	ATENOLOL-CHLORTHALIDONE 100-25	12	30.000	14.90	0.43785	10%-25% Above	No	No
29300041101	ATENOLOL 50 MG TABLET	9	90.000	7.16	0.02671	101%-200% Above	No	No
29300041101	ATENOLOL 50 MG TABLET	12	30.000	2.39	0.02676	101%-200% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	9	5.000	0.67	0.02198	200% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	12	15.000	2.56	0.02222	200% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	12	30.000	0.36	0.02222	26%-50% Below	Yes	No
29300041319	CYCLOBENZAPRINE 5 MG TABLET	12	30.000	0.87	0.02222	26%-50% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	9	30.000	0.28	0.02342	51%-75% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	10	30.000	1.16	0.02251	51%-75% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	10	30.000	3.42	0.02251	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	11	30.000	1.16	0.02229	51%-75% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	9	30.000	1.14	0.02342	51%-75% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	10	30.000	1.46	0.02251	101%-200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	11	30.000	1.14	0.02229	51%-75% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	12	30.000	1.14	0.02252	51%-75% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	12	30.000	17.82	0.02252	200% Above	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	10	30.000	0.00	0.04365	76%-100% Below	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	11	30.000	0.00	0.04651	76%-100% Below	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	11	90.000	10.48	0.04651	101%-200% Above	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	12	30.000	0.00	0.04574	76%-100% Below	No	No
29300042001	AMITRIPTYLINE HCL 25 MG TAB	9	30.000	4.00	0.06226	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
29300042010	AMITRIPTYLINE HCL 25 MG TAB	9	30.000	7.17	0.06226	200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	9	60.000	13.93	0.06226	200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	10	30.000	7.17	0.06301	200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	10	60.000	13.93	0.06301	200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	10	90.000	20.52	0.06301	200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	11	30.000	7.17	0.06781	200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	11	60.000	13.93	0.06781	200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	11	180.000	40.53	0.06781	200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	12	30.000	0.00	0.06207	76%-100% Below	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	12	30.000	4.90	0.06207	101%-200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	12	30.000	7.17	0.06207	200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	12	30.000	7.42	0.06207	200% Above	No	No
29300042301	AMITRIPTYLINE HCL 100 MG TAB	9	28.000	9.90	0.15299	101%-200% Above	No	No
29300042301	AMITRIPTYLINE HCL 100 MG TAB	10	28.000	9.90	0.16751	101%-200% Above	No	No
29300042401	AMITRIPTYLINE HCL 150 MG TAB	10	15.000	14.90	0.26272	200% Above	No	No
29300045801	GUANFACINE 1 MG TABLET	9	30.000	6.11	0.34831	26%-50% Below	Yes	No
29300046801	CLONIDINE HCL 0.1 MG TABLET	9	30.000	1.20	0.02694	26%-50% Above	No	No
29300046801	CLONIDINE HCL 0.1 MG TABLET	10	30.000	1.84	0.02738	101%-200% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	9	30.000	1.23	0.02694	51%-75% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	10	30.000	1.23	0.02738	26%-50% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	10	30.000	1.32	0.02738	51%-75% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	11	30.000	1.23	0.02716	26%-50% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	11	30.000	1.32	0.02716	51%-75% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	12	30.000	1.32	0.0275	51%-75% Above	No	No
31722000290	VENLAFAXINE HCL ER 37.5 MG CAP	9	30.000	15.00	0.10056	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
31722000290	VENLAFAXINE HCL ER 37.5 MG CAP	9	49.000	24.50	0.10056	200% Above	No	No
31722000390	VENLAFAXINE HCL ER 75 MG CAP	9	30.000	15.00	0.11235	200% Above	No	No
31722000390	VENLAFAXINE HCL ER 75 MG CAP	10	30.000	15.00	0.10313	200% Above	No	No
31722000390	VENLAFAXINE HCL ER 75 MG CAP	11	30.000	15.00	0.11516	200% Above	No	No
31722000390	VENLAFAXINE HCL ER 75 MG CAP	12	30.000	15.00	0.11518	200% Above	No	No
31722000390	VENLAFAXINE HCL ER 75 MG CAP	12	60.000	30.00	0.11518	200% Above	No	No
31722000390	VENLAFAXINE HCL ER 75 MG CAP	12	90.000	38.00	0.11518	200% Above	No	No
31722000430	VENLAFAXINE HCL ER 150 MG CAP	10	60.000	30.00	0.14823	200% Above	No	No
31722000430	VENLAFAXINE HCL ER 150 MG CAP	11	60.000	30.00	0.15685	200% Above	No	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	9	30.000	15.00	0.15018	200% Above	No	No
31722001710	FAMOTIDINE 20 MG TABLET	9	14.000	1.06	0.03019	101%-200% Above	No	No
31722002401	OXCARBAZEPINE 300 MG TABLET	9	60.000	6.29	0.19444	26%-50% Below	No	No
31722012805	GEMFIBROZIL 600 MG TABLET	9	180.000	15.48	0.10204	10%-25% Below	Yes	No
31722012805	GEMFIBROZIL 600 MG TABLET	9	180.000	24.00	0.10204	26%-50% Above	No	No
31722012805	GEMFIBROZIL 600 MG TABLET	12	180.000	13.34	0.10498	26%-50% Below	Yes	No
31722012805	GEMFIBROZIL 600 MG TABLET	12	180.000	24.00	0.10498	26%-50% Above	No	No
31722014505	SERTRALINE HCL 25 MG TABLET	11	30.000	0.93	0.03642	10%-25% Below	No	No
31722014805	GABAPENTIN 100 MG CAPSULE	12	30.000	1.80	0.02527	101%-200% Above	No	No
31722015290	VALSARTAN 80 MG TABLET	9	30.000	8.76	0.14684	76%-100% Above	No	No
31722015290	VALSARTAN 80 MG TABLET	10	30.000	9.90	0.14293	101%-200% Above	No	No
31722015290	VALSARTAN 80 MG TABLET	11	30.000	0.30	0.17188	76%-100% Below	No	No
31722015290	VALSARTAN 80 MG TABLET	12	30.000	9.90	0.15531	101%-200% Above	No	No
31722015490	VALSARTAN 320 MG TABLET	9	30.000	22.54	0.24086	200% Above	No	No
31722015490	VALSARTAN 320 MG TABLET	10	30.000	14.90	0.22157	101%-200% Above	No	No
31722015490	VALSARTAN 320 MG TABLET	11	90.000	124.44	0.25144	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
31722016601	GABAPENTIN 600 MG TABLET	9	30.000	4.02	0.09614	26%-50% Above	No	No
31722016605	GABAPENTIN 600 MG TABLET	12	90.000	10.77	0.10861	10%-25% Above	No	No
31722017301	METHYLPHENIDATE 5 MG TABLET	12	30.000	1.71	0.11145	26%-50% Below	No	No
31722052001	HYDRALAZINE 25 MG TABLET	9	90.000	4.00	0.03877	10%-25% Above	No	No
31722052001	HYDRALAZINE 25 MG TABLET	11	90.000	4.00	0.03959	10%-25% Above	No	No
31722052001	HYDRALAZINE 25 MG TABLET	12	90.000	4.00	0.03981	10%-25% Above	No	No
31722052010	HYDRALAZINE 25 MG TABLET	9	90.000	6.90	0.03877	76%-100% Above	No	No
31722052010	HYDRALAZINE 25 MG TABLET	11	90.000	6.90	0.03959	76%-100% Above	No	No
31722052010	HYDRALAZINE 25 MG TABLET	12	90.000	6.90	0.03981	76%-100% Above	No	No
31722052101	HYDRALAZINE 50 MG TABLET	11	180.000	32.26	0.04949	200% Above	Yes	No
31722052530	FINASTERIDE 5 MG TABLET	12	90.000	12.97	0.07469	76%-100% Above	No	No
31722053101	TORSEMIDE 20 MG TABLET	9	60.000	6.90	0.07834	26%-50% Above	No	No
31722053101	TORSEMIDE 20 MG TABLET	10	60.000	6.90	0.08045	26%-50% Above	No	No
31722053101	TORSEMIDE 20 MG TABLET	11	60.000	6.90	0.07685	26%-50% Above	No	No
31722053101	TORSEMIDE 20 MG TABLET	11	90.000	15.98	0.07685	101%-200% Above	Yes	No
31722053101	TORSEMIDE 20 MG TABLET	12	60.000	6.90	0.07969	26%-50% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	11	30.000	5.45	0.04549	200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	11	40.000	3.22	0.04549	76%-100% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	11	90.000	8.16	0.04549	76%-100% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	12	30.000	5.45	0.04354	200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	12	40.000	7.27	0.04354	200% Above	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	12	90.000	6.63	0.04354	51%-75% Above	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	9	30.000	1.01	0.04685	26%-50% Below	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	10	15.000	2.24	0.04779	200% Above	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	11	60.000	2.01	0.05129	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
31722053401	METHOCARBAMOL 750 MG TABLET	12	60.000	1.96	0.05007	26%-50% Below	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	12	90.000	2.77	0.05007	26%-50% Below	No	No
31722054201	INDOMETHACIN 25 MG CAPSULE	12	30.000	1.00	0.09818	51%-75% Below	Yes	No
31722054301	INDOMETHACIN 50 MG CAPSULE	9	21.000	3.29	0.10867	26%-50% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	9	30.000	1.38	0.08116	26%-50% Below	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	9	30.000	4.90	0.08116	101%-200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	9	30.000	5.00	0.08116	101%-200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	10	30.000	4.90	0.07596	101%-200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	10	30.000	8.95	0.07596	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	10	90.000	9.90	0.07596	26%-50% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	10	90.000	25.34	0.07596	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	11	30.000	8.95	0.08714	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	12	30.000	4.90	0.07872	101%-200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	12	30.000	6.90	0.07872	101%-200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	12	30.000	8.95	0.07872	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	12	30.000	9.45	0.07872	200% Above	No	No
31722056501	INDOMETHACIN ER 75 MG CAPSULE	9	30.000	4.90	0.19081	10%-25% Below	No	No
31722057310	ESOMEPRAZOLE MAG DR 40 MG CAP	10	90.000	44.90	0.1529	200% Above	No	No
31722057310	ESOMEPRAZOLE MAG DR 40 MG CAP	12	30.000	14.90	0.16851	101%-200% Above	No	No
31722058730	NEBIVOLOL 10 MG TABLET	11	90.000	12.40	0.17483	10%-25% Below	No	No
31722059690	FENOFIBRATE 145 MG TABLET	9	90.000	24.00	0.16054	51%-75% Above	No	No
31722059690	FENOFIBRATE 145 MG TABLET	12	90.000	24.00	0.13637	76%-100% Above	No	No
31722061205	PREGABALIN 75 MG CAPSULE	9	60.000	2.56	0.06258	26%-50% Below	No	No
31722061490	PREGABALIN 150 MG CAPSULE	12	30.000	1.30	0.07074	26%-50% Below	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	10	10.000	17.64	1.27713	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	11	10.000	17.64	1.04685	51%-75% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	11	10.000	18.95	1.04685	76%-100% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.000	14.90	1.324	10%-25% Above	Yes	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.000	18.95	1.324	26%-50% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.000	46.22	1.324	200% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.000	48.64	1.324	200% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.000	63.12	1.324	200% Above	No	No
31722064430	TADALAFIL 5 MG TABLET	9	60.000	19.90	0.15769	101%-200% Above	No	No
31722066430	ESOMEPRAZOLE MAG DR 20 MG CAP	10	30.000	6.90	0.16649	26%-50% Above	No	No
31722066510	ESOMEPRAZOLE MAG DR 40 MG CAP	9	30.000	9.90	0.16685	76%-100% Above	No	No
31722066510	ESOMEPRAZOLE MAG DR 40 MG CAP	10	30.000	9.90	0.1529	101%-200% Above	No	No
31722066510	ESOMEPRAZOLE MAG DR 40 MG CAP	11	30.000	9.90	0.16904	76%-100% Above	No	No
31722066510	ESOMEPRAZOLE MAG DR 40 MG CAP	12	30.000	9.90	0.16851	76%-100% Above	No	No
31722066530	ESOMEPRAZOLE MAG DR 40 MG CAP	9	90.000	66.34	0.16685	200% Above	No	No
31722066530	ESOMEPRAZOLE MAG DR 40 MG CAP	12	90.000	12.40	0.16851	10%-25% Below	No	No
31722066590	ESOMEPRAZOLE MAG DR 40 MG CAP	9	90.000	157.98	0.16685	200% Above	Yes	No
31722066590	ESOMEPRAZOLE MAG DR 40 MG CAP	12	90.000	136.11	0.16851	200% Above	Yes	No
31722066960	RANOLAZINE ER 1,000 MG TABLET	9	60.000	10.80	0.29117	26%-50% Below	No	No
31722068147	ACYCLOVIR 200 MG/5 ML SUSP	9	35.000	9.90	0.1435	76%-100% Above	No	No
31722068147	ACYCLOVIR 200 MG/5 ML SUSP	11	105.000	9.90	0.12978	26%-50% Below	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	9	30.000	2.59	0.03491	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	9	30.000	2.71	0.03491	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	10	30.000	2.59	0.03331	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	10	30.000	2.71	0.03331	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	11	30.000	2.59	0.03536	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
31722070010	LOSARTAN POTASSIUM 25 MG TAB	11	90.000	5.37	0.03536	51%-75% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	11	90.000	6.55	0.03536	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	11	90.000	6.77	0.03536	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	12	30.000	2.59	0.0336	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	12	90.000	1.54	0.0336	26%-50% Below	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	9	30.000	2.59	0.03491	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	9	30.000	5.56	0.03491	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	9	90.000	6.27	0.03491	76%-100% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	10	30.000	2.59	0.03331	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	10	90.000	23.88	0.03331	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	11	30.000	2.59	0.03536	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	11	90.000	6.27	0.03536	76%-100% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	12	30.000	2.59	0.0336	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	12	90.000	6.27	0.0336	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	9	30.000	0.81	0.04465	26%-50% Below	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	9	30.000	3.09	0.04465	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	9	30.000	3.24	0.04465	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	9	90.000	8.27	0.04465	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	10	30.000	3.09	0.04293	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	10	30.000	3.24	0.04293	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	10	60.000	5.68	0.04293	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	11	30.000	3.09	0.04571	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	11	30.000	3.24	0.04571	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	11	60.000	5.68	0.04571	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	11	90.000	8.27	0.04571	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	12	30.000	3.09	0.04338	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	12	30.000	3.24	0.04338	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	12	60.000	5.68	0.04338	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	12	90.000	8.27	0.04338	101%-200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	9	30.000	3.00	0.04465	101%-200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	9	30.000	7.90	0.04465	200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	9	90.000	18.41	0.04465	200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	10	30.000	2.59	0.04293	101%-200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	10	90.000	7.99	0.04293	101%-200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	10	90.000	23.71	0.04293	200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	11	90.000	7.77	0.04571	76%-100% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	12	30.000	2.59	0.04338	76%-100% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	12	90.000	7.77	0.04338	76%-100% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	12	90.000	16.49	0.04338	200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	9	90.000	12.30	0.06234	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	11	30.000	4.58	0.06266	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	11	90.000	11.33	0.06266	76%-100% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	11	90.000	12.30	0.06266	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	12	30.000	4.43	0.06024	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	12	30.000	4.58	0.06024	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	12	30.000	4.82	0.06024	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	12	90.000	12.30	0.06024	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	9	30.000	9.00	0.06234	200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	9	90.000	24.00	0.06234	200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	10	30.000	1.22	0.05981	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
31722070290	LOSARTAN POTASSIUM 100 MG TAB	10	30.000	9.00	0.05981	200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	10	90.000	24.00	0.05981	200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	11	30.000	9.00	0.06266	200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	11	90.000	24.00	0.06266	200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	12	30.000	9.00	0.06024	200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	12	90.000	24.00	0.06024	200% Above	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	9	30.000	6.90	0.28541	10%-25% Below	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	9	30.000	9.90	0.28541	10%-25% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	9	30.000	13.50	0.28541	51%-75% Above	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	10	30.000	13.50	0.28806	51%-75% Above	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	10	90.000	13.55	0.28806	26%-50% Below	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	11	6.000	0.92	0.26369	26%-50% Below	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	11	30.000	9.90	0.26369	10%-25% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	11	30.000	13.50	0.26369	51%-75% Above	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	12	6.000	3.60	0.27329	101%-200% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	12	12.000	6.70	0.27329	101%-200% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	12	30.000	9.90	0.27329	10%-25% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	12	30.000	13.50	0.27329	51%-75% Above	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	12	60.000	9.90	0.27329	26%-50% Below	Yes	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	11	90.000	29.99	0.26369	26%-50% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	9	21.000	14.90	0.48253	26%-50% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	9	30.000	8.48	0.48253	26%-50% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	10	2.000	2.16	0.50396	101%-200% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	10	14.000	9.90	0.50396	26%-50% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	10	30.000	8.14	0.50396	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
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	11	8.000	8.66	0.47086	101%-200% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	11	14.000	9.90	0.47086	26%-50% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	11	20.000	14.90	0.47086	51%-75% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	11	30.000	8.15	0.47086	26%-50% Below	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	11	90.000	59.90	0.47086	26%-50% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	12	8.000	8.66	0.50974	101%-200% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	12	9.000	10.24	0.50974	101%-200% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	12	20.000	5.66	0.50974	26%-50% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	12	30.000	8.48	0.50974	26%-50% Below	Yes	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	10	4.000	4.83	0.50396	101%-200% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	10	30.000	27.06	0.50396	76%-100% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	11	21.000	14.90	0.47086	26%-50% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	11	30.000	27.06	0.47086	76%-100% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	12	6.000	1.63	0.50974	26%-50% Below	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	12	10.000	9.90	0.50974	76%-100% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	12	21.000	14.90	0.50974	26%-50% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	12	30.000	27.06	0.50974	76%-100% Above	No	No
31722071030	SILDENAFIL 50 MG TABLET	9	6.000	9.90	0.20633	200% Above	No	No
31722071030	SILDENAFIL 50 MG TABLET	9	15.000	9.90	0.20633	200% Above	No	No
31722071030	SILDENAFIL 50 MG TABLET	12	18.000	478.18	0.16827	200% Above	No	No
31722071101	SILDENAFIL 100 MG TABLET	10	6.000	125.15	0.20455	200% Above	No	No
31722071101	SILDENAFIL 100 MG TABLET	11	6.000	9.90	0.23181	200% Above	No	No
31722071101	SILDENAFIL 100 MG TABLET	12	6.000	9.90	0.2187	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	9	90.000	10.42	0.05797	76%-100% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	11	28.000	3.86	0.05408	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
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	11	30.000	3.90	0.05408	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	11	30.000	4.10	0.05408	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	11	90.000	10.42	0.05408	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	12	28.000	3.86	0.05525	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.000	3.90	0.05525	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.000	4.10	0.05525	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.000	10.42	0.05525	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.000	10.69	0.05525	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	9	30.000	16.70	0.05797	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	9	30.000	38.99	0.05797	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	9	90.000	8.16	0.05797	51%-75% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	9	90.000	10.19	0.05797	76%-100% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	9	90.000	50.11	0.05797	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	9	90.000	108.63	0.05797	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	10	30.000	3.90	0.05326	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	10	30.000	36.21	0.05326	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	10	30.000	38.99	0.05326	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	10	90.000	7.54	0.05326	51%-75% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	10	90.000	10.19	0.05326	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	10	90.000	10.69	0.05326	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	11	30.000	0.30	0.05408	76%-100% Below	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	11	30.000	3.40	0.05408	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	11	30.000	3.90	0.05408	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	11	30.000	4.10	0.05408	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	11	90.000	7.54	0.05408	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
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	11	90.000	10.19	0.05408	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.000	0.30	0.05525	76%-100% Below	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.000	3.40	0.05525	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.000	3.90	0.05525	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.000	36.21	0.05525	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.000	7.04	0.05525	26%-50% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.000	10.19	0.05525	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.000	10.33	0.05525	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.000	10.69	0.05525	101%-200% Above	No	No
31722071630	ATOMOXETINE HCL 25 MG CAPSULE	9	30.000	48.73	0.48329	200% Above	No	No
31722071630	ATOMOXETINE HCL 25 MG CAPSULE	10	60.000	97.46	0.59776	101%-200% Above	No	No
31722071630	ATOMOXETINE HCL 25 MG CAPSULE	12	90.000	146.20	0.54734	101%-200% Above	No	No
31722071730	ATOMOXETINE HCL 40 MG CAPSULE	9	30.000	109.28	0.71293	200% Above	No	No
31722071730	ATOMOXETINE HCL 40 MG CAPSULE	10	30.000	16.92	0.68847	10%-25% Below	Yes	No
31722071730	ATOMOXETINE HCL 40 MG CAPSULE	10	90.000	77.59	0.68847	10%-25% Above	No	No
31722071730	ATOMOXETINE HCL 40 MG CAPSULE	11	30.000	109.28	0.76598	200% Above	No	No
31722071930	ATOMOXETINE HCL 80 MG CAPSULE	9	30.000	17.14	0.86225	26%-50% Below	No	No
31722071930	ATOMOXETINE HCL 80 MG CAPSULE	10	30.000	15.52	0.66564	10%-25% Below	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	10	5.000	0.47	0.15554	26%-50% Below	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	10	7.000	0.66	0.15554	26%-50% Below	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	11	10.000	1.49	0.18173	10%-25% Below	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	11	10.000	8.33	0.18173	200% Above	No	No
31722072320	LEVOFLOXACIN 750 MG TABLET	10	7.000	2.78	0.28976	26%-50% Above	No	No
31722072320	LEVOFLOXACIN 750 MG TABLET	11	7.000	3.19	0.29809	51%-75% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	9	30.000	4.90	0.06484	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
31722072610	MONTELUKAST SOD 10 MG TABLET	9	30.000	5.00	0.06484	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	9	30.000	6.90	0.06484	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	9	30.000	7.09	0.06484	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	9	30.000	7.19	0.06484	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	9	30.000	7.48	0.06484	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	10	30.000	0.89	0.06442	51%-75% Below	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	10	30.000	4.90	0.06442	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	10	30.000	5.00	0.06442	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	10	30.000	6.90	0.06442	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	10	30.000	7.09	0.06442	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	10	30.000	7.19	0.06442	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	10	30.000	7.48	0.06442	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	10	90.000	12.40	0.06442	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	10	90.000	13.50	0.06442	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	11	30.000	0.89	0.06473	51%-75% Below	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	11	30.000	4.90	0.06473	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	11	30.000	6.90	0.06473	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	11	30.000	6.90	0.06473	200% Above	Yes	No
31722072610	MONTELUKAST SOD 10 MG TABLET	11	30.000	7.09	0.06473	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	11	30.000	7.48	0.06473	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	11	90.000	20.27	0.06473	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	12	30.000	0.89	0.06787	51%-75% Below	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	12	30.000	4.90	0.06787	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	12	30.000	6.90	0.06787	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	12	30.000	7.09	0.06787	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	12	30.000	7.48	0.06787	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	9	30.000	0.00	0.06484	76%-100% Below	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	9	90.000	12.49	0.06484	101%-200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	10	90.000	32.29	0.06442	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	11	90.000	32.29	0.06473	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	12	90.000	32.29	0.06787	200% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	9	30.000	6.90	0.08388	101%-200% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	9	90.000	25.48	0.08388	200% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	10	30.000	4.90	0.07589	101%-200% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	10	30.000	6.90	0.07589	200% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	11	30.000	4.90	0.07919	101%-200% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	11	30.000	6.90	0.07919	101%-200% Above	No	No
31722072930	IRBESARTAN 75 MG TABLET	11	30.000	2.94	0.1404	26%-50% Below	Yes	No
31722073030	IRBESARTAN 150 MG TABLET	9	90.000	9.90	0.13633	10%-25% Below	No	No
31722073190	IRBESARTAN 300 MG TABLET	11	90.000	44.90	0.23198	101%-200% Above	No	No
31722077801	ACYCLOVIR 800 MG TABLET	10	8.000	0.79	0.19269	26%-50% Below	No	No
31722077805	ACYCLOVIR 800 MG TABLET	9	20.000	1.97	0.18623	26%-50% Below	No	No
31722088290	ROSUVASTATIN CALCIUM 5 MG TAB	9	90.000	0.01	0.04774	76%-100% Below	No	No
31722088290	ROSUVASTATIN CALCIUM 5 MG TAB	9	90.000	32.84	0.04774	200% Above	No	No
31722088290	ROSUVASTATIN CALCIUM 5 MG TAB	12	90.000	32.84	0.04063	200% Above	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	10	90.000	2.85	0.0499	26%-50% Below	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	12	90.000	34.59	0.04732	200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	10	90.000	12.40	0.06569	101%-200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	11	30.000	14.69	0.07081	200% Above	No	No
31722088530	ROSUVASTATIN CALCIUM 40 MG TAB	10	90.000	54.55	0.10464	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
31722093432	DROSPIRENONE-EE 3-0.02 MG TAB	12	28.000	44.19	0.27307	200% Above	No	No
31722093432	DROSPIRENONE-EE 3-0.02 MG TAB	12	84.000	132.58	0.27307	200% Above	No	No
31722093612	OMEGA-3 ETHYL ESTERS 1 GM CAP	9	120.000	8.82	0.16736	51%-75% Below	No	No
31722093612	OMEGA-3 ETHYL ESTERS 1 GM CAP	10	120.000	6.90	0.16347	51%-75% Below	No	No
31722093612	OMEGA-3 ETHYL ESTERS 1 GM CAP	10	120.000	39.13	0.16347	76%-100% Above	No	No
31722094531	DROSPIRENONE-EE 3-0.03 MG TAB	11	84.000	29.99	0.19861	76%-100% Above	No	No
31722095201	METHYLPHENIDATE ER 18 MG TAB	11	30.000	17.61	0.97724	26%-50% Below	No	No
31722095501	METHYLPHENIDATE ER 54 MG TAB	9	30.000	15.80	0.71362	26%-50% Below	No	No
31722095501	METHYLPHENIDATE ER 54 MG TAB	10	30.000	15.80	0.74071	26%-50% Below	No	No
31722095501	METHYLPHENIDATE ER 54 MG TAB	11	30.000	13.33	1.26757	51%-75% Below	No	No
31722095501	METHYLPHENIDATE ER 54 MG TAB	12	30.000	15.38	1.07655	51%-75% Below	No	No
31722095801	BENZONATATE 200 MG CAPSULE	9	20.000	7.00	0.113	200% Above	No	No
31722095801	BENZONATATE 200 MG CAPSULE	10	20.000	7.00	0.11413	200% Above	No	No
33342002332	LEVOFLOXACIN 750 MG TABLET	9	5.000	2.49	0.28359	51%-75% Above	Yes	No
33342002332	LEVOFLOXACIN 750 MG TABLET	9	7.000	3.19	0.28359	51%-75% Above	Yes	No
33342002332	LEVOFLOXACIN 750 MG TABLET	12	10.000	1.91	0.29257	26%-50% Below	Yes	No
33342004710	IRBESARTAN 75 MG TABLET	9	30.000	2.94	0.14129	26%-50% Below	Yes	No
33342004710	IRBESARTAN 75 MG TABLET	10	30.000	2.94	0.14032	26%-50% Below	Yes	No
33342004710	IRBESARTAN 75 MG TABLET	12	30.000	2.94	0.13439	26%-50% Below	Yes	No
33342004810	IRBESARTAN 150 MG TABLET	9	90.000	29.90	0.13633	101%-200% Above	No	No
33342005007	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	11	30.000	14.06	0.10157	200% Above	No	No
33342005007	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	12	30.000	14.06	0.08922	200% Above	No	No
33342005244	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	12	30.000	14.90	0.12458	200% Above	No	No
33342005707	IRBESARTAN-HYDROCHLOROTHIAZIDE 150-12.5 MG TB	12	90.000	38.15	0.17844	101%-200% Above	No	No
33342006310	VALSARTAN 80 MG TABLET	11	30.000	9.90	0.17188	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
33342007410	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	9	30.000	14.90	0.18357	101%-200% Above	No	No
33342007410	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	10	30.000	14.90	0.18162	101%-200% Above	No	No
33342007410	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	11	30.000	14.90	0.18423	101%-200% Above	No	No
33342007410	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	11	90.000	51.53	0.18423	200% Above	No	No
33342007410	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	12	30.000	14.90	0.19492	101%-200% Above	No	No
33342007410	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	12	90.000	44.90	0.19492	101%-200% Above	No	No
33342008745	RIZATRIPTAN 5 MG TABLET	10	30.000	8.81	0.48354	26%-50% Below	No	No
33342008841	RIZATRIPTAN 10 MG TABLET	9	9.000	9.90	0.35836	200% Above	No	No
33342009441	RIZATRIPTAN 10 MG ODT	9	10.000	14.90	0.62967	101%-200% Above	No	No
33342009441	RIZATRIPTAN 10 MG ODT	10	8.000	12.49	0.62338	101%-200% Above	No	No
33342009441	RIZATRIPTAN 10 MG ODT	10	30.000	13.06	0.62338	26%-50% Below	No	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	10	30.000	2.29	0.12428	26%-50% Below	No	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	10	90.000	12.40	0.12428	10%-25% Above	No	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	11	30.000	2.20	0.13145	26%-50% Below	No	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	12	30.000	2.20	0.12756	26%-50% Below	No	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	12	30.000	6.90	0.12756	76%-100% Above	No	No
33342020010	LEVOCETIRIZINE 5 MG TABLET	12	90.000	9.90	0.07872	26%-50% Above	No	No
33342025866	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.000	18.95	1.324	26%-50% Above	No	No
33342025866	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.000	19.90	1.324	26%-50% Above	No	No
33342029907	ESZOPICLONE 1 MG TABLET	11	15.000	11.80	0.20453	200% Above	No	No
33342030111	ESZOPICLONE 3 MG TABLET	10	90.000	9.90	0.09837	10%-25% Above	No	No
33342032715	TRIAMCINOLONE 0.025% CREAM	11	15.000	0.69	0.1497	51%-75% Below	Yes	No
33342032815	TRIAMCINOLONE 0.5% CREAM	9	75.000	27.42	0.24231	26%-50% Above	Yes	No
33342032815	TRIAMCINOLONE 0.5% CREAM	10	15.000	2.05	0.22335	26%-50% Below	Yes	No
33342032980	TRIAMCINOLONE 0.1% CREAM	9	80.000	2.34	0.05495	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
33342032980	TRIAMCINOLONE 0.1% CREAM	10	80.000	2.34	0.05458	26%-50% Below	Yes	No
33342032980	TRIAMCINOLONE 0.1% CREAM	12	80.000	2.34	0.06383	51%-75% Below	Yes	No
35573045002	KETOROLAC 10 MG TABLET	9	20.000	14.90	0.51239	26%-50% Above	No	No
35573045002	KETOROLAC 10 MG TABLET	11	9.000	8.71	0.59792	51%-75% Above	No	No
35573045002	KETOROLAC 10 MG TABLET	11	20.000	14.90	0.59792	10%-25% Above	No	No
42192013612	SOD SULFACET-SULFUR 10-5% CLSR	9	340.200	20.31	0.10702	26%-50% Below	Yes	No
42192032801	NP THYROID 120 MG TABLET	9	90.000	97.71	1.25777	10%-25% Below	No	No
42192032901	NP THYROID 30 MG TABLET	9	30.000	24.30	0.62753	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	10	30.000	24.30	0.63317	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	11	30.000	24.30	0.63913	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	11	90.000	65.85	0.63913	10%-25% Above	No	No
42192032901	NP THYROID 30 MG TABLET	11	90.000	70.55	0.63913	10%-25% Above	Yes	No
42192032901	NP THYROID 30 MG TABLET	12	30.000	24.30	0.6332	26%-50% Above	No	No
42192033001	NP THYROID 60 MG TABLET	9	30.000	25.09	0.69892	10%-25% Above	Yes	No
42192033001	NP THYROID 60 MG TABLET	10	30.000	25.09	0.70695	10%-25% Above	Yes	No
42192033001	NP THYROID 60 MG TABLET	10	90.000	53.30	0.70695	10%-25% Below	No	No
42192033001	NP THYROID 60 MG TABLET	10	90.000	84.97	0.70695	26%-50% Above	No	No
42192033001	NP THYROID 60 MG TABLET	11	30.000	25.09	0.7085	10%-25% Above	Yes	No
42192033001	NP THYROID 60 MG TABLET	11	30.000	29.95	0.7085	26%-50% Above	No	No
42192033001	NP THYROID 60 MG TABLET	11	90.000	53.30	0.7085	10%-25% Below	No	No
42192033001	NP THYROID 60 MG TABLET	12	30.000	29.95	0.68474	26%-50% Above	No	No
42192033101	NP THYROID 90 MG TABLET	12	90.000	83.49	1.08677	10%-25% Below	No	No
42192050105	DOXYCYCLINE HYCLATE 100 MG TAB	9	20.000	5.00	0.13569	76%-100% Above	No	No
42192060704	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	180.000	9.99	0.11332	51%-75% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	9	100.000	9.90	0.06538	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
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	9	120.000	13.69	0.06538	51%-75% Above	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	10	118.000	4.90	0.06604	26%-50% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	10	120.000	6.90	0.06604	10%-25% Below	Yes	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	10	120.000	9.99	0.06604	26%-50% Above	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	10	180.000	8.14	0.06604	26%-50% Below	Yes	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	10	200.000	9.04	0.06604	26%-50% Below	Yes	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	10	240.000	9.90	0.06604	26%-50% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	10	240.000	10.85	0.06604	26%-50% Below	Yes	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	10	240.000	27.38	0.06604	51%-75% Above	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	11	120.000	14.19	0.08312	26%-50% Above	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	11	240.000	9.90	0.08312	26%-50% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	118.000	13.96	0.08117	26%-50% Above	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	140.000	15.97	0.08117	26%-50% Above	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	240.000	10.18	0.08117	26%-50% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	280.000	14.90	0.08117	26%-50% Below	No	No
42385094711	METFORMIN HCL 500 MG TABLET	11	52.000	1.33	0.01679	51%-75% Above	No	No
42385094711	METFORMIN HCL 500 MG TABLET	12	60.000	1.45	0.01592	51%-75% Above	No	No
42385094905	METFORMIN HCL 1,000 MG TABLET	10	180.000	3.98	0.02637	10%-25% Below	Yes	No
42385094905	METFORMIN HCL 1,000 MG TABLET	12	180.000	5.04	0.02497	10%-25% Above	Yes	No
42385094911	METFORMIN HCL 1,000 MG TABLET	9	60.000	2.34	0.02691	26%-50% Above	No	No
42385094911	METFORMIN HCL 1,000 MG TABLET	10	60.000	2.34	0.02637	26%-50% Above	No	No
42385094911	METFORMIN HCL 1,000 MG TABLET	11	60.000	2.34	0.0263	26%-50% Above	No	No
42385094911	METFORMIN HCL 1,000 MG TABLET	12	60.000	2.18	0.02497	26%-50% Above	No	No
42385094911	METFORMIN HCL 1,000 MG TABLET	12	60.000	2.34	0.02497	51%-75% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	9	7.000	0.27	0.08116	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
42571012290	LEVOCETIRIZINE 5 MG TABLET	9	30.000	4.90	0.08116	101%-200% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	9	30.000	6.90	0.08116	101%-200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	9	30.000	6.90	0.08116	101%-200% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	9	30.000	8.65	0.08116	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	9	30.000	9.45	0.08116	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	9	90.000	12.40	0.08116	51%-75% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	10	30.000	6.90	0.07596	200% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	10	30.000	9.45	0.07596	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	10	90.000	12.72	0.07596	76%-100% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	11	10.000	0.39	0.08714	51%-75% Below	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	11	14.000	16.95	0.08714	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	11	15.000	4.72	0.08714	200% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	11	30.000	6.90	0.08714	101%-200% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	11	30.000	8.65	0.08714	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	11	30.000	9.45	0.08714	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	11	30.000	10.48	0.08714	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	11	90.000	108.95	0.08714	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	12	15.000	4.72	0.07872	200% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	12	30.000	1.18	0.07872	26%-50% Below	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	12	30.000	6.90	0.07872	101%-200% Above	Yes	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	12	30.000	10.48	0.07872	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	12	30.000	36.32	0.07872	200% Above	No	No
42571014126	DORZOLAMIDE HCL 2% EYE DROPS	12	10.000	26.52	1.3305	76%-100% Above	No	No
42571014726	DORZOLAMIDE-TIMOLOL EYE DROPS	9	10.000	14.90	1.10393	26%-50% Above	No	No
42571014726	DORZOLAMIDE-TIMOLOL EYE DROPS	11	10.000	14.90	1.15563	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
42571014726	DORZOLAMIDE-TIMOLOL EYE DROPS	11	10.000	44.92	1.15563	200% Above	No	No
42571016142	AMOX-CLAV 500-125 MG TABLET	9	20.000	8.53	0.26999	51%-75% Above	No	No
42571016142	AMOX-CLAV 500-125 MG TABLET	11	10.000	1.78	0.30627	26%-50% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	9	20.000	3.22	0.29889	26%-50% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	11	10.000	5.11	0.32659	51%-75% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	11	14.000	6.96	0.32659	51%-75% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	11	20.000	10.27	0.32659	51%-75% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	12	14.000	5.56	0.35641	10%-25% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	12	20.000	9.72	0.35641	26%-50% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	12	20.000	10.74	0.35641	26%-50% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	11	20.000	4.90	0.32659	10%-25% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	11	20.000	9.72	0.32659	26%-50% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	11	40.000	7.05	0.32659	26%-50% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	12	14.000	2.47	0.35641	26%-50% Below	No	No
42571022730	TELMISARTAN 40 MG TABLET	9	90.000	36.91	0.24945	51%-75% Above	Yes	No
42571022730	TELMISARTAN 40 MG TABLET	12	90.000	31.80	0.23851	26%-50% Above	Yes	No
42571022830	TELMISARTAN 80 MG TABLET	11	90.000	44.90	0.25008	76%-100% Above	Yes	No
42571023590	AMLODIPINE-OLMESARTAN 5-20 MG	10	30.000	14.90	0.32321	51%-75% Above	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	9	2.000	1.14	0.23387	101%-200% Above	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	9	40.000	5.22	0.23387	26%-50% Below	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	10	63.000	9.90	0.22973	26%-50% Below	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	11	8.000	3.39	0.23386	76%-100% Above	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	11	30.000	4.90	0.23386	26%-50% Below	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	11	30.000	9.82	0.23386	26%-50% Above	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	12	15.000	1.99	0.23839	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
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	12	42.000	5.58	0.23839	26%-50% Below	Yes	No
42571033201	METHENAMINE HIPP 1 GM TABLET	11	90.000	82.14	0.49395	76%-100% Above	Yes	No
42571033201	METHENAMINE HIPP 1 GM TABLET	12	180.000	29.99	0.43427	51%-75% Below	No	No
42571036299	CLOBETASOL 0.05% SOLUTION	12	50.000	0.50	0.25161	76%-100% Below	No	No
42571038519	TRIAMCINOLONE 0.1% LOTION	10	60.000	9.56	0.31853	26%-50% Below	Yes	No
42571038519	TRIAMCINOLONE 0.1% LOTION	11	60.000	10.16	0.31787	26%-50% Below	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	10	270.000	47.82	0.35447	26%-50% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	12	28.000	0.97	0.12807	51%-75% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	12	30.000	3.19	0.12807	10%-25% Below	No	No
42799092001	BISOPROLOL-HYDROCHLOROTHIAZIDE 2.5-6.25 MG TAB	10	30.000	9.90	0.20553	51%-75% Above	No	No
42799092102	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	11	30.000	6.90	0.26907	10%-25% Below	No	No
42799092102	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	12	30.000	6.90	0.27874	10%-25% Below	No	No
42806008701	ESTRADIOL 0.5 MG TABLET	9	30.000	1.29	0.0705	26%-50% Below	No	No
42806008805	ESTRADIOL 1 MG TABLET	10	30.000	1.48	0.0797	26%-50% Below	No	No
42806008805	ESTRADIOL 1 MG TABLET	10	30.000	3.83	0.0797	51%-75% Above	No	No
42806008905	ESTRADIOL 2 MG TABLET	11	30.000	4.79	0.11981	26%-50% Above	No	No
42806008905	ESTRADIOL 2 MG TABLET	12	30.000	4.79	0.1147	26%-50% Above	No	No
42806014932	AZITHROMYCIN 200 MG/5 ML SUSP	9	15.000	4.90	0.42703	10%-25% Below	No	No
42806014932	AZITHROMYCIN 200 MG/5 ML SUSP	10	15.000	2.69	0.40201	51%-75% Below	No	No
42806015905	HYDROXYZINE HCL 10 MG TABLET	11	60.000	1.25	0.03809	26%-50% Below	Yes	No
42806015905	HYDROXYZINE HCL 10 MG TABLET	12	30.000	0.62	0.03539	26%-50% Below	Yes	No
42806015905	HYDROXYZINE HCL 10 MG TABLET	12	60.000	1.25	0.03539	26%-50% Below	Yes	No
42806016005	HYDROXYZINE HCL 25 MG TABLET	9	30.000	2.82	0.04383	101%-200% Above	Yes	No
42806016005	HYDROXYZINE HCL 25 MG TABLET	12	90.000	7.47	0.04686	76%-100% Above	Yes	No
42806016010	HYDROXYZINE HCL 25 MG TABLET	10	90.000	8.15	0.0413	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
42806016105	HYDROXYZINE HCL 50 MG TABLET	9	180.000	62.10	0.06934	200% Above	Yes	No
42806016105	HYDROXYZINE HCL 50 MG TABLET	10	30.000	4.66	0.06546	101%-200% Above	Yes	No
42806016105	HYDROXYZINE HCL 50 MG TABLET	10	180.000	58.01	0.06546	200% Above	Yes	No
42806016105	HYDROXYZINE HCL 50 MG TABLET	11	23.000	3.69	0.07247	101%-200% Above	Yes	No
42806016105	HYDROXYZINE HCL 50 MG TABLET	12	30.000	4.66	0.07167	101%-200% Above	Yes	No
42806026695	CHOLESTYRAMINE PACKET	9	30.000	13.54	0.72453	26%-50% Below	No	No
42806026695	CHOLESTYRAMINE PACKET	10	30.000	12.84	0.67696	26%-50% Below	No	No
42806026695	CHOLESTYRAMINE PACKET	11	30.000	11.93	0.78427	26%-50% Below	No	No
42806026695	CHOLESTYRAMINE PACKET	12	30.000	11.93	0.74647	26%-50% Below	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	9	14.000	14.90	0.13569	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	9	20.000	14.99	0.13569	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	9	20.000	30.71	0.13569	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	10	20.000	30.71	0.1376	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	11	20.000	9.99	0.13976	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	11	20.000	30.71	0.13976	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	12	14.000	21.50	0.14535	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	12	20.000	30.71	0.14535	200% Above	No	No
42806033901	DEXTROAMP-AMPHETAMINE 5 MG TAB	9	30.000	13.50	0.31901	26%-50% Above	No	No
42806033901	DEXTROAMP-AMPHETAMINE 5 MG TAB	9	60.000	9.90	0.31901	26%-50% Below	No	No
42806033901	DEXTROAMP-AMPHETAMINE 5 MG TAB	12	30.000	13.50	0.27804	51%-75% Above	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	9	30.000	6.90	0.28807	10%-25% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	10	30.000	31.48	0.25211	200% Above	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	11	30.000	9.90	0.29009	10%-25% Above	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	12	30.000	24.04	0.26218	200% Above	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	9	30.000	6.90	0.34453	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
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	9	60.000	14.90	0.34453	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	10	30.000	6.90	0.30315	10%-25% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	10	30.000	14.90	0.30315	51%-75% Above	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	10	60.000	7.23	0.30315	51%-75% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	11	30.000	14.90	0.35186	26%-50% Above	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	11	60.000	7.23	0.35186	51%-75% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	30.000	14.90	0.32577	51%-75% Above	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	30.000	24.06	0.32577	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	9	21.000	1.07	0.14829	51%-75% Below	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	9	21.000	4.75	0.14829	51%-75% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	9	21.000	6.99	0.14829	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	9	21.000	9.90	0.14829	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	9	21.000	14.90	0.14829	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	10	21.000	0.21	0.14299	76%-100% Below	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	10	21.000	3.94	0.14299	26%-50% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	10	21.000	4.90	0.14299	51%-75% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	11	21.000	0.21	0.15065	76%-100% Below	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	11	21.000	4.90	0.15065	51%-75% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	11	21.000	9.90	0.15065	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	11	21.000	9.99	0.15065	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	11	21.000	13.43	0.15065	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	11	21.000	14.90	0.15065	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.000	3.94	0.13423	26%-50% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.000	4.90	0.13423	51%-75% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.000	6.99	0.13423	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
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.000	9.90	0.13423	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.000	9.99	0.13423	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.000	14.90	0.13423	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.000	15.41	0.13423	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.000	15.91	0.13423	200% Above	No	No
42806041001	BUPROPION HCL SR 100 MG TABLET	9	90.000	19.35	0.11534	76%-100% Above	No	No
42806041001	BUPROPION HCL SR 100 MG TABLET	11	30.000	6.78	0.10608	101%-200% Above	No	No
42806041605	BUPROPION HCL XL 300 MG TABLET	10	90.000	44.90	0.18795	101%-200% Above	No	No
42806041605	BUPROPION HCL XL 300 MG TABLET	12	90.000	29.90	0.17922	76%-100% Above	No	No
42806041605	BUPROPION HCL XL 300 MG TABLET	12	90.000	44.90	0.17922	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	9	4.000	0.00	0.13129	76%-100% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	9	4.000	1.57	0.13129	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	10	1.000	0.77	0.13301	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	10	2.000	1.12	0.13301	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	10	4.000	0.89	0.13301	51%-75% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	10	4.000	1.57	0.13301	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	10	12.000	3.68	0.13301	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	11	1.000	0.77	0.13472	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	11	4.000	0.32	0.13472	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	11	4.000	0.89	0.13472	51%-75% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	11	4.000	1.57	0.13472	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	11	6.000	4.61	0.13472	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	12	4.000	0.89	0.12822	51%-75% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	12	4.000	1.57	0.12822	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	12	12.000	3.68	0.12822	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
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	9	120.000	11.38	0.16736	26%-50% Below	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	11	120.000	11.74	0.16799	26%-50% Below	No	No
42806060309	VENLAFAXINE HCL ER 150 MG CAP	9	30.000	6.87	0.15018	51%-75% Above	No	No
42806060309	VENLAFAXINE HCL ER 150 MG CAP	10	30.000	19.22	0.14823	200% Above	No	No
42806060309	VENLAFAXINE HCL ER 150 MG CAP	11	30.000	19.22	0.15685	200% Above	No	No
42806060309	VENLAFAXINE HCL ER 150 MG CAP	12	30.000	19.22	0.15324	200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	9	20.000	6.66	0.08277	200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	9	21.000	12.32	0.08277	200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	9	30.000	6.57	0.08277	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	10	20.000	5.69	0.08	200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	10	30.000	8.53	0.08	200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	11	30.000	4.90	0.08447	76%-100% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	11	30.000	6.35	0.08447	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	11	30.000	6.92	0.08447	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	12	15.000	0.15	0.08546	76%-100% Below	No	No
42806071401	BENZONATATE 100 MG CAPSULE	12	15.000	3.53	0.08546	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	12	20.000	4.54	0.08546	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	12	30.000	6.57	0.08546	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	12	30.000	8.53	0.08546	200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	9	30.000	6.44	0.08277	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	9	45.000	5.00	0.08277	26%-50% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	10	30.000	1.49	0.08	26%-50% Below	No	No
42806071405	BENZONATATE 100 MG CAPSULE	10	30.000	5.00	0.08	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	12	21.000	0.00	0.08546	76%-100% Below	No	No
42806071405	BENZONATATE 100 MG CAPSULE	12	21.000	8.07	0.08546	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
42806071405	BENZONATATE 100 MG CAPSULE	12	30.000	0.00	0.08546	76%-100% Below	No	No
42806071405	BENZONATATE 100 MG CAPSULE	12	30.000	1.51	0.08546	26%-50% Below	No	No
42806071501	BENZONATATE 200 MG CAPSULE	9	30.000	9.97	0.113	101%-200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	10	20.000	6.91	0.11413	200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	10	30.000	9.90	0.11413	101%-200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	10	30.000	9.97	0.11413	101%-200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	11	20.000	6.91	0.11412	200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	11	20.000	10.85	0.11412	200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	11	30.000	9.97	0.11412	101%-200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	12	15.000	4.98	0.12442	101%-200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	12	20.000	6.91	0.12442	101%-200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	12	20.000	10.85	0.12442	200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	12	30.000	9.97	0.12442	101%-200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	12	30.000	16.27	0.12442	200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	12	42.000	13.05	0.12442	101%-200% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	10	21.000	7.23	0.11413	200% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	10	30.000	9.90	0.11413	101%-200% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	11	20.000	6.91	0.11412	200% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	11	30.000	2.03	0.11412	26%-50% Below	No	No
42806071505	BENZONATATE 200 MG CAPSULE	11	30.000	9.90	0.11412	101%-200% Above	No	No
42858000101	OXYCODONE HCL (IR) 5 MG TABLET	10	14.000	1.03	0.08639	10%-25% Below	No	No
42858000101	OXYCODONE HCL (IR) 5 MG TABLET	10	30.000	1.39	0.08639	26%-50% Below	No	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	9	30.000	1.80	0.10648	26%-50% Below	No	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	9	90.000	4.38	0.10648	51%-75% Below	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	10	10.000	0.94	0.10891	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
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	10	12.000	0.50	0.10891	51%-75% Below	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	10	30.000	1.25	0.10891	51%-75% Below	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	10	35.000	1.45	0.10891	51%-75% Below	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	10	90.000	4.38	0.10891	51%-75% Below	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	11	21.000	0.87	0.10531	51%-75% Below	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	11	30.000	1.30	0.10531	51%-75% Below	No	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	11	90.000	4.38	0.10531	51%-75% Below	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	10.000	0.42	0.11249	51%-75% Below	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	28.000	1.16	0.11249	51%-75% Below	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	35.000	1.45	0.11249	51%-75% Below	Yes	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	45.000	2.49	0.11249	26%-50% Below	No	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	90.000	3.74	0.11249	51%-75% Below	Yes	No
42858010250	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	11	30.000	1.88	0.10531	26%-50% Below	No	No
42858010250	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	18.000	1.37	0.11249	26%-50% Below	No	No
42858010301	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	9	120.000	6.07	0.1863	51%-75% Below	Yes	No
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	9	120.000	9.35	0.21159	51%-75% Below	No	No
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	11	30.000	3.13	0.20287	26%-50% Below	No	No
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	11	120.000	8.72	0.20287	51%-75% Below	No	No
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	12	120.000	7.70	0.20165	51%-75% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	9	90.000	9.60	0.21159	26%-50% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	9	120.000	12.80	0.21159	26%-50% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	10	120.000	12.80	0.20499	26%-50% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	11	120.000	7.70	0.20287	51%-75% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	11	120.000	12.80	0.20287	26%-50% Below	No	No
42858070703	PAROXETINE ER 37.5 MG TABLET	11	90.000	42.73	0.76294	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
43386009019	GAVILYTE-G SOLUTION	9	4000.000	9.90	0.00453	26%-50% Below	Yes	No
43386009019	GAVILYTE-G SOLUTION	9	4000.000	10.40	0.00453	26%-50% Below	No	No
43386009019	GAVILYTE-G SOLUTION	10	4000.000	9.90	0.00455	26%-50% Below	Yes	No
43386009019	GAVILYTE-G SOLUTION	11	4000.000	10.40	0.00474	26%-50% Below	No	No
43386070083	SOD SUL-POTASS SUL-MAG SUL SOL	9	354.000	48.14	0.21863	26%-50% Below	No	No
43547004903	TADALAFIL 5 MG TABLET	9	20.000	19.90	0.15769	200% Above	Yes	No
43547004903	TADALAFIL 5 MG TABLET	10	20.000	19.90	0.15162	200% Above	Yes	No
43547004903	TADALAFIL 5 MG TABLET	11	20.000	19.90	0.18065	200% Above	Yes	No
43547004903	TADALAFIL 5 MG TABLET	11	90.000	175.48	0.18065	200% Above	Yes	No
43547022315	LEVETIRACETAM 750 MG TABLET	9	360.000	106.06	0.14262	101%-200% Above	Yes	No
43547022315	LEVETIRACETAM 750 MG TABLET	12	360.000	91.37	0.14031	76%-100% Above	Yes	No
43547026910	ROPINIROLE HCL 0.5 MG TABLET	10	360.000	9.83	0.04651	26%-50% Below	No	No
43547026910	ROPINIROLE HCL 0.5 MG TABLET	11	90.000	2.75	0.04679	26%-50% Below	Yes	No
43547027010	ROPINIROLE HCL 1 MG TABLET	11	30.000	0.96	0.05741	26%-50% Below	No	No
43547027010	ROPINIROLE HCL 1 MG TABLET	12	30.000	0.96	0.05705	26%-50% Below	No	No
43547027210	ROPINIROLE HCL 3 MG TABLET	11	90.000	10.97	0.08544	26%-50% Above	Yes	No
43547027509	DONEPEZIL HCL 5 MG TABLET	9	60.000	4.68	0.04059	76%-100% Above	No	No
43547027609	DONEPEZIL HCL 10 MG TABLET	10	90.000	33.27	0.04535	200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	9	45.000	1.05	0.04488	26%-50% Below	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	9	90.000	9.97	0.04488	101%-200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	11	30.000	3.74	0.04928	101%-200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	11	90.000	10.22	0.04928	101%-200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	12	30.000	3.74	0.04641	101%-200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	9	30.000	3.86	0.04847	101%-200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	9	30.000	3.86	0.04847	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
43547028110	ESCITALOPRAM 10 MG TABLET	10	30.000	3.86	0.04783	101%-200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	10	90.000	9.90	0.04783	101%-200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	11	30.000	3.86	0.0462	101%-200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	12	30.000	3.86	0.04992	101%-200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	12	90.000	9.90	0.04992	101%-200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	12	90.000	10.59	0.04992	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	9	30.000	3.86	0.04847	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	10	30.000	0.84	0.04783	26%-50% Below	Yes	No
43547028111	ESCITALOPRAM 10 MG TABLET	10	30.000	3.75	0.04783	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	10	30.000	3.86	0.04783	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	10	60.000	7.23	0.04783	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	10	90.000	2.58	0.04783	26%-50% Below	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	10	90.000	10.59	0.04783	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	11	30.000	3.86	0.0462	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	12	14.000	2.01	0.04992	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	12	30.000	0.83	0.04992	26%-50% Below	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	12	30.000	0.86	0.04992	26%-50% Below	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	12	30.000	3.86	0.04992	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	12	30.000	4.06	0.04992	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	12	90.000	10.24	0.04992	101%-200% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	9	30.000	4.61	0.08426	76%-100% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	9	30.000	4.67	0.08426	76%-100% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	10	30.000	1.44	0.07945	26%-50% Below	Yes	No
43547028210	ESCITALOPRAM 20 MG TABLET	10	30.000	4.67	0.07945	76%-100% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	10	60.000	30.97	0.07945	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
43547028210	ESCITALOPRAM 20 MG TABLET	10	90.000	8.48	0.07945	10%-25% Above	Yes	No
43547028210	ESCITALOPRAM 20 MG TABLET	11	30.000	4.67	0.08158	76%-100% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	11	30.000	15.49	0.08158	200% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	11	60.000	30.97	0.08158	200% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	11	90.000	12.51	0.08158	51%-75% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	11	90.000	46.46	0.08158	200% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	12	14.000	7.23	0.08877	200% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	12	90.000	9.90	0.08877	10%-25% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	12	90.000	12.57	0.08877	51%-75% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	9	30.000	4.52	0.08426	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	9	30.000	4.67	0.08426	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	9	30.000	4.92	0.08426	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	9	45.000	6.53	0.08426	51%-75% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	9	60.000	8.84	0.08426	51%-75% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	10	30.000	1.43	0.07945	26%-50% Below	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	10	30.000	4.52	0.07945	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	10	30.000	4.67	0.07945	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	10	30.000	4.92	0.07945	101%-200% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	10	45.000	6.53	0.07945	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	10	45.000	6.76	0.07945	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	10	60.000	8.84	0.07945	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	10	90.000	13.01	0.07945	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	11	30.000	1.43	0.08158	26%-50% Below	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	11	30.000	4.52	0.08158	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	11	30.000	4.67	0.08158	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	11	30.000	4.92	0.08158	101%-200% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	11	45.000	2.12	0.08158	26%-50% Below	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	11	45.000	6.53	0.08158	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	11	60.000	8.84	0.08158	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	11	90.000	11.61	0.08158	51%-75% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	11	90.000	12.40	0.08158	51%-75% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	11	90.000	13.75	0.08158	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	12	30.000	4.52	0.08877	51%-75% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	12	30.000	4.67	0.08877	51%-75% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	12	30.000	4.92	0.08877	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	12	45.000	2.14	0.08877	26%-50% Below	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	12	45.000	6.53	0.08877	51%-75% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	12	60.000	8.84	0.08877	51%-75% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	12	90.000	13.01	0.08877	51%-75% Above	No	No
43547028403	TELMISARTAN 40 MG TABLET	11	30.000	6.90	0.28502	10%-25% Below	No	No
43547028503	TELMISARTAN 80 MG TABLET	10	30.000	7.00	0.16269	26%-50% Above	No	No
43547028810	BUPROPION HCL SR 100 MG TABLET	9	90.000	19.44	0.11534	76%-100% Above	No	No
43547028810	BUPROPION HCL SR 100 MG TABLET	10	120.000	19.99	0.10569	51%-75% Above	No	No
43547029010	BUPROPION HCL SR 200 MG TABLET	10	30.000	9.90	0.15798	101%-200% Above	No	No
43547029010	BUPROPION HCL SR 200 MG TABLET	11	30.000	9.90	0.14887	101%-200% Above	No	No
43547030109	OLMESARTAN MEDOXOMIL 40 MG TAB	12	90.000	44.90	0.12756	200% Above	No	No
43547030403	ARIPIPIRAZOLE 10 MG TABLET	10	14.000	9.90	0.11607	200% Above	Yes	No
43547031209	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	9	90.000	29.90	0.21262	51%-75% Above	Yes	No
43547031309	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	10	90.000	28.99	0.2132	51%-75% Above	Yes	No
43547031509	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	10	90.000	27.42	0.2539	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
43547033650	BENAZEPRIL HCL 10 MG TABLET	9	90.000	3.49	0.07209	26%-50% Below	No	No
43547033650	BENAZEPRIL HCL 10 MG TABLET	12	90.000	3.49	0.07289	26%-50% Below	No	No
43547033750	BENAZEPRIL HCL 20 MG TABLET	11	90.000	4.40	0.08091	26%-50% Below	No	No
43547033803	BENAZEPRIL HCL 40 MG TABLET	10	90.000	6.57	0.08814	10%-25% Below	No	No
43547033810	BENAZEPRIL HCL 40 MG TABLET	11	90.000	6.35	0.10124	26%-50% Below	No	No
43547033850	BENAZEPRIL HCL 40 MG TABLET	10	30.000	5.06	0.08814	76%-100% Above	No	No
43547033850	BENAZEPRIL HCL 40 MG TABLET	11	30.000	2.52	0.10124	10%-25% Below	No	No
43547034006	RISPERIDONE 0.5 MG TABLET	11	30.000	1.15	0.04671	10%-25% Below	No	No
43547034006	RISPERIDONE 0.5 MG TABLET	12	30.000	0.75	0.04187	26%-50% Below	No	No
43547034150	RISPERIDONE 1 MG TABLET	11	30.000	3.16	0.05702	76%-100% Above	No	No
43547035110	LISINOPRIL 2.5 MG TABLET	9	180.000	3.06	0.01482	10%-25% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	9	30.000	0.94	0.01584	76%-100% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	9	30.000	0.96	0.01584	101%-200% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	10	30.000	0.94	0.01457	101%-200% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	10	30.000	0.96	0.01457	101%-200% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	10	90.000	9.27	0.01457	200% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	11	90.000	1.89	0.01578	26%-50% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	12	30.000	0.94	0.01453	101%-200% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	12	30.000	0.96	0.01453	101%-200% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	9	30.000	0.24	0.0191	51%-75% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	9	30.000	1.07	0.0191	76%-100% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	9	45.000	1.36	0.0191	51%-75% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	9	60.000	1.60	0.0191	26%-50% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	10	30.000	0.24	0.01838	51%-75% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	10	30.000	1.07	0.01838	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
43547035311	LISINOPRIL 10 MG TABLET	10	45.000	0.36	0.01838	51%-75% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	10	45.000	1.36	0.01838	51%-75% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	10	90.000	2.15	0.01838	26%-50% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	10	90.000	2.21	0.01838	26%-50% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	11	30.000	1.07	0.01968	76%-100% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	11	90.000	0.72	0.01968	51%-75% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	11	90.000	2.31	0.01968	26%-50% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	12	30.000	0.32	0.01833	26%-50% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	12	30.000	1.07	0.01833	76%-100% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	12	45.000	1.36	0.01833	51%-75% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	9	30.000	0.47	0.02659	26%-50% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	9	30.000	1.32	0.02659	51%-75% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	9	90.000	1.56	0.02659	26%-50% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	10	30.000	0.47	0.02623	26%-50% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	10	30.000	1.32	0.02623	51%-75% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	11	30.000	0.28	0.02638	51%-75% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	11	30.000	1.32	0.02638	51%-75% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	12	30.000	0.28	0.02565	51%-75% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	12	30.000	1.29	0.02565	51%-75% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	12	30.000	1.32	0.02565	51%-75% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	12	90.000	1.56	0.02565	26%-50% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	12	90.000	2.87	0.02565	10%-25% Above	No	No
43547035510	LISINOPRIL 30 MG TABLET	11	90.000	1.91	0.05837	51%-75% Below	No	No
43547035550	LISINOPRIL 30 MG TABLET	9	90.000	6.55	0.05325	26%-50% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	9	90.000	4.77	0.04515	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
43547035611	LISINOPRIL 40 MG TABLET	12	90.000	4.77	0.04728	10%-25% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	9	30.000	2.59	0.03491	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	9	30.000	3.09	0.04465	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	9	180.000	15.48	0.04465	76%-100% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	10	30.000	3.09	0.04293	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	10	90.000	7.99	0.04293	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	10	90.000	8.08	0.04293	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	10	90.000	26.72	0.04293	200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	11	7.000	1.17	0.04571	200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	11	30.000	3.09	0.04571	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	11	90.000	8.08	0.04571	76%-100% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	12	30.000	3.09	0.04338	101%-200% Above	No	No
43547036203	LOSARTAN POTASSIUM 100 MG TAB	9	30.000	4.58	0.06234	101%-200% Above	No	No
43547036209	LOSARTAN POTASSIUM 100 MG TAB	9	90.000	10.29	0.06234	76%-100% Above	Yes	No
43547036209	LOSARTAN POTASSIUM 100 MG TAB	10	90.000	9.50	0.05981	76%-100% Above	Yes	No
43547036209	LOSARTAN POTASSIUM 100 MG TAB	11	90.000	8.87	0.06266	51%-75% Above	Yes	No
43547036209	LOSARTAN POTASSIUM 100 MG TAB	12	90.000	8.87	0.06024	51%-75% Above	Yes	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	9	30.000	1.22	0.06234	26%-50% Below	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	9	30.000	4.58	0.06234	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	9	30.000	4.82	0.06234	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	9	90.000	12.30	0.06234	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	9	90.000	12.39	0.06234	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	10	30.000	4.43	0.05981	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	10	30.000	4.58	0.05981	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	10	30.000	4.82	0.05981	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	10	90.000	12.30	0.05981	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	11	30.000	4.43	0.06266	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	11	30.000	4.58	0.06266	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	11	30.000	4.82	0.06266	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	11	90.000	12.30	0.06266	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	11	90.000	12.73	0.06266	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	12	30.000	4.58	0.06024	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	12	90.000	12.30	0.06024	101%-200% Above	No	No
43547036809	VALSARTAN 80 MG TABLET	9	30.000	9.99	0.14684	101%-200% Above	No	No
43547036809	VALSARTAN 80 MG TABLET	10	30.000	9.99	0.14293	101%-200% Above	No	No
43547036909	VALSARTAN 160 MG TABLET	10	30.000	9.90	0.18107	76%-100% Above	No	No
43547036909	VALSARTAN 160 MG TABLET	11	30.000	9.90	0.20171	51%-75% Above	No	No
43547036909	VALSARTAN 160 MG TABLET	12	30.000	9.90	0.19115	51%-75% Above	No	No
43547037009	VALSARTAN 320 MG TABLET	11	30.000	4.90	0.25144	26%-50% Below	No	No
43547037906	DULOXETINE HCL DR 20 MG CAP	11	30.000	9.90	0.10986	200% Above	No	No
43547039209	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	9	90.000	29.90	0.23074	26%-50% Above	Yes	No
43547039209	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	11	30.000	9.90	0.26084	26%-50% Above	Yes	No
43547039209	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	12	30.000	9.90	0.25371	26%-50% Above	Yes	No
43547039309	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	9	90.000	14.08	0.24777	26%-50% Below	Yes	No
43547040110	FUROSEMIDE 20 MG TABLET	9	14.000	0.83	0.02683	101%-200% Above	No	No
43547040111	FUROSEMIDE 20 MG TABLET	11	30.000	1.20	0.02684	26%-50% Above	Yes	No
43547040111	FUROSEMIDE 20 MG TABLET	12	30.000	1.24	0.02699	51%-75% Above	No	No
43547040610	CLONAZEPAM 0.5 MG TABLET	9	10.000	0.13	0.02643	26%-50% Below	Yes	No
43547040611	CLONAZEPAM 0.5 MG TABLET	10	45.000	0.63	0.02623	26%-50% Below	No	No
43547041611	LISINOPRIL 10 MG TABLET	11	30.000	1.07	0.01968	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
43547041711	LISINOPRIL 20 MG TABLET	9	90.000	2.87	0.02659	10%-25% Above	No	No
43547041711	LISINOPRIL 20 MG TABLET	12	90.000	2.87	0.02565	10%-25% Above	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	10	90.000	1.42	0.03218	26%-50% Below	No	No
43547042110	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	10	90.000	2.85	0.04392	26%-50% Below	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	10	90.000	1.95	0.04392	26%-50% Below	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	9	90.000	40.55	0.10158	200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	10	90.000	37.42	0.0941	200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	12	90.000	34.93	0.08922	200% Above	Yes	No
43547042311	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	9	30.000	14.56	0.10158	200% Above	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	9	30.000	9.90	0.13402	101%-200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	9	90.000	55.23	0.13402	200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	10	30.000	9.90	0.12695	101%-200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	10	30.000	14.90	0.12695	200% Above	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	10	90.000	50.99	0.12695	200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	11	30.000	9.90	0.13175	101%-200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	12	30.000	9.90	0.12458	101%-200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	12	90.000	47.59	0.12458	200% Above	Yes	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	9	90.000	29.90	0.13402	101%-200% Above	No	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	9	90.000	44.90	0.12038	200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	9	90.000	55.23	0.12038	200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	10	30.000	14.90	0.12091	200% Above	No	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	10	90.000	50.99	0.12091	200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	11	90.000	50.99	0.1193	200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	12	90.000	44.90	0.12251	200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	12	90.000	47.58	0.12251	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
43547042511	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	10	30.000	14.90	0.12091	200% Above	No	No
43547042511	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	11	30.000	14.90	0.1193	200% Above	No	No
43547042511	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	12	30.000	14.90	0.12251	200% Above	No	No
43547048610	METHYLPHENIDATE 5 MG TABLET	9	30.000	5.00	0.09515	51%-75% Above	No	No
43547052403	NEBIVOLOL 2.5 MG TABLET	10	90.000	85.02	0.1396	200% Above	Yes	No
43547052509	NEBIVOLOL 5 MG TABLET	10	30.000	4.90	0.18686	10%-25% Below	No	No
43547052509	NEBIVOLOL 5 MG TABLET	11	30.000	4.90	0.18205	10%-25% Below	No	No
43547052509	NEBIVOLOL 5 MG TABLET	12	30.000	4.90	0.22136	26%-50% Below	No	No
43547052603	NEBIVOLOL 10 MG TABLET	10	90.000	12.50	0.197	26%-50% Below	No	No
43547052603	NEBIVOLOL 10 MG TABLET	11	90.000	59.90	0.17483	200% Above	No	No
43547052609	NEBIVOLOL 10 MG TABLET	10	30.000	19.26	0.197	200% Above	No	No
43547052609	NEBIVOLOL 10 MG TABLET	12	30.000	19.26	0.19804	200% Above	No	No
43547052703	NEBIVOLOL 20 MG TABLET	9	30.000	14.90	0.24022	101%-200% Above	No	No
43547054610	ENALAPRIL MALEATE 5 MG TABLET	9	60.000	4.90	0.09592	10%-25% Below	No	No
43547054610	ENALAPRIL MALEATE 5 MG TABLET	11	60.000	4.90	0.11379	26%-50% Below	No	No
43547054610	ENALAPRIL MALEATE 5 MG TABLET	11	180.000	8.93	0.11379	51%-75% Below	No	No
43547054610	ENALAPRIL MALEATE 5 MG TABLET	12	60.000	4.90	0.10697	10%-25% Below	No	No
43547054711	ENALAPRIL MALEATE 10 MG TAB	9	30.000	4.90	0.09295	51%-75% Above	No	No
43547054711	ENALAPRIL MALEATE 10 MG TAB	10	30.000	4.90	0.09479	51%-75% Above	No	No
43547054711	ENALAPRIL MALEATE 10 MG TAB	11	30.000	4.90	0.09463	51%-75% Above	No	No
43547054711	ENALAPRIL MALEATE 10 MG TAB	11	90.000	36.28	0.09463	200% Above	Yes	No
43547054711	ENALAPRIL MALEATE 10 MG TAB	12	30.000	4.90	0.09624	51%-75% Above	No	No
43547054811	ENALAPRIL MALEATE 20 MG TAB	9	180.000	44.90	0.11205	101%-200% Above	Yes	No
43547054811	ENALAPRIL MALEATE 20 MG TAB	12	180.000	44.90	0.13057	76%-100% Above	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	10	30.000	1.23	0.02738	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
43547056511	CLONIDINE HCL 0.1 MG TABLET	11	30.000	1.23	0.02716	26%-50% Above	Yes	No
43547056610	CLONIDINE HCL 0.2 MG TABLET	10	60.000	1.57	0.03672	26%-50% Below	Yes	No
43547056610	CLONIDINE HCL 0.2 MG TABLET	12	60.000	1.57	0.03794	26%-50% Below	Yes	No
43547060210	LISDEXAMFETAMINE 10 MG CAPSULE	11	30.000	38.46	5.8802	76%-100% Below	Yes	No
43547060410	LISDEXAMFETAMINE 30 MG CAPSULE	10	30.000	9.99	3.94412	76%-100% Below	No	No
43547060410	LISDEXAMFETAMINE 30 MG CAPSULE	10	30.000	38.46	3.94412	51%-75% Below	Yes	No
43547060410	LISDEXAMFETAMINE 30 MG CAPSULE	11	30.000	9.99	4.2404	76%-100% Below	No	No
43547060410	LISDEXAMFETAMINE 30 MG CAPSULE	11	30.000	38.46	4.2404	51%-75% Below	Yes	No
43547060410	LISDEXAMFETAMINE 30 MG CAPSULE	12	30.000	9.99	3.80186	76%-100% Below	No	No
43547060510	LISDEXAMFETAMINE 40 MG CAPSULE	10	30.000	38.46	3.3314	51%-75% Below	Yes	No
43547060610	LISDEXAMFETAMINE 50 MG CAPSULE	10	30.000	38.46	3.31215	51%-75% Below	Yes	No
43547060610	LISDEXAMFETAMINE 50 MG CAPSULE	11	30.000	38.46	4.3411	51%-75% Below	Yes	No
43547060810	LISDEXAMFETAMINE 70 MG CAPSULE	10	30.000	38.46	3.25036	51%-75% Below	Yes	No
43547060810	LISDEXAMFETAMINE 70 MG CAPSULE	12	21.000	26.92	3.8285	51%-75% Below	Yes	No
43598013901	KETOROLAC 10 MG TABLET	11	10.000	4.90	0.59792	10%-25% Below	No	No
43598013901	KETOROLAC 10 MG TABLET	12	15.000	14.27	0.57129	51%-75% Above	No	No
43598016605	OLANZAPINE 10 MG TABLET	9	30.000	2.33	0.11337	26%-50% Below	No	No
43598017001	CHLORTHALIDONE 25 MG TABLET	9	15.000	9.23	0.09306	200% Above	No	No
43598017001	CHLORTHALIDONE 25 MG TABLET	10	15.000	9.23	0.08635	200% Above	No	No
43598017001	CHLORTHALIDONE 25 MG TABLET	11	15.000	9.23	0.10602	200% Above	No	No
43598017001	CHLORTHALIDONE 25 MG TABLET	12	45.000	27.70	0.0982	200% Above	No	No
43598023018	COLESEVELAM 625 MG TABLET	9	180.000	295.47	0.28745	200% Above	Yes	No
43598029390	PREGABALIN 75 MG CAPSULE	9	120.000	4.58	0.06258	26%-50% Below	Yes	No
43598029390	PREGABALIN 75 MG CAPSULE	11	120.000	4.58	0.06453	26%-50% Below	Yes	No
43598029390	PREGABALIN 75 MG CAPSULE	12	60.000	1.42	0.05854	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
43598029490	PREGABALIN 100 MG CAPSULE	9	60.000	1.61	0.06425	51%-75% Below	Yes	No
43598029490	PREGABALIN 100 MG CAPSULE	9	120.000	3.22	0.06425	51%-75% Below	Yes	No
43598029490	PREGABALIN 100 MG CAPSULE	10	60.000	1.61	0.05835	51%-75% Below	Yes	No
43598029490	PREGABALIN 100 MG CAPSULE	10	120.000	3.22	0.05835	51%-75% Below	Yes	No
43598029490	PREGABALIN 100 MG CAPSULE	11	60.000	1.61	0.06383	51%-75% Below	Yes	No
43598029490	PREGABALIN 100 MG CAPSULE	12	60.000	1.61	0.06024	51%-75% Below	Yes	No
43598029490	PREGABALIN 100 MG CAPSULE	12	60.000	2.47	0.06024	26%-50% Below	Yes	No
43598029490	PREGABALIN 100 MG CAPSULE	12	90.000	2.41	0.06024	51%-75% Below	Yes	No
43598029490	PREGABALIN 100 MG CAPSULE	12	120.000	3.22	0.06024	51%-75% Below	Yes	No
43598029590	PREGABALIN 150 MG CAPSULE	9	90.000	3.70	0.07465	26%-50% Below	Yes	No
43598029590	PREGABALIN 150 MG CAPSULE	11	90.000	3.70	0.07293	26%-50% Below	Yes	No
43598029590	PREGABALIN 150 MG CAPSULE	12	90.000	3.70	0.07074	26%-50% Below	Yes	No
43598029890	PREGABALIN 300 MG CAPSULE	10	180.000	44.90	0.0906	101%-200% Above	Yes	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	10	7.500	30.72	17.24158	76%-100% Below	No	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	11	7.500	73.80	17.54253	26%-50% Below	No	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	12	7.500	74.79	17.56774	26%-50% Below	No	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	12	7.500	75.15	17.56774	26%-50% Below	No	No
43598043611	NITROGLYCERIN 0.4 MG TABLET SL	9	25.000	3.52	0.22222	26%-50% Below	No	No
43598043611	NITROGLYCERIN 0.4 MG TABLET SL	10	25.000	3.52	0.21106	26%-50% Below	No	No
43598043611	NITROGLYCERIN 0.4 MG TABLET SL	11	25.000	2.93	0.22864	26%-50% Below	No	No
43598043611	NITROGLYCERIN 0.4 MG TABLET SL	11	50.000	7.04	0.22864	26%-50% Below	Yes	No
43598043611	NITROGLYCERIN 0.4 MG TABLET SL	12	25.000	2.93	0.21535	26%-50% Below	No	No
43598049501	NAPROXEN SODIUM 550 MG TAB	12	90.000	14.33	0.22428	26%-50% Below	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	11	30.000	14.90	0.16904	101%-200% Above	No	No
43598051030	ESOMEPRAZOLE MAG DR 40 MG CAP	10	90.000	9.90	0.1529	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
43598051090	ESOMEPRAZOLE MAG DR 40 MG CAP	9	30.000	29.13	0.16685	200% Above	No	No
43598051090	ESOMEPRAZOLE MAG DR 40 MG CAP	10	30.000	14.90	0.1529	200% Above	No	No
43598051090	ESOMEPRAZOLE MAG DR 40 MG CAP	10	30.000	29.13	0.1529	200% Above	No	No
43598051090	ESOMEPRAZOLE MAG DR 40 MG CAP	11	30.000	29.13	0.16904	200% Above	No	No
43598051090	ESOMEPRAZOLE MAG DR 40 MG CAP	12	30.000	29.13	0.16851	200% Above	No	No
43598056601	FLUOXETINE HCL 20 MG TABLET	9	30.000	9.90	0.15018	101%-200% Above	Yes	No
43598056601	FLUOXETINE HCL 20 MG TABLET	10	180.000	299.32	0.10624	200% Above	Yes	No
43598057530	TADALAFIL 5 MG TABLET	12	30.000	28.91	0.16932	200% Above	No	No
43598058811	DIFLUPREDNATE 0.05% EYE DROP	10	5.000	37.33	16.8821	51%-75% Below	No	No
43598071901	CHLORTHALIDONE 25 MG TABLET	9	90.000	9.90	0.09306	10%-25% Above	No	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	9	90.000	82.88	0.20755	200% Above	Yes	No
43598075205	BUPROPION HCL SR 150 MG TABLET	9	60.000	9.99	0.08973	76%-100% Above	No	No
43598075260	BUPROPION HCL SR 150 MG TABLET	12	180.000	29.90	0.08694	76%-100% Above	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	9	30.000	1.14	0.06707	26%-50% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	9	30.000	1.23	0.06707	26%-50% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	9	90.000	1.80	0.06707	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	9	90.000	2.51	0.06707	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	10	30.000	0.90	0.06548	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	10	30.000	1.14	0.06548	26%-50% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	10	90.000	1.80	0.06548	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	10	180.000	4.43	0.06548	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	11	30.000	0.90	0.0701	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	11	30.000	1.14	0.0701	26%-50% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	11	30.000	1.23	0.0701	26%-50% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	12	10.000	0.80	0.06248	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
43598081115	CETIRIZINE HCL 10 MG TABLET	12	12.000	0.85	0.06248	10%-25% Above	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	12	30.000	0.90	0.06248	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	12	90.000	2.51	0.06248	51%-75% Below	No	No
43598083105	ATORVASTATIN 20 MG TABLET	9	90.000	13.60	0.04061	200% Above	No	No
43598083105	ATORVASTATIN 20 MG TABLET	10	90.000	13.60	0.03755	200% Above	No	No
43598083105	ATORVASTATIN 20 MG TABLET	10	90.000	21.17	0.03755	200% Above	No	No
43598083105	ATORVASTATIN 20 MG TABLET	11	90.000	13.60	0.04007	200% Above	No	No
43598083105	ATORVASTATIN 20 MG TABLET	11	90.000	29.99	0.04007	200% Above	No	No
43598083105	ATORVASTATIN 20 MG TABLET	12	90.000	13.60	0.03918	200% Above	No	No
43598083205	ATORVASTATIN 40 MG TABLET	10	30.000	10.07	0.05376	200% Above	No	No
43598083205	ATORVASTATIN 40 MG TABLET	10	90.000	30.22	0.05376	200% Above	No	No
43598083205	ATORVASTATIN 40 MG TABLET	12	30.000	10.07	0.0579	200% Above	No	No
43598083205	ATORVASTATIN 40 MG TABLET	12	90.000	30.22	0.0579	200% Above	No	No
43598083305	ATORVASTATIN 80 MG TABLET	11	90.000	42.44	0.09192	200% Above	No	No
43975032209	TOLTERODINE TART ER 2 MG CAP	12	90.000	25.05	0.43774	26%-50% Below	No	No
43975032303	TOLTERODINE TART ER 4 MG CAP	11	90.000	26.96	0.42737	26%-50% Below	No	No
45802000403	HYDROCORTISONE 2.5% CREAM	10	28.000	1.57	0.10568	26%-50% Below	Yes	No
45802000403	HYDROCORTISONE 2.5% CREAM	10	56.000	6.54	0.10568	10%-25% Above	Yes	No
45802000403	HYDROCORTISONE 2.5% CREAM	11	28.000	1.57	0.1106	26%-50% Below	Yes	No
45802000403	HYDROCORTISONE 2.5% CREAM	11	28.000	3.81	0.1106	10%-25% Above	Yes	No
45802000403	HYDROCORTISONE 2.5% CREAM	12	28.000	1.57	0.11544	51%-75% Below	Yes	No
45802001402	HYDROCORTISONE 2.5% OINTMENT	11	20.000	1.18	0.12518	51%-75% Below	Yes	No
45802004935	TRIAMCINOLONE 0.5% OINTMENT	10	15.000	2.88	0.32358	26%-50% Below	No	No
45802004935	TRIAMCINOLONE 0.5% OINTMENT	12	30.000	10.80	0.31316	10%-25% Above	Yes	No
45802005536	TRIAMCINOLONE 0.1% OINTMENT	10	320.000	25.87	0.07019	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
45802006335	TRIAMCINOLONE 0.025% CREAM	10	60.000	9.90	0.12955	26%-50% Above	No	No
45802006336	TRIAMCINOLONE 0.025% CREAM	12	80.000	8.66	0.06214	51%-75% Above	No	No
45802006436	TRIAMCINOLONE 0.1% CREAM	9	80.000	5.33	0.05495	10%-25% Above	No	No
45802006436	TRIAMCINOLONE 0.1% CREAM	9	80.000	8.16	0.05495	76%-100% Above	No	No
45802006436	TRIAMCINOLONE 0.1% CREAM	10	80.000	4.83	0.05458	10%-25% Above	No	No
45802006436	TRIAMCINOLONE 0.1% CREAM	10	80.000	8.16	0.05458	76%-100% Above	No	No
45802006436	TRIAMCINOLONE 0.1% CREAM	12	80.000	3.93	0.06383	10%-25% Below	No	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	9	23.000	45.23	3.22727	26%-50% Below	No	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	9	23.000	45.26	3.22727	26%-50% Below	Yes	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	10	23.000	44.54	2.95379	26%-50% Below	No	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	10	23.000	45.26	2.95379	26%-50% Below	Yes	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	11	23.000	45.26	3.41875	26%-50% Below	Yes	No
45802009735	ESTRADIOL 0.01% CREAM	9	42.500	61.20	0.55577	101%-200% Above	No	No
45802009735	ESTRADIOL 0.01% CREAM	10	42.500	14.17	0.54128	26%-50% Below	No	No
45802009735	ESTRADIOL 0.01% CREAM	10	42.500	61.20	0.54128	101%-200% Above	No	No
45802009735	ESTRADIOL 0.01% CREAM	11	42.500	29.90	0.56549	10%-25% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	9	22.000	6.33	0.17256	51%-75% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	10	22.000	5.00	0.18483	10%-25% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	11	22.000	2.14	0.19827	26%-50% Below	Yes	No
45802011222	MUPIROCIN 2% OINTMENT	11	22.000	2.32	0.19827	26%-50% Below	No	No
45802011222	MUPIROCIN 2% OINTMENT	12	22.000	9.90	0.18108	101%-200% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	12	22.000	9.99	0.18108	101%-200% Above	No	No
45802013970	METRONIDAZOLE VAGINAL 0.75% GL	9	70.000	20.66	0.5147	26%-50% Below	No	No
45802013970	METRONIDAZOLE VAGINAL 0.75% GL	10	70.000	17.39	0.46594	26%-50% Below	No	No
45802013970	METRONIDAZOLE VAGINAL 0.75% GL	12	70.000	16.96	0.39985	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
45802025742	MOMETASONE FUROATE 0.1% CREAM	9	45.000	9.99	0.3191	26%-50% Below	No	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	9	60.000	10.81	0.31153	26%-50% Below	No	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	9	60.000	12.13	0.31153	26%-50% Below	No	No
45802036665	TESTOSTERONE 1.62% (2.5 G) PKT	9	75.000	111.81	3.0848	51%-75% Below	No	No
45802036665	TESTOSTERONE 1.62% (2.5 G) PKT	10	75.000	111.81	2.53047	26%-50% Below	No	No
45802036665	TESTOSTERONE 1.62% (2.5 G) PKT	11	75.000	112.05	2.50931	26%-50% Below	No	No
45802039001	TACROLIMUS 0.03% OINTMENT	10	60.000	39.89	1.26722	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	9	120.000	6.90	0.10296	26%-50% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	9	120.000	8.25	0.10296	26%-50% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	10	120.000	5.27	0.09451	51%-75% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	10	120.000	7.98	0.09451	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	10	120.000	16.20	0.09451	26%-50% Above	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	11	120.000	5.27	0.1036	51%-75% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	11	120.000	7.98	0.1036	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	11	120.000	7.98	0.1036	26%-50% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	11	120.000	8.71	0.1036	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	12	1.000	0.56	0.09494	200% Above	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	12	120.000	7.98	0.09494	26%-50% Below	Yes	No
45802049326	AMMONIUM LACTATE 12% CREAM	9	385.000	15.67	0.0668	26%-50% Below	Yes	No
45802049326	AMMONIUM LACTATE 12% CREAM	11	385.000	15.67	0.06486	26%-50% Below	Yes	No
45802056202	CLINDAMYCIN PH 1% SOLUTION	9	120.000	13.50	0.21314	26%-50% Below	No	No
45802058084	SCOPOLAMINE 1 MG/3 DAY PATCH	9	8.000	34.15	8.38324	26%-50% Below	No	No
45802058084	SCOPOLAMINE 1 MG/3 DAY PATCH	10	3.000	12.81	7.55811	26%-50% Below	No	No
45802062626	CETIRIZINE HCL 1 MG/ML SYRUP	9	150.000	8.98	0.02622	101%-200% Above	No	No
45802062626	CETIRIZINE HCL 1 MG/ML SYRUP	10	75.000	1.12	0.02775	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
45802062626	CETIRIZINE HCL 1 MG/ML SYRUP	10	75.000	4.74	0.02775	101%-200% Above	Yes	No
45802065078	LORATADINE 10 MG TABLET	9	23.000	1.52	0.05892	10%-25% Above	Yes	No
45802065078	LORATADINE 10 MG TABLET	9	30.000	0.91	0.05892	26%-50% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	9	90.000	1.81	0.05892	51%-75% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	10	90.000	1.67	0.05836	51%-75% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	10	90.000	1.81	0.05836	51%-75% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	10	90.000	4.51	0.05836	10%-25% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	11	10.000	0.95	0.05749	51%-75% Above	Yes	No
45802065078	LORATADINE 10 MG TABLET	11	18.000	1.30	0.05749	10%-25% Above	Yes	No
45802065078	LORATADINE 10 MG TABLET	11	30.000	0.91	0.05749	26%-50% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	11	90.000	1.67	0.05749	51%-75% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	12	10.000	0.95	0.06067	51%-75% Above	Yes	No
45802065078	LORATADINE 10 MG TABLET	12	30.000	0.91	0.06067	26%-50% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	12	90.000	1.56	0.06067	51%-75% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	12	90.000	4.75	0.06067	10%-25% Below	Yes	No
45802071708	TERCONAZOLE 80 MG SUPPOSITORY	10	3.000	32.53	18.86	26%-50% Below	Yes	No
45802093716	HYDROCORTISONE 2.5% LOTION	9	59.000	5.39	0.18306	26%-50% Below	Yes	No
45802095243	IBUPROFEN 100 MG/5 ML SUSP	11	120.000	4.20	0.02858	10%-25% Above	No	No
45802095243	IBUPROFEN 100 MG/5 ML SUSP	11	200.000	3.42	0.02858	26%-50% Below	Yes	No
45802095243	IBUPROFEN 100 MG/5 ML SUSP	12	120.000	4.20	0.02735	26%-50% Above	No	No
45802097426	CETIRIZINE HCL 1 MG/ML SOLN	11	75.000	3.78	0.03138	51%-75% Above	Yes	No
45963014205	BUPROPION HCL XL 300 MG TABLET	9	30.000	32.40	0.1614	200% Above	No	No
45963043864	ENULOSE 10 GM/15 ML SOLUTION	9	900.000	9.68	0.01278	10%-25% Below	No	No
45963043965	CONSTULOSE 10 GM/15 ML SOLN	10	150.000	0.02	0.01156	76%-100% Below	No	No
45963055550	GABAPENTIN 100 MG CAPSULE	9	90.000	3.19	0.02583	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
45963055550	GABAPENTIN 100 MG CAPSULE	10	60.000	3.59	0.02469	101%-200% Above	No	No
45963055550	GABAPENTIN 100 MG CAPSULE	10	90.000	5.39	0.02469	101%-200% Above	No	No
45963055550	GABAPENTIN 100 MG CAPSULE	11	90.000	5.39	0.02755	101%-200% Above	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	9	30.000	4.54	0.04077	200% Above	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	9	60.000	3.27	0.04077	26%-50% Above	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	10	30.000	4.54	0.04095	200% Above	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	10	60.000	3.27	0.04095	26%-50% Above	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	10	90.000	13.61	0.04095	200% Above	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	10	270.000	40.82	0.04095	200% Above	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	12	270.000	40.82	0.04443	200% Above	No	No
45963067611	METOPROLOL SUCC ER 50 MG TAB	10	90.000	14.99	0.07734	101%-200% Above	No	No
45963067611	METOPROLOL SUCC ER 50 MG TAB	11	90.000	10.75	0.07735	51%-75% Above	No	No
45963067611	METOPROLOL SUCC ER 50 MG TAB	11	90.000	12.49	0.07735	76%-100% Above	No	No
45963067611	METOPROLOL SUCC ER 50 MG TAB	12	90.000	14.99	0.07981	101%-200% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	10	90.000	23.88	0.07937	200% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	11	90.000	29.99	0.07594	200% Above	No	No
47335063249	BUDESONIDE 0.5 MG/2 ML SUSP	12	60.000	42.96	0.84976	10%-25% Below	No	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	9	75.000	3.28	0.06318	26%-50% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	10	75.000	1.94	0.06618	51%-75% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	10	75.000	3.28	0.06618	26%-50% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	10	300.000	7.77	0.06618	51%-75% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	10	300.000	9.90	0.06618	26%-50% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	10	600.000	15.54	0.06618	51%-75% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	75.000	1.94	0.0639	51%-75% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	75.000	3.28	0.0639	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
47335070352	ALBUTEROL SUL 2.5 MG/3 ML SOLN	11	180.000	19.01	0.06118	51%-75% Above	No	No
47335070713	TOPIRAMATE 25 MG TABLET	9	180.000	4.12	0.0317	26%-50% Below	No	No
47335070713	TOPIRAMATE 25 MG TABLET	12	180.000	4.12	0.03105	26%-50% Below	No	No
47781001201	HYOSCYAMINE 0.125 MG ODT	9	30.000	2.16	0.17463	51%-75% Below	Yes	No
47781001301	HYOSCYAMINE SULF 0.125 MG TAB	12	60.000	14.90	0.16057	51%-75% Above	No	No
47781010444	ESTRADIOL 0.01% CREAM	10	42.500	31.07	0.54128	26%-50% Above	No	No
47781017901	DEXTROAMP-AMPHETAMIN 20 MG TAB	9	60.000	12.14	0.34453	26%-50% Below	Yes	No
47781017901	DEXTROAMP-AMPHETAMIN 20 MG TAB	9	60.000	52.45	0.34453	101%-200% Above	No	No
47781017901	DEXTROAMP-AMPHETAMIN 20 MG TAB	10	60.000	52.45	0.30315	101%-200% Above	No	No
47781019601	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	10	20.000	1.42	0.10891	26%-50% Below	No	No
47781019601	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	10	20.000	3.60	0.10891	51%-75% Above	No	No
47781019605	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	9	15.000	1.16	0.10648	26%-50% Below	No	No
47781019605	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	9	60.000	3.24	0.10648	26%-50% Below	No	No
47781019605	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	10	15.000	2.70	0.10891	51%-75% Above	No	No
47781019605	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	12	40.000	2.34	0.11249	26%-50% Below	No	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	9	14.000	14.90	0.49864	101%-200% Above	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	10	14.000	9.90	0.52826	26%-50% Above	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	10	20.000	5.34	0.52826	26%-50% Below	No	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	11	14.000	14.90	0.51006	101%-200% Above	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	12	10.000	14.99	0.5568	101%-200% Above	No	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	12	14.000	9.99	0.5568	26%-50% Above	No	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	12	14.000	14.90	0.5568	76%-100% Above	Yes	No
47781035603	BUPRENORPHINE-NALOXONE 4-1 MG SL FILM	9	60.000	178.23	3.78371	10%-25% Below	Yes	No
47781035603	BUPRENORPHINE-NALOXONE 4-1 MG SL FILM	10	60.000	178.23	3.70438	10%-25% Below	Yes	No
47781035603	BUPRENORPHINE-NALOXONE 4-1 MG SL FILM	11	60.000	178.23	3.87175	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
47781035603	BUPRENORPHINE-NALOXONE 4-1 MG SL FILM	12	60.000	178.23	3.83009	10%-25% Below	Yes	No
47781038426	OSELTAMIVIR 6 MG/ML SUSPENSION	9	60.000	18.74	0.17392	76%-100% Above	Yes	No
47781038426	OSELTAMIVIR 6 MG/ML SUSPENSION	11	120.000	37.49	0.22394	26%-50% Above	Yes	No
47781038426	OSELTAMIVIR 6 MG/ML SUSPENSION	12	60.000	18.74	0.27758	10%-25% Above	Yes	No
47781038426	OSELTAMIVIR 6 MG/ML SUSPENSION	12	120.000	37.49	0.27758	10%-25% Above	Yes	No
47781038426	OSELTAMIVIR 6 MG/ML SUSPENSION	12	180.000	56.23	0.27758	10%-25% Above	Yes	No
47781040704	BUPRENORPHINE 10 MCG/HR PATCH	10	4.000	114.35	38.55606	10%-25% Below	No	No
47781056201	LISDEXAMFETAMINE 10 MG CAPSULE	12	30.000	9.90	4.19015	76%-100% Below	No	No
47781056201	LISDEXAMFETAMINE 10 MG CAPSULE	12	30.000	9.99	4.19015	76%-100% Below	No	No
47781056301	LISDEXAMFETAMINE 20 MG CAPSULE	11	30.000	9.99	4.1048	76%-100% Below	No	No
47781056301	LISDEXAMFETAMINE 20 MG CAPSULE	12	30.000	9.99	3.62944	76%-100% Below	No	No
47781056501	LISDEXAMFETAMINE 40 MG CAPSULE	12	30.000	9.90	3.57821	76%-100% Below	No	No
47781056701	LISDEXAMFETAMINE 60 MG CAPSULE	10	30.000	9.99	3.16068	76%-100% Below	No	No
47781056801	LISDEXAMFETAMINE 70 MG CAPSULE	10	30.000	56.80	3.25036	26%-50% Below	No	No
47781056801	LISDEXAMFETAMINE 70 MG CAPSULE	11	30.000	113.63	4.39921	10%-25% Below	No	No
47781064010	LEVOTHYROXINE 25 MCG TABLET	12	30.000	1.81	0.05093	10%-25% Above	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	12	30.000	1.73	0.05093	10%-25% Above	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	9	90.000	3.65	0.06726	26%-50% Below	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	9	90.000	3.84	0.06726	26%-50% Below	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	11	30.000	1.55	0.06845	10%-25% Below	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	11	90.000	3.65	0.06845	26%-50% Below	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	12	90.000	3.65	0.05715	26%-50% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	9	30.000	1.58	0.07394	26%-50% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	9	30.000	1.62	0.07394	26%-50% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	9	90.000	3.74	0.07394	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
47781064690	LEVOTHYROXINE 75 MCG TABLET	10	30.000	1.62	0.06241	10%-25% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	10	90.000	3.36	0.06241	26%-50% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	10	90.000	3.74	0.06241	26%-50% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	11	30.000	1.62	0.07109	10%-25% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	11	90.000	3.74	0.07109	26%-50% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	11	90.000	3.86	0.07109	26%-50% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	12	30.000	1.62	0.06108	10%-25% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	12	90.000	3.74	0.06108	26%-50% Below	No	No
47781065190	LEVOTHYROXINE 100 MCG TABLET	9	30.000	1.75	0.07548	10%-25% Below	No	No
47781065190	LEVOTHYROXINE 100 MCG TABLET	12	30.000	1.75	0.06912	10%-25% Below	No	No
47781065790	LEVOTHYROXINE 125 MCG TABLET	9	30.000	2.18	0.09987	26%-50% Below	No	No
47781065790	LEVOTHYROXINE 125 MCG TABLET	11	30.000	2.18	0.09037	10%-25% Below	No	No
47781065790	LEVOTHYROXINE 125 MCG TABLET	11	90.000	5.36	0.09037	26%-50% Below	No	No
47781065790	LEVOTHYROXINE 125 MCG TABLET	12	30.000	0.30	0.09308	76%-100% Below	No	No
47781065990	LEVOTHYROXINE 137 MCG TABLET	10	90.000	6.11	0.08199	10%-25% Below	No	No
47781065990	LEVOTHYROXINE 137 MCG TABLET	12	90.000	6.11	0.09034	10%-25% Below	No	No
47781066290	LEVOTHYROXINE 150 MCG TABLET	10	90.000	5.50	0.07754	10%-25% Below	No	No
47781066890	LEVOTHYROXINE 200 MCG TABLET	12	90.000	4.90	0.11149	51%-75% Below	No	No
47781066890	LEVOTHYROXINE 200 MCG TABLET	12	90.000	6.63	0.11149	26%-50% Below	No	No
47781091193	TESTOSTERONE CYP 200 MG/ML	11	2.000	14.90	13.33832	26%-50% Below	No	No
47781091193	TESTOSTERONE CYP 200 MG/ML	11	10.000	59.88	13.33832	51%-75% Below	No	No
47781091401	DEXAMETHASONE 4 MG TABLET	9	15.000	3.00	0.3869	26%-50% Below	No	No
47781091401	DEXAMETHASONE 4 MG TABLET	10	8.000	1.78	0.34465	26%-50% Below	No	No
47781091401	DEXAMETHASONE 4 MG TABLET	12	3.000	0.65	0.30754	26%-50% Below	No	No
49483048112	ASPIRIN EC 81 MG TABLET	12	90.000	0.49	0.01457	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
49483060301	IBUPROFEN 600 MG TABLET	11	20.000	0.37	0.0551	51%-75% Below	No	No
49483060350	IBUPROFEN 600 MG TABLET	9	12.000	1.01	0.05395	51%-75% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	9	20.000	1.36	0.05395	26%-50% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	9	21.000	1.37	0.05395	10%-25% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	10	20.000	1.33	0.05354	10%-25% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	10	24.000	1.49	0.05354	10%-25% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	12	12.000	0.00	0.05525	76%-100% Below	No	No
49483060350	IBUPROFEN 600 MG TABLET	12	30.000	0.92	0.05525	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	9	15.000	0.86	0.06648	10%-25% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	9	21.000	0.43	0.06648	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	9	40.000	1.50	0.06648	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	9	45.000	1.62	0.06648	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	10	20.000	1.00	0.06514	10%-25% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	10	30.000	1.25	0.06514	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	10	42.000	0.85	0.06514	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	10	45.000	1.62	0.06514	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	10	90.000	0.01	0.06514	76%-100% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	10	90.000	1.10	0.06514	76%-100% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	10	90.000	1.83	0.06514	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	10	90.000	2.74	0.06514	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	11	15.000	0.86	0.06666	10%-25% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	11	20.000	1.00	0.06666	10%-25% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	11	20.000	1.13	0.06666	10%-25% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	11	30.000	0.00	0.06666	76%-100% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	11	30.000	0.61	0.06666	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
49483060450	IBUPROFEN 800 MG TABLET	11	30.000	1.22	0.06666	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	11	30.000	1.45	0.06666	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	11	42.000	1.55	0.06666	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	11	45.000	1.62	0.06666	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	11	90.000	1.03	0.06666	76%-100% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	11	90.000	1.83	0.06666	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	11	90.000	2.74	0.06666	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	11	90.000	3.35	0.06666	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	12	30.000	1.45	0.06661	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	12	45.000	1.93	0.06661	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	12	90.000	1.83	0.06661	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	12	90.000	3.35	0.06661	26%-50% Below	Yes	No
49483060550	GABAPENTIN 100 MG CAPSULE	10	90.000	1.79	0.02469	10%-25% Below	No	No
49483060610	GABAPENTIN 300 MG CAPSULE	11	90.000	3.35	0.04341	10%-25% Below	No	No
49483060610	GABAPENTIN 300 MG CAPSULE	11	90.000	7.14	0.04341	76%-100% Above	No	No
49483060610	GABAPENTIN 300 MG CAPSULE	12	90.000	3.34	0.04443	10%-25% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	11	90.000	7.14	0.04341	76%-100% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	12	60.000	2.33	0.04443	10%-25% Below	No	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	9	60.000	1.19	0.03483	26%-50% Below	Yes	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	9	90.000	4.26	0.03483	26%-50% Above	Yes	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	10	30.000	0.60	0.03492	26%-50% Below	Yes	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	10	60.000	1.19	0.03492	26%-50% Below	Yes	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	11	90.000	4.26	0.03669	26%-50% Above	Yes	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	12	30.000	1.32	0.03645	10%-25% Above	Yes	No
49483070201	FLUOXETINE HCL 20 MG CAPSULE	12	90.000	2.60	0.034	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
49483070210	FLUOXETINE HCL 20 MG CAPSULE	9	30.000	1.20	0.03103	26%-50% Above	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	10	30.000	1.20	0.03128	26%-50% Above	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	11	30.000	1.20	0.03063	26%-50% Above	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	12	30.000	0.54	0.034	26%-50% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	12	90.000	2.60	0.034	10%-25% Below	Yes	No
49884011701	AMILORIDE HCL 5 MG TABLET	9	30.000	10.95	0.1708	101%-200% Above	Yes	No
49884012201	LABETALOL HCL 100 MG TABLET	9	60.000	9.90	0.10518	51%-75% Above	No	No
49884012201	LABETALOL HCL 100 MG TABLET	9	180.000	12.40	0.10518	26%-50% Below	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	9	30.000	9.90	0.28534	10%-25% Above	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	10	15.000	14.90	0.31236	200% Above	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	10	30.000	14.90	0.31236	51%-75% Above	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	12	15.000	14.90	0.28922	200% Above	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	12	30.000	9.90	0.28922	10%-25% Above	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	12	30.000	14.90	0.28922	51%-75% Above	Yes	No
49884017111	COLCHICINE 0.6 MG TABLET	12	60.000	206.13	0.28922	200% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	9	30.000	4.00	0.10366	26%-50% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	9	90.000	10.33	0.10366	10%-25% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	9	90.000	10.42	0.10366	10%-25% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	10	90.000	10.42	0.08877	26%-50% Above	No	No
49884042801	DEXMETHYLPHENIDATE ER 15 MG CP	11	30.000	0.30	0.96952	76%-100% Below	No	No
49884072401	HYDROXYUREA 500 MG CAPSULE	10	90.000	10.01	0.22409	26%-50% Below	Yes	No
49884072401	HYDROXYUREA 500 MG CAPSULE	11	90.000	10.01	0.23776	51%-75% Below	Yes	No
49884072401	HYDROXYUREA 500 MG CAPSULE	12	90.000	10.01	0.22319	26%-50% Below	Yes	No
49884094499	VARENICLINE STARTING MONTH BOX	9	53.000	196.83	6.31716	26%-50% Below	No	No
49884094499	VARENICLINE STARTING MONTH BOX	10	53.000	0.01	6.56088	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
49884094499	VARENICLINE STARTING MONTH BOX	12	53.000	0.53	5.73068	76%-100% Below	No	No
50102022823	TARINA FE 1-20 EQ TABLET	11	28.000	2.04	0.13966	26%-50% Below	No	No
50102022823	TARINA FE 1-20 EQ TABLET	12	28.000	2.05	0.17095	51%-75% Below	No	No
50102024023	JASMIEL 3 MG-0.02 MG TABLET	10	84.000	11.41	0.25331	26%-50% Below	No	No
50111032801	HYDRALAZINE 50 MG TABLET	11	120.000	10.52	0.04949	76%-100% Above	No	No
50111032801	HYDRALAZINE 50 MG TABLET	12	180.000	15.79	0.04963	76%-100% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	9	14.000	1.16	0.11994	26%-50% Below	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	9	14.000	4.90	0.11994	101%-200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	9	14.000	5.70	0.11994	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	9	21.000	8.30	0.11994	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	9	28.000	2.32	0.11994	26%-50% Below	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	10	14.000	1.16	0.12576	26%-50% Below	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	10	14.000	4.90	0.12576	101%-200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	10	14.000	5.70	0.12576	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	11	4.000	1.98	0.13048	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	11	20.000	1.66	0.13048	26%-50% Below	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	11	21.000	1.74	0.13048	26%-50% Below	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	12	14.000	6.12	0.13017	200% Above	Yes	No
50111033402	METRONIDAZOLE 500 MG TABLET	9	30.000	11.17	0.11994	200% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	10	4.000	2.00	0.12576	200% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	10	14.000	5.53	0.12576	200% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	12	14.000	5.53	0.13017	200% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	12	20.000	7.55	0.13017	101%-200% Above	No	No
50111039801	HYDRALAZINE 10 MG TABLET	10	90.000	0.91	0.0328	51%-75% Below	No	No
50111045002	TRAZODONE 150 MG TABLET	10	60.000	14.90	0.11775	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
50111045002	TRAZODONE 150 MG TABLET	11	60.000	14.90	0.12293	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	9	15.000	1.46	0.03522	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	9	30.000	0.62	0.03522	26%-50% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	9	30.000	2.43	0.03522	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	9	30.000	2.43	0.03522	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	9	30.000	4.00	0.03522	200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	9	60.000	3.85	0.03522	76%-100% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	9	60.000	4.35	0.03522	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	10	30.000	0.62	0.0348	26%-50% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	10	30.000	2.43	0.0348	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	10	60.000	3.85	0.0348	76%-100% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	10	60.000	4.35	0.0348	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	11	30.000	2.43	0.03586	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	11	30.000	2.43	0.03586	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	11	60.000	3.85	0.03586	76%-100% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	11	60.000	4.35	0.03586	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	11	90.000	1.85	0.03586	26%-50% Below	No	No
50111056001	TRAZODONE 50 MG TABLET	11	90.000	5.78	0.03586	76%-100% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	12	30.000	0.62	0.03447	26%-50% Below	No	No
50111056001	TRAZODONE 50 MG TABLET	12	30.000	0.62	0.03447	26%-50% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	12	30.000	2.43	0.03447	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	12	60.000	3.85	0.03447	76%-100% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	12	180.000	5.53	0.03447	10%-25% Below	Yes	No
50111056002	TRAZODONE 50 MG TABLET	9	30.000	2.36	0.03522	101%-200% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	9	60.000	4.35	0.03522	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
50111056002	TRAZODONE 50 MG TABLET	10	5.000	0.84	0.0348	200% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	10	30.000	2.36	0.0348	101%-200% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	10	30.000	2.54	0.0348	101%-200% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	10	60.000	4.35	0.0348	101%-200% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	11	30.000	2.36	0.03586	101%-200% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	11	30.000	2.54	0.03586	101%-200% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	11	60.000	4.35	0.03586	101%-200% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	12	30.000	2.54	0.03447	101%-200% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	12	60.000	4.35	0.03447	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	9	30.000	2.43	0.03522	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	10	15.000	1.46	0.0348	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	10	30.000	2.36	0.0348	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	10	30.000	2.43	0.0348	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	10	45.000	3.39	0.0348	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	11	30.000	2.36	0.03586	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	11	135.000	9.17	0.03586	76%-100% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	12	30.000	2.43	0.03447	101%-200% Above	No	No
50111056101	TRAZODONE 100 MG TABLET	9	90.000	7.01	0.06411	10%-25% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	10	30.000	3.42	0.06606	51%-75% Above	No	No
50111056101	TRAZODONE 100 MG TABLET	10	60.000	6.33	0.06606	51%-75% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	10	60.000	6.67	0.06606	51%-75% Above	No	No
50111056101	TRAZODONE 100 MG TABLET	10	90.000	9.25	0.06606	51%-75% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	11	30.000	3.42	0.06281	76%-100% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	12	30.000	3.31	0.06493	51%-75% Above	No	No
50111056101	TRAZODONE 100 MG TABLET	12	30.000	3.42	0.06493	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
50111056101	TRAZODONE 100 MG TABLET	12	90.000	8.93	0.06493	51%-75% Above	No	No
50111056102	TRAZODONE 100 MG TABLET	9	30.000	3.42	0.06411	76%-100% Above	No	No
50111056102	TRAZODONE 100 MG TABLET	9	60.000	6.67	0.06411	51%-75% Above	No	No
50111056102	TRAZODONE 100 MG TABLET	10	30.000	3.42	0.06606	51%-75% Above	No	No
50111056102	TRAZODONE 100 MG TABLET	11	30.000	3.42	0.06281	76%-100% Above	No	No
50111056102	TRAZODONE 100 MG TABLET	11	60.000	6.67	0.06281	76%-100% Above	No	No
50111056102	TRAZODONE 100 MG TABLET	12	30.000	3.42	0.06493	51%-75% Above	No	No
50111056102	TRAZODONE 100 MG TABLET	12	60.000	6.67	0.06493	51%-75% Above	No	No
50111056103	TRAZODONE 100 MG TABLET	9	30.000	3.59	0.06411	76%-100% Above	No	No
50111056103	TRAZODONE 100 MG TABLET	10	30.000	3.59	0.06606	76%-100% Above	No	No
50111056103	TRAZODONE 100 MG TABLET	10	60.000	4.90	0.06606	10%-25% Above	No	No
50111056103	TRAZODONE 100 MG TABLET	11	30.000	3.59	0.06281	76%-100% Above	No	No
50111056103	TRAZODONE 100 MG TABLET	11	60.000	4.90	0.06281	26%-50% Above	No	No
50111056103	TRAZODONE 100 MG TABLET	12	30.000	3.59	0.06493	76%-100% Above	No	No
50111056103	TRAZODONE 100 MG TABLET	12	60.000	4.90	0.06493	10%-25% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	9	30.000	0.72	0.03103	10%-25% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	9	90.000	10.04	0.03103	200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	10	30.000	0.72	0.03128	10%-25% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	10	90.000	2.17	0.03128	10%-25% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	10	90.000	10.04	0.03128	200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	11	30.000	0.72	0.03063	10%-25% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	11	90.000	2.17	0.03063	10%-25% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	12	30.000	0.72	0.034	26%-50% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	12	90.000	2.17	0.034	26%-50% Below	No	No
50111078710	AZITHROMYCIN 250 MG TABLET	10	6.000	3.57	0.33112	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
50111078751	AZITHROMYCIN 250 MG TABLET	9	6.000	0.00	0.35827	76%-100% Below	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	9	6.000	3.57	0.35827	51%-75% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	10	6.000	0.06	0.33112	76%-100% Below	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	10	6.000	0.81	0.33112	51%-75% Below	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	10	6.000	3.57	0.33112	76%-100% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	11	6.000	0.06	0.36094	76%-100% Below	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	11	6.000	3.46	0.36094	51%-75% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	11	6.000	3.57	0.36094	51%-75% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	11	6.000	3.75	0.36094	51%-75% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	11	6.000	11.95	0.36094	200% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	11	6.000	13.56	0.36094	200% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	12	6.000	3.46	0.37291	51%-75% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	12	6.000	3.57	0.37291	51%-75% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	12	6.000	3.75	0.37291	51%-75% Above	No	No
50111078766	AZITHROMYCIN 250 MG TABLET	12	6.000	3.57	0.37291	51%-75% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	11	2.000	2.53	0.63766	76%-100% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	11	3.000	13.98	0.63766	200% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	11	5.000	0.05	0.63766	76%-100% Below	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	12	5.000	4.90	0.64228	51%-75% Above	No	No
50111091701	TORSEMIDE 20 MG TABLET	9	90.000	4.90	0.07834	26%-50% Below	No	No
50111091701	TORSEMIDE 20 MG TABLET	12	90.000	16.38	0.07969	101%-200% Above	No	No
50228010901	CARISOPRODOL 350 MG TABLET	9	60.000	4.24	0.0799	10%-25% Below	No	No
50228010910	CARISOPRODOL 350 MG TABLET	9	180.000	9.90	0.0799	26%-50% Below	No	No
50228010910	CARISOPRODOL 350 MG TABLET	10	120.000	7.72	0.08115	10%-25% Below	No	No
50228011505	FLUOXETINE HCL 40 MG CAPSULE	9	30.000	6.04	0.07364	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
50228012410	CLOPIDOGREL 75 MG TABLET	9	30.000	3.63	0.06468	76%-100% Above	No	No
50228012410	CLOPIDOGREL 75 MG TABLET	10	30.000	3.63	0.06356	76%-100% Above	No	No
50228012410	CLOPIDOGREL 75 MG TABLET	11	30.000	3.63	0.06492	76%-100% Above	No	No
50228012410	CLOPIDOGREL 75 MG TABLET	12	30.000	3.63	0.06454	76%-100% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	9	30.000	8.95	0.08116	200% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	10	30.000	4.90	0.07596	101%-200% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	10	30.000	8.95	0.07596	200% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	11	30.000	4.90	0.08714	76%-100% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	11	30.000	8.95	0.08714	200% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	11	30.000	9.45	0.08714	200% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	12	30.000	8.95	0.07872	200% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	12	30.000	9.45	0.07872	200% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	12	90.000	11.87	0.07872	51%-75% Above	Yes	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	9	30.000	0.56	0.03188	26%-50% Below	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	9	30.000	2.11	0.03188	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	9	30.000	2.21	0.03188	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	10	30.000	0.59	0.03133	26%-50% Below	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	10	30.000	2.21	0.03133	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	11	30.000	0.59	0.0317	26%-50% Below	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	11	30.000	2.11	0.0317	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	11	90.000	4.90	0.0317	51%-75% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	12	30.000	0.56	0.03415	26%-50% Below	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	12	30.000	2.11	0.03415	101%-200% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	10	30.000	2.11	0.03133	101%-200% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	11	30.000	2.11	0.0317	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
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	12	30.000	2.11	0.03415	101%-200% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	12	90.000	5.25	0.03415	51%-75% Above	No	No
50228015805	CELECOXIB 200 MG CAPSULE	9	30.000	9.90	0.10817	200% Above	No	No
50228015805	CELECOXIB 200 MG CAPSULE	9	30.000	14.90	0.10817	200% Above	No	No
50228015805	CELECOXIB 200 MG CAPSULE	10	30.000	9.90	0.10988	200% Above	No	No
50228015805	CELECOXIB 200 MG CAPSULE	10	30.000	14.90	0.10988	200% Above	No	No
50228015805	CELECOXIB 200 MG CAPSULE	11	10.000	14.90	0.11976	200% Above	No	No
50228015805	CELECOXIB 200 MG CAPSULE	11	30.000	9.90	0.11976	101%-200% Above	No	No
50228015805	CELECOXIB 200 MG CAPSULE	11	30.000	14.90	0.11976	200% Above	No	No
50228015805	CELECOXIB 200 MG CAPSULE	12	30.000	9.90	0.11592	101%-200% Above	No	No
50228015805	CELECOXIB 200 MG CAPSULE	12	30.000	14.90	0.11592	200% Above	No	No
50228017501	BUPROPION HCL SR 150 MG TABLET	9	60.000	11.45	0.08973	101%-200% Above	No	No
50228017501	BUPROPION HCL SR 150 MG TABLET	10	60.000	11.45	0.08414	101%-200% Above	No	No
50228017501	BUPROPION HCL SR 150 MG TABLET	11	60.000	11.45	0.09113	101%-200% Above	No	No
50228017501	BUPROPION HCL SR 150 MG TABLET	12	60.000	11.45	0.08694	101%-200% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	9	30.000	4.82	0.08973	76%-100% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	9	30.000	4.90	0.08973	76%-100% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	9	30.000	7.50	0.08973	101%-200% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	10	30.000	4.82	0.08414	76%-100% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	10	30.000	4.90	0.08414	76%-100% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	10	60.000	15.00	0.08414	101%-200% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	11	30.000	4.82	0.09113	76%-100% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	11	30.000	4.90	0.09113	76%-100% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	11	60.000	6.90	0.09113	26%-50% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	11	60.000	11.95	0.09113	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
50228017505	BUPROPION HCL SR 150 MG TABLET	12	30.000	4.82	0.08694	76%-100% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	12	60.000	10.55	0.08694	101%-200% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	12	60.000	11.29	0.08694	101%-200% Above	No	No
50228017701	GABAPENTIN 600 MG TABLET	10	42.000	5.29	0.09749	26%-50% Above	No	No
50228017801	GABAPENTIN 800 MG TABLET	10	30.000	2.34	0.12506	26%-50% Below	No	No
50228017801	GABAPENTIN 800 MG TABLET	10	270.000	16.46	0.12506	51%-75% Below	No	No
50228017801	GABAPENTIN 800 MG TABLET	11	30.000	2.34	0.122	26%-50% Below	No	No
50228017801	GABAPENTIN 800 MG TABLET	11	90.000	6.02	0.122	26%-50% Below	No	No
50228017801	GABAPENTIN 800 MG TABLET	12	30.000	2.34	0.12745	26%-50% Below	No	No
50228017801	GABAPENTIN 800 MG TABLET	12	90.000	75.35	0.12745	200% Above	No	No
50228017805	GABAPENTIN 800 MG TABLET	9	30.000	2.34	0.12667	26%-50% Below	No	No
50228017805	GABAPENTIN 800 MG TABLET	10	90.000	26.87	0.12506	101%-200% Above	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	9	30.000	1.34	0.02583	51%-75% Above	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	9	60.000	0.95	0.02583	26%-50% Below	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	9	90.000	3.10	0.02583	26%-50% Above	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	10	90.000	1.67	0.02469	10%-25% Below	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	10	90.000	9.06	0.02469	200% Above	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	12	90.000	0.77	0.02527	51%-75% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	9	270.000	37.75	0.04077	200% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	9	810.000	113.24	0.04077	200% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	10	90.000	12.58	0.04095	200% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	11	180.000	6.53	0.04341	10%-25% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	12	270.000	138.43	0.04443	200% Above	No	No
50228018105	GABAPENTIN 400 MG CAPSULE	9	270.000	21.10	0.06067	26%-50% Above	No	No
50228018105	GABAPENTIN 400 MG CAPSULE	11	90.000	6.99	0.05598	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
50228018105	GABAPENTIN 400 MG CAPSULE	12	180.000	32.89	0.05341	200% Above	No	No
50228018105	GABAPENTIN 400 MG CAPSULE	12	270.000	49.33	0.05341	200% Above	No	No
50228035390	PREGABALIN 100 MG CAPSULE	12	90.000	3.74	0.06024	26%-50% Below	No	No
50228035490	PREGABALIN 150 MG CAPSULE	10	30.000	1.67	0.06703	10%-25% Below	No	No
50228035490	PREGABALIN 150 MG CAPSULE	11	30.000	1.67	0.07293	10%-25% Below	No	No
50228035490	PREGABALIN 150 MG CAPSULE	12	30.000	1.67	0.07074	10%-25% Below	No	No
50228037905	EZETIMIBE 10 MG TABLET	12	90.000	59.90	0.08468	200% Above	No	No
50228042460	RANOLAZINE ER 1,000 MG TABLET	11	60.000	12.04	0.34435	26%-50% Below	Yes	No
50228042460	RANOLAZINE ER 1,000 MG TABLET	12	180.000	36.13	0.31781	26%-50% Below	Yes	No
50228045310	ATORVASTATIN 40 MG TABLET	9	30.000	5.05	0.05653	101%-200% Above	No	No
50228045310	ATORVASTATIN 40 MG TABLET	10	30.000	5.05	0.05376	200% Above	No	No
50228045310	ATORVASTATIN 40 MG TABLET	11	30.000	5.05	0.06103	101%-200% Above	No	No
50228045310	ATORVASTATIN 40 MG TABLET	12	30.000	5.05	0.0579	101%-200% Above	No	No
50228046501	NABUMETONE 500 MG TABLET	9	60.000	11.71	0.13776	26%-50% Above	Yes	No
50228046501	NABUMETONE 500 MG TABLET	10	60.000	11.71	0.13296	26%-50% Above	Yes	No
50228046505	NABUMETONE 500 MG TABLET	9	60.000	11.71	0.13776	26%-50% Above	No	No
50228046505	NABUMETONE 500 MG TABLET	10	60.000	13.79	0.13296	51%-75% Above	No	No
50228046601	NABUMETONE 750 MG TABLET	9	60.000	4.41	0.16332	51%-75% Below	Yes	No
50228046601	NABUMETONE 750 MG TABLET	12	28.000	2.06	0.1958	51%-75% Below	Yes	No
50419040203	YASMIN 28 TABLET	9	28.000	62.68	4.41595	26%-50% Below	Yes	No
50474071079	CIMZIA 2X200 MG/ML SYRINGE KIT	9	1.000	3305.14	5235.84426	26%-50% Below	No	No
50474071079	CIMZIA 2X200 MG/ML SYRINGE KIT	10	1.000	3305.14	5235.84426	26%-50% Below	No	No
50474071079	CIMZIA 2X200 MG/ML SYRINGE KIT	11	1.000	3305.14	5235.84426	26%-50% Below	No	No
50474071079	CIMZIA 2X200 MG/ML SYRINGE KIT	12	1.000	3305.14	5235.84426	26%-50% Below	No	No
50742014201	METHENAMINE HIPP 1 GM TABLET	9	60.000	17.78	0.46179	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
50742014201	METHENAMINE HIPP 1 GM TABLET	10	60.000	16.60	0.45074	26%-50% Below	No	No
50742014201	METHENAMINE HIPP 1 GM TABLET	10	60.000	16.63	0.45074	26%-50% Below	No	No
50742014201	METHENAMINE HIPP 1 GM TABLET	11	60.000	16.63	0.49395	26%-50% Below	No	No
50742017501	ISOSORBIDE MONONIT ER 30 MG TB	9	30.000	1.50	0.08392	26%-50% Below	No	No
50742017501	ISOSORBIDE MONONIT ER 30 MG TB	10	30.000	1.50	0.07693	26%-50% Below	No	No
50742017501	ISOSORBIDE MONONIT ER 30 MG TB	10	90.000	12.40	0.07693	76%-100% Above	No	No
50742017501	ISOSORBIDE MONONIT ER 30 MG TB	11	30.000	1.38	0.07572	26%-50% Below	No	No
50742017505	ISOSORBIDE MONONIT ER 30 MG TB	9	30.000	6.95	0.08392	101%-200% Above	No	No
50742017505	ISOSORBIDE MONONIT ER 30 MG TB	10	30.000	6.95	0.07693	200% Above	No	No
50742024690	ISOSORBIDE-HYDRALAZINE 20-37.5 MG TABLET	12	270.000	270.00	1.78154	26%-50% Below	Yes	No
50742025090	DILTIAZEM 24H ER(CD) 240 MG CP	10	30.000	9.90	0.23586	26%-50% Above	No	No
50742025090	DILTIAZEM 24H ER(CD) 240 MG CP	11	30.000	9.90	0.22618	26%-50% Above	No	No
50742025090	DILTIAZEM 24H ER(CD) 240 MG CP	12	30.000	9.90	0.24756	26%-50% Above	No	No
50742025290	DILTIAZEM 24H ER(CD) 360 MG CP	9	90.000	469.77	0.27558	200% Above	No	No
50742025290	DILTIAZEM 24H ER(CD) 360 MG CP	12	7.000	1.16	0.26487	26%-50% Below	No	No
50742025290	DILTIAZEM 24H ER(CD) 360 MG CP	12	30.000	4.96	0.26487	26%-50% Below	No	No
50742026001	NIFEDIPINE ER 30 MG TABLET	9	30.000	9.38	0.14045	101%-200% Above	No	No
50742026001	NIFEDIPINE ER 30 MG TABLET	10	30.000	9.38	0.12504	101%-200% Above	No	No
50742026001	NIFEDIPINE ER 30 MG TABLET	11	30.000	9.38	0.14113	101%-200% Above	No	No
50742026001	NIFEDIPINE ER 30 MG TABLET	12	30.000	4.90	0.13714	10%-25% Above	Yes	No
50742026001	NIFEDIPINE ER 30 MG TABLET	12	30.000	9.38	0.13714	101%-200% Above	No	No
50742026103	NIFEDIPINE ER 60 MG TABLET	10	30.000	10.17	0.15444	101%-200% Above	No	No
50742026103	NIFEDIPINE ER 60 MG TABLET	10	60.000	12.50	0.15444	26%-50% Above	No	No
50742026201	NIFEDIPINE ER 90 MG TABLET	9	90.000	16.05	0.30514	26%-50% Below	No	No
50742026201	NIFEDIPINE ER 90 MG TABLET	12	30.000	6.90	0.27953	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
50742026201	NIFEDIPINE ER 90 MG TABLET	12	90.000	15.44	0.27953	26%-50% Below	No	No
50742027801	DICLOFENAC SOD ER 100 MG TAB	9	30.000	16.82	0.96097	26%-50% Below	No	No
50742027801	DICLOFENAC SOD ER 100 MG TAB	10	30.000	17.29	0.8097	26%-50% Below	No	No
50742027801	DICLOFENAC SOD ER 100 MG TAB	11	30.000	17.29	0.91987	26%-50% Below	No	No
50742027801	DICLOFENAC SOD ER 100 MG TAB	12	30.000	16.56	0.84663	26%-50% Below	No	No
50742027901	DICLOFENAC POT 50 MG TABLET	12	25.000	3.20	0.17542	26%-50% Below	Yes	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	9	9.000	30.79	8.38324	51%-75% Below	No	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	10	1.000	4.24	7.55811	26%-50% Below	Yes	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	11	4.000	16.95	7.28739	26%-50% Below	Yes	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	11	10.000	23.07	7.28739	51%-75% Below	No	No
50742050510	SCOPOLAMINE 1 MG/3 DAY PATCH	10	3.000	14.99	7.55811	26%-50% Below	No	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	9	15.000	4.52	0.07422	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	9	90.000	12.40	0.07422	76%-100% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	9	90.000	14.47	0.07422	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	10	15.000	4.52	0.07937	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	10	30.000	8.55	0.07937	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	10	45.000	13.28	0.07937	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	10	90.000	12.40	0.07937	51%-75% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	10	90.000	13.36	0.07937	76%-100% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	11	15.000	4.52	0.07594	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	11	30.000	8.55	0.07594	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	11	90.000	12.40	0.07594	76%-100% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	12	15.000	4.52	0.07848	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	12	30.000	8.55	0.07848	200% Above	Yes	No
50742061605	METOPROLOL SUCC ER 50 MG TAB	9	90.000	3.38	0.0729	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
50742061605	METOPROLOL SUCC ER 50 MG TAB	12	90.000	12.40	0.07981	51%-75% Above	No	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	9	30.000	1.01	0.0729	51%-75% Below	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	9	30.000	7.93	0.0729	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	9	90.000	22.80	0.0729	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	10	30.000	7.93	0.07734	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	10	90.000	13.36	0.07734	76%-100% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	11	30.000	7.93	0.07735	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	11	60.000	15.37	0.07735	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	12	30.000	7.93	0.07981	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	12	90.000	12.47	0.07981	51%-75% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	9	90.000	24.85	0.12979	101%-200% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	9	90.000	29.90	0.12979	101%-200% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	10	15.000	0.77	0.13342	51%-75% Below	No	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	11	30.000	14.16	0.12738	200% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	12	30.000	1.67	0.1034	26%-50% Below	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	12	90.000	21.40	0.1034	101%-200% Above	Yes	No
50742061801	METOPROLOL SUCC ER 200 MG TAB	11	90.000	67.10	0.15341	200% Above	Yes	No
50742064601	TRIAZOLAM 0.25 MG TABLET	9	2.000	1.22	0.72698	10%-25% Below	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	9	2.000	1.29	0.72698	10%-25% Below	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	10	1.000	1.41	0.59006	101%-200% Above	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	11	1.000	0.35	0.59555	26%-50% Below	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	11	1.000	0.87	0.59555	26%-50% Above	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	11	5.000	2.31	0.59555	10%-25% Below	No	No
50742065728	ESTRADIOL-NORETH 1-0.5 MG TAB	9	28.000	14.90	0.88518	26%-50% Below	No	No
50742065728	ESTRADIOL-NORETH 1-0.5 MG TAB	10	28.000	38.95	0.74027	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
50742065728	ESTRADIOL-NORETH 1-0.5 MG TAB	11	28.000	14.90	0.89724	26%-50% Below	No	No
50742065728	ESTRADIOL-NORETH 1-0.5 MG TAB	11	84.000	54.98	0.89724	26%-50% Below	No	No
50742065728	ESTRADIOL-NORETH 1-0.5 MG TAB	12	28.000	65.16	0.85403	101%-200% Above	No	No
50742065828	ESTRADIOL-NORETH 0.5-0.1 MG TB	9	28.000	14.90	0.73228	26%-50% Below	No	No
50742065828	ESTRADIOL-NORETH 0.5-0.1 MG TB	10	28.000	45.71	0.59053	101%-200% Above	No	No
50742065828	ESTRADIOL-NORETH 0.5-0.1 MG TB	11	28.000	14.90	0.68065	10%-25% Below	No	No
50742065828	ESTRADIOL-NORETH 0.5-0.1 MG TB	12	28.000	71.57	0.66322	200% Above	No	No
51224000760	METFORMIN HCL ER 500 MG TABLET	9	30.000	1.52	0.03126	51%-75% Above	No	No
51224000760	METFORMIN HCL ER 500 MG TABLET	9	120.000	2.29	0.03126	26%-50% Below	No	No
51224000760	METFORMIN HCL ER 500 MG TABLET	10	30.000	1.52	0.03299	51%-75% Above	No	No
51224000760	METFORMIN HCL ER 500 MG TABLET	10	90.000	3.56	0.03299	10%-25% Above	No	No
51224000760	METFORMIN HCL ER 500 MG TABLET	10	120.000	2.26	0.03299	26%-50% Below	No	No
51224001060	BENZONATATE 100 MG CAPSULE	10	15.000	3.53	0.08	101%-200% Above	No	No
51224001060	BENZONATATE 100 MG CAPSULE	10	20.000	4.54	0.08	101%-200% Above	No	No
51224002206	AZITHROMYCIN 250 MG TABLET	11	6.000	3.46	0.36094	51%-75% Above	No	No
51224002206	AZITHROMYCIN 250 MG TABLET	11	6.000	3.57	0.36094	51%-75% Above	No	No
51224002206	AZITHROMYCIN 250 MG TABLET	12	6.000	3.57	0.37291	51%-75% Above	No	No
51224002230	AZITHROMYCIN 250 MG TABLET	10	6.000	3.57	0.33112	76%-100% Above	No	No
51224002230	AZITHROMYCIN 250 MG TABLET	10	6.000	3.67	0.33112	76%-100% Above	No	No
51224002230	AZITHROMYCIN 250 MG TABLET	10	11.000	6.13	0.33112	51%-75% Above	No	No
51224002230	AZITHROMYCIN 250 MG TABLET	12	6.000	3.75	0.37291	51%-75% Above	No	No
51224010750	METFORMIN HCL ER 750 MG TABLET	9	30.000	3.49	0.06457	76%-100% Above	No	No
51224010750	METFORMIN HCL ER 750 MG TABLET	10	30.000	3.49	0.06777	51%-75% Above	No	No
51224010750	METFORMIN HCL ER 750 MG TABLET	11	30.000	3.49	0.06518	76%-100% Above	No	No
51224010750	METFORMIN HCL ER 750 MG TABLET	12	30.000	3.49	0.06373	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
51224012230	AZITHROMYCIN 500 MG TABLET	9	5.000	5.00	0.62032	51%-75% Above	No	No
51224012230	AZITHROMYCIN 500 MG TABLET	10	13.000	14.50	0.59415	76%-100% Above	No	No
51224012230	AZITHROMYCIN 500 MG TABLET	11	13.000	14.50	0.63766	51%-75% Above	No	No
51224012230	AZITHROMYCIN 500 MG TABLET	12	13.000	14.50	0.64228	51%-75% Above	No	No
51224012250	AZITHROMYCIN 500 MG TABLET	11	5.000	8.88	0.63766	101%-200% Above	No	No
51293061101	PHENAZOPYRIDINE 100 MG TAB	10	12.000	14.90	0.16927	200% Above	No	No
51660052601	ALLERGY (LORATADINE) 10 MG TAB	11	10.000	0.95	0.05749	51%-75% Above	No	No
51660052605	ALLERGY (LORATADINE) 10 MG TAB	12	30.000	3.09	0.06067	51%-75% Above	No	No
51672127401	BETAMETHASONE DP 0.05% CRM	9	30.000	12.86	0.67765	26%-50% Below	Yes	No
51672128202	TRIAMCINOLONE 0.1% CREAM	9	30.000	4.78	0.11061	26%-50% Above	No	No
51672128202	TRIAMCINOLONE 0.1% CREAM	9	60.000	4.90	0.11061	26%-50% Below	No	No
51672128901	NYSTATIN 100,000 UNIT/GM CREAM	11	75.000	6.42	0.23744	51%-75% Below	Yes	No
51672128902	NYSTATIN 100,000 UNIT/GM CREAM	10	30.000	9.90	0.14363	101%-200% Above	Yes	No
51672130200	TERCONAZOLE 0.8% CREAM	9	20.000	16.92	1.25426	26%-50% Below	No	No
51672130200	TERCONAZOLE 0.8% CREAM	11	20.000	19.90	1.22369	10%-25% Below	No	No
51672130406	TERCONAZOLE 0.4% CREAM	9	45.000	15.62	0.63174	26%-50% Below	Yes	No
51672130406	TERCONAZOLE 0.4% CREAM	10	45.000	15.62	0.60882	26%-50% Below	Yes	No
51672130406	TERCONAZOLE 0.4% CREAM	10	45.000	16.13	0.60882	26%-50% Below	No	No
51672130406	TERCONAZOLE 0.4% CREAM	10	45.000	16.15	0.60882	26%-50% Below	No	No
51672130406	TERCONAZOLE 0.4% CREAM	11	45.000	16.15	0.60432	26%-50% Below	No	No
51672130803	CLOTRIMAZOLE-BETAMETHASONE LOT	9	60.000	86.76	2.69583	26%-50% Below	Yes	No
51672131200	MUPIROCIN 2% OINTMENT	9	22.000	6.92	0.17256	76%-100% Above	No	No
51672131200	MUPIROCIN 2% OINTMENT	12	22.000	2.29	0.18108	26%-50% Below	No	No
51672135708	FLUOCINOLONE 0.01% SCALP OIL	9	118.280	15.55	0.23957	26%-50% Below	Yes	No
51672135708	FLUOCINOLONE 0.01% SCALP OIL	11	118.280	15.55	0.18532	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
51672135708	FLUOCINOLONE 0.01% SCALP OIL	12	118.280	15.55	0.20459	26%-50% Below	Yes	No
51672136606	CLIND PH-BENZOYL PEROX 1.2-5%	11	45.000	14.10	0.69299	51%-75% Below	Yes	No
51672136606	CLIND PH-BENZOYL PEROX 1.2-5%	11	45.000	17.10	0.69299	26%-50% Below	No	No
51672136606	CLIND PH-BENZOYL PEROX 1.2-5%	12	45.000	18.71	0.61108	26%-50% Below	No	No
51672138102	CLINDAMYCIN-BENZOYL PEROX 1-5%	11	25.000	18.15	0.95421	10%-25% Below	No	No
51672140004	CLINDAMYCIN PHOSP 1% LOTION	10	60.000	18.34	0.35456	10%-25% Below	Yes	No
51672140004	CLINDAMYCIN PHOSP 1% LOTION	11	60.000	18.34	0.349	10%-25% Below	Yes	No
51672140700	TRETINOIN 0.025% CREAM	10	20.000	14.90	1.17578	26%-50% Below	No	No
51672140709	TRETINOIN 0.025% CREAM	12	45.000	9.99	1.06616	76%-100% Below	No	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	9	150.000	9.90	0.04332	51%-75% Above	No	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	10	150.000	9.90	0.04469	26%-50% Above	No	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	11	75.000	3.65	0.04211	10%-25% Above	Yes	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	11	150.000	9.90	0.04211	51%-75% Above	No	No
51672300302	HYDROCORTISONE 2.5% CREAM	9	56.700	3.13	0.0901	26%-50% Below	No	No
51672300302	HYDROCORTISONE 2.5% CREAM	11	28.350	3.67	0.09173	26%-50% Above	No	No
51672400205	NORTRIPTYLINE HCL 25 MG CAP	10	180.000	9.59	0.08841	26%-50% Below	No	No
51672400501	CARBAMAZEPINE 200 MG TABLET	12	14.000	1.12	0.14192	26%-50% Below	No	No
51672404601	ENALAPRIL-HYDROCHLOROTHIAZIDE 10-25 MG TABLET	9	60.000	5.05	0.13865	26%-50% Below	No	No
51672404601	ENALAPRIL-HYDROCHLOROTHIAZIDE 10-25 MG TABLET	10	60.000	25.62	0.14287	101%-200% Above	No	No
51672404601	ENALAPRIL-HYDROCHLOROTHIAZIDE 10-25 MG TABLET	11	60.000	25.62	0.14976	101%-200% Above	No	No
51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM	9	45.000	14.99	0.17157	76%-100% Above	No	No
51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM	10	45.000	4.90	0.14945	26%-50% Below	Yes	No
51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM	10	45.000	9.90	0.14945	26%-50% Above	Yes	No
51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM	11	45.000	4.52	0.17322	26%-50% Below	Yes	No
51672407008	CETIRIZINE HCL 1 MG/ML SOLN	10	118.000	6.93	0.02775	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
51672407008	CETIRIZINE HCL 1 MG/ML SOLN	11	40.000	2.76	0.02706	101%-200% Above	Yes	No
51672408104	CLINDAMYCIN PH 1% SOLUTION	11	60.000	9.90	0.22847	26%-50% Below	No	No
51672411806	FLUOROURACIL 5% CREAM	9	40.000	21.50	0.73823	26%-50% Below	Yes	No
51672411806	FLUOROURACIL 5% CREAM	11	40.000	21.50	0.96519	26%-50% Below	Yes	No
51672413001	LAMOTRIGINE 25 MG TABLET	10	90.000	20.18	0.02964	200% Above	No	No
51672413001	LAMOTRIGINE 25 MG TABLET	11	90.000	20.18	0.03041	200% Above	No	No
51672413001	LAMOTRIGINE 25 MG TABLET	12	90.000	20.18	0.03097	200% Above	No	No
51672413101	LAMOTRIGINE 100 MG TABLET	10	30.000	10.98	0.0526	200% Above	No	No
51672413101	LAMOTRIGINE 100 MG TABLET	12	30.000	10.98	0.05124	200% Above	No	No
51672421509	METRONIDAZOLE TOP 1% GEL PUMP	11	55.000	19.87	0.87145	51%-75% Below	No	No
51862032001	LIOETHYRONINE SOD 5 MCG TAB	9	10.000	7.30	0.32396	101%-200% Above	No	No
51862045404	CLONIDINE 0.2 MG/DAY PATCH	9	4.000	24.46	9.42984	26%-50% Below	No	No
51862045404	CLONIDINE 0.2 MG/DAY PATCH	10	4.000	22.63	9.29767	26%-50% Below	No	No
51862045404	CLONIDINE 0.2 MG/DAY PATCH	11	4.000	22.31	10.78036	26%-50% Below	No	No
51862045404	CLONIDINE 0.2 MG/DAY PATCH	12	4.000	22.31	10.82118	26%-50% Below	No	No
51862056406	LOW-OGESTREL-28 TABLET	10	84.000	0.01	0.39629	76%-100% Below	No	No
51862056406	LOW-OGESTREL-28 TABLET	10	84.000	43.28	0.39629	26%-50% Above	Yes	No
51862056406	LOW-OGESTREL-28 TABLET	12	28.000	6.54	0.38229	26%-50% Below	Yes	No
51862056406	LOW-OGESTREL-28 TABLET	12	84.000	37.29	0.38229	10%-25% Above	Yes	No
51862061430	METHYLPHENIDATE LA 60 MG CAP	11	30.000	134.33	7.27995	26%-50% Below	Yes	No
51862064310	TAMOXIFEN 20 MG TABLET	9	90.000	41.75	0.3359	26%-50% Above	Yes	No
51862088403	CAMILA 0.35 MG TABLET	9	28.000	2.09	0.12141	26%-50% Below	Yes	No
51991000633	DESVENLAFAXINE SUCCNT ER 25 MG	9	30.000	8.02	0.45126	26%-50% Below	No	No
51991000633	DESVENLAFAXINE SUCCNT ER 25 MG	10	30.000	8.03	0.49405	26%-50% Below	No	No
51991000633	DESVENLAFAXINE SUCCNT ER 25 MG	11	30.000	8.35	0.52073	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
51991000633	DESVENLAFAXINE SUCCNT ER 25 MG	12	30.000	8.35	0.51933	26%-50% Below	No	No
51991029301	OXCARBAZEPINE 300 MG TABLET	12	180.000	21.17	0.20212	26%-50% Below	No	No
51991029305	OXCARBAZEPINE 300 MG TABLET	9	150.000	18.17	0.19444	26%-50% Below	No	No
51991029401	OXCARBAZEPINE 600 MG TABLET	9	60.000	12.53	0.38661	26%-50% Below	Yes	No
51991029401	OXCARBAZEPINE 600 MG TABLET	10	180.000	38.59	0.39498	26%-50% Below	Yes	No
51991029401	OXCARBAZEPINE 600 MG TABLET	12	180.000	36.02	0.37849	26%-50% Below	Yes	No
51991031133	DESVENLAFAXINE SUCCNT ER 50 MG	11	30.000	9.90	0.51678	26%-50% Below	No	No
51991031133	DESVENLAFAXINE SUCCNT ER 50 MG	12	30.000	9.90	0.51161	26%-50% Below	No	No
51991031233	DESVENLAFAXINE SUCCNT ER 100 MG	9	30.000	8.19	0.50429	26%-50% Below	No	No
51991031233	DESVENLAFAXINE SUCCNT ER 100 MG	10	90.000	29.99	0.51925	26%-50% Below	No	No
51991031290	DESVENLAFAXINE SUCCNT ER 100 MG	12	30.000	0.00	0.51696	76%-100% Below	No	No
51991062033	ANASTROZOLE 1 MG TABLET	9	30.000	0.00	0.16511	76%-100% Below	No	No
51991062033	ANASTROZOLE 1 MG TABLET	11	30.000	0.00	0.15726	76%-100% Below	No	No
51991062033	ANASTROZOLE 1 MG TABLET	12	90.000	0.01	0.16553	76%-100% Below	No	No
51991074710	DULOXETINE HCL DR 30 MG CAP	9	30.000	5.00	0.10079	51%-75% Above	No	No
51991074710	DULOXETINE HCL DR 30 MG CAP	9	90.000	29.99	0.10079	200% Above	No	No
51991074710	DULOXETINE HCL DR 30 MG CAP	10	30.000	5.00	0.09883	51%-75% Above	No	No
51991074710	DULOXETINE HCL DR 30 MG CAP	11	30.000	9.99	0.10867	200% Above	No	No
51991074710	DULOXETINE HCL DR 30 MG CAP	12	90.000	29.99	0.09599	200% Above	No	No
51991074790	DULOXETINE HCL DR 30 MG CAP	9	90.000	21.08	0.10079	101%-200% Above	Yes	No
51991074790	DULOXETINE HCL DR 30 MG CAP	10	90.000	19.46	0.09883	101%-200% Above	Yes	No
51991074790	DULOXETINE HCL DR 30 MG CAP	11	90.000	18.16	0.10867	76%-100% Above	Yes	No
51991074790	DULOXETINE HCL DR 30 MG CAP	12	270.000	54.49	0.09599	101%-200% Above	Yes	No
51991074810	DULOXETINE HCL DR 60 MG CAP	9	30.000	2.00	0.1125	26%-50% Below	No	No
51991074810	DULOXETINE HCL DR 60 MG CAP	10	30.000	4.90	0.11275	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
51991074810	DULOXETINE HCL DR 60 MG CAP	10	30.000	5.00	0.11275	26%-50% Above	No	No
51991074890	DULOXETINE HCL DR 60 MG CAP	10	90.000	20.91	0.11275	101%-200% Above	Yes	No
51991074890	DULOXETINE HCL DR 60 MG CAP	11	90.000	18.01	0.11281	76%-100% Above	Yes	No
51991074890	DULOXETINE HCL DR 60 MG CAP	12	90.000	18.01	0.11582	51%-75% Above	Yes	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	9	30.000	9.99	0.19356	51%-75% Above	No	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	10	30.000	9.99	0.17971	76%-100% Above	No	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	11	30.000	9.99	0.18078	76%-100% Above	No	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	12	90.000	12.40	0.18134	10%-25% Below	No	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	12	90.000	44.99	0.18134	101%-200% Above	No	No
51991081801	PROPRANOLOL ER 80 MG CAPSULE	9	30.000	9.99	0.21116	51%-75% Above	No	No
51991081801	PROPRANOLOL ER 80 MG CAPSULE	10	30.000	9.99	0.21614	51%-75% Above	No	No
51991081901	PROPRANOLOL ER 120 MG CAPSULE	10	90.000	29.99	0.19945	51%-75% Above	No	No
51991087833	EPLERENONE 50 MG TABLET	11	30.000	6.21	0.71526	51%-75% Below	No	No
51991087833	EPLERENONE 50 MG TABLET	12	30.000	6.21	0.79249	51%-75% Below	No	No
52536062501	TESTOSTERONE CYP 200 MG/ML	10	4.000	23.93	13.13104	51%-75% Below	No	No
52536062501	TESTOSTERONE CYP 200 MG/ML	10	5.000	29.94	13.13104	51%-75% Below	No	No
52536062501	TESTOSTERONE CYP 200 MG/ML	12	5.000	31.11	14.30084	51%-75% Below	No	No
52817018210	CLONIDINE HCL 0.3 MG TABLET	11	30.000	2.13	0.04478	51%-75% Above	No	No
52817018210	CLONIDINE HCL 0.3 MG TABLET	12	30.000	2.13	0.04238	51%-75% Above	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	9	15.000	0.20	0.02198	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	9	30.000	1.16	0.02342	51%-75% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	9	45.000	1.54	0.02342	26%-50% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	9	90.000	2.56	0.02342	10%-25% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	10	20.000	0.96	0.02251	101%-200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	10	30.000	1.14	0.02251	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
52817033200	CYCLOBENZAPRINE 10 MG TABLET	10	30.000	1.16	0.02251	51%-75% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	10	30.000	1.23	0.02251	76%-100% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	10	90.000	2.47	0.02251	10%-25% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	11	30.000	1.16	0.02229	51%-75% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	11	30.000	1.23	0.02229	76%-100% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	11	40.000	1.35	0.02229	51%-75% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	11	45.000	1.54	0.02229	51%-75% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	11	90.000	2.47	0.02229	10%-25% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	12	20.000	0.92	0.02252	101%-200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	12	30.000	1.16	0.02252	51%-75% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	12	30.000	1.23	0.02252	76%-100% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	12	45.000	1.54	0.02252	51%-75% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	12	60.000	0.56	0.02252	51%-75% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	12	90.000	2.47	0.02252	10%-25% Above	No	No
52817033250	CYCLOBENZAPRINE 10 MG TABLET	9	90.000	2.47	0.02342	10%-25% Above	No	No
52817033250	CYCLOBENZAPRINE 10 MG TABLET	11	45.000	1.49	0.02229	26%-50% Above	No	No
52817033250	CYCLOBENZAPRINE 10 MG TABLET	11	90.000	2.47	0.02229	10%-25% Above	No	No
52817036000	METOPROLOL TARTRATE 25 MG TAB	9	180.000	4.80	0.01788	26%-50% Above	No	No
52817036000	METOPROLOL TARTRATE 25 MG TAB	12	180.000	4.80	0.0181	26%-50% Above	No	No
52817036100	METOPROLOL TARTRATE 50 MG TAB	9	60.000	1.65	0.02059	26%-50% Above	No	No
52817036100	METOPROLOL TARTRATE 50 MG TAB	10	60.000	1.65	0.02218	10%-25% Above	No	No
52817036100	METOPROLOL TARTRATE 50 MG TAB	11	60.000	1.65	0.01989	26%-50% Above	No	No
52817036100	METOPROLOL TARTRATE 50 MG TAB	12	60.000	1.65	0.02211	10%-25% Above	No	No
52817036100	METOPROLOL TARTRATE 50 MG TAB	12	225.000	2.63	0.02211	26%-50% Below	No	No
52817036200	METOPROLOL TARTRATE 100 MG TAB	11	180.000	0.02	0.02828	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
52817039010	CARBIDOPA-LEVODOPA 10-100 TAB	12	540.000	54.43	0.12382	10%-25% Below	Yes	No
52817039110	CARBIDOPA-LEVODOPA 25-100 TAB	9	240.000	19.90	0.09607	10%-25% Below	Yes	No
52817039110	CARBIDOPA-LEVODOPA 25-100 TAB	10	360.000	47.41	0.09412	26%-50% Above	Yes	No
52817039110	CARBIDOPA-LEVODOPA 25-100 TAB	12	240.000	19.90	0.10138	10%-25% Below	Yes	No
52817081701	HYDROCORT-PRAMOXINE 2.5-1% CRM	10	30.000	26.18	1.58873	26%-50% Below	No	No
52937000120	VASCEPA 1 GM CAPSULE	9	180.000	325.48	2.83572	26%-50% Below	No	No
52937000120	VASCEPA 1 GM CAPSULE	12	180.000	325.48	2.83567	26%-50% Below	No	No
53489011802	DOXYCYCLINE HYCLATE 50 MG CAP	10	30.000	9.90	0.17209	76%-100% Above	Yes	No
53489011802	DOXYCYCLINE HYCLATE 50 MG CAP	10	30.000	34.48	0.17209	200% Above	No	No
53489011802	DOXYCYCLINE HYCLATE 50 MG CAP	11	30.000	9.90	0.20354	51%-75% Above	Yes	No
53489011802	DOXYCYCLINE HYCLATE 50 MG CAP	11	30.000	34.48	0.20354	200% Above	No	No
53489011802	DOXYCYCLINE HYCLATE 50 MG CAP	12	30.000	2.93	0.1807	26%-50% Below	No	No
53489011802	DOXYCYCLINE HYCLATE 50 MG CAP	12	30.000	34.48	0.1807	200% Above	No	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	9	28.000	2.02	0.13081	26%-50% Below	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	9	60.000	4.33	0.13081	26%-50% Below	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	10	20.000	1.44	0.12965	26%-50% Below	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	10	20.000	9.90	0.12965	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	10	30.000	14.90	0.12965	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	11	20.000	1.44	0.14428	26%-50% Below	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	11	20.000	9.90	0.14428	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	11	60.000	4.33	0.14428	26%-50% Below	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	12	10.000	6.90	0.14273	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	12	14.000	14.90	0.14273	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	12	20.000	1.44	0.14273	26%-50% Below	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	12	20.000	14.90	0.14273	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
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	12	60.000	4.90	0.14273	26%-50% Below	Yes	No
53489014305	SPIRONOLACTONE 25 MG TABLET	9	30.000	0.81	0.05414	26%-50% Below	No	No
53489014305	SPIRONOLACTONE 25 MG TABLET	10	30.000	0.79	0.05314	26%-50% Below	No	No
53489014305	SPIRONOLACTONE 25 MG TABLET	11	30.000	0.83	0.05311	26%-50% Below	No	No
53489014305	SPIRONOLACTONE 25 MG TABLET	12	30.000	0.83	0.05158	26%-50% Below	No	No
53489014401	SPIRONOLACTONE-HYDROCHLOROTHIAZIDE 25-25 TAB	10	45.000	13.50	0.61434	51%-75% Below	No	No
53489015605	ALLOPURINOL 100 MG TABLET	9	90.000	22.18	0.05071	200% Above	No	No
53489015605	ALLOPURINOL 100 MG TABLET	9	180.000	44.36	0.05071	200% Above	No	No
53489015605	ALLOPURINOL 100 MG TABLET	10	90.000	22.18	0.04922	200% Above	No	No
53489015605	ALLOPURINOL 100 MG TABLET	11	180.000	44.36	0.05009	200% Above	No	No
53489015605	ALLOPURINOL 100 MG TABLET	12	90.000	22.18	0.05129	200% Above	No	No
53489032901	SPIRONOLACTONE 100 MG TABLET	10	180.000	62.55	0.19384	76%-100% Above	No	No
53489051001	TRAZODONE 50 MG TABLET	9	45.000	0.95	0.03522	26%-50% Below	No	No
53489051001	TRAZODONE 50 MG TABLET	10	30.000	0.62	0.0348	26%-50% Below	No	No
53489064701	DOXYCYCLINE HYCLATE 20 MG TAB	11	60.000	14.90	0.13484	76%-100% Above	No	No
53489064701	DOXYCYCLINE HYCLATE 20 MG TAB	12	60.000	14.90	0.1334	76%-100% Above	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	9	10.000	2.62	0.13129	76%-100% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	9	25.000	5.50	0.13129	51%-75% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	9	30.000	1.56	0.13129	51%-75% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	9	35.000	7.26	0.13129	51%-75% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	10	10.000	2.43	0.12534	76%-100% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	10	10.000	2.50	0.12534	76%-100% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	10	12.000	2.90	0.12534	76%-100% Above	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	10	12.000	2.90	0.12534	76%-100% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	10	24.000	5.13	0.12534	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
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	11	18.000	0.94	0.11378	51%-75% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	11	20.000	4.36	0.11378	76%-100% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	11	20.000	4.50	0.11378	76%-100% Above	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	6.000	0.31	0.14653	51%-75% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	12.000	0.63	0.14653	51%-75% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	12.000	2.82	0.14653	51%-75% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	12.000	2.90	0.14653	51%-75% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	20.000	4.50	0.14653	51%-75% Above	No	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	9	10.000	0.60	0.1351	51%-75% Below	Yes	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	9	84.000	6.85	0.1351	26%-50% Below	Yes	No
53746011005	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	10	90.000	6.90	0.13512	26%-50% Below	No	No
53746036110	FOLIC ACID 1 MG TABLET	10	90.000	0.66	0.02819	51%-75% Below	Yes	No
53746036110	FOLIC ACID 1 MG TABLET	10	90.000	1.74	0.02819	26%-50% Below	Yes	No
53746036110	FOLIC ACID 1 MG TABLET	12	90.000	1.74	0.03117	26%-50% Below	Yes	No
53746044201	MECLIZINE 25 MG TABLET	9	45.000	2.94	0.10653	26%-50% Below	No	No
53746044201	MECLIZINE 25 MG TABLET	11	20.000	1.61	0.11465	26%-50% Below	No	No
53746051101	SPIRONOLACTONE 25 MG TABLET	9	90.000	8.65	0.05414	76%-100% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	9	90.000	8.95	0.05414	76%-100% Above	No	No
53746051101	SPIRONOLACTONE 25 MG TABLET	10	30.000	3.32	0.05314	101%-200% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	10	90.000	3.12	0.05314	26%-50% Below	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	10	90.000	8.95	0.05314	76%-100% Above	Yes	No
53746051105	SPIRONOLACTONE 25 MG TABLET	9	90.000	3.38	0.05414	26%-50% Below	Yes	No
53746051105	SPIRONOLACTONE 25 MG TABLET	11	90.000	2.92	0.05311	26%-50% Below	Yes	No
53746051105	SPIRONOLACTONE 25 MG TABLET	12	30.000	8.23	0.05158	200% Above	No	No
53746051401	SPIRONOLACTONE 50 MG TABLET	9	30.000	6.10	0.1085	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
53746051401	SPIRONOLACTONE 50 MG TABLET	9	180.000	23.72	0.1085	10%-25% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	10	30.000	6.10	0.10329	76%-100% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	10	90.000	10.95	0.10329	10%-25% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	10	90.000	12.40	0.10329	26%-50% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	11	30.000	6.10	0.11508	76%-100% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	12	60.000	9.90	0.10666	51%-75% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	12	90.000	16.81	0.10666	51%-75% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	9	60.000	9.90	0.19967	10%-25% Below	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	10	60.000	9.90	0.19384	10%-25% Below	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	10	90.000	21.26	0.19384	10%-25% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	11	60.000	9.90	0.20847	10%-25% Below	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	12	30.000	9.90	0.20161	51%-75% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	12	60.000	9.90	0.20161	10%-25% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	10	30.000	0.84	0.04767	26%-50% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	12	20.000	0.56	0.0493	26%-50% Below	Yes	No
53746052110	PROMETHAZINE 25 MG TABLET	11	30.000	3.53	0.04478	101%-200% Above	No	No
53746054201	POTASSIUM CL ER 10 MEQ CAPSULE	10	30.000	9.90	0.13401	101%-200% Above	Yes	No
53746054201	POTASSIUM CL ER 10 MEQ CAPSULE	12	30.000	9.90	0.13745	101%-200% Above	Yes	No
53746061701	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	9	20.000	4.46	0.11144	76%-100% Above	No	No
53746061701	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	9	40.000	6.90	0.11144	51%-75% Above	No	No
53746061701	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	9	40.000	8.24	0.11144	76%-100% Above	No	No
53746061701	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	10	40.000	6.90	0.10532	51%-75% Above	No	No
53746061701	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	11	40.000	6.90	0.12214	26%-50% Above	No	No
53746061701	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	12	40.000	6.90	0.12024	26%-50% Above	No	No
53746061705	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	9	12.000	3.05	0.11144	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
53746064201	FLECAINIDE ACETATE 100 MG TAB	9	180.000	19.69	0.19885	26%-50% Below	No	No
53746064201	FLECAINIDE ACETATE 100 MG TAB	12	60.000	6.52	0.19303	26%-50% Below	No	No
53746064201	FLECAINIDE ACETATE 100 MG TAB	12	180.000	19.57	0.19303	26%-50% Below	No	No
53746066901	ACEBUTOLOL 200 MG CAPSULE	9	90.000	41.59	0.68863	26%-50% Below	Yes	No
53746066901	ACEBUTOLOL 200 MG CAPSULE	12	90.000	41.59	0.70486	26%-50% Below	Yes	No
53746074501	PROMETHAZINE 12.5 MG TABLET	9	30.000	3.05	0.04521	101%-200% Above	No	No
53746074501	PROMETHAZINE 12.5 MG TABLET	10	30.000	0.76	0.04182	26%-50% Below	No	No
53746074501	PROMETHAZINE 12.5 MG TABLET	10	120.000	2.80	0.04182	26%-50% Below	Yes	No
53746074501	PROMETHAZINE 12.5 MG TABLET	11	20.000	1.69	0.04964	51%-75% Above	No	No
53746074501	PROMETHAZINE 12.5 MG TABLET	11	30.000	0.76	0.04964	26%-50% Below	No	No
53746074501	PROMETHAZINE 12.5 MG TABLET	11	120.000	2.80	0.04964	51%-75% Below	Yes	No
53746074501	PROMETHAZINE 12.5 MG TABLET	12	10.000	0.75	0.04588	51%-75% Above	No	No
53746074501	PROMETHAZINE 12.5 MG TABLET	12	10.000	0.85	0.04588	76%-100% Above	No	No
53746074501	PROMETHAZINE 12.5 MG TABLET	12	30.000	0.76	0.04588	26%-50% Below	No	No
53746074501	PROMETHAZINE 12.5 MG TABLET	12	30.000	1.23	0.04588	10%-25% Below	No	No
53746075301	BENAZEPRIL HCL 20 MG TABLET	9	90.000	4.90	0.0798	26%-50% Below	Yes	No
53746075301	BENAZEPRIL HCL 20 MG TABLET	11	90.000	9.21	0.08091	26%-50% Above	Yes	No
53746075305	BENAZEPRIL HCL 20 MG TABLET	10	180.000	11.20	0.07472	10%-25% Below	No	No
53746075401	BENAZEPRIL HCL 40 MG TABLET	9	90.000	6.93	0.09132	10%-25% Below	Yes	No
54436027504	XYOSTED 75 MG/0.5 ML AUTO-INJ	9	2.000	371.00	291.22215	26%-50% Below	No	No
54436027504	XYOSTED 75 MG/0.5 ML AUTO-INJ	10	2.000	371.00	289.81188	26%-50% Below	No	No
54436027504	XYOSTED 75 MG/0.5 ML AUTO-INJ	11	4.000	742.00	289.81188	26%-50% Below	No	No
54436027504	XYOSTED 75 MG/0.5 ML AUTO-INJ	12	6.000	1113.00	289.81188	26%-50% Below	No	No
54838050280	HYDROXYZINE 10 MG/5 ML SYRUP	10	75.000	5.14	0.04418	51%-75% Above	Yes	No
54838055550	ONDANSETRON 4 MG/5 ML SOLUTION	12	15.000	2.11	0.27582	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
54838055550	ONDANSETRON 4 MG/5 ML SOLUTION	12	25.000	14.90	0.27582	101%-200% Above	No	No
55111011230	MOXIFLOXACIN HCL 400 MG TABLET	11	7.000	7.31	2.04504	26%-50% Below	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	9	1.000	2.58	0.6968	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	9	1.000	2.65	0.6968	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	9	2.000	4.81	0.6968	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	9	3.000	6.73	0.6968	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	9	10.000	22.03	0.6968	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	10	1.000	2.65	0.82466	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	10	2.000	4.65	0.82466	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	10	2.000	4.81	0.82466	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	10	12.000	26.33	0.82466	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	11	1.000	2.65	0.73871	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	11	2.000	10.70	0.73871	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	11	3.000	7.34	0.73871	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	11	10.000	6.11	0.73871	10%-25% Below	Yes	No
55111014512	FLUCONAZOLE 150 MG TABLET	12	2.000	4.65	0.67757	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	12	2.000	10.70	0.67757	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	12	3.000	16.05	0.67757	200% Above	No	No
55111014571	FLUCONAZOLE 150 MG TABLET	11	1.000	2.74	0.73871	200% Above	No	No
55111014571	FLUCONAZOLE 150 MG TABLET	12	2.000	4.81	0.67757	200% Above	No	No
55111015001	FLUOXETINE HCL 10 MG TABLET	9	30.000	6.90	0.11205	101%-200% Above	Yes	No
55111015001	FLUOXETINE HCL 10 MG TABLET	10	30.000	6.90	0.13516	51%-75% Above	Yes	No
55111015001	FLUOXETINE HCL 10 MG TABLET	12	30.000	6.90	0.17207	26%-50% Above	Yes	No
55111015030	FLUOXETINE HCL 10 MG TABLET	11	30.000	4.00	0.18636	26%-50% Below	No	No
55111015030	FLUOXETINE HCL 10 MG TABLET	11	30.000	6.90	0.18636	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
55111015030	FLUOXETINE HCL 10 MG TABLET	12	30.000	4.00	0.17207	10%-25% Below	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	9	18.000	0.68	0.06805	26%-50% Below	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	12	18.000	0.68	0.06836	26%-50% Below	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	12	18.000	52.81	0.06836	200% Above	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	9	18.000	82.77	0.09734	200% Above	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	10	18.000	82.77	0.09447	200% Above	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	11	15.000	7.92	0.10008	200% Above	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	11	18.000	82.77	0.10008	200% Above	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	12	18.000	82.77	0.09748	200% Above	No	No
55111015810	OMEPRAZOLE DR 20 MG CAPSULE	9	21.000	1.93	0.03461	101%-200% Above	No	No
55111015810	OMEPRAZOLE DR 20 MG CAPSULE	9	90.000	6.22	0.03461	76%-100% Above	No	No
55111015810	OMEPRAZOLE DR 20 MG CAPSULE	12	90.000	6.22	0.03315	101%-200% Above	No	No
55111016730	OLANZAPINE 15 MG TABLET	10	30.000	2.67	0.1369	26%-50% Below	No	No
55111016730	OLANZAPINE 15 MG TABLET	11	30.000	2.67	0.144	26%-50% Below	No	No
55111016830	OLANZAPINE 20 MG TABLET	9	30.000	13.93	0.15652	101%-200% Above	No	No
55111016830	OLANZAPINE 20 MG TABLET	10	30.000	13.93	0.15965	101%-200% Above	No	No
55111017001	OXAPROZIN 600 MG TABLET	11	60.000	18.22	0.61458	26%-50% Below	No	No
55111017915	TIZANIDINE HCL 2 MG TABLET	9	30.000	4.16	0.04375	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	9	20.000	0.98	0.04289	10%-25% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	9	40.000	1.51	0.04289	10%-25% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	9	45.000	1.58	0.04289	10%-25% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	9	60.000	1.69	0.04289	26%-50% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	9	120.000	3.37	0.04289	26%-50% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	10	20.000	0.98	0.0351	26%-50% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	10	30.000	1.22	0.0351	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
55111018010	TIZANIDINE HCL 4 MG TABLET	10	60.000	1.54	0.0351	26%-50% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	10	120.000	3.37	0.0351	10%-25% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	11	15.000	0.86	0.04204	26%-50% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	11	45.000	1.58	0.04204	10%-25% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	11	60.000	1.27	0.04204	26%-50% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	11	60.000	1.93	0.04204	10%-25% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	11	90.000	1.90	0.04204	26%-50% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	11	90.000	2.78	0.04204	26%-50% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	11	120.000	3.37	0.04204	26%-50% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	12	30.000	1.22	0.03604	10%-25% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	12	30.000	1.28	0.03604	10%-25% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	12	60.000	1.27	0.03604	26%-50% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	12	60.000	1.93	0.03604	10%-25% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	12	120.000	3.37	0.03604	10%-25% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	9	4.000	0.60	0.04289	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	9	68.000	1.91	0.04289	26%-50% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	9	90.000	7.47	0.04289	76%-100% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	10	20.000	1.66	0.0351	101%-200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	10	30.000	1.22	0.0351	10%-25% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	10	30.000	2.49	0.0351	101%-200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	10	30.000	4.99	0.0351	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	10	90.000	2.57	0.0351	10%-25% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	10	120.000	9.96	0.0351	101%-200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	11	15.000	2.49	0.04204	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	11	30.000	0.00	0.04204	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
55111018015	TIZANIDINE HCL 4 MG TABLET	11	120.000	21.89	0.04204	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	12	30.000	0.63	0.03604	26%-50% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	12	30.000	1.22	0.03604	10%-25% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	12	90.000	2.66	0.03604	10%-25% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	12	450.000	74.84	0.03604	200% Above	No	No
55111019605	CLOPIDOGREL 75 MG TABLET	11	90.000	0.01	0.06492	76%-100% Below	No	No
55111019605	CLOPIDOGREL 75 MG TABLET	12	90.000	9.14	0.06454	51%-75% Above	No	No
55111019690	CLOPIDOGREL 75 MG TABLET	10	30.000	3.45	0.06356	76%-100% Above	No	No
55111019690	CLOPIDOGREL 75 MG TABLET	11	30.000	3.45	0.06492	76%-100% Above	No	No
55111019690	CLOPIDOGREL 75 MG TABLET	12	30.000	3.45	0.06454	76%-100% Above	No	No
55111028050	LEVOFLOXACIN 500 MG TABLET	11	7.000	0.73	0.18173	26%-50% Below	No	No
55111029136	SUMATRIPTAN SUCC 25 MG TABLET	11	9.000	10.63	0.41953	101%-200% Above	No	No
55111029136	SUMATRIPTAN SUCC 25 MG TABLET	12	9.000	10.63	0.36914	200% Above	No	No
55111029198	SUMATRIPTAN SUCC 25 MG TABLET	11	9.000	4.90	0.41953	26%-50% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	9	27.000	9.99	0.41554	10%-25% Below	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	12	10.000	8.88	0.42291	101%-200% Above	No	No
55111029336	SUMATRIPTAN SUCC 100 MG TABLET	9	10.000	8.97	0.48593	76%-100% Above	No	No
55111029336	SUMATRIPTAN SUCC 100 MG TABLET	10	10.000	8.97	0.48942	76%-100% Above	No	No
55111029336	SUMATRIPTAN SUCC 100 MG TABLET	10	12.000	3.50	0.48942	26%-50% Below	No	No
55111029336	SUMATRIPTAN SUCC 100 MG TABLET	11	10.000	8.97	0.49094	76%-100% Above	No	No
55111029336	SUMATRIPTAN SUCC 100 MG TABLET	11	12.000	3.52	0.49094	26%-50% Below	No	No
55111029336	SUMATRIPTAN SUCC 100 MG TABLET	12	10.000	8.97	0.49858	76%-100% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	9	9.000	7.94	0.48593	76%-100% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	9	12.000	9.99	0.48593	51%-75% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	10	9.000	8.12	0.48942	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
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	10	27.000	9.99	0.48942	10%-25% Below	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	11	9.000	4.90	0.49094	10%-25% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	12	12.000	34.44	0.49858	200% Above	No	No
55111032005	GLIMEPIRIDE 1 MG TABLET	12	90.000	6.91	0.02584	101%-200% Above	No	No
55111032101	GLIMEPIRIDE 2 MG TABLET	10	90.000	12.00	0.03427	200% Above	No	No
55111032101	GLIMEPIRIDE 2 MG TABLET	10	90.000	12.33	0.03427	200% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	10	180.000	17.48	0.03427	101%-200% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	10	180.000	23.41	0.03427	200% Above	No	No
55111032101	GLIMEPIRIDE 2 MG TABLET	12	30.000	3.90	0.03396	200% Above	No	No
55111032101	GLIMEPIRIDE 2 MG TABLET	12	180.000	23.41	0.03396	200% Above	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	9	30.000	4.00	0.0335	200% Above	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	9	60.000	1.08	0.0335	26%-50% Below	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	9	60.000	8.00	0.0335	200% Above	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	9	90.000	10.00	0.0335	200% Above	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	10	30.000	3.90	0.03427	200% Above	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	10	30.000	4.00	0.03427	200% Above	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	10	60.000	1.08	0.03427	26%-50% Below	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	11	30.000	3.90	0.03839	200% Above	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	12	30.000	3.90	0.03396	200% Above	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	12	90.000	9.90	0.03396	200% Above	No	No
55111032201	GLIMEPIRIDE 4 MG TABLET	9	90.000	15.33	0.03913	200% Above	Yes	No
55111032201	GLIMEPIRIDE 4 MG TABLET	11	90.000	19.13	0.053	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	9	30.000	0.64	0.03913	26%-50% Below	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	9	30.000	4.90	0.03913	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	9	180.000	3.83	0.03913	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
55111032205	GLIMEPIRIDE 4 MG TABLET	10	30.000	0.62	0.04155	26%-50% Below	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	10	30.000	4.90	0.04155	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	10	90.000	10.00	0.04155	101%-200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	10	180.000	20.00	0.04155	101%-200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	11	30.000	0.71	0.053	51%-75% Below	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	11	30.000	4.90	0.053	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	11	60.000	1.41	0.053	51%-75% Below	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	12	30.000	0.71	0.03762	26%-50% Below	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	12	30.000	4.90	0.03762	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	12	60.000	1.46	0.03762	26%-50% Below	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	12	60.000	8.00	0.03762	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	12	180.000	12.40	0.03762	76%-100% Above	No	No
55111033390	PANTOPRAZOLE SOD DR 40 MG TAB	9	30.000	4.00	0.05797	101%-200% Above	No	No
55111033390	PANTOPRAZOLE SOD DR 40 MG TAB	10	60.000	7.39	0.05326	101%-200% Above	No	No
55111033390	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.000	0.90	0.05525	26%-50% Below	No	No
55111034001	AMLODIPINE-BENAZEPRIL 5-20 MG	9	30.000	6.99	0.12674	76%-100% Above	No	No
55111034001	AMLODIPINE-BENAZEPRIL 5-20 MG	10	90.000	35.50	0.12312	200% Above	No	No
55111034101	AMLODIPINE-BENAZEPRIL 10-20 MG	11	30.000	14.90	0.1513	200% Above	No	No
55111039905	LANSOPRAZOLE DR 30 MG CAPSULE	9	30.000	4.90	0.11231	26%-50% Above	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	9	30.000	4.90	0.07422	101%-200% Above	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	9	90.000	14.47	0.07422	101%-200% Above	Yes	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	9	90.000	23.88	0.07422	200% Above	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	10	30.000	4.90	0.07937	101%-200% Above	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	11	30.000	4.90	0.07594	101%-200% Above	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	11	30.000	8.35	0.07594	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
55111046605	METOPROLOL SUCC ER 25 MG TAB	12	30.000	4.90	0.07848	101%-200% Above	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	12	90.000	12.47	0.07848	76%-100% Above	Yes	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	9	90.000	22.01	0.0729	200% Above	No	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	9	90.000	22.10	0.0729	200% Above	No	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	11	90.000	22.10	0.07735	200% Above	No	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	12	90.000	12.47	0.07981	51%-75% Above	Yes	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	9	30.000	16.92	0.71293	10%-25% Below	Yes	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	10	30.000	16.92	0.68847	10%-25% Below	Yes	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	11	30.000	16.92	0.76598	26%-50% Below	Yes	No
55111053301	DIVALPROEX SOD ER 250 MG TAB	9	30.000	14.90	0.15444	200% Above	No	No
55111056330	ATOMOXETINE HCL 80 MG CAPSULE	11	30.000	11.98	0.90055	51%-75% Below	No	No
55111058601	AMLODIPINE-BENAZEPRIL 10-40 MG	9	90.000	49.77	0.14419	200% Above	No	No
55111058601	AMLODIPINE-BENAZEPRIL 10-40 MG	12	90.000	49.77	0.14137	200% Above	No	No
55111061901	ESZOPICLONE 2 MG TABLET	12	30.000	9.90	0.11515	101%-200% Above	No	No
55111062930	ESZOPICLONE 1 MG TABLET	10	30.000	14.90	0.18673	101%-200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	9	90.000	14.41	0.05567	101%-200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	10	90.000	14.41	0.0541	101%-200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	11	30.000	5.20	0.05603	200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	12	30.000	5.20	0.05549	200% Above	No	No
55111065001	METAXALONE 800 MG TABLET	9	60.000	14.90	0.52732	51%-75% Below	No	No
55111065001	METAXALONE 800 MG TABLET	11	60.000	47.96	0.5734	26%-50% Above	No	No
55111065001	METAXALONE 800 MG TABLET	12	60.000	47.96	0.5462	26%-50% Above	No	No
55111068405	IBU 800 MG TABLET	12	20.000	1.17	0.06661	10%-25% Below	No	No
55111072510	MONTELUKAST SOD 10 MG TABLET	9	30.000	0.89	0.06484	51%-75% Below	No	No
55111072510	MONTELUKAST SOD 10 MG TABLET	10	30.000	5.00	0.06442	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
55111072510	MONTELUKAST SOD 10 MG TABLET	12	30.000	6.90	0.06787	200% Above	No	No
55111072901	ALLOPURINOL 100 MG TABLET	11	30.000	0.86	0.05009	26%-50% Below	Yes	No
55111072910	ALLOPURINOL 100 MG TABLET	11	60.000	14.85	0.05009	200% Above	No	No
55111072910	ALLOPURINOL 100 MG TABLET	12	60.000	14.85	0.05129	200% Above	No	No
55111073001	ALLOPURINOL 300 MG TABLET	12	30.000	4.90	0.07441	101%-200% Above	No	No
55111073005	ALLOPURINOL 300 MG TABLET	12	30.000	13.46	0.07441	200% Above	No	No
55111073290	VALSARTAN 80 MG TABLET	10	90.000	44.71	0.14293	200% Above	Yes	No
55111073390	VALSARTAN 160 MG TABLET	9	30.000	6.90	0.1821	26%-50% Above	No	No
55111073390	VALSARTAN 160 MG TABLET	9	30.000	14.90	0.1821	101%-200% Above	No	No
55111073390	VALSARTAN 160 MG TABLET	9	90.000	21.76	0.1821	26%-50% Above	Yes	No
55111073390	VALSARTAN 160 MG TABLET	10	30.000	6.90	0.18107	26%-50% Above	No	No
55111073390	VALSARTAN 160 MG TABLET	10	30.000	14.90	0.18107	101%-200% Above	No	No
55111073390	VALSARTAN 160 MG TABLET	10	30.000	16.92	0.18107	200% Above	Yes	No
55111073390	VALSARTAN 160 MG TABLET	10	90.000	21.76	0.18107	26%-50% Above	Yes	No
55111073390	VALSARTAN 160 MG TABLET	10	90.000	49.77	0.18107	200% Above	Yes	No
55111073390	VALSARTAN 160 MG TABLET	11	30.000	6.90	0.20171	10%-25% Above	No	No
55111073390	VALSARTAN 160 MG TABLET	11	30.000	14.90	0.20171	101%-200% Above	No	No
55111073390	VALSARTAN 160 MG TABLET	12	30.000	6.90	0.19115	10%-25% Above	No	No
55111073390	VALSARTAN 160 MG TABLET	12	30.000	14.90	0.19115	101%-200% Above	No	No
55111073490	VALSARTAN 320 MG TABLET	9	90.000	44.90	0.24086	101%-200% Above	Yes	No
55111073490	VALSARTAN 320 MG TABLET	11	90.000	44.90	0.25144	76%-100% Above	No	No
55111073490	VALSARTAN 320 MG TABLET	12	90.000	11.14	0.23322	26%-50% Below	Yes	No
55111078301	FEXOFENADINE HCL 60 MG TABLET	9	30.000	2.20	0.15326	51%-75% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	9	30.000	4.26	0.26418	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	9	90.000	8.89	0.26418	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
55111078401	FEXOFENADINE HCL 180 MG TABLET	10	90.000	8.89	0.28462	51%-75% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	11	30.000	4.28	0.28032	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	11	30.000	4.28	0.28032	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	11	90.000	8.21	0.28032	51%-75% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	12	7.000	1.98	0.23924	10%-25% Above	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	12	30.000	4.28	0.23924	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	12	30.000	4.28	0.23924	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	12	90.000	7.66	0.23924	51%-75% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	12	90.000	12.84	0.23924	26%-50% Below	Yes	No
55111078430	FEXOFENADINE HCL 180 MG TABLET	9	30.000	9.90	0.26418	10%-25% Above	No	No
55111078430	FEXOFENADINE HCL 180 MG TABLET	10	30.000	11.01	0.28462	26%-50% Above	No	No
55111078430	FEXOFENADINE HCL 180 MG TABLET	11	30.000	9.90	0.28032	10%-25% Above	No	No
55111078430	FEXOFENADINE HCL 180 MG TABLET	12	30.000	11.01	0.23924	51%-75% Above	No	No
57237000201	HYDROCHLOROTHIAZIDE 12.5 MG CP	10	90.000	5.43	0.03133	76%-100% Above	No	No
57237000299	HYDROCHLOROTHIAZIDE 12.5 MG CP	9	30.000	2.20	0.03188	101%-200% Above	No	No
57237000299	HYDROCHLOROTHIAZIDE 12.5 MG CP	10	30.000	2.20	0.03133	101%-200% Above	No	No
57237000299	HYDROCHLOROTHIAZIDE 12.5 MG CP	11	30.000	2.20	0.0317	101%-200% Above	No	No
57237000430	FLUCONAZOLE 100 MG TABLET	11	1.000	1.87	0.28687	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	9	2.000	4.31	0.6968	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	9	2.000	4.81	0.6968	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	9	3.000	6.96	0.6968	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	10	1.000	2.74	0.82466	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	10	2.000	4.74	0.82466	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	10	2.000	4.91	0.82466	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	10	30.000	44.90	0.82466	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
57237000511	FLUCONAZOLE 150 MG TABLET	11	1.000	2.65	0.73871	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	11	1.000	2.74	0.73871	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	11	1.000	2.78	0.73871	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	11	2.000	1.22	0.73871	10%-25% Below	Yes	No
57237000511	FLUCONAZOLE 150 MG TABLET	11	2.000	4.65	0.73871	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	11	2.000	4.74	0.73871	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	11	3.000	4.90	0.73871	101%-200% Above	Yes	No
57237000511	FLUCONAZOLE 150 MG TABLET	12	3.000	6.96	0.67757	200% Above	No	No
57237000630	FLUCONAZOLE 200 MG TABLET	10	5.000	8.12	0.44418	200% Above	No	No
57237000905	MIRTAZAPINE 30 MG TABLET	9	30.000	2.96	0.08352	10%-25% Above	No	No
57237000905	MIRTAZAPINE 30 MG TABLET	9	30.000	4.36	0.08352	51%-75% Above	No	No
57237000905	MIRTAZAPINE 30 MG TABLET	11	90.000	10.67	0.08702	26%-50% Above	No	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	9	90.000	13.72	0.05878	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	10	30.000	1.00	0.05642	26%-50% Below	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	10	90.000	12.66	0.05642	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	10	90.000	29.90	0.05642	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	11	30.000	1.00	0.05848	26%-50% Below	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	11	90.000	12.66	0.05848	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	12	90.000	11.82	0.05661	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	12	180.000	29.90	0.05661	101%-200% Above	Yes	No
57237001405	TAMSULOSIN HCL 0.4 MG CAPSULE	9	30.000	9.90	0.05878	200% Above	No	No
57237001830	DULOXETINE HCL DR 30 MG CAP	11	180.000	9.90	0.10867	26%-50% Below	No	No
57237001930	DULOXETINE HCL DR 60 MG CAP	12	30.000	9.90	0.11582	101%-200% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	9	21.000	5.74	0.10617	101%-200% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	11	15.000	4.40	0.14063	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
57237002901	AMOXICILLIN 875 MG TABLET	12	20.000	0.00	0.18272	76%-100% Below	No	No
57237003501	CEFPROZIL 250 MG/5 ML SUSP	12	100.000	14.90	0.19537	10%-25% Below	No	No
57237003501	CEFPROZIL 250 MG/5 ML SUSP	12	200.000	24.24	0.19537	26%-50% Below	Yes	No
57237003575	CEFPROZIL 250 MG/5 ML SUSP	9	75.000	8.03	0.22886	51%-75% Below	Yes	No
57237004101	PENICILLIN VK 500 MG TABLET	10	20.000	4.00	0.10591	76%-100% Above	No	No
57237004101	PENICILLIN VK 500 MG TABLET	11	28.000	1.54	0.10159	26%-50% Below	No	No
57237004101	PENICILLIN VK 500 MG TABLET	12	28.000	4.90	0.11407	51%-75% Above	No	No
57237004290	VALACYCLOVIR HCL 500 MG TABLET	9	20.000	11.22	0.28541	76%-100% Above	No	No
57237004290	VALACYCLOVIR HCL 500 MG TABLET	12	20.000	11.22	0.27329	101%-200% Above	No	No
57237004330	VALACYCLOVIR HCL 1 GRAM TABLET	9	20.000	5.43	0.48253	26%-50% Below	No	No
57237004330	VALACYCLOVIR HCL 1 GRAM TABLET	11	60.000	54.12	0.47086	76%-100% Above	No	No
57237004330	VALACYCLOVIR HCL 1 GRAM TABLET	12	30.000	8.15	0.50974	26%-50% Below	No	No
57237004705	DIVALPROEX SOD DR 250 MG TAB	11	225.000	7.13	0.08731	51%-75% Below	Yes	No
57237004801	DIVALPROEX SOD DR 500 MG TAB	9	30.000	9.90	0.1588	101%-200% Above	Yes	No
57237004801	DIVALPROEX SOD DR 500 MG TAB	10	30.000	9.90	0.17593	76%-100% Above	Yes	No
57237004801	DIVALPROEX SOD DR 500 MG TAB	11	30.000	9.90	0.17003	76%-100% Above	Yes	No
57237004801	DIVALPROEX SOD DR 500 MG TAB	12	90.000	8.22	0.17805	26%-50% Below	Yes	No
57237006501	FLECAINIDE ACETATE 150 MG TAB	10	60.000	14.90	0.33366	10%-25% Below	No	No
57237006501	FLECAINIDE ACETATE 150 MG TAB	11	60.000	14.90	0.35243	26%-50% Below	No	No
57237006501	FLECAINIDE ACETATE 150 MG TAB	12	60.000	14.90	0.3378	26%-50% Below	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	9	18.000	0.00	0.06805	76%-100% Below	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	11	10.000	0.85	0.06504	26%-50% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	12	18.000	0.68	0.06836	26%-50% Below	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	9	18.000	1.03	0.09734	26%-50% Below	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	9	18.000	9.40	0.09734	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
57237007630	ONDANSETRON HCL 8 MG TABLET	10	10.000	0.00	0.09447	76%-100% Below	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	10	18.000	1.03	0.09447	26%-50% Below	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	10	18.000	1.05	0.09447	26%-50% Below	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	10	18.000	9.18	0.09447	200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	12	18.000	9.92	0.09748	200% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	9	10.000	2.69	0.18262	26%-50% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	9	18.000	0.00	0.18262	76%-100% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	9	18.000	4.42	0.18262	26%-50% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	10	12.000	16.52	0.16872	200% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	10	18.000	6.81	0.16872	101%-200% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	11	10.000	2.60	0.1911	26%-50% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	11	12.000	16.52	0.1911	200% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	11	18.000	24.79	0.1911	200% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	12	4.000	5.51	0.20517	200% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	12	15.000	20.66	0.20517	200% Above	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	9	15.000	3.26	0.18262	10%-25% Above	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	10	15.000	3.76	0.16872	26%-50% Above	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	10	18.000	3.92	0.16872	26%-50% Above	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	11	18.000	3.02	0.1911	10%-25% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	11	18.000	4.28	0.1911	10%-25% Above	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	12	10.000	0.98	0.20517	51%-75% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	12	15.000	1.72	0.20517	26%-50% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	12	15.000	1.96	0.20517	26%-50% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	12	18.000	2.26	0.20517	26%-50% Below	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	9	1.000	0.31	0.19804	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
57237007830	ONDANSETRON ODT 8 MG TABLET	10	18.000	27.32	0.19708	200% Above	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	11	10.000	15.18	0.21807	200% Above	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	12	6.000	0.65	0.19598	26%-50% Below	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	12	18.000	27.32	0.19598	200% Above	No	No
57237008663	RIZATRIPTAN 10 MG ODT	9	18.000	9.90	0.62967	10%-25% Below	No	No
57237008663	RIZATRIPTAN 10 MG ODT	11	18.000	9.90	0.76779	26%-50% Below	No	No
57237009960	CEFDINIR 300 MG CAPSULE	9	20.000	6.90	0.49194	26%-50% Below	No	No
57237009960	CEFDINIR 300 MG CAPSULE	10	20.000	17.74	0.50459	51%-75% Above	No	No
57237009960	CEFDINIR 300 MG CAPSULE	11	14.000	14.90	0.48427	101%-200% Above	No	No
57237009960	CEFDINIR 300 MG CAPSULE	12	20.000	24.25	0.50776	101%-200% Above	No	No
57237010199	METOPROLOL TARTRATE 50 MG TAB	9	30.000	1.07	0.02059	51%-75% Above	No	No
57237010199	METOPROLOL TARTRATE 50 MG TAB	10	30.000	1.07	0.02218	51%-75% Above	No	No
57237010199	METOPROLOL TARTRATE 50 MG TAB	11	30.000	1.07	0.01989	76%-100% Above	No	No
57237010199	METOPROLOL TARTRATE 50 MG TAB	12	30.000	1.07	0.02211	51%-75% Above	No	No
57237010601	DIVALPROEX SOD DR 125 MG TAB	9	60.000	9.01	0.05516	101%-200% Above	No	No
57237011490	ALFUZOSIN HCL ER 10 MG TABLET	9	30.000	6.99	0.11328	101%-200% Above	No	No
57237011490	ALFUZOSIN HCL ER 10 MG TABLET	9	30.000	14.41	0.11328	200% Above	No	No
57237014401	AMLODIPINE-BENAZEPRIL 5-20 MG	10	30.000	9.76	0.12312	101%-200% Above	No	No
57237014401	AMLODIPINE-BENAZEPRIL 5-20 MG	11	5.000	2.60	0.12985	200% Above	No	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	9	30.000	0.55	0.03461	26%-50% Below	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	9	90.000	4.19	0.03461	26%-50% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	10	90.000	3.86	0.03293	26%-50% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	10	90.000	4.19	0.03293	26%-50% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	11	30.000	2.48	0.03547	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	11	90.000	3.86	0.03547	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
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	11	90.000	6.43	0.03547	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	12	90.000	3.60	0.03315	10%-25% Above	Yes	No
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	12	90.000	14.32	0.05549	101%-200% Above	No	No
57237016290	OMEPRAZOLE DR 40 MG CAPSULE	9	30.000	5.00	0.05567	101%-200% Above	No	No
57237016290	OMEPRAZOLE DR 40 MG CAPSULE	9	31.000	5.54	0.05567	200% Above	No	No
57237016290	OMEPRAZOLE DR 40 MG CAPSULE	10	30.000	5.00	0.0541	200% Above	No	No
57237016999	ROSUVASTATIN CALCIUM 10 MG TAB	10	30.000	0.95	0.0499	26%-50% Below	No	No
57237016999	ROSUVASTATIN CALCIUM 10 MG TAB	11	30.000	0.90	0.051	26%-50% Below	No	No
57237016999	ROSUVASTATIN CALCIUM 10 MG TAB	12	30.000	0.92	0.04732	26%-50% Below	No	No
57237017090	ROSUVASTATIN CALCIUM 20 MG TAB	12	30.000	6.90	0.06776	200% Above	No	No
57237018590	PRAMIPEXOLE 1.5 MG TABLET	9	180.000	67.19	0.06408	200% Above	No	No
57237018590	PRAMIPEXOLE 1.5 MG TABLET	12	180.000	67.19	0.07625	200% Above	No	No
57237021330	MONTELUKAST SOD 5 MG TAB CHEW	9	30.000	8.99	0.08388	200% Above	No	No
57237022030	PIOGLITAZONE HCL 30 MG TABLET	12	30.000	6.97	0.12333	76%-100% Above	No	No
57237022090	PIOGLITAZONE HCL 30 MG TABLET	11	7.000	2.10	0.12047	101%-200% Above	No	No
57237022090	PIOGLITAZONE HCL 30 MG TABLET	11	90.000	20.01	0.12047	76%-100% Above	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	10	14.000	1.70	0.05501	101%-200% Above	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	10	20.000	2.31	0.05501	101%-200% Above	No	No
57237024001	ZALEPLON 10 MG CAPSULE	9	28.000	8.08	0.14819	76%-100% Above	No	No
57237024001	ZALEPLON 10 MG CAPSULE	10	28.000	8.08	0.17223	51%-75% Above	No	No
57664005188	LISDEXAMFETAMINE 60 MG CAPSULE	11	30.000	9.99	4.68954	76%-100% Below	No	No
57664022888	METHYLPHENIDATE 5 MG TABLET	10	15.000	7.13	0.11071	200% Above	No	No
57664022888	METHYLPHENIDATE 5 MG TABLET	10	30.000	9.90	0.11071	101%-200% Above	No	No
57664022888	METHYLPHENIDATE 5 MG TABLET	11	30.000	9.90	0.11181	101%-200% Above	No	No
57664022888	METHYLPHENIDATE 5 MG TABLET	12	30.000	9.90	0.11145	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
57664022988	METHYLPHENIDATE 10 MG TABLET	11	30.000	2.40	0.15933	26%-50% Below	No	No
57664037708	TRAMADOL HCL 50 MG TABLET	11	12.000	0.17	0.02841	26%-50% Below	No	No
57664037708	TRAMADOL HCL 50 MG TABLET	12	21.000	0.29	0.03534	51%-75% Below	No	No
57664037713	TRAMADOL HCL 50 MG TABLET	9	10.000	0.71	0.02747	101%-200% Above	No	No
57664037713	TRAMADOL HCL 50 MG TABLET	12	12.000	0.68	0.03534	51%-75% Above	No	No
57664037888	DEXMETHYLPHENIDATE 5 MG TAB	9	30.000	2.88	0.20073	51%-75% Below	No	No
57664037988	DEXMETHYLPHENIDATE 10 MG TAB	11	15.000	2.43	0.38271	51%-75% Below	No	No
57664037988	DEXMETHYLPHENIDATE 10 MG TAB	11	30.000	4.77	0.38271	51%-75% Below	No	No
57664047758	METOPROLOL TARTRATE 50 MG TAB	9	60.000	1.65	0.02059	26%-50% Above	No	No
57664047758	METOPROLOL TARTRATE 50 MG TAB	10	60.000	1.65	0.02218	10%-25% Above	No	No
57664047758	METOPROLOL TARTRATE 50 MG TAB	11	60.000	1.65	0.01989	26%-50% Above	No	No
57664047758	METOPROLOL TARTRATE 50 MG TAB	12	60.000	0.70	0.02211	26%-50% Below	No	No
57664049983	MIRTAZAPINE 15 MG TABLET	12	90.000	8.71	0.06123	51%-75% Above	Yes	No
57664050389	TIZANIDINE HCL 4 MG TABLET	11	45.000	1.58	0.04204	10%-25% Below	No	No
57664050652	METOPROLOL TARTRATE 25 MG TAB	10	90.000	2.61	0.01833	51%-75% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	9	56.000	1.94	0.01788	76%-100% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	9	180.000	4.86	0.01788	51%-75% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	9	180.000	5.13	0.01788	51%-75% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	10	15.000	0.86	0.01833	200% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	10	30.000	1.23	0.01833	101%-200% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	10	56.000	1.94	0.01833	76%-100% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	11	15.000	0.86	0.0171	200% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	11	56.000	1.94	0.0171	101%-200% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	12	15.000	0.86	0.0181	200% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	12	56.000	1.94	0.0181	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
57664050658	METOPROLOL TARTRATE 25 MG TAB	12	60.000	1.95	0.0181	76%-100% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	12	60.000	2.04	0.0181	76%-100% Above	No	No
57664050658	METOPROLOL TARTRATE 25 MG TAB	12	180.000	4.86	0.0181	26%-50% Above	No	No
57664051083	MIRTAZAPINE 7.5 MG TABLET	9	30.000	12.59	0.57757	26%-50% Below	Yes	No
57664051083	MIRTAZAPINE 7.5 MG TABLET	12	30.000	12.59	0.48438	10%-25% Below	Yes	No
57664065688	PINDOLOL 10 MG TABLET	11	90.000	42.33	0.9995	51%-75% Below	No	No
57664065688	PINDOLOL 10 MG TABLET	12	90.000	42.33	0.9995	51%-75% Below	No	No
58657050004	CODEINE-GUAIFEN 10-100 MG/5 ML	10	120.000	7.24	0.04472	26%-50% Above	No	No
58657050016	CODEINE-GUAIFEN 10-100 MG/5 ML	10	180.000	6.32	0.03138	10%-25% Above	Yes	No
58657050016	CODEINE-GUAIFEN 10-100 MG/5 ML	12	240.000	12.83	0.03446	51%-75% Above	No	No
58657067650	CIPROFLOXACIN HCL 500 MG TAB	11	7.000	1.59	0.16032	26%-50% Above	No	No
59417010210	VYVANSE 20 MG CAPSULE	10	30.000	226.02	11.79649	26%-50% Below	No	No
59417010210	VYVANSE 20 MG CAPSULE	11	60.000	452.04	11.79649	26%-50% Below	No	No
59417010310	VYVANSE 30 MG CAPSULE	9	30.000	226.02	11.81769	26%-50% Below	No	No
59417010310	VYVANSE 30 MG CAPSULE	10	30.000	226.02	11.80231	26%-50% Below	No	No
59417010310	VYVANSE 30 MG CAPSULE	11	30.000	226.02	11.80231	26%-50% Below	No	No
59417010310	VYVANSE 30 MG CAPSULE	12	30.000	226.02	11.80231	26%-50% Below	No	No
59417010410	VYVANSE 40 MG CAPSULE	9	30.000	226.02	11.8067	26%-50% Below	No	No
59417010410	VYVANSE 40 MG CAPSULE	10	30.000	226.02	11.80021	26%-50% Below	No	No
59417010410	VYVANSE 40 MG CAPSULE	11	30.000	226.02	11.80021	26%-50% Below	No	No
59417010410	VYVANSE 40 MG CAPSULE	12	30.000	226.02	11.80021	26%-50% Below	No	No
59651000205	OMEPRAZOLE DR 20 MG CAPSULE	9	30.000	2.58	0.03461	101%-200% Above	No	No
59651000205	OMEPRAZOLE DR 20 MG CAPSULE	10	90.000	3.86	0.03293	26%-50% Above	Yes	No
59651000205	OMEPRAZOLE DR 20 MG CAPSULE	11	90.000	5.72	0.03547	76%-100% Above	Yes	No
59651000205	OMEPRAZOLE DR 20 MG CAPSULE	12	30.000	2.48	0.03315	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
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	9	30.000	5.28	0.05567	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	9	90.000	7.41	0.05567	26%-50% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	10	30.000	5.28	0.0541	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	10	90.000	6.84	0.0541	26%-50% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	10	90.000	7.41	0.0541	51%-75% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	10	90.000	14.32	0.0541	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	10	90.000	14.83	0.0541	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	11	30.000	5.28	0.05603	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	11	90.000	6.84	0.05603	26%-50% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	11	90.000	14.32	0.05603	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	12	30.000	5.28	0.05549	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	12	90.000	2.34	0.05549	51%-75% Below	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	12	90.000	6.38	0.05549	26%-50% Above	Yes	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	9	90.000	38.00	0.05567	200% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	10	30.000	15.00	0.0541	200% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	10	90.000	38.00	0.0541	200% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	11	30.000	15.00	0.05603	200% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	11	90.000	38.00	0.05603	200% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	12	30.000	15.00	0.05549	200% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	12	90.000	38.00	0.05549	200% Above	No	No
59651000823	AZITHROMYCIN 200 MG/5 ML SUSP	9	22.500	4.19	0.3155	26%-50% Below	Yes	No
59651000823	AZITHROMYCIN 200 MG/5 ML SUSP	10	22.500	4.19	0.29382	26%-50% Below	Yes	No
59651000823	AZITHROMYCIN 200 MG/5 ML SUSP	11	22.500	4.19	0.33513	26%-50% Below	Yes	No
59651000830	AZITHROMYCIN 200 MG/5 ML SUSP	11	30.000	3.85	0.29912	51%-75% Below	Yes	No
59651000830	AZITHROMYCIN 200 MG/5 ML SUSP	12	30.000	3.85	0.25429	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
59651005205	EZETIMIBE 10 MG TABLET	9	30.000	4.90	0.08096	101%-200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	9	30.000	6.90	0.08096	101%-200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	9	30.000	14.90	0.08096	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	10	30.000	4.90	0.08767	76%-100% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	10	30.000	6.90	0.08767	101%-200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	10	30.000	14.90	0.08767	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	11	30.000	4.90	0.08622	76%-100% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	11	30.000	6.90	0.08622	101%-200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	12	30.000	4.90	0.08468	76%-100% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	12	30.000	6.90	0.08468	101%-200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	12	30.000	14.90	0.08468	200% Above	No	No
59651014090	NEBIVOLOL 20 MG TABLET	11	30.000	6.90	0.20327	10%-25% Above	No	No
59651015201	PROGESTERONE 100 MG CAPSULE	12	30.000	3.82	0.20175	26%-50% Below	No	No
59651015301	PROGESTERONE 200 MG CAPSULE	11	90.000	139.65	0.47759	200% Above	No	No
59651018201	METHOTREXATE 2.5 MG TABLET	10	26.000	12.40	0.22665	101%-200% Above	No	No
59651018201	METHOTREXATE 2.5 MG TABLET	10	96.000	79.67	0.22665	200% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	9	30.000	4.88	0.30199	26%-50% Below	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	9	30.000	15.96	0.30199	76%-100% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	11	30.000	5.49	0.30304	26%-50% Below	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	11	30.000	13.75	0.30304	51%-75% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	11	30.000	14.90	0.30304	51%-75% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	11	30.000	29.90	0.30304	200% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	12	30.000	9.90	0.29069	10%-25% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	12	30.000	29.90	0.29069	200% Above	Yes	No
59651027001	GLIPIZIDE ER 10 MG TABLET	11	90.000	9.90	0.16362	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
59651029501	NIFEDIPINE ER 30 MG TABLET	10	90.000	9.90	0.09323	10%-25% Above	No	No
59651030030	TAMOXIFEN 20 MG TABLET	9	90.000	41.75	0.3359	26%-50% Above	Yes	No
59651030030	TAMOXIFEN 20 MG TABLET	10	30.000	5.74	0.34142	26%-50% Below	No	No
59651030030	TAMOXIFEN 20 MG TABLET	11	30.000	5.74	0.33581	26%-50% Below	No	No
59651030030	TAMOXIFEN 20 MG TABLET	12	30.000	5.69	0.4183	51%-75% Below	No	No
59651032430	FLUOXETINE HCL 60 MG TABLET	9	30.000	9.99	0.45182	26%-50% Below	No	No
59651032430	FLUOXETINE HCL 60 MG TABLET	10	30.000	35.74	0.48948	101%-200% Above	No	No
59651032430	FLUOXETINE HCL 60 MG TABLET	11	30.000	35.74	0.65186	76%-100% Above	No	No
59651032430	FLUOXETINE HCL 60 MG TABLET	12	30.000	35.74	0.49732	101%-200% Above	No	No
59651036105	IBUPROFEN 600 MG TABLET	10	56.000	3.32	0.05354	10%-25% Above	No	No
59651036105	IBUPROFEN 600 MG TABLET	12	12.000	0.22	0.05525	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	9	12.000	0.88	0.06648	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	9	21.000	1.62	0.06648	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	9	90.000	2.74	0.06648	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	10	60.000	4.64	0.06514	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	11	20.000	0.63	0.06666	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	11	60.000	4.64	0.06666	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	12	20.000	1.55	0.06661	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	12	90.000	3.36	0.06661	26%-50% Below	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	10	30.000	19.90	0.12982	200% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	11	30.000	19.90	0.15022	200% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	12	60.000	19.90	0.1404	101%-200% Above	No	No
59651039101	BUSPIRONE HCL 10 MG TABLET	12	90.000	4.90	0.03584	51%-75% Above	Yes	No
59651039101	BUSPIRONE HCL 10 MG TABLET	12	120.000	8.06	0.03584	76%-100% Above	Yes	No
59651042605	SPIRONOLACTONE 25 MG TABLET	12	30.000	3.32	0.05158	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
59651042801	SPIRONOLACTONE 100 MG TABLET	10	90.000	29.90	0.19384	51%-75% Above	No	No
59651045501	COLCHICINE 0.6 MG TABLET	11	9.000	6.90	0.34809	101%-200% Above	No	No
59651072001	DICYCLOMINE 20 MG TABLET	11	30.000	5.63	0.14387	26%-50% Above	No	No
59651072001	DICYCLOMINE 20 MG TABLET	12	20.000	4.12	0.14483	26%-50% Above	No	No
59651072099	DICYCLOMINE 20 MG TABLET	12	30.000	5.93	0.14483	26%-50% Above	No	No
59651072201	CLONAZEPAM 0.5 MG TABLET	10	14.000	0.66	0.02623	76%-100% Above	No	No
59651072201	CLONAZEPAM 0.5 MG TABLET	10	30.000	0.39	0.02623	26%-50% Below	Yes	No
59651072201	CLONAZEPAM 0.5 MG TABLET	12	30.000	0.39	0.02539	26%-50% Below	Yes	No
59651078101	GLIPIZIDE ER 5 MG TABLET	10	90.000	10.11	0.08966	10%-25% Above	Yes	No
59651078201	GLIPIZIDE ER 10 MG TABLET	11	180.000	44.90	0.16362	51%-75% Above	No	No
59651078205	GLIPIZIDE ER 10 MG TABLET	10	30.000	8.93	0.16361	76%-100% Above	No	No
59651078205	GLIPIZIDE ER 10 MG TABLET	12	30.000	8.93	0.18317	51%-75% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	9	21.000	0.00	0.14829	76%-100% Below	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	9	21.000	1.71	0.14829	26%-50% Below	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	9	21.000	4.90	0.14829	51%-75% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	9	21.000	6.90	0.14829	101%-200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	9	21.000	9.90	0.14829	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	9	21.000	9.90	0.14829	200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	9	21.000	14.90	0.14829	200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	10	21.000	1.71	0.14299	26%-50% Below	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	10	21.000	4.90	0.14299	51%-75% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	10	21.000	4.90	0.14299	51%-75% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	10	21.000	6.90	0.14299	101%-200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	10	21.000	9.90	0.14299	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	10	21.000	9.90	0.14299	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	10	21.000	14.90	0.14299	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	10	21.000	14.90	0.14299	200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	10	21.000	15.41	0.14299	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	11	21.000	0.00	0.15065	76%-100% Below	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	11	21.000	1.71	0.15065	26%-50% Below	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	11	21.000	4.90	0.15065	51%-75% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	11	21.000	6.90	0.15065	101%-200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	11	21.000	9.90	0.15065	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	11	21.000	9.90	0.15065	200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	11	21.000	14.90	0.15065	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	11	21.000	14.90	0.15065	200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.000	1.71	0.13423	26%-50% Below	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.000	6.90	0.13423	101%-200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.000	9.90	0.13423	200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.000	14.90	0.13423	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.000	14.90	0.13423	200% Above	Yes	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.000	15.41	0.13423	200% Above	No	No
59746000106	METHYLPREDNISOLONE 4 MG TABLET	10	21.000	9.99	0.16424	101%-200% Above	No	No
59746000106	METHYLPREDNISOLONE 4 MG TABLET	11	21.000	9.99	0.15484	200% Above	No	No
59746000106	METHYLPREDNISOLONE 4 MG TABLET	12	21.000	9.99	0.15596	200% Above	No	No
59746012106	MECLIZINE 25 MG TABLET	9	20.000	1.58	0.10653	10%-25% Below	No	No
59746012106	MECLIZINE 25 MG TABLET	9	30.000	2.07	0.10653	26%-50% Below	No	No
59746012106	MECLIZINE 25 MG TABLET	10	90.000	4.90	0.09569	26%-50% Below	No	No
59746012106	MECLIZINE 25 MG TABLET	12	30.000	4.22	0.09729	26%-50% Above	No	No
59746017210	PREDNISONE 5 MG TABLET	9	30.000	3.62	0.04988	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	PREDNISONONE 5 MG TABLET	10	21.000	2.57	0.04631	101%-200% Above	No	No
59746017210	PREDNISONONE 5 MG TABLET	10	30.000	3.62	0.04631	101%-200% Above	No	No
59746017210	PREDNISONONE 5 MG TABLET	11	10.000	1.48	0.05251	101%-200% Above	No	No
59746017210	PREDNISONONE 5 MG TABLET	11	21.000	2.57	0.05251	101%-200% Above	No	No
59746017210	PREDNISONONE 5 MG TABLET	11	60.000	6.75	0.05251	101%-200% Above	No	No
59746017210	PREDNISONONE 5 MG TABLET	12	21.000	2.57	0.04828	101%-200% Above	No	No
59746017306	PREDNISONONE 10 MG TABLET	9	39.000	4.78	0.05744	101%-200% Above	No	No
59746017306	PREDNISONONE 10 MG TABLET	10	10.000	0.30	0.05601	26%-50% Below	No	No
59746017306	PREDNISONONE 10 MG TABLET	11	25.000	3.24	0.05922	101%-200% Above	No	No
59746017306	PREDNISONONE 10 MG TABLET	11	34.000	4.23	0.05922	101%-200% Above	No	No
59746017310	PREDNISONONE 10 MG TABLET	9	8.000	1.38	0.05744	200% Above	No	No
59746017310	PREDNISONONE 10 MG TABLET	9	10.000	0.30	0.05744	26%-50% Below	No	No
59746017310	PREDNISONONE 10 MG TABLET	9	14.000	2.04	0.05744	101%-200% Above	No	No
59746017310	PREDNISONONE 10 MG TABLET	9	21.000	2.80	0.05744	101%-200% Above	No	No
59746017310	PREDNISONONE 10 MG TABLET	9	30.000	3.79	0.05744	101%-200% Above	No	No
59746017310	PREDNISONONE 10 MG TABLET	10	9.000	0.27	0.05601	26%-50% Below	No	No
59746017310	PREDNISONONE 10 MG TABLET	10	18.000	2.47	0.05601	101%-200% Above	No	No
59746017310	PREDNISONONE 10 MG TABLET	10	21.000	2.80	0.05601	101%-200% Above	No	No
59746017310	PREDNISONONE 10 MG TABLET	10	30.000	3.79	0.05601	101%-200% Above	No	No
59746017310	PREDNISONONE 10 MG TABLET	11	10.000	3.16	0.05922	200% Above	No	No
59746017310	PREDNISONONE 10 MG TABLET	11	12.000	1.77	0.05922	101%-200% Above	No	No
59746017310	PREDNISONONE 10 MG TABLET	11	18.000	0.18	0.05922	76%-100% Below	No	No
59746017310	PREDNISONONE 10 MG TABLET	11	21.000	0.63	0.05922	26%-50% Below	No	No
59746017310	PREDNISONONE 10 MG TABLET	11	21.000	2.80	0.05922	101%-200% Above	No	No
59746017310	PREDNISONONE 10 MG TABLET	12	3.000	0.83	0.05837	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
59746017310	PREDNISON 10 MG TABLET	12	5.000	1.05	0.05837	200% Above	No	No
59746017310	PREDNISON 10 MG TABLET	12	10.000	1.60	0.05837	101%-200% Above	No	No
59746017310	PREDNISON 10 MG TABLET	12	18.000	2.59	0.05837	101%-200% Above	No	No
59746017310	PREDNISON 10 MG TABLET	12	21.000	0.21	0.05837	76%-100% Below	No	No
59746017310	PREDNISON 10 MG TABLET	12	21.000	2.80	0.05837	101%-200% Above	No	No
59746017310	PREDNISON 10 MG TABLET	12	30.000	3.79	0.05837	101%-200% Above	No	No
59746017506	PREDNISON 20 MG TABLET	9	18.000	3.24	0.08601	101%-200% Above	No	No
59746017506	PREDNISON 20 MG TABLET	10	5.000	1.26	0.08401	101%-200% Above	No	No
59746017506	PREDNISON 20 MG TABLET	10	10.000	1.97	0.08401	101%-200% Above	No	No
59746017506	PREDNISON 20 MG TABLET	10	18.000	3.14	0.08401	101%-200% Above	No	No
59746017506	PREDNISON 20 MG TABLET	10	20.000	3.54	0.08401	101%-200% Above	No	No
59746017506	PREDNISON 20 MG TABLET	10	30.000	1.52	0.08401	26%-50% Below	No	No
59746017506	PREDNISON 20 MG TABLET	11	15.000	2.78	0.1056	51%-75% Above	No	No
59746017506	PREDNISON 20 MG TABLET	12	10.000	1.97	0.10826	76%-100% Above	No	No
59746017506	PREDNISON 20 MG TABLET	12	10.000	2.02	0.10826	76%-100% Above	No	No
59746017506	PREDNISON 20 MG TABLET	12	10.000	3.46	0.10826	200% Above	No	No
59746017506	PREDNISON 20 MG TABLET	12	14.000	2.13	0.10826	26%-50% Above	No	No
59746017509	PREDNISON 20 MG TABLET	9	5.000	1.23	0.08601	101%-200% Above	No	No
59746017509	PREDNISON 20 MG TABLET	9	5.000	1.26	0.08601	101%-200% Above	No	No
59746017509	PREDNISON 20 MG TABLET	9	9.000	1.82	0.08601	101%-200% Above	No	No
59746017509	PREDNISON 20 MG TABLET	9	10.000	1.97	0.08601	101%-200% Above	No	No
59746017509	PREDNISON 20 MG TABLET	9	10.000	2.02	0.08601	101%-200% Above	No	No
59746017509	PREDNISON 20 MG TABLET	10	5.000	1.23	0.08401	101%-200% Above	No	No
59746017509	PREDNISON 20 MG TABLET	10	5.000	1.26	0.08401	101%-200% Above	No	No
59746017509	PREDNISON 20 MG TABLET	10	5.000	1.31	0.08401	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
59746017509	PREDNISONONE 20 MG TABLET	10	8.000	1.72	0.08401	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	10	10.000	1.97	0.08401	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	10	10.000	2.02	0.08401	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	10	10.000	2.11	0.08401	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	10	13.000	2.48	0.08401	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	10	14.000	2.63	0.08401	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	11	5.000	1.26	0.1056	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	11	10.000	1.97	0.1056	76%-100% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	11	10.000	2.02	0.1056	76%-100% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	11	10.000	2.11	0.1056	76%-100% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	11	10.000	3.46	0.1056	200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	11	14.000	2.63	0.1056	76%-100% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	11	15.000	0.15	0.1056	76%-100% Below	No	No
59746017509	PREDNISONONE 20 MG TABLET	12	3.000	1.04	0.10826	200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	12	5.000	1.23	0.10826	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	12	5.000	1.26	0.10826	101%-200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	12	5.000	1.73	0.10826	200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	12	10.000	0.62	0.10826	26%-50% Below	No	No
59746017509	PREDNISONONE 20 MG TABLET	12	10.000	1.97	0.10826	76%-100% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	12	10.000	3.46	0.10826	200% Above	No	No
59746017509	PREDNISONONE 20 MG TABLET	12	14.000	0.72	0.10826	51%-75% Below	No	No
59746017509	PREDNISONONE 20 MG TABLET	12	14.000	1.23	0.10826	10%-25% Below	No	No
59746017509	PREDNISONONE 20 MG TABLET	12	15.000	5.18	0.10826	200% Above	No	No
59746017710	CYCLOBENZAPRINE 10 MG TABLET	9	90.000	2.47	0.02342	10%-25% Above	No	No
59746017710	CYCLOBENZAPRINE 10 MG TABLET	11	30.000	1.16	0.02229	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
59746021110	CYCLOBENZAPRINE 5 MG TABLET	9	30.000	0.87	0.02198	26%-50% Above	Yes	No
59746021701	SPIRONOLACTONE 50 MG TABLET	9	30.000	4.90	0.1085	26%-50% Above	No	No
59746032430	VALACYCLOVIR HCL 500 MG TABLET	10	14.000	8.00	0.28806	76%-100% Above	No	No
59746033790	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	10	90.000	10.00	0.0941	10%-25% Above	No	No
59746033890	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	9	30.000	14.90	0.12038	200% Above	No	No
59746033890	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	11	30.000	19.52	0.1193	200% Above	No	No
59746033990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	9	30.000	14.90	0.13402	200% Above	No	No
59746033990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	9	90.000	13.50	0.13402	10%-25% Above	No	No
59746033990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	9	90.000	44.90	0.13402	200% Above	No	No
59746033990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	10	30.000	14.90	0.12695	200% Above	No	No
59746038306	TERAZOSIN 1 MG CAPSULE	9	130.000	12.49	0.13517	26%-50% Below	No	No
59746038306	TERAZOSIN 1 MG CAPSULE	12	180.000	17.10	0.15002	26%-50% Below	No	No
59746076001	CHLORTHALIDONE 25 MG TABLET	10	15.000	7.00	0.08635	200% Above	No	No
59762005501	MEDROXYPROGESTERONE 2.5 MG TAB	9	30.000	3.67	0.10697	10%-25% Above	No	No
59762005501	MEDROXYPROGESTERONE 2.5 MG TAB	10	30.000	3.67	0.10733	10%-25% Above	No	No
59762005501	MEDROXYPROGESTERONE 2.5 MG TAB	11	30.000	3.67	0.10351	10%-25% Above	No	No
59762005501	MEDROXYPROGESTERONE 2.5 MG TAB	12	30.000	3.67	0.10284	10%-25% Above	No	No
59762005801	MEDROXYPROGESTERONE 5 MG TAB	10	30.000	5.04	0.14717	10%-25% Above	No	No
59762007401	HYDROCORTISONE 10 MG TABLET	9	75.000	10.74	0.24024	26%-50% Below	No	No
59762007401	HYDROCORTISONE 10 MG TABLET	10	75.000	10.79	0.24072	26%-50% Below	No	No
59762007401	HYDROCORTISONE 10 MG TABLET	11	18.000	2.59	0.25646	26%-50% Below	No	No
59762007401	HYDROCORTISONE 10 MG TABLET	11	75.000	10.83	0.25646	26%-50% Below	No	No
59762007401	HYDROCORTISONE 10 MG TABLET	12	75.000	10.83	0.26195	26%-50% Below	No	No
59762010405	SULFASALAZINE DR 500 MG TAB	12	360.000	44.99	0.23095	26%-50% Below	No	No
59762033302	LATANOPROST 0.005% EYE DROPS	10	2.500	2.15	1.77485	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
59762033302	LATANOPROST 0.005% EYE DROPS	10	2.500	8.11	1.77485	76%-100% Above	No	No
59762033302	LATANOPROST 0.005% EYE DROPS	10	5.000	13.50	1.77485	51%-75% Above	No	No
59762033302	LATANOPROST 0.005% EYE DROPS	12	2.500	27.03	1.88069	200% Above	No	No
59762040101	SUCRALFATE 1 GM TABLET	9	20.000	4.65	0.20116	10%-25% Above	No	No
59762040105	SUCRALFATE 1 GM TABLET	10	20.000	4.65	0.21098	10%-25% Above	No	No
59762040105	SUCRALFATE 1 GM TABLET	11	20.000	4.65	0.21055	10%-25% Above	No	No
59762106102	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	11	12.000	4.78	0.18182	101%-200% Above	No	No
59762106102	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	12	12.000	4.78	0.17904	101%-200% Above	No	No
59762120601	LIOTHYRONINE SOD 5 MCG TAB	12	180.000	59.90	0.2938	10%-25% Above	No	No
59762219801	AZITHROMYCIN 250 MG TABLET	10	6.000	3.57	0.33112	76%-100% Above	No	No
59762219803	AZITHROMYCIN 250 MG TABLET	10	6.000	0.81	0.33112	51%-75% Below	No	No
59762219803	AZITHROMYCIN 250 MG TABLET	10	6.000	3.57	0.33112	76%-100% Above	No	No
59762219803	AZITHROMYCIN 250 MG TABLET	11	6.000	0.81	0.36094	51%-75% Below	No	No
59762219803	AZITHROMYCIN 250 MG TABLET	11	6.000	3.57	0.36094	51%-75% Above	No	No
59762219803	AZITHROMYCIN 250 MG TABLET	12	6.000	3.57	0.37291	51%-75% Above	No	No
59762314001	AZITHROMYCIN 200 MG/5 ML SUSP	9	30.000	13.50	0.2632	51%-75% Above	No	No
59762314001	AZITHROMYCIN 200 MG/5 ML SUSP	10	15.000	9.90	0.25715	101%-200% Above	No	No
59762314001	AZITHROMYCIN 200 MG/5 ML SUSP	10	30.000	13.50	0.25715	51%-75% Above	No	No
59762330403	NITROGLYCERIN 0.4 MG TABLET SL	12	25.000	2.93	0.21535	26%-50% Below	No	No
59762371809	TRIAZOLAM 0.25 MG TABLET	12	1.000	0.95	0.73857	26%-50% Above	No	No
59762372003	ALPRAZOLAM 0.5 MG TABLET	10	30.000	0.88	0.02409	10%-25% Above	No	No
59762372003	ALPRAZOLAM 0.5 MG TABLET	12	30.000	0.88	0.02461	10%-25% Above	No	No
59762372103	ALPRAZOLAM 1 MG TABLET	9	30.000	0.88	0.02545	10%-25% Above	No	No
59762372103	ALPRAZOLAM 1 MG TABLET	9	90.000	1.59	0.02545	26%-50% Below	No	No
59762372103	ALPRAZOLAM 1 MG TABLET	10	90.000	1.60	0.02567	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
59762372103	ALPRAZOLAM 1 MG TABLET	11	90.000	1.60	0.02768	26%-50% Below	No	No
59762372103	ALPRAZOLAM 1 MG TABLET	12	90.000	1.60	0.02755	26%-50% Below	No	No
59762372104	ALPRAZOLAM 1 MG TABLET	12	10.000	0.63	0.02755	101%-200% Above	No	No
59762372203	ALPRAZOLAM 2 MG TABLET	10	60.000	2.23	0.05021	10%-25% Below	No	No
59762372203	ALPRAZOLAM 2 MG TABLET	11	60.000	2.23	0.05714	26%-50% Below	No	No
59762372203	ALPRAZOLAM 2 MG TABLET	12	60.000	2.23	0.0569	26%-50% Below	No	No
59762444003	METHYLPREDNISOLONE 4 MG TABLET	11	21.000	9.90	0.15484	200% Above	No	No
59762500901	CLINDAMYCIN 2% VAGINAL CREAM	9	40.000	45.21	1.80285	26%-50% Below	Yes	No
59762500901	CLINDAMYCIN 2% VAGINAL CREAM	11	40.000	41.31	1.62494	26%-50% Below	No	No
59762500901	CLINDAMYCIN 2% VAGINAL CREAM	12	40.000	55.39	1.65814	10%-25% Below	No	No
59762501701	FLUCONAZOLE 150 MG TABLET	9	1.000	2.67	0.6968	200% Above	No	No
60219107601	AZATHIOPRINE 50 MG TABLET	9	90.000	9.36	0.17748	26%-50% Below	No	No
60219107601	AZATHIOPRINE 50 MG TABLET	11	90.000	8.87	0.199	26%-50% Below	No	No
60219107601	AZATHIOPRINE 50 MG TABLET	12	90.000	8.87	0.16684	26%-50% Below	No	No
60219107601	AZATHIOPRINE 50 MG TABLET	12	90.000	9.02	0.16684	26%-50% Below	No	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	11	10.000	12.07	1.04685	10%-25% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.000	14.90	1.324	10%-25% Above	Yes	No
60219170701	PREDNISONE 10 MG TABLET	9	18.000	2.57	0.05744	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	9	5.000	1.03	0.05744	200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	9	10.000	1.65	0.05744	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	11	9.000	0.27	0.05922	26%-50% Below	No	No
60219170705	PREDNISONE 10 MG TABLET	12	8.000	1.38	0.05837	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	12	10.000	0.00	0.05837	76%-100% Below	No	No
60219170705	PREDNISONE 10 MG TABLET	12	28.000	3.75	0.05837	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	9	10.000	0.00	0.08601	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
60219170801	PREDNISON 20 MG TABLET	11	10.000	1.97	0.1056	76%-100% Above	No	No
60219170801	PREDNISON 20 MG TABLET	12	10.000	2.83	0.10826	101%-200% Above	No	No
60219170801	PREDNISON 20 MG TABLET	12	30.000	4.46	0.10826	26%-50% Above	No	No
60219174903	ATROPINE 1% EYE DROPS	9	5.000	25.45	8.21733	26%-50% Below	Yes	No
60219174903	ATROPINE 1% EYE DROPS	11	5.000	24.65	7.5148	26%-50% Below	No	No
60219174903	ATROPINE 1% EYE DROPS	11	5.000	25.45	7.5148	26%-50% Below	Yes	No
60219174903	ATROPINE 1% EYE DROPS	12	5.000	25.45	7.78935	26%-50% Below	Yes	No
60219175203	SILDENAFIL 50 MG TABLET	9	6.000	9.90	0.20633	200% Above	Yes	No
60219175203	SILDENAFIL 50 MG TABLET	10	6.000	9.90	0.177	200% Above	Yes	No
60219175203	SILDENAFIL 50 MG TABLET	12	18.000	9.90	0.16827	200% Above	Yes	No
60219175303	SILDENAFIL 100 MG TABLET	9	18.000	44.99	0.20939	200% Above	No	No
60219175303	SILDENAFIL 100 MG TABLET	12	18.000	29.99	0.2187	200% Above	No	No
60219175303	SILDENAFIL 100 MG TABLET	12	18.000	44.99	0.2187	200% Above	No	No
60219204301	DEXAMETHASONE 4 MG TABLET	10	5.000	1.33	0.34465	10%-25% Below	No	No
60219204301	DEXAMETHASONE 4 MG TABLET	10	6.000	1.50	0.34465	26%-50% Below	No	No
60219204301	DEXAMETHASONE 4 MG TABLET	10	10.000	2.26	0.34465	26%-50% Below	No	No
60219204301	DEXAMETHASONE 4 MG TABLET	12	8.000	2.07	0.30754	10%-25% Below	No	No
60219204401	DEXAMETHASONE 6 MG TABLET	11	5.000	3.31	1.06028	26%-50% Below	No	No
60219551109	FENOFIBRATE 54 MG TABLET	9	30.000	6.90	0.09635	101%-200% Above	No	No
60219552209	FENOFIBRATE 160 MG TABLET	9	90.000	44.90	0.13441	200% Above	No	No
60219552209	FENOFIBRATE 160 MG TABLET	12	90.000	63.34	0.1155	200% Above	No	No
60432006500	AMOX-CLAV 250-62.5 MG/5 ML SUS	11	100.000	22.02	0.47868	51%-75% Below	No	No
60505003306	PENTOXIFYLLINE ER 400 MG TAB	9	60.000	8.78	0.26199	26%-50% Below	No	No
60505003306	PENTOXIFYLLINE ER 400 MG TAB	10	60.000	8.95	0.23285	26%-50% Below	No	No
60505003306	PENTOXIFYLLINE ER 400 MG TAB	11	60.000	8.96	0.26728	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
60505006502	OMEPRAZOLE DR 20 MG CAPSULE	11	90.000	5.93	0.03547	76%-100% Above	No	No
60505008302	PAROXETINE HCL 20 MG TABLET	9	90.000	8.04	0.07132	10%-25% Above	No	No
60505008302	PAROXETINE HCL 20 MG TABLET	11	90.000	8.04	0.06885	26%-50% Above	No	No
60505008401	PAROXETINE HCL 30 MG TABLET	9	30.000	1.59	0.10571	26%-50% Below	No	No
60505009300	DOXAZOSIN MESYLATE 1 MG TAB	9	90.000	44.99	0.0793	200% Above	No	No
60505009400	DOXAZOSIN MESYLATE 2 MG TAB	9	90.000	44.99	0.0673	200% Above	No	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	9	90.000	49.18	0.09672	200% Above	Yes	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	10	90.000	23.90	0.10556	101%-200% Above	No	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	11	30.000	4.90	0.10608	51%-75% Above	No	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	11	90.000	45.40	0.10608	200% Above	Yes	No
60505009701	PAROXETINE HCL 10 MG TABLET	10	90.000	7.83	0.06781	26%-50% Above	No	No
60505014100	GLIPIZIDE 5 MG TABLET	10	30.000	1.26	0.03442	10%-25% Above	No	No
60505014100	GLIPIZIDE 5 MG TABLET	10	180.000	4.99	0.03442	10%-25% Below	Yes	No
60505014100	GLIPIZIDE 5 MG TABLET	11	90.000	2.32	0.03627	26%-50% Below	Yes	No
60505014100	GLIPIZIDE 5 MG TABLET	12	30.000	1.26	0.0357	10%-25% Above	No	No
60505014101	GLIPIZIDE 5 MG TABLET	9	30.000	1.30	0.03357	26%-50% Above	No	No
60505014101	GLIPIZIDE 5 MG TABLET	10	30.000	1.30	0.03442	10%-25% Above	No	No
60505014102	GLIPIZIDE 5 MG TABLET	11	14.000	0.93	0.03627	76%-100% Above	No	No
60505014102	GLIPIZIDE 5 MG TABLET	11	180.000	4.98	0.03627	10%-25% Below	No	No
60505014200	GLIPIZIDE 10 MG TABLET	10	90.000	3.36	0.04908	10%-25% Below	No	No
60505014201	GLIPIZIDE 10 MG TABLET	9	60.000	2.42	0.04934	10%-25% Below	No	No
60505014201	GLIPIZIDE 10 MG TABLET	11	180.000	6.26	0.05053	26%-50% Below	No	No
60505014201	GLIPIZIDE 10 MG TABLET	12	60.000	1.67	0.04847	26%-50% Below	No	No
60505014202	GLIPIZIDE 10 MG TABLET	10	60.000	2.42	0.04908	10%-25% Below	No	No
60505014202	GLIPIZIDE 10 MG TABLET	11	60.000	2.42	0.05053	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
60505014202	GLIPIZIDE 10 MG TABLET	11	180.000	6.04	0.05053	26%-50% Below	No	No
60505014202	GLIPIZIDE 10 MG TABLET	11	360.000	11.68	0.05053	26%-50% Below	No	No
60505015701	BUPROPION HCL 100 MG TABLET	11	60.000	5.03	0.14657	26%-50% Below	No	No
60505015701	BUPROPION HCL 100 MG TABLET	12	60.000	5.03	0.13373	26%-50% Below	No	No
60505015701	BUPROPION HCL 100 MG TABLET	12	90.000	14.90	0.13373	10%-25% Above	No	No
60505015801	BUPROPION HCL 75 MG TABLET	9	90.000	22.40	0.11045	101%-200% Above	No	No
60505015801	BUPROPION HCL 75 MG TABLET	11	30.000	12.14	0.11974	200% Above	No	No
60505015801	BUPROPION HCL 75 MG TABLET	12	90.000	22.40	0.11321	101%-200% Above	No	No
60505016809	PRAVASTATIN SODIUM 10 MG TAB	11	90.000	0.90	0.06513	76%-100% Below	No	No
60505016907	PRAVASTATIN SODIUM 20 MG TAB	11	90.000	0.01	0.07114	76%-100% Below	No	No
60505017009	PRAVASTATIN SODIUM 40 MG TAB	11	90.000	55.77	0.08893	200% Above	No	No
60505017009	PRAVASTATIN SODIUM 40 MG TAB	12	45.000	2.18	0.0864	26%-50% Below	No	No
60505024708	MIRTAZAPINE 15 MG TABLET	12	14.000	0.51	0.06123	26%-50% Below	No	No
60505025203	TIZANIDINE HCL 4 MG TABLET	9	21.000	0.50	0.04289	26%-50% Below	No	No
60505025302	CLOPIDOGREL 75 MG TABLET	9	90.000	8.86	0.06468	51%-75% Above	No	No
60505025302	CLOPIDOGREL 75 MG TABLET	10	90.000	8.86	0.06356	51%-75% Above	No	No
60505025302	CLOPIDOGREL 75 MG TABLET	11	90.000	8.86	0.06492	51%-75% Above	No	No
60505025302	CLOPIDOGREL 75 MG TABLET	12	90.000	8.86	0.06454	51%-75% Above	No	No
60505036301	OFLOXACIN 0.3% EAR DROPS	10	5.000	0.00	1.68684	76%-100% Below	No	No
60505036301	OFLOXACIN 0.3% EAR DROPS	12	5.000	14.90	1.63663	76%-100% Above	No	No
60505036302	OFLOXACIN 0.3% EAR DROPS	11	10.000	9.90	1.95173	26%-50% Below	No	No
60505056000	OFLOXACIN 0.3% EYE DROPS	10	10.000	9.90	2.29919	51%-75% Below	No	No
60505056000	OFLOXACIN 0.3% EYE DROPS	11	5.000	4.60	2.12182	51%-75% Below	Yes	No
60505058204	MOXIFLOXACIN 0.5% EYE DROPS	10	3.000	0.00	2.44541	76%-100% Below	No	No
60505058901	BRIMONIDINE-TIMOLOL 0.2%-0.5%	10	5.000	25.85	13.97866	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
60505058901	BRIMONIDINE-TIMOLOL 0.2%-0.5%	11	5.000	25.85	13.85476	51%-75% Below	No	No
60505081301	BUTORPHANOL 10 MG/ML SPRAY	12	2.500	16.82	14.56038	51%-75% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	9	16.000	3.08	0.33808	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	9	16.000	6.90	0.33808	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	9	16.000	11.64	0.33808	101%-200% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	9	16.000	11.81	0.33808	101%-200% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	9	16.000	12.14	0.33808	101%-200% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	9	48.000	12.49	0.33808	10%-25% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	10	1.000	1.23	0.32391	200% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	10	16.000	0.00	0.32391	76%-100% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	10	16.000	3.12	0.32391	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	10	16.000	9.99	0.32391	76%-100% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	10	16.000	12.14	0.32391	101%-200% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	10	16.000	12.23	0.32391	101%-200% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	11	16.000	3.24	0.3593	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	11	16.000	4.90	0.3593	10%-25% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	11	16.000	6.99	0.3593	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	11	16.000	9.90	0.3593	51%-75% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	11	16.000	11.64	0.3593	101%-200% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	11	16.000	11.81	0.3593	101%-200% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	11	16.000	12.14	0.3593	101%-200% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	12	16.000	3.28	0.36058	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	12	16.000	4.90	0.36058	10%-25% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	12	16.000	6.90	0.36058	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	12	16.000	9.99	0.36058	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
60505082901	FLUTICASONE PROP 50 MCG SPRAY	12	16.000	11.64	0.36058	101%-200% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	12	16.000	12.14	0.36058	101%-200% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	12	16.000	12.82	0.36058	101%-200% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	12	48.000	12.49	0.36058	26%-50% Below	No	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	9	17.000	20.91	2.0889	26%-50% Below	No	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	11	17.000	20.50	2.09328	26%-50% Below	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	9	30.000	5.49	0.30199	26%-50% Below	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	9	30.000	14.90	0.30199	51%-75% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	10	30.000	5.44	0.29308	26%-50% Below	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	11	30.000	5.49	0.30304	26%-50% Below	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	12	30.000	5.49	0.29069	26%-50% Below	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	12	30.000	11.99	0.29069	26%-50% Above	No	No
60505131703	PAROXETINE CR 25 MG TABLET	10	30.000	14.90	0.78387	26%-50% Below	No	No
60505131703	PAROXETINE CR 25 MG TABLET	12	30.000	14.90	0.74732	26%-50% Below	No	No
60505132305	PRAVASTATIN SODIUM 80 MG TAB	10	30.000	2.67	0.16702	26%-50% Below	No	No
60505132305	PRAVASTATIN SODIUM 80 MG TAB	11	30.000	2.65	0.1716	26%-50% Below	No	No
60505132309	PRAVASTATIN SODIUM 80 MG TAB	9	90.000	8.80	0.17749	26%-50% Below	No	No
60505257808	ATORVASTATIN 10 MG TABLET	9	30.000	0.35	0.03114	51%-75% Below	No	No
60505257808	ATORVASTATIN 10 MG TABLET	10	30.000	0.35	0.03066	51%-75% Below	No	No
60505257808	ATORVASTATIN 10 MG TABLET	10	30.000	4.18	0.03066	200% Above	No	No
60505257808	ATORVASTATIN 10 MG TABLET	10	90.000	1.05	0.03066	51%-75% Below	No	No
60505257808	ATORVASTATIN 10 MG TABLET	11	30.000	0.19	0.03119	76%-100% Below	No	No
60505257808	ATORVASTATIN 10 MG TABLET	11	30.000	0.59	0.03119	26%-50% Below	Yes	No
60505257808	ATORVASTATIN 10 MG TABLET	12	30.000	0.19	0.03161	76%-100% Below	No	No
60505257808	ATORVASTATIN 10 MG TABLET	12	30.000	4.18	0.03161	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
60505257808	ATORVASTATIN 10 MG TABLET	12	90.000	0.58	0.03161	76%-100% Below	No	No
60505257808	ATORVASTATIN 10 MG TABLET	12	90.000	1.77	0.03161	26%-50% Below	Yes	No
60505257908	ATORVASTATIN 20 MG TABLET	9	28.000	4.98	0.04061	200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	9	30.000	0.58	0.04061	51%-75% Below	No	No
60505257908	ATORVASTATIN 20 MG TABLET	9	90.000	2.45	0.04061	26%-50% Below	Yes	No
60505257908	ATORVASTATIN 20 MG TABLET	10	28.000	4.98	0.03755	200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	10	30.000	0.58	0.03755	26%-50% Below	No	No
60505257908	ATORVASTATIN 20 MG TABLET	10	30.000	0.82	0.03755	26%-50% Below	Yes	No
60505257908	ATORVASTATIN 20 MG TABLET	10	90.000	1.60	0.03755	51%-75% Below	No	No
60505257908	ATORVASTATIN 20 MG TABLET	10	90.000	1.75	0.03755	26%-50% Below	No	No
60505257908	ATORVASTATIN 20 MG TABLET	10	90.000	2.45	0.03755	26%-50% Below	Yes	No
60505257908	ATORVASTATIN 20 MG TABLET	11	28.000	4.98	0.04007	200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	11	30.000	0.29	0.04007	51%-75% Below	No	No
60505257908	ATORVASTATIN 20 MG TABLET	12	28.000	4.98	0.03918	200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	12	30.000	0.29	0.03918	51%-75% Below	No	No
60505257908	ATORVASTATIN 20 MG TABLET	12	30.000	0.58	0.03918	26%-50% Below	No	No
60505257909	ATORVASTATIN 20 MG TABLET	9	30.000	0.58	0.04061	51%-75% Below	No	No
60505257909	ATORVASTATIN 20 MG TABLET	9	90.000	1.75	0.04061	51%-75% Below	No	No
60505257909	ATORVASTATIN 20 MG TABLET	10	30.000	0.58	0.03755	26%-50% Below	No	No
60505257909	ATORVASTATIN 20 MG TABLET	11	30.000	0.29	0.04007	51%-75% Below	No	No
60505257909	ATORVASTATIN 20 MG TABLET	11	90.000	0.86	0.04007	76%-100% Below	No	No
60505257909	ATORVASTATIN 20 MG TABLET	12	30.000	0.29	0.03918	51%-75% Below	No	No
60505258008	ATORVASTATIN 40 MG TABLET	9	30.000	0.83	0.05653	51%-75% Below	No	No
60505258008	ATORVASTATIN 40 MG TABLET	9	30.000	5.05	0.05653	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	9	30.000	5.32	0.05653	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
60505258008	ATORVASTATIN 40 MG TABLET	10	30.000	5.05	0.05376	200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	10	30.000	5.32	0.05376	200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	10	90.000	8.31	0.05376	51%-75% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	10	90.000	14.14	0.05376	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	10	90.000	14.95	0.05376	200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	11	30.000	5.05	0.06103	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	11	30.000	5.32	0.06103	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	11	90.000	14.14	0.06103	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	12	30.000	5.05	0.0579	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	12	30.000	5.32	0.0579	200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	12	90.000	14.14	0.0579	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	12	90.000	14.95	0.0579	101%-200% Above	No	No
60505258009	ATORVASTATIN 40 MG TABLET	10	30.000	5.32	0.05376	200% Above	No	No
60505258009	ATORVASTATIN 40 MG TABLET	11	30.000	5.05	0.06103	101%-200% Above	No	No
60505258009	ATORVASTATIN 40 MG TABLET	12	30.000	5.32	0.0579	200% Above	No	No
60505264907	TIZANIDINE HCL 4 MG CAPSULE	9	30.000	2.36	0.12293	26%-50% Below	No	No
60505264907	TIZANIDINE HCL 4 MG CAPSULE	10	30.000	2.82	0.12828	26%-50% Below	No	No
60505264907	TIZANIDINE HCL 4 MG CAPSULE	11	30.000	2.31	0.14572	26%-50% Below	No	No
60505265301	TRAZODONE 50 MG TABLET	9	30.000	2.45	0.03522	101%-200% Above	No	No
60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	9	90.000	15.59	0.0863	76%-100% Above	Yes	No
60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	12	90.000	13.43	0.10581	26%-50% Above	Yes	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	9	30.000	3.90	0.0863	26%-50% Above	No	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	10	30.000	3.90	0.09131	26%-50% Above	No	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	11	90.000	9.90	0.09717	10%-25% Above	No	No
60505267108	ATORVASTATIN 80 MG TABLET	9	30.000	4.90	0.09096	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
60505267108	ATORVASTATIN 80 MG TABLET	9	30.000	5.75	0.09096	101%-200% Above	No	No
60505267108	ATORVASTATIN 80 MG TABLET	9	90.000	16.24	0.09096	76%-100% Above	No	No
60505267108	ATORVASTATIN 80 MG TABLET	10	30.000	4.90	0.08531	76%-100% Above	No	No
60505267108	ATORVASTATIN 80 MG TABLET	10	30.000	5.75	0.08531	101%-200% Above	No	No
60505267108	ATORVASTATIN 80 MG TABLET	10	90.000	12.61	0.08531	51%-75% Above	Yes	No
60505267108	ATORVASTATIN 80 MG TABLET	10	90.000	15.69	0.08531	101%-200% Above	No	No
60505267108	ATORVASTATIN 80 MG TABLET	11	30.000	4.90	0.09192	76%-100% Above	No	No
60505267108	ATORVASTATIN 80 MG TABLET	11	30.000	5.75	0.09192	101%-200% Above	No	No
60505267108	ATORVASTATIN 80 MG TABLET	12	30.000	4.90	0.08859	76%-100% Above	No	No
60505267108	ATORVASTATIN 80 MG TABLET	12	30.000	5.75	0.08859	101%-200% Above	No	No
60505267109	ATORVASTATIN 80 MG TABLET	9	30.000	5.75	0.09096	101%-200% Above	No	No
60505267109	ATORVASTATIN 80 MG TABLET	10	90.000	11.65	0.08531	51%-75% Above	Yes	No
60505267109	ATORVASTATIN 80 MG TABLET	11	30.000	5.75	0.09192	101%-200% Above	No	No
60505280507	CARBAMAZEPINE ER 100 MG CAP	12	60.000	36.02	1.19846	26%-50% Below	Yes	No
60505283403	ATOMOXETINE HCL 60 MG CAPSULE	12	90.000	327.83	0.54483	200% Above	No	No
60505285009	ALFUZOSIN HCL ER 10 MG TABLET	10	30.000	14.41	0.11485	200% Above	No	No
60505294505	EZETIMIBE 10 MG TABLET	9	90.000	59.90	0.08096	200% Above	No	No
60505314003	OLANZAPINE 20 MG TABLET	10	30.000	14.72	0.15965	200% Above	No	No
60505317007	OMEGA-3 ETHYL ESTERS 1 GM CAP	10	120.000	11.38	0.16347	26%-50% Below	No	No
60505361405	VARENICLINE 1 MG TABLET	9	56.000	192.17	5.4599	26%-50% Below	No	No
60505361405	VARENICLINE 1 MG TABLET	10	56.000	183.45	4.51465	26%-50% Below	No	No
60505392701	GUANFACINE HCL ER 1 MG TABLET	9	30.000	3.02	0.18803	26%-50% Below	Yes	No
60505392701	GUANFACINE HCL ER 1 MG TABLET	10	90.000	37.00	0.22154	76%-100% Above	Yes	No
60505392701	GUANFACINE HCL ER 1 MG TABLET	11	60.000	6.04	0.2187	51%-75% Below	Yes	No
60505392701	GUANFACINE HCL ER 1 MG TABLET	12	90.000	34.53	0.19838	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
60505392801	GUANFACINE HCL ER 2 MG TABLET	9	30.000	3.55	0.23039	26%-50% Below	Yes	No
60505392801	GUANFACINE HCL ER 2 MG TABLET	10	30.000	3.55	0.21953	26%-50% Below	Yes	No
60505392801	GUANFACINE HCL ER 2 MG TABLET	11	30.000	3.55	0.23758	26%-50% Below	Yes	No
60505392801	GUANFACINE HCL ER 2 MG TABLET	12	90.000	34.53	0.22152	51%-75% Above	Yes	No
60505464303	PRASUGREL 10 MG TABLET	9	90.000	12.65	0.33391	51%-75% Below	No	No
60505477203	VILAZODONE HCL 10 MG TABLET	9	7.000	9.90	1.23778	10%-25% Above	No	No
60505477303	VILAZODONE HCL 20 MG TABLET	9	30.000	26.07	1.32426	26%-50% Below	No	No
60505477303	VILAZODONE HCL 20 MG TABLET	10	30.000	26.07	1.41595	26%-50% Below	No	No
60505477303	VILAZODONE HCL 20 MG TABLET	11	30.000	25.49	1.40382	26%-50% Below	No	No
60505477303	VILAZODONE HCL 20 MG TABLET	12	30.000	20.84	1.2744	26%-50% Below	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	9	5.000	14.76	5.44226	26%-50% Below	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	10	5.000	16.11	5.3627	26%-50% Below	Yes	No
60758011905	PREDNISOLONE AC 1% EYE DROP	10	5.000	19.90	5.3627	10%-25% Below	Yes	No
60758011905	PREDNISOLONE AC 1% EYE DROP	12	5.000	14.49	5.23568	26%-50% Below	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	12	5.000	16.11	5.23568	26%-50% Below	Yes	No
60758018805	GENTAMICIN 0.3% EYE DROP	12	5.000	13.48	0.92561	101%-200% Above	No	No
60758088005	FLUOROMETHOLONE 0.1% DROPS	10	5.000	47.98	13.96727	26%-50% Below	No	No
60846080501	UNITHROID 100 MCG TABLET	9	90.000	35.19	3.84656	76%-100% Below	Yes	No
60846080501	UNITHROID 100 MCG TABLET	12	90.000	35.19	3.84656	76%-100% Below	Yes	No
61314014405	BRIMONIDINE TARTRATE 0.15% DRP	12	5.000	70.21	18.87783	10%-25% Below	Yes	No
61314054701	LATANOPROST 0.005% EYE DROPS	9	2.500	1.65	1.80721	51%-75% Below	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	9	2.500	2.15	1.80721	51%-75% Below	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	9	2.500	8.75	1.80721	76%-100% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	10	2.500	5.00	1.77485	10%-25% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	11	2.500	2.15	1.85473	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
61314054701	LATANOPROST 0.005% EYE DROPS	11	2.500	8.75	1.85473	76%-100% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	12	2.500	2.15	1.88069	51%-75% Below	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	9	10.000	9.36	0.53682	51%-75% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	9	10.000	9.48	0.53682	76%-100% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	11	10.000	2.34	0.47205	26%-50% Below	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	11	10.000	6.90	0.47205	26%-50% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	12	10.000	8.88	0.44744	76%-100% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	12	10.000	8.96	0.44744	76%-100% Above	No	No
61314063006	NEOMYC-POLYM-DEXAMETH EYE DROP	11	10.000	9.90	2.34078	51%-75% Below	No	No
61314063305	GENTAMICIN 0.3% EYE DROP	9	5.000	4.90	1.13762	10%-25% Below	No	No
61314063305	GENTAMICIN 0.3% EYE DROP	10	5.000	4.90	0.82616	10%-25% Above	No	No
61314063305	GENTAMICIN 0.3% EYE DROP	11	5.000	11.57	0.86115	101%-200% Above	No	No
61314063705	PREDNISOLONE AC 1% EYE DROP	9	5.000	0.05	5.44226	76%-100% Below	No	No
61314063705	PREDNISOLONE AC 1% EYE DROP	9	5.000	14.76	5.44226	26%-50% Below	No	No
61314063705	PREDNISOLONE AC 1% EYE DROP	10	5.000	0.05	5.3627	76%-100% Below	No	No
61314063705	PREDNISOLONE AC 1% EYE DROP	11	5.000	0.05	5.10398	76%-100% Below	No	No
61314063705	PREDNISOLONE AC 1% EYE DROP	11	5.000	14.90	5.10398	26%-50% Below	No	No
61314064305	TOBRAMYCIN 0.3% EYE DROP	10	5.000	6.90	1.23198	10%-25% Above	Yes	No
61314064511	NEOMYCIN-POLYMYXIN-HC EAR SUSP	9	10.000	9.99	5.36739	76%-100% Below	No	No
61314064511	NEOMYCIN-POLYMYXIN-HC EAR SUSP	10	10.000	11.98	5.39601	76%-100% Below	No	No
61314064511	NEOMYCIN-POLYMYXIN-HC EAR SUSP	10	10.000	30.58	5.39601	26%-50% Below	No	No
61314064511	NEOMYCIN-POLYMYXIN-HC EAR SUSP	11	10.000	11.98	4.87675	51%-75% Below	No	No
61314064610	NEOMYCIN-POLYMYXIN-HC EAR SOLN	9	10.000	3.68	5.03967	76%-100% Below	No	No
61314064610	NEOMYCIN-POLYMYXIN-HC EAR SOLN	9	10.000	27.76	5.03967	26%-50% Below	No	No
61314064610	NEOMYCIN-POLYMYXIN-HC EAR SOLN	10	10.000	0.10	4.58445	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
61314064610	NEOMYCIN-POLYMYXIN-HC EAR SOLN	10	10.000	27.63	4.58445	26%-50% Below	No	No
61314064705	TOBRAMYCIN-DEXAMETH OPHTH SUSP	10	5.000	17.94	5.40536	26%-50% Below	No	No
61314064705	TOBRAMYCIN-DEXAMETH OPHTH SUSP	11	5.000	14.90	8.0729	51%-75% Below	No	No
61314065605	CIPROFLOXACIN 0.3% EYE DROP	12	5.000	0.00	1.82701	76%-100% Below	No	No
61314065605	CIPROFLOXACIN 0.3% EYE DROP	12	5.000	10.25	1.82701	10%-25% Above	No	No
61314065610	CIPROFLOXACIN 0.3% EYE DROP	10	5.000	9.63	0.97256	76%-100% Above	No	No
61314065610	CIPROFLOXACIN 0.3% EYE DROP	11	10.000	18.76	1.40068	26%-50% Above	No	No
61442010201	DICLOFENAC SOD DR 50 MG TAB	9	60.000	14.90	0.09819	101%-200% Above	No	No
61442010201	DICLOFENAC SOD DR 50 MG TAB	10	60.000	14.90	0.09297	101%-200% Above	No	No
61442010210	DICLOFENAC SOD DR 50 MG TAB	10	60.000	9.90	0.09297	76%-100% Above	No	No
61442010210	DICLOFENAC SOD DR 50 MG TAB	12	60.000	9.90	0.09812	51%-75% Above	No	No
61442010210	DICLOFENAC SOD DR 50 MG TAB	12	60.000	14.90	0.09812	101%-200% Above	No	No
61442010260	DICLOFENAC SOD DR 50 MG TAB	10	60.000	5.00	0.09297	10%-25% Below	No	No
61442010301	DICLOFENAC SOD DR 75 MG TAB	9	120.000	9.90	0.09354	10%-25% Below	No	No
61442010301	DICLOFENAC SOD DR 75 MG TAB	11	60.000	4.90	0.09082	10%-25% Below	No	No
61442010305	DICLOFENAC SOD DR 75 MG TAB	9	60.000	6.90	0.09354	10%-25% Above	No	No
61442010305	DICLOFENAC SOD DR 75 MG TAB	11	60.000	9.99	0.09082	76%-100% Above	No	No
61442010305	DICLOFENAC SOD DR 75 MG TAB	11	60.000	11.12	0.09082	101%-200% Above	No	No
61442010310	DICLOFENAC SOD DR 75 MG TAB	9	15.000	3.13	0.09354	101%-200% Above	No	No
61442010310	DICLOFENAC SOD DR 75 MG TAB	12	60.000	9.05	0.0971	51%-75% Above	No	No
61442011705	GLIMEPIRIDE 4 MG TABLET	12	30.000	6.74	0.03762	200% Above	No	No
61442012210	FAMOTIDINE 40 MG TABLET	11	60.000	8.97	0.06177	101%-200% Above	No	No
61442012610	MELOXICAM 7.5 MG TABLET	9	60.000	0.65	0.01881	26%-50% Below	No	No
61442014110	LOVASTATIN 10 MG TABLET	9	30.000	2.19	0.04764	51%-75% Above	No	No
61442014110	LOVASTATIN 10 MG TABLET	12	30.000	0.73	0.0401	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
61442014110	LOVASTATIN 10 MG TABLET	12	30.000	2.19	0.0401	76%-100% Above	No	No
61703035038	METHOTREXATE 50 MG/2 ML VIAL	9	4.000	9.48	3.13	10%-25% Below	No	No
61703035038	METHOTREXATE 50 MG/2 ML VIAL	10	4.000	9.39	2.96093	10%-25% Below	No	No
61703035038	METHOTREXATE 50 MG/2 ML VIAL	10	4.000	9.48	2.96093	10%-25% Below	No	No
61703035038	METHOTREXATE 50 MG/2 ML VIAL	11	4.000	9.48	3.00526	10%-25% Below	No	No
61703035038	METHOTREXATE 50 MG/2 ML VIAL	12	4.000	9.39	3.13003	10%-25% Below	No	No
61703035038	METHOTREXATE 50 MG/2 ML VIAL	12	4.000	9.48	3.13003	10%-25% Below	No	No
61874011530	VRAYLAR 1.5 MG CAPSULE	9	30.000	843.13	44.07706	26%-50% Below	No	No
61874011530	VRAYLAR 1.5 MG CAPSULE	10	30.000	843.13	44.02114	26%-50% Below	No	No
61874011530	VRAYLAR 1.5 MG CAPSULE	11	30.000	843.13	44.02114	26%-50% Below	No	No
61874011530	VRAYLAR 1.5 MG CAPSULE	12	30.000	843.13	44.02114	26%-50% Below	No	No
61874011530	VRAYLAR 1.5 MG CAPSULE	12	90.000	2529.40	44.02114	26%-50% Below	No	No
62037072501	METHYLPHENIDATE ER 18 MG TAB	9	30.000	0.00	0.543	76%-100% Below	No	No
62037072601	METHYLPHENIDATE ER 36 MG TAB	9	30.000	18.92	0.94315	26%-50% Below	No	No
62037072601	METHYLPHENIDATE ER 36 MG TAB	10	30.000	16.98	0.78729	26%-50% Below	No	No
62037072601	METHYLPHENIDATE ER 36 MG TAB	11	30.000	9.99	1.00028	51%-75% Below	No	No
62037072701	METHYLPHENIDATE ER 54 MG TAB	9	30.000	15.65	0.71362	26%-50% Below	No	No
62037072701	METHYLPHENIDATE ER 54 MG TAB	10	30.000	61.96	0.74071	101%-200% Above	No	No
62135062650	DOXYCYCLINE HYCLATE 100 MG TAB	12	14.000	4.90	0.14535	101%-200% Above	No	No
62175013643	OMEPRAZOLE DR 40 MG CAPSULE	9	30.000	0.79	0.05567	51%-75% Below	No	No
62175013643	OMEPRAZOLE DR 40 MG CAPSULE	10	30.000	1.06	0.0541	26%-50% Below	No	No
62175013643	OMEPRAZOLE DR 40 MG CAPSULE	11	30.000	1.06	0.05603	26%-50% Below	No	No
62175013643	OMEPRAZOLE DR 40 MG CAPSULE	12	30.000	0.79	0.05549	51%-75% Below	No	No
62175027141	OXYBUTYNIN CL ER 10 MG TABLET	9	30.000	14.90	0.10582	200% Above	No	No
62175027141	OXYBUTYNIN CL ER 10 MG TABLET	12	30.000	4.90	0.11725	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
62175030232	RABEPRAZOLE SOD DR 20 MG TAB	10	30.000	9.90	0.18699	76%-100% Above	No	No
62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	9	30.000	3.90	0.05797	101%-200% Above	No	No
62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	9	90.000	2.70	0.05797	26%-50% Below	No	No
62332000931	VENLAFAXINE HCL 37.5 MG TABLET	10	90.000	14.99	0.07866	101%-200% Above	No	No
62332000931	VENLAFAXINE HCL 37.5 MG TABLET	12	90.000	14.99	0.08277	101%-200% Above	No	No
62332001131	VENLAFAXINE HCL 75 MG TABLET	9	60.000	14.99	0.0701	200% Above	No	No
62332001131	VENLAFAXINE HCL 75 MG TABLET	12	180.000	8.37	0.07859	26%-50% Below	No	No
62332002431	FLUOXETINE HCL 40 MG CAPSULE	10	90.000	10.00	0.06988	51%-75% Above	No	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	10	30.000	0.30	0.03331	51%-75% Below	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	10	90.000	6.77	0.03331	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	10	90.000	9.68	0.03331	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	11	15.000	0.15	0.03536	51%-75% Below	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	11	30.000	2.52	0.03536	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	11	45.000	4.46	0.03536	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	11	60.000	0.59	0.03536	51%-75% Below	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	11	90.000	6.55	0.03536	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	11	90.000	8.33	0.03536	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	12	90.000	6.55	0.0336	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	12	90.000	8.33	0.0336	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	12	180.000	1.78	0.0336	51%-75% Below	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	9	30.000	3.09	0.04465	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	9	90.000	6.53	0.04465	51%-75% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	9	90.000	7.99	0.04465	76%-100% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	10	30.000	3.09	0.04293	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	10	90.000	6.03	0.04293	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
62332002891	LOSARTAN POTASSIUM 50 MG TAB	10	90.000	6.53	0.04293	51%-75% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	11	30.000	3.00	0.04571	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	11	30.000	3.09	0.04571	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	11	90.000	5.63	0.04571	26%-50% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	11	90.000	6.03	0.04571	26%-50% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	12	20.000	0.28	0.04338	51%-75% Below	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	12	30.000	0.41	0.04338	51%-75% Below	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	12	90.000	7.99	0.04338	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	9	30.000	4.58	0.06234	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	9	90.000	12.73	0.06234	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	10	30.000	4.58	0.05981	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	10	45.000	4.75	0.05981	76%-100% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	10	90.000	9.50	0.05981	76%-100% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	10	90.000	12.30	0.05981	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	10	90.000	12.40	0.05981	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	10	90.000	12.73	0.05981	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	11	30.000	4.58	0.06266	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	11	90.000	8.87	0.06266	51%-75% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	11	90.000	9.50	0.06266	51%-75% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	11	90.000	12.73	0.06266	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	12	30.000	4.58	0.06024	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	12	45.000	4.43	0.06024	51%-75% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	12	90.000	8.87	0.06024	51%-75% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	12	90.000	12.73	0.06024	101%-200% Above	Yes	No
62332003031	ROPINIROLE HCL 0.25 MG TABLET	9	30.000	0.90	0.04765	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
62332003031	ROPINIROLE HCL 0.25 MG TABLET	10	30.000	0.90	0.04648	26%-50% Below	No	No
62332003031	ROPINIROLE HCL 0.25 MG TABLET	11	30.000	0.84	0.04976	26%-50% Below	No	No
62332003031	ROPINIROLE HCL 0.25 MG TABLET	12	30.000	0.84	0.0486	26%-50% Below	No	No
62332003131	ROPINIROLE HCL 0.5 MG TABLET	9	90.000	2.89	0.04551	26%-50% Below	No	No
62332003131	ROPINIROLE HCL 0.5 MG TABLET	12	90.000	2.89	0.04605	26%-50% Below	No	No
62332003331	ROPINIROLE HCL 2 MG TABLET	9	30.000	3.97	0.05971	101%-200% Above	No	No
62332003331	ROPINIROLE HCL 2 MG TABLET	10	30.000	3.97	0.06247	101%-200% Above	No	No
62332003331	ROPINIROLE HCL 2 MG TABLET	11	30.000	3.97	0.06219	101%-200% Above	No	No
62332003331	ROPINIROLE HCL 2 MG TABLET	11	60.000	6.90	0.06219	76%-100% Above	No	No
62332003331	ROPINIROLE HCL 2 MG TABLET	12	30.000	3.97	0.06448	101%-200% Above	No	No
62332003331	ROPINIROLE HCL 2 MG TABLET	12	60.000	6.90	0.06448	76%-100% Above	No	No
62332005090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	9	30.000	14.90	0.13402	200% Above	No	No
62332005090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	10	30.000	14.90	0.12695	200% Above	No	No
62332005090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	10	90.000	44.90	0.12695	200% Above	No	No
62332005671	CLONIDINE HCL 0.3 MG TABLET	9	90.000	1.97	0.0425	26%-50% Below	No	No
62332005671	CLONIDINE HCL 0.3 MG TABLET	10	90.000	2.11	0.04032	26%-50% Below	No	No
62332005671	CLONIDINE HCL 0.3 MG TABLET	11	90.000	1.52	0.04478	51%-75% Below	No	No
62332005671	CLONIDINE HCL 0.3 MG TABLET	12	90.000	1.51	0.04238	51%-75% Below	No	No
62332008631	FENOFIBRATE 200 MG CAPSULE	9	30.000	9.90	0.18826	51%-75% Above	No	No
62332008631	FENOFIBRATE 200 MG CAPSULE	10	30.000	6.90	0.16179	26%-50% Above	No	No
62332008631	FENOFIBRATE 200 MG CAPSULE	10	90.000	30.10	0.16179	101%-200% Above	No	No
62332009730	ARIPIPRAZOLE 2 MG TABLET	11	30.000	9.90	0.15619	101%-200% Above	No	No
62332009731	ARIPIPRAZOLE 2 MG TABLET	11	30.000	6.90	0.15619	26%-50% Above	No	No
62332009731	ARIPIPRAZOLE 2 MG TABLET	12	30.000	6.90	0.13344	51%-75% Above	No	No
62332009831	ARIPIPRAZOLE 5 MG TABLET	9	30.000	9.90	0.14416	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
62332009831	ARIPIPRAZOLE 5 MG TABLET	10	30.000	9.90	0.1206	101%-200% Above	No	No
62332010130	ARIPIPRAZOLE 20 MG TABLET	9	30.000	9.90	0.25759	26%-50% Above	No	No
62332010130	ARIPIPRAZOLE 20 MG TABLET	11	30.000	9.90	0.27766	10%-25% Above	No	No
62332010131	ARIPIPRAZOLE 20 MG TABLET	10	30.000	9.90	0.25949	26%-50% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	10	60.000	0.01	0.02218	76%-100% Below	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	11	60.000	0.01	0.01989	76%-100% Below	No	No
62332012090	PREGABALIN 50 MG CAPSULE	9	30.000	1.49	0.0618	10%-25% Below	No	No
62332012490	PREGABALIN 200 MG CAPSULE	10	30.000	4.90	0.07266	101%-200% Above	No	No
62332012490	PREGABALIN 200 MG CAPSULE	11	30.000	1.69	0.08584	26%-50% Below	No	No
62332014131	CELECOXIB 100 MG CAPSULE	9	18.000	0.42	0.0908	51%-75% Below	No	No
62332014131	CELECOXIB 100 MG CAPSULE	9	30.000	6.90	0.0908	101%-200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	9	60.000	4.90	0.0908	10%-25% Below	No	No
62332014131	CELECOXIB 100 MG CAPSULE	9	60.000	6.90	0.0908	26%-50% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	10	30.000	0.70	0.08782	51%-75% Below	No	No
62332014131	CELECOXIB 100 MG CAPSULE	10	30.000	6.90	0.08782	101%-200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	10	60.000	6.90	0.08782	26%-50% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	11	60.000	6.90	0.09586	10%-25% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	12	60.000	6.90	0.09737	10%-25% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	9	30.000	6.90	0.10817	101%-200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	9	90.000	29.90	0.10817	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	10	30.000	6.90	0.10988	101%-200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	10	30.000	14.90	0.10988	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	11	30.000	1.28	0.11976	51%-75% Below	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	11	30.000	6.90	0.11976	76%-100% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	11	30.000	9.90	0.11976	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
62332014231	CELECOXIB 200 MG CAPSULE	11	30.000	14.90	0.11976	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	11	30.000	87.24	0.11976	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	12	30.000	1.28	0.11592	51%-75% Below	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	12	30.000	4.90	0.11592	26%-50% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	12	30.000	6.90	0.11592	76%-100% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	12	30.000	9.90	0.11592	101%-200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	12	30.000	14.90	0.11592	200% Above	Yes	No
62332014271	CELECOXIB 200 MG CAPSULE	9	30.000	6.90	0.10817	101%-200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	10	26.000	1.11	0.10988	51%-75% Below	No	No
62332014271	CELECOXIB 200 MG CAPSULE	10	30.000	1.28	0.10988	51%-75% Below	No	No
62332014271	CELECOXIB 200 MG CAPSULE	10	30.000	6.90	0.10988	101%-200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	10	90.000	14.90	0.10988	26%-50% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	10	90.000	29.90	0.10988	200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	11	30.000	1.28	0.11976	51%-75% Below	No	No
62332014271	CELECOXIB 200 MG CAPSULE	12	30.000	1.33	0.11592	51%-75% Below	No	No
62332014271	CELECOXIB 200 MG CAPSULE	12	90.000	44.90	0.11592	200% Above	No	No
62332015090	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	9	30.000	4.90	0.23074	26%-50% Below	No	No
62332015090	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	10	30.000	4.90	0.24204	26%-50% Below	No	No
62332015090	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	11	30.000	4.90	0.26084	26%-50% Below	No	No
62332015090	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	12	30.000	4.90	0.25371	26%-50% Below	No	No
62332017260	LACOSAMIDE 100 MG TABLET	9	60.000	9.90	0.29903	26%-50% Below	No	No
62332017830	TADALAFIL 5 MG TABLET	10	30.000	28.91	0.15162	200% Above	No	No
62332017830	TADALAFIL 5 MG TABLET	11	30.000	28.91	0.18065	200% Above	No	No
62332019130	FEBUXOSTAT 80 MG TABLET	10	30.000	40.12	0.64636	101%-200% Above	No	No
62332019130	FEBUXOSTAT 80 MG TABLET	11	90.000	44.90	0.65392	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
62332023430	VILAZODONE HCL 40 MG TABLET	9	90.000	385.74	1.4966	101%-200% Above	No	No
62332023430	VILAZODONE HCL 40 MG TABLET	12	90.000	385.74	1.43004	101%-200% Above	No	No
62332024490	FENOFIBRIC ACID DR 45 MG CAP	10	90.000	44.90	0.17915	101%-200% Above	Yes	No
62332025130	AZITHROMYCIN 250 MG TABLET	9	6.000	3.55	0.35827	51%-75% Above	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	10	6.000	3.55	0.33112	76%-100% Above	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	10	6.000	3.66	0.33112	76%-100% Above	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	11	6.000	3.55	0.36094	51%-75% Above	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	11	6.000	3.66	0.36094	51%-75% Above	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	12	6.000	3.55	0.37291	51%-75% Above	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	12	6.000	6.06	0.37291	101%-200% Above	No	No
62332025230	AZITHROMYCIN 500 MG TABLET	11	14.000	6.90	0.63766	10%-25% Below	Yes	No
62332037931	TEMAZEPAM 7.5 MG CAPSULE	10	30.000	18.22	1.3995	51%-75% Below	No	No
62332037931	TEMAZEPAM 7.5 MG CAPSULE	11	30.000	19.90	1.21787	26%-50% Below	No	No
62332037931	TEMAZEPAM 7.5 MG CAPSULE	11	30.000	23.76	1.21787	26%-50% Below	No	No
62332037931	TEMAZEPAM 7.5 MG CAPSULE	12	30.000	23.76	1.10057	26%-50% Below	No	No
62332038031	TEMAZEPAM 15 MG CAPSULE	11	90.000	3.64	0.07106	26%-50% Below	Yes	No
62332038231	TEMAZEPAM 30 MG CAPSULE	12	90.000	2.73	0.08824	51%-75% Below	Yes	No
62332038690	MODAFINIL 200 MG TABLET	9	60.000	601.24	0.49218	200% Above	No	No
62332038690	MODAFINIL 200 MG TABLET	10	60.000	601.24	0.44276	200% Above	No	No
62332038690	MODAFINIL 200 MG TABLET	11	60.000	601.24	0.48082	200% Above	No	No
62332038690	MODAFINIL 200 MG TABLET	12	60.000	601.24	0.45839	200% Above	No	No
62332041510	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.000	9.99	1.324	10%-25% Below	No	No
62332049341	TIZANIDINE HCL 6 MG CAPSULE	9	120.000	10.37	0.20653	51%-75% Below	Yes	No
62332049341	TIZANIDINE HCL 6 MG CAPSULE	10	120.000	10.37	0.16845	26%-50% Below	Yes	No
62332049341	TIZANIDINE HCL 6 MG CAPSULE	11	120.000	10.37	0.18074	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
62332049341	TIZANIDINE HCL 6 MG CAPSULE	12	90.000	7.78	0.19287	51%-75% Below	Yes	No
62332050725	BIMATOPROST 0.03% EYE DROPS	11	2.500	29.90	21.97294	26%-50% Below	No	No
62332050725	BIMATOPROST 0.03% EYE DROPS	12	2.500	29.90	20.58178	26%-50% Below	No	No
62332058231	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	9	30.000	14.90	0.60011	10%-25% Below	No	No
62332066245	ADAPALENE-BNZYL PEROX 0.3-2.5%	10	45.000	29.35	1.02046	26%-50% Below	No	No
62559025501	ACEBUTOLOL 200 MG CAPSULE	9	30.000	16.11	0.68863	10%-25% Below	No	No
62559025501	ACEBUTOLOL 200 MG CAPSULE	10	30.000	14.20	0.65405	26%-50% Below	No	No
62559025501	ACEBUTOLOL 200 MG CAPSULE	11	30.000	14.20	0.67178	26%-50% Below	No	No
62559025501	ACEBUTOLOL 200 MG CAPSULE	12	30.000	14.20	0.70486	26%-50% Below	No	No
62559026530	TRANEXAMIC ACID 650 MG TABLET	10	2.000	4.90	1.4029	51%-75% Above	Yes	No
62559026530	TRANEXAMIC ACID 650 MG TABLET	10	60.000	52.65	1.4029	26%-50% Below	Yes	No
62559026530	TRANEXAMIC ACID 650 MG TABLET	11	15.000	13.16	1.44822	26%-50% Below	Yes	No
62559026530	TRANEXAMIC ACID 650 MG TABLET	11	30.000	26.33	1.44822	26%-50% Below	Yes	No
62559026530	TRANEXAMIC ACID 650 MG TABLET	12	12.000	35.64	1.43427	101%-200% Above	No	No
62559026530	TRANEXAMIC ACID 650 MG TABLET	12	15.000	13.16	1.43427	26%-50% Below	Yes	No
62559026530	TRANEXAMIC ACID 650 MG TABLET	12	42.000	36.86	1.43427	26%-50% Below	Yes	No
62559027630	NEBIVOLOL 5 MG TABLET	9	30.000	3.99	0.20599	26%-50% Below	No	No
62559027630	NEBIVOLOL 5 MG TABLET	9	30.000	5.00	0.20599	10%-25% Below	No	No
62559027630	NEBIVOLOL 5 MG TABLET	10	30.000	3.71	0.18686	26%-50% Below	No	No
62559027690	NEBIVOLOL 5 MG TABLET	10	90.000	11.12	0.18686	26%-50% Below	No	No
62559027830	NEBIVOLOL 20 MG TABLET	10	145.000	44.90	0.23975	26%-50% Above	No	No
62559038101	FLECAINIDE ACETATE 100 MG TAB	9	60.000	14.90	0.19885	10%-25% Above	No	No
62559038101	FLECAINIDE ACETATE 100 MG TAB	10	60.000	6.56	0.19834	26%-50% Below	No	No
62559038101	FLECAINIDE ACETATE 100 MG TAB	11	60.000	6.52	0.21215	26%-50% Below	No	No
62559038101	FLECAINIDE ACETATE 100 MG TAB	12	30.000	9.90	0.19303	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
62559038101	FLECAINIDE ACETATE 100 MG TAB	12	60.000	6.52	0.19303	26%-50% Below	No	No
62559038201	FLECAINIDE ACETATE 150 MG TAB	9	60.000	14.90	0.35286	26%-50% Below	No	No
62559041701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	9	30.000	25.89	0.39582	101%-200% Above	No	No
62559041701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	9	90.000	44.90	0.39582	26%-50% Above	No	No
62559041701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	10	30.000	25.89	0.40576	101%-200% Above	No	No
62559041701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	11	30.000	14.90	0.43566	10%-25% Above	No	No
62559041701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	11	90.000	86.60	0.43566	101%-200% Above	Yes	No
62559043130	HYDROCORTISONE 2.5% CREAM	10	30.000	4.73	0.26081	26%-50% Below	Yes	No
62559043130	HYDROCORTISONE 2.5% CREAM	10	60.000	9.46	0.26081	26%-50% Below	Yes	No
62559043130	HYDROCORTISONE 2.5% CREAM	12	30.000	4.73	0.27787	26%-50% Below	Yes	No
62559046190	FENOFIBRATE 150 MG CAPSULE	9	30.000	6.99	5.51163	76%-100% Below	No	No
62559046190	FENOFIBRATE 150 MG CAPSULE	10	30.000	24.49	5.48982	76%-100% Below	No	No
62559046190	FENOFIBRATE 150 MG CAPSULE	12	30.000	24.49	5.48982	76%-100% Below	No	No
62559049010	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	9	30.000	9.90	0.17648	76%-100% Above	No	No
62559051101	INDAPAMIDE 2.5 MG TABLET	10	30.000	9.25	0.12272	101%-200% Above	No	No
62559053201	PROPRANOLOL ER 120 MG CAPSULE	11	90.000	30.56	0.2063	51%-75% Above	No	No
62756052388	DESLORATADINE 5 MG TABLET	9	30.000	14.90	0.33492	26%-50% Above	No	No
62756097083	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	9	45.000	9.99	0.92574	76%-100% Below	No	No
62756097083	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	10	45.000	53.51	0.92882	26%-50% Above	No	No
62756097083	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	12	9.000	10.70	1.01547	10%-25% Above	No	No
62756097083	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	12	36.000	42.81	1.01547	10%-25% Above	No	No
63304045930	ONDANSETRON HCL 8 MG TABLET	11	18.000	9.92	0.10008	200% Above	No	No
63304061650	DOXYCYCLINE MONO 100 MG CAP	10	20.000	2.80	0.24059	26%-50% Below	No	No
63304061650	DOXYCYCLINE MONO 100 MG CAP	12	14.000	5.84	0.24191	51%-75% Above	No	No
63304061650	DOXYCYCLINE MONO 100 MG CAP	12	20.000	6.90	0.24191	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
63304069205	CLINDAMYCIN HCL 150 MG CAPSULE	11	12.000	5.48	0.10799	200% Above	No	No
63304069205	CLINDAMYCIN HCL 150 MG CAPSULE	12	63.000	28.77	0.1048	200% Above	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	9	21.000	19.06	0.23387	200% Above	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	9	28.000	12.92	0.23387	76%-100% Above	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	9	30.000	9.90	0.23387	26%-50% Above	Yes	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	9	30.000	13.85	0.23387	76%-100% Above	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	9	40.000	5.32	0.23387	26%-50% Below	Yes	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	9	45.000	5.98	0.23387	26%-50% Below	Yes	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	9	60.000	9.90	0.23387	26%-50% Below	Yes	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	10	21.000	19.06	0.22973	200% Above	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	10	30.000	44.01	0.22973	200% Above	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	10	60.000	9.90	0.22973	26%-50% Below	Yes	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	11	45.000	5.98	0.23386	26%-50% Below	Yes	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	11	60.000	9.90	0.23386	26%-50% Below	Yes	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	12	30.000	27.23	0.23839	200% Above	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	12	40.000	36.31	0.23839	200% Above	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	12	60.000	9.90	0.23839	26%-50% Below	Yes	No
63304082790	ATORVASTATIN 10 MG TABLET	11	30.000	0.19	0.03119	76%-100% Below	No	No
63304082905	ATORVASTATIN 40 MG TABLET	10	30.000	5.15	0.05376	200% Above	No	No
63304083090	ATORVASTATIN 80 MG TABLET	12	90.000	16.24	0.08859	101%-200% Above	No	No
63304090530	VALACYCLOVIR HCL 1 GRAM TABLET	10	15.000	21.48	0.50396	101%-200% Above	No	No
63304090530	VALACYCLOVIR HCL 1 GRAM TABLET	11	15.000	21.48	0.47086	200% Above	No	No
63646001004	KETOCONAZOLE 2% SHAMPOO	11	120.000	8.25	0.1036	26%-50% Below	No	No
63646001004	KETOCONAZOLE 2% SHAMPOO	12	120.000	7.98	0.09494	26%-50% Below	No	No
64380015702	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	12	72.000	9.35	0.1628	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
64380071206	BENZONATATE 100 MG CAPSULE	9	14.000	0.00	0.08277	76%-100% Below	No	No
64380071207	BENZONATATE 100 MG CAPSULE	9	20.000	4.54	0.08277	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	9	30.000	4.90	0.08277	76%-100% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	9	30.000	6.57	0.08277	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	10	20.000	0.98	0.08	26%-50% Below	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	11	20.000	0.98	0.08447	26%-50% Below	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	11	20.000	4.40	0.08447	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	11	21.000	4.75	0.08447	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	11	30.000	4.90	0.08447	76%-100% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	12	20.000	0.98	0.08546	26%-50% Below	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	12	20.000	4.40	0.08546	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	12	21.000	4.75	0.08546	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	12	30.000	1.47	0.08546	26%-50% Below	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	12	30.000	6.35	0.08546	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	12	30.000	6.92	0.08546	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	9	30.000	1.93	0.113	26%-50% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	9	30.000	4.90	0.113	26%-50% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	9	30.000	6.90	0.113	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	10	30.000	1.93	0.11413	26%-50% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	10	30.000	6.90	0.11413	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	10	30.000	9.90	0.11413	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	11	20.000	6.91	0.11412	200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	11	30.000	1.93	0.11412	26%-50% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	12	30.000	1.93	0.12442	26%-50% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	12	30.000	4.90	0.12442	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
64380071307	BENZONATATE 200 MG CAPSULE	12	30.000	6.90	0.12442	76%-100% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	12	30.000	9.90	0.12442	101%-200% Above	Yes	No
64380072506	MYCOPHENOLATE 500 MG TABLET	10	360.000	29.99	0.26815	51%-75% Below	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	9	12.000	3.59	0.13129	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	10	3.000	1.40	0.13301	200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	11	5.000	1.83	0.13472	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	11	12.000	3.70	0.13472	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	12	3.000	1.30	0.12822	200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	12	5.000	1.83	0.12822	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	12	12.000	3.20	0.12822	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	12	12.000	3.59	0.12822	101%-200% Above	No	No
64380074605	PRAMIPEXOLE 0.125 MG TABLET	11	90.000	9.27	0.05141	76%-100% Above	Yes	No
64380074705	PRAMIPEXOLE 0.25 MG TABLET	12	180.000	4.95	0.05381	26%-50% Below	Yes	No
64380074805	PRAMIPEXOLE 0.5 MG TABLET	10	90.000	2.45	0.05181	26%-50% Below	Yes	No
64380076111	OMEGA-3 ETHYL ESTERS 1 GM CAP	10	120.000	9.90	0.16347	26%-50% Below	No	No
64380076921	PEG 3350-ELECTROLYTE SOLUTION	11	4000.000	10.40	0.00942	51%-75% Below	Yes	No
64380076921	PEG 3350-ELECTROLYTE SOLUTION	12	4000.000	10.40	0.01019	51%-75% Below	Yes	No
64380078407	PREDNISONONE 10 MG TABLET	9	20.000	2.69	0.05744	101%-200% Above	No	No
64380078408	PREDNISONONE 10 MG TABLET	11	21.000	0.63	0.05922	26%-50% Below	No	No
64380078507	PREDNISONONE 20 MG TABLET	9	10.000	1.81	0.08601	101%-200% Above	No	No
64380078507	PREDNISONONE 20 MG TABLET	10	14.000	2.33	0.08401	76%-100% Above	No	No
64380078508	PREDNISONONE 20 MG TABLET	11	8.000	0.41	0.1056	51%-75% Below	No	No
64380078508	PREDNISONONE 20 MG TABLET	11	10.000	1.97	0.1056	76%-100% Above	No	No
64380078508	PREDNISONONE 20 MG TABLET	12	10.000	1.57	0.10826	26%-50% Above	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	10	90.000	8.35	0.12982	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
64380078706	BUSPIRONE HCL 7.5 MG TABLET	10	180.000	44.90	0.12982	76%-100% Above	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	11	60.000	5.57	0.15022	26%-50% Below	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	12	180.000	103.18	0.1404	200% Above	Yes	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	9	10.000	23.62	1.17495	101%-200% Above	No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	11	10.000	0.00	1.04685	76%-100% Below	No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	11	10.000	0.10	1.04685	76%-100% Below	No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	11	10.000	18.95	1.04685	76%-100% Above	No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.000	9.90	1.324	10%-25% Below	No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.000	18.95	1.324	26%-50% Above	No	No
64380083506	PREDNISON 2.5 MG TABLET	10	90.000	2.44	0.08002	51%-75% Below	Yes	No
64380086107	POTASSIUM CL ER 10 MEQ TABLET	10	90.000	5.61	0.12918	51%-75% Below	No	No
64380094906	PREDNISON 50 MG TABLET	11	7.000	2.02	0.24793	10%-25% Above	No	No
64380097106	HYDROCORTISONE 10 MG TABLET	11	450.000	64.98	0.25646	26%-50% Below	No	No
64679060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	9	100.000	5.43	0.04154	26%-50% Above	No	No
64679060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	11	180.000	6.90	0.04382	10%-25% Below	No	No
64764073030	TRINTELLIX 10 MG TABLET	9	30.000	285.41	14.92222	26%-50% Below	No	No
64764073030	TRINTELLIX 10 MG TABLET	11	30.000	285.41	14.8994	26%-50% Below	No	No
64764073030	TRINTELLIX 10 MG TABLET	12	30.000	285.41	14.8994	26%-50% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	9	30.000	9.90	0.28807	10%-25% Above	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	10	30.000	9.90	0.25211	26%-50% Above	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	11	30.000	9.90	0.29009	10%-25% Above	Yes	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	9	60.000	11.77	0.31218	26%-50% Below	Yes	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	12	60.000	11.77	0.29134	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	9	60.000	12.14	0.34453	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	10	60.000	9.90	0.30315	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
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	10	60.000	12.14	0.30315	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	11	30.000	6.07	0.35186	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	11	60.000	12.14	0.35186	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	11	60.000	52.45	0.35186	101%-200% Above	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	60.000	12.14	0.32577	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	60.000	52.45	0.32577	101%-200% Above	No	No
64850050601	DEXTROAMP-AMPHETAMIN 30 MG TAB	12	60.000	7.31	0.30907	51%-75% Below	No	No
64850050601	DEXTROAMP-AMPHETAMIN 30 MG TAB	12	60.000	9.90	0.30907	26%-50% Below	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	9	30.000	106.69	0.6048	200% Above	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	10	30.000	11.75	0.61509	26%-50% Below	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	11	30.000	9.90	0.66997	26%-50% Below	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	12	30.000	9.90	0.59223	26%-50% Below	No	No
64850051401	DEXTROAMP-AMPHET ER 25 MG CAP	10	60.000	22.16	0.56816	26%-50% Below	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	9	30.000	106.69	0.65912	200% Above	Yes	No
64950037147	HYDROCODONE-HOMATROPINE SOLN	11	60.000	6.64	0.06913	51%-75% Above	No	No
64950037147	HYDROCODONE-HOMATROPINE SOLN	11	120.000	6.01	0.06913	26%-50% Below	Yes	No
64950037147	HYDROCODONE-HOMATROPINE SOLN	12	150.000	14.90	0.07321	26%-50% Above	No	No
64980020901	OXYBUTYNIN CL ER 5 MG TABLET	11	90.000	44.90	0.10945	200% Above	No	No
64980026401	METHIMAZOLE 5 MG TABLET	10	30.000	1.11	0.09507	51%-75% Below	Yes	No
64980026401	METHIMAZOLE 5 MG TABLET	11	30.000	1.11	0.10594	51%-75% Below	Yes	No
64980026401	METHIMAZOLE 5 MG TABLET	12	30.000	1.11	0.09049	51%-75% Below	Yes	No
64980027903	GLIPIZIDE ER 2.5 MG TABLET	9	90.000	15.82	0.13917	26%-50% Above	Yes	No
64980028005	GLIPIZIDE ER 5 MG TABLET	10	30.000	5.48	0.08966	101%-200% Above	No	No
64980028005	GLIPIZIDE ER 5 MG TABLET	10	90.000	14.75	0.08966	76%-100% Above	No	No
64980028005	GLIPIZIDE ER 5 MG TABLET	12	30.000	5.48	0.08516	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
64980028105	GLIPIZIDE ER 10 MG TABLET	10	60.000	17.79	0.16361	76%-100% Above	No	No
64980028105	GLIPIZIDE ER 10 MG TABLET	11	90.000	25.60	0.16362	51%-75% Above	No	No
64980028105	GLIPIZIDE ER 10 MG TABLET	12	60.000	17.79	0.18317	51%-75% Above	No	No
64980030550	DENTA 5000 PLUS CREAM	9	51.000	4.57	0.10613	10%-25% Below	Yes	No
64980030550	DENTA 5000 PLUS CREAM	10	51.000	4.57	0.1009	10%-25% Below	Yes	No
64980037803	ATOMOXETINE HCL 80 MG CAPSULE	12	30.000	11.98	0.7286	26%-50% Below	No	No
64980043710	ATENOLOL 25 MG TABLET	9	90.000	5.86	0.02262	101%-200% Above	No	No
64980043710	ATENOLOL 25 MG TABLET	11	90.000	5.96	0.02375	101%-200% Above	No	No
64980043710	ATENOLOL 25 MG TABLET	12	90.000	7.98	0.02439	200% Above	No	No
64980044801	NEOMYCIN-POLYMYXIN-HC EAR SUSP	11	10.000	31.20	4.87675	26%-50% Below	No	No
64980050924	DEXAMETHASONE 0.5 MG/5 ML ELX	9	100.000	14.20	0.09309	51%-75% Above	No	No
64980056210	FUROSEMIDE 20 MG TABLET	9	30.000	1.20	0.02683	26%-50% Above	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	9	30.000	1.29	0.02683	51%-75% Above	No	No
64980056210	FUROSEMIDE 20 MG TABLET	9	90.000	5.04	0.02683	101%-200% Above	No	No
64980056210	FUROSEMIDE 20 MG TABLET	10	5.000	0.08	0.02728	26%-50% Below	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	10	30.000	1.20	0.02728	26%-50% Above	No	No
64980056210	FUROSEMIDE 20 MG TABLET	10	30.000	1.68	0.02728	101%-200% Above	No	No
64980056210	FUROSEMIDE 20 MG TABLET	10	60.000	0.94	0.02728	26%-50% Below	No	No
64980056210	FUROSEMIDE 20 MG TABLET	11	30.000	1.20	0.02684	26%-50% Above	No	No
64980056210	FUROSEMIDE 20 MG TABLET	11	30.000	1.20	0.02684	26%-50% Above	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	12	30.000	1.18	0.02699	26%-50% Above	No	No
64980056210	FUROSEMIDE 20 MG TABLET	12	60.000	0.94	0.02699	26%-50% Below	No	No
64980056310	FUROSEMIDE 40 MG TABLET	9	30.000	1.43	0.03347	26%-50% Above	No	No
64980056310	FUROSEMIDE 40 MG TABLET	9	30.000	1.43	0.03347	26%-50% Above	Yes	No
64980056310	FUROSEMIDE 40 MG TABLET	9	90.000	2.70	0.03347	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
64980056310	FUROSEMIDE 40 MG TABLET	10	30.000	0.53	0.03224	26%-50% Below	Yes	No
64980056310	FUROSEMIDE 40 MG TABLET	10	30.000	1.43	0.03224	26%-50% Above	No	No
64980056310	FUROSEMIDE 40 MG TABLET	10	30.000	1.43	0.03224	26%-50% Above	Yes	No
64980056310	FUROSEMIDE 40 MG TABLET	11	5.000	0.09	0.03423	26%-50% Below	Yes	No
64980056310	FUROSEMIDE 40 MG TABLET	11	30.000	1.43	0.03423	26%-50% Above	No	No
64980056310	FUROSEMIDE 40 MG TABLET	11	30.000	1.43	0.03423	26%-50% Above	Yes	No
64980056310	FUROSEMIDE 40 MG TABLET	11	42.000	1.81	0.03423	10%-25% Above	Yes	No
64980056310	FUROSEMIDE 40 MG TABLET	12	14.000	0.25	0.03366	26%-50% Below	Yes	No
64980056310	FUROSEMIDE 40 MG TABLET	12	30.000	0.53	0.03366	26%-50% Below	Yes	No
64980056310	FUROSEMIDE 40 MG TABLET	12	90.000	0.01	0.03366	76%-100% Below	No	No
64980056310	FUROSEMIDE 40 MG TABLET	12	90.000	2.33	0.03366	10%-25% Below	Yes	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	11	12.000	1.68	0.20293	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	11	14.000	1.82	0.20293	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	11	18.000	2.23	0.20293	26%-50% Below	Yes	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	12	15.000	2.03	0.20293	26%-50% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	9	10.000	0.64	0.02583	101%-200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	9	60.000	1.31	0.02583	10%-25% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	10	30.000	0.91	0.02469	10%-25% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	10	60.000	1.31	0.02469	10%-25% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	11	30.000	0.91	0.02755	10%-25% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	11	60.000	1.31	0.02755	10%-25% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	12	60.000	1.31	0.02527	10%-25% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	9	30.000	1.93	0.04077	51%-75% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	9	90.000	4.80	0.04077	26%-50% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	10	30.000	1.45	0.04095	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
65162010250	GABAPENTIN 300 MG CAPSULE	11	30.000	1.45	0.04341	10%-25% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	12	90.000	1.57	0.04443	51%-75% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	12	120.000	4.29	0.04443	10%-25% Below	No	No
65162011510	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	9	12.000	1.37	0.12826	10%-25% Below	Yes	No
65162011510	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	10	60.000	4.70	0.12669	26%-50% Below	Yes	No
65162019011	NAPROXEN 500 MG TABLET	11	20.000	2.60	0.06914	76%-100% Above	No	No
65162019050	NAPROXEN 500 MG TABLET	9	60.000	1.17	0.06174	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	9	60.000	5.72	0.06174	51%-75% Above	No	No
65162019050	NAPROXEN 500 MG TABLET	10	12.000	1.64	0.06367	101%-200% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	10	60.000	1.17	0.06367	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	10	60.000	1.19	0.06367	51%-75% Below	No	No
65162019050	NAPROXEN 500 MG TABLET	10	60.000	5.72	0.06367	26%-50% Above	No	No
65162019050	NAPROXEN 500 MG TABLET	10	90.000	1.05	0.06367	76%-100% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	11	60.000	1.17	0.06914	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	11	60.000	1.19	0.06914	51%-75% Below	No	No
65162019050	NAPROXEN 500 MG TABLET	12	48.000	0.94	0.06742	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	12	60.000	1.19	0.06742	51%-75% Below	No	No
65162024709	CHLORTHALIDONE 25 MG TABLET	10	30.000	19.89	0.08635	200% Above	No	No
65162024709	CHLORTHALIDONE 25 MG TABLET	12	30.000	19.89	0.0982	200% Above	No	No
65162027210	SULFAMETHOXAZOLE-TMP DS TABLET	9	20.000	2.27	0.05595	101%-200% Above	No	No
65162027210	SULFAMETHOXAZOLE-TMP DS TABLET	9	30.000	3.16	0.05595	76%-100% Above	No	No
65162027210	SULFAMETHOXAZOLE-TMP DS TABLET	11	6.000	1.03	0.05894	101%-200% Above	Yes	No
65162027210	SULFAMETHOXAZOLE-TMP DS TABLET	11	14.000	1.74	0.05894	101%-200% Above	No	No
65162027210	SULFAMETHOXAZOLE-TMP DS TABLET	12	20.000	2.27	0.06066	76%-100% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	9	10.000	0.34	0.05595	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
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	9	14.000	0.42	0.05595	26%-50% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	9	14.000	1.74	0.05595	101%-200% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	9	14.000	1.85	0.05595	101%-200% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	10	14.000	0.47	0.05501	26%-50% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	10	14.000	1.74	0.05501	101%-200% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	11	14.000	1.74	0.05894	101%-200% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	11	20.000	0.87	0.05894	26%-50% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	11	30.000	3.16	0.05894	76%-100% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	12	14.000	0.48	0.06066	26%-50% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	12	20.000	0.66	0.06066	26%-50% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	12	20.000	2.27	0.06066	76%-100% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	12	20.000	2.38	0.06066	76%-100% Above	No	No
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	10	3.000	63.19	35.20655	26%-50% Below	No	No
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	10	9.000	0.00	35.20655	76%-100% Below	No	No
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	11	3.000	62.60	36.2376	26%-50% Below	No	No
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	12	3.000	62.62	35.28744	26%-50% Below	No	No
65162044210	MECLIZINE 25 MG TABLET	9	30.000	2.22	0.10653	26%-50% Below	No	No
65162044211	MECLIZINE 25 MG TABLET	12	20.000	1.61	0.09729	10%-25% Below	No	No
65162046610	IBUPROFEN 800 MG TABLET	11	30.000	1.12	0.06666	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	9	30.000	0.00	0.06648	76%-100% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	9	60.000	2.03	0.06648	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	9	90.000	2.83	0.06648	51%-75% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	11	60.000	2.43	0.06666	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	11	90.000	2.24	0.06666	51%-75% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	12	30.000	1.51	0.06661	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
65162046650	IBUPROFEN 800 MG TABLET	12	60.000	2.43	0.06661	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	12	90.000	3.34	0.06661	26%-50% Below	No	No
65162047810	NITROFURANTOIN MONO-MCR 100 MG	10	28.000	23.92	0.52826	51%-75% Above	No	No
65162047810	NITROFURANTOIN MONO-MCR 100 MG	11	14.000	14.90	0.51006	101%-200% Above	No	No
65162047810	NITROFURANTOIN MONO-MCR 100 MG	12	14.000	32.62	0.5568	200% Above	No	No
65162050603	INDOMETHACIN ER 75 MG CAPSULE	12	30.000	4.90	0.22468	26%-50% Below	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	9	15.000	0.20	0.02747	51%-75% Below	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	9	24.000	0.97	0.02747	26%-50% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	10	70.000	1.87	0.03046	10%-25% Below	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	11	20.000	0.89	0.02841	51%-75% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	11	60.000	1.33	0.02841	10%-25% Below	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	11	90.000	2.26	0.02841	10%-25% Below	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	12	20.000	0.78	0.03534	10%-25% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	12	60.000	1.33	0.03534	26%-50% Below	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	12	90.000	1.75	0.03534	26%-50% Below	No	No
65162062750	TRAMADOL HCL 50 MG TABLET	9	12.000	0.83	0.02747	101%-200% Above	No	No
65162062750	TRAMADOL HCL 50 MG TABLET	10	20.000	1.88	0.03046	200% Above	No	No
65162062750	TRAMADOL HCL 50 MG TABLET	10	21.000	0.94	0.03046	26%-50% Above	No	No
65162062750	TRAMADOL HCL 50 MG TABLET	10	22.000	0.96	0.03046	26%-50% Above	No	No
65162062750	TRAMADOL HCL 50 MG TABLET	11	90.000	1.82	0.02841	26%-50% Below	No	No
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	10	30.000	5.44	0.29308	26%-50% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	11	60.000	0.60	0.04382	76%-100% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	11	150.000	1.50	0.04382	76%-100% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	11	180.000	6.90	0.04382	10%-25% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	70.000	0.94	0.04139	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
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	100.000	5.52	0.04139	26%-50% Above	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	120.000	6.42	0.04139	26%-50% Above	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	200.000	9.94	0.04139	10%-25% Above	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	9	21.000	13.50	0.18268	200% Above	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	11	6.000	6.90	0.16844	200% Above	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	11	9.000	0.88	0.16844	26%-50% Below	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	9	6.000	12.74	0.21833	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	9	30.000	5.00	0.21833	10%-25% Below	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	10	9.000	10.00	0.19953	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	11	9.000	9.90	0.23536	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	11	10.000	9.90	0.23536	200% Above	No	No
65162069179	ONDANSETRON 4 MG/5 ML SOLUTION	9	50.000	26.56	0.24621	101%-200% Above	No	No
65162069179	ONDANSETRON 4 MG/5 ML SOLUTION	10	50.000	19.90	0.23435	51%-75% Above	No	No
65162069179	ONDANSETRON 4 MG/5 ML SOLUTION	12	44.000	9.90	0.27582	10%-25% Below	No	No
65162069179	ONDANSETRON 4 MG/5 ML SOLUTION	12	153.000	9.90	0.27582	76%-100% Below	No	No
65162077810	BUDESONIDE EC 3 MG CAPSULE	9	45.000	16.08	0.61745	26%-50% Below	Yes	No
65162077810	BUDESONIDE EC 3 MG CAPSULE	10	30.000	10.72	0.64801	26%-50% Below	Yes	No
65162089023	OLOPATADINE 665 MCG NASAL SPRY	9	30.500	20.48	0.90769	26%-50% Below	No	No
65162089023	OLOPATADINE 665 MCG NASAL SPRY	10	30.500	19.90	0.99287	26%-50% Below	No	No
65162089023	OLOPATADINE 665 MCG NASAL SPRY	11	30.500	19.90	1.07268	26%-50% Below	No	No
65162089023	OLOPATADINE 665 MCG NASAL SPRY	12	30.500	19.90	1.05006	26%-50% Below	No	No
65162089129	MOMETASONE FUROATE 50 MCG SPRY	10	17.000	20.50	2.08701	26%-50% Below	No	No
65862000701	CITALOPRAM HBR 40 MG TABLET	9	30.000	1.65	0.0438	10%-25% Above	No	No
65862000805	METFORMIN HCL 500 MG TABLET	9	180.000	3.52	0.01678	10%-25% Above	No	No
65862000805	METFORMIN HCL 500 MG TABLET	12	180.000	3.52	0.01592	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
65862000899	METFORMIN HCL 500 MG TABLET	10	30.000	0.98	0.01613	101%-200% Above	No	No
65862000899	METFORMIN HCL 500 MG TABLET	11	30.000	0.98	0.01679	76%-100% Above	No	No
65862000899	METFORMIN HCL 500 MG TABLET	11	60.000	1.45	0.01679	26%-50% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	12	30.000	0.98	0.01592	101%-200% Above	No	No
65862001005	METFORMIN HCL 1,000 MG TABLET	9	180.000	5.63	0.02691	10%-25% Above	No	No
65862001005	METFORMIN HCL 1,000 MG TABLET	10	180.000	5.63	0.02637	10%-25% Above	No	No
65862001005	METFORMIN HCL 1,000 MG TABLET	12	180.000	5.63	0.02497	10%-25% Above	No	No
65862001099	METFORMIN HCL 1,000 MG TABLET	9	60.000	0.94	0.02691	26%-50% Below	No	No
65862001099	METFORMIN HCL 1,000 MG TABLET	11	60.000	2.18	0.0263	26%-50% Above	No	No
65862001099	METFORMIN HCL 1,000 MG TABLET	11	180.000	5.72	0.0263	10%-25% Above	No	No
65862001101	SERTRALINE HCL 25 MG TABLET	11	90.000	4.60	0.03642	26%-50% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	9	30.000	2.33	0.03816	101%-200% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	9	30.000	5.64	0.03816	200% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	9	90.000	5.81	0.03816	51%-75% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	10	30.000	2.33	0.03597	101%-200% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	10	30.000	5.64	0.03597	200% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	11	90.000	4.90	0.03642	26%-50% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	11	90.000	5.81	0.03642	76%-100% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	9	15.000	1.22	0.04068	76%-100% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	9	30.000	0.38	0.04068	51%-75% Below	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	10	15.000	1.22	0.04057	76%-100% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	10	30.000	1.94	0.04057	51%-75% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	10	30.000	4.58	0.04057	200% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	11	30.000	1.89	0.04109	51%-75% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	11	30.000	1.94	0.04109	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
65862001205	SERTRALINE HCL 50 MG TABLET	12	30.000	1.94	0.04404	26%-50% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	12	30.000	2.03	0.04404	51%-75% Above	No	No
65862001301	SERTRALINE HCL 100 MG TABLET	12	90.000	7.13	0.05672	26%-50% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	9	30.000	2.88	0.05802	51%-75% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	9	90.000	7.38	0.05802	26%-50% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	10	30.000	2.88	0.05587	51%-75% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	11	30.000	2.88	0.05593	51%-75% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	12	30.000	0.92	0.05672	26%-50% Below	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	12	30.000	2.88	0.05672	51%-75% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	9	21.000	5.65	0.10617	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	9	30.000	7.40	0.10617	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	11	30.000	7.40	0.14063	51%-75% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	12	21.000	5.65	0.14284	76%-100% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	12	30.000	7.40	0.14284	51%-75% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	9	14.000	2.45	0.15668	10%-25% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	9	20.000	1.58	0.15668	26%-50% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	9	20.000	5.79	0.15668	76%-100% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	10	20.000	1.58	0.17141	51%-75% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	10	20.000	1.97	0.17141	26%-50% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	10	20.000	9.99	0.17141	101%-200% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	11	20.000	1.58	0.16763	51%-75% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	12	20.000	1.58	0.18272	51%-75% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	12	20.000	3.19	0.18272	10%-25% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	12	20.000	3.28	0.18272	10%-25% Below	No	No
65862001701	AMOXICILLIN 500 MG CAPSULE	10	30.000	1.93	0.10233	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
65862001701	AMOXICILLIN 500 MG CAPSULE	11	21.000	1.35	0.08296	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	9	4.000	0.16	0.09333	51%-75% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	9	21.000	2.79	0.09333	26%-50% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	10	15.000	2.00	0.10233	26%-50% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	10	20.000	1.79	0.10233	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	10	21.000	1.85	0.10233	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	10	21.000	2.79	0.10233	26%-50% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	10	30.000	2.43	0.10233	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	11	30.000	3.98	0.08296	51%-75% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	12	20.000	2.65	0.1005	26%-50% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	12	30.000	2.36	0.1005	10%-25% Below	No	No
65862005090	SIMVASTATIN 5 MG TABLET	9	30.000	0.45	0.03891	51%-75% Below	No	No
65862005090	SIMVASTATIN 5 MG TABLET	11	30.000	0.51	0.03856	51%-75% Below	No	No
65862005090	SIMVASTATIN 5 MG TABLET	12	30.000	0.51	0.04155	51%-75% Below	No	No
65862005390	SIMVASTATIN 40 MG TABLET	10	90.000	2.32	0.07012	51%-75% Below	Yes	No
65862006201	METOPROLOL TARTRATE 25 MG TAB	12	14.000	0.14	0.0181	26%-50% Below	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	9	60.000	1.95	0.01788	76%-100% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	10	30.000	1.23	0.01833	101%-200% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	10	60.000	1.95	0.01833	76%-100% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	11	60.000	1.95	0.0171	76%-100% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	12	60.000	1.95	0.0181	76%-100% Above	No	No
65862006301	METOPROLOL TARTRATE 50 MG TAB	10	180.000	6.17	0.02218	51%-75% Above	Yes	No
65862006301	METOPROLOL TARTRATE 50 MG TAB	12	180.000	5.76	0.02211	26%-50% Above	Yes	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	9	100.000	5.69	0.02892	76%-100% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	9	200.000	10.60	0.02892	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
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	9	200.000	11.38	0.02892	76%-100% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	9	200.000	14.90	0.02892	101%-200% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	9	300.000	22.07	0.02892	101%-200% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	10	150.000	9.90	0.02951	101%-200% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	10	200.000	11.38	0.02951	76%-100% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	10	200.000	14.72	0.02951	101%-200% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	11	100.000	8.42	0.02924	101%-200% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	11	200.000	7.50	0.02924	26%-50% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	11	200.000	7.85	0.02924	26%-50% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	11	200.000	9.99	0.02924	51%-75% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	11	200.000	11.38	0.02924	76%-100% Above	Yes	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	11	200.000	14.72	0.02924	101%-200% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	12	100.000	8.98	0.03579	101%-200% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	12	120.000	6.83	0.03579	51%-75% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	12	150.000	8.54	0.03579	51%-75% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	12	200.000	11.38	0.03579	51%-75% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	12	200.000	14.72	0.03579	101%-200% Above	No	No
65862007150	AMOXICILLIN 400 MG/5 ML SUSP	9	250.000	14.07	0.04527	10%-25% Above	No	No
65862007150	AMOXICILLIN 400 MG/5 ML SUSP	11	150.000	8.44	0.04691	10%-25% Above	No	No
65862007150	AMOXICILLIN 400 MG/5 ML SUSP	12	100.000	8.33	0.04981	51%-75% Above	No	No
65862007150	AMOXICILLIN 400 MG/5 ML SUSP	12	200.000	11.25	0.04981	10%-25% Above	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	9	75.000	5.48	0.03045	101%-200% Above	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	9	150.000	8.47	0.03045	76%-100% Above	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	10	75.000	2.92	0.0319	10%-25% Above	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	10	150.000	8.47	0.0319	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
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	10	150.000	8.47	0.0319	76%-100% Above	Yes	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	10	150.000	9.90	0.0319	101%-200% Above	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	10	150.000	10.95	0.0319	101%-200% Above	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	11	75.000	2.92	0.02966	26%-50% Above	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	11	75.000	6.39	0.02966	101%-200% Above	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	11	150.000	7.40	0.02966	51%-75% Above	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	11	150.000	8.47	0.02966	76%-100% Above	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	12	75.000	6.87	0.03679	101%-200% Above	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	12	150.000	9.99	0.03679	76%-100% Above	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	9	10.000	1.95	0.15205	26%-50% Above	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	9	14.000	7.19	0.15205	200% Above	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	10	14.000	2.40	0.15515	10%-25% Above	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	10	20.000	1.59	0.15515	26%-50% Below	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	10	20.000	5.26	0.15515	51%-75% Above	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	11	10.000	1.91	0.16032	10%-25% Above	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	11	10.000	2.63	0.16032	51%-75% Above	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	11	14.000	1.97	0.16032	10%-25% Below	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	11	14.000	2.49	0.16032	10%-25% Above	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	11	14.000	2.56	0.16032	10%-25% Above	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	11	20.000	2.82	0.16032	10%-25% Below	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	12	10.000	11.42	0.16326	200% Above	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	12	14.000	1.97	0.16326	10%-25% Below	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	12	14.000	15.99	0.16326	200% Above	No	No
65862007701	CIPROFLOXACIN HCL 500 MG TAB	12	20.000	1.74	0.16326	26%-50% Below	No	No
65862007705	CIPROFLOXACIN HCL 500 MG TAB	9	10.000	1.91	0.15205	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
65862007705	CIPROFLOXACIN HCL 500 MG TAB	9	14.000	1.11	0.15205	26%-50% Below	No	No
65862007705	CIPROFLOXACIN HCL 500 MG TAB	10	20.000	1.59	0.15515	26%-50% Below	No	No
65862007705	CIPROFLOXACIN HCL 500 MG TAB	11	10.000	0.79	0.16032	26%-50% Below	No	No
65862007705	CIPROFLOXACIN HCL 500 MG TAB	11	14.000	1.01	0.16032	51%-75% Below	No	No
65862007705	CIPROFLOXACIN HCL 500 MG TAB	11	14.000	1.11	0.16032	26%-50% Below	No	No
65862007705	CIPROFLOXACIN HCL 500 MG TAB	12	14.000	1.22	0.16326	26%-50% Below	No	No
65862007930	TERBINAFINE HCL 250 MG TABLET	10	30.000	30.72	0.15326	200% Above	No	No
65862011701	BENAZEPRIL HCL 20 MG TABLET	9	60.000	4.24	0.0798	10%-25% Below	No	No
65862011701	BENAZEPRIL HCL 20 MG TABLET	11	60.000	4.24	0.08091	10%-25% Below	No	No
65862011701	BENAZEPRIL HCL 20 MG TABLET	11	90.000	12.44	0.08091	51%-75% Above	No	No
65862011801	BENAZEPRIL HCL 40 MG TABLET	12	90.000	6.57	0.09129	10%-25% Below	No	No
65862014636	SUMATRIPTAN SUCC 25 MG TABLET	11	9.000	10.13	0.41953	101%-200% Above	No	No
65862014636	SUMATRIPTAN SUCC 25 MG TABLET	12	9.000	10.13	0.36914	200% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	9	9.000	6.90	0.41554	76%-100% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	10	9.000	6.90	0.3944	76%-100% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	12	9.000	0.09	0.42291	76%-100% Below	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	12	9.000	89.90	0.42291	200% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	9	36.000	30.99	0.48593	76%-100% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	10	6.000	17.22	0.48942	200% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	11	9.000	25.83	0.49094	200% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	11	10.000	28.70	0.49094	200% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	11	36.000	30.99	0.49094	51%-75% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	12	10.000	28.70	0.49858	200% Above	No	No
65862014990	FINASTERIDE 5 MG TABLET	10	90.000	13.33	0.07307	101%-200% Above	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	9	30.000	0.00	0.03355	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
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	9	30.000	1.24	0.03355	10%-25% Above	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	9	30.000	1.46	0.03355	26%-50% Above	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	10	10.000	1.46	0.03309	200% Above	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	10	30.000	1.24	0.03309	10%-25% Above	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	11	30.000	1.24	0.03713	10%-25% Above	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	11	30.000	52.97	0.03713	200% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	9	30.000	1.49	0.03648	26%-50% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	10	30.000	1.44	0.03531	26%-50% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	10	30.000	1.64	0.03531	51%-75% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	11	30.000	1.44	0.0349	26%-50% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	11	30.000	45.13	0.0349	200% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	12	30.000	1.44	0.04003	10%-25% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	9	30.000	0.38	0.02262	26%-50% Below	No	No
65862016899	ATENOLOL 25 MG TABLET	9	30.000	2.32	0.02262	200% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	10	30.000	0.38	0.02194	26%-50% Below	No	No
65862016899	ATENOLOL 25 MG TABLET	10	30.000	2.32	0.02194	200% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	11	30.000	0.40	0.02375	26%-50% Below	No	No
65862016899	ATENOLOL 25 MG TABLET	11	30.000	2.32	0.02375	200% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	12	30.000	0.40	0.02439	26%-50% Below	No	No
65862016899	ATENOLOL 25 MG TABLET	12	30.000	2.32	0.02439	200% Above	No	No
65862016901	ATENOLOL 50 MG TABLET	9	30.000	3.03	0.02671	200% Above	No	No
65862016901	ATENOLOL 50 MG TABLET	10	30.000	0.47	0.02594	26%-50% Below	No	No
65862016901	ATENOLOL 50 MG TABLET	10	30.000	3.03	0.02594	200% Above	No	No
65862016901	ATENOLOL 50 MG TABLET	11	30.000	3.03	0.02618	200% Above	No	No
65862016901	ATENOLOL 50 MG TABLET	12	30.000	3.03	0.02676	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
65862016999	ATENOLOL 50 MG TABLET	9	30.000	2.89	0.02671	200% Above	No	No
65862016999	ATENOLOL 50 MG TABLET	9	90.000	7.66	0.02671	200% Above	No	No
65862016999	ATENOLOL 50 MG TABLET	10	30.000	2.89	0.02594	200% Above	No	No
65862016999	ATENOLOL 50 MG TABLET	11	30.000	2.89	0.02618	200% Above	No	No
65862016999	ATENOLOL 50 MG TABLET	12	30.000	2.89	0.02676	200% Above	No	No
65862016999	ATENOLOL 50 MG TABLET	12	90.000	7.66	0.02676	200% Above	No	No
65862017001	ATENOLOL 100 MG TABLET	9	90.000	9.65	0.04173	101%-200% Above	No	No
65862017260	TOPIRAMATE 50 MG TABLET	10	30.000	4.50	0.04083	200% Above	No	No
65862017260	TOPIRAMATE 50 MG TABLET	10	60.000	9.00	0.04083	200% Above	No	No
65862017601	PENICILLIN VK 500 MG TABLET	10	28.000	5.23	0.10591	76%-100% Above	No	No
65862017605	PENICILLIN VK 500 MG TABLET	9	28.000	5.13	0.09821	76%-100% Above	Yes	No
65862017760	CEFDINIR 300 MG CAPSULE	9	14.000	3.73	0.49194	26%-50% Below	No	No
65862017760	CEFDINIR 300 MG CAPSULE	9	14.000	4.90	0.49194	26%-50% Below	No	No
65862017760	CEFDINIR 300 MG CAPSULE	9	14.000	4.90	0.49194	26%-50% Below	Yes	No
65862017760	CEFDINIR 300 MG CAPSULE	9	42.000	6.99	0.49194	51%-75% Below	No	No
65862017760	CEFDINIR 300 MG CAPSULE	10	20.000	5.37	0.50459	26%-50% Below	No	No
65862017760	CEFDINIR 300 MG CAPSULE	10	20.000	17.74	0.50459	51%-75% Above	No	No
65862017760	CEFDINIR 300 MG CAPSULE	11	20.000	5.37	0.48427	26%-50% Below	No	No
65862017760	CEFDINIR 300 MG CAPSULE	11	20.000	6.90	0.48427	26%-50% Below	No	No
65862017760	CEFDINIR 300 MG CAPSULE	11	20.000	11.65	0.48427	10%-25% Above	No	No
65862017760	CEFDINIR 300 MG CAPSULE	12	20.000	5.41	0.50776	26%-50% Below	No	No
65862017760	CEFDINIR 300 MG CAPSULE	12	20.000	17.74	0.50776	51%-75% Above	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	9	15.000	4.83	0.23387	26%-50% Above	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	9	21.000	0.00	0.23387	76%-100% Below	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	10	30.000	4.12	0.22973	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
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	11	28.000	11.86	0.23386	76%-100% Above	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	12	6.000	1.93	0.23839	26%-50% Above	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	12	40.000	12.87	0.23839	26%-50% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	9	10.000	0.86	0.06805	26%-50% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	9	12.000	0.93	0.06805	10%-25% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	9	12.000	1.03	0.06805	26%-50% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	10	18.000	2.52	0.06501	101%-200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	10	18.000	9.19	0.06501	200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	11	3.000	1.53	0.06504	200% Above	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	12	18.000	4.90	0.09748	101%-200% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	9	30.000	1.29	0.03483	10%-25% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	9	30.000	1.32	0.03483	26%-50% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	10	30.000	1.32	0.03492	26%-50% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	11	30.000	0.31	0.03669	51%-75% Below	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	11	30.000	1.29	0.03669	10%-25% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	11	30.000	1.32	0.03669	10%-25% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	11	30.000	1.32	0.03669	10%-25% Above	Yes	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	11	90.000	2.97	0.03669	10%-25% Below	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	12	30.000	0.31	0.03645	51%-75% Below	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	12	30.000	1.29	0.03645	10%-25% Above	No	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	9	90.000	2.17	0.03103	10%-25% Below	Yes	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	10	180.000	4.94	0.03128	10%-25% Below	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	9	30.000	6.25	0.07364	101%-200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	9	60.000	12.00	0.07364	101%-200% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	9	90.000	12.40	0.07364	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
65862019405	FLUOXETINE HCL 40 MG CAPSULE	9	90.000	17.13	0.07364	101%-200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	10	60.000	12.00	0.06988	101%-200% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	11	60.000	12.00	0.06911	101%-200% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	11	90.000	17.13	0.06911	101%-200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	12	30.000	6.25	0.07279	101%-200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	12	60.000	12.00	0.07279	101%-200% Above	No	No
65862019499	FLUOXETINE HCL 40 MG CAPSULE	9	30.000	6.25	0.07364	101%-200% Above	No	No
65862019499	FLUOXETINE HCL 40 MG CAPSULE	12	30.000	6.59	0.07279	200% Above	No	No
65862020190	LOSARTAN POTASSIUM 25 MG TAB	9	30.000	2.59	0.03491	101%-200% Above	No	No
65862020190	LOSARTAN POTASSIUM 25 MG TAB	10	30.000	2.59	0.03331	101%-200% Above	No	No
65862020190	LOSARTAN POTASSIUM 25 MG TAB	12	30.000	2.59	0.0336	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	9	30.000	2.59	0.03491	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	9	30.000	2.68	0.03491	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	9	60.000	4.77	0.03491	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	9	90.000	17.19	0.03491	200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	10	30.000	2.59	0.03331	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	10	30.000	5.73	0.03331	200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	10	60.000	11.46	0.03331	200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	11	30.000	5.73	0.03536	200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	11	90.000	6.77	0.03536	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	12	30.000	5.73	0.0336	200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	12	60.000	11.46	0.0336	200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	12	90.000	7.14	0.0336	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	12	90.000	17.19	0.0336	200% Above	No	No
65862020230	LOSARTAN POTASSIUM 50 MG TAB	11	30.000	3.09	0.04571	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
65862020230	LOSARTAN POTASSIUM 50 MG TAB	12	30.000	0.41	0.04338	51%-75% Below	Yes	No
65862020230	LOSARTAN POTASSIUM 50 MG TAB	12	30.000	3.09	0.04338	101%-200% Above	Yes	No
65862020230	LOSARTAN POTASSIUM 50 MG TAB	12	90.000	8.27	0.04338	101%-200% Above	Yes	No
65862020290	LOSARTAN POTASSIUM 50 MG TAB	10	90.000	8.27	0.04293	101%-200% Above	No	No
65862020290	LOSARTAN POTASSIUM 50 MG TAB	12	90.000	7.99	0.04338	101%-200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	11	90.000	8.27	0.04571	101%-200% Above	No	No
65862020330	LOSARTAN POTASSIUM 100 MG TAB	12	90.000	12.73	0.06024	101%-200% Above	No	No
65862020390	LOSARTAN POTASSIUM 100 MG TAB	9	30.000	4.58	0.06234	101%-200% Above	No	No
65862020390	LOSARTAN POTASSIUM 100 MG TAB	9	90.000	9.90	0.06234	76%-100% Above	No	No
65862020390	LOSARTAN POTASSIUM 100 MG TAB	11	30.000	4.58	0.06266	101%-200% Above	No	No
65862020390	LOSARTAN POTASSIUM 100 MG TAB	12	30.000	4.58	0.06024	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	9	30.000	4.58	0.06234	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	10	30.000	4.58	0.05981	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	10	90.000	13.45	0.05981	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	10	90.000	31.64	0.05981	200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	11	30.000	4.58	0.06266	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	11	90.000	12.73	0.06266	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	12	30.000	4.58	0.06024	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	12	90.000	13.45	0.06024	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	12	90.000	31.64	0.06024	200% Above	No	No
65862021150	MINOCYCLINE 100 MG CAPSULE	12	60.000	11.99	0.38483	26%-50% Below	No	No
65862021801	CEFDINIR 125 MG/5 ML SUSP	12	100.000	6.61	0.12231	26%-50% Below	Yes	No
65862021860	CEFDINIR 125 MG/5 ML SUSP	9	60.000	4.24	0.1314	26%-50% Below	Yes	No
65862021860	CEFDINIR 125 MG/5 ML SUSP	9	60.000	6.90	0.1314	10%-25% Below	Yes	No
65862021860	CEFDINIR 125 MG/5 ML SUSP	12	60.000	4.24	0.16335	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
65862021901	CEFDINIR 250 MG/5 ML SUSP	9	100.000	14.90	0.17234	10%-25% Below	Yes	No
65862021901	CEFDINIR 250 MG/5 ML SUSP	9	200.000	14.06	0.17234	51%-75% Below	No	No
65862021901	CEFDINIR 250 MG/5 ML SUSP	10	100.000	10.26	0.16924	26%-50% Below	Yes	No
65862021901	CEFDINIR 250 MG/5 ML SUSP	12	100.000	14.90	0.16559	10%-25% Below	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	9	180.000	9.99	0.16885	51%-75% Below	No	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	12	60.000	0.01	0.20235	76%-100% Below	No	No
65862022701	LAMOTRIGINE 25 MG TABLET	9	90.000	6.06	0.03029	101%-200% Above	No	No
65862024608	LEVETIRACETAM 500 MG TABLET	11	6.000	4.00	0.08873	200% Above	No	No
65862025047	LEVETIRACETAM 100 MG/ML SOLN	11	630.000	26.78	0.03192	26%-50% Above	Yes	No
65862029390	ROSUVASTATIN CALCIUM 5 MG TAB	9	90.000	0.01	0.04774	76%-100% Below	No	No
65862029390	ROSUVASTATIN CALCIUM 5 MG TAB	12	90.000	0.01	0.04063	76%-100% Below	No	No
65862029590	ROSUVASTATIN CALCIUM 20 MG TAB	9	30.000	0.00	0.07194	76%-100% Below	No	No
65862029590	ROSUVASTATIN CALCIUM 20 MG TAB	10	30.000	0.00	0.06569	76%-100% Below	No	No
65862029590	ROSUVASTATIN CALCIUM 20 MG TAB	11	30.000	0.00	0.07081	76%-100% Below	No	No
65862029590	ROSUVASTATIN CALCIUM 20 MG TAB	11	30.000	4.90	0.07081	101%-200% Above	No	No
65862029590	ROSUVASTATIN CALCIUM 20 MG TAB	12	30.000	4.90	0.06776	101%-200% Above	No	No
65862029690	ROSUVASTATIN CALCIUM 40 MG TAB	11	30.000	70.11	0.1187	200% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	9	30.000	0.62	0.06468	51%-75% Below	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	9	30.000	3.45	0.06468	76%-100% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	9	90.000	7.40	0.06468	26%-50% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	10	30.000	0.62	0.06356	51%-75% Below	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	10	30.000	3.45	0.06356	76%-100% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	11	30.000	0.62	0.06492	51%-75% Below	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	11	30.000	3.35	0.06492	51%-75% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	11	30.000	3.45	0.06492	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	11	90.000	9.36	0.06492	51%-75% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	11	90.000	22.69	0.06492	200% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	12	30.000	0.62	0.06454	51%-75% Below	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	12	30.000	3.45	0.06454	76%-100% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	12	90.000	7.40	0.06454	26%-50% Above	No	No
65862035730	CLOPIDOGREL 75 MG TABLET	9	30.000	3.45	0.06468	76%-100% Above	No	No
65862035730	CLOPIDOGREL 75 MG TABLET	10	30.000	3.45	0.06356	76%-100% Above	No	No
65862035730	CLOPIDOGREL 75 MG TABLET	11	30.000	3.45	0.06492	76%-100% Above	No	No
65862035730	CLOPIDOGREL 75 MG TABLET	12	30.000	3.45	0.06454	76%-100% Above	No	No
65862035790	CLOPIDOGREL 75 MG TABLET	9	30.000	3.45	0.06468	76%-100% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	10	30.000	3.45	0.06356	76%-100% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	10	90.000	9.36	0.06356	51%-75% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	11	30.000	1.06	0.06492	26%-50% Below	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	11	30.000	3.45	0.06492	76%-100% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	11	90.000	9.36	0.06492	51%-75% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	12	30.000	3.45	0.06454	76%-100% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	12	90.000	3.18	0.06454	26%-50% Below	Yes	No
65862037301	ESCITALOPRAM 5 MG TABLET	10	30.000	3.74	0.04702	101%-200% Above	No	No
65862037301	ESCITALOPRAM 5 MG TABLET	11	30.000	3.74	0.04928	101%-200% Above	No	No
65862037401	ESCITALOPRAM 10 MG TABLET	9	30.000	3.86	0.04847	101%-200% Above	No	No
65862037401	ESCITALOPRAM 10 MG TABLET	10	30.000	3.86	0.04783	101%-200% Above	No	No
65862037401	ESCITALOPRAM 10 MG TABLET	11	30.000	3.86	0.0462	101%-200% Above	No	No
65862037401	ESCITALOPRAM 10 MG TABLET	12	30.000	3.86	0.04992	101%-200% Above	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	9	15.000	1.64	0.18262	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	9	18.000	1.97	0.18262	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	9	18.000	1.99	0.18262	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	9	18.000	4.42	0.18262	26%-50% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	10	18.000	1.97	0.16872	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	10	18.000	2.04	0.16872	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	10	18.000	4.28	0.16872	26%-50% Above	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	10	18.000	4.42	0.16872	26%-50% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	11	15.000	1.64	0.1911	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	11	15.000	3.96	0.1911	26%-50% Above	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	11	18.000	1.82	0.1911	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	11	18.000	1.97	0.1911	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	11	18.000	4.28	0.1911	10%-25% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	12	2.000	0.69	0.20517	51%-75% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	12	8.000	1.28	0.20517	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	12	12.000	1.31	0.20517	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	12	18.000	1.67	0.20517	51%-75% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	12	18.000	1.82	0.20517	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	12	18.000	1.97	0.20517	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	12	18.000	4.42	0.20517	10%-25% Above	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	9	18.000	0.00	0.19804	76%-100% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	9	18.000	2.21	0.19804	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	9	18.000	6.09	0.19804	51%-75% Above	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	9	18.000	7.16	0.19804	76%-100% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	10	18.000	2.21	0.19708	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	11	10.000	1.88	0.21807	10%-25% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	11	18.000	2.21	0.21807	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	11	18.000	4.90	0.21807	10%-25% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	11	18.000	6.09	0.21807	51%-75% Above	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	12	18.000	0.00	0.19598	76%-100% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	12	18.000	2.21	0.19598	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	12	18.000	2.46	0.19598	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	12	18.000	4.90	0.19598	26%-50% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	12	18.000	77.17	0.19598	200% Above	No	No
65862041901	SULFAMETHOXAZOLE-TMP SS TABLET	9	8.000	0.23	0.04669	26%-50% Below	Yes	No
65862041901	SULFAMETHOXAZOLE-TMP SS TABLET	10	16.000	0.47	0.0501	26%-50% Below	Yes	No
65862041901	SULFAMETHOXAZOLE-TMP SS TABLET	11	6.000	0.06	0.04863	76%-100% Below	No	No
65862041901	SULFAMETHOXAZOLE-TMP SS TABLET	12	16.000	0.47	0.06303	51%-75% Below	Yes	No
65862041901	SULFAMETHOXAZOLE-TMP SS TABLET	12	30.000	0.87	0.06303	51%-75% Below	Yes	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	11	10.000	1.39	0.05894	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	9	10.000	0.99	0.05595	76%-100% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	9	10.000	1.48	0.05595	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	9	14.000	0.00	0.05595	76%-100% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	9	20.000	2.21	0.05595	76%-100% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	10	14.000	0.48	0.05501	26%-50% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	10	14.000	1.45	0.05501	76%-100% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	10	20.000	0.69	0.05501	26%-50% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	10	20.000	2.27	0.05501	101%-200% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	11	14.000	1.79	0.05894	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	11	20.000	2.27	0.05894	76%-100% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	11	28.000	0.92	0.05894	26%-50% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	12	10.000	1.45	0.06066	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
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	12	14.000	1.45	0.06066	51%-75% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	12	20.000	2.27	0.06066	76%-100% Above	Yes	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	9	30.000	14.90	0.28541	51%-75% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	10	14.000	7.74	0.28806	76%-100% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	10	16.000	9.07	0.28806	76%-100% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	10	30.000	22.04	0.28806	101%-200% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	11	30.000	14.90	0.26369	76%-100% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	12	30.000	14.90	0.27329	76%-100% Above	No	No
65862046830	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	10	90.000	29.90	0.0941	200% Above	No	No
65862046899	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	10	30.000	14.56	0.0941	200% Above	No	No
65862046899	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	11	30.000	1.49	0.10157	51%-75% Below	No	No
65862046899	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	12	30.000	1.48	0.08922	26%-50% Below	No	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	9	90.000	29.99	0.12038	101%-200% Above	No	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	9	90.000	44.90	0.12038	200% Above	No	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	10	30.000	9.90	0.12091	101%-200% Above	No	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	10	90.000	6.22	0.12091	26%-50% Below	No	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	10	90.000	57.46	0.12091	200% Above	No	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	12	90.000	34.94	0.12251	200% Above	No	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	12	90.000	44.90	0.12251	200% Above	No	No
65862046999	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	9	30.000	14.90	0.12038	200% Above	No	No
65862046999	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	12	90.000	44.90	0.12251	200% Above	No	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	9	90.000	29.90	0.13402	101%-200% Above	No	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	9	90.000	57.46	0.13402	200% Above	No	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	10	30.000	19.15	0.12695	200% Above	No	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	10	90.000	57.46	0.12695	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
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	11	60.000	38.30	0.13175	200% Above	No	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	12	30.000	19.15	0.12458	200% Above	No	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	12	30.000	22.72	0.12458	200% Above	No	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	12	90.000	29.90	0.12458	101%-200% Above	No	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	12	90.000	57.46	0.12458	200% Above	No	No
65862047099	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	12	90.000	44.99	0.12458	200% Above	No	No
65862047501	RAMIPRIL 2.5 MG CAPSULE	12	90.000	18.48	0.06804	200% Above	No	No
65862047605	RAMIPRIL 5 MG CAPSULE	11	90.000	7.69	0.05653	51%-75% Above	No	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	10	100.000	3.88	0.05794	26%-50% Below	No	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	10	250.000	2.50	0.05794	76%-100% Below	No	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	12	150.000	5.51	0.06439	26%-50% Below	Yes	No
65862050130	AMOX-CLAV 250-125 MG TABLET	9	20.000	17.81	1.62121	26%-50% Below	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	10	20.000	4.90	0.28556	10%-25% Below	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	10	20.000	9.90	0.28556	51%-75% Above	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	11	20.000	3.38	0.30627	26%-50% Below	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	11	21.000	3.55	0.30627	26%-50% Below	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	11	28.000	4.73	0.30627	26%-50% Below	Yes	No
65862050301	AMOX-CLAV 875-125 MG TABLET	9	20.000	3.21	0.29889	26%-50% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	9	20.000	6.90	0.29889	10%-25% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	9	20.000	9.72	0.29889	51%-75% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	10	14.000	6.73	0.33189	26%-50% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	10	20.000	10.74	0.33189	51%-75% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	11	14.000	2.47	0.32659	26%-50% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	11	20.000	9.72	0.32659	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	9	10.000	5.11	0.29889	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
65862050320	AMOX-CLAV 875-125 MG TABLET	9	14.000	4.90	0.29889	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	9	14.000	6.73	0.29889	51%-75% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	9	20.000	3.19	0.29889	26%-50% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	9	20.000	4.90	0.29889	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	9	20.000	6.90	0.29889	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	9	20.000	9.40	0.29889	51%-75% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	9	20.000	9.49	0.29889	51%-75% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	10	10.000	5.11	0.33189	51%-75% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	10	14.000	2.23	0.33189	51%-75% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	10	14.000	6.46	0.33189	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	10	14.000	6.73	0.33189	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	10	14.000	6.90	0.33189	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	10	14.000	9.90	0.33189	101%-200% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	10	20.000	3.19	0.33189	51%-75% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	10	20.000	4.90	0.33189	26%-50% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	10	20.000	9.22	0.33189	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	10	20.000	9.40	0.33189	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	10	20.000	9.49	0.33189	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	10	20.000	11.54	0.33189	51%-75% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	11	14.000	2.23	0.32659	51%-75% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	11	14.000	6.73	0.32659	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	11	14.000	6.96	0.32659	51%-75% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	11	14.000	7.34	0.32659	51%-75% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	11	20.000	3.19	0.32659	51%-75% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	11	20.000	9.72	0.32659	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
65862050320	AMOX-CLAV 875-125 MG TABLET	12	14.000	2.23	0.35641	51%-75% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	14.000	6.46	0.35641	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	14.000	6.73	0.35641	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	20.000	0.00	0.35641	76%-100% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	20.000	3.19	0.35641	51%-75% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	20.000	4.90	0.35641	26%-50% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	20.000	9.22	0.35641	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	20.000	9.40	0.35641	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	20.000	9.72	0.35641	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	20.000	9.72	0.35641	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	28.000	12.91	0.35641	26%-50% Above	No	No
65862051330	PIOGLITAZONE HCL 30 MG TABLET	10	90.000	14.67	0.10586	51%-75% Above	Yes	No
65862051330	PIOGLITAZONE HCL 30 MG TABLET	10	90.000	81.50	0.10586	200% Above	No	No
65862051330	PIOGLITAZONE HCL 30 MG TABLET	12	90.000	81.50	0.12333	200% Above	No	No
65862051601	NAPROXEN SODIUM 550 MG TAB	9	30.000	4.97	0.40937	51%-75% Below	Yes	No
65862051601	NAPROXEN SODIUM 550 MG TAB	10	90.000	14.90	0.26689	26%-50% Below	No	No
65862051601	NAPROXEN SODIUM 550 MG TAB	11	60.000	9.95	0.2654	26%-50% Below	Yes	No
65862052201	NAPROXEN 500 MG TABLET	9	10.000	1.42	0.06174	101%-200% Above	No	No
65862052205	NAPROXEN 500 MG TABLET	9	60.000	4.90	0.06174	26%-50% Above	No	No
65862052301	GABAPENTIN 600 MG TABLET	9	90.000	10.77	0.09614	10%-25% Above	No	No
65862052301	GABAPENTIN 600 MG TABLET	10	90.000	10.77	0.09749	10%-25% Above	No	No
65862052301	GABAPENTIN 600 MG TABLET	11	90.000	10.77	0.09763	10%-25% Above	No	No
65862052301	GABAPENTIN 600 MG TABLET	11	270.000	9.90	0.09763	51%-75% Below	No	No
65862052305	GABAPENTIN 600 MG TABLET	9	30.000	4.02	0.09614	26%-50% Above	No	No
65862052305	GABAPENTIN 600 MG TABLET	10	30.000	4.02	0.09749	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
65862052305	GABAPENTIN 600 MG TABLET	11	270.000	29.99	0.09763	10%-25% Above	No	No
65862052401	GABAPENTIN 800 MG TABLET	9	90.000	5.91	0.12667	26%-50% Below	No	No
65862052401	GABAPENTIN 800 MG TABLET	10	90.000	5.91	0.12506	26%-50% Below	No	No
65862052401	GABAPENTIN 800 MG TABLET	11	90.000	5.91	0.122	26%-50% Below	No	No
65862052401	GABAPENTIN 800 MG TABLET	12	90.000	5.91	0.12745	26%-50% Below	No	No
65862052560	PIOGLITAZONE-METFORMIN 15-500	12	180.000	21.53	0.22046	26%-50% Below	Yes	No
65862052730	VENLAFAXINE HCL ER 37.5 MG CAP	9	30.000	4.12	0.10056	26%-50% Above	No	No
65862052730	VENLAFAXINE HCL ER 37.5 MG CAP	9	30.000	4.25	0.10056	26%-50% Above	No	No
65862052730	VENLAFAXINE HCL ER 37.5 MG CAP	10	30.000	4.12	0.09889	26%-50% Above	No	No
65862052730	VENLAFAXINE HCL ER 37.5 MG CAP	10	30.000	4.25	0.09889	26%-50% Above	No	No
65862052730	VENLAFAXINE HCL ER 37.5 MG CAP	11	30.000	4.25	0.10175	26%-50% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	9	30.000	5.41	0.10056	76%-100% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	10	30.000	4.12	0.09889	26%-50% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	10	30.000	4.25	0.09889	26%-50% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	10	90.000	42.80	0.09889	200% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	11	30.000	4.25	0.10175	26%-50% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	12	30.000	4.25	0.09766	26%-50% Above	No	No
65862052799	VENLAFAXINE HCL ER 37.5 MG CAP	9	30.000	4.21	0.10056	26%-50% Above	No	No
65862052830	VENLAFAXINE HCL ER 75 MG CAP	9	90.000	13.83	0.11235	26%-50% Above	No	No
65862052830	VENLAFAXINE HCL ER 75 MG CAP	10	30.000	4.90	0.10313	51%-75% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	9	90.000	13.83	0.11235	26%-50% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	9	90.000	13.92	0.11235	26%-50% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	11	90.000	47.95	0.11516	200% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	9	30.000	5.11	0.11235	51%-75% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	10	30.000	5.11	0.10313	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
65862052899	VENLAFAXINE HCL ER 75 MG CAP	10	90.000	13.92	0.10313	26%-50% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	10	90.000	18.92	0.10313	101%-200% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	11	30.000	4.94	0.11516	26%-50% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	11	30.000	5.11	0.11516	26%-50% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	11	90.000	5.71	0.11516	26%-50% Below	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	12	30.000	5.11	0.11518	26%-50% Above	No	No
65862053475	AMOX-CLAV 400-57 MG/5 ML SUSP	10	150.000	0.02	0.06769	76%-100% Below	No	No
65862053475	AMOX-CLAV 400-57 MG/5 ML SUSP	11	150.000	14.90	0.07531	26%-50% Above	No	No
65862053502	AMOX-CLAV 600-42.9 MG/5 ML SUS	9	200.000	9.90	0.06548	10%-25% Below	No	No
65862053513	AMOX-CLAV 600-42.9 MG/5 ML SUS	9	125.000	5.11	0.06362	26%-50% Below	No	No
65862053513	AMOX-CLAV 600-42.9 MG/5 ML SUS	9	125.000	11.46	0.06362	26%-50% Above	No	No
65862053513	AMOX-CLAV 600-42.9 MG/5 ML SUS	10	120.000	9.90	0.06244	26%-50% Above	No	No
65862053575	AMOX-CLAV 600-42.9 MG/5 ML SUS	9	150.000	9.99	0.08291	10%-25% Below	No	No
65862053575	AMOX-CLAV 600-42.9 MG/5 ML SUS	11	150.000	9.90	0.08219	10%-25% Below	No	No
65862053820	LEVOFLOXACIN 750 MG TABLET	9	7.000	1.12	0.28359	26%-50% Below	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	9	30.000	3.73	0.04925	101%-200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	10	30.000	3.73	0.04781	101%-200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	11	30.000	3.73	0.04755	101%-200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	12	30.000	3.73	0.0481	101%-200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	12	30.000	10.07	0.0481	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	9	30.000	3.90	0.05797	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	9	90.000	10.79	0.05797	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	10	30.000	0.90	0.05326	26%-50% Below	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	10	30.000	3.78	0.05326	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	10	30.000	3.90	0.05326	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
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	10	30.000	10.91	0.05326	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	11	30.000	3.90	0.05408	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	11	90.000	32.72	0.05408	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.000	0.90	0.05525	26%-50% Below	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.000	3.90	0.05525	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.000	10.79	0.05525	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	9	28.000	3.86	0.05797	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	9	30.000	0.90	0.05797	26%-50% Below	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	9	30.000	3.90	0.05797	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	9	30.000	4.10	0.05797	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	9	60.000	5.89	0.05797	51%-75% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	10	28.000	3.86	0.05326	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	10	30.000	0.90	0.05326	26%-50% Below	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	10	30.000	3.78	0.05326	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	10	30.000	3.90	0.05326	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	10	30.000	4.10	0.05326	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	10	60.000	5.89	0.05326	76%-100% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	10	90.000	2.70	0.05326	26%-50% Below	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	10	90.000	10.69	0.05326	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	11	30.000	0.90	0.05408	26%-50% Below	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	11	30.000	2.50	0.05408	51%-75% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	11	30.000	3.78	0.05408	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	11	30.000	3.90	0.05408	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	11	30.000	4.10	0.05408	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	11	60.000	5.89	0.05408	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
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	11	90.000	9.29	0.05408	76%-100% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	11	90.000	10.33	0.05408	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	11	90.000	10.69	0.05408	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.000	0.90	0.05525	26%-50% Below	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.000	3.78	0.05525	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.000	3.90	0.05525	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.000	10.33	0.05525	101%-200% Above	No	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	9	30.000	6.90	0.08388	101%-200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	9	30.000	0.89	0.06484	51%-75% Below	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	9	30.000	6.90	0.06484	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	9	30.000	7.09	0.06484	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	9	60.000	9.90	0.06484	101%-200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	9	90.000	6.90	0.06484	10%-25% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	9	90.000	8.69	0.06484	26%-50% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	9	90.000	12.40	0.06484	101%-200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	9	90.000	21.44	0.06484	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	10	30.000	6.90	0.06442	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	10	30.000	7.09	0.06442	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	10	90.000	8.03	0.06442	26%-50% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	10	90.000	8.69	0.06442	26%-50% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	10	90.000	19.77	0.06442	200% Above	No	No
65862057490	MONTELUKAST SOD 10 MG TABLET	11	20.000	4.89	0.06473	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	11	30.000	6.90	0.06473	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	11	30.000	7.09	0.06473	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	11	60.000	13.18	0.06473	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
65862057490	MONTELUKAST SOD 10 MG TABLET	11	90.000	7.49	0.06473	26%-50% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	11	90.000	8.03	0.06473	26%-50% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	11	90.000	9.90	0.06473	51%-75% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	11	90.000	19.77	0.06473	200% Above	No	No
65862057490	MONTELUKAST SOD 10 MG TABLET	11	90.000	21.44	0.06473	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	12	30.000	6.90	0.06787	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	12	30.000	7.09	0.06787	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	12	90.000	2.66	0.06787	51%-75% Below	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	12	90.000	7.49	0.06787	10%-25% Above	Yes	No
65862059601	CLINDAMYCIN (PEDI) 75 MG/5 ML	9	600.000	0.06	0.15691	76%-100% Below	No	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	9	30.000	12.56	0.05878	200% Above	No	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	9	90.000	37.68	0.05878	200% Above	No	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	10	30.000	12.56	0.05642	200% Above	No	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	10	180.000	25.33	0.05642	101%-200% Above	Yes	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	10	180.000	31.14	0.05642	200% Above	No	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	12	14.000	5.86	0.05661	200% Above	No	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	12	180.000	23.63	0.05661	101%-200% Above	Yes	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	9	30.000	1.00	0.05878	26%-50% Below	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	9	30.000	1.07	0.05878	26%-50% Below	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	9	30.000	12.37	0.05878	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	9	30.000	13.06	0.05878	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	9	60.000	4.90	0.05878	26%-50% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	9	60.000	14.90	0.05878	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	9	90.000	2.75	0.05878	26%-50% Below	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	10	30.000	1.07	0.05642	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
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	10	30.000	3.55	0.05642	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	10	30.000	4.90	0.05642	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	10	30.000	9.90	0.05642	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	10	30.000	13.06	0.05642	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	10	60.000	4.90	0.05642	26%-50% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	10	60.000	14.90	0.05642	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	10	90.000	7.40	0.05642	26%-50% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	11	30.000	0.30	0.05848	76%-100% Below	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	11	30.000	1.00	0.05848	26%-50% Below	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	11	30.000	1.02	0.05848	26%-50% Below	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	11	30.000	4.90	0.05848	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	11	30.000	6.90	0.05848	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	11	30.000	9.90	0.05848	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	11	30.000	13.06	0.05848	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	11	60.000	14.90	0.05848	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	12	30.000	0.30	0.05661	76%-100% Below	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	12	30.000	1.02	0.05661	26%-50% Below	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	12	30.000	4.90	0.05661	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	12	30.000	6.90	0.05661	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	12	30.000	13.06	0.05661	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	12	30.000	25.06	0.05661	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	12	60.000	4.90	0.05661	26%-50% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	12	60.000	14.90	0.05661	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	12	90.000	7.40	0.05661	26%-50% Above	No	No
65862060012	RIZATRIPTAN 10 MG TABLET	12	10.000	26.78	0.38897	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
65862060012	RIZATRIPTAN 10 MG TABLET	12	24.000	4.90	0.38897	26%-50% Below	No	No
65862060130	MODAFINIL 100 MG TABLET	11	90.000	44.99	0.32616	51%-75% Above	No	No
65862060330	MOXIFLOXACIN HCL 400 MG TABLET	11	10.000	0.10	2.04504	76%-100% Below	No	No
65862062405	GEMFIBROZIL 600 MG TABLET	10	180.000	14.29	0.1015	10%-25% Below	Yes	No
65862062405	GEMFIBROZIL 600 MG TABLET	12	90.000	6.67	0.10498	26%-50% Below	Yes	No
65862064130	AZITHROMYCIN 250 MG TABLET	12	6.000	3.57	0.37291	51%-75% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	9	6.000	3.07	0.35827	26%-50% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	9	6.000	3.46	0.35827	51%-75% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	9	6.000	3.57	0.35827	51%-75% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	10	6.000	3.07	0.33112	51%-75% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	10	6.000	3.46	0.33112	51%-75% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	10	6.000	3.57	0.33112	76%-100% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	10	6.000	3.75	0.33112	76%-100% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	11	6.000	0.81	0.36094	51%-75% Below	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	11	6.000	3.07	0.36094	26%-50% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	11	6.000	3.46	0.36094	51%-75% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	11	6.000	3.57	0.36094	51%-75% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	11	6.000	3.75	0.36094	51%-75% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	12	6.000	0.81	0.37291	51%-75% Below	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	12	6.000	3.07	0.37291	26%-50% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	12	6.000	3.46	0.37291	51%-75% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	12	6.000	3.57	0.37291	51%-75% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	12	6.000	3.75	0.37291	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	9	6.000	0.00	0.35827	76%-100% Below	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	9	6.000	3.46	0.35827	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
65862064169	AZITHROMYCIN 250 MG TABLET	9	6.000	3.57	0.35827	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	10	6.000	0.81	0.33112	51%-75% Below	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	10	6.000	3.07	0.33112	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	10	6.000	3.46	0.33112	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	10	6.000	3.57	0.33112	76%-100% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	10	6.000	3.75	0.33112	76%-100% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	11	6.000	3.46	0.36094	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	11	6.000	3.57	0.36094	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	11	6.000	3.75	0.36094	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	11	6.000	5.33	0.36094	101%-200% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	12	6.000	3.46	0.37291	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	12	6.000	3.75	0.37291	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	12	6.000	5.33	0.37291	101%-200% Above	No	No
65862064290	AZITHROMYCIN 500 MG TABLET	9	2.000	2.53	0.62032	101%-200% Above	No	No
65862064290	AZITHROMYCIN 500 MG TABLET	12	5.000	5.59	0.64228	51%-75% Above	No	No
65862066330	ARIPIRAZOLE 10 MG TABLET	11	90.000	380.03	0.14616	200% Above	Yes	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	11	30.000	0.87	0.02524	10%-25% Above	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	12	30.000	0.87	0.02453	10%-25% Above	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	10	60.000	1.25	0.02409	10%-25% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	9	30.000	0.35	0.02451	51%-75% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	9	30.000	0.88	0.02451	10%-25% Above	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	11	30.000	0.88	0.0246	10%-25% Above	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	12	30.000	0.88	0.02461	10%-25% Above	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	12	30.000	0.90	0.02461	10%-25% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	12	60.000	1.26	0.02755	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
65862067805	ALPRAZOLAM 1 MG TABLET	12	60.000	1.23	0.02755	10%-25% Below	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	9	60.000	1.23	0.02545	10%-25% Below	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	10	60.000	1.23	0.02567	10%-25% Below	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	11	60.000	1.23	0.02768	10%-25% Below	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	12	60.000	1.26	0.02755	10%-25% Below	Yes	No
65862069299	PHENYTOIN SOD EXT 100 MG CAP	12	270.000	44.90	0.13399	10%-25% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	9	30.000	6.78	0.15018	26%-50% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	10	30.000	6.78	0.14823	51%-75% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	11	30.000	6.78	0.15685	26%-50% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	11	90.000	18.77	0.15685	26%-50% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	12	30.000	6.78	0.15324	26%-50% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	12	90.000	18.77	0.15324	26%-50% Above	No	No
65862069730	VENLAFAXINE HCL ER 150 MG CAP	9	30.000	6.56	0.15018	26%-50% Above	No	No
65862069730	VENLAFAXINE HCL ER 150 MG CAP	10	30.000	6.56	0.14823	26%-50% Above	No	No
65862069730	VENLAFAXINE HCL ER 150 MG CAP	11	30.000	6.56	0.15685	26%-50% Above	No	No
65862069730	VENLAFAXINE HCL ER 150 MG CAP	11	90.000	9.90	0.15685	26%-50% Below	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	9	30.000	7.15	0.15018	51%-75% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	10	7.000	1.97	0.14823	76%-100% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	10	30.000	7.15	0.14823	51%-75% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	11	30.000	7.15	0.15685	51%-75% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	11	90.000	24.67	0.15685	51%-75% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	12	30.000	6.56	0.15324	26%-50% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	12	30.000	7.15	0.15324	51%-75% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	12	90.000	52.23	0.15324	200% Above	No	No
65862069920	CEFUROXIME AXETIL 250 MG TAB	9	20.000	9.90	0.3206	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
65862069960	CEFUROXIME AXETIL 250 MG TAB	11	14.000	9.90	0.31224	101%-200% Above	No	No
65862070020	CEFUROXIME AXETIL 500 MG TAB	11	14.000	4.90	0.47621	26%-50% Below	No	No
65862070060	CEFUROXIME AXETIL 500 MG TAB	12	14.000	14.90	0.51092	101%-200% Above	No	No
65862070680	AMOXICILLIN 125 MG/5 ML SUSP	11	80.000	3.02	0.01896	76%-100% Above	No	No
65862070701	AMOXICILLIN 250 MG/5 ML SUSP	9	100.000	3.56	0.02494	26%-50% Above	No	No
65862070755	AMOXICILLIN 250 MG/5 ML SUSP	9	150.000	5.33	0.02322	51%-75% Above	No	No
65862070901	RALOXIFENE HCL 60 MG TABLET	10	30.000	10.21	0.26158	26%-50% Above	No	No
65862070901	RALOXIFENE HCL 60 MG TABLET	11	30.000	0.30	0.28677	76%-100% Below	No	No
65862070901	RALOXIFENE HCL 60 MG TABLET	12	30.000	49.91	0.28134	200% Above	No	No
65862073205	AMIODARONE HCL 200 MG TABLET	11	90.000	16.39	0.11445	51%-75% Above	Yes	No
65862077885	TRI-LO-MILI TABLET	9	28.000	0.00	0.1294	76%-100% Below	No	No
65862077885	TRI-LO-MILI TABLET	10	28.000	0.00	0.13423	76%-100% Below	No	No
65862077885	TRI-LO-MILI TABLET	11	28.000	0.00	0.15295	76%-100% Below	No	No
65862077885	TRI-LO-MILI TABLET	11	84.000	0.84	0.15295	76%-100% Below	No	No
65862077885	TRI-LO-MILI TABLET	12	28.000	0.00	0.12813	76%-100% Below	No	No
65862078190	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	9	90.000	144.19	0.24777	200% Above	Yes	No
65862078190	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	12	90.000	124.23	0.2745	200% Above	Yes	No
65862078201	METHENAMINE HIPP 1 GM TABLET	12	60.000	17.06	0.43427	26%-50% Below	No	No
65862078490	ESOMEPRAZOLE MAG DR 40 MG CAP	9	90.000	12.40	0.16685	10%-25% Below	No	No
65862078490	ESOMEPRAZOLE MAG DR 40 MG CAP	10	90.000	87.38	0.1529	200% Above	No	No
65862080630	ARMODAFINIL 150 MG TABLET	10	30.000	15.97	0.98359	26%-50% Below	No	No
65862080630	ARMODAFINIL 150 MG TABLET	11	90.000	44.99	0.81137	26%-50% Below	No	No
65862083130	CINACALCET HCL 30 MG TABLET	10	30.000	119.84	0.29803	200% Above	No	No
65862083130	CINACALCET HCL 30 MG TABLET	11	30.000	119.84	0.37203	200% Above	No	No
65862083130	CINACALCET HCL 30 MG TABLET	12	30.000	119.84	0.34431	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
65862084003	MOXIFLOXACIN 0.5% EYE DROPS	9	3.000	0.00	2.6857	76%-100% Below	No	No
65862084003	MOXIFLOXACIN 0.5% EYE DROPS	9	3.000	6.90	2.6857	10%-25% Below	No	No
65862084003	MOXIFLOXACIN 0.5% EYE DROPS	12	3.000	5.59	2.54705	26%-50% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	9	28.000	1.48	0.03019	51%-75% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	10	14.000	0.99	0.0315	101%-200% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	10	60.000	1.13	0.0315	26%-50% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	10	60.000	3.74	0.0315	76%-100% Above	No	No
65862085901	FAMOTIDINE 20 MG TABLET	11	60.000	1.13	0.0333	26%-50% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	11	60.000	2.61	0.0333	26%-50% Above	No	No
65862085901	FAMOTIDINE 20 MG TABLET	11	90.000	3.85	0.0333	26%-50% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	11	180.000	4.79	0.0333	10%-25% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	12	180.000	4.48	0.03302	10%-25% Below	Yes	No
65862085999	FAMOTIDINE 20 MG TABLET	10	90.000	3.76	0.0315	26%-50% Above	No	No
65862086001	FAMOTIDINE 40 MG TABLET	9	90.000	10.10	0.05845	76%-100% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	10	30.000	4.50	0.05666	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	10	60.000	8.50	0.05666	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	10	90.000	9.32	0.05666	76%-100% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	10	90.000	12.40	0.05666	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	11	30.000	4.50	0.06177	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	11	60.000	8.50	0.06177	101%-200% Above	No	No
65862086001	FAMOTIDINE 40 MG TABLET	11	60.000	8.50	0.06177	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	11	90.000	9.32	0.06177	51%-75% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	11	180.000	18.65	0.06177	51%-75% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	12	30.000	4.50	0.06227	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	12	60.000	8.50	0.06227	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
65862086001	FAMOTIDINE 40 MG TABLET	12	90.000	8.70	0.06227	51%-75% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	12	90.000	12.40	0.06227	101%-200% Above	Yes	No
65862086099	FAMOTIDINE 40 MG TABLET	9	90.000	12.08	0.05845	101%-200% Above	No	No
65862086099	FAMOTIDINE 40 MG TABLET	9	90.000	12.40	0.05845	101%-200% Above	No	No
65862086099	FAMOTIDINE 40 MG TABLET	11	90.000	12.08	0.06177	101%-200% Above	No	No
65862086099	FAMOTIDINE 40 MG TABLET	12	90.000	12.40	0.06227	101%-200% Above	No	No
65862086495	SIMPESSE 0.15-0.03-0.01 MG TAB	11	91.000	30.66	0.22547	26%-50% Above	No	No
65862086495	SIMPESSE 0.15-0.03-0.01 MG TAB	12	91.000	13.84	0.25955	26%-50% Below	No	No
65862089788	NYLIA 7-7-7-28 TABLET	11	28.000	0.00	0.29002	76%-100% Below	No	No
65862089788	NYLIA 7-7-7-28 TABLET	12	28.000	0.00	0.31634	76%-100% Below	No	No
65862090905	CELECOXIB 200 MG CAPSULE	11	90.000	43.81	0.11976	200% Above	Yes	No
65862092585	INCASSIA 0.35 MG TABLET	9	28.000	2.01	0.12141	26%-50% Below	No	No
65862092585	INCASSIA 0.35 MG TABLET	9	28.000	2.08	0.12141	26%-50% Below	No	No
65862092585	INCASSIA 0.35 MG TABLET	9	84.000	0.01	0.12141	76%-100% Below	No	No
65862092585	INCASSIA 0.35 MG TABLET	9	84.000	7.90	0.12141	10%-25% Below	Yes	No
65862092585	INCASSIA 0.35 MG TABLET	10	84.000	7.29	0.12021	26%-50% Below	Yes	No
65862092585	INCASSIA 0.35 MG TABLET	12	84.000	6.80	0.11994	26%-50% Below	Yes	No
65862096701	ESZOPICLONE 1 MG TABLET	9	30.000	9.90	0.18057	76%-100% Above	Yes	No
65862096701	ESZOPICLONE 1 MG TABLET	10	30.000	9.90	0.18673	76%-100% Above	Yes	No
65862096701	ESZOPICLONE 1 MG TABLET	11	30.000	9.90	0.20453	51%-75% Above	Yes	No
65862096701	ESZOPICLONE 1 MG TABLET	12	30.000	9.90	0.11379	101%-200% Above	Yes	No
65862096801	ESZOPICLONE 2 MG TABLET	11	30.000	19.90	0.10483	200% Above	Yes	No
65862096801	ESZOPICLONE 2 MG TABLET	11	90.000	59.90	0.10483	200% Above	Yes	No
65862096801	ESZOPICLONE 2 MG TABLET	12	30.000	19.90	0.11515	200% Above	Yes	No
65862096901	ESZOPICLONE 3 MG TABLET	11	30.000	24.78	0.1242	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
65862096901	ESZOPICLONE 3 MG TABLET	12	30.000	24.78	0.10909	200% Above	No	No
65862097703	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TB	10	180.000	103.77	0.49393	10%-25% Above	No	No
65862098601	POTASSIUM CL ER 8 MEQ TABLET	10	30.000	9.90	0.13426	101%-200% Above	No	No
65862098601	POTASSIUM CL ER 8 MEQ TABLET	11	30.000	9.90	0.13275	101%-200% Above	No	No
65862098601	POTASSIUM CL ER 8 MEQ TABLET	12	30.000	9.90	0.15092	101%-200% Above	No	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	9	30.000	1.82	0.12498	51%-75% Below	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	9	30.000	9.14	0.12498	101%-200% Above	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	10	30.000	1.82	0.12918	51%-75% Below	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	10	30.000	9.14	0.12918	101%-200% Above	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	11	30.000	1.82	0.11773	26%-50% Below	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	12	30.000	1.82	0.12476	51%-75% Below	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	12	90.000	3.14	0.12476	51%-75% Below	Yes	No
66220072930	KRISTALOSE 20 GM PACKET	9	30.000	275.99	8.2898	10%-25% Above	Yes	No
66220072930	KRISTALOSE 20 GM PACKET	10	30.000	275.99	8.2898	10%-25% Above	Yes	No
66685100100	AMOX-CLAV 875-125 MG TABLET	9	14.000	2.23	0.29889	26%-50% Below	Yes	No
66685100100	AMOX-CLAV 875-125 MG TABLET	9	14.000	6.82	0.29889	51%-75% Above	No	No
66685100100	AMOX-CLAV 875-125 MG TABLET	9	20.000	9.81	0.29889	51%-75% Above	No	No
66685100100	AMOX-CLAV 875-125 MG TABLET	9	28.000	6.99	0.29889	10%-25% Below	No	No
66685100100	AMOX-CLAV 875-125 MG TABLET	10	14.000	8.08	0.33189	51%-75% Above	No	No
66685100100	AMOX-CLAV 875-125 MG TABLET	10	20.000	11.54	0.33189	51%-75% Above	No	No
66685100100	AMOX-CLAV 875-125 MG TABLET	10	28.000	16.15	0.33189	51%-75% Above	No	No
66685100100	AMOX-CLAV 875-125 MG TABLET	11	14.000	8.08	0.32659	76%-100% Above	No	No
66685100100	AMOX-CLAV 875-125 MG TABLET	11	20.000	11.54	0.32659	76%-100% Above	No	No
66685100100	AMOX-CLAV 875-125 MG TABLET	12	14.000	9.99	0.35641	76%-100% Above	No	No
66685100100	AMOX-CLAV 875-125 MG TABLET	12	20.000	11.54	0.35641	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
66993000210	ESTRADIOL 0.01% CREAM	9	42.500	14.63	0.55577	26%-50% Below	No	No
66993000210	ESTRADIOL 0.01% CREAM	9	42.500	15.61	0.55577	26%-50% Below	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	10	42.500	14.17	0.54128	26%-50% Below	No	No
66993000210	ESTRADIOL 0.01% CREAM	10	42.500	14.63	0.54128	26%-50% Below	No	No
66993000210	ESTRADIOL 0.01% CREAM	10	42.500	15.61	0.54128	26%-50% Below	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	10	42.500	130.86	0.54128	200% Above	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	11	42.500	13.80	0.56549	26%-50% Below	No	No
66993000210	ESTRADIOL 0.01% CREAM	11	42.500	15.61	0.56549	26%-50% Below	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	11	42.500	158.21	0.56549	200% Above	No	No
66993000210	ESTRADIOL 0.01% CREAM	12	42.500	13.80	0.53583	26%-50% Below	No	No
66993000210	ESTRADIOL 0.01% CREAM	12	42.500	15.61	0.53583	26%-50% Below	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	12	42.500	158.21	0.53583	200% Above	No	No
66993001968	ALBUTEROL HFA 90 MCG INHALER	10	18.000	19.63	1.86666	26%-50% Below	Yes	No
66993001968	ALBUTEROL HFA 90 MCG INHALER	11	18.000	19.63	1.86706	26%-50% Below	Yes	No
66993007896	FLUTICASONE PROPIONATE HFA 44 MCG INHALER	9	10.600	72.74	11.22744	26%-50% Below	No	No
66993007896	FLUTICASONE PROPIONATE HFA 44 MCG INHALER	10	31.800	489.68	11.69523	26%-50% Above	Yes	No
66993037083	MEDROXYPROGESTERONE 150 MG/ML	11	1.000	11.14	27.63875	51%-75% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	10	1.000	24.33	43.50235	26%-50% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	11	1.000	13.13	41.78122	51%-75% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	11	1.000	23.52	41.78122	26%-50% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	12	1.000	23.65	41.29078	26%-50% Below	No	No
66993059702	DEXTROAMP-AMPHET ER 20 MG CAP	10	30.000	9.90	0.61509	26%-50% Below	No	No
66993059702	DEXTROAMP-AMPHET ER 20 MG CAP	10	30.000	14.90	0.61509	10%-25% Below	No	No
66993059702	DEXTROAMP-AMPHET ER 20 MG CAP	10	30.000	93.81	0.61509	200% Above	No	No
66993059902	DEXTROAMP-AMPHET ER 30 MG CAP	10	30.000	14.90	0.6606	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
66993059902	DEXTROAMP-AMPHET ER 30 MG CAP	11	30.000	14.90	0.64338	10%-25% Below	No	No
66993059902	DEXTROAMP-AMPHET ER 30 MG CAP	12	30.000	14.90	0.65388	10%-25% Below	No	No
66993073002	DEXAMETHASONE 4 MG TABLET	12	2.000	0.84	0.30754	26%-50% Above	No	No
67457088799	MEDROXYPROGESTERONE 150 MG/ML	11	1.000	15.46	27.63875	26%-50% Below	No	No
67877012440	SILVER SULFADIAZINE 1% CREAM	11	400.000	17.60	0.06902	26%-50% Below	No	No
67877014605	TEMAZEPAM 15 MG CAPSULE	9	30.000	1.60	0.07429	26%-50% Below	No	No
67877014605	TEMAZEPAM 15 MG CAPSULE	9	90.000	3.90	0.07429	26%-50% Below	No	No
67877014605	TEMAZEPAM 15 MG CAPSULE	10	30.000	1.60	0.07307	26%-50% Below	No	No
67877014605	TEMAZEPAM 15 MG CAPSULE	11	30.000	1.60	0.07106	10%-25% Below	No	No
67877014605	TEMAZEPAM 15 MG CAPSULE	12	30.000	1.24	0.0733	26%-50% Below	No	No
67877014705	TEMAZEPAM 30 MG CAPSULE	10	30.000	1.54	0.08219	26%-50% Below	No	No
67877014705	TEMAZEPAM 30 MG CAPSULE	11	30.000	1.58	0.08533	26%-50% Below	No	No
67877014705	TEMAZEPAM 30 MG CAPSULE	12	30.000	1.58	0.08824	26%-50% Below	No	No
67877015901	METFORMIN HCL ER 500 MG TABLET	11	30.000	1.52	0.03244	51%-75% Above	No	No
67877015905	METFORMIN HCL ER 500 MG TABLET	10	30.000	0.00	0.03299	76%-100% Below	No	No
67877019705	AMLODIPINE BESYLATE 2.5 MG TAB	10	90.000	2.57	0.01269	101%-200% Above	No	No
67877019710	AMLODIPINE BESYLATE 2.5 MG TAB	11	30.000	0.20	0.01315	26%-50% Below	No	No
67877019710	AMLODIPINE BESYLATE 2.5 MG TAB	12	30.000	0.20	0.01315	26%-50% Below	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	9	30.000	5.61	0.01085	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	9	30.000	7.89	0.01085	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	9	90.000	0.76	0.01085	10%-25% Below	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	9	90.000	2.26	0.01085	101%-200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	10	30.000	1.05	0.01054	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	10	30.000	1.15	0.01054	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	10	90.000	2.25	0.01054	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
67877019805	AMLODIPINE BESYLATE 5 MG TAB	10	90.000	2.26	0.01054	101%-200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	11	30.000	1.05	0.01133	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	12	30.000	1.05	0.01187	101%-200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	11	30.000	1.05	0.01133	200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	11	30.000	1.08	0.01133	200% Above	No	No
67877019890	AMLODIPINE BESYLATE 5 MG TAB	10	90.000	2.16	0.01054	101%-200% Above	No	No
67877019890	AMLODIPINE BESYLATE 5 MG TAB	11	90.000	1.66	0.01133	51%-75% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	9	30.000	1.26	0.01527	101%-200% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	9	30.000	1.30	0.01527	101%-200% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	10	30.000	1.30	0.01476	101%-200% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	10	90.000	2.28	0.01476	51%-75% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	10	90.000	2.70	0.01476	101%-200% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	11	16.000	0.90	0.01478	200% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	11	30.000	1.26	0.01478	101%-200% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	11	90.000	2.28	0.01478	51%-75% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	12	90.000	2.28	0.01817	26%-50% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	9	30.000	1.26	0.01527	101%-200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	10	30.000	1.26	0.01476	101%-200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	11	30.000	1.26	0.01478	101%-200% Above	No	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	9	20.000	14.90	0.49697	26%-50% Above	No	No
67877021901	CEPHALEXIN 500 MG CAPSULE	9	20.000	1.99	0.13417	10%-25% Below	No	No
67877021901	CEPHALEXIN 500 MG CAPSULE	9	28.000	2.51	0.13417	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	9	14.000	0.83	0.13417	51%-75% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	9	14.000	1.50	0.13417	10%-25% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	9	30.000	2.73	0.13417	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
67877021905	CEPHALEXIN 500 MG CAPSULE	9	40.000	3.37	0.13417	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	10	21.000	1.44	0.14194	51%-75% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	10	28.000	2.60	0.14194	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	10	28.000	2.68	0.14194	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	10	90.000	0.01	0.14194	76%-100% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	11	6.000	1.02	0.13831	10%-25% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	11	10.000	0.68	0.13831	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	11	15.000	1.02	0.13831	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	11	20.000	1.36	0.13831	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	11	21.000	1.42	0.13831	51%-75% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	12	14.000	1.50	0.15756	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	12	14.000	4.76	0.15756	101%-200% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	12	15.000	1.02	0.15756	51%-75% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	12	20.000	1.93	0.15756	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	12	20.000	6.80	0.15756	101%-200% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	12	40.000	0.00	0.15756	76%-100% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	12	60.000	4.89	0.15756	26%-50% Below	No	No
67877022201	GABAPENTIN 100 MG CAPSULE	10	90.000	1.72	0.02469	10%-25% Below	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	9	30.000	0.91	0.02583	10%-25% Above	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	10	30.000	0.46	0.02469	26%-50% Below	Yes	No
67877022205	GABAPENTIN 100 MG CAPSULE	10	30.000	1.59	0.02469	101%-200% Above	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	12	30.000	0.91	0.02527	10%-25% Above	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	12	90.000	1.67	0.02527	26%-50% Below	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	9	30.000	1.93	0.04077	51%-75% Above	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	10	30.000	1.45	0.04095	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
67877022301	GABAPENTIN 300 MG CAPSULE	11	30.000	1.45	0.04341	10%-25% Above	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	11	120.000	4.46	0.04341	10%-25% Below	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	11	270.000	10.04	0.04341	10%-25% Below	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	12	120.000	4.29	0.04443	10%-25% Below	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	10	270.000	12.50	0.04095	10%-25% Above	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	12	360.000	5.15	0.04443	51%-75% Below	Yes	No
67877022310	GABAPENTIN 300 MG CAPSULE	9	90.000	2.14	0.04077	26%-50% Below	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	9	90.000	4.80	0.04077	26%-50% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	9	90.000	7.14	0.04077	76%-100% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	9	150.000	4.90	0.04077	10%-25% Below	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	9	150.000	7.67	0.04077	10%-25% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	10	90.000	2.26	0.04095	26%-50% Below	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	10	270.000	12.40	0.04095	10%-25% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	11	90.000	7.14	0.04341	76%-100% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	11	150.000	5.58	0.04341	10%-25% Below	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	12	28.000	0.49	0.04443	51%-75% Below	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	12	90.000	3.34	0.04443	10%-25% Below	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	12	150.000	2.61	0.04443	51%-75% Below	No	No
67877022401	GABAPENTIN 400 MG CAPSULE	9	90.000	6.49	0.06067	10%-25% Above	No	No
67877022401	GABAPENTIN 400 MG CAPSULE	10	90.000	6.49	0.05443	26%-50% Above	No	No
67877022401	GABAPENTIN 400 MG CAPSULE	11	90.000	6.49	0.05598	26%-50% Above	No	No
67877022401	GABAPENTIN 400 MG CAPSULE	12	90.000	6.49	0.05341	26%-50% Above	No	No
67877024210	QUETIAPINE FUMARATE 25 MG TAB	11	180.000	17.60	0.03292	101%-200% Above	No	No
67877025115	TRIAMCINOLONE 0.1% CREAM	11	15.000	3.47	0.16204	26%-50% Above	No	No
67877025115	TRIAMCINOLONE 0.1% CREAM	11	60.000	0.60	0.16204	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
67877025115	TRIAMCINOLONE 0.1% CREAM	12	60.000	0.60	0.17051	76%-100% Below	No	No
67877025130	TRIAMCINOLONE 0.1% CREAM	9	30.000	1.10	0.11061	51%-75% Below	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	9	30.000	5.42	0.11061	51%-75% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	10	60.000	10.34	0.12728	26%-50% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	11	30.000	4.90	0.12138	26%-50% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	11	60.000	10.34	0.12138	26%-50% Above	Yes	No
67877025180	TRIAMCINOLONE 0.1% CREAM	10	80.000	7.92	0.05458	76%-100% Above	No	No
67877025180	TRIAMCINOLONE 0.1% CREAM	11	80.000	9.26	0.05741	101%-200% Above	No	No
67877025180	TRIAMCINOLONE 0.1% CREAM	12	80.000	7.92	0.06383	51%-75% Above	No	No
67877026218	RIZATRIPTAN 10 MG TABLET	9	9.000	12.63	0.35836	200% Above	No	No
67877026218	RIZATRIPTAN 10 MG TABLET	10	6.000	8.39	0.34033	200% Above	No	No
67877026218	RIZATRIPTAN 10 MG TABLET	10	9.000	12.63	0.34033	200% Above	No	No
67877026218	RIZATRIPTAN 10 MG TABLET	11	9.000	12.63	0.37906	200% Above	No	No
67877026218	RIZATRIPTAN 10 MG TABLET	12	9.000	12.63	0.38897	200% Above	No	No
67877032001	IBUPROFEN 600 MG TABLET	12	60.000	3.66	0.05525	10%-25% Above	No	No
67877032005	IBUPROFEN 600 MG TABLET	11	24.000	1.49	0.0551	10%-25% Above	No	No
67877032101	IBUPROFEN 800 MG TABLET	9	60.000	1.99	0.06648	26%-50% Below	No	No
67877032101	IBUPROFEN 800 MG TABLET	9	90.000	8.78	0.06648	26%-50% Above	No	No
67877032101	IBUPROFEN 800 MG TABLET	10	30.000	1.25	0.06514	26%-50% Below	No	No
67877032101	IBUPROFEN 800 MG TABLET	10	60.000	1.94	0.06514	26%-50% Below	No	No
67877032101	IBUPROFEN 800 MG TABLET	11	40.000	1.72	0.06666	26%-50% Below	No	No
67877032101	IBUPROFEN 800 MG TABLET	11	90.000	2.74	0.06666	51%-75% Below	No	No
67877032101	IBUPROFEN 800 MG TABLET	12	20.000	1.13	0.06661	10%-25% Below	No	No
67877032101	IBUPROFEN 800 MG TABLET	12	90.000	3.36	0.06661	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	9	15.000	0.86	0.06648	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
67877032105	IBUPROFEN 800 MG TABLET	9	15.000	0.87	0.06648	10%-25% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	9	20.000	0.98	0.06648	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	9	20.000	1.00	0.06648	10%-25% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	9	20.000	1.03	0.06648	10%-25% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	9	60.000	1.99	0.06648	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	9	60.000	2.08	0.06648	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	9	90.000	2.74	0.06648	51%-75% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	9	90.000	2.88	0.06648	51%-75% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	10	30.000	1.25	0.06514	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	10	30.000	1.29	0.06514	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	10	60.000	1.99	0.06514	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	10	60.000	2.08	0.06514	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	10	90.000	2.74	0.06514	51%-75% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	10	90.000	2.88	0.06514	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	11	20.000	1.00	0.06666	10%-25% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	11	30.000	1.22	0.06666	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	11	90.000	2.74	0.06666	51%-75% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	11	90.000	3.52	0.06666	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	12	20.000	1.13	0.06661	10%-25% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	12	28.000	1.04	0.06661	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	12	30.000	1.51	0.06661	10%-25% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	12	42.000	1.57	0.06661	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	12	45.000	1.93	0.06661	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	12	60.000	2.40	0.06661	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	12	60.000	2.52	0.06661	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
67877032105	IBUPROFEN 800 MG TABLET	12	90.000	3.36	0.06661	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	12	90.000	3.52	0.06661	26%-50% Below	No	No
67877041301	METFORMIN HCL ER 500 MG TABLET	10	60.000	2.54	0.03299	26%-50% Above	No	No
67877041301	METFORMIN HCL ER 500 MG TABLET	10	90.000	3.56	0.03299	10%-25% Above	No	No
67877041301	METFORMIN HCL ER 500 MG TABLET	11	60.000	2.54	0.03244	26%-50% Above	No	No
67877041401	METFORMIN HCL ER 750 MG TABLET	10	30.000	3.49	0.06777	51%-75% Above	Yes	No
67877041401	METFORMIN HCL ER 750 MG TABLET	10	180.000	17.82	0.06777	26%-50% Above	Yes	No
67877041401	METFORMIN HCL ER 750 MG TABLET	11	30.000	3.49	0.06518	76%-100% Above	Yes	No
67877041401	METFORMIN HCL ER 750 MG TABLET	12	90.000	6.42	0.06373	10%-25% Above	Yes	No
67877041401	METFORMIN HCL ER 750 MG TABLET	12	90.000	9.25	0.06373	51%-75% Above	No	No
67877041890	VALSARTAN 320 MG TABLET	10	90.000	32.11	0.22157	51%-75% Above	Yes	No
67877041890	VALSARTAN 320 MG TABLET	12	90.000	27.67	0.23322	26%-50% Above	Yes	No
67877041920	LINEZOLID 600 MG TABLET	10	20.000	76.05	1.76162	101%-200% Above	No	No
67877041920	LINEZOLID 600 MG TABLET	10	28.000	31.97	1.76162	26%-50% Below	No	No
67877041920	LINEZOLID 600 MG TABLET	12	20.000	21.14	1.95124	26%-50% Below	No	No
67877042905	GABAPENTIN 800 MG TABLET	9	120.000	8.65	0.12667	26%-50% Below	No	No
67877042905	GABAPENTIN 800 MG TABLET	10	120.000	8.29	0.12506	26%-50% Below	No	No
67877042905	GABAPENTIN 800 MG TABLET	11	120.000	8.29	0.122	26%-50% Below	No	No
67877042905	GABAPENTIN 800 MG TABLET	12	120.000	8.29	0.12745	26%-50% Below	No	No
67877044090	ROSUVASTATIN CALCIUM 10 MG TAB	10	30.000	0.87	0.0499	26%-50% Below	No	No
67877044090	ROSUVASTATIN CALCIUM 10 MG TAB	12	90.000	2.61	0.04732	26%-50% Below	Yes	No
67877044690	OLMESARTAN MEDOXOMIL 20 MG TAB	11	90.000	44.90	0.08614	200% Above	No	No
67877044790	OLMESARTAN MEDOXOMIL 40 MG TAB	12	90.000	330.00	0.12756	200% Above	No	No
67877046305	PREGABALIN 50 MG CAPSULE	10	90.000	6.42	0.05725	10%-25% Above	No	No
67877046305	PREGABALIN 50 MG CAPSULE	12	90.000	6.42	0.0617	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
67877046490	PREGABALIN 75 MG CAPSULE	12	120.000	2.83	0.05854	51%-75% Below	Yes	No
67877048430	TELMISARTAN 80 MG TABLET	9	30.000	14.90	0.18033	101%-200% Above	No	No
67877048430	TELMISARTAN 80 MG TABLET	10	30.000	14.90	0.16269	200% Above	No	No
67877048430	TELMISARTAN 80 MG TABLET	12	90.000	59.90	0.248	101%-200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	10	30.000	5.00	0.08767	76%-100% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	12	90.000	44.90	0.08468	200% Above	No	No
67877049030	EZETIMIBE 10 MG TABLET	10	90.000	9.90	0.08767	10%-25% Above	No	No
67877049030	EZETIMIBE 10 MG TABLET	11	30.000	4.90	0.08622	76%-100% Above	No	No
67877049030	EZETIMIBE 10 MG TABLET	11	90.000	9.90	0.08622	26%-50% Above	No	No
67877049030	EZETIMIBE 10 MG TABLET	12	30.000	4.90	0.08468	76%-100% Above	No	No
67877051110	ATORVASTATIN 10 MG TABLET	9	90.000	11.14	0.03114	200% Above	No	No
67877051110	ATORVASTATIN 10 MG TABLET	12	90.000	11.14	0.03161	200% Above	No	No
67877051190	ATORVASTATIN 10 MG TABLET	11	30.000	0.19	0.03119	76%-100% Below	No	No
67877051210	ATORVASTATIN 20 MG TABLET	9	30.000	0.58	0.04061	51%-75% Below	No	No
67877051210	ATORVASTATIN 20 MG TABLET	11	90.000	0.78	0.04007	76%-100% Below	No	No
67877051290	ATORVASTATIN 20 MG TABLET	9	90.000	1.75	0.04061	51%-75% Below	No	No
67877051390	ATORVASTATIN 40 MG TABLET	11	90.000	9.90	0.06103	76%-100% Above	No	No
67877052660	RANOLAZINE ER 1,000 MG TABLET	10	180.000	311.74	0.3266	200% Above	Yes	No
67877052660	RANOLAZINE ER 1,000 MG TABLET	12	180.000	268.58	0.31781	200% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	9	14.000	13.50	0.49194	76%-100% Above	No	No
67877054360	CEFDINIR 300 MG CAPSULE	9	20.000	4.90	0.49194	26%-50% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	9	20.000	6.90	0.49194	26%-50% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	9	20.000	14.90	0.49194	51%-75% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	9	20.000	15.28	0.49194	51%-75% Above	No	No
67877054360	CEFDINIR 300 MG CAPSULE	10	14.000	3.69	0.50459	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	10	14.000	4.90	0.50459	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	11	14.000	14.90	0.48427	101%-200% Above	No	No
67877054360	CEFDINIR 300 MG CAPSULE	11	20.000	5.27	0.48427	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	11	20.000	6.90	0.48427	26%-50% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	11	20.000	17.74	0.48427	76%-100% Above	No	No
67877054360	CEFDINIR 300 MG CAPSULE	11	28.000	0.28	0.48427	76%-100% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	12	10.000	9.55	0.50776	76%-100% Above	No	No
67877054360	CEFDINIR 300 MG CAPSULE	12	14.000	14.90	0.50776	101%-200% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	12	14.000	14.99	0.50776	101%-200% Above	No	No
67877054360	CEFDINIR 300 MG CAPSULE	12	20.000	5.27	0.50776	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	12	20.000	5.41	0.50776	26%-50% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	12	20.000	17.94	0.50776	76%-100% Above	No	No
67877054568	CEPHALEXIN 250 MG/5 ML SUSP	9	200.000	9.99	0.07549	26%-50% Below	No	No
67877054568	CEPHALEXIN 250 MG/5 ML SUSP	11	200.000	8.90	0.07576	26%-50% Below	No	No
67877054588	CEPHALEXIN 250 MG/5 ML SUSP	9	100.000	6.90	0.09785	26%-50% Below	No	No
67877054588	CEPHALEXIN 250 MG/5 ML SUSP	11	300.000	3.00	0.11176	76%-100% Below	No	No
67877054588	CEPHALEXIN 250 MG/5 ML SUSP	12	200.000	2.00	0.11038	76%-100% Below	No	No
67877054588	CEPHALEXIN 250 MG/5 ML SUSP	12	300.000	3.00	0.11038	76%-100% Below	No	No
67877054798	CEFDINIR 125 MG/5 ML SUSP	9	60.000	9.90	0.1314	10%-25% Above	No	No
67877054898	CEFDINIR 250 MG/5 ML SUSP	11	120.000	9.14	0.17171	51%-75% Below	No	No
67877056110	METFORMIN HCL 500 MG TABLET	9	30.000	0.98	0.01678	76%-100% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	9	60.000	1.45	0.01678	26%-50% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	9	180.000	2.36	0.01678	10%-25% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	9	180.000	3.36	0.01678	10%-25% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	10	60.000	1.45	0.01613	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	10	180.000	2.18	0.01613	10%-25% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	10	180.000	3.25	0.01613	10%-25% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	10	360.000	4.36	0.01613	10%-25% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	11	60.000	0.52	0.01679	26%-50% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	11	180.000	2.03	0.01679	26%-50% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	11	180.000	2.18	0.01679	26%-50% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	12	60.000	1.45	0.01592	51%-75% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	12	90.000	2.01	0.01592	26%-50% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	12	180.000	2.03	0.01592	26%-50% Below	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	12	180.000	3.36	0.01592	10%-25% Above	Yes	No
67877056205	METFORMIN HCL 850 MG TABLET	9	60.000	0.97	0.02761	26%-50% Below	Yes	No
67877056205	METFORMIN HCL 850 MG TABLET	10	60.000	0.97	0.02646	26%-50% Below	Yes	No
67877056205	METFORMIN HCL 850 MG TABLET	12	60.000	0.97	0.02633	26%-50% Below	Yes	No
67877056205	METFORMIN HCL 850 MG TABLET	12	90.000	3.06	0.02633	26%-50% Above	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	9	60.000	0.94	0.02691	26%-50% Below	No	No
67877056310	METFORMIN HCL 1,000 MG TABLET	9	90.000	3.02	0.02691	10%-25% Above	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	10	60.000	0.95	0.02637	26%-50% Below	No	No
67877056310	METFORMIN HCL 1,000 MG TABLET	11	60.000	0.95	0.0263	26%-50% Below	No	No
67877056310	METFORMIN HCL 1,000 MG TABLET	11	90.000	3.02	0.0263	26%-50% Above	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	11	180.000	3.73	0.0263	10%-25% Below	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	11	180.000	3.98	0.0263	10%-25% Below	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	12	60.000	0.95	0.02497	26%-50% Below	No	No
67877057501	BENZONATATE 200 MG CAPSULE	10	30.000	2.03	0.11413	26%-50% Below	No	No
67877058901	COLCHICINE 0.6 MG TABLET	11	12.000	14.90	0.34809	200% Above	No	No
67877058901	COLCHICINE 0.6 MG TABLET	11	30.000	4.90	0.34809	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
67877059101	METOPROLOL SUCC ER 50 MG TAB	9	30.000	7.93	0.0729	200% Above	No	No
67877059101	METOPROLOL SUCC ER 50 MG TAB	12	90.000	22.01	0.07981	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	9	15.000	9.99	0.09306	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	9	30.000	8.90	0.09306	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	10	30.000	8.90	0.08635	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	11	15.000	6.90	0.10602	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	11	15.000	9.99	0.10602	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	11	30.000	8.90	0.10602	101%-200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	11	90.000	44.90	0.10602	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	12	90.000	23.90	0.0982	101%-200% Above	No	No
67877069610	CHLORTHALIDONE 25 MG TABLET	9	30.000	14.90	0.09306	200% Above	No	No
67877069610	CHLORTHALIDONE 25 MG TABLET	10	90.000	44.90	0.08635	200% Above	No	No
67877069610	CHLORTHALIDONE 25 MG TABLET	11	15.000	9.72	0.10602	200% Above	No	No
67877069610	CHLORTHALIDONE 25 MG TABLET	11	90.000	42.35	0.10602	200% Above	Yes	No
67877069610	CHLORTHALIDONE 25 MG TABLET	12	15.000	9.72	0.0982	200% Above	No	No
67877069701	CHLORTHALIDONE 50 MG TABLET	11	90.000	4.90	0.15272	51%-75% Below	No	No
67877069701	CHLORTHALIDONE 50 MG TABLET	12	90.000	17.00	0.15967	10%-25% Above	No	No
67877071712	MESALAMINE ER 0.375 GRAM CAP	9	120.000	60.96	0.91416	26%-50% Below	Yes	No
67877071712	MESALAMINE ER 0.375 GRAM CAP	12	360.000	603.58	0.84643	76%-100% Above	Yes	No
67877075701	NIFEDIPINE ER 30 MG TABLET	10	30.000	5.00	0.12504	26%-50% Above	No	No
67877075801	NIFEDIPINE ER 60 MG TABLET	11	90.000	29.99	0.14967	101%-200% Above	No	No
67877084201	FAMOTIDINE 20 MG TABLET	11	14.000	0.97	0.0333	101%-200% Above	No	No
67877084210	FAMOTIDINE 20 MG TABLET	9	30.000	0.00	0.03019	76%-100% Below	No	No
67877084210	FAMOTIDINE 20 MG TABLET	9	60.000	2.61	0.03019	26%-50% Above	No	No
67877084301	FAMOTIDINE 40 MG TABLET	9	30.000	4.59	0.05845	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
67877084301	FAMOTIDINE 40 MG TABLET	9	30.000	12.62	0.05845	200% Above	No	No
67877084301	FAMOTIDINE 40 MG TABLET	10	30.000	12.62	0.05666	200% Above	No	No
67877084301	FAMOTIDINE 40 MG TABLET	11	30.000	12.62	0.06177	200% Above	No	No
67877088901	FAMOTIDINE 40 MG TABLET	12	90.000	12.08	0.06227	101%-200% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	9	21.000	9.90	0.14829	200% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	9	21.000	14.90	0.14829	200% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	10	21.000	14.90	0.14299	200% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	10	21.000	15.81	0.14299	200% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	11	21.000	9.90	0.15065	200% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	11	21.000	14.90	0.15065	200% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.000	1.80	0.13423	26%-50% Below	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.000	9.90	0.13423	200% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.000	14.90	0.13423	200% Above	No	No
68001011306	LEVETIRACETAM ER 500 MG TABLET	12	180.000	44.90	0.20687	10%-25% Above	No	No
68001013000	AMLODIPINE-BENAZEPRIL 10-20 MG	9	30.000	14.90	0.13756	200% Above	No	No
68001013000	AMLODIPINE-BENAZEPRIL 10-20 MG	9	90.000	44.90	0.13756	200% Above	No	No
68001013000	AMLODIPINE-BENAZEPRIL 10-20 MG	12	30.000	14.90	0.15209	200% Above	No	No
68001013400	AMLODIPINE-BENAZEPRIL 5-20 MG	10	30.000	6.90	0.12312	76%-100% Above	No	No
68001013400	AMLODIPINE-BENAZEPRIL 5-20 MG	11	30.000	2.07	0.12985	26%-50% Below	No	No
68001013400	AMLODIPINE-BENAZEPRIL 5-20 MG	12	30.000	2.07	0.1258	26%-50% Below	No	No
68001015203	CARVEDILOL 25 MG TABLET	10	180.000	7.02	0.03132	10%-25% Above	No	No
68001015203	CARVEDILOL 25 MG TABLET	12	180.000	7.02	0.03129	10%-25% Above	No	No
68001015303	CARVEDILOL 3.125 MG TABLET	9	60.000	2.26	0.01891	76%-100% Above	No	No
68001015303	CARVEDILOL 3.125 MG TABLET	10	60.000	2.11	0.01726	101%-200% Above	No	No
68001015303	CARVEDILOL 3.125 MG TABLET	10	60.000	2.26	0.01726	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
68001015303	CARVEDILOL 3.125 MG TABLET	11	60.000	0.68	0.01809	26%-50% Below	No	No
68001015303	CARVEDILOL 3.125 MG TABLET	11	60.000	2.26	0.01809	101%-200% Above	No	No
68001015303	CARVEDILOL 3.125 MG TABLET	12	60.000	0.56	0.01826	26%-50% Below	No	No
68001015303	CARVEDILOL 3.125 MG TABLET	12	60.000	2.26	0.01826	101%-200% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	9	60.000	2.18	0.01981	76%-100% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	9	60.000	2.25	0.01981	76%-100% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	10	60.000	2.18	0.01967	76%-100% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	10	60.000	2.25	0.01967	76%-100% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	11	60.000	2.18	0.01998	76%-100% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	11	60.000	2.25	0.01998	76%-100% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	12	60.000	2.18	0.01997	76%-100% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	12	60.000	2.25	0.01997	76%-100% Above	No	No
68001015504	ANASTROZOLE 1 MG TABLET	9	4.000	1.27	0.16511	76%-100% Above	No	No
68001015504	ANASTROZOLE 1 MG TABLET	10	4.000	1.27	0.15796	101%-200% Above	No	No
68001015504	ANASTROZOLE 1 MG TABLET	10	8.000	2.04	0.15796	51%-75% Above	No	No
68001015504	ANASTROZOLE 1 MG TABLET	12	24.000	5.12	0.16553	26%-50% Above	No	No
68001016203	PROMETHAZINE 25 MG TABLET	12	2.000	0.70	0.0493	200% Above	No	No
68001016203	PROMETHAZINE 25 MG TABLET	12	15.000	1.96	0.0493	101%-200% Above	No	No
68001016208	PROMETHAZINE 25 MG TABLET	9	2.000	0.70	0.0491	200% Above	No	No
68001016208	PROMETHAZINE 25 MG TABLET	12	8.000	1.31	0.0493	200% Above	No	No
68001018000	QUETIAPINE FUMARATE 50 MG TAB	9	30.000	4.63	0.04043	200% Above	No	No
68001018000	QUETIAPINE FUMARATE 50 MG TAB	10	30.000	4.63	0.0412	200% Above	No	No
68001018000	QUETIAPINE FUMARATE 50 MG TAB	11	30.000	4.63	0.04574	200% Above	No	No
68001018000	QUETIAPINE FUMARATE 50 MG TAB	12	30.000	4.63	0.04274	200% Above	No	No
68001018500	QUETIAPINE FUMARATE 25 MG TAB	11	45.000	4.78	0.03292	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
68001018508	QUETIAPINE FUMARATE 25 MG TAB	10	30.000	3.63	0.03234	200% Above	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	9	60.000	2.04	0.02694	26%-50% Above	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	10	30.000	1.23	0.02738	26%-50% Above	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	10	60.000	2.04	0.02738	10%-25% Above	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	11	30.000	0.32	0.02716	51%-75% Below	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	11	60.000	2.04	0.02716	10%-25% Above	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	12	30.000	0.32	0.0275	51%-75% Below	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	12	60.000	2.04	0.0275	10%-25% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	9	18.000	4.28	0.18262	26%-50% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	9	18.000	4.42	0.18262	26%-50% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	10	10.000	2.80	0.16872	51%-75% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	10	18.000	4.28	0.16872	26%-50% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	10	18.000	4.42	0.16872	26%-50% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	11	12.000	3.11	0.1911	26%-50% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	12	12.000	3.02	0.20517	10%-25% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	12	18.000	4.42	0.20517	10%-25% Above	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	11	18.000	6.09	0.21807	51%-75% Above	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	12	18.000	2.13	0.19598	26%-50% Below	No	No
68001025001	ZOLMITRIPTAN 5 MG TABLET	9	9.000	14.90	1.15023	26%-50% Above	No	No
68001025001	ZOLMITRIPTAN 5 MG TABLET	12	9.000	14.90	1.48792	10%-25% Above	No	No
68001025204	FLUCONAZOLE 100 MG TABLET	11	5.000	6.90	0.28687	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	9	2.000	5.06	0.6968	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	11	1.000	2.58	0.73871	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	11	2.000	4.65	0.73871	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	11	3.000	6.90	0.73871	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
68001025317	FLUCONAZOLE 150 MG TABLET	11	3.000	6.96	0.73871	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	11	5.000	11.26	0.73871	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	12	1.000	0.34	0.67757	26%-50% Below	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	12	2.000	4.65	0.67757	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	12	3.000	6.96	0.67757	200% Above	No	No
68001025344	FLUCONAZOLE 150 MG TABLET	10	2.000	4.65	0.82466	101%-200% Above	No	No
68001025404	FLUCONAZOLE 200 MG TABLET	11	4.000	1.44	0.51768	26%-50% Below	No	No
68001028103	DICLOFENAC SOD DR 75 MG TAB	9	60.000	10.45	0.09354	76%-100% Above	No	No
68001028103	DICLOFENAC SOD DR 75 MG TAB	11	14.000	2.96	0.09082	101%-200% Above	No	No
68001028103	DICLOFENAC SOD DR 75 MG TAB	11	60.000	10.45	0.09082	76%-100% Above	No	No
68001030900	BUPROPION HCL 100 MG TABLET	10	60.000	4.96	0.13826	26%-50% Below	No	No
68001031400	LOVASTATIN 10 MG TABLET	10	30.000	0.86	0.04377	26%-50% Below	No	No
68001031400	LOVASTATIN 10 MG TABLET	10	30.000	2.19	0.04377	51%-75% Above	No	No
68001031400	LOVASTATIN 10 MG TABLET	11	30.000	2.19	0.04062	76%-100% Above	No	No
68001031508	LOVASTATIN 20 MG TABLET	9	90.000	2.31	0.04804	26%-50% Below	No	No
68001031508	LOVASTATIN 20 MG TABLET	12	90.000	2.39	0.04427	26%-50% Below	No	No
68001031608	LOVASTATIN 40 MG TABLET	11	90.000	3.08	0.05332	26%-50% Below	No	No
68001032703	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	9	30.000	4.37	0.0863	51%-75% Above	No	No
68001032703	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	9	30.000	4.59	0.0863	76%-100% Above	No	No
68001032703	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	10	30.000	4.37	0.09131	51%-75% Above	No	No
68001032703	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	10	30.000	4.59	0.09131	51%-75% Above	No	No
68001032703	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	11	30.000	4.37	0.09717	26%-50% Above	No	No
68001032703	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	11	30.000	4.59	0.09717	51%-75% Above	No	No
68001032703	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	12	30.000	4.37	0.10581	26%-50% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	9	30.000	0.24	0.0191	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
68001033408	LISINOPRIL 10 MG TABLET	9	30.000	1.07	0.0191	76%-100% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	9	30.000	1.10	0.0191	76%-100% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	9	60.000	1.64	0.0191	26%-50% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	9	90.000	2.31	0.0191	26%-50% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	10	30.000	1.05	0.01838	76%-100% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	10	30.000	1.07	0.01838	76%-100% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	10	30.000	1.10	0.01838	76%-100% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	10	60.000	1.64	0.01838	26%-50% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	11	30.000	0.24	0.01968	51%-75% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	11	30.000	0.32	0.01968	26%-50% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	11	30.000	1.07	0.01968	76%-100% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	11	60.000	1.64	0.01968	26%-50% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	11	90.000	2.15	0.01968	10%-25% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	12	30.000	0.32	0.01833	26%-50% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	12	30.000	1.07	0.01833	76%-100% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	12	30.000	1.10	0.01833	76%-100% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	12	60.000	1.64	0.01833	26%-50% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	9	30.000	1.32	0.02659	51%-75% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	9	30.000	1.37	0.02659	51%-75% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	10	30.000	1.32	0.02623	51%-75% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	10	30.000	1.37	0.02623	51%-75% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	11	30.000	1.32	0.02638	51%-75% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	11	30.000	1.37	0.02638	51%-75% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	11	90.000	2.96	0.02638	10%-25% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	11	90.000	3.10	0.02638	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
68001033508	LISINOPRIL 20 MG TABLET	12	30.000	1.32	0.02565	51%-75% Above	No	No
68001033600	LISINOPRIL 30 MG TABLET	9	30.000	2.44	0.05325	51%-75% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	9	30.000	8.55	0.07422	200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	9	30.000	9.02	0.07422	200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	10	30.000	8.55	0.07937	200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	10	30.000	9.02	0.07937	200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	10	90.000	26.06	0.07937	200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	11	30.000	0.81	0.07594	51%-75% Below	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	11	30.000	9.02	0.07594	200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	11	45.000	1.22	0.07594	51%-75% Below	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	12	90.000	26.06	0.07848	200% Above	No	No
68001035803	METOPROLOL SUCC ER 100 MG TAB	9	30.000	14.16	0.12979	200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	9	30.000	0.89	0.06484	51%-75% Below	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	9	30.000	6.86	0.06484	200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	9	30.000	7.09	0.06484	200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	9	90.000	19.58	0.06484	200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	10	30.000	0.89	0.06442	51%-75% Below	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	11	30.000	0.89	0.06473	51%-75% Below	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	11	30.000	6.86	0.06473	200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	11	30.000	7.09	0.06473	200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	11	90.000	19.58	0.06473	200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	12	30.000	0.89	0.06787	51%-75% Below	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	12	30.000	6.86	0.06787	200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	12	30.000	6.90	0.06787	200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	12	30.000	7.09	0.06787	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
68001036103	MONTELUKAST SOD 10 MG TABLET	12	90.000	19.58	0.06787	200% Above	No	No
68001036206	CEFDINIR 300 MG CAPSULE	10	20.000	5.37	0.50459	26%-50% Below	No	No
68001036206	CEFDINIR 300 MG CAPSULE	11	10.000	9.90	0.48427	101%-200% Above	No	No
68001036206	CEFDINIR 300 MG CAPSULE	11	42.000	11.27	0.48427	26%-50% Below	No	No
68001036206	CEFDINIR 300 MG CAPSULE	12	10.000	9.90	0.50776	76%-100% Above	No	No
68001036206	CEFDINIR 300 MG CAPSULE	12	14.000	17.47	0.50776	101%-200% Above	No	No
68001036500	METRONIDAZOLE 500 MG TABLET	11	30.000	6.90	0.13048	76%-100% Above	No	No
68001036503	METRONIDAZOLE 500 MG TABLET	9	14.000	5.44	0.11994	200% Above	No	No
68001038103	LABETALOL HCL 100 MG TABLET	11	90.000	4.90	0.11884	51%-75% Below	No	No
68001038203	LABETALOL HCL 200 MG TABLET	12	60.000	4.90	0.16631	26%-50% Below	No	No
68001039700	FAMOTIDINE 20 MG TABLET	10	60.000	2.61	0.0315	26%-50% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	9	60.000	2.61	0.03019	26%-50% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	10	60.000	2.53	0.0315	26%-50% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	10	60.000	2.61	0.0315	26%-50% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	11	30.000	1.55	0.0333	51%-75% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	11	30.000	1.62	0.0333	51%-75% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	11	60.000	2.53	0.0333	26%-50% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	11	60.000	2.61	0.0333	26%-50% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	11	180.000	6.82	0.0333	10%-25% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	12	30.000	1.62	0.03302	51%-75% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	12	60.000	2.53	0.03302	26%-50% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	12	60.000	2.61	0.03302	26%-50% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	9	30.000	1.04	0.05845	26%-50% Below	No	No
68001039803	FAMOTIDINE 40 MG TABLET	9	30.000	4.50	0.05845	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	9	60.000	8.97	0.05845	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
68001039803	FAMOTIDINE 40 MG TABLET	10	30.000	1.09	0.05666	26%-50% Below	No	No
68001039803	FAMOTIDINE 40 MG TABLET	10	30.000	4.36	0.05666	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	10	30.000	4.50	0.05666	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	10	60.000	8.97	0.05666	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	10	90.000	3.27	0.05666	26%-50% Below	No	No
68001039803	FAMOTIDINE 40 MG TABLET	11	30.000	1.09	0.06177	26%-50% Below	No	No
68001039803	FAMOTIDINE 40 MG TABLET	11	30.000	4.50	0.06177	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	11	90.000	3.27	0.06177	26%-50% Below	No	No
68001039803	FAMOTIDINE 40 MG TABLET	11	90.000	12.51	0.06177	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	12	30.000	1.09	0.06227	26%-50% Below	No	No
68001039803	FAMOTIDINE 40 MG TABLET	12	30.000	4.50	0.06227	101%-200% Above	No	No
68001039900	FLUOXETINE HCL 10 MG CAPSULE	9	30.000	1.29	0.03483	10%-25% Above	No	No
68001039900	FLUOXETINE HCL 10 MG CAPSULE	11	30.000	1.32	0.03669	10%-25% Above	No	No
68001039908	FLUOXETINE HCL 10 MG CAPSULE	9	30.000	1.32	0.03483	26%-50% Above	No	No
68001039908	FLUOXETINE HCL 10 MG CAPSULE	9	30.000	1.37	0.03483	26%-50% Above	No	No
68001039908	FLUOXETINE HCL 10 MG CAPSULE	11	90.000	2.88	0.03669	10%-25% Below	No	No
68001039908	FLUOXETINE HCL 10 MG CAPSULE	12	90.000	2.88	0.03645	10%-25% Below	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	9	30.000	1.22	0.03103	26%-50% Above	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	10	7.000	0.66	0.03128	200% Above	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	10	30.000	1.20	0.03128	26%-50% Above	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	10	30.000	1.22	0.03128	26%-50% Above	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	11	30.000	1.20	0.03063	26%-50% Above	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	11	30.000	1.22	0.03063	26%-50% Above	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	12	30.000	1.20	0.034	10%-25% Above	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	12	90.000	2.60	0.034	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
68001040100	FLUOXETINE HCL 40 MG CAPSULE	11	30.000	4.90	0.06911	101%-200% Above	No	No
68001040100	FLUOXETINE HCL 40 MG CAPSULE	12	30.000	6.04	0.07279	101%-200% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	9	30.000	6.04	0.07364	101%-200% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	10	30.000	6.04	0.06988	101%-200% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	10	30.000	6.25	0.06988	101%-200% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	11	30.000	6.04	0.06911	101%-200% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	11	30.000	6.25	0.06911	200% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	11	180.000	6.82	0.06911	26%-50% Below	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	12	30.000	6.04	0.07279	101%-200% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	12	30.000	6.25	0.07279	101%-200% Above	No	No
68001040303	LEVETIRACETAM 500 MG TABLET	10	180.000	24.55	0.09479	26%-50% Above	No	No
68001041103	GABAPENTIN 600 MG TABLET	9	90.000	3.17	0.09614	51%-75% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	9	90.000	6.90	0.09614	10%-25% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	9	90.000	9.90	0.09614	10%-25% Above	No	No
68001041103	GABAPENTIN 600 MG TABLET	9	120.000	6.90	0.09614	26%-50% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	10	90.000	9.90	0.09749	10%-25% Above	No	No
68001041103	GABAPENTIN 600 MG TABLET	10	120.000	6.90	0.09749	26%-50% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	11	30.000	3.92	0.09763	26%-50% Above	No	No
68001041103	GABAPENTIN 600 MG TABLET	11	90.000	9.90	0.09763	10%-25% Above	No	No
68001041103	GABAPENTIN 600 MG TABLET	11	120.000	6.90	0.09763	26%-50% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	12	90.000	6.90	0.10861	26%-50% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	12	120.000	6.90	0.10861	26%-50% Below	No	No
68001041203	GABAPENTIN 800 MG TABLET	9	72.000	5.19	0.12667	26%-50% Below	No	No
68001041203	GABAPENTIN 800 MG TABLET	10	120.000	6.30	0.12506	51%-75% Below	No	No
68001041203	GABAPENTIN 800 MG TABLET	10	120.000	8.65	0.12506	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
68001041203	GABAPENTIN 800 MG TABLET	11	120.000	6.30	0.122	51%-75% Below	No	No
68001041203	GABAPENTIN 800 MG TABLET	12	120.000	6.30	0.12745	51%-75% Below	No	No
68001041405	DULOXETINE HCL DR 30 MG CAP	9	90.000	14.90	0.10079	51%-75% Above	No	No
68001041508	DULOXETINE HCL DR 60 MG CAP	9	30.000	6.90	0.1125	101%-200% Above	No	No
68001041508	DULOXETINE HCL DR 60 MG CAP	9	30.000	14.90	0.1125	200% Above	No	No
68001041508	DULOXETINE HCL DR 60 MG CAP	10	30.000	6.90	0.11275	101%-200% Above	No	No
68001041508	DULOXETINE HCL DR 60 MG CAP	10	30.000	14.90	0.11275	200% Above	No	No
68001041508	DULOXETINE HCL DR 60 MG CAP	11	30.000	6.90	0.11281	101%-200% Above	No	No
68001042300	NITROFURANTOIN MONO-MCR 100 MG	10	14.000	14.90	0.52826	101%-200% Above	No	No
68001042300	NITROFURANTOIN MONO-MCR 100 MG	11	14.000	3.74	0.51006	26%-50% Below	No	No
68001042300	NITROFURANTOIN MONO-MCR 100 MG	11	14.000	9.90	0.51006	26%-50% Above	No	No
68001042300	NITROFURANTOIN MONO-MCR 100 MG	12	14.000	9.90	0.5568	26%-50% Above	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	9	30.000	1.80	0.06707	10%-25% Below	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	10	60.000	3.09	0.06548	10%-25% Below	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	11	30.000	1.80	0.0701	10%-25% Below	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	11	60.000	3.09	0.0701	26%-50% Below	No	No
68001043897	LORATADINE 10 MG TABLET	11	90.000	3.70	0.05749	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	10	30.000	5.37	0.28462	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	11	30.000	5.37	0.28032	26%-50% Below	No	No
68001044998	LORATADINE 5 MG/5 ML SOLUTION	9	45.000	1.18	0.04332	26%-50% Below	No	No
68001044998	LORATADINE 5 MG/5 ML SOLUTION	11	75.000	1.97	0.04211	26%-50% Below	No	No
68001044998	LORATADINE 5 MG/5 ML SOLUTION	12	75.000	1.97	0.04562	26%-50% Below	No	No
68001045508	ESCITALOPRAM 10 MG TABLET	9	90.000	10.24	0.04847	101%-200% Above	No	No
68001045842	ENOXAPARIN 40 MG/0.4 ML SYR	11	12.000	79.32	12.89609	26%-50% Below	No	No
68001047303	DIVALPROEX SOD DR 250 MG TAB	9	60.000	9.90	0.0868	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
68001047303	DIVALPROEX SOD DR 250 MG TAB	11	180.000	8.35	0.08731	26%-50% Below	No	No
68001048500	METAXALONE 800 MG TABLET	10	21.000	14.90	0.46893	51%-75% Above	No	No
68001048600	LISINOPRIL 40 MG TABLET	11	30.000	2.09	0.04836	26%-50% Above	No	No
68001048600	LISINOPRIL 40 MG TABLET	12	30.000	2.09	0.04728	26%-50% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	9	30.000	2.09	0.04515	51%-75% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	11	30.000	2.09	0.04836	26%-50% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	11	90.000	5.56	0.04836	26%-50% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	12	30.000	2.09	0.04728	26%-50% Above	No	No
68001050103	METOPROLOL SUCC ER 50 MG TAB	10	90.000	22.01	0.07734	200% Above	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	9	15.000	0.83	0.12979	51%-75% Below	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	10	15.000	0.83	0.13342	51%-75% Below	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	11	15.000	0.77	0.12738	51%-75% Below	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	11	30.000	14.16	0.12738	200% Above	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	11	90.000	41.49	0.12738	200% Above	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	12	15.000	0.77	0.1034	26%-50% Below	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	9	30.000	4.15	0.12498	10%-25% Above	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	10	30.000	6.27	0.12918	51%-75% Above	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	11	30.000	4.15	0.11773	10%-25% Above	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	11	30.000	6.27	0.11773	76%-100% Above	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	11	60.000	4.90	0.11773	26%-50% Below	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	12	30.000	4.15	0.12476	10%-25% Above	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	12	30.000	6.27	0.12476	51%-75% Above	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	12	60.000	4.90	0.12476	26%-50% Below	No	No
68001051903	BUPROPION HCL XL 150 MG TABLET	9	30.000	6.90	0.10136	101%-200% Above	No	No
68001051903	BUPROPION HCL XL 150 MG TABLET	9	30.000	9.90	0.10136	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
68001051905	BUPROPION HCL XL 150 MG TABLET	11	90.000	44.90	0.10286	200% Above	No	No
68001052003	BUPROPION HCL XL 300 MG TABLET	9	30.000	14.90	0.1614	200% Above	No	No
68001052003	BUPROPION HCL XL 300 MG TABLET	10	30.000	14.90	0.18795	101%-200% Above	No	No
68001052003	BUPROPION HCL XL 300 MG TABLET	11	30.000	14.90	0.19648	101%-200% Above	No	No
68001052003	BUPROPION HCL XL 300 MG TABLET	11	90.000	3.03	0.19648	76%-100% Below	No	No
68001056703	POTASSIUM CL ER 20 MEQ TABLET	11	28.000	8.55	0.17154	76%-100% Above	No	No
68001058503	GLIMEPIRIDE 2 MG TABLET	10	180.000	23.32	0.03427	200% Above	No	No
68001059608	DULOXETINE HCL DR 60 MG CAP	12	30.000	6.90	0.11582	76%-100% Above	No	No
68180012102	CEPHALEXIN 250 MG CAPSULE	11	14.000	1.68	0.09329	26%-50% Above	No	No
68180012201	CEPHALEXIN 500 MG CAPSULE	9	14.000	0.96	0.13417	26%-50% Below	No	No
68180012202	CEPHALEXIN 500 MG CAPSULE	9	21.000	2.01	0.13417	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	9	30.000	2.73	0.13417	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	9	40.000	2.82	0.13417	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	10	20.000	1.99	0.14194	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	10	28.000	2.51	0.14194	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	10	40.000	3.47	0.14194	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	11	20.000	1.41	0.13831	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	11	30.000	2.65	0.13831	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	12	16.000	1.13	0.15756	51%-75% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	12	20.000	1.41	0.15756	51%-75% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	12	28.000	2.70	0.15756	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	12	30.000	2.73	0.15756	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	12	40.000	3.37	0.15756	26%-50% Below	Yes	No
68180015001	FAMOTIDINE 40 MG/5 ML SUSP	9	100.000	34.84	0.57272	26%-50% Below	No	No
68180015301	DESLORATADINE 5 MG TABLET	9	30.000	5.73	0.33492	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
68180015301	DESLORATADINE 5 MG TABLET	10	30.000	5.92	0.31994	26%-50% Below	No	No
68180015301	DESLORATADINE 5 MG TABLET	11	30.000	5.92	0.35457	26%-50% Below	No	No
68180015301	DESLORATADINE 5 MG TABLET	11	30.000	19.09	0.35457	76%-100% Above	No	No
68180015301	DESLORATADINE 5 MG TABLET	12	30.000	5.92	0.35462	26%-50% Below	No	No
68180015301	DESLORATADINE 5 MG TABLET	12	30.000	14.90	0.35462	26%-50% Above	No	No
68180018001	CEFADROXIL 500 MG CAPSULE	9	14.000	2.21	0.31385	26%-50% Below	Yes	No
68180019406	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TB	9	90.000	31.34	0.7146	51%-75% Below	No	No
68180019406	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TB	12	30.000	7.02	0.62059	51%-75% Below	No	No
68180023209	FENOFIBRATE 160 MG TABLET	11	90.000	43.81	0.15446	200% Above	Yes	No
68180031902	BUPROPION HCL XL 150 MG TABLET	9	30.000	14.90	0.10136	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	9	90.000	25.54	0.10136	101%-200% Above	Yes	No
68180031902	BUPROPION HCL XL 150 MG TABLET	10	30.000	14.90	0.10476	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	12	30.000	14.90	0.11369	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	12	90.000	22.01	0.11369	101%-200% Above	Yes	No
68180031906	BUPROPION HCL XL 150 MG TABLET	9	90.000	25.54	0.10136	101%-200% Above	Yes	No
68180031906	BUPROPION HCL XL 150 MG TABLET	12	30.000	9.90	0.11369	101%-200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	9	30.000	4.90	0.10136	51%-75% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	11	24.000	4.90	0.10286	76%-100% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	11	30.000	11.38	0.10286	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	12	30.000	4.90	0.11369	26%-50% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	11	30.000	4.90	0.19648	10%-25% Below	No	No
68180032006	BUPROPION HCL XL 300 MG TABLET	11	30.000	9.90	0.19648	51%-75% Above	No	No
68180032006	BUPROPION HCL XL 300 MG TABLET	12	30.000	9.90	0.17922	76%-100% Above	No	No
68180032009	BUPROPION HCL XL 300 MG TABLET	9	30.000	6.90	0.1614	26%-50% Above	No	No
68180032009	BUPROPION HCL XL 300 MG TABLET	9	90.000	9.90	0.1614	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
68180032009	BUPROPION HCL XL 300 MG TABLET	10	30.000	6.90	0.18795	10%-25% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	9	30.000	1.94	0.04068	51%-75% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	9	30.000	1.98	0.04068	51%-75% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	9	30.000	2.03	0.04068	51%-75% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	10	30.000	1.89	0.04057	51%-75% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	10	30.000	1.94	0.04057	51%-75% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	10	30.000	2.03	0.04057	51%-75% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	11	30.000	1.94	0.04109	51%-75% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	11	30.000	2.03	0.04109	51%-75% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	11	90.000	4.68	0.04109	26%-50% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	11	90.000	13.74	0.04109	200% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	12	30.000	1.89	0.04404	26%-50% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	12	30.000	1.94	0.04404	26%-50% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	12	30.000	2.03	0.04404	51%-75% Above	No	No
68180035209	SERTRALINE HCL 50 MG TABLET	11	90.000	4.83	0.04109	26%-50% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	9	30.000	0.60	0.05802	51%-75% Below	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	9	30.000	2.88	0.05802	51%-75% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	9	45.000	4.06	0.05802	51%-75% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	10	30.000	0.60	0.05587	51%-75% Below	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	10	30.000	0.92	0.05587	26%-50% Below	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	10	30.000	2.88	0.05587	51%-75% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	10	30.000	7.27	0.05587	200% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	10	45.000	4.06	0.05587	51%-75% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	10	60.000	5.25	0.05587	51%-75% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	11	17.000	1.85	0.05593	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
68180035302	SERTRALINE HCL 100 MG TABLET	11	30.000	0.92	0.05593	26%-50% Below	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	11	30.000	2.88	0.05593	51%-75% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	11	45.000	4.06	0.05593	51%-75% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	11	90.000	7.38	0.05593	26%-50% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	12	30.000	2.88	0.05672	51%-75% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	12	45.000	4.06	0.05672	51%-75% Above	No	No
68180035309	SERTRALINE HCL 100 MG TABLET	10	90.000	5.99	0.05587	10%-25% Above	Yes	No
68180035309	SERTRALINE HCL 100 MG TABLET	10	135.000	10.81	0.05587	26%-50% Above	No	No
68180035309	SERTRALINE HCL 100 MG TABLET	11	90.000	79.43	0.05593	200% Above	No	No
68180035309	SERTRALINE HCL 100 MG TABLET	12	90.000	7.72	0.05672	51%-75% Above	No	No
68180038809	FENOFIBRATE 48 MG TABLET	10	90.000	19.17	0.10436	101%-200% Above	Yes	No
68180038809	FENOFIBRATE 48 MG TABLET	12	90.000	17.89	0.10366	76%-100% Above	Yes	No
68180038909	FENOFIBRATE 145 MG TABLET	9	90.000	29.90	0.16054	101%-200% Above	Yes	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	9	3.000	19.90	2.6857	101%-200% Above	No	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	10	3.000	14.90	2.44541	101%-200% Above	No	No
68180044101	CEPHALEXIN 250 MG/5 ML SUSP	12	100.000	4.81	0.11038	51%-75% Below	Yes	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	11	200.000	9.60	0.07576	26%-50% Below	Yes	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	12	200.000	9.60	0.08268	26%-50% Below	Yes	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	11	30.000	4.57	0.04574	200% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	11	30.000	9.00	0.04574	200% Above	No	No
68180046403	SIMVASTATIN 40 MG TABLET	9	30.000	1.16	0.05511	26%-50% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	9	90.000	0.01	0.05511	76%-100% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	10	30.000	1.16	0.07012	26%-50% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	10	30.000	14.04	0.07012	200% Above	No	No
68180046403	SIMVASTATIN 40 MG TABLET	11	30.000	0.87	0.06297	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	11	30.000	14.04	0.06297	200% Above	No	No
68180046403	SIMVASTATIN 40 MG TABLET	12	30.000	0.87	0.0681	51%-75% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	12	30.000	14.04	0.0681	200% Above	No	No
68180046707	LOVASTATIN 10 MG TABLET	10	90.000	2.57	0.04377	26%-50% Below	No	No
68180046907	LOVASTATIN 40 MG TABLET	9	90.000	2.95	0.05699	26%-50% Below	Yes	No
68180047803	SIMVASTATIN 10 MG TABLET	9	90.000	1.40	0.03034	26%-50% Below	No	No
68180047803	SIMVASTATIN 10 MG TABLET	12	90.000	1.40	0.03589	51%-75% Below	No	No
68180047901	SIMVASTATIN 20 MG TABLET	11	90.000	1.58	0.03689	51%-75% Below	No	No
68180047902	SIMVASTATIN 20 MG TABLET	10	90.000	2.06	0.03831	26%-50% Below	No	No
68180047902	SIMVASTATIN 20 MG TABLET	12	90.000	2.06	0.04119	26%-50% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	9	30.000	0.00	0.03392	76%-100% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	9	30.000	0.52	0.03392	26%-50% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	9	30.000	9.00	0.03392	200% Above	No	No
68180047903	SIMVASTATIN 20 MG TABLET	10	30.000	0.47	0.03831	51%-75% Below	Yes	No
68180047903	SIMVASTATIN 20 MG TABLET	10	30.000	0.53	0.03831	51%-75% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	10	30.000	6.26	0.03831	200% Above	No	No
68180047903	SIMVASTATIN 20 MG TABLET	10	30.000	9.00	0.03831	200% Above	No	No
68180047903	SIMVASTATIN 20 MG TABLET	10	90.000	18.77	0.03831	200% Above	No	No
68180047903	SIMVASTATIN 20 MG TABLET	11	30.000	0.47	0.03689	51%-75% Below	Yes	No
68180047903	SIMVASTATIN 20 MG TABLET	11	30.000	0.53	0.03689	51%-75% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	11	30.000	6.26	0.03689	200% Above	No	No
68180047903	SIMVASTATIN 20 MG TABLET	11	90.000	18.77	0.03689	200% Above	No	No
68180047903	SIMVASTATIN 20 MG TABLET	12	30.000	0.60	0.04119	51%-75% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	12	30.000	9.00	0.04119	200% Above	No	No
68180047903	SIMVASTATIN 20 MG TABLET	12	90.000	1.80	0.04119	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
68180051201	LISINOPRIL 2.5 MG TABLET	11	90.000	1.01	0.01494	10%-25% Below	Yes	No
68180051201	LISINOPRIL 2.5 MG TABLET	12	90.000	1.78	0.01433	26%-50% Above	Yes	No
68180051301	LISINOPRIL 5 MG TABLET	9	90.000	1.14	0.01584	10%-25% Below	Yes	No
68180051301	LISINOPRIL 5 MG TABLET	11	90.000	1.05	0.01578	26%-50% Below	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	9	30.000	0.16	0.01584	51%-75% Below	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	10	30.000	0.16	0.01457	51%-75% Below	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	11	30.000	0.16	0.01578	51%-75% Below	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	12	30.000	0.16	0.01453	51%-75% Below	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	9	90.000	1.32	0.03498	51%-75% Below	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	9	90.000	2.40	0.03498	10%-25% Below	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	10	90.000	2.40	0.03218	10%-25% Below	No	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	11	90.000	1.90	0.03406	26%-50% Below	No	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	12	90.000	2.40	0.03298	10%-25% Below	Yes	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	11	30.000	1.13	0.03406	10%-25% Above	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	12	30.000	1.13	0.03298	10%-25% Above	No	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	9	30.000	1.70	0.0464	10%-25% Above	No	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	10	30.000	1.45	0.04392	10%-25% Above	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	11	30.000	1.70	0.0442	26%-50% Above	No	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	11	90.000	3.25	0.0442	10%-25% Below	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	11	90.000	3.35	0.0442	10%-25% Below	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	12	30.000	1.70	0.04465	26%-50% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	10	90.000	12.38	0.04392	200% Above	No	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	9	90.000	2.40	0.04768	26%-50% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	12	90.000	2.07	0.04651	26%-50% Below	Yes	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	9	90.000	3.35	0.04768	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
68180052002	LISINAPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	12	90.000	12.53	0.04651	101%-200% Above	No	No
68180059306	DESVENLAFAXINE SUCCNT ER 100 MG	11	90.000	175.33	0.52044	200% Above	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	10	60.000	27.96	0.24059	76%-100% Above	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	11	10.000	18.95	1.04685	76%-100% Above	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	11	10.000	63.12	1.04685	200% Above	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.000	18.95	1.324	26%-50% Above	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.000	19.90	1.324	26%-50% Above	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.000	63.12	1.324	200% Above	No	No
68180067801	OSELTAMIVIR 6 MG/ML SUSPENSION	11	120.000	18.46	0.22394	26%-50% Below	No	No
68180067801	OSELTAMIVIR 6 MG/ML SUSPENSION	12	120.000	1.20	0.27758	76%-100% Below	No	No
68180069806	TRAMADOL HCL ER 200 MG TABLET	9	30.000	9.48	1.59173	76%-100% Below	No	No
68180069806	TRAMADOL HCL ER 200 MG TABLET	10	30.000	6.90	1.40486	76%-100% Below	No	No
68180069806	TRAMADOL HCL ER 200 MG TABLET	11	30.000	6.90	2.02002	76%-100% Below	No	No
68180069806	TRAMADOL HCL ER 200 MG TABLET	12	30.000	71.61	1.49578	51%-75% Above	No	No
68180071160	CEFdinIR 300 MG CAPSULE	9	20.000	6.90	0.49194	26%-50% Below	Yes	No
68180071909	AMLODIPINE BESYLATE 2.5 MG TAB	10	90.000	4.62	0.01269	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	9	30.000	0.18	0.01085	26%-50% Below	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	9	30.000	0.20	0.01085	26%-50% Below	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	9	30.000	1.05	0.01085	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	9	30.000	1.05	0.01085	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	9	30.000	1.08	0.01085	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	9	90.000	1.37	0.01085	26%-50% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	9	90.000	2.09	0.01085	101%-200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	9	90.000	2.16	0.01085	101%-200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	9	90.000	2.18	0.01085	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
68180072003	AMLODIPINE BESYLATE 5 MG TAB	9	90.000	2.25	0.01085	101%-200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	10	30.000	0.18	0.01054	26%-50% Below	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	10	30.000	0.21	0.01054	26%-50% Below	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	10	30.000	1.05	0.01054	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	10	30.000	1.05	0.01054	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	10	30.000	1.08	0.01054	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	10	90.000	2.09	0.01054	101%-200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	10	90.000	2.18	0.01054	101%-200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	10	135.000	2.98	0.01054	101%-200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	11	30.000	0.19	0.01133	26%-50% Below	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	11	30.000	1.05	0.01133	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	11	30.000	1.05	0.01133	200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	11	30.000	1.08	0.01133	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	11	90.000	1.18	0.01133	10%-25% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	11	90.000	2.09	0.01133	101%-200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	11	90.000	2.16	0.01133	101%-200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	11	90.000	2.16	0.01133	101%-200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	11	90.000	2.34	0.01133	101%-200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	11	90.000	7.31	0.01133	200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	12	20.000	0.12	0.01187	26%-50% Below	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	12	30.000	0.18	0.01187	26%-50% Below	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	12	30.000	0.19	0.01187	26%-50% Below	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	12	30.000	1.05	0.01187	101%-200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	12	30.000	1.05	0.01187	101%-200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	12	30.000	1.08	0.01187	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
68180072003	AMLODIPINE BESYLATE 5 MG TAB	12	60.000	1.60	0.01187	101%-200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	12	90.000	1.18	0.01187	10%-25% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	12	90.000	2.09	0.01187	76%-100% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	12	90.000	2.16	0.01187	101%-200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	12	90.000	2.18	0.01187	101%-200% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	12	90.000	2.25	0.01187	101%-200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	12	90.000	7.31	0.01187	200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	9	30.000	1.26	0.01527	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	9	30.000	1.26	0.01527	101%-200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	9	30.000	1.30	0.01527	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	9	90.000	1.88	0.01527	26%-50% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	9	90.000	2.70	0.01527	76%-100% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	9	90.000	2.78	0.01527	101%-200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	9	90.000	2.79	0.01527	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	9	90.000	11.34	0.01527	200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	10	30.000	1.26	0.01476	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	10	30.000	1.26	0.01476	101%-200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	10	30.000	1.30	0.01476	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	10	90.000	1.74	0.01476	26%-50% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	10	90.000	2.78	0.01476	101%-200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	10	90.000	2.79	0.01476	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	11	30.000	1.23	0.01478	101%-200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	11	30.000	1.26	0.01478	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	11	30.000	1.26	0.01478	101%-200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	11	30.000	1.30	0.01478	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
68180072103	AMLODIPINE BESYLATE 10 MG TAB	11	90.000	1.62	0.01478	10%-25% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	11	90.000	2.78	0.01478	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	11	90.000	2.78	0.01478	101%-200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	11	90.000	2.79	0.01478	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	12	30.000	0.27	0.01817	26%-50% Below	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	12	30.000	1.26	0.01817	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	12	30.000	1.26	0.01817	101%-200% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	12	30.000	1.30	0.01817	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	12	90.000	2.70	0.01817	51%-75% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	12	90.000	2.70	0.01817	51%-75% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	12	90.000	2.78	0.01817	51%-75% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	12	90.000	2.78	0.01817	51%-75% Above	Yes	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	12	60.000	6.90	0.20235	26%-50% Below	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	12	60.000	9.90	0.20235	10%-25% Below	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	12	60.000	19.90	0.20235	51%-75% Above	No	No
68180072305	CEFDINIR 250 MG/5 ML SUSP	9	100.000	7.67	0.17234	51%-75% Below	No	No
68180078001	ZOLPIDEM TART ER 12.5 MG TAB	9	30.000	6.90	0.15857	26%-50% Above	No	No
68180078001	ZOLPIDEM TART ER 12.5 MG TAB	10	30.000	6.90	0.15992	26%-50% Above	No	No
68180078001	ZOLPIDEM TART ER 12.5 MG TAB	11	30.000	3.00	0.16708	26%-50% Below	No	No
68180078001	ZOLPIDEM TART ER 12.5 MG TAB	11	30.000	9.90	0.16708	76%-100% Above	Yes	No
68180078001	ZOLPIDEM TART ER 12.5 MG TAB	12	30.000	3.00	0.2066	51%-75% Below	No	No
68180078001	ZOLPIDEM TART ER 12.5 MG TAB	12	30.000	9.90	0.2066	51%-75% Above	Yes	No
68180083773	TRI-LO-MARZIA TABLET	12	28.000	2.33	0.12813	26%-50% Below	Yes	No
68180086106	AZITHROMYCIN 250 MG TABLET	9	6.000	3.57	0.35827	51%-75% Above	Yes	No
68180086106	AZITHROMYCIN 250 MG TABLET	11	6.000	3.57	0.36094	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
68180086106	AZITHROMYCIN 250 MG TABLET	12	10.000	1.35	0.37291	51%-75% Below	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	9	6.000	0.81	0.35827	51%-75% Below	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	9	6.000	3.46	0.35827	51%-75% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	9	6.000	3.57	0.35827	51%-75% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	10	6.000	0.81	0.33112	51%-75% Below	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	10	6.000	3.46	0.33112	51%-75% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	10	6.000	3.57	0.33112	76%-100% Above	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	10	6.000	3.57	0.33112	76%-100% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	11	6.000	0.81	0.36094	51%-75% Below	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	11	6.000	3.46	0.36094	51%-75% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	11	6.000	3.57	0.36094	51%-75% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	11	6.000	3.75	0.36094	51%-75% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	12	6.000	0.81	0.37291	51%-75% Below	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	12	6.000	3.46	0.37291	51%-75% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	12	6.000	3.57	0.37291	51%-75% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	12	6.000	5.97	0.37291	101%-200% Above	Yes	No
68180086206	AZITHROMYCIN 500 MG TABLET	9	10.000	3.32	0.62032	26%-50% Below	Yes	No
68180086206	AZITHROMYCIN 500 MG TABLET	11	4.000	4.57	0.63766	76%-100% Above	Yes	No
68180086206	AZITHROMYCIN 500 MG TABLET	11	5.000	5.41	0.63766	51%-75% Above	Yes	No
68180086206	AZITHROMYCIN 500 MG TABLET	12	5.000	1.66	0.64228	26%-50% Below	Yes	No
68180086211	AZITHROMYCIN 500 MG TABLET	9	5.000	5.41	0.62032	51%-75% Above	Yes	No
68180086211	AZITHROMYCIN 500 MG TABLET	11	3.000	3.55	0.63766	76%-100% Above	Yes	No
68180086473	BLISOVI 24 FE TABLET	12	84.000	136.99	0.35659	200% Above	No	No
68180086573	BLISOVI FE 1-20 TABLET	9	28.000	2.06	0.16004	51%-75% Below	No	No
68180086573	BLISOVI FE 1-20 TABLET	10	28.000	2.06	0.15303	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
68180086573	BLISOVI FE 1-20 TABLET	12	84.000	9.82	0.17095	26%-50% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	9	28.000	1.30	0.12141	51%-75% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	10	28.000	0.28	0.12021	76%-100% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	10	28.000	5.78	0.12021	51%-75% Above	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	11	28.000	0.28	0.12285	76%-100% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	12	28.000	0.28	0.11994	76%-100% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	12	28.000	1.97	0.11994	26%-50% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	12	28.000	14.21	0.11994	200% Above	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	9	28.000	3.80	0.25336	26%-50% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	9	28.000	3.90	0.25336	26%-50% Below	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	9	84.000	11.70	0.25336	26%-50% Below	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	10	28.000	3.90	0.25331	26%-50% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	10	28.000	3.90	0.25331	26%-50% Below	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	10	84.000	0.01	0.25331	76%-100% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	11	28.000	3.90	0.23901	26%-50% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	11	28.000	3.90	0.23901	26%-50% Below	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	11	84.000	11.70	0.23901	26%-50% Below	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	12	28.000	3.90	0.27307	26%-50% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	12	28.000	3.90	0.27307	26%-50% Below	Yes	No
68180089173	ENSKYCE 28 TABLET	9	28.000	2.10	0.1556	51%-75% Below	No	No
68180089173	ENSKYCE 28 TABLET	10	28.000	0.28	0.15085	76%-100% Below	No	No
68180089173	ENSKYCE 28 TABLET	10	28.000	9.32	0.15085	101%-200% Above	No	No
68180089173	ENSKYCE 28 TABLET	11	28.000	11.86	0.17536	101%-200% Above	No	No
68180089173	ENSKYCE 28 TABLET	12	28.000	11.86	0.17463	101%-200% Above	No	No
68180091173	MIBELAS 24 FE CHEWABLE TABLET	9	28.000	3.40	0.16016	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
68180091173	MIBELAS 24 FE CHEWABLE TABLET	11	28.000	3.40	0.24772	26%-50% Below	Yes	No
68180091173	MIBELAS 24 FE CHEWABLE TABLET	12	28.000	3.40	0.33438	51%-75% Below	Yes	No
68180094111	TESTOSTERONE 1.62% GEL PUMP	9	150.000	43.26	0.46147	26%-50% Below	Yes	No
68180094111	TESTOSTERONE 1.62% GEL PUMP	11	150.000	43.26	0.49222	26%-50% Below	Yes	No
68180094111	TESTOSTERONE 1.62% GEL PUMP	12	150.000	43.26	0.49797	26%-50% Below	Yes	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	9	8.500	14.02	2.85179	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	9	8.500	15.90	2.85179	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	10	8.500	15.90	2.62769	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	11	8.500	15.90	2.7054	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	11	8.500	15.90	2.7054	26%-50% Below	Yes	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	11	17.000	27.54	2.7054	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	12	8.500	4.90	2.70831	76%-100% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	12	8.500	14.02	2.70831	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	12	8.500	15.90	2.70831	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	12	17.000	31.81	2.70831	26%-50% Below	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	9	90.000	4.35	0.06114	10%-25% Below	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	12	30.000	1.73	0.05093	10%-25% Above	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	9	30.000	1.55	0.06726	10%-25% Below	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	10	30.000	1.55	0.06006	10%-25% Below	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	11	30.000	1.55	0.06845	10%-25% Below	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	12	30.000	1.23	0.05715	26%-50% Below	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	9	30.000	1.51	0.06726	10%-25% Below	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	10	30.000	1.51	0.06006	10%-25% Below	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	10	30.000	1.55	0.06006	10%-25% Below	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	11	90.000	3.15	0.06845	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	12	30.000	1.51	0.05715	10%-25% Below	No	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	9	30.000	1.62	0.07394	26%-50% Below	No	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	11	30.000	1.62	0.07109	10%-25% Below	No	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	12	30.000	1.62	0.06108	10%-25% Below	No	No
68180096801	LEVOTHYROXINE 88 MCG TABLET	11	90.000	5.03	0.07232	10%-25% Below	No	No
68180097001	LEVOTHYROXINE 112 MCG TABLET	10	90.000	5.02	0.07846	26%-50% Below	No	No
68180097009	LEVOTHYROXINE 112 MCG TABLET	10	90.000	5.52	0.07846	10%-25% Below	No	No
68180097301	LEVOTHYROXINE 150 MCG TABLET	10	90.000	4.73	0.07754	26%-50% Below	No	No
68180097509	LEVOTHYROXINE 200 MCG TABLET	9	30.000	2.49	0.10336	10%-25% Below	No	No
68180097509	LEVOTHYROXINE 200 MCG TABLET	9	30.000	2.62	0.10336	10%-25% Below	No	No
68180097509	LEVOTHYROXINE 200 MCG TABLET	10	30.000	2.62	0.11267	10%-25% Below	No	No
68180097509	LEVOTHYROXINE 200 MCG TABLET	10	90.000	7.48	0.11267	26%-50% Below	No	No
68180097509	LEVOTHYROXINE 200 MCG TABLET	11	30.000	2.49	0.11467	26%-50% Below	No	No
68180097509	LEVOTHYROXINE 200 MCG TABLET	11	30.000	2.62	0.11467	10%-25% Below	No	No
68180097509	LEVOTHYROXINE 200 MCG TABLET	12	30.000	2.06	0.11149	26%-50% Below	No	No
68180097509	LEVOTHYROXINE 200 MCG TABLET	12	30.000	2.62	0.11149	10%-25% Below	No	No
68180097901	LISINOPRIL 40 MG TABLET	10	90.000	5.11	0.04595	10%-25% Above	No	No
68180097901	LISINOPRIL 40 MG TABLET	11	90.000	1.61	0.04836	51%-75% Below	No	No
68180097903	LISINOPRIL 40 MG TABLET	9	30.000	2.09	0.04515	51%-75% Above	No	No
68180097903	LISINOPRIL 40 MG TABLET	9	30.000	2.19	0.04515	51%-75% Above	No	No
68180097903	LISINOPRIL 40 MG TABLET	9	90.000	5.27	0.04515	26%-50% Above	Yes	No
68180097903	LISINOPRIL 40 MG TABLET	10	30.000	2.19	0.04595	51%-75% Above	No	No
68180097903	LISINOPRIL 40 MG TABLET	10	30.000	2.69	0.04595	76%-100% Above	No	No
68180097903	LISINOPRIL 40 MG TABLET	10	90.000	3.53	0.04595	10%-25% Below	Yes	No
68180097903	LISINOPRIL 40 MG TABLET	10	90.000	5.56	0.04595	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
68180097903	LISINOPRIL 40 MG TABLET	11	30.000	2.69	0.04836	76%-100% Above	No	No
68180097903	LISINOPRIL 40 MG TABLET	12	30.000	2.09	0.04728	26%-50% Above	No	No
68180098001	LISINOPRIL 10 MG TABLET	9	30.000	1.17	0.0191	101%-200% Above	No	No
68180098001	LISINOPRIL 10 MG TABLET	10	30.000	1.07	0.01838	76%-100% Above	No	No
68180098001	LISINOPRIL 10 MG TABLET	10	30.000	1.17	0.01838	101%-200% Above	No	No
68180098001	LISINOPRIL 10 MG TABLET	10	90.000	2.31	0.01838	26%-50% Above	No	No
68180098001	LISINOPRIL 10 MG TABLET	12	30.000	1.07	0.01833	76%-100% Above	No	No
68180098001	LISINOPRIL 10 MG TABLET	12	30.000	1.07	0.01833	76%-100% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	9	30.000	1.07	0.0191	76%-100% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	9	30.000	1.10	0.0191	76%-100% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	9	60.000	1.64	0.0191	26%-50% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	9	90.000	2.24	0.0191	26%-50% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	9	180.000	1.44	0.0191	51%-75% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	10	30.000	1.07	0.01838	76%-100% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	10	30.000	1.10	0.01838	76%-100% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	11	30.000	1.07	0.01968	76%-100% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	11	30.000	1.10	0.01968	76%-100% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	11	30.000	2.91	0.01968	200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	11	90.000	1.32	0.01968	10%-25% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	11	90.000	2.21	0.01968	10%-25% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	11	90.000	8.73	0.01968	200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	12	30.000	1.07	0.01833	76%-100% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	12	30.000	1.10	0.01833	76%-100% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	12	90.000	8.73	0.01833	200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	12	180.000	3.92	0.01833	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
68180098101	LISINOPRIL 20 MG TABLET	10	90.000	4.64	0.02623	76%-100% Above	No	No
68180098101	LISINOPRIL 20 MG TABLET	11	90.000	2.87	0.02638	10%-25% Above	No	No
68180098101	LISINOPRIL 20 MG TABLET	12	30.000	1.32	0.02565	51%-75% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	9	30.000	1.32	0.02659	51%-75% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	9	60.000	2.14	0.02659	26%-50% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	9	90.000	2.07	0.02659	10%-25% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	9	90.000	2.96	0.02659	10%-25% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	9	90.000	3.05	0.02659	26%-50% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	9	90.000	3.10	0.02659	26%-50% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	10	30.000	1.32	0.02623	51%-75% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	10	60.000	2.14	0.02623	26%-50% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	10	90.000	1.91	0.02623	10%-25% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	10	90.000	2.96	0.02623	10%-25% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	10	90.000	2.96	0.02623	10%-25% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	11	30.000	1.32	0.02638	51%-75% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	11	60.000	2.14	0.02638	26%-50% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	11	90.000	1.78	0.02638	10%-25% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	11	90.000	2.87	0.02638	10%-25% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	11	90.000	2.96	0.02638	10%-25% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	11	90.000	10.76	0.02638	200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	12	30.000	1.32	0.02565	51%-75% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	12	60.000	2.14	0.02565	26%-50% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	12	90.000	1.78	0.02565	10%-25% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	12	90.000	2.96	0.02565	26%-50% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	12	90.000	3.05	0.02565	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
68180098103	LISINOPRIL 20 MG TABLET	12	90.000	3.10	0.02565	26%-50% Above	Yes	No
68180098202	LISINOPRIL 30 MG TABLET	10	30.000	2.44	0.05219	51%-75% Above	No	No
68180098202	LISINOPRIL 30 MG TABLET	11	30.000	2.44	0.05837	26%-50% Above	No	No
68308015230	NYSTATIN 100,000 UNIT/GM POWD	10	30.000	9.90	0.29848	10%-25% Above	Yes	No
68308015260	NYSTATIN 100,000 UNIT/GM POWD	10	60.000	9.47	0.26915	26%-50% Below	No	No
68382000106	PAROXETINE HCL 40 MG TABLET	9	30.000	9.00	0.11054	101%-200% Above	No	No
68382000106	PAROXETINE HCL 40 MG TABLET	11	90.000	24.00	0.12762	101%-200% Above	No	No
68382000106	PAROXETINE HCL 40 MG TABLET	12	30.000	9.00	0.12733	101%-200% Above	No	No
68382002210	ATENOLOL 25 MG TABLET	9	30.000	2.32	0.02262	200% Above	No	No
68382002210	ATENOLOL 25 MG TABLET	9	30.000	2.32	0.02262	200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	9	90.000	5.77	0.02262	101%-200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	9	90.000	6.29	0.02262	200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	10	90.000	3.15	0.02194	51%-75% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	11	180.000	11.43	0.02375	101%-200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	12	90.000	5.77	0.02439	101%-200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	12	90.000	6.29	0.02439	101%-200% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	9	30.000	2.89	0.02671	200% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	9	90.000	3.38	0.02671	26%-50% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	10	30.000	2.89	0.02594	200% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	10	90.000	3.38	0.02594	26%-50% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	11	30.000	2.89	0.02618	200% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	11	90.000	2.92	0.02618	10%-25% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	11	90.000	8.08	0.02618	200% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	12	90.000	2.92	0.02676	10%-25% Above	Yes	No
68382003516	VENLAFAXINE HCL ER 75 MG CAP	9	30.000	4.90	0.11235	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
68382003516	VENLAFAXINE HCL ER 75 MG CAP	10	30.000	4.90	0.10313	51%-75% Above	Yes	No
68382003516	VENLAFAXINE HCL ER 75 MG CAP	10	90.000	12.40	0.10313	26%-50% Above	Yes	No
68382003516	VENLAFAXINE HCL ER 75 MG CAP	11	30.000	5.11	0.11516	26%-50% Above	Yes	No
68382003616	VENLAFAXINE HCL ER 150 MG CAP	10	90.000	9.05	0.14823	26%-50% Below	Yes	No
68382004001	PROMETHAZINE 12.5 MG TABLET	9	20.000	2.55	0.04521	101%-200% Above	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	12	120.000	0.01	0.04588	76%-100% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	9	2.000	0.70	0.0491	200% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	10	30.000	3.03	0.04767	101%-200% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	10	30.000	3.53	0.04767	101%-200% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	11	5.000	0.99	0.04478	200% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	12	12.000	1.21	0.0493	101%-200% Above	No	No
68382004105	PROMETHAZINE 25 MG TABLET	10	30.000	3.43	0.04767	101%-200% Above	No	No
68382004105	PROMETHAZINE 25 MG TABLET	11	2.000	0.70	0.04478	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	9	30.000	0.33	0.01881	26%-50% Below	No	No
68382005005	MELOXICAM 7.5 MG TABLET	9	30.000	1.29	0.01881	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	9	90.000	2.87	0.01881	51%-75% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	9	90.000	2.95	0.01881	51%-75% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	11	90.000	2.87	0.02001	51%-75% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	12	30.000	7.98	0.02105	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	12	90.000	11.89	0.02105	200% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	9	30.000	1.16	0.02097	76%-100% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	10	30.000	1.16	0.02006	76%-100% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	10	30.000	1.18	0.02006	76%-100% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	10	90.000	2.47	0.02006	26%-50% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	11	30.000	1.16	0.02223	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
68382005101	MELOXICAM 15 MG TABLET	12	30.000	0.40	0.02175	26%-50% Below	No	No
68382005101	MELOXICAM 15 MG TABLET	12	30.000	1.16	0.02175	76%-100% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	12	30.000	1.18	0.02175	76%-100% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	12	90.000	2.47	0.02175	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	9	30.000	1.18	0.02097	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	9	30.000	1.25	0.02097	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	9	30.000	1.27	0.02097	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	9	30.000	4.73	0.02097	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	9	30.000	12.00	0.02097	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	9	90.000	2.63	0.02097	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	9	90.000	36.00	0.02097	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	10	15.000	0.00	0.02006	76%-100% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	10	15.000	0.34	0.02006	10%-25% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	10	30.000	0.68	0.02006	10%-25% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	10	30.000	1.16	0.02006	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	10	30.000	1.18	0.02006	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	10	30.000	1.22	0.02006	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	10	30.000	4.73	0.02006	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	10	90.000	2.04	0.02006	10%-25% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	10	90.000	2.56	0.02006	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	10	90.000	36.00	0.02006	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	11	30.000	0.36	0.02223	26%-50% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	11	30.000	1.16	0.02223	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	11	30.000	1.18	0.02223	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	11	30.000	1.22	0.02223	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
68382005105	MELOXICAM 15 MG TABLET	11	30.000	4.73	0.02223	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	11	60.000	1.86	0.02223	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	12	15.000	0.00	0.02175	76%-100% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	12	15.000	0.84	0.02175	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	12	30.000	1.18	0.02175	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	12	30.000	1.22	0.02175	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	12	30.000	4.73	0.02175	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	12	30.000	12.00	0.02175	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	12	90.000	36.00	0.02175	200% Above	No	No
68382009101	BENZONATATE 200 MG CAPSULE	11	30.000	9.90	0.11412	101%-200% Above	No	No
68382009101	BENZONATATE 200 MG CAPSULE	12	20.000	6.91	0.12442	101%-200% Above	No	No
68382009201	CARVEDILOL 3.125 MG TABLET	9	180.000	5.32	0.01891	51%-75% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	9	60.000	2.17	0.01891	76%-100% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	10	60.000	2.17	0.01726	101%-200% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	10	180.000	10.00	0.01726	200% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	12	60.000	2.17	0.01826	76%-100% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	9	60.000	2.25	0.01981	76%-100% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	11	60.000	2.25	0.01998	76%-100% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	11	60.000	4.00	0.01998	200% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	12	60.000	2.25	0.01997	76%-100% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	12	180.000	5.74	0.01997	51%-75% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	9	60.000	0.79	0.02293	26%-50% Below	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	9	60.000	0.94	0.02293	26%-50% Below	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	9	60.000	2.34	0.02293	51%-75% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	10	60.000	0.94	0.02287	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
68382009405	CARVEDILOL 12.5 MG TABLET	10	60.000	2.64	0.02287	76%-100% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	11	60.000	2.27	0.02268	51%-75% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	11	60.000	2.34	0.02268	51%-75% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	11	180.000	4.61	0.02268	10%-25% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	12	60.000	2.27	0.02247	51%-75% Above	No	No
68382009405	CARVEDILOL 12.5 MG TABLET	12	60.000	2.34	0.02247	51%-75% Above	No	No
68382009501	CARVEDILOL 25 MG TABLET	9	180.000	7.25	0.03239	10%-25% Above	No	No
68382009501	CARVEDILOL 25 MG TABLET	10	60.000	2.75	0.03132	26%-50% Above	No	No
68382009501	CARVEDILOL 25 MG TABLET	12	180.000	7.25	0.03129	26%-50% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	9	60.000	2.75	0.03239	26%-50% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	10	60.000	2.75	0.03132	26%-50% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	10	60.000	3.14	0.03132	51%-75% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	10	180.000	7.25	0.03132	26%-50% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	11	60.000	1.06	0.03163	26%-50% Below	No	No
68382009505	CARVEDILOL 25 MG TABLET	11	60.000	2.75	0.03163	26%-50% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	11	180.000	7.25	0.03163	26%-50% Above	No	No
68382009505	CARVEDILOL 25 MG TABLET	12	60.000	0.94	0.03129	26%-50% Below	No	No
68382009505	CARVEDILOL 25 MG TABLET	12	60.000	2.75	0.03129	26%-50% Above	No	No
68382009601	HYDROXYCHLOROQUINE 200 MG TAE	10	90.000	44.71	0.17883	101%-200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAE	9	60.000	14.90	0.20755	10%-25% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAE	10	60.000	14.90	0.17883	26%-50% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAE	10	60.000	29.90	0.17883	101%-200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAE	11	60.000	14.90	0.19115	26%-50% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAE	11	60.000	29.90	0.19115	101%-200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAE	12	60.000	14.90	0.18951	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
68382009705	PAROXETINE HCL 10 MG TABLET	11	30.000	3.08	0.07361	26%-50% Above	No	No
68382009706	PAROXETINE HCL 10 MG TABLET	9	15.000	1.68	0.06971	51%-75% Above	No	No
68382009706	PAROXETINE HCL 10 MG TABLET	12	30.000	2.95	0.07061	26%-50% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	9	30.000	4.00	0.07132	76%-100% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	10	30.000	4.00	0.06934	76%-100% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	11	30.000	4.00	0.06885	76%-100% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	11	90.000	4.90	0.06885	10%-25% Below	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	12	30.000	4.00	0.08708	51%-75% Above	No	No
68382011314	RISPERIDONE 0.5 MG TABLET	9	45.000	6.00	0.04052	200% Above	No	No
68382011314	RISPERIDONE 0.5 MG TABLET	10	135.000	15.00	0.04182	101%-200% Above	No	No
68382011414	RISPERIDONE 1 MG TABLET	12	30.000	0.74	0.04832	26%-50% Below	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	9	30.000	6.99	0.05878	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	10	7.000	3.42	0.05642	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	10	30.000	12.07	0.05642	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	11	34.000	13.68	0.05848	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	11	90.000	36.22	0.05848	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	12	34.000	13.68	0.05661	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	9	30.000	1.00	0.05878	26%-50% Below	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	9	30.000	6.90	0.05878	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	9	60.000	14.90	0.05878	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	9	180.000	44.90	0.05878	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	10	30.000	1.07	0.05642	26%-50% Below	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	10	30.000	6.90	0.05642	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	10	60.000	14.90	0.05642	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	11	30.000	1.00	0.05848	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
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	11	30.000	1.02	0.05848	26%-50% Below	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	11	30.000	6.90	0.05848	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	11	60.000	14.90	0.05848	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	11	90.000	12.40	0.05848	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	12	30.000	1.02	0.05661	26%-50% Below	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	12	30.000	1.05	0.05661	26%-50% Below	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	12	30.000	6.90	0.05661	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	12	30.000	9.90	0.05661	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	12	60.000	14.90	0.05661	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	12	90.000	38.18	0.05661	200% Above	No	No
68382013510	LOSARTAN POTASSIUM 25 MG TAB	12	90.000	7.14	0.0336	101%-200% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	9	30.000	1.19	0.0317	10%-25% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	9	120.000	5.35	0.0317	26%-50% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	10	180.000	4.48	0.03003	10%-25% Below	No	No
68382013805	TOPIRAMATE 25 MG TABLET	11	30.000	1.19	0.02914	26%-50% Above	No	No
68382013814	TOPIRAMATE 25 MG TABLET	9	30.000	1.19	0.0317	10%-25% Above	No	No
68382013814	TOPIRAMATE 25 MG TABLET	11	30.000	1.34	0.02914	51%-75% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	9	30.000	2.23	0.04138	76%-100% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	9	30.000	2.29	0.04138	76%-100% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	9	180.000	10.96	0.04138	26%-50% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	10	30.000	2.29	0.04083	76%-100% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	11	30.000	2.29	0.04139	76%-100% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	11	60.000	4.08	0.04139	51%-75% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	12	60.000	3.96	0.04097	51%-75% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	12	180.000	10.96	0.04097	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
68382013914	TOPIRAMATE 50 MG TABLET	10	30.000	2.29	0.04083	76%-100% Above	No	No
68382013914	TOPIRAMATE 50 MG TABLET	11	30.000	2.29	0.04139	76%-100% Above	No	No
68382013914	TOPIRAMATE 50 MG TABLET	12	60.000	4.08	0.04097	51%-75% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	9	60.000	5.38	0.06719	26%-50% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	10	60.000	5.38	0.0629	26%-50% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	10	90.000	7.56	0.0629	26%-50% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	10	180.000	14.70	0.0629	26%-50% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	10	360.000	29.77	0.0629	26%-50% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	11	60.000	5.38	0.06297	26%-50% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	12	60.000	5.38	0.06561	26%-50% Above	No	No
68382014014	TOPIRAMATE 100 MG TABLET	9	60.000	5.38	0.06719	26%-50% Above	No	No
68382014014	TOPIRAMATE 100 MG TABLET	9	60.000	7.75	0.06719	76%-100% Above	No	No
68382014014	TOPIRAMATE 100 MG TABLET	11	60.000	5.38	0.06297	26%-50% Above	No	No
68382014014	TOPIRAMATE 100 MG TABLET	12	60.000	5.38	0.06561	26%-50% Above	No	No
68382014701	RAMIPRIL 10 MG CAPSULE	10	90.000	10.00	0.06273	76%-100% Above	No	No
68382018001	BUSPIRONE HCL 5 MG TABLET	9	110.000	6.81	0.02495	101%-200% Above	No	No
68382018005	BUSPIRONE HCL 5 MG TABLET	12	90.000	5.67	0.02658	101%-200% Above	Yes	No
68382018105	BUSPIRONE HCL 10 MG TABLET	9	90.000	6.50	0.03491	101%-200% Above	No	No
68382018105	BUSPIRONE HCL 10 MG TABLET	11	60.000	4.28	0.03254	101%-200% Above	No	No
68382018105	BUSPIRONE HCL 10 MG TABLET	11	90.000	6.50	0.03254	101%-200% Above	No	No
68382018105	BUSPIRONE HCL 10 MG TABLET	11	180.000	16.40	0.03254	101%-200% Above	Yes	No
68382020906	ANASTROZOLE 1 MG TABLET	11	15.000	3.28	0.15726	26%-50% Above	Yes	No
68382020906	ANASTROZOLE 1 MG TABLET	11	90.000	6.09	0.15726	51%-75% Below	Yes	No
68382024705	BENZONATATE 100 MG CAPSULE	11	30.000	4.90	0.08447	76%-100% Above	No	No
68382025210	ATORVASTATIN 80 MG TABLET	9	30.000	1.17	0.09096	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
68382025210	ATORVASTATIN 80 MG TABLET	10	30.000	1.17	0.08531	51%-75% Below	No	No
68382025210	ATORVASTATIN 80 MG TABLET	11	30.000	0.84	0.09192	51%-75% Below	No	No
68382025210	ATORVASTATIN 80 MG TABLET	12	30.000	0.84	0.08859	51%-75% Below	No	No
68382025501	OXYBUTYNIN CL ER 5 MG TABLET	9	90.000	33.63	0.09421	200% Above	No	No
68382025501	OXYBUTYNIN CL ER 5 MG TABLET	11	30.000	4.90	0.10945	26%-50% Above	No	No
68382025501	OXYBUTYNIN CL ER 5 MG TABLET	12	30.000	4.90	0.10203	51%-75% Above	No	No
68382025601	OXYBUTYNIN CL ER 10 MG TABLET	10	90.000	54.13	0.10486	200% Above	Yes	No
68382031601	MINOCYCLINE 50 MG CAPSULE	9	30.000	6.90	0.17558	26%-50% Above	Yes	No
68382031818	MINOCYCLINE 100 MG CAPSULE	9	30.000	9.90	0.36954	10%-25% Below	Yes	No
68382031818	MINOCYCLINE 100 MG CAPSULE	9	60.000	11.82	0.36954	26%-50% Below	Yes	No
68382037001	NYSTATIN 100,000 UNIT/GM POWD	11	30.000	4.85	0.42136	51%-75% Below	Yes	No
68382037001	NYSTATIN 100,000 UNIT/GM POWD	12	30.000	4.85	0.36729	51%-75% Below	Yes	No
68382037003	NYSTATIN 100,000 UNIT/GM POWD	9	60.000	4.55	0.26778	51%-75% Below	Yes	No
68382048006	FESOTERODINE ER 8 MG TABLET	10	30.000	18.57	1.02219	26%-50% Below	No	No
68382048006	FESOTERODINE ER 8 MG TABLET	11	30.000	19.16	1.09194	26%-50% Below	No	No
68382048006	FESOTERODINE ER 8 MG TABLET	12	30.000	19.16	1.05438	26%-50% Below	No	No
68382050001	OMEPRAZOLE DR 40 MG CAPSULE	9	90.000	7.41	0.05567	26%-50% Above	Yes	No
68382050001	OMEPRAZOLE DR 40 MG CAPSULE	9	90.000	10.00	0.05567	76%-100% Above	Yes	No
68382050001	OMEPRAZOLE DR 40 MG CAPSULE	10	90.000	7.41	0.0541	51%-75% Above	Yes	No
68382050001	OMEPRAZOLE DR 40 MG CAPSULE	12	90.000	6.38	0.05549	26%-50% Above	Yes	No
68382050001	OMEPRAZOLE DR 40 MG CAPSULE	12	90.000	10.00	0.05549	76%-100% Above	Yes	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	9	30.000	0.00	0.05567	76%-100% Below	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	9	30.000	5.37	0.05567	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	9	90.000	14.32	0.05567	101%-200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	10	30.000	9.53	0.0541	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
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	10	90.000	14.32	0.0541	101%-200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	11	30.000	9.53	0.05603	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	11	90.000	28.58	0.05603	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	11	90.000	29.99	0.05603	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	12	90.000	14.32	0.05549	101%-200% Above	No	No
68382055901	NITROFURANTOIN MCR 50 MG CAP	12	30.000	26.66	0.25513	200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	9	30.000	8.90	0.07422	200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	9	90.000	13.50	0.07422	101%-200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	9	120.000	14.90	0.07422	51%-75% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	10	30.000	8.90	0.07937	200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	10	45.000	11.17	0.07937	200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	10	90.000	23.79	0.07937	200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	11	30.000	9.02	0.07594	200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	11	90.000	13.50	0.07594	76%-100% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	11	90.000	23.90	0.07594	200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	12	30.000	8.55	0.07848	200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	12	30.000	9.02	0.07848	200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	12	90.000	12.40	0.07848	51%-75% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	9	90.000	22.01	0.0729	200% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	9	90.000	22.80	0.0729	200% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	11	90.000	23.90	0.07735	200% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	12	90.000	22.01	0.07981	200% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	12	90.000	22.80	0.07981	200% Above	No	No
68382058201	LIOETHYRONINE SOD 5 MCG TAB	11	90.000	42.53	0.33541	26%-50% Above	No	No
68382059505	DILTIAZEM 24H ER(CD) 120 MG CP	9	30.000	2.62	0.15305	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
68382059505	DILTIAZEM 24H ER(CD) 120 MG CP	9	30.000	7.72	0.15305	51%-75% Above	No	No
68382059505	DILTIAZEM 24H ER(CD) 120 MG CP	10	30.000	7.72	0.1514	51%-75% Above	No	No
68382059505	DILTIAZEM 24H ER(CD) 120 MG CP	11	30.000	7.72	0.17094	26%-50% Above	No	No
68382059505	DILTIAZEM 24H ER(CD) 120 MG CP	12	30.000	2.56	0.15353	26%-50% Below	No	No
68382059505	DILTIAZEM 24H ER(CD) 120 MG CP	12	30.000	7.72	0.15353	51%-75% Above	No	No
68382059605	DILTIAZEM 24H ER(CD) 180 MG CP	11	90.000	9.14	0.20234	26%-50% Below	No	No
68382062301	BUSPIRONE HCL 7.5 MG TABLET	11	90.000	6.39	0.15022	51%-75% Below	No	No
68382065906	PYRIDOSTIGMINE BR 60 MG TABLET	9	30.000	14.90	0.21535	101%-200% Above	No	No
68382065906	PYRIDOSTIGMINE BR 60 MG TABLET	10	30.000	14.90	0.22442	101%-200% Above	No	No
68382065906	PYRIDOSTIGMINE BR 60 MG TABLET	11	60.000	14.90	0.21311	10%-25% Above	No	No
68382066005	SPIRONOLACTONE 25 MG TABLET	11	30.000	3.32	0.05311	101%-200% Above	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	9	30.000	3.32	0.05414	101%-200% Above	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	9	90.000	8.74	0.05414	76%-100% Above	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	11	30.000	3.32	0.05311	101%-200% Above	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	12	90.000	8.74	0.05158	76%-100% Above	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	9	30.000	9.90	0.23785	26%-50% Above	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	10	30.000	9.90	0.24059	26%-50% Above	No	No
68382071119	MESALAMINE DR 1.2 GM TABLET	9	60.000	74.66	2.21735	26%-50% Below	Yes	No
68382071119	MESALAMINE DR 1.2 GM TABLET	10	60.000	74.66	1.93605	26%-50% Below	Yes	No
68382079101	ACYCLOVIR 400 MG TABLET	9	28.000	3.71	0.10649	10%-25% Above	Yes	No
68382079101	ACYCLOVIR 400 MG TABLET	10	14.000	2.10	0.1067	26%-50% Above	Yes	No
68382079101	ACYCLOVIR 400 MG TABLET	11	14.000	4.14	0.11509	101%-200% Above	No	No
68382080505	TRAZODONE 50 MG TABLET	9	30.000	2.43	0.03522	101%-200% Above	No	No
68382080505	TRAZODONE 50 MG TABLET	12	30.000	2.43	0.03447	101%-200% Above	No	No
68382080510	TRAZODONE 50 MG TABLET	11	60.000	4.35	0.03586	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
68382080601	TRAZODONE 100 MG TABLET	9	60.000	5.83	0.06411	51%-75% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	10	60.000	5.83	0.06606	26%-50% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	11	60.000	5.83	0.06281	51%-75% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	11	180.000	17.50	0.06281	51%-75% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	12	60.000	5.83	0.06493	26%-50% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	9	30.000	3.59	0.06411	76%-100% Above	No	No
68382091601	METHYLPREDNISOLONE 4 MG TABLET	11	21.000	6.90	0.15484	101%-200% Above	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	9	21.000	1.90	0.14829	26%-50% Below	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	9	21.000	14.99	0.14829	200% Above	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	11	21.000	14.99	0.15065	200% Above	No	No
68382092386	ELETRIPTAN HBR 40 MG TABLET	11	9.000	20.86	3.36179	26%-50% Below	No	No
68382097001	CHLORTHALIDONE 25 MG TABLET	10	90.000	5.24	0.08635	26%-50% Below	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	11	90.000	44.90	0.10602	200% Above	Yes	No
68462010230	FLUCONAZOLE 100 MG TABLET	11	3.000	4.57	0.28687	200% Above	No	No
68462010430	FLUCONAZOLE 200 MG TABLET	12	1.000	0.75	0.45915	51%-75% Above	No	No
68462010530	ONDANSETRON HCL 4 MG TABLET	11	3.000	0.61	0.06504	200% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	11	12.000	0.93	0.06504	10%-25% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	11	15.000	0.56	0.06504	26%-50% Below	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	12	12.000	0.93	0.06836	10%-25% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	12	12.000	6.12	0.06836	200% Above	No	No
68462010530	ONDANSETRON HCL 4 MG TABLET	12	18.000	0.68	0.06836	26%-50% Below	Yes	No
68462010630	ONDANSETRON HCL 8 MG TABLET	9	18.000	1.01	0.09734	26%-50% Below	Yes	No
68462010630	ONDANSETRON HCL 8 MG TABLET	9	18.000	9.40	0.09734	200% Above	Yes	No
68462010630	ONDANSETRON HCL 8 MG TABLET	10	18.000	1.01	0.09447	26%-50% Below	Yes	No
68462010630	ONDANSETRON HCL 8 MG TABLET	10	18.000	9.40	0.09447	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
68462010630	ONDANSETRON HCL 8 MG TABLET	11	18.000	1.01	0.10008	26%-50% Below	Yes	No
68462010630	ONDANSETRON HCL 8 MG TABLET	12	18.000	1.01	0.09748	26%-50% Below	Yes	No
68462010630	ONDANSETRON HCL 8 MG TABLET	12	18.000	9.40	0.09748	200% Above	Yes	No
68462010805	TOPIRAMATE 25 MG TABLET	10	120.000	19.49	0.03003	200% Above	No	No
68462010805	TOPIRAMATE 25 MG TABLET	12	360.000	58.46	0.03105	200% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	10	3.000	6.96	0.82466	101%-200% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	11	1.000	2.65	0.73871	200% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	11	2.000	4.81	0.73871	200% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	12	1.000	2.65	0.67757	200% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	12	3.000	6.96	0.67757	200% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	12	5.000	9.90	0.67757	101%-200% Above	Yes	No
68462012605	GABAPENTIN 600 MG TABLET	9	60.000	0.01	0.09614	76%-100% Below	No	No
68462012605	GABAPENTIN 600 MG TABLET	10	60.000	17.27	0.09749	101%-200% Above	No	No
68462012605	GABAPENTIN 600 MG TABLET	11	60.000	17.27	0.09763	101%-200% Above	No	No
68462012605	GABAPENTIN 600 MG TABLET	12	60.000	17.27	0.10861	101%-200% Above	No	No
68462012605	GABAPENTIN 600 MG TABLET	12	270.000	77.71	0.10861	101%-200% Above	No	No
68462012705	GABAPENTIN 800 MG TABLET	10	45.000	15.55	0.12506	101%-200% Above	No	No
68462012705	GABAPENTIN 800 MG TABLET	12	45.000	15.55	0.12745	101%-200% Above	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	9	21.000	0.00	0.22692	76%-100% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	9	42.000	6.55	0.22692	26%-50% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	9	63.000	6.43	0.22692	51%-75% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	11	63.000	6.20	0.25818	51%-75% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	11	63.000	29.90	0.25818	76%-100% Above	No	No
68462013901	OXCARBAZEPINE 600 MG TABLET	9	60.000	13.02	0.38661	26%-50% Below	No	No
68462013901	OXCARBAZEPINE 600 MG TABLET	10	60.000	11.18	0.39498	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
68462013901	OXCARBAZEPINE 600 MG TABLET	11	60.000	11.23	0.38337	51%-75% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	9	10.000	2.69	0.18262	26%-50% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	9	18.000	2.04	0.18262	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	9	18.000	4.42	0.18262	26%-50% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	10	15.000	3.76	0.16872	26%-50% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	10	18.000	4.42	0.16872	26%-50% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	11	10.000	2.60	0.1911	26%-50% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	11	15.000	3.76	0.1911	26%-50% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	11	15.000	3.96	0.1911	26%-50% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	11	18.000	1.82	0.1911	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	11	18.000	4.28	0.1911	10%-25% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	11	18.000	4.42	0.1911	26%-50% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	12	10.000	1.48	0.20517	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	12	10.000	1.53	0.20517	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	12	10.000	2.80	0.20517	26%-50% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	12	18.000	4.37	0.20517	10%-25% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	12	18.000	4.42	0.20517	10%-25% Above	No	No
68462016301	CARVEDILOL 6.25 MG TABLET	9	180.000	6.86	0.01981	76%-100% Above	Yes	No
68462016301	CARVEDILOL 6.25 MG TABLET	10	180.000	6.86	0.01967	76%-100% Above	Yes	No
68462016301	CARVEDILOL 6.25 MG TABLET	11	180.000	5.90	0.01998	51%-75% Above	Yes	No
68462016301	CARVEDILOL 6.25 MG TABLET	12	180.000	5.90	0.01997	51%-75% Above	Yes	No
68462016305	CARVEDILOL 6.25 MG TABLET	9	180.000	5.24	0.01981	26%-50% Above	No	No
68462016305	CARVEDILOL 6.25 MG TABLET	9	180.000	5.63	0.01981	51%-75% Above	No	No
68462016305	CARVEDILOL 6.25 MG TABLET	11	180.000	5.54	0.01998	51%-75% Above	No	No
68462016305	CARVEDILOL 6.25 MG TABLET	11	180.000	5.74	0.01998	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
68462016505	CARVEDILOL 25 MG TABLET	9	180.000	7.11	0.03239	10%-25% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	9	22.000	2.32	0.17256	26%-50% Below	No	No
68462018022	MUPIROCIN 2% OINTMENT	9	22.000	4.90	0.17256	26%-50% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	9	22.000	6.56	0.17256	51%-75% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	9	22.000	6.83	0.17256	76%-100% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	10	22.000	4.90	0.18483	10%-25% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	10	22.000	6.83	0.18483	51%-75% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	11	22.000	6.56	0.19827	26%-50% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	12	22.000	6.83	0.18108	51%-75% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	12	22.000	6.93	0.18108	51%-75% Above	No	No
68462018135	CLOTRIMAZOLE 1% TOPICAL CREAM	11	30.000	3.07	0.23986	51%-75% Below	Yes	No
68462018147	CLOTRIMAZOLE 1% TOPICAL CREAM	9	45.000	4.61	0.26989	51%-75% Below	Yes	No
68462019005	NAPROXEN 500 MG TABLET	9	14.000	1.93	0.06174	101%-200% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	9	28.000	3.74	0.06174	101%-200% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	9	60.000	6.22	0.06174	51%-75% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	12	14.000	0.77	0.06742	10%-25% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	12	60.000	1.77	0.06742	51%-75% Below	No	No
68462020030	TELMISARTAN 40 MG TABLET	9	15.000	4.90	0.24945	26%-50% Above	No	No
68462020030	TELMISARTAN 40 MG TABLET	10	15.000	4.90	0.24114	26%-50% Above	No	No
68462020030	TELMISARTAN 40 MG TABLET	11	15.000	4.90	0.28502	10%-25% Above	No	No
68462020030	TELMISARTAN 40 MG TABLET	12	15.000	4.90	0.23851	26%-50% Above	No	No
68462022555	MOMETASONE FUROATE 0.1% OINT	9	90.000	11.00	0.25725	51%-75% Below	No	No
68462025301	ROPINIROLE HCL 0.25 MG TABLET	9	30.000	0.88	0.04765	26%-50% Below	No	No
68462025301	ROPINIROLE HCL 0.25 MG TABLET	10	30.000	0.90	0.04648	26%-50% Below	No	No
68462025301	ROPINIROLE HCL 0.25 MG TABLET	11	30.000	0.84	0.04976	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
68462025301	ROPINIROLE HCL 0.25 MG TABLET	12	30.000	0.84	0.0486	26%-50% Below	No	No
68462025401	ROPINIROLE HCL 0.5 MG TABLET	9	45.000	1.13	0.04551	26%-50% Below	No	No
68462025401	ROPINIROLE HCL 0.5 MG TABLET	10	30.000	0.75	0.04651	26%-50% Below	No	No
68462025401	ROPINIROLE HCL 0.5 MG TABLET	11	45.000	1.13	0.04679	26%-50% Below	No	No
68462025401	ROPINIROLE HCL 0.5 MG TABLET	12	42.000	1.18	0.04605	26%-50% Below	No	No
68462025601	ROPINIROLE HCL 2 MG TABLET	9	60.000	6.95	0.05971	76%-100% Above	No	No
68462025601	ROPINIROLE HCL 2 MG TABLET	10	60.000	6.95	0.06247	76%-100% Above	No	No
68462026190	ROSUVASTATIN CALCIUM 5 MG TAB	10	90.000	2.55	0.04537	26%-50% Below	No	No
68462026190	ROSUVASTATIN CALCIUM 5 MG TAB	11	90.000	1.69	0.05232	51%-75% Below	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	9	30.000	0.95	0.05258	26%-50% Below	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	9	30.000	0.96	0.05258	26%-50% Below	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	10	30.000	0.95	0.0499	26%-50% Below	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	10	90.000	2.84	0.0499	26%-50% Below	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	11	30.000	0.90	0.051	26%-50% Below	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	12	30.000	0.90	0.04732	26%-50% Below	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	9	90.000	9.90	0.07194	51%-75% Above	No	No
68462026830	ATOMOXETINE HCL 40 MG CAPSULE	12	30.000	16.92	0.69778	10%-25% Below	Yes	No
68462030201	INDOMETHACIN 50 MG CAPSULE	12	20.000	3.25	0.13892	10%-25% Above	No	No
68462030384	HEATHER 0.35 MG TABLET	9	28.000	2.08	0.12141	26%-50% Below	No	No
68462030450	NORETHINDRONE 5 MG TABLET	11	90.000	17.11	0.37134	26%-50% Below	No	No
68462030529	NORETHINDRONE 0.35 MG TABLET	10	28.000	2.09	0.12021	26%-50% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	10	84.000	6.26	0.12021	26%-50% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	11	28.000	2.09	0.12285	26%-50% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	12	28.000	2.09	0.11994	26%-50% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	12	84.000	6.26	0.11994	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
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	9	84.000	6.53	0.12775	26%-50% Below	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	11	28.000	2.18	0.14329	26%-50% Below	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	11	84.000	19.64	0.14329	51%-75% Above	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	12	28.000	2.18	0.13016	26%-50% Below	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	12	84.000	6.53	0.13016	26%-50% Below	Yes	No
68462031417	NYSTATIN-TRIAMCINOLONE CREAM	10	45.000	10.40	0.47479	51%-75% Below	No	No
68462032230	EZETIMIBE-SIMVASTATIN 10-20 MG	9	30.000	8.08	0.35666	10%-25% Below	No	No
68462032230	EZETIMIBE-SIMVASTATIN 10-20 MG	10	30.000	6.90	0.43159	26%-50% Below	No	No
68462032230	EZETIMIBE-SIMVASTATIN 10-20 MG	11	30.000	6.90	0.54851	51%-75% Below	No	No
68462032230	EZETIMIBE-SIMVASTATIN 10-20 MG	12	30.000	6.90	0.37873	26%-50% Below	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	10	30.000	6.90	0.07596	200% Above	No	No
68462035701	POTASSIUM CL ER 10 MEQ CAPSULE	12	30.000	13.30	0.13745	200% Above	No	No
68462035705	POTASSIUM CL ER 10 MEQ CAPSULE	11	90.000	13.50	0.13062	10%-25% Above	No	No
68462038301	ESZOPICLONE 2 MG TABLET	9	30.000	6.90	0.1029	101%-200% Above	No	No
68462038301	ESZOPICLONE 2 MG TABLET	10	30.000	6.90	0.10777	101%-200% Above	No	No
68462038301	ESZOPICLONE 2 MG TABLET	11	30.000	6.90	0.10483	101%-200% Above	No	No
68462038301	ESZOPICLONE 2 MG TABLET	12	30.000	4.90	0.11515	26%-50% Above	No	No
68462038301	ESZOPICLONE 2 MG TABLET	12	30.000	6.90	0.11515	76%-100% Above	No	No
68462038630	SOLIFENACIN 5 MG TABLET	10	90.000	206.07	0.18781	200% Above	Yes	No
68462039030	ESOMEPRAZOLE MAG DR 20 MG CAP	9	30.000	9.90	0.16952	76%-100% Above	Yes	No
68462039030	ESOMEPRAZOLE MAG DR 20 MG CAP	11	30.000	9.90	0.2188	26%-50% Above	Yes	No
68462039030	ESOMEPRAZOLE MAG DR 20 MG CAP	12	30.000	9.90	0.19606	51%-75% Above	Yes	No
68462039130	ESOMEPRAZOLE MAG DR 40 MG CAP	9	90.000	157.98	0.16685	200% Above	Yes	No
68462039601	OMEPRAZOLE DR 20 MG CAPSULE	9	30.000	2.48	0.03461	101%-200% Above	No	No
68462039601	OMEPRAZOLE DR 20 MG CAPSULE	10	30.000	2.48	0.03293	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
68462039601	OMEPRAZOLE DR 20 MG CAPSULE	11	30.000	2.48	0.03547	101%-200% Above	No	No
68462039601	OMEPRAZOLE DR 20 MG CAPSULE	12	30.000	2.48	0.03315	101%-200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	9	30.000	2.41	0.03461	101%-200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	11	90.000	6.22	0.03547	76%-100% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	12	30.000	2.41	0.03315	101%-200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	12	90.000	6.43	0.03315	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	9	14.000	2.73	0.05567	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	9	30.000	0.79	0.05567	51%-75% Below	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	9	30.000	4.90	0.05567	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	9	30.000	5.28	0.05567	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	9	30.000	5.56	0.05567	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	9	90.000	14.32	0.05567	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	10	30.000	5.28	0.0541	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	10	30.000	5.56	0.0541	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	10	90.000	14.32	0.0541	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	10	90.000	29.99	0.0541	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	11	30.000	1.06	0.05603	26%-50% Below	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	11	30.000	5.28	0.05603	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	11	30.000	5.56	0.05603	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	12	30.000	1.06	0.05549	26%-50% Below	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	12	30.000	5.11	0.05549	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	12	30.000	5.28	0.05549	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	12	30.000	5.56	0.05549	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	12	90.000	14.32	0.05549	101%-200% Above	No	No
68462041929	HAILEY FE 1-20 TABLET	9	28.000	0.00	0.16004	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
68462041929	HAILEY FE 1-20 TABLET	10	28.000	0.00	0.15303	76%-100% Below	No	No
68462041929	HAILEY FE 1-20 TABLET	10	28.000	14.57	0.15303	200% Above	No	No
68462041929	HAILEY FE 1-20 TABLET	11	28.000	0.00	0.13966	76%-100% Below	No	No
68462041929	HAILEY FE 1-20 TABLET	11	28.000	14.57	0.13966	200% Above	No	No
68462041929	HAILEY FE 1-20 TABLET	11	84.000	0.01	0.13966	76%-100% Below	No	No
68462043630	OLMESARTAN MEDOXOMIL 5 MG TAB	9	60.000	23.71	0.06227	200% Above	No	No
68462043830	OLMESARTAN MEDOXOMIL 40 MG TAB	9	30.000	4.90	0.12902	26%-50% Above	No	No
68462043830	OLMESARTAN MEDOXOMIL 40 MG TAB	10	90.000	27.95	0.12428	101%-200% Above	No	No
68462043830	OLMESARTAN MEDOXOMIL 40 MG TAB	12	30.000	4.90	0.12756	26%-50% Above	No	No
68462043890	OLMESARTAN MEDOXOMIL 40 MG TAB	9	30.000	2.29	0.12902	26%-50% Below	No	No
68462043890	OLMESARTAN MEDOXOMIL 40 MG TAB	10	15.000	1.15	0.12428	26%-50% Below	No	No
68462043890	OLMESARTAN MEDOXOMIL 40 MG TAB	12	30.000	2.29	0.12756	26%-50% Below	No	No
68462048627	CLINDAMYCIN-BENZOYL PEROX 1-5%	10	50.000	9.99	0.93959	76%-100% Below	No	No
68462049833	ZOLMITRIPTAN 5 MG TABLET	9	3.000	9.90	1.15023	101%-200% Above	No	No
68462053670	IMIQUIMOD 5% CREAM PACKET	10	12.000	9.90	0.7164	10%-25% Above	No	No
68462053670	IMIQUIMOD 5% CREAM PACKET	12	24.000	12.40	0.67755	10%-25% Below	No	No
68462056529	NORG-EE 0.18-0.215-0.25/0.035	12	84.000	17.82	0.13298	51%-75% Above	Yes	No
68462058001	FENOFIBRATE 67 MG CAPSULE	10	30.000	9.90	0.10283	200% Above	No	No
68462058001	FENOFIBRATE 67 MG CAPSULE	11	30.000	9.90	0.10196	200% Above	No	No
68462058001	FENOFIBRATE 67 MG CAPSULE	12	30.000	9.90	0.0898	200% Above	No	No
68462063945	NITROGLYCERIN 0.4 MG TABLET SL	10	25.000	14.90	0.21106	101%-200% Above	No	No
68462063945	NITROGLYCERIN 0.4 MG TABLET SL	11	25.000	6.90	0.22864	10%-25% Above	No	No
68462063945	NITROGLYCERIN 0.4 MG TABLET SL	11	25.000	14.90	0.22864	101%-200% Above	No	No
68462063945	NITROGLYCERIN 0.4 MG TABLET SL	12	25.000	14.90	0.21535	101%-200% Above	No	No
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	9	28.000	3.80	0.25336	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
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	10	28.000	3.90	0.25331	26%-50% Below	No	No
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	11	28.000	3.90	0.23901	26%-50% Below	No	No
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	12	28.000	3.90	0.27307	26%-50% Below	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	9	84.000	11.70	0.30728	51%-75% Below	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	10	56.000	7.15	0.31164	51%-75% Below	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	11	84.000	11.70	0.35658	51%-75% Below	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	12	84.000	10.73	0.35659	51%-75% Below	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	12	84.000	107.20	0.35659	200% Above	Yes	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	9	28.000	3.28	0.19229	26%-50% Below	No	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	10	28.000	10.91	0.18195	101%-200% Above	No	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	11	28.000	10.91	0.19861	76%-100% Above	No	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	12	28.000	3.06	0.18952	26%-50% Below	No	No
68462088030	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	10	30.000	8.35	0.24779	10%-25% Above	No	No
68645013154	FLUOXETINE HCL 10 MG CAPSULE	11	30.000	1.32	0.03669	10%-25% Above	No	No
68645013154	FLUOXETINE HCL 10 MG CAPSULE	12	30.000	10.56	0.03645	200% Above	No	No
68645019059	METOPROLOL TARTRATE 50 MG TAB	9	60.000	4.00	0.02059	200% Above	No	No
68645019059	METOPROLOL TARTRATE 50 MG TAB	10	60.000	0.60	0.02218	51%-75% Below	No	No
68645019159	METOPROLOL TARTRATE 100 MG TAB	9	60.000	4.00	0.02694	101%-200% Above	No	No
68645019159	METOPROLOL TARTRATE 100 MG TAB	10	180.000	10.00	0.02852	76%-100% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	9	30.000	1.09	0.01295	101%-200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	9	90.000	2.22	0.01295	76%-100% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	9	90.000	2.28	0.01295	76%-100% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	10	30.000	1.07	0.01291	101%-200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	11	30.000	1.09	0.01352	101%-200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	11	90.000	2.28	0.01352	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
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	12	30.000	1.09	0.01287	101%-200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.000	2.22	0.01287	76%-100% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.000	2.28	0.01287	76%-100% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.000	2.39	0.01287	101%-200% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	9	30.000	15.00	0.04847	200% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	9	90.000	38.00	0.04847	200% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	10	30.000	15.00	0.04783	200% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	11	30.000	15.00	0.0462	200% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	12	30.000	15.00	0.04992	200% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	9	30.000	15.00	0.08426	200% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	10	30.000	15.00	0.07945	200% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	10	90.000	38.00	0.07945	200% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	11	30.000	15.00	0.08158	200% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	11	90.000	38.00	0.08158	200% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	12	30.000	15.00	0.08877	200% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	9	90.000	24.00	0.03816	200% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	11	30.000	9.00	0.03642	200% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	9	30.000	9.00	0.05802	200% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	10	30.000	9.00	0.05587	200% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	11	30.000	9.00	0.05593	200% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	12	30.000	9.00	0.05672	200% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	12	180.000	48.00	0.05672	200% Above	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	9	90.000	15.25	0.0464	200% Above	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	12	90.000	11.56	0.04465	101%-200% Above	No	No
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	10	90.000	10.00	0.04671	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
68645056259	IBUPROFEN 600 MG TABLET	9	24.000	1.59	0.05395	10%-25% Above	No	No
68645056259	IBUPROFEN 600 MG TABLET	11	30.000	2.80	0.0551	51%-75% Above	No	No
68645056259	IBUPROFEN 600 MG TABLET	12	30.000	2.80	0.05525	51%-75% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	9	20.000	3.19	0.06648	101%-200% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	9	30.000	4.78	0.06648	101%-200% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	9	90.000	14.34	0.06648	101%-200% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	10	20.000	3.19	0.06514	101%-200% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	10	21.000	1.02	0.06514	10%-25% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	10	90.000	2.74	0.06514	51%-75% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	11	20.000	1.75	0.06666	26%-50% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	11	30.000	1.25	0.06666	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	11	30.000	2.63	0.06666	26%-50% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	11	90.000	3.35	0.06666	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	11	90.000	7.88	0.06666	26%-50% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	12	30.000	2.63	0.06661	26%-50% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	12	90.000	7.88	0.06661	26%-50% Above	No	No
68645057559	GLIPIZIDE 10 MG TABLET	11	90.000	6.00	0.05053	26%-50% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	9	30.000	9.00	0.01527	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	9	90.000	24.00	0.01527	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	10	30.000	1.26	0.01476	101%-200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	10	30.000	1.30	0.01476	101%-200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	10	30.000	9.00	0.01476	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	11	30.000	1.26	0.01478	101%-200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	11	90.000	2.91	0.01478	101%-200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	11	90.000	18.37	0.01478	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
68645058054	AMLODIPINE BESYLATE 10 MG TAB	12	30.000	6.12	0.01817	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	12	90.000	18.37	0.01817	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	9	60.000	4.00	0.01678	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	10	30.000	4.00	0.01613	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	10	60.000	4.00	0.01613	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	11	60.000	4.00	0.01679	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	12	60.000	4.00	0.01592	200% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	9	60.000	4.00	0.02691	101%-200% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	9	180.000	10.00	0.02691	101%-200% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	10	60.000	4.00	0.02637	101%-200% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	10	180.000	10.00	0.02637	101%-200% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	11	60.000	4.00	0.0263	101%-200% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	12	60.000	4.00	0.02497	101%-200% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	12	180.000	10.00	0.02497	101%-200% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	10	30.000	15.00	0.06356	200% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	11	30.000	15.00	0.06492	200% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	12	30.000	15.00	0.06454	200% Above	No	No
68645059459	FAMOTIDINE 20 MG TABLET	11	90.000	3.55	0.0333	10%-25% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	9	30.000	2.55	0.03126	101%-200% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	9	30.000	4.00	0.03126	200% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	9	90.000	4.00	0.03126	26%-50% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	10	30.000	4.00	0.03299	200% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	10	90.000	4.00	0.03299	26%-50% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	11	30.000	4.00	0.03244	200% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	12	30.000	4.00	0.03245	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
68645059559	METFORMIN HCL ER 500 MG TABLET	12	90.000	4.00	0.03245	26%-50% Above	No	No
68645060354	NIFEDIPINE ER 30 MG TABLET	11	90.000	28.71	0.14113	101%-200% Above	No	No
68645060454	NIFEDIPINE ER 60 MG TABLET	9	30.000	2.29	0.15395	26%-50% Below	No	No
68645060454	NIFEDIPINE ER 60 MG TABLET	9	30.000	13.55	0.15395	101%-200% Above	No	No
68645060454	NIFEDIPINE ER 60 MG TABLET	10	30.000	0.00	0.15444	76%-100% Below	No	No
68645060454	NIFEDIPINE ER 60 MG TABLET	11	30.000	0.30	0.14967	76%-100% Below	No	No
68645060454	NIFEDIPINE ER 60 MG TABLET	11	30.000	6.90	0.14967	51%-75% Above	No	No
68645060454	NIFEDIPINE ER 60 MG TABLET	12	30.000	27.07	0.16287	200% Above	No	No
68645060790	ENALAPRIL MALEATE 20 MG TAB	11	90.000	24.00	0.12794	101%-200% Above	No	No
68645060890	LISINOPRIL 2.5 MG TABLET	12	90.000	5.64	0.01433	200% Above	No	No
68645060990	LISINOPRIL 5 MG TABLET	9	90.000	2.16	0.01584	51%-75% Above	No	No
68645060990	LISINOPRIL 5 MG TABLET	12	90.000	4.26	0.01453	200% Above	No	No
68645061090	LISINOPRIL 10 MG TABLET	9	30.000	4.00	0.0191	200% Above	No	No
68645061190	LISINOPRIL 20 MG TABLET	9	90.000	10.00	0.02659	200% Above	No	No
68645061190	LISINOPRIL 20 MG TABLET	10	90.000	10.00	0.02623	200% Above	No	No
68645061190	LISINOPRIL 20 MG TABLET	11	90.000	10.00	0.02638	200% Above	No	No
68645061190	LISINOPRIL 20 MG TABLET	12	90.000	10.00	0.02565	200% Above	No	No
68645061390	LISINOPRIL 40 MG TABLET	9	30.000	5.60	0.04515	200% Above	No	No
68645061390	LISINOPRIL 40 MG TABLET	9	90.000	16.79	0.04515	200% Above	No	No
68645061390	LISINOPRIL 40 MG TABLET	10	30.000	18.06	0.04595	200% Above	No	No
68645061390	LISINOPRIL 40 MG TABLET	10	90.000	4.90	0.04595	10%-25% Above	No	No
68645061390	LISINOPRIL 40 MG TABLET	11	30.000	0.30	0.04836	76%-100% Below	No	No
68645061390	LISINOPRIL 40 MG TABLET	11	30.000	2.09	0.04836	26%-50% Above	No	No
68645061390	LISINOPRIL 40 MG TABLET	11	90.000	5.56	0.04836	26%-50% Above	No	No
68645061390	LISINOPRIL 40 MG TABLET	12	30.000	2.09	0.04728	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
68645061390	LISINOPRIL 40 MG TABLET	12	30.000	18.06	0.04728	200% Above	No	No
68682000610	DILTIAZEM 30 MG TABLET	10	180.000	13.01	0.08433	10%-25% Below	No	No
68682000910	DILTIAZEM 120 MG TABLET	10	180.000	29.90	0.23519	26%-50% Below	No	No
68682010510	NIFEDIPINE ER 30 MG TABLET	11	60.000	20.50	0.13873	101%-200% Above	No	No
68682010610	NIFEDIPINE ER 60 MG TABLET	10	90.000	12.40	0.12509	10%-25% Above	No	No
68682010610	NIFEDIPINE ER 60 MG TABLET	12	30.000	6.90	0.14095	51%-75% Above	No	No
68682011001	PIMECROLIMUS 1% CREAM	12	30.000	55.80	4.02805	51%-75% Below	No	No
68682011102	PIMECROLIMUS 1% CREAM	10	60.000	97.39	3.4885	51%-75% Below	No	No
68682029905	LOTEPREDNOL ETABONATE 0.5% DRP	9	5.000	87.41	31.85484	26%-50% Below	No	No
68682029905	LOTEPREDNOL ETABONATE 0.5% DRP	10	5.000	80.62	31.24183	26%-50% Below	Yes	No
68682029905	LOTEPREDNOL ETABONATE 0.5% DRP	10	5.000	87.41	31.24183	26%-50% Below	No	No
68682029905	LOTEPREDNOL ETABONATE 0.5% DRP	11	10.000	29.99	26.954	76%-100% Below	No	No
68682036890	DILTIAZEM 24HR ER 180 MG CAP	12	30.000	0.00	0.29564	76%-100% Below	No	No
68682071301	ENALAPRIL MALEATE 20 MG TAB	9	60.000	14.90	0.11205	101%-200% Above	No	No
68682071301	ENALAPRIL MALEATE 20 MG TAB	10	60.000	14.90	0.12072	101%-200% Above	No	No
68682071301	ENALAPRIL MALEATE 20 MG TAB	11	60.000	14.90	0.12794	76%-100% Above	No	No
69097012203	TOPIRAMATE 25 MG TABLET	9	30.000	1.16	0.0317	10%-25% Above	No	No
69097012203	TOPIRAMATE 25 MG TABLET	9	30.000	1.19	0.0317	10%-25% Above	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	10	30.000	1.16	0.03003	26%-50% Above	No	No
69097012203	TOPIRAMATE 25 MG TABLET	10	30.000	27.27	0.03003	200% Above	No	No
69097012203	TOPIRAMATE 25 MG TABLET	11	30.000	1.16	0.02914	26%-50% Above	No	No
69097012203	TOPIRAMATE 25 MG TABLET	11	30.000	12.00	0.02914	200% Above	No	No
69097012203	TOPIRAMATE 25 MG TABLET	12	30.000	1.16	0.03105	10%-25% Above	No	No
69097012212	TOPIRAMATE 25 MG TABLET	10	30.000	1.19	0.03003	26%-50% Above	No	No
69097012212	TOPIRAMATE 25 MG TABLET	11	30.000	1.19	0.02914	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
69097012212	TOPIRAMATE 25 MG TABLET	12	30.000	1.19	0.03105	26%-50% Above	No	No
69097012303	TOPIRAMATE 50 MG TABLET	9	30.000	1.79	0.04138	26%-50% Above	No	No
69097012303	TOPIRAMATE 50 MG TABLET	10	30.000	1.79	0.04083	26%-50% Above	No	No
69097012303	TOPIRAMATE 50 MG TABLET	10	60.000	1.32	0.04083	26%-50% Below	No	No
69097012303	TOPIRAMATE 50 MG TABLET	10	60.000	3.58	0.04083	26%-50% Above	No	No
69097012303	TOPIRAMATE 50 MG TABLET	11	30.000	1.79	0.04139	26%-50% Above	No	No
69097012303	TOPIRAMATE 50 MG TABLET	11	60.000	1.49	0.04139	26%-50% Below	No	No
69097012303	TOPIRAMATE 50 MG TABLET	11	60.000	3.58	0.04139	26%-50% Above	No	No
69097012303	TOPIRAMATE 50 MG TABLET	11	60.000	4.08	0.04139	51%-75% Above	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	12	30.000	1.79	0.04097	26%-50% Above	No	No
69097012303	TOPIRAMATE 50 MG TABLET	12	60.000	3.58	0.04097	26%-50% Above	No	No
69097012303	TOPIRAMATE 50 MG TABLET	12	60.000	4.08	0.04097	51%-75% Above	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	12	180.000	4.46	0.04097	26%-50% Below	No	No
69097012403	TOPIRAMATE 100 MG TABLET	9	60.000	5.38	0.06719	26%-50% Above	Yes	No
69097012403	TOPIRAMATE 100 MG TABLET	10	60.000	5.38	0.0629	26%-50% Above	Yes	No
69097012403	TOPIRAMATE 100 MG TABLET	11	60.000	5.38	0.06297	26%-50% Above	Yes	No
69097012403	TOPIRAMATE 100 MG TABLET	12	60.000	5.38	0.06561	26%-50% Above	Yes	No
69097012605	AMLODIPINE BESYLATE 2.5 MG TAB	11	90.000	2.45	0.01315	101%-200% Above	No	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	9	90.000	2.16	0.01085	101%-200% Above	No	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	10	90.000	1.66	0.01054	51%-75% Above	Yes	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	11	30.000	1.05	0.01133	200% Above	No	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	11	90.000	1.26	0.01133	10%-25% Above	Yes	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	11	90.000	1.59	0.01133	51%-75% Above	Yes	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	12	30.000	1.05	0.01187	101%-200% Above	No	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	12	90.000	1.59	0.01187	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
69097012805	AMLODIPINE BESYLATE 10 MG TAB	9	90.000	1.88	0.01527	26%-50% Above	Yes	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	9	90.000	2.78	0.01527	101%-200% Above	No	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	10	90.000	1.74	0.01476	26%-50% Above	Yes	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	11	90.000	1.62	0.01478	10%-25% Above	Yes	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	11	90.000	1.74	0.01478	26%-50% Above	Yes	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	12	90.000	2.78	0.01817	51%-75% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	9	30.000	1.26	0.01527	101%-200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	9	30.000	1.30	0.01527	101%-200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	10	30.000	1.26	0.01476	101%-200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	10	30.000	1.30	0.01476	101%-200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	11	30.000	1.30	0.01478	101%-200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	12	30.000	1.30	0.01817	101%-200% Above	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	9	6.700	6.99	2.93319	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	9	6.700	7.78	2.93319	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	9	6.700	9.99	2.93319	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	9	6.700	10.58	2.93319	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	9	6.700	11.85	2.93319	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	10	6.700	9.72	2.91623	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	10	6.700	9.99	2.91623	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	10	6.700	11.85	2.91623	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	10	6.700	11.85	2.91623	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	10	13.400	14.99	2.91623	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	11	6.700	0.00	2.97234	76%-100% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	11	6.700	0.07	2.97234	76%-100% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	11	6.700	4.99	2.97234	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
69097014260	ALBUTEROL HFA 90 MCG INHALER	11	6.700	9.99	2.97234	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	11	6.700	11.85	2.97234	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	11	13.400	14.99	2.97234	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	12	6.700	0.00	2.93262	76%-100% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	12	6.700	11.85	2.93262	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	12	6.700	11.85	2.93262	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	12	13.400	14.99	2.93262	51%-75% Below	No	No
69097015807	MELOXICAM 7.5 MG TABLET	10	30.000	1.29	0.01905	101%-200% Above	No	No
69097015807	MELOXICAM 7.5 MG TABLET	10	30.000	1.29	0.01905	101%-200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	10	60.000	0.65	0.01905	26%-50% Below	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	10	60.000	2.02	0.01905	76%-100% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	11	30.000	1.29	0.02001	101%-200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	11	60.000	0.65	0.02001	26%-50% Below	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	12	30.000	0.33	0.02105	26%-50% Below	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	12	30.000	1.29	0.02105	101%-200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	12	60.000	0.65	0.02105	26%-50% Below	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	12	60.000	2.02	0.02105	51%-75% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	12	90.000	2.99	0.02105	51%-75% Above	No	No
69097015907	MELOXICAM 15 MG TABLET	9	9.000	0.12	0.02097	26%-50% Below	Yes	No
69097015907	MELOXICAM 15 MG TABLET	9	30.000	0.40	0.02097	26%-50% Below	Yes	No
69097015907	MELOXICAM 15 MG TABLET	9	30.000	1.18	0.02097	76%-100% Above	No	No
69097015907	MELOXICAM 15 MG TABLET	9	30.000	1.18	0.02097	76%-100% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	9	90.000	2.47	0.02097	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	9	90.000	2.85	0.02097	51%-75% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	10	10.000	0.73	0.02006	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
69097015907	MELOXICAM 15 MG TABLET	10	14.000	0.82	0.02006	101%-200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	10	30.000	0.40	0.02006	26%-50% Below	Yes	No
69097015907	MELOXICAM 15 MG TABLET	10	30.000	1.18	0.02006	76%-100% Above	No	No
69097015907	MELOXICAM 15 MG TABLET	10	30.000	1.18	0.02006	76%-100% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	10	90.000	1.21	0.02006	26%-50% Below	Yes	No
69097015907	MELOXICAM 15 MG TABLET	11	14.000	0.82	0.02223	101%-200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	11	30.000	0.40	0.02223	26%-50% Below	Yes	No
69097015907	MELOXICAM 15 MG TABLET	11	30.000	1.16	0.02223	51%-75% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	11	30.000	1.18	0.02223	76%-100% Above	No	No
69097015907	MELOXICAM 15 MG TABLET	11	30.000	1.18	0.02223	76%-100% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	11	45.000	1.31	0.02223	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	11	90.000	2.46	0.02223	10%-25% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	11	90.000	2.47	0.02223	10%-25% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	11	90.000	2.54	0.02223	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	11	90.000	2.63	0.02223	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	12	30.000	0.40	0.02175	26%-50% Below	Yes	No
69097015907	MELOXICAM 15 MG TABLET	12	30.000	1.18	0.02175	76%-100% Above	No	No
69097015907	MELOXICAM 15 MG TABLET	12	30.000	1.18	0.02175	76%-100% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	12	52.000	1.64	0.02175	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	12	90.000	2.46	0.02175	10%-25% Above	Yes	No
69097015912	MELOXICAM 15 MG TABLET	9	30.000	1.18	0.02097	76%-100% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	10	30.000	1.18	0.02006	76%-100% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	10	30.000	1.28	0.02006	101%-200% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	11	30.000	1.18	0.02223	76%-100% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	12	30.000	1.18	0.02175	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
69097022416	ALENDRONATE SODIUM 70 MG TAB	9	4.000	2.61	0.28053	101%-200% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	10	4.000	2.61	0.27849	101%-200% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	10	12.000	6.84	0.27849	101%-200% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	11	4.000	2.61	0.27871	101%-200% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	12	4.000	2.61	0.31865	101%-200% Above	No	No
69097031887	BUDESONIDE 0.25 MG/2 ML SUSP	9	60.000	9.99	1.25622	76%-100% Below	No	No
69097031987	BUDESONIDE 0.5 MG/2 ML SUSP	10	60.000	18.00	0.7371	51%-75% Below	No	No
69097031987	BUDESONIDE 0.5 MG/2 ML SUSP	10	120.000	36.00	0.7371	51%-75% Below	No	No
69097031987	BUDESONIDE 0.5 MG/2 ML SUSP	10	180.000	32.40	0.7371	51%-75% Below	Yes	No
69097031987	BUDESONIDE 0.5 MG/2 ML SUSP	11	60.000	15.00	0.66992	51%-75% Below	Yes	No
69097031987	BUDESONIDE 0.5 MG/2 ML SUSP	12	120.000	36.00	0.84976	51%-75% Below	No	No
69097042107	CELECOXIB 200 MG CAPSULE	9	30.000	4.90	0.10817	26%-50% Above	No	No
69097042107	CELECOXIB 200 MG CAPSULE	11	30.000	4.90	0.11976	26%-50% Above	No	No
69097042107	CELECOXIB 200 MG CAPSULE	11	30.000	9.90	0.11976	101%-200% Above	No	No
69097042107	CELECOXIB 200 MG CAPSULE	12	30.000	4.90	0.11592	26%-50% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	10	60.000	8.50	0.10988	26%-50% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	11	30.000	9.99	0.11976	101%-200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	11	90.000	12.40	0.11976	10%-25% Above	Yes	No
69097042112	CELECOXIB 200 MG CAPSULE	12	60.000	8.50	0.11592	10%-25% Above	No	No
69097042207	CELECOXIB 100 MG CAPSULE	9	60.000	14.90	0.0908	101%-200% Above	No	No
69097042207	CELECOXIB 100 MG CAPSULE	10	60.000	14.90	0.08782	101%-200% Above	No	No
69097042207	CELECOXIB 100 MG CAPSULE	12	60.000	14.90	0.09737	101%-200% Above	No	No
69097045805	FENOFIBRATE 145 MG TABLET	9	30.000	14.90	0.16054	200% Above	No	No
69097045805	FENOFIBRATE 145 MG TABLET	10	30.000	4.90	0.12785	26%-50% Above	No	No
69097045805	FENOFIBRATE 145 MG TABLET	10	30.000	14.90	0.12785	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	11	30.000	14.90	0.15886	200% Above	No	No
69097045805	FENOFIBRATE 145 MG TABLET	12	30.000	4.90	0.13637	10%-25% Above	No	No
69097052444	DICLOFENAC SODIUM 1% GEL	9	100.000	6.90	0.10814	26%-50% Below	No	No
69097052444	DICLOFENAC SODIUM 1% GEL	9	100.000	14.90	0.10814	26%-50% Above	No	No
69097052444	DICLOFENAC SODIUM 1% GEL	10	100.000	1.27	0.10718	76%-100% Below	Yes	No
69097052444	DICLOFENAC SODIUM 1% GEL	10	100.000	4.90	0.10718	51%-75% Below	Yes	No
69097052444	DICLOFENAC SODIUM 1% GEL	12	100.000	4.90	0.10942	51%-75% Below	Yes	No
69097067805	PREGABALIN 50 MG CAPSULE	9	90.000	3.47	0.0618	26%-50% Below	No	No
69097067805	PREGABALIN 50 MG CAPSULE	10	90.000	3.47	0.05725	26%-50% Below	No	No
69097067805	PREGABALIN 50 MG CAPSULE	11	270.000	9.41	0.06879	26%-50% Below	No	No
69097067905	PREGABALIN 75 MG CAPSULE	9	60.000	2.54	0.06258	26%-50% Below	No	No
69097067905	PREGABALIN 75 MG CAPSULE	9	120.000	4.82	0.06258	26%-50% Below	No	No
69097067905	PREGABALIN 75 MG CAPSULE	10	120.000	4.82	0.05405	10%-25% Below	No	No
69097067905	PREGABALIN 75 MG CAPSULE	11	60.000	2.54	0.06453	26%-50% Below	No	No
69097067905	PREGABALIN 75 MG CAPSULE	12	60.000	2.54	0.05854	26%-50% Below	No	No
69097068105	PREGABALIN 100 MG CAPSULE	9	90.000	3.57	0.06425	26%-50% Below	No	No
69097068105	PREGABALIN 100 MG CAPSULE	10	90.000	3.60	0.05835	26%-50% Below	No	No
69097068205	PREGABALIN 150 MG CAPSULE	9	60.000	2.71	0.07465	26%-50% Below	No	No
69097068205	PREGABALIN 150 MG CAPSULE	9	90.000	3.90	0.07465	26%-50% Below	No	No
69097068205	PREGABALIN 150 MG CAPSULE	10	60.000	2.71	0.06703	26%-50% Below	No	No
69097068205	PREGABALIN 150 MG CAPSULE	10	90.000	3.90	0.06703	26%-50% Below	No	No
69097068205	PREGABALIN 150 MG CAPSULE	11	60.000	2.71	0.07293	26%-50% Below	No	No
69097068205	PREGABALIN 150 MG CAPSULE	11	60.000	31.49	0.07293	200% Above	No	No
69097068205	PREGABALIN 150 MG CAPSULE	11	90.000	3.90	0.07293	26%-50% Below	No	No
69097068205	PREGABALIN 150 MG CAPSULE	12	60.000	2.71	0.07074	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
69097068205	PREGABALIN 150 MG CAPSULE	12	90.000	3.90	0.07074	26%-50% Below	No	No
69097080232	TESTOSTERONE CYP 200 MG/ML	9	5.000	30.68	13.66959	51%-75% Below	No	No
69097081312	GABAPENTIN 100 MG CAPSULE	9	60.000	2.23	0.02583	26%-50% Above	No	No
69097081312	GABAPENTIN 100 MG CAPSULE	9	90.000	1.72	0.02583	26%-50% Below	Yes	No
69097081312	GABAPENTIN 100 MG CAPSULE	9	180.000	2.93	0.02583	26%-50% Below	Yes	No
69097081312	GABAPENTIN 100 MG CAPSULE	9	180.000	5.61	0.02583	10%-25% Above	No	No
69097081312	GABAPENTIN 100 MG CAPSULE	10	60.000	1.31	0.02469	10%-25% Below	No	No
69097081312	GABAPENTIN 100 MG CAPSULE	10	90.000	1.72	0.02469	10%-25% Below	Yes	No
69097081312	GABAPENTIN 100 MG CAPSULE	11	60.000	1.37	0.02755	10%-25% Below	No	No
69097081312	GABAPENTIN 100 MG CAPSULE	11	270.000	4.15	0.02755	26%-50% Below	Yes	No
69097081312	GABAPENTIN 100 MG CAPSULE	12	180.000	2.93	0.02527	26%-50% Below	No	No
69097081507	GABAPENTIN 400 MG CAPSULE	10	45.000	1.88	0.05443	10%-25% Below	Yes	No
69097082112	GEMFIBROZIL 600 MG TABLET	9	60.000	3.58	0.10204	26%-50% Below	No	No
69097082112	GEMFIBROZIL 600 MG TABLET	10	60.000	3.47	0.1015	26%-50% Below	No	No
69097082112	GEMFIBROZIL 600 MG TABLET	10	60.000	3.58	0.1015	26%-50% Below	No	No
69097082112	GEMFIBROZIL 600 MG TABLET	11	60.000	3.47	0.10622	26%-50% Below	No	No
69097082112	GEMFIBROZIL 600 MG TABLET	12	60.000	3.57	0.10498	26%-50% Below	No	No
69097082207	CITALOPRAM HBR 10 MG TABLET	10	90.000	4.18	0.02621	76%-100% Above	No	No
69097082212	CITALOPRAM HBR 10 MG TABLET	9	90.000	4.18	0.02608	76%-100% Above	No	No
69097082312	CITALOPRAM HBR 20 MG TABLET	9	30.000	1.45	0.03155	51%-75% Above	No	No
69097082312	CITALOPRAM HBR 20 MG TABLET	10	30.000	1.82	0.0324	76%-100% Above	No	No
69097082312	CITALOPRAM HBR 20 MG TABLET	12	30.000	1.45	0.03212	26%-50% Above	No	No
69097083305	SERTRALINE HCL 25 MG TABLET	9	30.000	0.36	0.03816	51%-75% Below	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	9	30.000	2.27	0.03816	76%-100% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	9	90.000	5.81	0.03816	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
69097083305	SERTRALINE HCL 25 MG TABLET	10	10.000	1.09	0.03597	200% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	10	90.000	6.12	0.03597	76%-100% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	10	90.000	6.63	0.03597	101%-200% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	11	135.000	9.18	0.03642	76%-100% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	12	90.000	5.72	0.03555	76%-100% Above	Yes	No
69097083312	SERTRALINE HCL 25 MG TABLET	9	30.000	2.44	0.03816	101%-200% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	12	30.000	2.44	0.03555	101%-200% Above	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	9	30.000	0.38	0.04068	51%-75% Below	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	9	30.000	1.94	0.04068	51%-75% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	9	45.000	2.66	0.04068	26%-50% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	9	90.000	4.83	0.04068	26%-50% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	10	30.000	1.89	0.04057	51%-75% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	10	30.000	1.94	0.04057	51%-75% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	10	30.000	2.03	0.04057	51%-75% Above	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	10	90.000	3.20	0.04057	10%-25% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	10	90.000	4.68	0.04057	26%-50% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	10	90.000	4.77	0.04057	26%-50% Above	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	10	90.000	4.83	0.04057	26%-50% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	10	135.000	4.81	0.04057	10%-25% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	11	30.000	0.00	0.04109	76%-100% Below	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	11	30.000	1.94	0.04109	51%-75% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	11	90.000	3.20	0.04109	10%-25% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	12	30.000	0.00	0.04404	76%-100% Below	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	12	30.000	1.94	0.04404	26%-50% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	12	45.000	0.57	0.04404	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
69097083412	SERTRALINE HCL 50 MG TABLET	12	90.000	2.99	0.04404	10%-25% Below	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	9	30.000	2.79	0.05802	51%-75% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	9	90.000	1.58	0.05802	51%-75% Below	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	9	90.000	5.99	0.05802	10%-25% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	9	90.000	7.38	0.05802	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	9	90.000	7.47	0.05802	26%-50% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	9	90.000	7.72	0.05802	26%-50% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	9	135.000	10.81	0.05802	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	10	30.000	2.79	0.05587	51%-75% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	10	90.000	5.54	0.05587	10%-25% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	10	90.000	7.38	0.05587	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	10	180.000	15.60	0.05587	51%-75% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	11	45.000	3.94	0.05593	51%-75% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	11	90.000	1.58	0.05593	51%-75% Below	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	11	90.000	5.54	0.05593	10%-25% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	11	90.000	7.38	0.05593	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	11	180.000	14.76	0.05593	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	12	90.000	7.38	0.05672	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	12	135.000	10.81	0.05672	26%-50% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	9	42.000	1.02	0.02198	10%-25% Above	Yes	No
69097084615	CYCLOBENZAPRINE 10 MG TABLET	11	30.000	1.16	0.02229	51%-75% Above	No	No
69097084615	CYCLOBENZAPRINE 10 MG TABLET	12	30.000	1.16	0.02252	51%-75% Above	No	No
69097084805	ESCITALOPRAM 10 MG TABLET	12	90.000	10.09	0.04992	101%-200% Above	No	No
69097084905	ESCITALOPRAM 20 MG TABLET	10	90.000	8.48	0.07945	10%-25% Above	Yes	No
69097086707	NADOLOL 20 MG TABLET	11	90.000	44.90	0.19467	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
69097086807	NADOLOL 40 MG TABLET	9	30.000	6.90	0.33458	26%-50% Below	Yes	No
69097086807	NADOLOL 40 MG TABLET	10	30.000	6.90	0.2611	10%-25% Below	Yes	No
69097086807	NADOLOL 40 MG TABLET	11	30.000	6.90	0.32083	26%-50% Below	Yes	No
69097086807	NADOLOL 40 MG TABLET	12	30.000	6.90	0.33617	26%-50% Below	Yes	No
69097087612	BUPROPION HCL XL 300 MG TABLET	9	90.000	62.00	0.1614	200% Above	No	No
69097087612	BUPROPION HCL XL 300 MG TABLET	10	90.000	44.90	0.18795	101%-200% Above	No	No
69097094312	GABAPENTIN 300 MG CAPSULE	9	60.000	2.19	0.04077	10%-25% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	9	180.000	2.99	0.04077	51%-75% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	10	60.000	2.19	0.04095	10%-25% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	10	90.000	1.39	0.04095	51%-75% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	10	90.000	2.30	0.04095	26%-50% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	10	270.000	6.91	0.04095	26%-50% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	11	30.000	0.77	0.04341	26%-50% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	11	60.000	2.88	0.04341	10%-25% Above	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	11	90.000	2.30	0.04341	26%-50% Below	Yes	No
69097094312	GABAPENTIN 300 MG CAPSULE	12	90.000	3.25	0.04443	10%-25% Below	Yes	No
69097094405	ATORVASTATIN 10 MG TABLET	10	60.000	0.70	0.03066	51%-75% Below	No	No
69097095705	PREGABALIN 100 MG CAPSULE	10	30.000	1.52	0.05835	10%-25% Below	No	No
69097095705	PREGABALIN 100 MG CAPSULE	11	30.000	1.52	0.06383	10%-25% Below	No	No
69097096507	NABUMETONE 500 MG TABLET	10	60.000	13.79	0.13296	51%-75% Above	No	No
69097096507	NABUMETONE 500 MG TABLET	11	60.000	4.90	0.1591	26%-50% Below	No	No
69230030001	ALLERGY RELIEF 180 MG TABLET	12	90.000	3.27	0.23924	76%-100% Below	No	No
69230030005	ALLERGY RELIEF 180 MG TABLET	10	60.000	9.90	0.28462	26%-50% Below	No	No
69230030005	ALLERGY RELIEF 180 MG TABLET	11	180.000	42.07	0.28032	10%-25% Below	No	No
69230031611	CHILD ALLERGY RELIEF 1 MG/ML	9	25.000	1.83	0.03899	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
69230032133	LEVOCETIRIZINE 5 MG TABLET	12	30.000	5.40	0.20773	10%-25% Below	No	No
69238101703	ISOTRETINOIN 30 MG CAPSULE	9	30.000	57.67	3.31692	26%-50% Below	Yes	No
69238101703	ISOTRETINOIN 30 MG CAPSULE	10	30.000	57.67	2.97116	26%-50% Below	Yes	No
69238101703	ISOTRETINOIN 30 MG CAPSULE	11	30.000	57.67	3.35301	26%-50% Below	Yes	No
69238106901	POTASSIUM CL ER 20 MEQ TABLET	10	90.000	24.43	0.14873	76%-100% Above	No	No
69238106901	POTASSIUM CL ER 20 MEQ TABLET	11	90.000	24.43	0.17154	51%-75% Above	No	No
69238110002	DOXYCYCLINE HYCLATE 100 MG CAP	11	20.000	9.90	0.14428	200% Above	No	No
69238110002	DOXYCYCLINE HYCLATE 100 MG CAP	12	20.000	9.90	0.14273	200% Above	No	No
69238110005	DOXYCYCLINE HYCLATE 100 MG CAP	9	20.000	1.44	0.13081	26%-50% Below	No	No
69238110005	DOXYCYCLINE HYCLATE 100 MG CAP	9	60.000	4.90	0.13081	26%-50% Below	No	No
69238110005	DOXYCYCLINE HYCLATE 100 MG CAP	10	60.000	4.90	0.12965	26%-50% Below	No	No
69238110005	DOXYCYCLINE HYCLATE 100 MG CAP	11	20.000	4.90	0.14428	51%-75% Above	Yes	No
69238110005	DOXYCYCLINE HYCLATE 100 MG CAP	11	60.000	4.90	0.14428	26%-50% Below	Yes	No
69238115403	EZETIMIBE 10 MG TABLET	9	7.000	5.84	0.08096	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	9	90.000	75.14	0.08096	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	10	90.000	182.58	0.08767	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	11	90.000	44.90	0.08622	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	12	30.000	14.90	0.08468	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	12	90.000	52.25	0.08468	200% Above	No	No
69238115409	EZETIMIBE 10 MG TABLET	9	30.000	9.90	0.08096	200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	10	30.000	9.90	0.08767	200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	11	30.000	9.90	0.08622	200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	11	90.000	126.58	0.08622	200% Above	Yes	No
69238115409	EZETIMIBE 10 MG TABLET	12	30.000	9.90	0.08468	200% Above	Yes	No
69238126601	OSELTAMIVIR PHOS 75 MG CAPSULE	11	10.000	14.90	1.04685	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
69238131209	PREGABALIN 75 MG CAPSULE	11	60.000	1.42	0.06453	51%-75% Below	Yes	No
69238131209	PREGABALIN 75 MG CAPSULE	11	60.000	2.54	0.06453	26%-50% Below	No	No
69238131209	PREGABALIN 75 MG CAPSULE	11	180.000	6.62	0.06453	26%-50% Below	No	No
69238134201	ETODOLAC 400 MG TABLET	11	12.000	8.40	0.34111	101%-200% Above	Yes	No
69238148901	BUMETANIDE 0.5 MG TABLET	10	90.000	12.50	0.2154	26%-50% Below	No	No
69238149001	BUMETANIDE 1 MG TABLET	10	30.000	4.90	0.18579	10%-25% Below	No	No
69238149001	BUMETANIDE 1 MG TABLET	10	90.000	48.91	0.18579	101%-200% Above	Yes	No
69238149001	BUMETANIDE 1 MG TABLET	12	90.000	42.14	0.18214	101%-200% Above	Yes	No
69238161503	OFLOXACIN 0.3% EAR DROPS	9	5.000	5.66	1.63551	26%-50% Below	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	10	90.000	3.74	0.06006	26%-50% Below	No	No
69238183207	LEVOTHYROXINE 75 MCG TABLET	10	30.000	3.95	0.06241	101%-200% Above	No	No
69238183207	LEVOTHYROXINE 75 MCG TABLET	11	30.000	3.95	0.07109	76%-100% Above	No	No
69238183207	LEVOTHYROXINE 75 MCG TABLET	12	30.000	3.95	0.06108	101%-200% Above	No	No
69238183301	LEVOTHYROXINE 88 MCG TABLET	9	90.000	4.96	0.07908	26%-50% Below	No	No
69238183301	LEVOTHYROXINE 88 MCG TABLET	12	90.000	4.96	0.07549	26%-50% Below	No	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	9	30.000	4.17	0.07548	76%-100% Above	No	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	10	30.000	4.17	0.07388	76%-100% Above	No	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	12	30.000	4.17	0.06912	101%-200% Above	No	No
69238183607	LEVOTHYROXINE 125 MCG TABLET	11	90.000	5.45	0.09037	26%-50% Below	No	No
69238184001	LEVOTHYROXINE 200 MCG TABLET	9	30.000	5.84	0.10336	76%-100% Above	No	No
69238184001	LEVOTHYROXINE 200 MCG TABLET	10	30.000	5.84	0.11267	51%-75% Above	No	No
69238184001	LEVOTHYROXINE 200 MCG TABLET	11	30.000	5.84	0.11467	51%-75% Above	No	No
69238184001	LEVOTHYROXINE 200 MCG TABLET	12	30.000	5.84	0.11149	51%-75% Above	No	No
69238184007	LEVOTHYROXINE 200 MCG TABLET	9	90.000	17.51	0.10336	76%-100% Above	No	No
69238184007	LEVOTHYROXINE 200 MCG TABLET	12	90.000	17.51	0.11149	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
69238184101	LEVOTHYROXINE 300 MCG TABLET	12	90.000	27.00	0.14391	101%-200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	9	60.000	14.64	0.06415	200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	10	60.000	14.64	0.05377	200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	11	60.000	14.64	0.06426	200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	12	60.000	14.64	0.0536	200% Above	No	No
69238207707	PROPRANOLOL 10 MG TABLET	9	40.000	9.09	0.06415	200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	10	40.000	9.09	0.05377	200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	11	60.000	9.90	0.06426	101%-200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	12	60.000	2.42	0.0536	10%-25% Below	Yes	No
69238207801	PROPRANOLOL 20 MG TABLET	9	180.000	29.99	0.07036	101%-200% Above	No	No
69238207901	PROPRANOLOL 40 MG TABLET	9	60.000	14.90	0.0915	101%-200% Above	No	No
69238208105	PROPRANOLOL 80 MG TABLET	9	180.000	77.71	0.17832	101%-200% Above	Yes	No
69238208105	PROPRANOLOL 80 MG TABLET	11	180.000	66.94	0.21806	51%-75% Above	Yes	No
69238209004	FAMOTIDINE 40 MG/5 ML SUSP	9	50.000	9.90	0.57272	51%-75% Below	No	No
69238209004	FAMOTIDINE 40 MG/5 ML SUSP	9	50.000	19.90	0.57272	26%-50% Below	No	No
69238209004	FAMOTIDINE 40 MG/5 ML SUSP	10	50.000	43.20	0.55585	51%-75% Above	No	No
69238209004	FAMOTIDINE 40 MG/5 ML SUSP	11	50.000	0.50	0.5818	76%-100% Below	No	No
69238212209	PREDNISOLONE 15 MG/5 ML SOLN	12	25.000	2.25	0.12807	26%-50% Below	No	No
69292053010	PROPRANOLOL 10 MG TABLET	9	90.000	3.31	0.06415	26%-50% Below	No	No
69292053010	PROPRANOLOL 10 MG TABLET	11	90.000	2.91	0.06426	26%-50% Below	No	No
69292053210	PROPRANOLOL 20 MG TABLET	12	60.000	13.50	0.06374	200% Above	No	No
69292053210	PROPRANOLOL 20 MG TABLET	12	90.000	3.44	0.06374	26%-50% Below	No	No
69315011610	FUROSEMIDE 20 MG TABLET	9	30.000	1.20	0.02683	26%-50% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	9	30.000	1.24	0.02683	51%-75% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	9	56.000	1.88	0.02683	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
69315011610	FUROSEMIDE 20 MG TABLET	10	30.000	1.24	0.02728	51%-75% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	10	56.000	1.88	0.02728	10%-25% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	11	30.000	1.24	0.02684	51%-75% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	11	56.000	1.88	0.02684	10%-25% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	12	30.000	1.20	0.02699	26%-50% Above	Yes	No
69315011610	FUROSEMIDE 20 MG TABLET	12	56.000	1.88	0.02699	10%-25% Above	No	No
69315011710	FUROSEMIDE 40 MG TABLET	9	18.000	0.32	0.03347	26%-50% Below	No	No
69315011710	FUROSEMIDE 40 MG TABLET	9	90.000	0.01	0.03347	76%-100% Below	No	No
69315011710	FUROSEMIDE 40 MG TABLET	10	30.000	0.54	0.03224	26%-50% Below	No	No
69315011710	FUROSEMIDE 40 MG TABLET	10	30.000	0.57	0.03224	26%-50% Below	No	No
69315011710	FUROSEMIDE 40 MG TABLET	10	30.000	1.49	0.03224	51%-75% Above	No	No
69315011710	FUROSEMIDE 40 MG TABLET	10	90.000	0.01	0.03224	76%-100% Below	No	No
69315011710	FUROSEMIDE 40 MG TABLET	11	30.000	0.57	0.03423	26%-50% Below	No	No
69315011710	FUROSEMIDE 40 MG TABLET	11	30.000	1.49	0.03423	26%-50% Above	No	No
69315011710	FUROSEMIDE 40 MG TABLET	11	90.000	0.01	0.03423	76%-100% Below	No	No
69315011710	FUROSEMIDE 40 MG TABLET	12	30.000	0.56	0.03366	26%-50% Below	No	No
69315011710	FUROSEMIDE 40 MG TABLET	12	30.000	1.49	0.03366	26%-50% Above	No	No
69315012701	FOLIC ACID 1 MG TABLET	12	90.000	2.30	0.03117	10%-25% Below	No	No
69315012710	FOLIC ACID 1 MG TABLET	9	30.000	0.36	0.02582	51%-75% Below	No	No
69315012710	FOLIC ACID 1 MG TABLET	9	30.000	1.10	0.02582	26%-50% Above	No	No
69315012710	FOLIC ACID 1 MG TABLET	9	30.000	1.14	0.02582	26%-50% Above	No	No
69315012710	FOLIC ACID 1 MG TABLET	10	30.000	0.36	0.02819	51%-75% Below	No	No
69315012710	FOLIC ACID 1 MG TABLET	10	30.000	1.14	0.02819	26%-50% Above	No	No
69315012710	FOLIC ACID 1 MG TABLET	10	90.000	3.63	0.02819	26%-50% Above	No	No
69315012710	FOLIC ACID 1 MG TABLET	11	30.000	0.36	0.02575	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
69315012710	FOLIC ACID 1 MG TABLET	12	30.000	0.36	0.03117	51%-75% Below	No	No
69315013701	BENZTROPINE MES 1 MG TABLET	9	60.000	7.92	0.08352	51%-75% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	9	30.000	3.17	0.04848	101%-200% Above	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	10	14.000	1.70	0.04841	101%-200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	10	30.000	3.07	0.04841	101%-200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	10	30.000	3.17	0.04841	101%-200% Above	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	10	90.000	8.21	0.04841	76%-100% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	10	90.000	10.58	0.04841	101%-200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	10	90.000	12.71	0.04841	101%-200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	11	30.000	3.07	0.04734	101%-200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	11	30.000	4.57	0.04734	200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	11	90.000	10.58	0.04734	101%-200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	12	90.000	8.21	0.04949	76%-100% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	12	90.000	12.71	0.04949	101%-200% Above	Yes	No
69315015510	HYDROCHLOROTHIAZIDE 12.5 MG TB	11	30.000	3.07	0.04734	101%-200% Above	No	No
69315015510	HYDROCHLOROTHIAZIDE 12.5 MG TB	12	30.000	3.07	0.04949	101%-200% Above	No	No
69315021101	NIFEDIPINE 10 MG CAPSULE	9	120.000	22.31	0.34782	26%-50% Below	No	No
69315021101	NIFEDIPINE 10 MG CAPSULE	10	120.000	19.75	0.33045	26%-50% Below	No	No
69315021201	NIFEDIPINE 20 MG CAPSULE	10	60.000	28.81	1.09397	51%-75% Below	No	No
69315021201	NIFEDIPINE 20 MG CAPSULE	11	60.000	28.80	1.09397	51%-75% Below	No	No
69315021201	NIFEDIPINE 20 MG CAPSULE	12	60.000	28.80	0.54272	10%-25% Below	No	No
69315028809	FENOFIBRATE 145 MG TABLET	12	30.000	5.50	0.13637	26%-50% Above	No	No
69315030802	CIPROFLOXACIN 0.3% EYE DROP	12	2.500	2.84	2.58552	51%-75% Below	Yes	No
69315030805	CIPROFLOXACIN 0.3% EYE DROP	10	5.000	9.07	1.61045	10%-25% Above	No	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	12	60.000	2.01	0.05258	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
69315090401	LORAZEPAM 0.5 MG TABLET	9	15.000	1.08	0.04039	76%-100% Above	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	11	20.000	0.95	0.04074	10%-25% Above	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	12	10.000	0.78	0.045	51%-75% Above	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	12	30.000	1.09	0.045	10%-25% Below	No	No
69315090501	LORAZEPAM 1 MG TABLET	9	30.000	1.59	0.03788	26%-50% Above	Yes	No
69315090505	LORAZEPAM 1 MG TABLET	9	48.000	3.76	0.03788	101%-200% Above	No	No
69315090505	LORAZEPAM 1 MG TABLET	11	48.000	3.76	0.04426	76%-100% Above	No	No
69315090505	LORAZEPAM 1 MG TABLET	12	30.000	1.09	0.05173	26%-50% Below	Yes	No
69315091001	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	9	16.000	4.90	0.17648	51%-75% Above	No	No
69315091001	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	9	240.000	12.77	0.17648	51%-75% Below	No	No
69315091001	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	10	240.000	12.77	0.16124	51%-75% Below	No	No
69315091001	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	11	25.000	6.21	0.18182	26%-50% Above	No	No
69315091001	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	11	30.000	4.90	0.18182	10%-25% Below	No	No
69315091010	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	12	30.000	9.90	0.17904	76%-100% Above	No	No
69315091010	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	12	90.000	9.90	0.17904	26%-50% Below	No	No
69339017402	NITROGLYCERIN 0.4 MG TABLET SL	12	25.000	2.93	0.21535	26%-50% Below	No	No
69367013406	GABAPENTIN 600 MG TABLET	11	60.000	7.35	0.09763	10%-25% Above	No	No
69367019201	PHENAZOPYRIDINE 200 MG TAB	9	15.000	14.90	0.21833	200% Above	No	No
69367019201	PHENAZOPYRIDINE 200 MG TAB	10	6.000	9.90	0.19953	200% Above	No	No
69367020301	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	11	30.000	4.32	0.1605	10%-25% Below	No	No
69367023809	LEVOCETIRIZINE 5 MG TABLET	9	30.000	0.00	0.08116	76%-100% Below	No	No
69367023809	LEVOCETIRIZINE 5 MG TABLET	9	30.000	6.99	0.08116	101%-200% Above	No	No
69367023809	LEVOCETIRIZINE 5 MG TABLET	10	30.000	10.48	0.07596	200% Above	No	No
69367025409	FENOFIBRATE 160 MG TABLET	9	30.000	6.90	0.13441	51%-75% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	9	30.000	9.90	0.28541	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
69367026209	VALACYCLOVIR HCL 500 MG TABLET	10	90.000	29.90	0.28806	10%-25% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	9	21.000	0.00	0.48253	76%-100% Below	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	10	14.000	9.90	0.50396	26%-50% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	11	14.000	9.90	0.47086	26%-50% Above	No	No
69367027204	CODEINE-GUAIFEN 10-100 MG/5 ML	9	400.000	14.04	0.05155	26%-50% Below	No	No
69367027204	CODEINE-GUAIFEN 10-100 MG/5 ML	10	118.000	4.90	0.05036	10%-25% Below	No	No
69367027204	CODEINE-GUAIFEN 10-100 MG/5 ML	11	180.000	6.90	0.05554	26%-50% Below	No	No
69367027216	CODEINE-GUAIFEN 10-100 MG/5 ML	9	240.000	4.99	0.03165	26%-50% Below	No	No
69367027216	CODEINE-GUAIFEN 10-100 MG/5 ML	11	180.000	9.99	0.02818	76%-100% Above	No	No
69367030830	EPLERENONE 50 MG TABLET	9	30.000	6.21	0.58738	51%-75% Below	No	No
69367030830	EPLERENONE 50 MG TABLET	10	30.000	6.21	0.74241	51%-75% Below	No	No
69452014330	BENZONATATE 100 MG CAPSULE	9	30.000	6.92	0.08277	101%-200% Above	No	No
69452014330	BENZONATATE 100 MG CAPSULE	10	20.000	4.54	0.08	101%-200% Above	No	No
69452014330	BENZONATATE 100 MG CAPSULE	12	30.000	6.92	0.08546	101%-200% Above	No	No
69452014420	BENZONATATE 200 MG CAPSULE	12	30.000	11.05	0.12442	101%-200% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	9	30.000	1.84	0.113	26%-50% Below	No	No
69452014430	BENZONATATE 200 MG CAPSULE	9	30.000	4.90	0.113	26%-50% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	9	30.000	6.90	0.113	101%-200% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	9	30.000	8.16	0.113	101%-200% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	11	21.000	7.48	0.11412	200% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	11	30.000	0.30	0.11412	76%-100% Below	No	No
69452014430	BENZONATATE 200 MG CAPSULE	11	30.000	11.05	0.11412	200% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	12	15.000	5.31	0.12442	101%-200% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	12	15.000	5.48	0.12442	101%-200% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	12	15.000	5.78	0.12442	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
69452014430	BENZONATATE 200 MG CAPSULE	12	20.000	6.91	0.12442	101%-200% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	12	21.000	6.90	0.12442	101%-200% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	12	30.000	32.10	0.12442	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	9	1.000	0.77	0.13129	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	9	2.000	1.03	0.13129	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	9	4.000	0.32	0.13129	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	9	4.000	1.57	0.13129	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	9	4.000	1.57	0.13129	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	9	12.000	0.63	0.13129	51%-75% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	9	12.000	3.59	0.13129	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	9	12.000	3.70	0.13129	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	9	13.000	3.97	0.13129	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	10	1.000	0.77	0.13301	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	10	2.000	1.03	0.13301	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	10	4.000	0.32	0.13301	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	10	4.000	1.57	0.13301	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	10	4.000	1.57	0.13301	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	10	5.000	1.83	0.13301	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	10	6.000	2.10	0.13301	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	10	8.000	2.56	0.13301	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	10	12.000	0.63	0.13301	51%-75% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	10	12.000	3.70	0.13301	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	10	13.000	3.97	0.13301	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	11	2.000	1.03	0.13472	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	11	4.000	0.32	0.13472	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
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	11	4.000	1.57	0.13472	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	11	4.000	1.57	0.13472	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	11	12.000	3.59	0.13472	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	11	12.000	3.70	0.13472	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	11	12.000	3.70	0.13472	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	1.000	0.07	0.12822	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	1.000	0.77	0.12822	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	2.000	1.03	0.12822	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	4.000	0.28	0.12822	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	4.000	0.29	0.12822	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	4.000	1.57	0.12822	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	4.000	1.57	0.12822	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	12.000	0.54	0.12822	51%-75% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	12.000	3.59	0.12822	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	12.000	3.70	0.12822	101%-200% Above	Yes	No
69452015220	ETHOSUXIMIDE 250 MG CAPSULE	10	60.000	9.90	0.28263	26%-50% Below	No	No
69452015773	RIZATRIPTAN 10 MG ODT	9	1.000	1.50	0.62967	101%-200% Above	No	No
69452015773	RIZATRIPTAN 10 MG ODT	10	9.000	13.49	0.62338	101%-200% Above	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	9	6.000	3.67	0.35827	51%-75% Above	No	No
69452020713	CALCITRIOL 0.25 MCG CAPSULE	11	30.000	13.03	0.19593	101%-200% Above	No	No
69452020713	CALCITRIOL 0.25 MCG CAPSULE	12	30.000	13.03	0.18034	101%-200% Above	No	No
69452020720	CALCITRIOL 0.25 MCG CAPSULE	9	12.000	6.40	0.17397	200% Above	No	No
69452020720	CALCITRIOL 0.25 MCG CAPSULE	10	12.000	6.40	0.17006	200% Above	No	No
69452020720	CALCITRIOL 0.25 MCG CAPSULE	11	12.000	6.40	0.19593	101%-200% Above	No	No
69452020720	CALCITRIOL 0.25 MCG CAPSULE	12	12.000	6.40	0.18034	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
69452023320	PROGESTERONE 100 MG CAPSULE	10	30.000	3.78	0.24871	26%-50% Below	No	No
69452027520	KETOROLAC 10 MG TABLET	12	10.000	10.16	0.57129	76%-100% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	12	30.000	25.28	0.57129	26%-50% Above	No	No
69452029120	ACYCLOVIR 800 MG TABLET	9	90.000	0.01	0.18623	76%-100% Below	No	No
69452029120	ACYCLOVIR 800 MG TABLET	10	30.000	4.90	0.19269	10%-25% Below	No	No
69452029120	ACYCLOVIR 800 MG TABLET	12	30.000	6.90	0.20205	10%-25% Above	No	No
69452034313	MODAFINIL 200 MG TABLET	11	30.000	19.90	0.48082	26%-50% Above	No	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	10	10.000	8.88	0.3944	101%-200% Above	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	11	12.000	2.96	0.44575	26%-50% Below	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	9	3.000	0.81	0.48593	26%-50% Below	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	9	9.000	2.42	0.48593	26%-50% Below	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	12	9.000	2.42	0.49858	26%-50% Below	Yes	No
69452035620	ROPINIROLE HCL 0.25 MG TABLET	10	270.000	8.07	0.04648	26%-50% Below	No	No
69452035720	ROPINIROLE HCL 0.5 MG TABLET	9	90.000	24.00	0.04551	200% Above	No	No
69452035920	ROPINIROLE HCL 2 MG TABLET	9	270.000	92.29	0.05971	200% Above	No	No
69543010710	DESLORATADINE 5 MG TABLET	9	30.000	5.73	0.33492	26%-50% Below	No	No
69543010710	DESLORATADINE 5 MG TABLET	10	30.000	5.92	0.31994	26%-50% Below	No	No
69543010710	DESLORATADINE 5 MG TABLET	11	30.000	5.92	0.35457	26%-50% Below	No	No
69543010710	DESLORATADINE 5 MG TABLET	12	30.000	5.74	0.35462	26%-50% Below	No	No
69584002290	AMLODIPINE BESYLATE 5 MG TAB	9	30.000	1.05	0.01085	200% Above	No	No
69584009150	BUSPIRONE HCL 5 MG TABLET	9	30.000	2.22	0.02495	101%-200% Above	Yes	No
69584009150	BUSPIRONE HCL 5 MG TABLET	9	60.000	3.94	0.02495	101%-200% Above	Yes	No
69584009150	BUSPIRONE HCL 5 MG TABLET	10	30.000	2.22	0.02497	101%-200% Above	Yes	No
69584009150	BUSPIRONE HCL 5 MG TABLET	10	60.000	0.89	0.02497	26%-50% Below	Yes	No
69584009150	BUSPIRONE HCL 5 MG TABLET	10	60.000	3.94	0.02497	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
69584009150	BUSPIRONE HCL 5 MG TABLET	11	30.000	2.22	0.02567	101%-200% Above	Yes	No
69584009150	BUSPIRONE HCL 5 MG TABLET	11	90.000	5.67	0.02567	101%-200% Above	Yes	No
69584009150	BUSPIRONE HCL 5 MG TABLET	12	30.000	2.22	0.02658	101%-200% Above	Yes	No
69584009150	BUSPIRONE HCL 5 MG TABLET	12	60.000	3.82	0.02658	101%-200% Above	Yes	No
69584009250	BUSPIRONE HCL 10 MG TABLET	10	60.000	4.15	0.03365	101%-200% Above	Yes	No
69584009250	BUSPIRONE HCL 10 MG TABLET	10	60.000	4.28	0.03365	101%-200% Above	Yes	No
69584009250	BUSPIRONE HCL 10 MG TABLET	10	180.000	16.40	0.03365	101%-200% Above	Yes	No
69584009250	BUSPIRONE HCL 10 MG TABLET	11	60.000	4.15	0.03254	101%-200% Above	Yes	No
69584009250	BUSPIRONE HCL 10 MG TABLET	11	180.000	11.44	0.03254	76%-100% Above	Yes	No
69584009350	BUSPIRONE HCL 15 MG TABLET	11	30.000	0.83	0.04837	26%-50% Below	Yes	No
69584009350	BUSPIRONE HCL 15 MG TABLET	11	180.000	14.16	0.04837	51%-75% Above	Yes	No
69584009350	BUSPIRONE HCL 15 MG TABLET	12	30.000	0.83	0.04974	26%-50% Below	Yes	No
69584009350	BUSPIRONE HCL 15 MG TABLET	12	60.000	5.50	0.04974	76%-100% Above	Yes	No
69584011150	CARISOPRODOL 350 MG TABLET	9	9.000	1.06	0.0799	26%-50% Above	No	No
69584011190	CARISOPRODOL 350 MG TABLET	10	180.000	9.90	0.08115	26%-50% Below	No	No
69584011190	CARISOPRODOL 350 MG TABLET	11	180.000	9.90	0.07768	26%-50% Below	No	No
69584011190	CARISOPRODOL 350 MG TABLET	12	120.000	7.72	0.07471	10%-25% Below	No	No
69584011190	CARISOPRODOL 350 MG TABLET	12	180.000	9.90	0.07471	26%-50% Below	No	No
69584061150	METHOCARBAMOL 500 MG TABLET	10	20.000	0.53	0.04104	26%-50% Below	No	No
69584085210	SPIRONOLACTONE 25 MG TABLET	12	60.000	5.63	0.05158	76%-100% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	10	30.000	3.32	0.05314	101%-200% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	11	30.000	3.32	0.05311	101%-200% Above	No	No
69584085290	SPIRONOLACTONE 25 MG TABLET	9	90.000	8.65	0.05414	76%-100% Above	No	No
69584085290	SPIRONOLACTONE 25 MG TABLET	12	90.000	8.65	0.05158	76%-100% Above	No	No
69584085310	SPIRONOLACTONE 50 MG TABLET	9	30.000	6.10	0.1085	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
69584085310	SPIRONOLACTONE 50 MG TABLET	11	16.000	3.49	0.11508	76%-100% Above	No	No
69584085310	SPIRONOLACTONE 50 MG TABLET	12	30.000	4.90	0.10666	51%-75% Above	No	No
69584085310	SPIRONOLACTONE 50 MG TABLET	12	30.000	6.10	0.10666	76%-100% Above	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	11	90.000	31.28	0.20847	51%-75% Above	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	9	1.000	0.65	2.70995	76%-100% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	9	2.000	4.18	2.70995	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	9	4.000	7.87	2.70995	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	9	4.000	8.66	2.70995	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	10	1.000	0.65	2.58423	51%-75% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	10	1.000	1.42	2.58423	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	10	2.000	4.18	2.58423	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	10	4.000	7.87	2.58423	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	11	1.000	0.01	2.52262	76%-100% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	11	1.000	1.49	2.52262	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	11	2.000	2.98	2.52262	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	11	2.000	4.18	2.52262	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	11	3.000	6.03	2.52262	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	11	4.000	7.87	2.52262	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	12	1.000	1.49	2.46915	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	12	2.000	2.98	2.46915	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	12	2.000	4.18	2.46915	10%-25% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	12	4.000	6.90	2.46915	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	12	4.000	7.87	2.46915	10%-25% Below	No	No
69680011399	CYANOCOBALAMIN 10,000 MCG/10 ML	12	2.000	2.25	0.91803	10%-25% Above	No	No
69784050001	EC-NAPROXEN DR 500 MG TABLET	11	30.000	49.76	3.3237	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
69784050001	EC-NAPROXEN DR 500 MG TABLET	12	60.000	151.35	3.66372	26%-50% Below	No	No
69918020101	DESMOPRESSIN ACETATE 0.2 MG TB	9	90.000	22.16	0.43052	26%-50% Below	No	No
69918020101	DESMOPRESSIN ACETATE 0.2 MG TB	10	90.000	22.07	0.42797	26%-50% Below	No	No
69918020101	DESMOPRESSIN ACETATE 0.2 MG TB	11	90.000	22.14	0.40025	26%-50% Below	No	No
69918020101	DESMOPRESSIN ACETATE 0.2 MG TB	12	30.000	14.90	0.43152	10%-25% Above	No	No
70000036105	ALLERGY RELIEF 180 MG TABLET	9	30.000	4.56	0.26418	26%-50% Below	No	No
70010000201	COLCHICINE 0.6 MG TABLET	9	90.000	44.90	0.28534	51%-75% Above	No	No
70010000501	DEXMETHYLPHENIDATE ER 10 MG CP	9	30.000	19.04	1.33873	51%-75% Below	No	No
70010000501	DEXMETHYLPHENIDATE ER 10 MG CP	10	30.000	22.50	1.2797	26%-50% Below	No	No
70010000501	DEXMETHYLPHENIDATE ER 10 MG CP	11	30.000	22.50	1.37805	26%-50% Below	No	No
70010000701	DEXMETHYLPHENIDATE ER 20 MG CP	11	10.000	9.97	1.98172	26%-50% Below	No	No
70010000701	DEXMETHYLPHENIDATE ER 20 MG CP	12	30.000	27.81	1.91234	51%-75% Below	No	No
70010001301	METHYLPHENIDATE LA 20 MG CAP	9	30.000	9.99	1.46167	76%-100% Below	No	No
70010001301	METHYLPHENIDATE LA 20 MG CAP	10	30.000	40.39	1.80668	10%-25% Below	No	No
70010001301	METHYLPHENIDATE LA 20 MG CAP	11	30.000	40.39	1.80668	10%-25% Below	No	No
70010001301	METHYLPHENIDATE LA 20 MG CAP	12	30.000	27.83	1.80668	26%-50% Below	No	No
70010001301	METHYLPHENIDATE LA 20 MG CAP	12	30.000	40.39	1.80668	10%-25% Below	No	No
70010001603	METHYLPHENIDATE LA 60 MG CAP	9	30.000	162.69	7.27995	10%-25% Below	No	No
70010001603	METHYLPHENIDATE LA 60 MG CAP	10	30.000	14.90	7.27995	76%-100% Below	No	No
70010001603	METHYLPHENIDATE LA 60 MG CAP	12	30.000	177.53	7.27995	10%-25% Below	No	No
70010002201	POTASSIUM CL ER 10 MEQ TABLET	9	180.000	60.53	0.12498	101%-200% Above	No	No
70010002201	POTASSIUM CL ER 10 MEQ TABLET	12	180.000	60.53	0.12476	101%-200% Above	No	No
70010003301	DEXTROAMP-AMPHET ER 25 MG CAP	9	30.000	125.28	0.61559	200% Above	Yes	No
70010004301	METHYLPHENIDATE ER 20 MG TAB	9	30.000	9.32	0.36802	10%-25% Below	Yes	No
70010004301	METHYLPHENIDATE ER 20 MG TAB	9	30.000	14.90	0.36802	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
70010004301	METHYLPHENIDATE ER 20 MG TAB	11	30.000	9.32	0.46868	26%-50% Below	Yes	No
70010004301	METHYLPHENIDATE ER 20 MG TAB	11	30.000	9.90	0.46868	26%-50% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	9	180.000	3.46	0.01678	10%-25% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	11	30.000	1.00	0.01679	76%-100% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	12	30.000	2.38	0.01592	200% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	12	180.000	14.29	0.01592	200% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	9	30.000	1.00	0.01678	76%-100% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	9	60.000	1.45	0.01678	26%-50% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	10	30.000	1.00	0.01613	101%-200% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	10	60.000	1.45	0.01613	26%-50% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	10	180.000	3.25	0.01613	10%-25% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	11	30.000	1.00	0.01679	76%-100% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	11	60.000	1.45	0.01679	26%-50% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	11	90.000	2.01	0.01679	26%-50% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	12	30.000	1.00	0.01592	101%-200% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	12	60.000	1.45	0.01592	51%-75% Above	No	No
70010006410	METFORMIN HCL 850 MG TABLET	11	60.000	0.97	0.02956	26%-50% Below	Yes	No
70010006501	METFORMIN HCL 1,000 MG TABLET	9	180.000	5.72	0.02691	10%-25% Above	No	No
70010006501	METFORMIN HCL 1,000 MG TABLET	11	180.000	5.72	0.0263	10%-25% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	9	60.000	2.24	0.02691	26%-50% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	9	180.000	5.54	0.02691	10%-25% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	9	180.000	6.03	0.02691	10%-25% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	10	60.000	2.18	0.02637	26%-50% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	10	60.000	2.24	0.02637	26%-50% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	11	60.000	0.95	0.0263	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
70010006505	METFORMIN HCL 1,000 MG TABLET	11	60.000	2.18	0.0263	26%-50% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	11	180.000	5.22	0.0263	10%-25% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	12	60.000	0.95	0.02497	26%-50% Below	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	12	60.000	2.18	0.02497	26%-50% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	12	180.000	5.54	0.02497	10%-25% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	12	180.000	6.03	0.02497	26%-50% Above	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	9	60.000	2.24	0.02691	26%-50% Above	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	9	180.000	5.72	0.02691	10%-25% Above	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	10	60.000	3.14	0.02637	76%-100% Above	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	10	180.000	5.82	0.02637	10%-25% Above	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	11	60.000	2.24	0.0263	26%-50% Above	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	11	60.000	3.14	0.0263	76%-100% Above	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	11	180.000	2.86	0.0263	26%-50% Below	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	12	60.000	2.24	0.02497	26%-50% Above	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	12	180.000	5.72	0.02497	26%-50% Above	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	9	28.000	8.55	0.17134	76%-100% Above	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	9	30.000	6.90	0.17134	26%-50% Above	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	9	30.000	8.64	0.17134	51%-75% Above	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	9	60.000	14.90	0.17134	26%-50% Above	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	10	28.000	8.55	0.14873	101%-200% Above	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	10	30.000	6.90	0.14873	51%-75% Above	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	10	30.000	8.64	0.14873	76%-100% Above	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	10	60.000	14.90	0.14873	51%-75% Above	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	11	30.000	6.90	0.17154	26%-50% Above	No	No
70010013510	POTASSIUM CL ER 20 MEQ TABLET	11	8.000	2.67	0.17154	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
70010013510	POTASSIUM CL ER 20 MEQ TABLET	11	60.000	14.90	0.17154	26%-50% Above	No	No
70010013510	POTASSIUM CL ER 20 MEQ TABLET	12	28.000	8.55	0.16662	76%-100% Above	No	No
70010013601	POTASSIUM CL ER 10 MEQ TABLET	10	90.000	28.90	0.13658	101%-200% Above	No	No
70010013901	NAPROXEN 500 MG TABLET	10	60.000	5.72	0.06367	26%-50% Above	No	No
70010013901	NAPROXEN 500 MG TABLET	10	180.000	2.11	0.06367	76%-100% Below	Yes	No
70010013901	NAPROXEN 500 MG TABLET	10	180.000	9.90	0.06367	10%-25% Below	No	No
70010013905	NAPROXEN 500 MG TABLET	9	60.000	6.22	0.06174	51%-75% Above	No	No
70010013905	NAPROXEN 500 MG TABLET	10	20.000	0.90	0.06367	26%-50% Below	No	No
70010013905	NAPROXEN 500 MG TABLET	10	30.000	3.36	0.06367	51%-75% Above	No	No
70010013910	NAPROXEN 500 MG TABLET	12	60.000	1.65	0.06742	51%-75% Below	No	No
70010014805	POTASSIUM CL ER 10 MEQ CAPSULE	11	180.000	68.04	0.13062	101%-200% Above	Yes	No
70010014901	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	11	30.000	4.32	0.1605	10%-25% Below	No	No
70010014905	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	11	30.000	4.32	0.1605	10%-25% Below	No	No
70010016234	LORATADINE 10 MG TABLET	11	30.000	1.93	0.05749	10%-25% Above	No	No
70010016305	CETIRIZINE HCL 10 MG TABLET	9	30.000	1.75	0.06707	10%-25% Below	No	No
70010016305	CETIRIZINE HCL 10 MG TABLET	9	30.000	1.80	0.06707	10%-25% Below	No	No
70010016305	CETIRIZINE HCL 10 MG TABLET	10	90.000	2.08	0.06548	51%-75% Below	Yes	No
70010016305	CETIRIZINE HCL 10 MG TABLET	11	30.000	1.58	0.0701	10%-25% Below	No	No
70010016305	CETIRIZINE HCL 10 MG TABLET	12	90.000	1.94	0.06248	51%-75% Below	Yes	No
70010049105	METFORMIN HCL ER 500 MG TABLET	9	60.000	2.54	0.03126	26%-50% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	9	90.000	3.54	0.03126	10%-25% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	9	90.000	7.57	0.03126	101%-200% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	9	120.000	2.29	0.03126	26%-50% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	9	120.000	4.58	0.03126	10%-25% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	10	30.000	1.52	0.03299	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
70010049105	METFORMIN HCL ER 500 MG TABLET	10	60.000	0.01	0.03299	76%-100% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	10	120.000	2.26	0.03299	26%-50% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	10	120.000	4.53	0.03299	10%-25% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	10	120.000	4.58	0.03299	10%-25% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	11	30.000	1.52	0.03244	51%-75% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	11	90.000	3.54	0.03244	10%-25% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	11	120.000	2.38	0.03244	26%-50% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	11	120.000	4.53	0.03244	10%-25% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	11	120.000	4.58	0.03244	10%-25% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	12	30.000	1.52	0.03245	51%-75% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	12	60.000	0.01	0.03245	76%-100% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	12	60.000	2.54	0.03245	26%-50% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	12	90.000	3.45	0.03245	10%-25% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	12	90.000	7.57	0.03245	101%-200% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	12	120.000	2.38	0.03245	26%-50% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	12	120.000	4.58	0.03245	10%-25% Above	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	9	30.000	1.52	0.03126	51%-75% Above	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	9	60.000	1.10	0.03126	26%-50% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	9	90.000	3.45	0.03126	10%-25% Above	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	9	360.000	12.74	0.03126	10%-25% Above	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	10	30.000	1.52	0.03299	51%-75% Above	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	10	60.000	1.10	0.03299	26%-50% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	10	180.000	4.99	0.03299	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	10	180.000	6.62	0.03299	10%-25% Above	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	10	360.000	9.97	0.03299	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
70010049110	METFORMIN HCL ER 500 MG TABLET	11	30.000	1.52	0.03244	51%-75% Above	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	11	90.000	2.32	0.03244	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	11	90.000	2.49	0.03244	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	11	180.000	4.64	0.03244	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	12	90.000	2.32	0.03245	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	12	90.000	3.45	0.03245	10%-25% Above	Yes	No
70010049201	METFORMIN HCL ER 750 MG TABLET	12	30.000	3.49	0.06373	76%-100% Above	Yes	No
70010074210	LOSARTAN POTASSIUM 50 MG TAB	10	90.000	7.99	0.04293	101%-200% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	10	40.000	3.99	0.04104	101%-200% Above	No	No
70010075405	METHOCARBAMOL 500 MG TABLET	9	90.000	6.63	0.04243	51%-75% Above	No	No
70010075405	METHOCARBAMOL 500 MG TABLET	10	90.000	6.63	0.04104	76%-100% Above	No	No
70010075405	METHOCARBAMOL 500 MG TABLET	11	20.000	1.86	0.04549	101%-200% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	9	30.000	0.00	0.04685	76%-100% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	10	90.000	2.27	0.04779	26%-50% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	10	90.000	2.87	0.04779	26%-50% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	11	30.000	8.06	0.05129	200% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	11	90.000	2.77	0.05129	26%-50% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	11	90.000	2.87	0.05129	26%-50% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	12	30.000	8.06	0.05007	200% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	12	90.000	2.58	0.05007	26%-50% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	12	90.000	2.77	0.05007	26%-50% Below	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	9	60.000	2.05	0.04685	26%-50% Below	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	10	180.000	4.96	0.04779	26%-50% Below	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	12	42.000	1.21	0.05007	26%-50% Below	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	12	180.000	4.96	0.05007	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	9	1.000	2.43	2.70995	10%-25% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	9	2.000	4.18	2.70995	10%-25% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	10	2.000	4.18	2.58423	10%-25% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	10	6.000	11.25	2.58423	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	10	10.000	18.27	2.58423	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	11	2.000	4.18	2.52262	10%-25% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	11	3.000	4.63	2.52262	26%-50% Below	No	No
70069000701	OLOPATADINE HCL 0.1% EYE DROPS	9	5.000	7.76	4.46366	51%-75% Below	Yes	No
70069000701	OLOPATADINE HCL 0.1% EYE DROPS	10	5.000	9.90	4.27047	51%-75% Below	No	No
70069009101	AZELASTINE HCL 0.05% DROPS	9	6.000	3.64	1.00792	26%-50% Below	Yes	No
70069009101	AZELASTINE HCL 0.05% DROPS	10	18.000	62.18	1.0018	200% Above	Yes	No
70069009101	AZELASTINE HCL 0.05% DROPS	12	6.000	9.99	1.04945	51%-75% Above	No	No
70069013101	TOBRAMYCIN 0.3% EYE DROP	9	5.000	3.00	1.10457	26%-50% Below	No	No
70069013101	TOBRAMYCIN 0.3% EYE DROP	10	5.000	3.69	1.23198	26%-50% Below	No	No
70069013101	TOBRAMYCIN 0.3% EYE DROP	11	5.000	3.69	1.32023	26%-50% Below	No	No
70069042101	LATANOPROST 0.005% EYE DROPS	10	2.500	8.15	1.77485	76%-100% Above	No	No
70069042101	LATANOPROST 0.005% EYE DROPS	10	2.500	8.29	1.77485	76%-100% Above	No	No
70069042101	LATANOPROST 0.005% EYE DROPS	11	2.500	27.03	1.85473	200% Above	No	No
70377000215	SIMVASTATIN 10 MG TABLET	9	30.000	0.33	0.03034	51%-75% Below	Yes	No
70377000215	SIMVASTATIN 10 MG TABLET	12	90.000	2.83	0.03589	10%-25% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	10	30.000	0.47	0.03831	51%-75% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	11	90.000	1.40	0.03689	51%-75% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	12	30.000	0.47	0.04119	51%-75% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	12	30.000	6.26	0.04119	200% Above	No	No
70377000415	SIMVASTATIN 40 MG TABLET	9	30.000	1.16	0.05511	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
70377000415	SIMVASTATIN 40 MG TABLET	9	90.000	2.06	0.05511	51%-75% Below	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	10	30.000	0.87	0.07012	51%-75% Below	No	No
70377000415	SIMVASTATIN 40 MG TABLET	12	30.000	0.87	0.0681	51%-75% Below	No	No
70377000415	SIMVASTATIN 40 MG TABLET	12	90.000	2.06	0.0681	51%-75% Below	Yes	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	9	30.000	20.02	0.04774	200% Above	No	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	9	90.000	189.86	0.04774	200% Above	Yes	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	10	30.000	54.69	0.04537	200% Above	No	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	10	90.000	175.27	0.04537	200% Above	Yes	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	11	30.000	0.30	0.05232	76%-100% Below	No	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	11	90.000	163.58	0.05232	200% Above	Yes	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	12	30.000	0.30	0.04063	51%-75% Below	No	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	9	30.000	0.83	0.04774	26%-50% Below	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	9	90.000	2.50	0.04774	26%-50% Below	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	9	90.000	44.90	0.04774	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	10	30.000	0.83	0.04537	26%-50% Below	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	11	30.000	0.83	0.05232	26%-50% Below	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	12	30.000	0.83	0.04063	26%-50% Below	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	12	90.000	44.90	0.04063	200% Above	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	9	30.000	21.21	0.05258	200% Above	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	9	90.000	63.62	0.05258	200% Above	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	10	30.000	74.39	0.0499	200% Above	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	10	90.000	162.58	0.0499	200% Above	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	11	30.000	0.30	0.051	76%-100% Below	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	12	30.000	0.30	0.04732	76%-100% Below	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	12	30.000	92.39	0.04732	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
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	12	90.000	0.90	0.04732	76%-100% Below	No	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	9	30.000	0.87	0.05258	26%-50% Below	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	9	30.000	6.90	0.05258	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	9	90.000	2.61	0.05258	26%-50% Below	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	10	30.000	0.87	0.0499	26%-50% Below	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	10	30.000	6.90	0.0499	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	10	90.000	2.61	0.0499	26%-50% Below	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	11	30.000	0.87	0.051	26%-50% Below	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	11	30.000	6.90	0.051	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	11	90.000	2.61	0.051	26%-50% Below	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	11	90.000	174.76	0.051	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	12	30.000	0.87	0.04732	26%-50% Below	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	12	30.000	6.90	0.04732	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	12	90.000	2.61	0.04732	26%-50% Below	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	12	90.000	163.11	0.04732	200% Above	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	9	30.000	17.91	0.07194	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	10	30.000	0.30	0.06569	76%-100% Below	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	11	30.000	34.30	0.07081	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	12	30.000	14.90	0.06776	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	12	90.000	162.71	0.06776	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	9	30.000	9.90	0.07194	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	9	90.000	188.87	0.07194	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	10	30.000	6.90	0.06569	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	10	30.000	9.90	0.06569	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	10	90.000	14.90	0.06569	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
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	10	90.000	29.90	0.06569	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	10	90.000	174.33	0.06569	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	11	30.000	1.21	0.07081	26%-50% Below	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	11	30.000	9.90	0.07081	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	11	90.000	3.64	0.07081	26%-50% Below	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	11	90.000	44.90	0.07081	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	12	30.000	6.90	0.06776	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	12	30.000	9.90	0.06776	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	12	90.000	29.90	0.06776	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	12	90.000	162.71	0.06776	200% Above	Yes	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	9	30.000	22.67	0.11148	200% Above	No	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	9	90.000	68.00	0.11148	200% Above	No	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	10	30.000	40.49	0.10464	200% Above	No	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	11	30.000	38.52	0.1187	200% Above	No	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	12	30.000	6.90	0.11048	101%-200% Above	No	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	12	90.000	12.40	0.11048	10%-25% Above	No	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	9	30.000	6.90	0.11148	101%-200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	9	30.000	9.90	0.11148	101%-200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	9	90.000	29.90	0.11148	101%-200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	10	30.000	9.90	0.10464	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	10	90.000	12.40	0.10464	26%-50% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	11	30.000	9.90	0.1187	101%-200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	11	90.000	29.90	0.1187	101%-200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	12	30.000	9.90	0.11048	101%-200% Above	Yes	No
70377002711	ATORVASTATIN 10 MG TABLET	9	90.000	11.23	0.03114	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
70377002713	ATORVASTATIN 10 MG TABLET	9	30.000	0.59	0.03114	26%-50% Below	Yes	No
70377002713	ATORVASTATIN 10 MG TABLET	9	90.000	8.84	0.03114	200% Above	Yes	No
70377002713	ATORVASTATIN 10 MG TABLET	10	14.000	0.28	0.03066	26%-50% Below	Yes	No
70377002713	ATORVASTATIN 10 MG TABLET	10	30.000	0.59	0.03066	26%-50% Below	Yes	No
70377002713	ATORVASTATIN 10 MG TABLET	10	90.000	1.77	0.03066	26%-50% Below	Yes	No
70377002713	ATORVASTATIN 10 MG TABLET	10	90.000	8.15	0.03066	101%-200% Above	Yes	No
70377002713	ATORVASTATIN 10 MG TABLET	10	90.000	8.84	0.03066	200% Above	Yes	No
70377002713	ATORVASTATIN 10 MG TABLET	11	90.000	0.01	0.03119	76%-100% Below	No	No
70377002713	ATORVASTATIN 10 MG TABLET	11	90.000	8.15	0.03119	101%-200% Above	Yes	No
70377002713	ATORVASTATIN 10 MG TABLET	12	90.000	1.77	0.03161	26%-50% Below	Yes	No
70377002713	ATORVASTATIN 10 MG TABLET	12	90.000	7.61	0.03161	101%-200% Above	Yes	No
70377002813	ATORVASTATIN 20 MG TABLET	9	30.000	0.82	0.04061	26%-50% Below	Yes	No
70377002813	ATORVASTATIN 20 MG TABLET	9	90.000	0.01	0.04061	76%-100% Below	No	No
70377002813	ATORVASTATIN 20 MG TABLET	9	90.000	1.75	0.04061	51%-75% Below	No	No
70377002813	ATORVASTATIN 20 MG TABLET	9	90.000	2.45	0.04061	26%-50% Below	Yes	No
70377002813	ATORVASTATIN 20 MG TABLET	9	90.000	10.90	0.04061	101%-200% Above	Yes	No
70377002813	ATORVASTATIN 20 MG TABLET	9	90.000	14.90	0.04061	200% Above	Yes	No
70377002813	ATORVASTATIN 20 MG TABLET	10	30.000	0.82	0.03755	26%-50% Below	Yes	No
70377002813	ATORVASTATIN 20 MG TABLET	10	90.000	0.01	0.03755	76%-100% Below	No	No
70377002813	ATORVASTATIN 20 MG TABLET	10	90.000	2.45	0.03755	26%-50% Below	Yes	No
70377002813	ATORVASTATIN 20 MG TABLET	10	90.000	10.06	0.03755	101%-200% Above	Yes	No
70377002813	ATORVASTATIN 20 MG TABLET	11	30.000	0.82	0.04007	26%-50% Below	Yes	No
70377002813	ATORVASTATIN 20 MG TABLET	11	90.000	2.45	0.04007	26%-50% Below	Yes	No
70377002813	ATORVASTATIN 20 MG TABLET	11	90.000	9.39	0.04007	101%-200% Above	Yes	No
70377002813	ATORVASTATIN 20 MG TABLET	12	30.000	0.82	0.03918	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
70377002813	ATORVASTATIN 20 MG TABLET	12	90.000	0.86	0.03918	51%-75% Below	No	No
70377002813	ATORVASTATIN 20 MG TABLET	12	90.000	9.39	0.03918	101%-200% Above	Yes	No
70377002913	ATORVASTATIN 40 MG TABLET	9	30.000	5.05	0.05653	101%-200% Above	Yes	No
70377002913	ATORVASTATIN 40 MG TABLET	9	30.000	5.32	0.05653	200% Above	Yes	No
70377002913	ATORVASTATIN 40 MG TABLET	9	90.000	10.94	0.05653	101%-200% Above	Yes	No
70377002913	ATORVASTATIN 40 MG TABLET	9	90.000	13.75	0.05653	101%-200% Above	No	No
70377002913	ATORVASTATIN 40 MG TABLET	9	90.000	14.14	0.05653	101%-200% Above	Yes	No
70377002913	ATORVASTATIN 40 MG TABLET	10	90.000	13.66	0.05376	101%-200% Above	Yes	No
70377002913	ATORVASTATIN 40 MG TABLET	11	90.000	9.42	0.06103	51%-75% Above	Yes	No
70377002913	ATORVASTATIN 40 MG TABLET	11	90.000	10.09	0.06103	76%-100% Above	Yes	No
70377002913	ATORVASTATIN 40 MG TABLET	11	90.000	14.14	0.06103	101%-200% Above	Yes	No
70377002913	ATORVASTATIN 40 MG TABLET	12	90.000	13.75	0.0579	101%-200% Above	No	No
70377003014	ATORVASTATIN 80 MG TABLET	9	30.000	5.75	0.09096	101%-200% Above	Yes	No
70377003014	ATORVASTATIN 80 MG TABLET	9	90.000	12.61	0.09096	51%-75% Above	Yes	No
70377003014	ATORVASTATIN 80 MG TABLET	10	30.000	5.75	0.08531	101%-200% Above	Yes	No
70377003014	ATORVASTATIN 80 MG TABLET	10	90.000	5.17	0.08531	26%-50% Below	Yes	No
70377003014	ATORVASTATIN 80 MG TABLET	10	90.000	11.65	0.08531	51%-75% Above	Yes	No
70377003014	ATORVASTATIN 80 MG TABLET	10	90.000	15.69	0.08531	101%-200% Above	Yes	No
70377003014	ATORVASTATIN 80 MG TABLET	11	30.000	1.72	0.09192	26%-50% Below	Yes	No
70377003014	ATORVASTATIN 80 MG TABLET	11	30.000	5.75	0.09192	101%-200% Above	Yes	No
70377003014	ATORVASTATIN 80 MG TABLET	11	90.000	17.17	0.09192	101%-200% Above	Yes	No
70377003014	ATORVASTATIN 80 MG TABLET	12	30.000	5.75	0.08859	101%-200% Above	Yes	No
70377004512	PRAVASTATIN SODIUM 10 MG TAB	11	90.000	10.16	0.06513	51%-75% Above	Yes	No
70377004712	PRAVASTATIN SODIUM 40 MG TAB	9	90.000	17.00	0.08636	101%-200% Above	Yes	No
70377004812	PRAVASTATIN SODIUM 80 MG TAB	11	90.000	19.03	0.1716	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
70377004812	PRAVASTATIN SODIUM 80 MG TAB	12	90.000	8.41	0.18388	26%-50% Below	Yes	No
70377004813	PRAVASTATIN SODIUM 80 MG TAB	9	30.000	14.90	0.17749	101%-200% Above	No	No
70377004813	PRAVASTATIN SODIUM 80 MG TAB	12	30.000	14.90	0.18388	101%-200% Above	No	No
70377005612	ESOMEPRAZOLE MAG DR 40 MG CAP	10	90.000	44.90	0.1529	200% Above	No	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	9	30.000	14.90	0.16685	101%-200% Above	No	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	10	30.000	14.90	0.1529	200% Above	No	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	11	30.000	14.90	0.16904	101%-200% Above	No	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	11	90.000	59.90	0.16904	200% Above	No	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	12	30.000	14.90	0.16851	101%-200% Above	No	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	12	90.000	136.11	0.16851	200% Above	Yes	No
70377006012	LABELALOL HCL 100 MG TABLET	12	180.000	12.40	0.11397	26%-50% Below	Yes	No
70377006013	LABELALOL HCL 100 MG TABLET	9	180.000	47.54	0.10518	101%-200% Above	Yes	No
70377006013	LABELALOL HCL 100 MG TABLET	11	180.000	40.95	0.11884	76%-100% Above	Yes	No
70377006611	PRAZOSIN 1 MG CAPSULE	9	180.000	9.90	0.16669	51%-75% Below	No	No
70377006611	PRAZOSIN 1 MG CAPSULE	11	360.000	9.90	0.15969	76%-100% Below	No	No
70377006711	PRAZOSIN 2 MG CAPSULE	9	60.000	4.90	0.17037	51%-75% Below	No	No
70377006811	PRAZOSIN 5 MG CAPSULE	10	180.000	10.62	0.31409	76%-100% Below	No	No
70436001002	BUPROPION HCL XL 150 MG TABLET	9	30.000	9.90	0.10136	200% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	9	90.000	12.40	0.10136	26%-50% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	9	90.000	25.54	0.10136	101%-200% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	10	90.000	23.58	0.10476	101%-200% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	10	90.000	25.54	0.10476	101%-200% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	11	30.000	9.90	0.10286	200% Above	Yes	No
70436001002	BUPROPION HCL XL 150 MG TABLET	12	105.000	29.90	0.11369	101%-200% Above	Yes	No
70436001102	BUPROPION HCL XL 300 MG TABLET	9	90.000	3.51	0.1614	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
70436001102	BUPROPION HCL XL 300 MG TABLET	9	90.000	31.91	0.1614	101%-200% Above	Yes	No
70436001102	BUPROPION HCL XL 300 MG TABLET	11	30.000	4.90	0.19648	10%-25% Below	Yes	No
70436001102	BUPROPION HCL XL 300 MG TABLET	11	30.000	9.90	0.19648	51%-75% Above	Yes	No
70436001102	BUPROPION HCL XL 300 MG TABLET	11	30.000	14.90	0.19648	101%-200% Above	No	No
70436001102	BUPROPION HCL XL 300 MG TABLET	11	30.000	14.90	0.19648	101%-200% Above	Yes	No
70436001102	BUPROPION HCL XL 300 MG TABLET	11	90.000	29.45	0.19648	51%-75% Above	Yes	No
70436001102	BUPROPION HCL XL 300 MG TABLET	12	30.000	14.90	0.17922	101%-200% Above	No	No
70436001204	DESVENLAFAXINE SUCCNT ER 50 MG	10	30.000	9.90	0.51879	26%-50% Below	No	No
70436001206	DESVENLAFAXINE SUCCNT ER 50 MG	10	30.000	9.90	0.51879	26%-50% Below	No	No
70436001304	DESVENLAFAXINE SUCCNT ER 100 MG	10	90.000	24.52	0.51925	26%-50% Below	No	No
70436003604	DESVENLAFAXINE SUCCNT ER 25 MG	12	30.000	8.49	0.51933	26%-50% Below	Yes	No
70436005801	BUPROPION HCL SR 100 MG TABLET	10	90.000	11.07	0.10569	10%-25% Above	Yes	No
70436005902	BUPROPION HCL SR 150 MG TABLET	9	60.000	6.90	0.08973	26%-50% Above	No	No
70436005902	BUPROPION HCL SR 150 MG TABLET	10	60.000	6.90	0.08414	26%-50% Above	No	No
70436005902	BUPROPION HCL SR 150 MG TABLET	11	60.000	6.90	0.09113	26%-50% Above	No	No
70436005902	BUPROPION HCL SR 150 MG TABLET	12	60.000	6.90	0.08694	26%-50% Above	No	No
70436006001	BUPROPION HCL SR 200 MG TABLET	12	30.000	9.90	0.12996	101%-200% Above	No	No
70436015301	POTASSIUM CL ER 20 MEQ TABLET	9	30.000	5.13	0.25123	26%-50% Below	Yes	No
70436015301	POTASSIUM CL ER 20 MEQ TABLET	9	90.000	0.01	0.25123	76%-100% Below	No	No
70436015301	POTASSIUM CL ER 20 MEQ TABLET	9	360.000	57.20	0.25123	26%-50% Below	No	No
70436015301	POTASSIUM CL ER 20 MEQ TABLET	10	5.000	1.78	0.25997	26%-50% Above	Yes	No
70436015301	POTASSIUM CL ER 20 MEQ TABLET	11	360.000	56.16	0.30734	26%-50% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	9	100.000	5.52	0.04154	26%-50% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	9	120.000	6.16	0.04154	10%-25% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	9	120.000	6.42	0.04154	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
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	9	200.000	4.78	0.04154	26%-50% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	10	100.000	5.31	0.03906	26%-50% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	10	100.000	5.52	0.03906	26%-50% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	10	120.000	1.15	0.03906	51%-75% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	10	120.000	6.42	0.03906	26%-50% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	10	140.000	3.35	0.03906	26%-50% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	10	140.000	7.10	0.03906	26%-50% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	11	120.000	2.63	0.04382	26%-50% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	11	120.000	2.87	0.04382	26%-50% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	11	120.000	6.42	0.04382	10%-25% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	11	140.000	7.10	0.04382	10%-25% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	11	180.000	4.90	0.04382	26%-50% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	11	180.000	4.90	0.04382	26%-50% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	11	180.000	4.99	0.04382	26%-50% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	100.000	2.19	0.04139	26%-50% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	100.000	2.39	0.04139	26%-50% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	100.000	5.22	0.04139	26%-50% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	100.000	5.43	0.04139	26%-50% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	100.000	5.52	0.04139	26%-50% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	120.000	2.63	0.04139	26%-50% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	120.000	2.87	0.04139	26%-50% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	120.000	6.25	0.04139	10%-25% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	120.000	6.51	0.04139	26%-50% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	200.000	4.78	0.04139	26%-50% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	200.000	9.94	0.04139	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
70436018302	METOPROLOL SUCC ER 50 MG TAB	11	90.000	22.30	0.07735	200% Above	No	No
70436018302	METOPROLOL SUCC ER 50 MG TAB	12	90.000	22.30	0.07981	200% Above	No	No
70436020201	METOPROLOL SUCC ER 25 MG TAB	11	90.000	9.90	0.07594	26%-50% Above	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	9	3.000	6.03	2.70995	10%-25% Below	Yes	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	9	12.000	16.89	2.70995	26%-50% Below	Yes	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	10	2.000	4.18	2.58423	10%-25% Below	Yes	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	10	12.000	22.60	2.58423	26%-50% Below	Yes	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	11	4.000	5.95	2.52262	26%-50% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	11	12.000	14.55	2.52262	51%-75% Below	Yes	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	12	3.000	6.03	2.46915	10%-25% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	12	4.000	2.66	2.46915	51%-75% Below	Yes	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	12	4.000	5.95	2.46915	26%-50% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	12	12.000	14.55	2.46915	26%-50% Below	Yes	No
70700010917	CLOBETASOL 0.05% CREAM	10	60.000	171.65	0.15849	200% Above	Yes	No
70700010917	CLOBETASOL 0.05% CREAM	12	60.000	160.21	0.15781	200% Above	Yes	No
70700011485	LORYNA 3 MG-0.02 MG TABLET	10	28.000	0.00	0.25331	76%-100% Below	No	No
70700011685	ALTAVERA-28 TABLET	9	28.000	2.34	0.15097	26%-50% Below	No	No
70700011685	ALTAVERA-28 TABLET	9	84.000	8.24	0.15097	26%-50% Below	Yes	No
70700011685	ALTAVERA-28 TABLET	10	28.000	2.54	0.16711	26%-50% Below	No	No
70700011685	ALTAVERA-28 TABLET	10	84.000	36.31	0.16711	101%-200% Above	No	No
70700011685	ALTAVERA-28 TABLET	11	28.000	2.81	0.15556	26%-50% Below	No	No
70700011685	ALTAVERA-28 TABLET	12	28.000	2.81	0.14956	26%-50% Below	No	No
70700011884	VIENVA-28 TABLET	10	84.000	8.29	0.19249	26%-50% Below	No	No
70700011885	VIENVA-28 TABLET	9	84.000	10.07	0.17927	26%-50% Below	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	9	28.000	8.31	0.12775	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
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	10	28.000	2.15	0.1227	26%-50% Below	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	10	28.000	8.31	0.1227	101%-200% Above	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	11	28.000	2.06	0.14329	26%-50% Below	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	12	28.000	2.20	0.13016	26%-50% Below	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	12	28.000	2.22	0.13016	26%-50% Below	No	No
70700012185	TRI-ESTARYLLA TABLET	9	28.000	2.43	0.1413	26%-50% Below	Yes	No
70700012185	TRI-ESTARYLLA TABLET	9	84.000	7.30	0.1413	26%-50% Below	Yes	No
70700012185	TRI-ESTARYLLA TABLET	9	84.000	20.68	0.1413	51%-75% Above	Yes	No
70700012185	TRI-ESTARYLLA TABLET	10	28.000	2.43	0.13593	26%-50% Below	Yes	No
70700012185	TRI-ESTARYLLA TABLET	11	28.000	2.43	0.14325	26%-50% Below	Yes	No
70700012185	TRI-ESTARYLLA TABLET	12	28.000	2.43	0.13298	26%-50% Below	Yes	No
70700012185	TRI-ESTARYLLA TABLET	12	84.000	30.00	0.13298	101%-200% Above	Yes	No
70700012285	VOLNEA 0.15-0.02-0.01 MG TAB	10	84.000	0.01	0.20424	76%-100% Below	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	9	30.000	2.50	0.03461	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	9	30.000	15.00	0.03461	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	9	90.000	6.31	0.03461	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	10	30.000	0.00	0.03293	76%-100% Below	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	10	30.000	6.69	0.03293	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	10	90.000	20.07	0.03293	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	11	30.000	0.30	0.03547	51%-75% Below	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	11	30.000	6.69	0.03547	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	12	30.000	6.69	0.03315	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	12	30.000	10.96	0.03315	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	12	90.000	20.07	0.03315	200% Above	No	No
70700015285	GEMMILY 1 MG-20 MCG CAPSULE	9	84.000	17.39	1.11915	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
70700016201	PROGESTERONE 100 MG CAPSULE	9	30.000	3.90	0.2476	26%-50% Below	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	9	30.000	4.24	0.2476	26%-50% Below	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	9	30.000	9.90	0.2476	26%-50% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	9	30.000	14.90	0.2476	76%-100% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	10	30.000	4.24	0.24871	26%-50% Below	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	10	30.000	14.90	0.24871	76%-100% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	11	30.000	14.90	0.29976	51%-75% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	11	30.000	34.43	0.29976	200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	11	36.000	25.11	0.29976	101%-200% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	12	30.000	14.90	0.20175	101%-200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	12	75.000	48.83	0.20175	200% Above	Yes	No
70700026330	LANSOPRAZOLE DR 30 MG CAPSULE	9	30.000	9.90	0.11231	101%-200% Above	Yes	No
70700026330	LANSOPRAZOLE DR 30 MG CAPSULE	10	30.000	9.90	0.1104	101%-200% Above	Yes	No
70700026330	LANSOPRAZOLE DR 30 MG CAPSULE	11	30.000	9.90	0.10204	200% Above	Yes	No
70700026330	LANSOPRAZOLE DR 30 MG CAPSULE	12	30.000	9.90	0.11708	101%-200% Above	Yes	No
70700028922	TESTOSTERONE CYP 200 MG/ML	11	6.000	29.90	13.33832	51%-75% Below	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.000	18.95	1.324	26%-50% Above	No	No
70710104703	ERYTHROMYCIN 250 MG TABLET	11	60.000	0.01	3.89971	76%-100% Below	No	No
70710104703	ERYTHROMYCIN 250 MG TABLET	12	60.000	0.01	4.62254	76%-100% Below	No	No
70710107103	VARDENAFIL HCL 20 MG TABLET	11	18.000	9.90	2.26508	51%-75% Below	No	No
70710111001	CYPROHEPTADINE 4 MG TABLET	10	90.000	4.14	0.08471	26%-50% Below	No	No
70710111001	CYPROHEPTADINE 4 MG TABLET	11	60.000	2.94	0.09448	26%-50% Below	Yes	No
70710111001	CYPROHEPTADINE 4 MG TABLET	11	90.000	4.25	0.09448	26%-50% Below	No	No
70710111001	CYPROHEPTADINE 4 MG TABLET	12	60.000	2.94	0.09456	26%-50% Below	Yes	No
70710111208	TIZANIDINE HCL 4 MG CAPSULE	9	30.000	6.90	0.12293	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
70710111208	TIZANIDINE HCL 4 MG CAPSULE	10	30.000	6.90	0.12828	76%-100% Above	No	No
70710111208	TIZANIDINE HCL 4 MG CAPSULE	11	30.000	6.90	0.14572	51%-75% Above	No	No
70710111208	TIZANIDINE HCL 4 MG CAPSULE	12	30.000	40.64	0.16558	200% Above	No	No
70710112307	DOXYCYCLINE MONO 100 MG TABLET	11	14.000	9.73	0.3609	76%-100% Above	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	9	15.000	14.90	0.27798	200% Above	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	9	21.000	3.67	0.27798	26%-50% Below	Yes	No
70710113803	FLUCONAZOLE 100 MG TABLET	10	3.000	4.47	0.32135	200% Above	Yes	No
70710113803	FLUCONAZOLE 100 MG TABLET	11	1.000	0.17	0.28687	26%-50% Below	Yes	No
70710113803	FLUCONAZOLE 100 MG TABLET	11	5.000	7.50	0.28687	200% Above	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	11	7.000	1.24	0.28687	26%-50% Below	No	No
70710113908	FLUCONAZOLE 150 MG TABLET	9	2.000	4.65	0.6968	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	9	2.000	4.81	0.6968	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	9	5.000	9.90	0.6968	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	10	2.000	4.65	0.82466	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	10	2.000	4.81	0.82466	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	10	2.000	5.06	0.82466	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	10	10.000	6.11	0.82466	10%-25% Below	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	11	1.000	2.58	0.73871	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	11	2.000	4.65	0.73871	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	11	2.000	4.81	0.73871	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	11	5.000	11.26	0.73871	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	12	2.000	4.65	0.67757	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	12	3.000	6.96	0.67757	200% Above	Yes	No
70710114001	FLUCONAZOLE 200 MG TABLET	11	6.000	1.95	0.51768	26%-50% Below	No	No
70710114003	FLUCONAZOLE 200 MG TABLET	10	2.000	0.98	0.44418	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
70710114003	FLUCONAZOLE 200 MG TABLET	11	7.000	2.20	0.51768	26%-50% Below	Yes	No
70710116200	MECLIZINE 25 MG TABLET	9	30.000	2.13	0.10653	26%-50% Below	No	No
70710116201	MECLIZINE 25 MG TABLET	12	15.000	1.30	0.09729	10%-25% Below	No	No
70710116506	OSELTAMIVIR 6 MG/ML SUSPENSION	11	60.000	9.90	0.22394	26%-50% Below	No	No
70710116506	OSELTAMIVIR 6 MG/ML SUSPENSION	12	60.000	6.90	0.27758	51%-75% Below	No	No
70710116506	OSELTAMIVIR 6 MG/ML SUSPENSION	12	120.000	9.90	0.27758	51%-75% Below	No	No
70710116506	OSELTAMIVIR 6 MG/ML SUSPENSION	12	120.000	19.90	0.27758	26%-50% Below	No	No
70710120900	ALLOPURINOL 100 MG TABLET	10	30.000	6.90	0.04922	200% Above	No	No
70710120900	ALLOPURINOL 100 MG TABLET	11	30.000	0.86	0.05009	26%-50% Below	No	No
70710122501	AMITRIPTYLINE HCL 10 MG TAB	9	180.000	19.19	0.04195	101%-200% Above	Yes	No
70710122501	AMITRIPTYLINE HCL 10 MG TAB	11	180.000	17.71	0.04651	101%-200% Above	Yes	No
70710122501	AMITRIPTYLINE HCL 10 MG TAB	12	180.000	16.52	0.04574	76%-100% Above	Yes	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	10	30.000	7.17	0.06301	200% Above	Yes	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	11	90.000	20.52	0.06781	200% Above	Yes	No
70710122701	AMITRIPTYLINE HCL 50 MG TAB	9	30.000	13.30	0.09514	200% Above	Yes	No
70710123001	AMITRIPTYLINE HCL 150 MG TAB	9	30.000	4.16	0.28448	51%-75% Below	Yes	No
70710123001	AMITRIPTYLINE HCL 150 MG TAB	10	30.000	4.16	0.26272	26%-50% Below	Yes	No
70710123001	AMITRIPTYLINE HCL 150 MG TAB	11	30.000	4.16	0.2317	26%-50% Below	Yes	No
70710123001	AMITRIPTYLINE HCL 150 MG TAB	12	30.000	4.16	0.30705	51%-75% Below	Yes	No
70710128505	BACLOFEN 10 MG TABLET	11	60.000	8.30	0.05205	101%-200% Above	No	No
70710128601	BACLOFEN 20 MG TABLET	9	60.000	2.46	0.07868	26%-50% Below	No	No
70710128601	BACLOFEN 20 MG TABLET	11	60.000	2.46	0.08764	51%-75% Below	No	No
70710128605	BACLOFEN 20 MG TABLET	10	104.000	3.37	0.07312	51%-75% Below	No	No
70710128605	BACLOFEN 20 MG TABLET	10	120.000	3.89	0.07312	51%-75% Below	No	No
70710128605	BACLOFEN 20 MG TABLET	11	120.000	3.89	0.08764	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
70710128605	BACLOFEN 20 MG TABLET	12	120.000	3.89	0.07382	51%-75% Below	No	No
70710135103	COLCHICINE 0.6 MG TABLET	12	10.000	4.90	0.28922	51%-75% Above	No	No
70710145701	AZITHROMYCIN 100 MG/5 ML SUSP	9	15.000	2.10	0.48763	51%-75% Below	No	No
70710145701	AZITHROMYCIN 100 MG/5 ML SUSP	12	15.000	17.79	0.49319	101%-200% Above	No	No
70710145802	AZITHROMYCIN 200 MG/5 ML SUSP	12	30.000	9.90	0.42918	10%-25% Below	No	No
70710145902	AZITHROMYCIN 200 MG/5 ML SUSP	9	22.500	2.13	0.3155	51%-75% Below	No	No
70710145902	AZITHROMYCIN 200 MG/5 ML SUSP	10	22.500	0.23	0.29382	76%-100% Below	No	No
70710146002	AZITHROMYCIN 200 MG/5 ML SUSP	10	60.000	9.90	0.25715	26%-50% Below	No	No
70710146002	AZITHROMYCIN 200 MG/5 ML SUSP	11	30.000	0.30	0.29912	76%-100% Below	No	No
70710146002	AZITHROMYCIN 200 MG/5 ML SUSP	11	30.000	9.90	0.29912	10%-25% Above	No	No
70710146002	AZITHROMYCIN 200 MG/5 ML SUSP	12	30.000	9.90	0.25429	26%-50% Above	No	No
70710146002	AZITHROMYCIN 200 MG/5 ML SUSP	12	60.000	0.60	0.25429	76%-100% Below	No	No
70710146707	COLESTIPOL HCL 1 GM TABLET	10	60.000	9.99	0.73187	76%-100% Below	No	No
70710146707	COLESTIPOL HCL 1 GM TABLET	11	60.000	9.99	0.79076	76%-100% Below	No	No
70710146707	COLESTIPOL HCL 1 GM TABLET	11	120.000	49.82	0.79076	26%-50% Below	No	No
70710146707	COLESTIPOL HCL 1 GM TABLET	12	60.000	9.99	0.82194	76%-100% Below	No	No
70710146707	COLESTIPOL HCL 1 GM TABLET	12	120.000	49.82	0.82194	26%-50% Below	No	No
70710168400	FAMOTIDINE 40 MG TABLET	11	10.000	0.43	0.06177	26%-50% Below	No	No
70710168400	FAMOTIDINE 40 MG TABLET	11	30.000	4.50	0.06177	101%-200% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	12	60.000	8.97	0.06227	101%-200% Above	No	No
70710171001	KETOROLAC 10 MG TABLET	9	60.000	19.87	0.51239	26%-50% Below	No	No
70710183201	DICLOFENAC POT 50 MG TABLET	10	25.000	8.04	0.17317	76%-100% Above	No	No
70752010406	CHILD CETIRIZINE HCL 1 MG/ML	11	150.000	8.77	0.03138	76%-100% Above	No	No
70752011303	LIDOCAINE 5% OINTMENT	12	35.440	3.51	0.16795	26%-50% Below	Yes	No
70752015304	CLOBETASOL 0.05% SOLUTION	12	50.000	14.90	0.25161	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
70756020211	AMITRIPTYLINE HCL 25 MG TAB	11	90.000	9.90	0.06781	51%-75% Above	No	No
70756020211	AMITRIPTYLINE HCL 25 MG TAB	12	30.000	6.92	0.06207	200% Above	No	No
70756020212	AMITRIPTYLINE HCL 25 MG TAB	9	30.000	7.42	0.06226	200% Above	No	No
70756020212	AMITRIPTYLINE HCL 25 MG TAB	10	30.000	7.42	0.06301	200% Above	No	No
70756020212	AMITRIPTYLINE HCL 25 MG TAB	11	30.000	7.42	0.06781	200% Above	No	No
70756020212	AMITRIPTYLINE HCL 25 MG TAB	12	30.000	7.42	0.06207	200% Above	No	No
70756020212	AMITRIPTYLINE HCL 25 MG TAB	12	166.000	29.02	0.06207	101%-200% Above	Yes	No
70756021451	FENOFIBRATE 54 MG TABLET	12	30.000	1.70	0.09803	26%-50% Below	No	No
70756021490	FENOFIBRATE 54 MG TABLET	10	30.000	6.90	0.09462	101%-200% Above	No	No
70756021490	FENOFIBRATE 54 MG TABLET	11	30.000	1.70	0.10324	26%-50% Below	No	No
70756021551	FENOFIBRATE 160 MG TABLET	9	30.000	14.90	0.13441	200% Above	No	No
70756021551	FENOFIBRATE 160 MG TABLET	10	30.000	14.90	0.15036	200% Above	No	No
70756021551	FENOFIBRATE 160 MG TABLET	11	30.000	14.90	0.15446	200% Above	No	No
70756021551	FENOFIBRATE 160 MG TABLET	12	30.000	14.90	0.1155	200% Above	No	No
70756021590	FENOFIBRATE 160 MG TABLET	10	90.000	44.90	0.15036	200% Above	No	No
70756021590	FENOFIBRATE 160 MG TABLET	11	90.000	12.40	0.15446	10%-25% Below	No	No
70756060730	OFLOXACIN 0.3% EYE DROPS	11	10.000	9.90	2.12182	51%-75% Below	No	No
70756060730	OFLOXACIN 0.3% EYE DROPS	12	5.000	9.90	2.3084	10%-25% Below	No	No
70756060915	OFLOXACIN 0.3% EAR DROPS	10	5.000	5.39	1.68684	26%-50% Below	Yes	No
70756060915	OFLOXACIN 0.3% EAR DROPS	10	5.000	9.90	1.68684	10%-25% Above	Yes	No
70756060915	OFLOXACIN 0.3% EAR DROPS	12	5.000	5.39	1.63663	26%-50% Below	Yes	No
70756060915	OFLOXACIN 0.3% EAR DROPS	12	5.000	9.90	1.63663	10%-25% Above	Yes	No
70756060915	OFLOXACIN 0.3% EAR DROPS	12	5.000	19.90	1.63663	101%-200% Above	No	No
70756061030	OFLOXACIN 0.3% EAR DROPS	9	10.000	9.99	1.81619	26%-50% Below	No	No
70756061030	OFLOXACIN 0.3% EAR DROPS	10	10.000	11.23	1.5544	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
70756080790	LANSOPRAZOLE DR 30 MG CAPSULE	9	30.000	15.42	0.11231	200% Above	No	No
70756080790	LANSOPRAZOLE DR 30 MG CAPSULE	10	30.000	15.42	0.1104	200% Above	No	No
70756080790	LANSOPRAZOLE DR 30 MG CAPSULE	11	30.000	15.42	0.10204	200% Above	No	No
70756080790	LANSOPRAZOLE DR 30 MG CAPSULE	12	30.000	15.42	0.11708	200% Above	No	No
70954000520	OXYBUTYNIN 5 MG TABLET	10	12.000	4.41	0.06198	200% Above	No	No
70954000520	OXYBUTYNIN 5 MG TABLET	11	15.000	5.36	0.06656	200% Above	No	No
70954000520	OXYBUTYNIN 5 MG TABLET	11	180.000	44.90	0.06656	200% Above	Yes	No
70954000520	OXYBUTYNIN 5 MG TABLET	12	270.000	13.50	0.05966	10%-25% Below	No	No
70954005820	PREDNISONE 5 MG TABLET	9	90.000	9.13	0.04988	101%-200% Above	No	No
70954005820	PREDNISONE 5 MG TABLET	12	90.000	9.13	0.04828	101%-200% Above	No	No
70954005830	PREDNISONE 5 MG TAB DOSE PACK	10	21.000	4.99	0.35767	26%-50% Below	No	No
70954005830	PREDNISONE 5 MG TAB DOSE PACK	11	21.000	0.21	0.45702	76%-100% Below	No	No
70954005920	PREDNISONE 10 MG TABLET	10	10.000	1.65	0.05601	101%-200% Above	No	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	10	21.000	0.21	0.54033	76%-100% Below	No	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	10	21.000	2.86	0.54033	51%-75% Below	No	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	11	21.000	9.90	0.60087	10%-25% Below	No	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	11	21.000	14.99	0.60087	10%-25% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	9	5.000	1.15	0.08601	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	9	10.000	1.90	0.08601	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	9	10.000	2.06	0.08601	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	9	10.000	2.11	0.08601	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	9	14.000	0.71	0.08601	26%-50% Below	Yes	No
70954006020	PREDNISONE 20 MG TABLET	9	18.000	0.91	0.08601	26%-50% Below	Yes	No
70954006020	PREDNISONE 20 MG TABLET	10	5.000	1.15	0.08401	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	10	5.000	1.24	0.08401	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
70954006020	PREDNISONONE 20 MG TABLET	10	10.000	1.81	0.08401	101%-200% Above	Yes	No
70954006020	PREDNISONONE 20 MG TABLET	10	10.000	2.06	0.08401	101%-200% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	11	3.000	0.98	0.1056	200% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	11	8.000	0.41	0.1056	51%-75% Below	No	No
70954006020	PREDNISONONE 20 MG TABLET	11	10.000	0.51	0.1056	51%-75% Below	No	No
70954006020	PREDNISONONE 20 MG TABLET	11	10.000	2.06	0.1056	76%-100% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	12	10.000	1.90	0.10826	51%-75% Above	No	No
70954006020	PREDNISONONE 20 MG TABLET	12	10.000	2.06	0.10826	76%-100% Above	No	No
70954013610	DAPSONE 100 MG TABLET	9	60.000	33.88	0.96179	26%-50% Below	Yes	No
70954013610	DAPSONE 100 MG TABLET	10	60.000	33.88	0.97141	26%-50% Below	Yes	No
70954013610	DAPSONE 100 MG TABLET	11	60.000	33.88	1.06282	26%-50% Below	Yes	No
70954013610	DAPSONE 100 MG TABLET	12	60.000	33.88	1.03332	26%-50% Below	Yes	No
70954018810	ACYCLOVIR 200 MG/5 ML SUSP	9	25.000	1.96	0.1435	26%-50% Below	Yes	No
70954025220	FLUDROCORTISONE 0.1 MG TABLET	11	90.000	19.82	0.429	26%-50% Below	No	No
70954025810	SULFAMETHOXAZOLE-TMP SUSP	11	50.000	2.09	0.07021	26%-50% Below	No	No
70954025810	SULFAMETHOXAZOLE-TMP SUSP	12	90.000	3.49	0.06439	26%-50% Below	No	No
70954031610	FAMOTIDINE 40 MG/5 ML SUSP	9	50.000	17.42	0.57272	26%-50% Below	No	No
70954031610	FAMOTIDINE 40 MG/5 ML SUSP	10	50.000	20.82	0.55585	10%-25% Below	Yes	No
70954039110	ATENOLOL-CHLORTHALIDONE 100-25	9	30.000	14.90	0.39899	10%-25% Above	No	No
70954040210	DEXAMETHASONE 2 MG TABLET	11	21.000	7.25	0.43479	10%-25% Below	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	9	10.000	1.46	0.3869	51%-75% Below	Yes	No
70954040310	DEXAMETHASONE 4 MG TABLET	11	8.000	1.17	0.50867	51%-75% Below	Yes	No
70954040410	DEXAMETHASONE 6 MG TABLET	12	5.000	3.32	1.005	26%-50% Below	Yes	No
70954040410	DEXAMETHASONE 6 MG TABLET	12	7.000	4.44	1.005	26%-50% Below	Yes	No
70954056520	ESTRADIOL 1 MG TABLET	11	30.000	1.48	0.08525	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
70954056520	ESTRADIOL 1 MG TABLET	12	30.000	1.50	0.07874	26%-50% Below	No	No
70954068910	PROCHLORPERAZINE 10 MG TAB	9	30.000	6.74	0.42876	26%-50% Below	Yes	No
70954068910	PROCHLORPERAZINE 10 MG TAB	11	30.000	6.74	0.39771	26%-50% Below	Yes	No
70954068910	PROCHLORPERAZINE 10 MG TAB	12	30.000	6.74	0.40148	26%-50% Below	Yes	No
71093011105	GABAPENTIN 600 MG TABLET	9	90.000	10.40	0.09614	10%-25% Above	Yes	No
71093011105	GABAPENTIN 600 MG TABLET	11	30.000	3.92	0.09763	26%-50% Above	Yes	No
71093011105	GABAPENTIN 600 MG TABLET	12	30.000	3.92	0.10861	10%-25% Above	Yes	No
71093011906	TRAMADOL HCL 50 MG TABLET	11	12.000	0.16	0.02841	51%-75% Below	No	No
71093012105	GABAPENTIN 300 MG CAPSULE	11	90.000	3.35	0.04341	10%-25% Below	No	No
71093012105	GABAPENTIN 300 MG CAPSULE	12	90.000	3.35	0.04443	10%-25% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	9	1.000	0.66	2.70995	51%-75% Below	Yes	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	10	2.000	4.18	2.58423	10%-25% Below	Yes	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	12	6.000	11.25	2.46915	10%-25% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	12	12.000	14.55	2.46915	26%-50% Below	Yes	No
71930002012	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	11	12.000	1.37	0.1276	10%-25% Below	Yes	No
71930002012	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	11	21.000	2.11	0.1276	10%-25% Below	Yes	No
71930002012	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	30.000	1.73	0.14248	51%-75% Below	Yes	No
71930002012	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	40.000	2.31	0.14248	51%-75% Below	Yes	No
71930002643	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	10	60.000	9.04	0.06604	101%-200% Above	Yes	No
71930002743	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG/15 ML SOLUTION	9	9.000	0.28	0.06206	26%-50% Below	Yes	No
71930004512	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	9	18.000	1.43	0.10648	10%-25% Below	No	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	9	30.000	3.38	0.19768	26%-50% Below	No	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	10	12.000	1.63	0.1899	26%-50% Below	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	10	18.000	2.19	0.1899	26%-50% Below	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	10	20.000	1.27	0.1899	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
71930005552	ACETAMINOPHEN-COD #3 TABLET	11	14.000	1.84	0.20293	26%-50% Below	Yes	No
71930005612	ACETAMINOPHEN-COD #4 TABLET	10	28.000	5.31	0.34172	26%-50% Below	Yes	No
71930005612	ACETAMINOPHEN-COD #4 TABLET	11	28.000	5.31	0.38317	26%-50% Below	Yes	No
71930007312	CARBAMAZEPINE ER 200 MG TABLET	10	90.000	39.11	0.53448	10%-25% Below	Yes	No
72205000499	ROSUVASTATIN CALCIUM 20 MG TAB	9	30.000	9.90	0.07194	200% Above	No	No
72205000499	ROSUVASTATIN CALCIUM 20 MG TAB	9	30.000	14.90	0.07194	200% Above	No	No
72205000499	ROSUVASTATIN CALCIUM 20 MG TAB	11	30.000	9.90	0.07081	200% Above	No	No
72205000499	ROSUVASTATIN CALCIUM 20 MG TAB	12	30.000	9.90	0.06776	200% Above	No	No
72205000499	ROSUVASTATIN CALCIUM 20 MG TAB	12	90.000	12.40	0.06776	101%-200% Above	No	No
72205000599	ROSUVASTATIN CALCIUM 40 MG TAB	10	30.000	6.90	0.10464	101%-200% Above	No	No
72205000599	ROSUVASTATIN CALCIUM 40 MG TAB	11	30.000	6.90	0.1187	76%-100% Above	No	No
72205000599	ROSUVASTATIN CALCIUM 40 MG TAB	12	30.000	6.90	0.11048	101%-200% Above	No	No
72205001390	PREGABALIN 75 MG CAPSULE	12	60.000	2.47	0.05854	26%-50% Below	No	No
72205001690	PREGABALIN 200 MG CAPSULE	10	60.000	6.90	0.07266	51%-75% Above	No	No
72205001690	PREGABALIN 200 MG CAPSULE	11	60.000	2.88	0.08584	26%-50% Below	No	No
72205001690	PREGABALIN 200 MG CAPSULE	12	60.000	2.88	0.07769	26%-50% Below	No	No
72205002499	ATORVASTATIN 40 MG TABLET	9	30.000	4.89	0.05653	101%-200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	9	30.000	5.15	0.05653	200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	10	30.000	4.89	0.05376	200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	10	90.000	13.66	0.05376	101%-200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	11	30.000	4.89	0.06103	101%-200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	11	30.000	5.32	0.06103	101%-200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	11	90.000	14.14	0.06103	101%-200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	12	30.000	4.89	0.0579	101%-200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	12	30.000	5.05	0.0579	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
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	10	90.000	1.58	0.04537	51%-75% Below	No	No
72205002799	ROSUVASTATIN CALCIUM 5 MG TAB	9	30.000	0.93	0.04774	26%-50% Below	No	No
72205002799	ROSUVASTATIN CALCIUM 5 MG TAB	9	90.000	1.58	0.04774	51%-75% Below	No	No
72205002799	ROSUVASTATIN CALCIUM 5 MG TAB	11	90.000	1.69	0.05232	51%-75% Below	No	No
72205002799	ROSUVASTATIN CALCIUM 5 MG TAB	12	30.000	0.86	0.04063	26%-50% Below	No	No
72205002830	FEBUXOSTAT 40 MG TABLET	10	30.000	6.90	0.53527	51%-75% Below	No	No
72205002830	FEBUXOSTAT 40 MG TABLET	10	90.000	13.20	0.53527	51%-75% Below	No	No
72205002830	FEBUXOSTAT 40 MG TABLET	11	30.000	9.93	0.48465	26%-50% Below	No	No
72205002830	FEBUXOSTAT 40 MG TABLET	11	30.000	34.49	0.48465	101%-200% Above	No	No
72205004411	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.000	18.95	1.324	26%-50% Above	No	No
72205026030	VILAZODONE HCL 10 MG TABLET	11	60.000	47.83	1.62983	51%-75% Below	No	No
72511075001	REPATHA 140 MG/ML SYRINGE	9	2.000	336.90	266.03388	26%-50% Below	No	No
72511075001	REPATHA 140 MG/ML SYRINGE	11	6.000	1010.69	266.03388	26%-50% Below	No	No
72516003110	METOPROLOL SUCC ER 50 MG TAB	12	30.000	6.90	0.07981	101%-200% Above	No	No
72516003150	METOPROLOL SUCC ER 50 MG TAB	9	30.000	6.90	0.0729	200% Above	No	No
72516003150	METOPROLOL SUCC ER 50 MG TAB	10	30.000	6.90	0.07734	101%-200% Above	No	No
72516003150	METOPROLOL SUCC ER 50 MG TAB	11	30.000	6.90	0.07735	101%-200% Above	No	No
72516003210	METOPROLOL SUCC ER 100 MG TAB	12	30.000	14.90	0.1034	200% Above	No	No
72516003250	METOPROLOL SUCC ER 100 MG TAB	10	30.000	4.90	0.13342	10%-25% Above	No	No
72578000105	DOXYCYCLINE HYCLATE 100 MG TAB	9	20.000	14.90	0.13569	200% Above	No	No
72578000105	DOXYCYCLINE HYCLATE 100 MG TAB	10	14.000	6.90	0.1376	200% Above	No	No
72578000801	METRONIDAZOLE 500 MG TABLET	12	10.000	4.21	0.13017	200% Above	No	No
72578000818	METRONIDAZOLE 500 MG TABLET	9	14.000	5.61	0.11994	200% Above	No	No
72578003601	METFORMIN HCL ER 750 MG TABLET	10	180.000	24.41	0.06777	76%-100% Above	No	No
72578003601	METFORMIN HCL ER 750 MG TABLET	12	180.000	24.41	0.06373	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
72578005505	DOXYCYCLINE HYCLATE 100 MG CAP	11	20.000	9.90	0.14428	200% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	9	20.000	9.90	0.13081	200% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	10	60.000	15.49	0.12965	76%-100% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	11	14.000	14.31	0.14428	200% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	12	14.000	12.12	0.14273	200% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	12	14.000	13.55	0.14273	200% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	12	20.000	17.31	0.14273	200% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	12	20.000	19.35	0.14273	200% Above	No	No
72578008901	NYSTATIN 100,000 UNIT/GM OINT	12	30.000	9.90	0.27754	10%-25% Above	No	No
72578009621	TIZANIDINE HCL 2 MG TABLET	11	60.000	1.84	0.04791	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	9	90.000	2.57	0.04289	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	10	30.000	0.81	0.0351	10%-25% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	10	30.000	1.19	0.0351	10%-25% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	10	90.000	2.57	0.0351	10%-25% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	11	30.000	0.81	0.04204	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	11	90.000	2.57	0.04204	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	12	20.000	0.98	0.03604	26%-50% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	12	30.000	0.81	0.03604	10%-25% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	12	30.000	1.22	0.03604	10%-25% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	12	90.000	1.37	0.03604	51%-75% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	12	90.000	2.57	0.03604	10%-25% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	12	90.000	2.65	0.03604	10%-25% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	12	180.000	4.88	0.03604	10%-25% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	12	270.000	7.32	0.03604	10%-25% Below	Yes	No
72578009918	LEVOFLOXACIN 500 MG TABLET	9	5.000	0.97	0.15137	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
72578009918	LEVOFLOXACIN 500 MG TABLET	11	10.000	1.40	0.18173	10%-25% Below	No	No
72578010092	LEVOFLOXACIN 750 MG TABLET	11	7.000	3.28	0.29809	51%-75% Above	No	No
72578010092	LEVOFLOXACIN 750 MG TABLET	11	10.000	4.48	0.29809	26%-50% Above	No	No
72578013606	FEBUXOSTAT 40 MG TABLET	12	30.000	9.93	0.51675	26%-50% Below	No	No
72603011501	TAMSULOSIN HCL 0.4 MG CAPSULE	11	30.000	12.56	0.05848	200% Above	No	No
72603011501	TAMSULOSIN HCL 0.4 MG CAPSULE	12	30.000	12.56	0.05661	200% Above	No	No
72603011502	TAMSULOSIN HCL 0.4 MG CAPSULE	10	30.000	9.90	0.05642	200% Above	No	No
72603011502	TAMSULOSIN HCL 0.4 MG CAPSULE	12	30.000	1.02	0.05661	26%-50% Below	No	No
72603012501	VILAZODONE HCL 10 MG TABLET	10	7.000	36.76	1.32864	200% Above	No	No
72603012501	VILAZODONE HCL 10 MG TABLET	10	60.000	44.56	1.32864	26%-50% Below	No	No
72603012501	VILAZODONE HCL 10 MG TABLET	11	60.000	47.83	1.62983	51%-75% Below	No	No
72603012601	VILAZODONE HCL 20 MG TABLET	10	90.000	472.56	1.41595	200% Above	No	No
72603012601	VILAZODONE HCL 20 MG TABLET	12	30.000	157.52	1.2744	200% Above	No	No
72603014202	METOPROLOL SUCC ER 25 MG TAB	11	30.000	6.90	0.07594	200% Above	No	No
72603014202	METOPROLOL SUCC ER 25 MG TAB	12	30.000	1.13	0.07848	51%-75% Below	No	No
72603014203	METOPROLOL SUCC ER 25 MG TAB	12	30.000	6.90	0.07848	101%-200% Above	No	No
72618300002	NURTEC ODT 75 MG TABLET	9	16.000	1164.57	114.04581	26%-50% Below	No	No
72618300002	NURTEC ODT 75 MG TABLET	10	16.000	1164.57	113.93539	26%-50% Below	No	No
72618300002	NURTEC ODT 75 MG TABLET	11	14.000	1019.01	113.93539	26%-50% Below	No	No
72618300002	NURTEC ODT 75 MG TABLET	11	15.000	1091.79	113.93539	26%-50% Below	No	No
72618300002	NURTEC ODT 75 MG TABLET	12	15.000	1091.79	113.93539	26%-50% Below	No	No
72819016103	DOXEPIN HCL 3 MG TABLET	9	30.000	131.73	5.49526	10%-25% Below	No	No
72819016103	DOXEPIN HCL 3 MG TABLET	10	30.000	132.19	4.89614	10%-25% Below	No	No
72888000400	METOPROLOL TARTRATE 25 MG TAE	9	30.000	1.23	0.01788	101%-200% Above	Yes	No
72888000400	METOPROLOL TARTRATE 25 MG TAE	9	60.000	1.95	0.01788	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
72888000400	METOPROLOL TARTRATE 25 MG TAB	10	30.000	1.23	0.01833	101%-200% Above	Yes	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	10	60.000	0.58	0.01833	26%-50% Below	Yes	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	10	60.000	1.95	0.01833	76%-100% Above	Yes	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	11	60.000	1.95	0.0171	76%-100% Above	No	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	11	60.000	1.95	0.0171	76%-100% Above	Yes	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	11	180.000	6.68	0.0171	101%-200% Above	Yes	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	12	180.000	4.86	0.0181	26%-50% Above	Yes	No
72888000500	METOPROLOL TARTRATE 50 MG TAB	10	60.000	1.65	0.02218	10%-25% Above	Yes	No
72888000500	METOPROLOL TARTRATE 50 MG TAB	11	90.000	2.33	0.01989	26%-50% Above	Yes	No
72888000500	METOPROLOL TARTRATE 50 MG TAB	12	60.000	1.65	0.02211	10%-25% Above	No	No
72888001200	CYCLOBENZAPRINE 5 MG TABLET	9	30.000	0.97	0.02198	26%-50% Above	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	9	21.000	0.20	0.02342	51%-75% Below	Yes	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	9	30.000	1.16	0.02342	51%-75% Above	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	10	15.000	0.83	0.02251	101%-200% Above	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	10	20.000	0.19	0.02251	51%-75% Below	Yes	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	10	20.000	0.94	0.02251	101%-200% Above	Yes	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	10	30.000	1.14	0.02251	51%-75% Above	Yes	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	10	30.000	1.16	0.02251	51%-75% Above	Yes	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	11	20.000	0.94	0.02229	101%-200% Above	Yes	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	11	21.000	0.20	0.02229	51%-75% Below	Yes	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	11	30.000	0.29	0.02229	51%-75% Below	Yes	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	11	30.000	1.16	0.02229	51%-75% Above	Yes	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	11	60.000	1.88	0.02229	26%-50% Above	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	11	90.000	2.82	0.02229	26%-50% Above	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	12	10.000	0.72	0.02252	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
72888001405	CYCLOBENZAPRINE 10 MG TABLET	11	30.000	1.14	0.02229	51%-75% Above	No	No
72888001405	CYCLOBENZAPRINE 10 MG TABLET	11	60.000	1.88	0.02229	26%-50% Above	No	No
72888002301	METOPROLOL TARTRATE 75 MG TAB	12	60.000	14.90	0.16165	51%-75% Above	Yes	No
72888003001	OXYBUTYNIN CL ER 5 MG TABLET	11	30.000	6.90	0.10945	101%-200% Above	No	No
72888003001	OXYBUTYNIN CL ER 5 MG TABLET	12	30.000	6.90	0.10203	101%-200% Above	No	No
72888003405	CARVEDILOL 3.125 MG TABLET	11	60.000	0.64	0.01809	26%-50% Below	Yes	No
72888003505	CARVEDILOL 6.25 MG TABLET	10	180.000	6.34	0.01967	76%-100% Above	Yes	No
72888003505	CARVEDILOL 6.25 MG TABLET	11	180.000	5.54	0.01998	51%-75% Above	Yes	No
72888003505	CARVEDILOL 6.25 MG TABLET	11	180.000	6.04	0.01998	51%-75% Above	Yes	No
72888003505	CARVEDILOL 6.25 MG TABLET	12	180.000	5.90	0.01997	51%-75% Above	Yes	No
72888003600	CARVEDILOL 12.5 MG TABLET	12	60.000	0.79	0.02247	26%-50% Below	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	9	60.000	0.79	0.02293	26%-50% Below	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	10	60.000	0.79	0.02287	26%-50% Below	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	10	90.000	3.16	0.02287	51%-75% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	10	180.000	6.01	0.02287	26%-50% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	11	60.000	0.79	0.02268	26%-50% Below	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	11	180.000	5.81	0.02268	26%-50% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	11	180.000	6.33	0.02268	51%-75% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	11	180.000	6.91	0.02268	51%-75% Above	Yes	No
72888003700	CARVEDILOL 25 MG TABLET	9	60.000	1.06	0.03239	26%-50% Below	No	No
72888003700	CARVEDILOL 25 MG TABLET	10	60.000	1.06	0.03132	26%-50% Below	No	No
72888003700	CARVEDILOL 25 MG TABLET	11	60.000	0.93	0.03163	26%-50% Below	No	No
72888003700	CARVEDILOL 25 MG TABLET	12	60.000	1.06	0.03129	26%-50% Below	No	No
72888003705	CARVEDILOL 25 MG TABLET	10	180.000	7.02	0.03132	10%-25% Above	Yes	No
72888003705	CARVEDILOL 25 MG TABLET	11	270.000	4.90	0.03163	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
72888006560	BUSPIRONE HCL 15 MG TABLET	9	60.000	4.90	0.04868	51%-75% Above	No	No
72888008201	ISOSORBIDE DINITRATE 10 MG TAB	9	60.000	6.90	0.2749	51%-75% Below	No	No
72888008201	ISOSORBIDE DINITRATE 10 MG TAB	10	60.000	22.73	0.30047	26%-50% Above	No	No
72888008201	ISOSORBIDE DINITRATE 10 MG TAB	11	60.000	6.90	0.30704	51%-75% Below	No	No
72888008201	ISOSORBIDE DINITRATE 10 MG TAB	12	60.000	24.80	0.30204	26%-50% Above	No	No
72888009405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	9	30.000	4.37	0.0863	51%-75% Above	No	No
72888009405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	11	30.000	4.37	0.09717	26%-50% Above	No	No
72888011001	DICLOFENAC SOD DR 50 MG TAB	11	60.000	6.48	0.09276	10%-25% Above	No	No
72888011900	DICYCLOMINE 20 MG TABLET	12	20.000	3.92	0.14483	26%-50% Above	Yes	No
72888015200	CLONAZEPAM 0.5 MG TABLET	10	60.000	1.22	0.02623	10%-25% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	10	60.000	1.48	0.03178	10%-25% Below	Yes	No
73473030370	METRONIDAZOLE VAGINAL 0.75% GL	11	70.000	21.62	0.49823	26%-50% Below	No	No
75826010700	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	11	90.000	8.95	0.18182	26%-50% Below	Yes	No
75826011410	PHENAZOPYRIDINE 100 MG TAB	9	6.000	1.49	0.18268	26%-50% Above	Yes	No
75826011410	PHENAZOPYRIDINE 100 MG TAB	10	12.000	9.89	0.16927	200% Above	No	No
75826011410	PHENAZOPYRIDINE 100 MG TAB	11	12.000	6.38	0.16844	200% Above	Yes	No
75826011410	PHENAZOPYRIDINE 100 MG TAB	12	9.000	2.85	0.16851	76%-100% Above	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	10	10.000	1.42	0.19953	26%-50% Below	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	11	6.000	9.66	0.23536	200% Above	No	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	11	9.000	6.90	0.23536	200% Above	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	11	9.000	9.09	0.23536	200% Above	Yes	No
75834015801	VERAPAMIL ER 180 MG TABLET	10	45.000	5.74	0.18857	26%-50% Below	No	No
75834015801	VERAPAMIL ER 180 MG TABLET	10	90.000	9.26	0.18857	26%-50% Below	No	No
75834015905	VERAPAMIL ER 240 MG TABLET	10	90.000	28.62	0.16884	76%-100% Above	Yes	No
75834022100	CARBAMAZEPINE 200 MG TABLET	9	180.000	29.90	0.1434	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
75834022100	CARBAMAZEPINE 200 MG TABLET	12	60.000	9.90	0.14192	10%-25% Above	No	No
75834025501	ATORVASTATIN 10 MG TABLET	12	30.000	0.59	0.03161	26%-50% Below	Yes	No
75834025601	ATORVASTATIN 20 MG TABLET	12	28.000	4.98	0.03918	200% Above	No	No
75834025701	ATORVASTATIN 40 MG TABLET	10	90.000	14.14	0.05376	101%-200% Above	No	No
75834025701	ATORVASTATIN 40 MG TABLET	11	90.000	12.74	0.06103	101%-200% Above	No	No
75834025701	ATORVASTATIN 40 MG TABLET	12	60.000	9.60	0.0579	101%-200% Above	No	No
75834025801	ATORVASTATIN 80 MG TABLET	9	30.000	4.90	0.09096	76%-100% Above	No	No
75834025801	ATORVASTATIN 80 MG TABLET	9	30.000	5.75	0.09096	101%-200% Above	No	No
75834025801	ATORVASTATIN 80 MG TABLET	10	30.000	4.90	0.08531	76%-100% Above	No	No
75834025801	ATORVASTATIN 80 MG TABLET	10	30.000	5.75	0.08531	101%-200% Above	No	No
75834025801	ATORVASTATIN 80 MG TABLET	11	30.000	4.90	0.09192	76%-100% Above	No	No
75834025801	ATORVASTATIN 80 MG TABLET	11	30.000	5.75	0.09192	101%-200% Above	No	No
75834025801	ATORVASTATIN 80 MG TABLET	12	30.000	4.90	0.08859	76%-100% Above	No	No
75834025801	ATORVASTATIN 80 MG TABLET	12	30.000	5.75	0.08859	101%-200% Above	No	No
75834029200	METOPROLOL SUCC ER 100 MG TAB	9	30.000	4.61	0.12979	10%-25% Above	No	No
75834029200	METOPROLOL SUCC ER 100 MG TAB	10	30.000	4.61	0.13342	10%-25% Above	No	No
75834029200	METOPROLOL SUCC ER 100 MG TAB	11	30.000	4.61	0.12738	10%-25% Above	No	No
75834029205	METOPROLOL SUCC ER 100 MG TAB	11	30.000	4.90	0.12738	26%-50% Above	No	No
76204001055	ALBUTEROL SUL 0.63 MG/3 ML SOL	10	75.000	9.81	0.18751	26%-50% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	9	75.000	3.27	0.06318	26%-50% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	9	150.000	6.38	0.06318	26%-50% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	10	150.000	4.79	0.06618	51%-75% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	11	75.000	2.39	0.05956	26%-50% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	11	75.000	3.28	0.05956	26%-50% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	11	150.000	6.38	0.05956	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
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	75.000	3.73	0.0639	10%-25% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	150.000	6.38	0.0639	26%-50% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	375.000	11.96	0.0639	26%-50% Below	No	No
76204020030	ALBUTEROL SUL 2.5 MG/3 ML SOLN	10	90.000	4.47	0.06345	10%-25% Below	No	No
76204020030	ALBUTEROL SUL 2.5 MG/3 ML SOLN	10	90.000	9.50	0.06345	51%-75% Above	No	No
76204020030	ALBUTEROL SUL 2.5 MG/3 ML SOLN	11	90.000	9.50	0.06118	51%-75% Above	No	No
76204020060	ALBUTEROL SUL 2.5 MG/3 ML SOLN	9	180.000	6.93	0.05464	26%-50% Below	No	No
76204020060	ALBUTEROL SUL 2.5 MG/3 ML SOLN	10	360.000	13.91	0.06039	26%-50% Below	No	No
76204020060	ALBUTEROL SUL 2.5 MG/3 ML SOLN	11	180.000	5.74	0.05517	26%-50% Below	No	No
76204020060	ALBUTEROL SUL 2.5 MG/3 ML SOLN	11	180.000	6.90	0.05517	26%-50% Below	No	No
76204020060	ALBUTEROL SUL 2.5 MG/3 ML SOLN	11	180.000	7.16	0.05517	26%-50% Below	No	No
76204060030	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	11	180.000	14.65	0.09144	10%-25% Below	No	No
76282020210	FOSINOPRIL SODIUM 40 MG TAB	9	90.000	14.63	0.21112	10%-25% Below	No	No
76282021318	SERTRALINE HCL 50 MG TABLET	10	30.000	0.48	0.04057	51%-75% Below	No	No
76282021318	SERTRALINE HCL 50 MG TABLET	11	30.000	0.48	0.04109	51%-75% Below	No	No
76282021318	SERTRALINE HCL 50 MG TABLET	12	30.000	0.48	0.04404	51%-75% Below	No	No
76282021390	SERTRALINE HCL 50 MG TABLET	9	30.000	0.64	0.04068	26%-50% Below	No	No
76282021390	SERTRALINE HCL 50 MG TABLET	11	90.000	1.93	0.04109	26%-50% Below	No	No
76282021418	SERTRALINE HCL 100 MG TABLET	9	90.000	1.61	0.05802	51%-75% Below	No	No
76282021418	SERTRALINE HCL 100 MG TABLET	11	90.000	1.61	0.05593	51%-75% Below	No	No
76282021418	SERTRALINE HCL 100 MG TABLET	12	30.000	0.54	0.05672	51%-75% Below	No	No
76282023890	AMLODIPINE BESYLATE 5 MG TAB	10	90.000	2.20	0.01054	101%-200% Above	No	No
76282023890	AMLODIPINE BESYLATE 5 MG TAB	12	90.000	2.20	0.01187	101%-200% Above	No	No
76282023990	AMLODIPINE BESYLATE 10 MG TAB	9	90.000	0.75	0.01527	26%-50% Below	No	No
76282023990	AMLODIPINE BESYLATE 10 MG TAB	9	90.000	2.73	0.01527	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
76282023990	AMLODIPINE BESYLATE 10 MG TAB	12	90.000	0.80	0.01817	51%-75% Below	No	No
76385011350	CARVEDILOL 25 MG TABLET	9	60.000	4.00	0.03239	101%-200% Above	No	No
76385011350	CARVEDILOL 25 MG TABLET	10	60.000	4.00	0.03132	101%-200% Above	No	No
76385011350	CARVEDILOL 25 MG TABLET	12	60.000	4.00	0.03129	101%-200% Above	No	No
76385012350	METHOCARBAMOL 500 MG TABLET	10	40.000	1.05	0.04104	26%-50% Below	Yes	No
76385012350	METHOCARBAMOL 500 MG TABLET	12	30.000	0.79	0.04354	26%-50% Below	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	9	30.000	0.85	0.04685	26%-50% Below	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	9	60.000	1.70	0.04685	26%-50% Below	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	9	90.000	2.77	0.04685	26%-50% Below	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	10	90.000	2.77	0.04779	26%-50% Below	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	11	30.000	0.85	0.05129	26%-50% Below	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	12	20.000	0.57	0.05007	26%-50% Below	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	12	30.000	0.85	0.05007	26%-50% Below	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	12	56.000	1.59	0.05007	26%-50% Below	Yes	No
76385013201	PINDOLOL 10 MG TABLET	9	90.000	42.33	0.9995	51%-75% Below	No	No
76385013201	PINDOLOL 10 MG TABLET	10	90.000	42.33	0.9995	51%-75% Below	No	No
76385013701	METOLAZONE 5 MG TABLET	9	14.000	0.00	0.36915	76%-100% Below	No	No
81964020351	AMOX-CLAV 600-42.9 MG/5 ML SUS	11	75.000	0.01	0.08219	76%-100% Below	No	No
81964020351	AMOX-CLAV 600-42.9 MG/5 ML SUS	11	150.000	9.90	0.08219	10%-25% Below	No	No
81964020354	AMOX-CLAV 600-42.9 MG/5 ML SUS	12	200.000	9.90	0.05677	10%-25% Below	No	No
81964020407	AMOX-CLAV 250-62.5 MG/5 ML SUS	11	150.000	0.02	0.46616	76%-100% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	10	20.000	9.40	0.33189	26%-50% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	11	14.000	0.00	0.32659	76%-100% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	11	14.000	6.73	0.32659	26%-50% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	11	20.000	9.40	0.32659	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
81964022114	AMOX-CLAV 875-125 MG TABLET	12	14.000	0.00	0.35641	76%-100% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	12	20.000	9.40	0.35641	26%-50% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	12	42.000	9.90	0.35641	26%-50% Below	No	No
82182045510	BRIMONIDINE-TIMOLOL 0.2%-0.5%	9	10.000	46.90	15.41333	51%-75% Below	No	No
82182045515	BRIMONIDINE-TIMOLOL 0.2%-0.5%	12	15.000	29.90	17.16675	76%-100% Below	No	No